Dweve
Weaving Intelligence

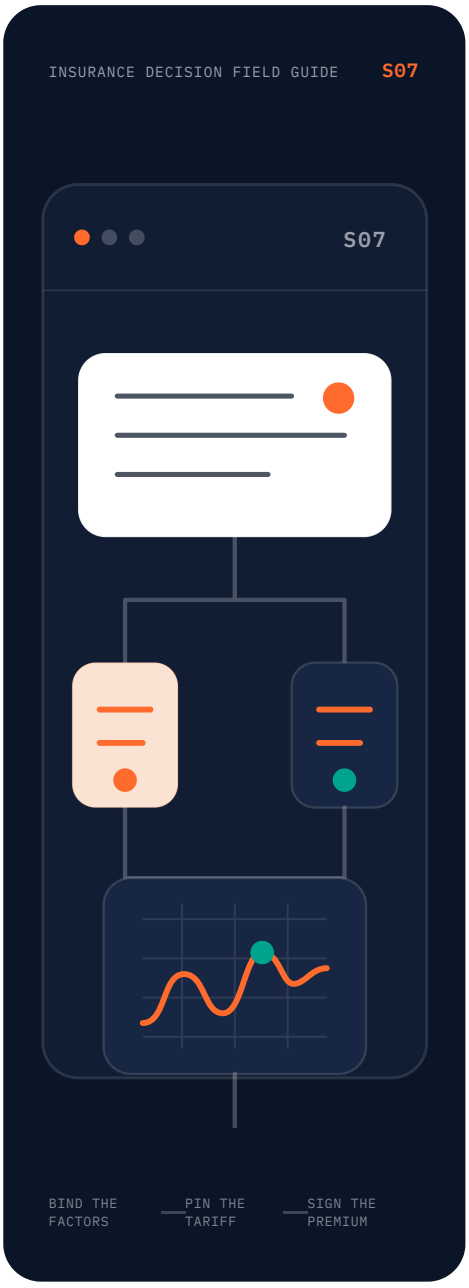
ENGLISH SOURCE EDITION · JULY 2026

INSURANCE DECISION FIELD GUIDE · S07

The insurance decision field guide

One motor premium, followed from the factors and filed rule to the named actuary, customer reason, and supervisory packet.

FILED TARIFF
EXACT CALCULATION
NAMED REVIEWER
SUPERVISORY PACKET



Not a generic scoring brochure. One motor premium with its factors, rule M-7, tariff date, actuary, customer reason, filing path, and replay kept together.

S07

CONTENTS

The insurance decision, from factor to filing

This field guide stays with an illustrative motor premium of EUR 1,287. The risk factors, filed tariff, exact calculation, actuary, customer explanation, and supervisory record remain connected.

PRIMARY READERS	READING DEPTH	DECISION THIS SUPPORTS
insurance decision field guide domain, operations and assurance teams	Sector specialist	An insurance working book for pricing, claims, fraud, reserving, actuarial, conduct, model risk, technology, and supervisory-response teams.

HOW TO USE IT

Replace the illustrative premium with one real quote, claim, fraud flag, or reserve view. The insurer supplies the filed tariff, policy wording, actuarial method, supervisory lane, customer rights, and operating agreement.

SOURCE DISCIPLINE

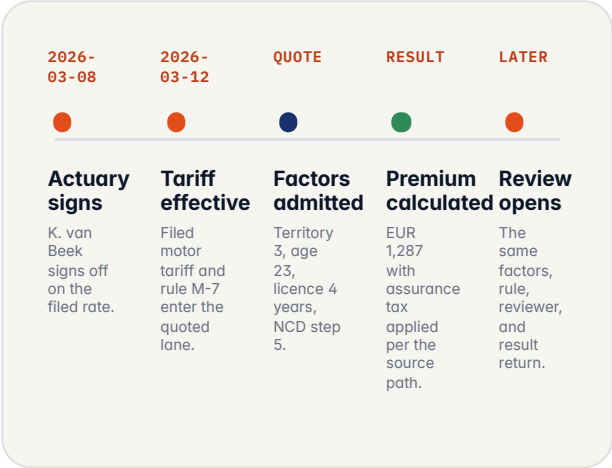
Dweve-specific facts are taken directly from the English website text audited 2026-07-20; web-navigation wording is humanised for print. Evaluation guidance is editorial, and scenarios and derived visuals are illustrative. Unsupported synthesis is replaced by canonical copy or omitted.

THE PRICING QUESTION

A premium can be found. Its reason has to survive the review.

The insurer must reconstruct the factors, filed rule, model, calculation, reviewer, and customer explanation without silently rerunning today's version.

The illustrative record asks: why was this motor premium 1,287 EUR and not 980 EUR? The answer is not the score alone. It is the territory band, age factor, no-claim step, filed rule, assurance tax, model and numeric path, actuary sign-off, and exact date that made the quoted amount what it was.



The quote date, tariff date, and professional sign-off are part of the number.

A later review has more than one audience

The customer needs a material reason and a route to challenge it. The actuary needs the factors and method. Model risk needs the manifest and threshold. Conduct and supervisory teams need the packet, filing reference, and effective rule. A record that satisfies only one of them is still fragmented.

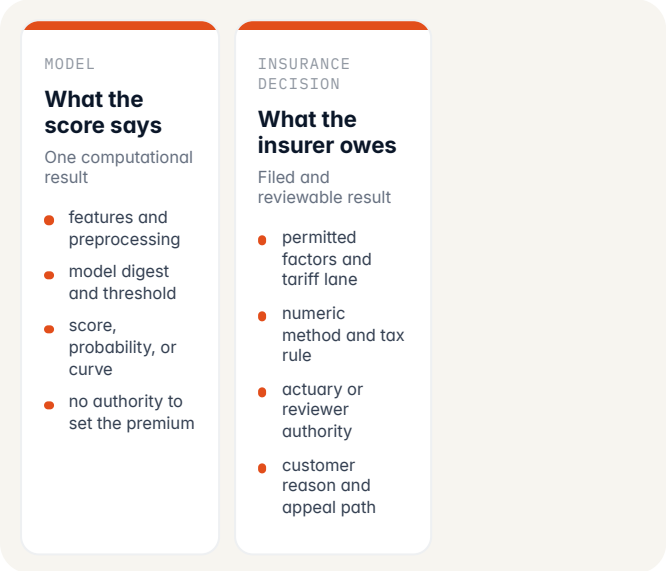
PRICING TEST

If the same quote changes because the tariff, model, factor transform, or tax rule was resolved from today instead of the quote date, the premium was never historically bound.

MODEL OUTPUT VERSUS INSURANCE ACTION

A score is not a filed decision

A GLM or gradient-boosted model may remain. The filed tariff, permitted factors, exact arithmetic, professional judgement, and customer route must remain visible around it.



The model can stay in the workflow without becoming the tariff, the actuary, or the customer explanation.

The pricing path pins the factors, resolves the filed tariff and effective date, runs the model or calculation, applies the permitted numeric profile, obtains the required professional review, and produces the notice and packet. Claims, fraud, and reserving use related evidence grammar but remain distinct decision types.

Keep four values separate

- factor: what was known about the risk or claim
- rule: what the filed policy or tariff allowed
- compute: how the score, premium, reserve, or flag was derived
- judgement: who accepted, changed, disclosed, or challenged it

NO SYNTHETIC ACTUARIAL VOICE

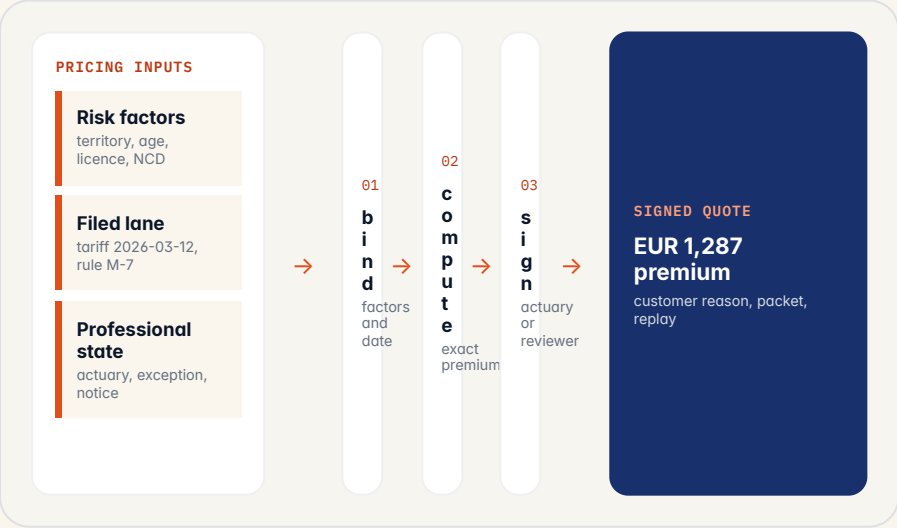
A language layer can help explain a premium. It should not invent a factor, amend the filed rule, or silently replace the actuary's review.

01

MOTOR PRICING CASE

Keep one premium exact from factor to customer letter

The quote is small enough to replay and consequential enough to expose every hidden assumption in the rating stack.



The premium is a commercial result, a conduct artefact, and a future supervisory question at once.

FACTORS, TARIFF, AND NUMERIC STATE

The premium has a build-up

A customer or supervisor should be able to see what entered the price without receiving a misleading dump of proprietary model internals.

The illustrative motor case uses territory band 3, age factor 23, licence years 4, no-claim step 5, vehicle class 03, and the filed motor tariff dated 2026-03-12 under rule M-7. Assurance tax of 21% is applied per the source case. The production record needs the exact factor source, transform, eligibility, and calculation boundary.

Bind the rating context

- quote, policy, product, jurisdiction, and effective time
- verified factors, source, transform, unit, freshness, and permitted use
- filed tariff, rule, clause, version, and actuarial approval
- model, feature, threshold, numeric profile, rounding, and tax state
- reviewer, exception, customer notice, writeback, and appeal route

`quote.identity` BOUND

Quote

case 4f9e · motor · annual

`factors.risk` VERIFIED

Factors

Territory 3 · age 23 · licence 4y · NCD step 5

`tariff.version` EFFECTIVE

Tariff

Filed tariff 2026-03-12 · rule M-7

`price.result` COMPUTED

Premium

EUR 1,287.00 including 21% assurance tax

`review.state` SIGNED

Actuary

K. van Beek signed the filed rate on 2026-03-08

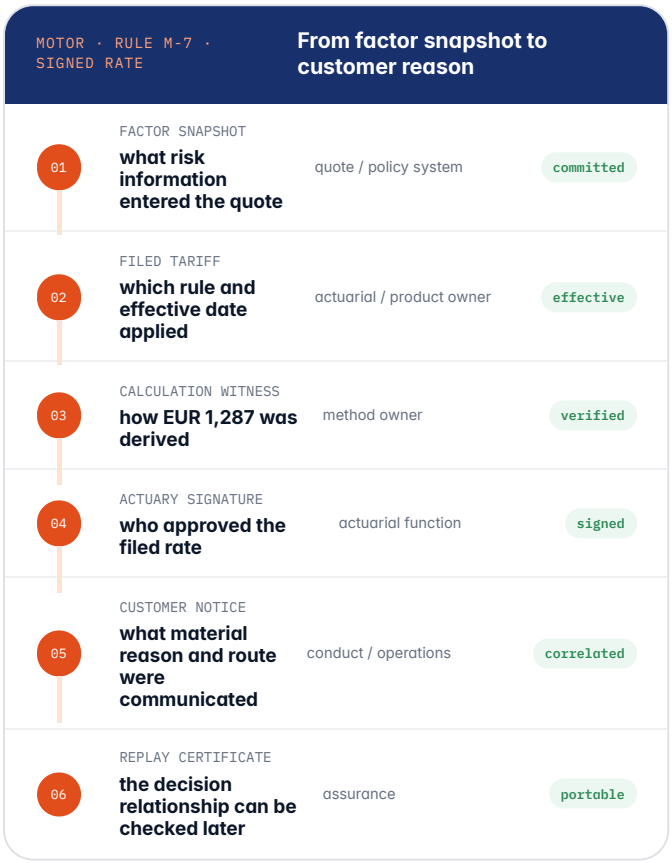
FACTOR RULE

The customer-facing reason should be derived from the same admitted factors and filed lane as the premium, with protected fraud or model details kept behind the authorised disclosure boundary.

FILED RULE AND EFFECTIVE DATE

A tariff version is part of the number

A tariff current today may not be the tariff that set a premium, claim state, or reserve obligation months ago.



The filed rule, factor set, professional owner, and customer notice remain one chain without becoming one opaque score.

Spindle can preserve tariff lineage and effective versions. Charter can represent policy ownership and proposal history. Fabric can hold the decision packet. The insurer's professional and conduct owners decide which lane is filed, permitted, and explainable.

Historical tariff questions

- Which tariff, product, jurisdiction, and rule were effective at quote time?
- Did a reform, NCD reband, or filed amendment cross the event?
- Can the reviewer open the exact source and clause used?
- Did the customer notice and supervisory extract use the same decision identity?

NO TODAY-OVER-YESTERDAY

Replay must resolve the lane in force when the premium was quoted, not silently apply the tariff current when the complaint arrives.

PROFESSIONAL AUTHORITY

The actuary signs the final premium

A named reviewer is part of the insurance decision, not a label attached after the model has already become the outcome.

The insurer can distinguish a model result, a filed rule, a professional judgement, and a customer or policy effect.

The signature needs context

- which factors, transformations, and source quality were visible
- which tariff, rule, model, and numeric profile applied
- whether the actuary or reviewer accepted, changed, or stopped the quote
- what customer notice and policy system acknowledged
- which appeal, complaint, or supervisory path remains available

Nexus can represent reviewer work, challenge, escalation, and receipt. The actuarial function, underwriting role, claims adjuster, fraud analyst, or conduct owner keeps the authority defined by the insurer's procedures.

DIFFERENT DECISIONS, SHARED PACKET DISCIPLINE

Pricing, claims, and reserving need one evidence grammar

The same packet shape can support multiple insurance workflows while keeping their professional methods, rules, and obligations distinct.

One packet can feed conduct, actuarial, customer, engineering, and supervisory review without asserting that pricing and reserving are the same method.

Claims triage, fraud flagging, and reserving all need source, method, professional ownership, and later replay. But a fraud flag is not a claim denial, an IBNR view is not a premium, and a customer explanation cannot expose protected investigation controls. The packet preserves the distinction.

Keep workflow identity explicit

- pricing: factor, tariff, model, premium, actuary, notice
- claims: policy, evidence, coverage, adjuster, disposition, appeal
- fraud: feature, threshold, analyst, protected reason, investigation
- reserving: triangle, method, assumptions, actuary, result, filing

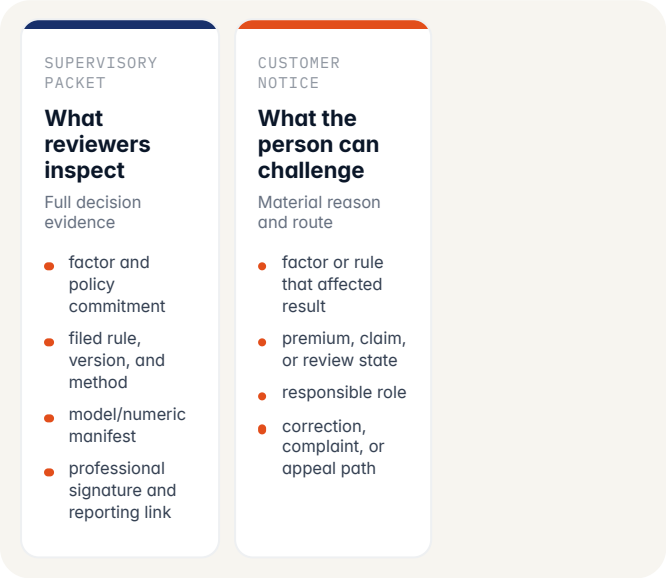
NO PORTFOLIO BLUR

A shared evidence architecture is useful only if the record still says which insurance decision occurred and which professional method governed it.

DISCLOSURE AND CHALLENGE

The customer explanation is not the actuarial workbook

The regulatory and professional packet can be deep while the customer-facing reason remains material, readable, and safe to disclose.



Plain language is a conduct boundary, not an invitation to remove the evidence behind the decision.

The customer can ask why a premium was priced, a claim paid or declined, or a decision sent for review. The insurer can name the material factor and the applicable rule without exposing a fraud network, secret threshold, or unrelated customer data.

Conduct questions

- Which factor, policy, tariff, or evidence materially affected the result?
- Was the customer notice generated from the same decision packet?
- Can a person correct source data or ask for reconsideration?
- Does the complaint route retain its owner, receipt, and response?
- Does the disclosure distinguish a protected fraud signal from a general reason?

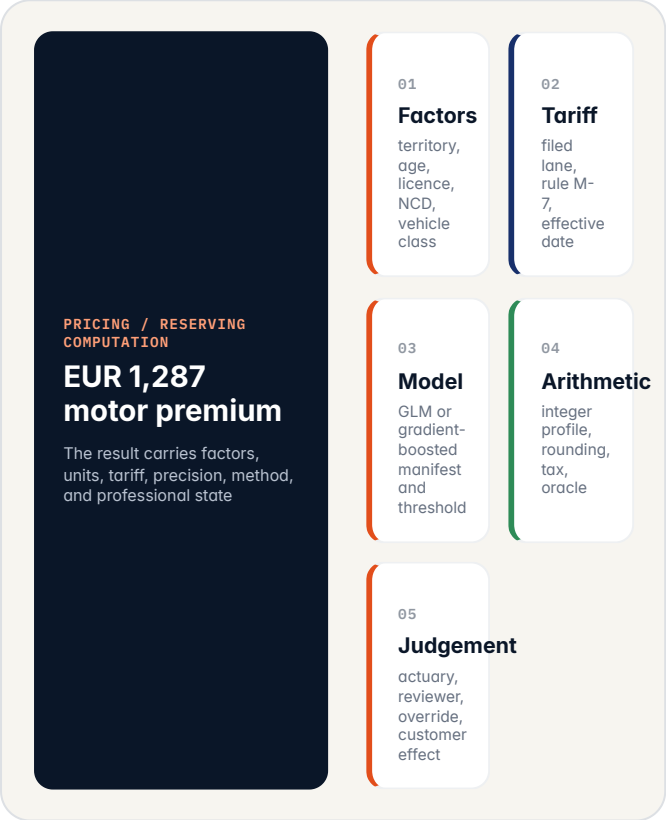
NO OPAQUE LETTER

"The model said so" is not a customer reason. The notice should connect the result to the permitted factor and filed rule in language the person can use.

EXACT CALCULATION AND PROFESSIONAL METHOD

The line between model, rule, and judgement

Insurance numbers are vulnerable to float drift, version skew, and unrecorded assumptions. The numeric profile and method boundary must be explicit before the result is issued or filed.



A number is replayable only when its units, method, assumptions, and professional boundary travel with it.

The insurance website description describes integer-only CORDIC and MPFR 256-bit verification for the supported path, with a published 0 ULP result across its documented input domain. Treat that as a claim to reproduce under an agreed scope, not as permission to extend exactness beyond the tested method, inputs, runtime, and release.

Numeric acceptance

- same factor and tariff input produces the same supported output
- rounding, tax, unit, currency, and effective dates are declared
- high-precision reference checks the published result
- pricing, reserving, and claims edge cases exercise corners and ranges
- numeric failure becomes hold, refuse, investigate, or reconcile

NO INVENTED EXACTNESS

The packet should state the supported domain and tolerance. “Bit-identical” is useful only when the oracle, corpus, runtime, and release boundary are retained.

PRICING, CLAIMS, FRAUD, RESERVING

Run the proof against insurance edge cases

The review is defined by the moments when factors, evidence, rules, professional authority, or downstream filings do not cooperate.

TEST SLICE	INTRODUCE	EXPECTED OBSERVATION
Normal quote	rule M-7, factors, EUR 1,287, actuary sign-off	premium, notice, and packet close together
Tariff boundary	filed rule changes near quote or renewal time	historical version remains resolvable
Factor defect	missing, stale, ineligible, or tampered factor	hold, refuse, or named correction path
Model change	model, threshold, feature, or preprocessing update	manifest and replay verdict change visibly
Claims evidence	coverage, photo, statement, or policy evidence conflict	adjuster review reopens before disposition
Fraud boundary	protected signal, threshold, or analyst state unavailable	no blind decline; investigation state opens
Reserve method	triangle or chain-ladder input changes	assumption, method, and actuary state remain distinct
Filing / recovery	QRT, ORSA, SFCR, IDD extract or offline restore	same packet and verdict remain available

A green quote is one test case. The proof needs boundary cases across the insurer's selected workflow.

Measure decision truth

- factor freshness, eligibility, and source integrity
- tariff, model, numeric, and method version resolution
- actuary, adjuster, analyst, and conduct authority
- customer notice, complaint, appeal, and filing correlation
- refusal, override, incident, restore, and independent replay
- key, egress, access, and packet disclosure evidence

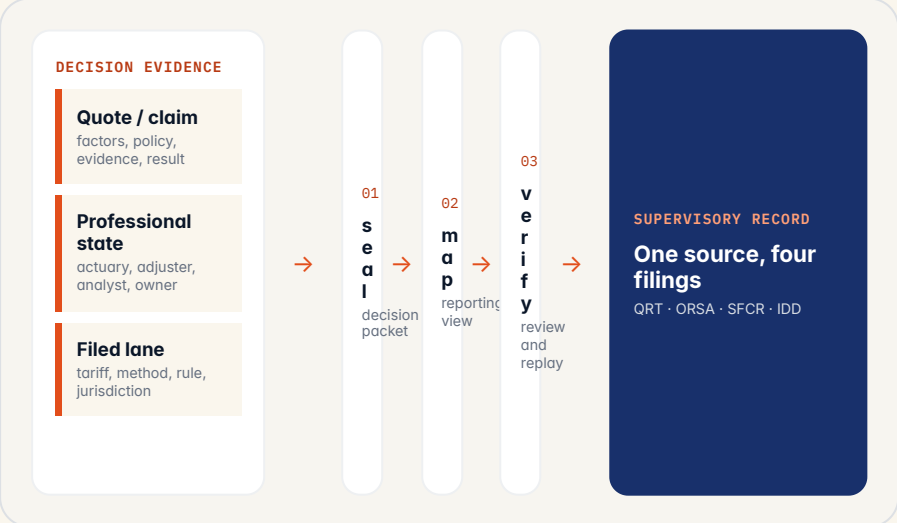
Do not report a pricing or reserving claim as a sentence alone. Keep the oracle, test corpus, factor snapshots, source files, release metadata, raw outputs, packet, and verdicts that demonstrate the supported scope.

02

ONE PACKET, FOUR FILINGS

Let the decision packet travel without multiplying the decision

QRT, ORSA, SFCR, and IDD conduct records can draw from the same signed history while preserving their different reporting purposes.

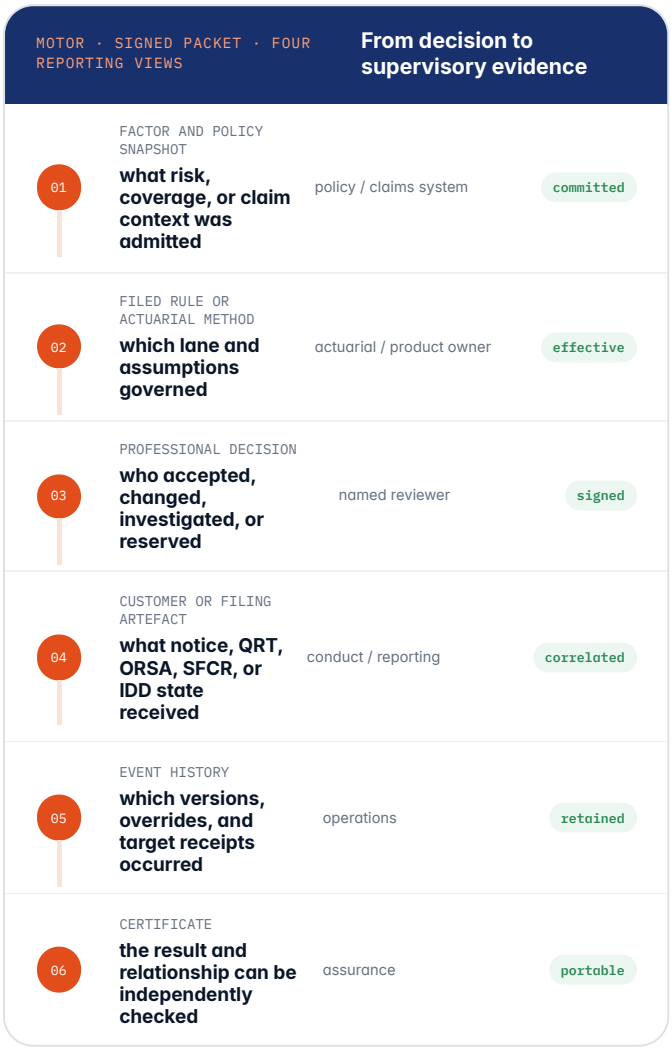


A shared packet reduces reconstruction work. It does not mean every filing has identical content or responsibility.

EVIDENCE, FILINGS, AND REPLAY

The review packet is also a regulatory input

The supervisor, actuary, conduct team, customer, and engineer should be able to open the same decision identity later without asking operations to remember the quote.



The packet is an evidence spine. Reporting views consume it; they do not replace the underlying decision.

AION can provide a portable certificate for the selected decision. Ledger can preserve the event chain. Fabric can hold the work record. The insurer still owns the filing method, actuarial judgement, customer duty, and supervisory response.

Replay must state its domain

- same factor, policy, tariff, method, model, and supported runtime
- same result within declared exactness or tolerance
- same professional and customer/reporting correlation
- same refuse, investigate, or unknown state when a dependency is unavailable

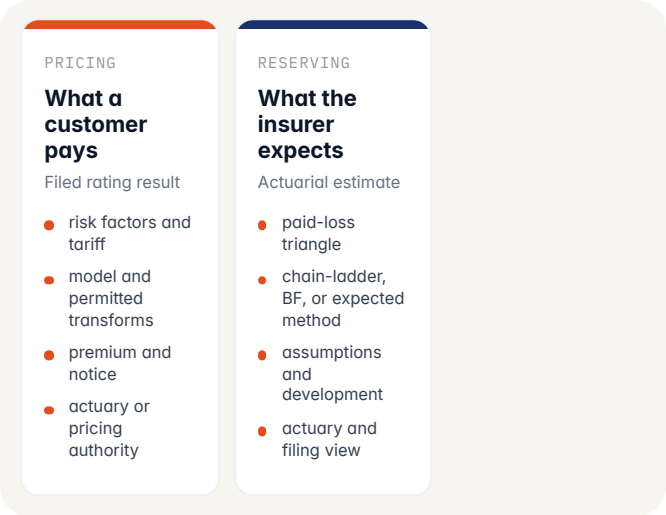
INDEPENDENT REVIEW

The verifier should inspect the packet on authorised hardware without gaining authority to issue policies, pay claims, alter reserves, or publish a filing.

CLAIMS, IBNR, AND ACTUARIAL METHOD

A reserve estimate is a different decision

The packet discipline can carry a development triangle without pretending that a reserve method is a pricing model or a claims disposition.



The same exactness and evidence discipline can support both workflows while their methods, audiences, and uncertainties remain distinct.

the published material describes chain-ladder, Bornhuetter-Ferguson, and expected-claim methods on integer arithmetic with exact replay as a goal for the supported path. A production proof must declare the triangle, valuation date, method, assumptions, tail, data quality, and high-precision reference before comparing results.

Reserve questions

- Which accident and development years entered the triangle?
- Which paid, incurred, case-reserve, and tail assumptions applied?
- Which method and version did the actuary select?
- What changed between the reserve view and the filing?
- Can the same view be reconstructed after the claims system changes?

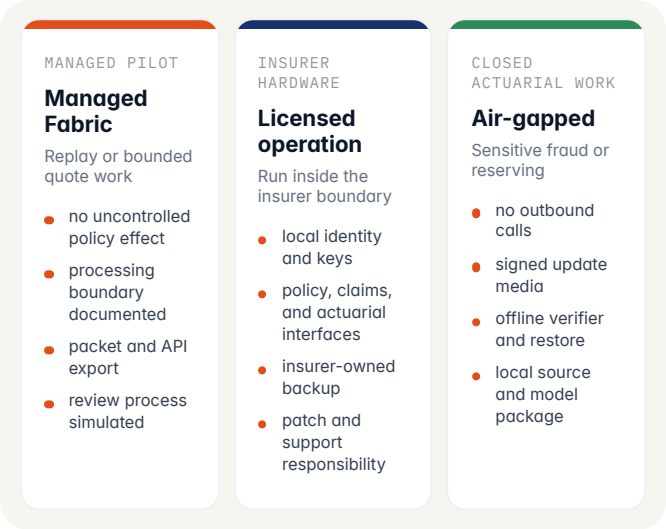
NO FALSE CERTAINTY

A replayable reserve is not a certain future loss. The packet must retain method, assumptions, uncertainty, and professional judgement.

MANAGED, LICENSED, OR AIR-GAPPED

Deployment is an insurance control decision

The workflow can be evaluated in different postures, but each changes data, key, support, update, and recovery evidence.



An insurer should prove the actual data and effect paths for the posture in which it will rely on the decision packet.

Start with replay or shadow pricing. Expand only after actuarial, claims, conduct, model risk, outsourcing, DPO, security, and operations owners can inspect the same packet and agree on failure states.

Posture evidence

- customer, claim, actuarial, and filing data ingress and egress
- key custody, signed packages, update rollback, and support
- tariff, policy, model, method, and numeric artefact availability
- policy, claim, filing, and customer-notice reconciliation after timeout
- offline replay, restore, incident, and operational continuity

NO HOSTING SHORTCUT

Managed, on-premises, or air-gapped is a starting posture. The agreement and observed evidence define the real boundary around data, models, keys, and effects.

CUSTOMER, CONDUCT, AND PROTECTED SIGNALS

The appeal path is part of the decision

An insurer can make a decision reproducible without making every internal fraud or model control public.

The customer path can be useful without turning confidential investigation controls into public documentation.

The response needs context

- which policy, tariff, or claim rule applied
- which material factor or evidence affected the outcome
- which reviewer, adjuster, actuary, or conduct role owns the response
- whether correction, appeal, ombudsman, or court route is available
- what notice, complaint, and filing event was actually recorded

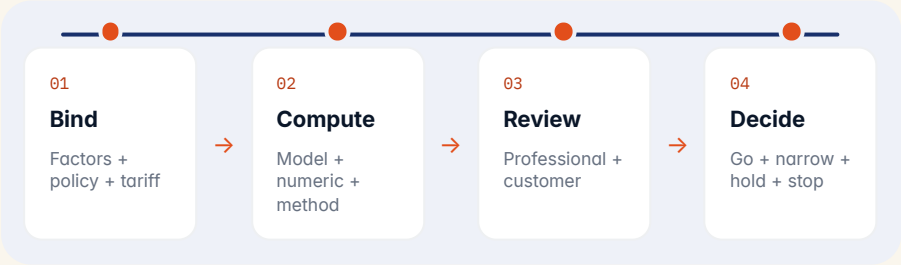
The same signed record can support an internal review, customer letter, ombudsman response, and supervisory inspection, with each audience receiving only the data and explanation authorised for it.

03

THE PRODUCTION PROOF

Prove the selected insurance decision before relying on it

Deployment, ownership, factor corpus, professional method, customer route, filing extraction, recovery, and stop conditions turn the published proposition into evidence.



The proof is complete when it ends in an evidence-backed, reversible insurance decision.

THE PRODUCTION TEST

Run the acceptance corpus across the insurance estate

Pricing, claims, fraud, and reserving are defined by their boundary states as much as by their normal result.

TEST SLICE	INCLUDE	EXPECTED OBSERVATION
Normal premium	rule M-7, factors, EUR 1,287, actuary signature	quote, notice, and packet close together
Tariff transition	filed rule changes at renewal or quote time	historical version remains resolvable
Customer correction	factor or policy data disputed	recalculate or explain with owner and receipt
Claims decision	coverage, evidence, adjuster, pay/decline/review	disposition and reason remain linked
Fraud review	protected signal, threshold, analyst, investigation	no blind customer disclosure or decline
Reserve view	triangle, method, assumptions, actuary, filing	uncertainty and method stay explicit
Filing extract	QRT, ORSA, SFCR, IDD reporting view	same packet identity and reporting state
Recovery	offline restore, verifier, support, and stop trigger	same packet and verdict remain available

One passing quote does not prove every insurance workflow. The selected scope and its boundary failures must be named.

Measure the decision, not the demo

- factor and evidence quality, freshness, and eligibility
- tariff, model, method, numeric, and release resolution
- professional review, override, complaint, and customer response
- filing, writeback, packet, access, and disclosure correlation
- refusal, investigation, incident, restore, and independent replay
- key, egress, support, and operational continuity evidence

Keep the oracle, factor snapshots, filed documents, claims evidence, triangle, test fixtures, release metadata, raw outputs, filings, packets, and verdicts. A model metric is not a substitute for a complete insurance decision record.

GO, NARROW, HOLD, OR STOP

The insurer decides whether to proceed

A proof ends with an accountable actuarial, conduct, operational, and supervisory decision, not with a scorecard screenshot.

The accountable group decides whether the selected pricing, claims, fraud, or reserving workflow may proceed, under which product, jurisdiction, tariff or method, customer population, professional roles, deployment posture, reporting link, recovery plan, and stop conditions. Actuarial, claims, conduct, model-risk, outsourcing, DPO, security, procurement, and oversight owners may each own a condition.

INSURANCE PRODUCTION RECORD	Motor pricing proof decision	
WORKFLOW	**Motor pricing decision with customer explanation**	BOUNDED
COMMERCIAL BOUNDARY	**Named product, jurisdiction, factor set, and quote cohort**	SCOPED
INPUTS	**Factors + filed tariff + model + numeric profile**	LINKED
AUTHORITY	**Actuary, reviewer, customer, complaint, and filing owners**	REVIEWED
OPERATION	**Data, keys, egress, monitor, incident, restore**	OWNED
EXIT	**Export, verifier, rollback, and stop trigger**	DATED
DECISION	**Go / narrow / hold / stop**	SIGNED

The record should remain useful when the tariff changes, the actuary changes, or the customer challenges the result months later.

The smallest credible next exercise

Replay one historical quote or claim, then introduce one boundary failure selected by the insurer: tariff transition, factor correction, model release, protected fraud signal, reserve method change, filing extraction, or offline restore. Have actuarial, conduct, operations, model risk, DPO, and assurance inspect the same packet.

PRIMARY ACCEPTANCE CRITERION

The insurer can identify exact factors or evidence, policy or tariff, model and numeric path, professional action, customer reason, filing state, and replay verdict for every selected decision.

That proves one insurance slice. It does not authorise generalisation across every product, jurisdiction, model, claim class, fraud control, or actuarial method.

FIND A SUBJECT

Subject index

Page references point to the substantive explanation, worked example, control, boundary, or decision record, not merely to a passing label.

SUBJECT INDEX CONTINUED

Subject index · O–W

Terms are grouped alphabetically. Consecutive page references are collapsed into ranges.

CLOSING RECORD

Make the premium replayable before the complaint arrives

Choose one pricing, claims, fraud, or reserving workflow, name the professional authority, and prove that its factors, rule, calculation, customer effect, and packet agree.

Write the quote or claim identity, factors and evidence, policy and tariff or actuarial method, model and numeric profile, reviewer authority, result, customer reason, appeal/complaint route, filing link, packet, verifier, deployment posture, recovery, retention, export, and stop conditions.

Then choose the result you most dread explaining: a premium after a tariff change, a claim disposition after an evidence correction, a protected fraud flag, a reserve after a triangle update, or a filing that no longer matches the decision. An insurance field guide is useful when that case can be replayed before the supervisor asks for it.

WORKFLOW

One bounded pricing, claims, fraud, or reserve decision

Do not begin with the whole book

SOURCE

Factors, policy, tariff, evidence, and method

Every input has an effective state

METHOD

Declared model, arithmetic, assumptions, and oracle

Exactness must have a domain

AUTHORITY

Actuary, adjuster, analyst, conduct, and customer owners

Roles must stay distinct

DECISION

Go, narrow, hold, or stop

Signed with filing and replay conditions

THE INSURANCE STANDARD

A score can be plausible. A defensible insurance decision shows the factors, filed rule, method, professional judgement, customer reason, filing state, and replay evidence that existed when the insurer acted.