

# An extract from *Medi-tation* Jan-March 2002 Edition

## **Insurance : A Public Liability ?** (... and a crisis for MCA)

At first sight public liability insurance would not appear to be a front page story for a member of MCA, unless the person was seeking compensation in order to pay for needed medical care etc. following an event where the law saw responsibility for compensation existing on the part of someone else.

However the reality is that to attempt to do almost anything in NSW means having to obey government imposed regulations - such as having public liability cover as an Association in NSW.

Thus last year (prior to both the HIH failure and the terrorist attack on the US) MCA's public liability insurance premium used up 42% of all the membership subscriptions and donations made. So this year public liability insurance looks like a crisis issue for all MCA members as it may cost much more than our revenue !

### **The Official Line**

**(Rapacious Lawyers and stupid Judges)**

The 'official' position appears to be that, claims are out of control because Australia has become a greed-driven litigation-crazy place just like the US. Also industry costs are massively up due to the HIH collapse and the World Trade Center bombing.

So it looks like a repeat of last year's Health Care Liability Act with government metaphorically kicking the weakest party in the head, via a 'politically correct' view that the victims are being over-compensated by means of money grabbing lawyers and judges who cannot understand what negligence actually is.

So far, just as with medical professional indemnity cover last year, governments seem to have swallowed, hook, line, and sinker, claims (not backed up by accounting data) being made by the insurance industry that now read as follows:

- The international terrorist situation means that reinsurance rates are up a lot, thus public liability is up a lot as reinsurance is a component.
- As HIH had for many years a policy of pricing cover well below cost it dragged down the whole industry to uneconomic premium rates. Unable to continue to operate as philanthropic charities the insurance industry as a whole now has no choice but to make very large increases.
- Lawyers have been advertising no-win-no-fee compensation case support so causing a massive rise in claims, most of which have little merit but which cost bucket-fulls of money for insurance companies to defend.
- Judges have totally lost the plot and courts are thus awarding mountains of cash for accidents where no negligence is present.

### **But other views exist**

*"We did this survey [of community groups, see below] after the Minister in Victoria at the time had asked the insurance industry to show their data, and they refused. They said it was commercial-in-confidence"*

So spoke Dr Galbally on Channel 9's **Today Program**. Dr Galbally also responded that the survey just did not justify the changes being canvassed by state and federal governments, and seemed to indicate the measures that MPs were now talking about could be expected to increase insurance industry profits.

### **Media targets lawyers**

Fired up by comments [such as: *"The popular lust for compensation in an over-litigious society."* and that huge rises in premiums were " ... *direct results of the explosions of litigation and our aggressive legal industry.*"] made by Queensland appeal court Judge Thomas in his the retirement speech, mass media have looked at the legal system seeking to find 'the bad guys'.

However a judge can be a rather difficult subject to get before a TV camera lens so

### **But other views exist ...**

#### **A survey of Community Groups finds no reason for the rising cost of Public Liability Insurance**

- 95% of groups had made no claims in past 5 years.
- 85% of groups reported premium increases.
- \$8,875 was the average payout on a claim.
- Only two claims were over \$50,000.
- The money paid out by insurers equaled 3% of premiums paid.
- 13% of groups said they can't afford the increases and have stopped activities.

**Channel 9 Today Program 27 March 2002: Interview with Dr Rhonda Galbally about community group insurance statistics revealed by a Victorian survey.**

media has focused on plaintiff lawyers, the group supposed to be pushing cases without merit but seeking mega-bucks in damages from the insurance companies.

Reporting to date shows a lack of investigative efforts by reporters. This leads to situations (such as the ABC's **7.30 Report** of 27 March ) where an interview ends with both parties taking contradictory positions in the context of an absence of any hard numerical data.

In such a climate it is clear that politicians are free to make the most extreme statements without having to provide supporting numbers or other factual data.

It looks as if what is going on now locally is a repeat of what took place in the USA twenty years ago.

CCAIR The Citizens for Corporate Accountability and Individual Rights ( P.O. Box 3326 Church Street Station New York, NY 10008-3326) see government measures in so called 'tort reform' as flowing from a long range efforts by big business that started in the 1980s were aimed at removing the ability of ordinary citizens to sue corporations for injury. The experience in the US was that premiums in the late 1980s increased by around 300% and so called 'tort reform' that followed was an example of lawmakers being severely misled by the insurance companies. New laws had no effect on insurance premiums, but rather can only have boosted corporate profits at the expense of injured employees and members of the general public.

### ***Both major political parties now appear likely to sacrifice citizens rights in order to boost corporate profits***

A major meeting in Canberra on 27 March between Australian governments was reported by all mass media in Sydney. As with the NSW Health Care Liability Act last year Liberal and Labor parties appear in de facto coalition, seeing the removal of yet more citizen civil rights as the solution to the problem, while spouting doubletalk that taking away victim's rights via new laws will 'of course' help both the general public and the victims!

And even in the face of wholesale destruction of the community life of the nation as grassroots community groups have to cease operation finding that they cannot afford rocketing premiums our so called 'representatives' seem in full accord with



**Today Tonight** 28 January 2002

**Public liability lunacy** REPORTER: David Richardson

... Federal Small Business Minister Joe Hockey blames lawyers for litigation free-for-all. "If someone falls off a chair at home it is an accident, but to do it outside they want to go after a few bucks," Mr Hockey said. "The lawyers are turning the justice system into a lottery. ... We all pay for a lawyer frenzy in public liability, we're heading down the path of American style frenzy litigation," he said.  
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ABC TV 7.30 Report 27/03/2002

### **Lawyers' role in insurance blowout**

Tom Goudkamp of APLA (Australian Plaintiff Lawyers Association) interviewed by Kerry O'Brien faced questions probing the role of lawyers in premium increases and if the courts were allowing unrealistic levels of damages. Tom Goudkamp defended lawyers and the courts: "the law of negligence is becoming tighter, not more relaxed." and quoted the case of Mrs Guaranteos, where a pedestrian lost against Hawkesbury council. The interview continued as follows:

**TOM GOUDKAMP:** You have to look at why the premiums have gone up. It's got nothing to do with increased litigation or payouts, there are other causes and they've been articulated.

**KERRY O'BRIEN:** You would rather point the finger at the insurance industry itself, what's your evidence?

**TOM GOUDKAMP:** There hasn't been an increase in litigation or payouts. The increase is coming from the insurers. I find it extraordinary that organisations who haven't had a claim against them ever are faced with these massive increases in premiums. That can't be right.

**KERRY O'BRIEN:** You saw last night's story, one of the illustrations that Mark Bannerman raised was the case of a basketball referee who fell over while running backwards during a basketball game and successfully sued on the basis that nobody had pointed out to him that it was dangerous to run backwards?

**TOM GOUDKAMP:** We have a paucity of facts and I don't know what the full circumstances of the case are. I find it extraordinary if a plaintiff would succeed for falling over on a basketball court. There's got to be more to it than that. We believe what we read in the papers and watch too many US movies. It's difficult to prove negligence in cases and you have to look at the whole facts.

**KERRY O'BRIEN:** Is it not possible in Australian courts for a burglar intent on breaking into your house, falling through your roof and being able to sue you for negligence?

**TOM GOUDKAMP:** That's nonsense.

**KERRY O'BRIEN:** There have been no extreme cases of that nature, where negligence has been upheld in Australia?

**TOM GOUDKAMP:** Not in Australia. ... .. I don't believe the law of negligence as it is contributes to the high cost. The law of negligence has enshrined in it the principles of contributory negligence.

So if someone is partly responsible for his or her injuries, then the compensation is diminished by the extent of their responsibility. Plus the idea that you take into account the risks of risky activities.

Also, there's no duty of care owed to someone who is injured during illegal activities.

that arch bureaucrat of fiction 'Sir Humphrey Appleby' in holding that: 'It is a complex matter of course but in accordance with our proud traditions of democracy, at the appropriate juncture, in the fullness of time, be assured your government will indeed act decisively.'

## Do we need it ?

Under the state government's rules MCA has to have public liability cover. (So if this newsletter should explode and destroy a large part of some Australian suburb there will be a legal entity (MCA) to sue !) More likely a case would revolve around the NSW defamation laws, that are recognised as being about the most draconian in the world. Thus if we say something that someone finds is defamatory and sues MCA then our members are protected. So for MCA public liability insurance is probably best looked at as a sort of government tax on freedom of speech.

Well let's make use of this freedom we paid 42% of our income for last year by suggesting a way to destroy the entire public liability insurance industry as we have known it !

### First we can reasonably assume...

- Insurance companies are not philanthropic charities. But rather work to produce profit for their shareholders.
- Insurance companies charge consumers for everything ... including the holding of a risk and for any loans they may have to take out in order to pay-out on realised claims.
- Aggregated complex diverse risks (like public liability risks) change in magnitude only slowly over time.
- If market data is hidden (i.e. commercial-in-confidence is the norm) insider trading rules ok! and the public get ripped-off. But if actual costs are publicly known the public will get value for their dollar in the market.
- A contract can be written that commits a party to a future payment of unknown amount. (Banks do this all the time with home loans. Fixed-variable rates etc.)
- All governments with sovereign status do impose regulatory controls over their national economy and assume a de facto role as the insurer of last resort (a national reinsurance entity) on many risks vital to the life of the nation and the protection of the civil community.

...and now for the solution see page 4



KERRY O'BRIEN: Michael Egan, this has been presented as a problem requiring urgent action. But there doesn't seem to be much urgency about what came out of the meeting?

MICHAEL EGAN, NSW TREASURER: I think there was. What we certainly conceded was that the problem will not be solved tomorrow or next week or even next month. What we agreed on today was a package of measures which, I think, will lead to not only a substantial improvement, but also a permanent improvement.

KERRY O'BRIEN: Well, you've agreed today, subject to evidence, that it will actually work, to examine law reform. Does that include redefining negligence?

MICHAEL EGAN: Yes, it does, it has to in my view. Certainly in NSW we will be embarking upon very major changes to tort law -- and that will deal not only with things like caps and thresholds on damages, but by recasting the duty of care and redefining what constitutes negligence.

KERRY O'BRIEN: At the heart of this is not just the rights of people who have to pay higher premiums and who are not negligent, but also the victims.

MICHAEL EGAN: That's right.

KERRY O'BRIEN: So how do you set about narrowing the definition of negligence without being unfair on the basic rights of those victims?

MICHAEL EGAN: Well, I think things have got completely out of balance. I don't particularly want to mention any of the cases that are a cause of concern, but you can read about them almost every day of the week in newspapers. We had a Supreme Court judge in Queensland the other day complaining himself that the courts had become like Santa Claus and they in fact over time had redefined what negligence meant to the extent that it no longer bore any relationship to what the average man or woman understood as negligence. Things have gone too far one way and we need to pull them back because otherwise the insurance system will collapse under its own cost.

KERRY O'BRIEN: If the courts can't define sensibly the term 'negligence', how are politicians going to?

MICHAEL EGAN: Politicians make laws every day of the week that Parliament sits and this is certainly an area that has been left to the common law for a long time, but we've now got an insurance system -- not just personal liability, it covers a number of areas of insurance where it has become too expensive for the community to provide for. So we have to make some sensible changes. We have to make sure that we're not -- the court's not clogged up, that we're not paying for trivial claims and we have to make sure that the community is not paying for vastly excessive damages.

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KERRY O'BRIEN: The clear implication of a number of these outcomes is that the problem lies substantially with greedy lawyers and frivolous claims, that the insurance industry itself doesn't bear any measure of responsibility.

MICHAEL EGAN: No, I don't think it's a matter of declaring war against lawyers, they're simply acting within the law. It is the system that is inadequate. It's the way it's developed and we need to address it.

KERRY O'BRIEN: So when Allan Fels, the consumer and industry watchdog believes that you're barking up the wrong tree and says the insurance companies are more to blame for soaring premiums than the legal system, and he speaks from a reasonable vantage point I assume?

MICHAEL EGAN: It could be the case the activities of the insurance companies need a closer look and we would be horrified if we were going to make changes not only to the common law, but the Trade Practices Act and it meant a windfall gain for the insurance companies. Alan Fels is in a position to put scrutiny on insurance companies.

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# How to wipe out the Australian Public Liability Insurance Industry

(... without using nukes, C4, Molotov cocktails, gunpowder, etc.)

## Insurance 101 ... a tutorial

In discussing this issue within MCA it soon became clear that many people did not understand insurance. (There was however common agreement about that sinking feeling one gets on opening the letter from your insurer to find the premium now due is bigger than last year!) More importantly it is clear from mass media coverage over the last few months that most reporters and politicians do not understand it either. (Why are those questions that would expose where the premium money went last year never asked ?) So here goes - the basics of insurance:

When you pay your premium you buy:

**Administration and services:** Such things as sending out renewal notices etc.

**Compensation:** If a claim is made against the policy you expect to get dollars to pay for compensation reasonably demanded.

**Legal costs:** But perhaps the insurer considers a claim has no merit and must be fought in the courts.

**Loan costs:** If this year's payouts exceed premiums collected loans will be taken out to cover the difference and next year premiums will rise to pay for the cost of the loan and for increased claims.

**Reinsurance:** To diversify and hence risk reduce the insurer takes out insurance that puts the risk \$\$\$ covered by your public liability policy into a much larger pool of risk \$\$\$ which are covered in a world wide way by various underwriters.

**Profit:** The insurance company shareholders have a required rate of return (RRR) on capital employed that is reward for them for taking legal responsibility for holding and compensating the risk under the policy you hold.

**Marketing and Advertising:** They have to seek out business.

Remember if this year's premium fails to cover pay-outs, next year's premium will be bigger to make up the loss. In the long run ( often by the time the next premium is due) **you the customer pay for everything!**

## The key to insurance : It's groups using probabilities

Insurance is about a particular group of people sharing a definable risk of low probability. It works because the mathematics of probability can be used. Insurance allows the financial cost of one person's disastrous event to be shared by many thousands of people so that the cost to each is made much less.

The sum total cost of all such events in a year is the claims payout compensation that needs to be met. So to work out the premium just add in the other items already listed here.

## The more the merrier !

In any year it is impossible to know at the start of the year exactly how many people in the insured group will suffer the unusual disastrous event that they insured against. The more people that club together as the insured group the easier it is to determine more precisely what premium is needed. The mathematics of probability works more and more accurately the bigger the group of insured people is.

## We are all in it together !

Australians choose to face a lot of the same problems and risks together. It just seems to make sense to work together to share many risks on a national basis. For example the risk of war. We all pay vast amounts of taxation to insure we can as a group face up to this risk and so employ defence forces. Law and order is another example. Government is also a major player funding emergency services, and such things as bush fire, and drought relief measures. Public liability risks appear somewhat similar in nature.

However unlike the above risks public liability risks (the risk of being sued in the civil courts) vary a lot person to person - not everyone owns a building or runs a business - so a general taxation levy could not be used collect premiums. Nevertheless it would help all Australians if government would at least accept a role in helping the millions of people who

have to take out public liability cover (including associations like MCA and other community groups) by supervising a framework to keep the system transparent, honest, and equitable.

Of course if you feel (as parts of the media seem to) that Australia is a very dangerous place to live, full of poorly educated people who are basically unable of managing much of importance and who cannot think through a complex matter like public liability insurance but must rather trust whatever the 'overseas experts' say (including the overseas experts who run reinsurance) you will pay the premium asked and support the Liberal-Labor Coalition in their policy of removing citizen rights as the best way to reduce the premiums that have to be paid.

But if do not accept this read on for a much better solution ....

## The Solution

**The Australian community becomes its own fully funded 'insurer' : From future risk to hindsight reality via retrospective payments in contract.**

The system works as follows.

- As the risk is not likely to change much in one period (of say one year) the **total cover amount** of cash needed over the coming year is about the same as that actually made in payouts plus operating costs for the last year.
- As well as this an additional amount (or perhaps a rebate at times ) the **total retrospective call** is added to be paid at the end of the contract period.
- But as some persons insured will have died or gone bankrupt as the year passed and so be unable to pay each insured person must hold and pay in advance a sum to provide **insurance** that will then pay the call in such cases.

What the system does is recognise the reality that in the longer term the insured person always ends up paying the full cost of each year's operation and by so doing converts an insurance into a forward payments system plus a retrospective call. No capital fund owned by the private sec-

## How our community owned fully funded cover system works

Let Total Premiums charged at start of year  $n-1 = TP_{n-1}$ , and actual claims paid plus overheads for year  $n-1 = AC_{n-1}$

**Fund Income at start of year 'n' :**

First calculate the retrospective call existing at end of year  $n-1$  as  $RC_n = AC_{n-1} - TP_{n-1}$

**Thus Total Payments due at start of year 'n' will be  $TP_n = AC_{n-1} + RC_n$**

**Notes:** Overheads include admin. costs claims assessment and legal costs of disputed claims. Retrospective call insurance on the risk that  $RC_n$  will be positive and defaulted on must be taken out and paid for at the start of year 'n'. This will be small as  $RC_n$  is typically under 10% of  $TP_n$ . If the fund is in surplus at the end of the period the full surplus could be repaid as a rebate in the form of a reduction of the premium  $TP_{n+1}$  due by those still in the fund at the end of year 'n' and renewing for year 'n+1' in proportion to the amount of coverage that they paid for in year 'n'.

In order to allow for a 'float' against the risk of excess payments over expectations towards the end of year 'n' various strategies could be used for example :

(i) Legislation could allow for delay in payment of part of a claim during year 'n' until the start of year 'n+1'.

(ii) A separate 'setup' surcharge amount could be charged at the start of the first year of operation to act as a float and added to in later years to cover fund expansion needs. However note that some additional funds (from interest) would exist by placing the funds until used at call or on short term deposit fixed interest.

### If nothing else it's a Sanity Check !

Now of course if the existing private insurance sector is very efficient, has low overheads, and is making lots of money out of its expert investment of premiums paid, plus managing the vetting of claims and running of legal defence cases very well perhaps it should be able to beat the above system hands down without any problems.

But if the truth is that today's 'commercial-in-confidence' public liability cover is only paying out 3% of premiums as Dr Rhonda Galbally's survey was said to have discovered, then the community sector could expect to get very massive drops in public liability cover costs by switching to a 'non-insurance' system such as the one suggested here.

Could it be that the industry will not release data because it has something to hide ? Will our so called 'representative governments' actually represent us for a change and so get the vital data ? So far, with the exception of Senator Cherry of the Democrats who mentioned 'structural' problems may exist in the industry (on ABC Radio National's *Life Matters*), our representatives (for example Bob Carr on TV recently) seem to say the solution is to take away some of our right to sue for damages in the civil courts. Perhaps MCA members should write to Bob Carr and ask him to produce some hard data to back up his views ?

But perhaps the problem is at root an ideological one ? Both major parties today seem intent on avoiding ending up in the dustbin of history along with a heap of troglodyte pinkie socialists and so hold that government running anything in the public interest is just plain wrong because it stops private operators being able to make large profits for their shareholders by running services that the public must have. The moral of the story being that if you can make large profits on the sharemarket (directly or via managed fund or super fund) you should not be complaining about increases in public liability cover as you get it all back with interest via share dividend and capital increase in your insurance company shares ? Indeed for people on the salary levels that Messrs. Carr and Brogden and their comrades in the 'NSW Laboral Party' enjoy that may well be true ... but for the rest of us .... ? Ah well, that is what representative government is all about today one must suppose, be the issue medical indemnity or public liability insurance. If they 'represent' us true to form expect a new bill in the NSW Parliament soon that does for victims of public liability negligence what legislation introduced last year in NSW did for victims of medical negligence and

(Continued from page 3)

tor is needed and no RRR is required on this first order risk.

As nothing is estimated and no risk remains the system can be totally transparent and public with no need for any commercial-in-confidence agreements.

The only 'insurance' element left in, if desired, is in mathematical terms the risk

of defaults on the differential quantity

$RC_n$  which is very small. This could again be converted into a call by a surcharge on premiums to set up a separate fund, perhaps with government as the managing body. Or left as commercial insurance via the private sector.

The above system is of course mathemati-

cally the simplest form of system that can be suggested. It just uses  $AC_n$  as the best predictor of  $AC_{n+1}$ . Higher order prediction is possible. Trends over several years would be considered together with other factors. This would lead to smaller retrospective calls than the simplest system described here and so lead to an

even smaller role for insurance on the risk of retrospective call defaulters.

## **What to do about those disputed claims ?**

Claims settlement management remains an expensive matter whatever system of providing public liability cover is used. The basis for getting compensation once a claim dispute exists, suing in negligence, is both expensive and uncertain. Indeed last year government in NSW moved away from allowing full use of the courts in workers compensation claims.

There is justification for such action. The courts plus the common law can be just a very costly random results generator. Which for negligence actions be they public liability or medical indemnity related has the effect for any insurer of introducing large amounts of that horrific substance 'raw uncertainty'. This has the effect of making risk impossible to predict mathematically and hence causes premiums to rocket upwards.

The basic problem is that Australian civil courts today only offer what is a most ancient method of dispute resolution - in essence trial by ordeal. The ordeal often reducing to one of financial attrition which finds a winner on the basis of the ability to keep on paying out legal fees.

Also the appeal process is not what the lay public often think it is. It is not a process intended to correct serious errors in the lower courts. Rather it is an esoteric process aimed at looking for legal process errors, errors of law, not fact. Indeed as one would expect in what is modified warfare truth can be a rare visitor to the modern English Law based courtroom. So it is perhaps no surprise that appeal courts have even been characterised as "Judge's Protection Societies" by some wags.

In addition Australian judges have quite enormous powers and in practice are just not accountable to anyone. This is presented as a virtue by the legal profession and government. Judges are allowed wide scope in the exercise of a judicial discretion and can rule as inadmissible what a lay person would see as evidence vital to the understanding of a case. Australian judges are also allowed editorial power over their court's transcript. Thus what are presented to the public later as the documents of record (i.e. the judgement and transcript) in a case may not be a historical record of what took place, or present a balanced view of a case. After such editorial action the one thing these supposed

documents of record do ensure is that the public will have access to a view of the administration of justice as being near to perfect, and showing cases were run in an exemplary manner.

## **Can anything be done ?**

What is needed is the introduction of the some scientifically based investigative systems and methodology into the court room to force some order, certainly and logic into court settlements. So retaining flexibility while avoiding the trap of inflexible no-fault systems that can soon reduce into systems that award token amounts only. A system able to impose consistent rulings based on historical truth and scientific logic would also be a better vehicle for accommodating public policy inputs. Additionally some limited use of structured settlements to assist in smoothing out very large claims payouts across longer time periods may have a place. While remembering that there is no advantage to be gained in going down 'an HIH path' of allowing such smoothing and loan raising to bring into being a partly funded realised risk situation and so leaving large future debt to be paid by future generations of policy holders.

But such discipline, attention to reality, and simple logic seems just too big an ask when a crazy process as the English common law justice system has been bolted in place for hundreds of years, has rusted solidly into the public mind, has been presented as 'the only and best system possible', and is soundly defended by a class of rich and powerful people who also infest parliaments and find the legal fees the system generates a real boon.

The enormity of the problem for those who seek change seems at times similar to that of trying to persuade the ancient Aztecs away from holding the view that human sacrifice (human hearts and blood) must never be neglected or the sun will stop in the sky and the human race will die from the fire caused by that motionless sun.

So a warfare based dispute resolution system appears to be an on-cost for any and all public liability systems for a long time yet unless government chooses to introduce an inflexible no-fault system that may work to award fixed amounts for a set of fixed losses. (i.e. loss of one foot = \$x, loss of one hand = \$y, etc) A devil or the deep blue sea choice indeed for the consumer !

## **Classes of Insurance**

The industry seems to have failed to collect (or does not chose to reveal the data it has) on how realised public liability claims fit into different classes of risk. Clearly more than one type of public liability risk exists. (Joining an association like MCA does not expose people to the same types of risk as say joining an association for rockclimbing.)

Today it seems that an insurance quotation can be the result of a 'let's-think-of-a-big-number-because-we-don't-know-how-to-estimate-this-risk' process. Or be the result of a 'we-charge-a-flat-rate-of-so-much-per-million-dollars-of-cover' policy on the part of the insurer.

Acknowledging that to make mathematical sense a large population of people and organisations must be insured for every class of cover the question remains : Do we wish to have a simple flat rate system that may well over-charge some low risk categories in order to cover others at what will be a below cost rate ?

It may indeed be that some form of intended cross subsidy could be wished for by the community and could be built in to rates charged, so assisting activity that has high community value as determined by a vote of the community.

But to achieve this in a fair and justifiable way that meets community standards it must be based on some real data in the public domain, not arcane calculations made behind the closed doors of 'commercial-in-confidence'.

Of course a publicly owned fully funded user-pays non-insurance system of the type discussed here allows such data to be collected and calculations to be made 'in the sunshine' so arriving at different premium rates for each class of cover based solidly on historical fact not guesses about the future. Then if the public wish one class of cover to cross subsidise another class of public risk it can be done in an open and precise way.

MCA suggests you urgently write to your State and Federal MPs about this matter as they are meeting again in May about this matter.

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Reported by Andrew Allan