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QKS AI Maturity Matrix™

P&C Core Insurance

Most Valuable Pioneer

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Executive Summary

As the Property & Casualty (P&C) insurance industry confronts rising volatility in climate risk, customer expectations, and fraud complexity, traditional core systems are being stretched to their limits. While digital transformation is underway, the real differentiator in the years ahead will be AI maturity the ability of core platforms to embed intelligence across underwriting, claims, servicing, and risk assessment.

This whitepaper by QKS Group explores how AI is reshaping the foundations of P&C insurance, from enabling real-time risk decisioning to automating claims adjudication and transforming customer engagement.

What the Modern P&C Insurance Platform Must Deliver

Insurers can no longer rely on siloed automation or legacy workflows. To remain competitive, modern P&C core platforms must support:

- Predictive and continuous underwriting based on behavioral, environmental, and real-time signals
- Autonomous or semi-autonomous claims processing with AI-led fraud detection and decision support
- AI-powered policy servicing and engagement across digital and conversational channels
- Integrated model governance to meet emerging regulatory standards on AI explainability and fairness
- Composable and scalable architectures that support low-code orchestration and real-time learning loops

Key Findings from the QKS AI Maturity Matrix

The QKS AI Maturity Matrix evaluates leading core platform vendors across five dimensions: AI Vision, Embedded Intelligence, GenAI Capabilities, Governance Readiness, and Lifecycle Coverage.

Majesco leads as the Most Valuable Pioneer (MVP) for 2025, with its AI-native architecture, full-lifecycle orchestration, and production-grade deployments.

Vendors such as Guidewire and Duck Creek are making steady progress but still rely on fragmented AI extensions rather than platform-native intelligence.

Others like Sapiens, EIS, and BriteCore demonstrate promising modular AI features but lack the unified orchestration and maturity required for intelligent core transformation.

Strategic Recommendations for Insurers

To future-proof their core operations, insurers must shift from automation to intelligence. This means:

- Prioritizing platforms with embedded AI and GenAI orchestration
- Demanding explainable decisioning in underwriting and claims
- Choosing vendors with a clear AI roadmap and scalable architecture

Building internal AI governance capabilities to ensure ethical and compliant adoption

Introduction: The Role of AI in Modernizing P&C Core Insurance Platforms

The Property & Casualty (P&C) insurance sector is undergoing a rapid transformation, driven by evolving demands for risk management, regulatory complexity, and customer expectations. Traditionally rooted in fixed policy constructs, manual claims handling, and actuarial risk frameworks, the P&C insurance model is now being challenged by volatile climate risk, increased frequency of catastrophic events, rising fraud sophistication, and the demand for digital-first servicing. In response, insurers are rethinking their technology infrastructure by not just to digitize processes, but to embed intelligence into every aspect of their operations. At the center of this shift is Artificial Intelligence (AI), which is emerging as a foundational layer for building modern, adaptive, and responsive P&C insurance platforms.

AI is changing how P&C insurers assess risk, manage claims, interact with customers, and adapt to new forms of exposure. Traditional core systems were designed to support linear workflows such as rate-quote-bind-issue processes, manual claims adjudication, and static policy servicing rules. These systems, while reliable in the past, are no longer capable of supporting dynamic pricing models, contextual decision-making, or real-time fraud detection. AI introduces an intelligent, self-learning layer that allows platforms to adapt continuously, respond to new risk signals instantly, and enable more accurate, personalized decision-making across the insurance lifecycle.

According to the QKS Voice of Customer (VoC) Report on P&C Core Platforms, insurers that have integrated AI at the platform level report a 30–40% improvement in operational efficiency driven by faster claims triage, intelligent underwriting decisions, and real-time fraud detection. Respondents also cited significant gains in straight-through processing and reduction in manual servicing workload. However, only 22% of insurers said they had implemented AI across more than two core functions. The rest were still using AI selectively in areas like claims automation or chatbot servicing without a unified orchestration strategy.

Modern P&C platforms are now embedding AI across three critical functional domains. First, in risk assessment and underwriting, AI models are being used to process diverse data sources including IoT sensor data, location intelligence, aerial imagery, and behavioral telemetry to price risk with greater granularity and precision. Predictive underwriting engines now flag anomalies, score exposures in real time, and support dynamic coverage configuration based on contextual risk. Second, in claims management, AI is automating document intake, damage estimation, fraud scoring, and triage workflows enabling low-touch or no-touch settlement paths for simple claims while escalating complex ones intelligently. Third, in policy servicing, AI powers real-time decisioning for endorsements, renewals, billing changes, and customer communications reducing service friction while increasing personalization.

The convergence of AI subfields such as machine learning, natural language processing (NLP), computer vision, and generative AI are giving rise to a new operational model in P&C. For example, AI-enabled aerial imagery analysis is now being used to assess property damage in post-disaster zones, while NLP-driven assistants are resolving servicing queries and summarizing claim history with minimal human intervention. These capabilities are not just efficiency gains, they redefine how insurers engage with policyholders, respond to risk, and manage operational complexity.

AI is also enabling insurers to shift from reactive claims management to predictive loss prevention. With real-time insights from telematics, satellite data, weather feeds, and social signals, insurers can now anticipate potential losses, intervene early, and offer risk mitigation recommendations. This evolution turns the insurer into an advisor and not just a payer by offering new value beyond coverage.

Yet, the ability to realize this AI-driven future depends on the maturity of the core insurance platform. Not all vendors are equally positioned to support this transformation. The challenge for insurers today is not whether to adopt AI, but which platform enables AI to scale responsibly, explainable, and across every operational layer.

To guide this decision, the QKS AI Maturity Matrix for P&C Core Insurance was developed. It evaluates vendors based on their AI vision, the depth of platform integration, and their ability to deliver measurable outcomes in underwriting, claims, and servicing. The next sections of this whitepaper explore the challenges facing P&C insurers, the role of AI in addressing them, and how leading vendors are positioning themselves to support insurers in this next wave of platform transformation.

Challenges and Pain Points in P&C Insurance

The P&C insurance industry is navigating a complex landscape of climate volatility, economic uncertainty, and evolving customer expectations. Despite visible progress in digitization, most insurers continue to operate on fragmented legacy systems, product-centric architectures, and manual workflows. The pressure to improve speed, precision, and personalization across underwriting, claims, and servicing is mounting but the underlying platform infrastructure is often a limiting factor. As a result, the inability to embed AI at the core has left many insurers constrained in their ability to scale, differentiate, or evolve into true risk-intelligent enterprises. These structural constraints must be addressed through AI-driven modernization of the core.

The VoC report also highlighted that 78% of insurers consider AI critical to their future competitiveness in the P&C market, yet over half expressed concern over model explainability, integration complexity, and lack of vendor support for AI retraining and lifecycle management. The following are the major challenges:

1. **Underwriting Inefficiencies: Traditional Risk Models Are Losing Relevance**

   Underwriting in P&C remains one of the most manual and judgment-based functions which are heavily dependent on historical loss data, static rating tables, and outdated rules-based engines. In a world of dynamic risk exposure, this model is no longer sufficient.

   - Traditional models fail to ingest or act on real-time risk signals such as geospatial insights, weather patterns, telematics, drone or satellite imagery, and IoT data from smart homes and commercial assets.
   - Risk segmentation is stiff and based on broad classes, missing nuances of usage behavior, property conditions, or individualized exposures.

- Many underwriters still rely on spreadsheets, siloed systems, or manual inspection reports, resulting in slow quote turnaround and missed underwriting opportunities.

According to the QKS VoC Report on P&C Core Systems, 42% of underwriting leaders cite “limited automation and poor data connectivity” as top blockers to underwriting innovation. Additionally, underwriters report that manual triage and risk evaluation delays are contributing to both lost deals and pricing mismatches in fast-moving markets such as commercial property, and cyber liability.

2. Claims Delays and Escalating Fraud Risks: A Critical Exposure Point

Claims remain the defining moment of truth in the policyholder relationship. Yet for many insurers, they remain paper-heavy, manually triaged, and operationally disjointed. In high-volume lines, these inefficiencies are even more pronounced.

- Complex claims often require multiple touchpoints, physical inspections, and follow-ups across different systems leading to prolonged resolution cycles.
- Fraud detection capabilities remain basic in many organizations, focused on rule-based red flags and lacking behavioral, network-based, or cross-policy analytics.
- Claims handlers lack real-time access to prior history, third-party data, or predictive scoring tools making the process slow and inconsistent.

The QKS SPARK Matrixε for P&C Policy Administration Systems, 2024 found that insurers continue to face high fraud leakage, especially in auto and property lines, driven by staged damage, inflated claims, and third-party fraud rings. Yet less than 30% of insurers have deployed AI-based models

for anomaly detection, visual damage recognition, or entity resolution across claims.

AI has the ability to radically improve claims operations through:

- Predictive scoring and behavioral risk profiling during FNOL (First Notice of Loss)
- NLP and OCR for automated document parsing and case summarization
- Computer vision for image-based damage assessment and fraud detection
- Adaptive triage logic for routing simple vs. complex claims automatically

However, the full potential of these technologies remains underleveraged due to siloed data lakes, lack of API exposure in legacy platforms, and uncertainty around AI-based denial explainability.

3. Operational Inefficiencies: Fragmented Workflows and Cost Overhead

Despite investments in portals and self-service, core operations in P&C remain fragmented especially in policy servicing, billing, endorsements, and agent support. The problem lies in how servicing logic is distributed across multiple legacy systems.

- Servicing events like policy amendments, premium recalculations, or billing corrections often require multiple handoffs, backend overrides, or manual data entry.
- Many workflows are not API-enabled or event-driven, limiting real-time responsiveness and automation.
- Support teams operate in siloed environments with no single view of the customer, policy, or prior interactions.

As a result, operational costs rise with scale and insurers are forced to staff up during renewal peaks or catastrophic claim surges. According to the QKS VoC Report, 61% of insurers identify “lack of real-time workflow orchestration” as a primary cause of servicing delays and rising operating expense.

4. Low Product Personalization and Passive Customer Engagement

P&C has traditionally operated with a policy-centric mindset: standardized coverage, fixed pricing tiers, and transactional engagement windows. However, customer expectations have evolved. Policyholders now expect contextual, personalized interactions that reflect their behavior, preferences, and lifecycle needs.

- Most platforms still lack the AI infrastructure to deliver real-time personalization at scale and offer generic renewal reminders, static product bundles, or delayed servicing alerts.
- Engagement strategies are reactive, triggered by payments or claims. They are not proactive nudges based on life events, usage, or risk exposure.
- Agents and brokers lack data-driven tools to simulate scenarios, tailor recommendations, or orchestrate upsell campaigns effectively.

The P&C Core VoC Report highlights that 69% of policyholders expect insurers to notify them proactively about risk exposures, preventive actions, or coverage optimization. But only 21% felt their insurer did so. This gap reflects both technical limitations in personalization engines and cultural inertia in engagement models.

The challenges confronting P&C insurers are deep-rooted and interconnected: legacy underwriting frameworks, claims friction, fragmented operations, and shallow

engagement models. These pain points are no longer just operational inefficiencies, they directly impact loss ratios, retention, regulatory exposure, and growth potential.

AI offers a way forward, but only when embedded into the platform core. In the next section, we explore how AI-driven automation is transforming P&C insurance and what defines real AI maturity across core systems.

AI-Driven Automation in P&C Insurance

As insurers modernize their P&C infrastructure, the conversation is no longer about automation but about embedding intelligence across the enterprise. AI is enabling insurers to move beyond static workflows and siloed operations, introducing real-time responsiveness, predictive insight, and contextual decision-making into the core. Whether it's refining underwriting with dynamic risk signals, accelerating claims with computer vision, or delivering proactive engagement in servicing, AI is becoming the connective tissue of modern P&C platforms.

AI is also becoming foundational to the way core P&C platforms operate, infusing intelligence into underwriting, claims, and servicing processes that were once static and rule bound. In underwriting, AI transforms risk evaluation from a backward-looking exercise to a real-time, data-driven process. Insurers can now incorporate insights from telematics, IoT sensors, aerial imagery, and behavioral patterns to underwrite with higher precision and context. This enhances segmentation, enables dynamic pricing, and accelerates decision-making across personal and commercial lines. In claims management, AI significantly reduces processing time through predictive triage, image-based damage estimation, and NLP-powered intake. Models trained on behavioral data flag fraudulent activity such as staged accidents or synthetic identities, while computer vision assists in fast-tracking straightforward claims and routing complex cases with contextual summaries.

In policy servicing, AI moves insurers from reactive workflows to proactive, predictive engagement. Virtual assistants handle routine tasks like endorsements or billing changes, while machine learning models identify lapse risks or behavioral disengagement. Servicing requests are validated across systems in real time, ensuring consistency across policy, billing, and claims modules. This shift not only reduces operational overhead but improves customer experience through personalization and responsiveness. Embedded AI orchestration seamlessly integrates servicing events with broader lifecycle interactions, enabling the provision

of policy upgrades based on behavioral signals or triggering alerts in response to anomaly detection.

Nevertheless, the real enablers of this transformation lie in the integration of machine learning, behavioral analytics, and natural language processing (NLP) into the platform's architecture. Machine learning introduces adaptability by learning from past transactions and optimizing future workflows. Underwriters receive pricing suggestions based on similar portfolios, claims handlers get AI-recommended settlement paths, and service teams benefit from auto-routing of customer inquiries. Behavioral analytics enables insurers to analyze digital signals like login patterns, quote drop-offs, or mobile activity to infer intent, predict churn, and personalize outreach in real time. This leads to more proactive servicing and deeper policyholder engagement.

NLP, meanwhile, turns unstructured communications into actionable data. Insurers can parse documents, scan PDFs, understand sentiment in call transcripts, and automate servicing workflows with contextual intelligence. NLP also powers conversational bots that interpret customer intent and initiate backend actions thereby minimizing delays and improving first-call resolution. Together, these technologies elevate core policy administration systems into intelligent orchestration engines capable of cross-functional coordination, real-time learning, and automated decisioning at scale. This is the operational layer modern P&C insurers need to deliver personalized, efficient, and agile services in a risk environment that no longer stands still.

AI in Action: Illustrative Use Cases in P&C Core Insurance

Across the P&C landscape, insurers are now embedding AI into production environments. The examples below highlight how AI is addressing real-world challenges in areas such as fraud detection, customer servicing, engagement, and underwriting.

Case Study 1: Intelligent Quote

Customer: A top 20 global insurer, with significant commercial P&C carrier in North America

Problem Statement: Their underwriters and business partners were constrained by inefficient, manual, and error-prone quoting processes for Workers' Compensation insurance, especially for multi-state or complex accounts.

Solution offered: They are an early adopter and referenced pilot customer for Majesco's Copilot Intelligent Quote solution, integrated with the Majesco Intelligent Core Suite:

- Majesco Copilot Intelligent Quote enables underwriters and agents to instantly generate insurance quotes by uploading complex application documents and automatically create a submission.

Benefits:

- Up to 75–82% reduction in time required to create workers' compensation quotes:
- Manual quoting: 8–164 minutes (depending on states/locations)
- Copilot: 2–30 minutes

Case Study 2: Intelligent Cash Allocation

Customer: The client represents a leading agency or carrier in the property and casualty (P&C) insurance sector managing high transaction volume and complex remittance files

Problem Statement: Traditional cash allocation processes for agency payments are highly manual, error-prone, and time-consuming. Billing teams struggle with extracting and reconciling data from a diversity of file formats (such as Excel, CSV), with varying layouts and levels of detail and manual data entry, which is labor-intensive, leads to frequent errors, and causes delays in financial processing and reconciliation.

Solution offered: Intelligent Cash Allocation solution automates the allocation of agency payments by:

- Identifying and extracting essential data elements needed for payment allocations (e.g., broker details, payment amounts, policy/transaction-level allocations).
- Supporting multiple remittance file formats and data variations.
- Orchestrating allocation processing based on remittance file instructions, automating the assignment of payments to appropriate accounts.

Benefits:

- Reduction of manual cash allocation process from >5 hours to less than 10 minutes with no human interaction needed.

Case Study 3: Majesco Copilot

Customer: The client is a leading insurance technology platform provider supporting insurers with complex policy administration and billing operations.

Problem statement: Insurance platforms are facing mounting complexity, increased demands for tailored solutions, and rapid processing requirements. The client's users needed to streamline numerous workflows—ranging from policy management to claim processing and billing—while improving accuracy, reducing manual effort, and providing faster, more intuitive support for both internal staff and end-users. Training costs for new features and processes were high, and the need to reference separate user guides slowed productivity.

Solution Offered: Majesco Copilot was embedded across the platform, delivering advanced generative AI-powered support with a suite of integrated capabilities:

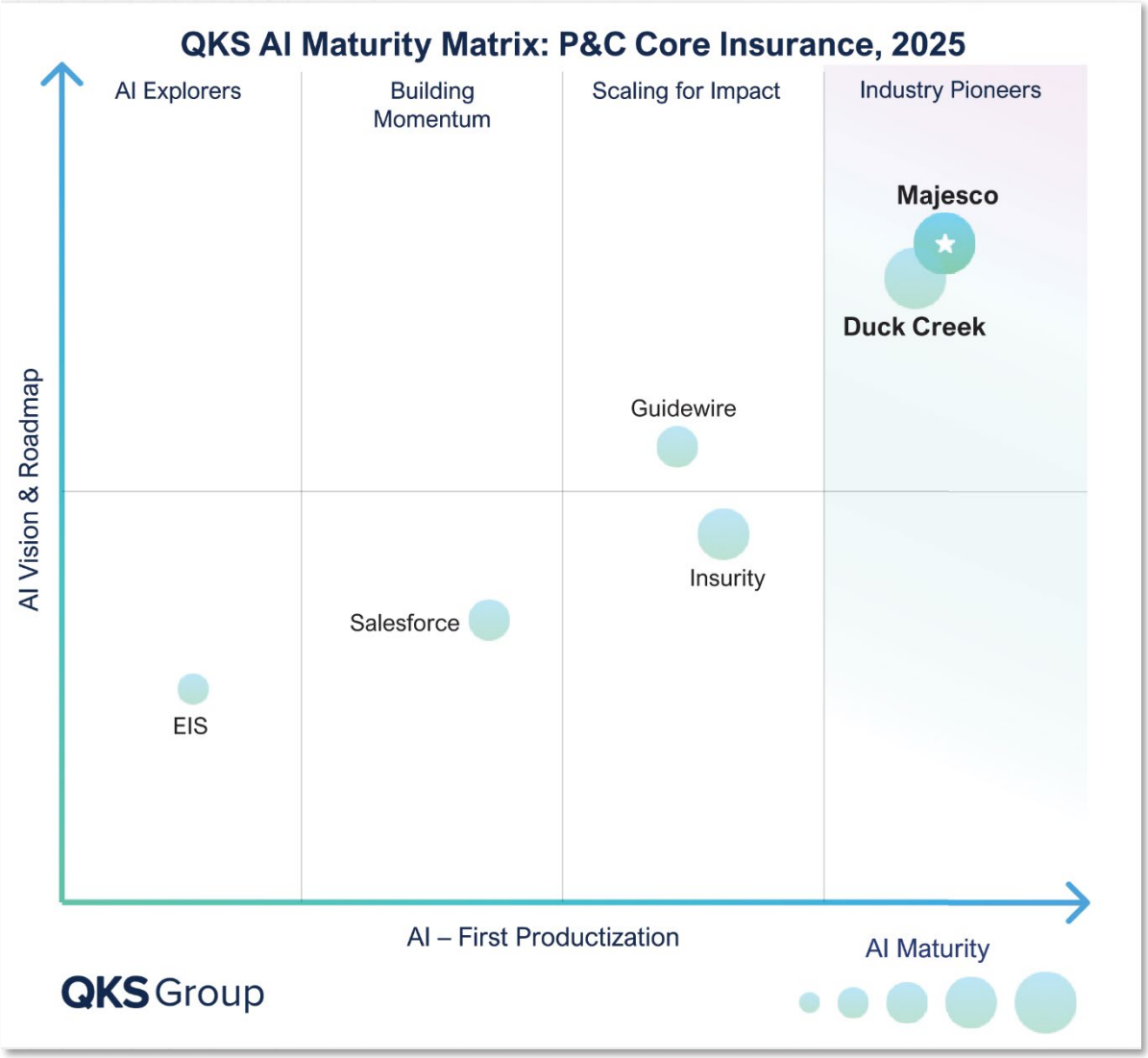
- Write & Refine: Users can instantly generate, rewrite, or rephrase notes and correspondence in an appropriate style, improving communication quality and consistency across policies, claims, and billing screens.
- Summarize: Copilot distills complex information—policies, claims, invoices, member details, and historical transactions—into concise, easy-to-understand summaries using natural language prompts, supporting rapid decision-making and client communication.
- Actions: Users can execute critical tasks (e.g., creating reminders, updating payment plans, canceling/reinstating policies, closing claims, issuing write-offs) directly through conversational prompts without navigating multiple screens or referencing policy or claim numbers.
- Help: Step-by-step contextual help is built into every screen, allowing users to ask, "How do I…?" questions. Copilot responds with instructions tailored from product documentation—eliminating the need to consult separate user manuals and significantly lowering training costs.

Benefits:

- Productivity Gains: Time required for key transactions (task creation, policy changes, claim closure, invoice write-offs) dropped from several minutes or screens to under 30 seconds, increasing daily throughput for claims adjusters, billing specialists, and policy administrators.
- Reduced Training & Support Costs: Embedded, natural language help and documentation lookup halved onboarding effort and rendered traditional user guides largely redundant.
- Higher Decision Quality: Enhanced analytics and summaries provided actionable insight, helping users and managers make smarter, faster decisions and improving business outcomes.
- Greater Customer Satisfaction: Faster, more accurate responses and reduced manual errors delivered a superior experience for agents, partners, and policyholders.
- Competitive Advantage: The platform's AI capabilities offered distinctive differentiation in a market seeking operational excellence, automation, and personalized digital support.

AI is not just enhancing core P&C processes, rather, it is redefining them. From contextual underwriting to adaptive claims resolution and proactive engagement, AI-driven automation enables insurers to deliver more accurate, efficient, and personalized outcomes.

QKS AI Maturity Matrix™: P&C Core Insurance



As AI reshapes the P&C insurance industry, technology vendors play a critical role in enabling or impeding insurers' transformation. The QKS AI Maturity Matrix evaluates vendors along two axes:

- AI Vision & Strategy: How forward-thinking, intentional, and embedded is the vendor's AI roadmap across core insurance functions?
- AI Productization: How deeply is AI integrated into actual platform capabilities, and how scalable and accessible are those capabilities to insurers?

Vendors are placed into four categories:

- AI Explorers: Early in their AI journey, with limited production capabilities
- Building Momentum: Demonstrating growing investment but lacking end-to-end maturity
- Scaling for Impact: Possessing strong AI foundations with selective deployment across product lines
- Industry Pioneers: Vendors with embedded, scalable AI capabilities powering enterprise transformation

Majesco - Industry Pioneer

Majesco leads the market as one of the few vendors delivering truly embedded AI across the full P&C insurance lifecycle. The company's strategic focus on AI-first transformation is not an augmentation of existing systems, it is foundational to its product design, architecture, and customer value proposition.

Majesco's strategic differentiation lies in its ability to combine real-time decisioning, embedded explainability, and cross-functional orchestration across underwriting, claims, billing, and servicing. Majesco's AI solution is far more than an LLM or automation tool. Majesco's AI solution is able to recognize the user intent and orchestrate information, behaviors, actions, services, and third parties to accomplish complex tasks. Majesco's P&C Intelligent Core Suite allows insurers to go beyond traditional policy administration and function as adaptive risk management engines. AI is not offered as a standalone tool but is embedded across key processes, policy configuration, risk scoring, claims triage, behavioral engagement, and regulatory compliance, creating a learning ecosystem at the core of the enterprise.

Majesco's roadmap reflects its AI-first design philosophy. The platform is architected to support AutoML pipelines, feedback loop integration, and role-based transparency, making it ideal for insurers who demand explainable, compliant, and scalable intelligence. It also enables seamless orchestration with GenAI by offering conversational experiences, intelligent form completion, claims summarization, and underwriter co-pilots through Large Language Model (LLM) integration. Unlike competitors that position GenAI as experimental, Majesco embeds it into real production workflows by reducing adoption friction and accelerating ROI.

Majesco's Digital1st® Insurance platform stands out for its end-to-end, AI-augmented capabilities. The platform integrates AI across underwriting, policy servicing, billing, claims, and their portal, supported by a unified data fabric that fuels real-time decisioning.

Key capabilities within Majesco's P&C Intelligent Core include:

- Contextual Risk Underwriting: AI models analyze structured and unstructured data (e.g., IoT, aerial imagery, social risk signals) to support dynamic pricing and personalized risk assessment.
- Behavioral Claims Triage: AI-powered FNOL intake, computer vision-based damage estimation, and real-time fraud scoring using entity graphs and anomaly detection.
- AI-Powered Servicing: NLP-driven assistants for endorsements, billing queries, and coverage changes combined with predictive models for lapse prevention and upsell targeting.
- Model Governance & XAI: Built-in capabilities for model tracking, version control, and explainability dashboards supporting both regulatory needs and enterprise transparency.
- GenAI Integration: Operationalized large language models to drive intelligent summaries, automated policy generation, sentiment-aware customer interactions, and more.

Majesco's competitive strength lies in its executional depth. It not only offers robust AI features, but it enables insurers to govern, scale, and evolve these capabilities without relying on external ecosystems or service-heavy customization. Its deployments across personal, commercial, and specialty lines reflect a platform that is not only innovative but operationally mature and globally proven.

Comparative Analysis of Vendors in the QKS AI Maturity Matrix

While Majesco is positioned as an Industry Pioneer with enterprise-ready intelligence at scale, other vendors in the matrix show a wide range of maturity and strategic posture. Most competitors exhibit strong capabilities particularly in claims automation, engagement, or fraud detection, but lack the depth of AI integration and lifecycle governance Majesco delivers across the core.

Duck Creek – Also an Industry Pioneer, But More Execution-Centric

Duck Creek earns its place in the Industry Pioneer quadrant due to its modern architecture, cloud-native configuration, and expanding AI footprint particularly in underwriting and claims. The platform supports NLP-based servicing tools, image-based damage estimation, and weather-linked exposure assessment. However, its AI strategy is more tactical than transformational. While strong in automation and low-code enablement, Duck Creek is still building out full-stack capabilities such as AutoML retraining, behavioral analytics, or embedded GenAI orchestration. Its platform is execution-ready, but less advanced in terms of cross-functional intelligence orchestration compared to Majesco.

Guidewire and Insurity – Scaling for Impact, but Lacking End-to-End Intelligence

Guidewire shows significant momentum through Cyence Risk Insights and its data science offerings, particularly in property exposure, cyber, and risk modeling. However, its AI remains segmented, and they are largely packaged into analytics modules rather than embedded into the policy lifecycle. Core processes such as claims triage, underwriting configuration, and behavioral personalization still rely heavily on configuration rather than intelligence.

Insurity, meanwhile, has carved a niche with AI-enhanced fraud detection and modular product accelerators. While it offers configurable AI workflows and mid-

market agility, its capabilities are narrow in scope and often dependent on third-party services. The platform lacks embedded explainability, proactive governance tooling, and deep AI integration across claims and servicing. Both Guidewire and Insurity are progressing, but insurers must shoulder more of the orchestration and compliance burden themselves.

Salesforce and EIS – Limited Core Integration, early in AI Execution

Salesforce brings strong CRM and GenAI engagement tools to the table particularly through its Einstein suite but lacks a dedicated P&C core platform with underwriting or claims orchestration. AI is powerful at the customer interaction layer but disconnected from the policy lifecycle and operational decisioning. As such, it serves more as a complementary layer than a core modernization partner.

EIS, while technically sound and API-native, remains at an early stage in AI deployment. Some ML-driven workflows and data orchestration tools exist, but the platform lacks embedded behavioral engines, retraining infrastructure, or advanced NLP tooling. Its openness gives it future flexibility, but AI capabilities are still largely in developmental stages, making it more of an AI Explorer than a production-grade provider.

Summary

The QKS AI Maturity Matrix for P&C Core Insurance underscores a widening divide between AI-native platforms like Majesco and vendors that still treat AI as an add-on or siloed feature. Majesco stands out for delivering a composable, explainable, and enterprise-scalable AI core thereby powering contextual underwriting, real-time claims intelligence, proactive servicing, and GenAI-enabled customer engagement.

While Duck Creek is catching up with strong execution, its AI remains less orchestration driven. Guidewire and Insurity show momentum but require insurer-driven effort to scale intelligence. Salesforce and EIS remain peripheral in AI maturity, with limited integration across the core platform.

For insurers modernizing their P&C architecture, the question is not just “Who offers AI?”, but “Who enables intelligence to scale, adapt, and explain itself inside the core?” Today, Majesco is the benchmark that answers that question.

Recommendations

As AI becomes foundational to modern P&C operations, insurers must make platform decisions that go beyond features and into long-term capability. The vendors leading in AI maturity are not just embedding automation—they are enabling continuous learning, explainability, and orchestration across the insurance lifecycle. To fully capitalize on AI, insurers must rethink how they evaluate platforms, engage internal teams, and prepare for transformation.

- Insurers should prioritize platforms with AI natively embedded into underwriting, claims, and policy servicing workflows. Solutions that require bolt-on AI modules or third-party orchestration create complexity, integration friction, and inconsistent data governance. Instead, focus on vendors whose platforms support AI with unified data fabric, cross-functional orchestration, and real-time decision engines. AI maturity should be assessed not by the number of use cases, but by how deeply AI is operationalized across the core.
- Successful AI adoption hinges on the ability to govern and retrain models over time. Insurers must look for vendors that offer built-in support for explainable AI (XAI), audit trails, version control, and role-based transparency. With growing regulatory scrutiny around fairness, bias, and algorithmic accountability, explainability is not optional and it is a requirement. Vendors that empower insurers to monitor, validate, and evolve their models internally will drive faster AI scaling with lower risk exposure.
- Platforms should enable real-time behavioral intelligence and dynamic engagement. AI's power lies not just in automation but in personalization by adapting offers, servicing, and communication based on user behavior and contextual risk. Platforms must support streaming analytics, event-based workflows, and behavioral modeling to anticipate customer needs and tailor experiences. These capabilities directly improve retention, NPS, and cross-sell performance in both personal and commercial lines.

- Insurers must consider the internal readiness of their organization to adopt AI at scale. This includes rethinking underwriting workflows, empowering claims adjusters with AI copilots, and training service teams to act on AI insights. Vendors that offer intuitive interfaces, low-code configurability, and user-friendly dashboards will accelerate time-to-value and reduce transformation friction.

Choosing the right AI-mature core platform is no longer a technical decision rather it is a strategic one. The platforms that enable continuous intelligence, not just workflow automation, will define the next generation of high-performance P&C insurers.

Future Outlook

The P&C insurance industry is entering a new phase of AI maturity-one that will be defined not by experimentation, but by intelligent, composable, and adaptive platforms that continuously evolve with data, risk, and behavior. Over the next three to five years, we anticipate a significant acceleration in the impact of AI on the insurance industry. This transformation will not only enhance operational areas such as claims processing and underwriting but also redefine risk management, policyholder engagement, and real-time product configuration by insurers.

Underwriting will become contextual and continuous, moving beyond static quote submissions to dynamic risk scoring that evolves with policyholder behavior, environmental changes, and third-party data. AI will enable insurers to pre-fill applications, simulate risk scenarios, and automatically adjust pricing based on changes in usage patterns or environmental exposure. The shift toward usage-based, parametric, and on-demand insurance models will be fueled by AI's ability to ingest and act on streaming data, enabling real-time underwriting adjustments and personalized product bundles.

Claims will move closer to autonomous resolution, with AI taking over not just triage but full adjudication in simple cases. Computer vision will assess property and auto damage instantly, while NLP and LLMs (large language models) will summarize case histories, generate regulatory documentation, and even draft settlement letters. More advanced fraud models will integrate behavioral biometrics, network link analysis, and explainable AI scoring and flag risks before a claim is submitted. Over time, the majority of low- to mid-complexity claims will be touchless, allowing adjusters to focus on exceptions and high-stakes scenarios.

Policy servicing will shift from reactive to anticipatory, as AI-driven systems interpret customer signals to pre-empt support needs, recommend adjustments, or trigger retention workflows. AI will no longer simply respond to events rather it will simulate and predict lifecycle changes, flagging potential lapse risks, upsell opportunities, or

service bottlenecks before they materialize. GenAI will enhance conversational servicing across channels, enabling personalized, context-rich engagements without the burden of scripting or manual configuration.

Internally, AI will become an enabler of cross-functional collaboration and governance. Business users will interact directly with models through low-code interfaces, while compliance teams will audit AI decisions through explainability layers. Model performance, bias monitoring, and retraining cycles will become standard components of platform management, making AI not just scalable, but governable. Core vendors that enable this operating model where AI is explainable, orchestrated, and easily tuned by business teams will shape the industry's competitive frontier.

The long-term future of P&C insurance will not be defined by who has the most automation. It will be defined by who can embed intelligence into every decision, at every level, and adapt that intelligence faster than their peers. In that future, platform maturity, AI governance, and real-time orchestration will separate leaders from laggards and vendors like Majesco are already pointing the way forward.

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