Regulation by Liability Insurance:
From Auto to Lawyers Professional Liability

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ABSTRACT

Liability insurers use a variety of tools to address adverse selection and moral hazard in insurance relationships. These tools can act on insureds in a manner that can be understood as regulation. We identify seven categories of such regulatory activities: risk-based pricing, underwriting, contract design, claims management, loss prevention services, research and education, and engagement with public regulators. We describe these activities in general terms and then draw upon prior literature to explore them in the context of five areas of liability and corresponding insurance: shareholder liability, automobile liability, gun liability, medical professional liability, and lawyers professional liability. The goal is to develop a conceptual framework to guide qualitative research on liability insurance as governance for initial application to lawyers' liability and insurance.

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# TABLE OF CONTENTS

**Introduction** ............................................................................................................................................................................. 1414

**I. Regulatory Activities of Liability Insurers** ................................................................................................................................. 1416
   A. Risk-Based Pricing ........................................................................................................................................................................ 1419
   B. Underwriting ................................................................................................................................................................................ 1420
   C. Contract Design ........................................................................................................................................................................... 1420
   D. Claims Management .................................................................................................................................................................... 1421
   E. Loss Prevention Services .............................................................................................................................................................. 1421
   F. Research and Education ............................................................................................................................................................. 1422
   G. Engagement With Public Regulation ........................................................................................................................................ 1423

**II. Regulation by Liability Insurance in Other Fields** ...................................................................................................................... 1423
   A. Shareholder Liability and Insurance ........................................................................................................................................ 1424
   B. Automobile Liability and Insurance ........................................................................................................................................... 1427
   C. Gun Liability and Insurance ......................................................................................................................................................... 1431
   D. Medical Professional Liability and Insurance ........................................................................................................................................ 1434

**III. Lawyers Professional Liability and Insurance** ................................................................................................................................. 1438
   A. Regulation by LPL Insurers ............................................................................................................................................................ 1440
   B. Comparing LPL Insurance With Other Forms of Liability Insurance .......................................................................................... 1445
   C. Effectiveness of Regulation by Liability Insurers ........................................................................................................................................ 1447

**Conclusion: Into the Field** ........................................................................................................................................................................ 1450
INTRODUCTION

It is a privilege to participate in a symposium that honors the career and contributions of Professor Stephen Yeazell. As Professor Yeazell’s work has emphasized, civil procedure is not an end in itself and litigation is not merely a way to channel dispute resolution. Civil procedure and litigation matter because this country “relies on civil lawsuits rather than regulatory or social welfare regimes . . . [to] assign responsibility and pay compensation in a wide variety of circumstances.”1 That is, litigation matters, in part, because liability regulates the behavior of potential wrongdoers. In this Article, we endeavor to understand more about the regulatory power of litigation through the lens of liability insurance.

As Professor Yeazell and others have observed, liability insurance has a profound impact on all phases of the litigation process, including determining which parties get sued, the types of claims and defenses raised, and the settlement of suit.2 First, liability insurance affects who litigates against whom, for what, and for how much.3 As Professor Yeazell says, “[n]o one working on a contingent fee intentionally sues an insolvent defendant,”4 and “[l]iability insurance directly produces a solvent prospective defendant and, given liability and injury, obviously increases prospective recovery.”5 But the influence of insurance on litigation does not end there; the presence of insurance also influences claims, defenses, and set-

2. Cf. Stephen C. Yeazell, Re-financing Civil Litigation, 51 DePaul L. Rev. 183, 186 (2001) (noting first that litigation is driven in no small part by “social and economic developments outside law and, within law, in the business and financial structure of practice” and arguing further that “even when legal rules have changed, the interaction of the changes with the business and financial structure, rather than the substantive changes themselves, has produced the most dramatic results”). See generally KENNETH S. ABRAHAM, THE LIABILITY CENTURY: INSURANCE AND TORT LAW FROM THE PROGRESSIVE ERA TO 9/11 (2008) (describing the inextricable relationship between tort and insurance).
4. Yeazell, supra note 2, at 186.
5. Id. at 189; see also Samuel R. Gross & Kent D. Syverud, Don’t Try: Civil Jury Verdicts in a System Geared to Settlement, 44 UCLA L. Rev. 1, 6 (1996) ("[A]lmost all defendants, except some large businesses and most government entities, have insurance that covers the cost of defending the lawsuit and all or some of the potential damages."); Samuel R. Gross & Kent D. Syverud, Getting to No: A Study of Settlement Negotiations and the Selection of Cases for Trial, 90 Mich. L. Rev. 319, 361 (1991) ("[T]he typical liability insurance contract gives complete control over settlement to the insurance company, which must take both trial costs and potential judgments into account in evaluating settlements."); cf. Kent D. Syverud, On the Demand for Liability Insurance, 72 Tex. L. Rev. 1629, 1632 (1994)
tlement. For example, plaintiffs may attempt to shape claims to fall under potential insurance coverage. Further, liability insurance contracts typically give the insurer the right to defend any covered claim and the discretion to settle the claim or not, without the consent of the nominal defendant. This is hardly surprising, since it is the insurer’s money at stake. But the insurers’ right to control the litigation means that, even when a plaintiff is nominally suing an individual defendant, the plaintiff’s real adversary is a massively repeat player, with all the consequences that entails for litigation and legal developments.

Our focus, however, is at a step antecedent to litigation. Once insurers accept the financial responsibility for civil liability, they not only have an incentive to manage the defense and settlement of liability claims, but they also have an incentive to reduce the likelihood that those claims arise in the first place. This should make sense. Just as the fear of liability is supposed to incentivize potential wrongdoers to take appropriate precautions, fear of liability should incentivize an insurer to encourage its insured to take precautions. Once an insurer underwrites a risk, the insurer has every reason to try to reduce its payouts by encouraging insureds to prevent the potential loss from materializing. That can, and sometimes does, lead insurers to attempt to regulate loss-producing activities.

We are in the early stages of qualitative research exploring this regulatory role in the context of lawyers professional liability (LPL) insurance. Lawyers’ incentives and the organizations in which they work affect how they practice, including whom they choose to represent, the kinds of services they provide, and how they provide those services to their clients. Some prior literature asserts

7. See generally ROBERT H. JERRY II & DOUGLAS R. RICHMOND, UNDERSTANDING INSURANCE LAW 875 (4th ed. 2007) (reporting that insurer has right to defend and discretion to settle without consent of insured). Liability insurance policies sold to large organizations are the exception.
8. See generally Marc Galanter, Why the “Haves” Come Out Ahead: Speculations on the Limits of Legal Change, 9 LAW & SOC’y REV. 95 (1974) (arguing that repeat players in litigation, like insurance companies, and individuals or companies, who are likely only one-time parties to litigation, have different incentives to litigate specific arguments and describing the significance this has on the development of the law).
10. See infra Section III.A for a discussion on how various incentives change lawyers’ behaviors.
that insurers can play an important role in shaping these incentives and organizations, but there has been no systematic empirical investigation of such regulation.\footnote{See, e.g., Anthony V. Alfieri, The Fall of Legal Ethics and the Rise of Risk Management, 96 GEO. L.J. 1909 (2006) (arguing that risk management techniques designed to avoid liability undermine individual ethical decisionmaking); Elizabeth Chambliss & David B. Wilkins, The Emerging Role of Ethics Advisors, General Counsel, and Other Compliance Specialists in Large Law Firms, 44 ARIZ. L. REV. 559 (2002) (describing the results of a series of interviews about the regulatory impact of the increasing prevalence of general counsels and other compliance specialists at law firms); George M. Cohen, Legal Malpractice Insurance and Loss Prevention: A Comparative Analysis of Economic Institutions, 4 CONN. INS. L.J. 365 (1997) (laying out the economic framework under which liability insurance could regulate lawyers); Anthony E. Davis, Legal Ethics and Risk Management: Complementary Visions of Lawyer Regulation, 21 GEO. J. LEGAL ETHICS 95 (2008) [hereinafter Davis, Complementary Visions] (arguing that insurance risk management devices can enhance ethical decisionmaking); Anthony E. Davis, Professional Liability Insurers as Regulators of Law Practice, 65 FORDHAM L. REV. 209 (1996) [hereinafter Davis, Regulators] (providing an on-the-ground account of the ways that insurers attempt to regulate legal practice); James M. Fischer, External Control Over the American Bar, 19 GEO. J. LEGAL ETHICS 53–64, 64 n.23 (2006) (arguing that lawyers are increasingly subject to regulation by external sources, including insurance); Milton C. Regan, Jr., Risky Business, 94 GEO. L.J. 1957 (2006) (responding to Alfieri’s concerns about the governance implications of risk management); Charles Silver, Professional Liability Insurance as Insurance and as Lawyer Regulation: Response to Davis, 65 FORDHAM L. REV. 233 (1996) (providing a theoretical grounding and response to Davis, Regulators, supra).}

We use the opportunity provided by this Symposium to lay a conceptual foundation for our empirical research. In Part I, we first describe the main activities through which liability insurers might be said to regulate the people and organizations that they insure. In Part II, we then explore those activities in the context of four fields of liability and insurance: (A) shareholder liability, (B) auto liability, (C) gun liability, and (D) medical malpractice. Finally, in Part III, we turn to LPL insurance, drawing on the prior literature to suggest some ways that liability insurers may regulate law practice and to develop questions to be investigated in the ongoing research.

I. REGULATORY ACTIVITIES OF LIABILITY INSURERS

Regulation by Liability Insurance

liability, medical liability, products liability, and media liability. There are exceptions to be sure, such as patent infringement and contract litigation, but liability insurance stands behind such a large, if not precisely determinable, proportion of civil liability in the United States that liability insurance data are used to estimate the size and reach of the U.S. civil justice system. Appreciation of the important link between liability and liability insurance was slow in coming, and certain aspects of that link remain controversial. Nevertheless, the challenge today lies less in measuring the overall strength of the link than in charting how liability insurance affects insured behavior, litigation, and substantive liability across different fields.

We begin here with a simple law and economics framework for analyzing and comparing regulation by liability insurance. In that framework, tort liability exists for a single purpose: deterrence. Tort liability (or the threat of liability) forces potential tortfeasors to internalize the costs of the harm they cause through their bad acts. This, in turn, encourages efficient levels of loss prevention.

17. See, e.g., ABRAHAM, supra note 2, at 139–70; Ben-Shahar & Logue, supra note 9.
20. Many tort cases can also be brought as contract cases and are covered by the applicable liability insurance either way. Products liability cases can also be brought as breach of the implied waiver of merchantability, and professional liability cases can also be brought as breach of contract cases.
insulates bad actors from liability. Indeed, there is evidence that insurance does change incentives—does create a moral hazard—in relation to at least some kinds of liability. But, at least in theory, liability insurance institutions have the capacity to manage that moral hazard. If so, “the success of insurers in managing insurance incentives may well mean that the most important ‘moral hazard’ effect is not increased loss, but rather increased social control” by insurers.

Accordingly, one important strand of empirical research on insurance investigates how insurers manage the moral hazard of insurance, and hence how they control or regulate their insureds. The research identifies five main tools that almost all insurers use to one degree or another: risk-based pricing, underwriting, insurance contract design, claims management, and, less frequently, loss prevention services. In addition, some insurers and their trade associations also engage in research and education and, sometimes, even lobby for public safety regulation.

In our characterization of all of these activities as moral hazard management tools, we do not contend that insurers engage in these activities exclusively for the purpose of managing moral hazard. Nor do we contend that the concept of moral hazard management provides an adequate description of the meaning of these activities in the liability insurance field. Individuals and organizations do things for all kinds of reasons and, once employed for a particular purpose, an activity will have different effects and even different purposes across time and place. In this Article, and at this early stage in our research, we are using the concept of moral hazard management as a narrative device, part of an admittedly thin conceptual framework that allows easy comparison across subfields of liability insurance. One of the goals of our ongoing empirical research on lawyers profes-

25. See BAKER & GRIFFITH, supra note 15, at 72–79 (concluding that, as presently structured, directors and officers insurance imposes agency costs on publicly traded corporations).
29. Our description of these moral hazard management activities as a form of regulation builds on a recent article by Omri Ben-Shahar and Kyle Logue, Ben-Shahar & Logue, supra note 9, which generalized and improved a conceptual approach developed by Tom Baker and Thomas O. Farrish in the context of their research on liability insurance and the regulation of firearms. Tom Baker & Thomas O. Farrish, Liability Insurance & the Regulation of Firearms, in SUING THE GUN INDUSTRY: A BATTLE AT THE CROSSROADS OF GUN CONTROL AND MASS TORTS 292 (Timothy D. Lytton ed., 2008).
sional liability is to thicken our understanding through interviews and observation.  

A. Risk-Based Pricing

Except when prohibited from doing so, insurers operating in a competitive market attempt to set prices based on the risks insured. Their reasons for doing so are straightforward. Insurance is a bet about the probability of an event occurring. Riskier bets have a higher probability of requiring the insurer to pay. A higher premium for these higher risks allows the insurer to cover the anticipated additional payouts. An insurer that can better distinguish which applicants are more likely to suffer a loss improves its competitive position by lowering its own average risk of paying out (or improves its cover) and, potentially, raises the average risk of the competition.

Risk-based pricing provides an incentive for people to do what they can to reduce exposure to liability claims to avoid higher insurance prices in the future. This is moral hazard mitigation, plain and simple. Risk-based pricing also can make people aware of loss prevention measures and incentivize corresponding changes to behavior. Insurance prices are highly credible loss prevention signals, because insurers have an incentive to get those signals right and a feedback mechanism—insurance claims—to assess how they are doing in that regard. People who are motivated to avoid liability claims might actually take more care if they have access to insurance than if they do not, because loss prevention–based discounts can educate them about, or make more salient, ways to take care. This risk-communication aspect of insurance pricing leads directly to the next moral hazard management tool: underwriting.

B. Underwriting

Insurance underwriting is the process of evaluating which risks to insure and at what price.\textsuperscript{33} We discuss underwriting separately from pricing to emphasize that insurers can collect and provide loss prevention information that may not be reflected in price differentials. Insurers do this to assess whether to provide insurance at all or to encourage loss prevention behavior that insurers believe to be beneficial even though they do not offer premium discounts.\textsuperscript{34} (For example, it may be too costly to monitor whether the insured complies with the loss prevention advice, or the insurer may not have sufficient information to calculate the value of the loss prevention.) Whether purchasers act on that information is up to them, but someone who is motivated to avoid liability claims, or the mistakes or injuries that lead to claims, will take credible loss prevention advice from wherever it comes.

C. Contract Design

Insurers use contract design to mitigate moral hazard in several ways. They use contract provisions like limits, deductibles, and coinsurance so that the insurance does not fully insulate people from their losses, keeping their skin in the game.\textsuperscript{35} Limits keep insureds’ skin in the game at the high end, deductibles at the low end, and coinsurance throughout. Insurers also use contract provisions that eliminate or reduce coverage for claims thought to pose a high degree of moral hazard. For example, most general liability insurance policies exclude from coverage harms that are expected or intended by the insured.\textsuperscript{36} In addition, insurers in the large commercial market also use targeted exclusions—sometimes called laser exclusions—to exclude particular kinds of claims from coverage, thereby placing a cap on the total amount of coverage for that particular claim for that particular insured.\textsuperscript{37} These contract designs regulate indirectly. By leaving a greater share of certain liability risks on the insured, they encourage greater vigilance over those risks.

\textsuperscript{33} Scott E. Harrington & Gregory R. Niehaus, Risk Management and Insurance 141 (2d ed. 2004) (“[T]he overall process of assessing the expected claims costs for buyers, determining the applicable rate, and deciding whether to offer coverage is known as underwriting.”).

\textsuperscript{34} See, e.g., Baker & Griffith, supra note 15, at 79–80 (on selection); id. at 112 (on good loss prevention practices that do not produce measurable differences in outcomes).

\textsuperscript{35} See, e.g., id. at 220.


\textsuperscript{37} See Baker & Farrish, supra note 29, at 296–97.
D. Claims Management

The contract provisions described above manage moral hazard by selectively limiting the extent of insurance. Insurers also can use contract provisions to give them control over claims management. In the liability insurance context, these provisions may give insurers control over the defense and the settlement of the underlying insured claims. Insurer control over claims management mitigates ex post moral hazard (a policyholder’s lack of concern over the cost of a claim once it occurs). Consumer and small business liability policies generally give insurers exclusive control over the defense and the settlement of claims. Commercial policies sold to larger entities often allow the entities to control their own defense, but the insurer has a voice in that defense and significant control over settlement. Insurers’ claims management directly regulates the litigation process, but it also promotes other aspects of regulation through insurance by providing an opportunity for insurers to learn about liability risks, both in general and in relation to the particular insured. Insurers can use this information in pricing, underwriting, and loss prevention services, the next moral hazard management tool.

E. Loss Prevention Services

Given the massive amount of data they are able to collect on claims and harms, insurers may have an advantage over their insureds in identifying the best ways to reduce risk of loss. Insurers may be able to educate their insureds about what they have gleaned from the data and the root causes of different types of loss. These loss prevention services may be the easiest aspect of the insurance

38. See JERRY & RICHMOND, supra note 7, at 875.
40. AM. LAW INST., PRINCIPLES OF THE LAW OF LIABILITY INSURANCE (TENT DRAFT NO. 1) § 12, cmt. a (“Traditionally, personal liability insurance policies, such as the liability insurance coverage parts of homeowners and automobile liability insurance policies, and many commercial liability insurance policies assign to the insurer the right and duty to defend any potentially covered claim.”); JERRY & RICHMOND, supra note 7, at 866 (“The typical language reserves to the insurer the privilege to settle, or not to settle, as the insurer in the exercise of its discretion sees fit.”).
41. See, e.g., BAKER & GRIFFITH, supra note 15, at 129–30 (describing the allocation of defense and settlement authority under public company directors and officers liability insurance policies).
43. Ben-Shahar & Logue, supra note 9, at 210.
business to understand as a form of regulation, because the insurers are advising clients on how to modify behavior to avoid losses.

Other industries likewise provide their clients with advice about minimizing losses. For example, accountants may advise their clients about the best ways to shelter assets from taxation and lawyers may advise clients about how to avoid liability. Insurers likewise should be, and sometimes are, highly sought after sources of loss prevention services. But unlike other sources of loss prevention services, insurers *bond* their advice. If a loss occurs, they pay, whether their advice was good, bad, or indifferent. The same cannot be said of accountants, consultants, lawyers, or other purveyors of loss prevention services. Making these other service providers pay requires proving negligence and a causal link between that negligence and the loss. But making the insurer pay requires only proving the loss (and sometimes that the loss is covered by the policy). This suggests that insurers have an extra incentive to reach out to insureds to provide these services and should be credible providers of those services.

Although insurers provide loss prevention services for other reasons as well (such as marketing, public relations, and buyer demand), there is at least some moral hazard management involved. Insurers can use the information gained from the loss prevention activity to finetune their underwriting and perhaps even their pricing. Moreover, active engagement in loss prevention may identify an insured as posing lower-than-average moral hazard, possibly allowing the insurer to offer a better price, better contract terms, or more autonomy in the claims process.

F. Research and Education

All of the activities discussed so far hold out the possibility of reasonably identifiable payoffs to the contracting parties: lower prices or better terms for purchasers and lower or more predictable claim costs for insurers. Insurers also engage in loss prevention research and education that appears to have more of a public good character; some benefits extend beyond the specific insurer or its policyholders. As Omri Ben-Shahar and Kyle Logue describe, this research

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45. *Id.* at 343.
46. *But cf.* Kenneth S. Abraham, *The Rise and Fall of Commercial Liability Insurance*, 87 VA. L. REV. 85, 103 (2001) (discussing the implied “big claim exclusion” (internal quotation marks omitted)).
47. *See, e.g.*, Ben-Shahar & Logue, *supra* note 9, at 212.
and education can lead to regulatory techniques such as private safety codes, loss-control toolkits, and safety coaching.48

Presumably, insurers believe that such activities offer them private benefits, such as brand recognition, customer loyalty, or preferential treatment from their regulators. Or perhaps these activities identify them at the cutting edge of loss prevention, attracting loss prevention–minded customers who are low risk (which may lead to propitious selection).49 Whatever the motivation, loss prevention research and education may help to offset the aggregate moral hazard impact of liability insurance by reducing the frequency or severity of liability claims. In addition, the research may inform insurers’ pricing, underwriting, and claims management efforts. This allows insurers to target specific insureds.

G. Engagement With Public Regulation

This final moral hazard management tool is a logical extension of loss prevention research and education. Sometimes a loss prevention measure may make so much sense to insurance industry leaders that they are motivated to engage with public regulators. This engagement may increase the likelihood that insureds will undertake these measures or serve to recruit the government into overseeing enforcement. There are many examples in the automobile context, some of which seem likely to affect auto liability claims (such as airbag and seatbelt regulation).50 Like research and education, engagement with public regulation does not directly affect the moral hazard of any particular insurance contract, but it may have aggregate loss prevention benefits that reduce whatever overall moral hazard impact of liability insurance there may be.

II. Regulation by Liability Insurance in Other Fields

To set the stage for our ongoing research on lawyers professional liability insurance, we will next describe what we can discern about how insurers use these tools in four other liability areas: (A) shareholder liability, (B) automobile liability,
(C) gun liability, and (D) medical professional liability. As these examples will show, there is wide variation in the nature and extent of regulation through liability insurance across and within fields of liability.

A. Shareholder Liability and Insurance

We begin with shareholder liability and insurance, not because it is the best comparison for lawyers liability and insurance, but rather because it is the field that has been the subject of the most directly analogous research project, conducted by Tom Baker and Sean Griffith during the 2005–2010 period.51 There is much publicly available information about the other kinds of liability and insurance, but that information has not previously been collected in a manner that fits as well with our conceptual framework.

Public companies and their officers and directors protect themselves from the financial consequences of shareholder liability through the purchase of Directors and Officers Liability Insurance (D&O insurance). The research on D&O insurance as governance reaches decidedly mixed conclusions about how insurers manage the moral hazard of public company D&O insurance. Our discussion here, like Baker and Griffith’s research, focuses exclusively on the D&O insurance sold to public companies (those with publicly traded shares).

Risk-based pricing. On the one hand, D&O insurers report that they work hard to price on the basis of risk.52 They have every incentive to do so, and there are no legal or other institutional restrictions on risk-based pricing that the researchers could find. On the other hand, there is substantial evidence that insurers are not very confident about their ability to price on risk given that the pricing differentials are small in relation to the insured liabilities.53 Moreover, insurers do not provide discounts for companies that undertake specific loss prevention activities.54 Thus, at best, risk-based pricing mitigates the moral hazard of D&O insurance by providing a modest incentive for avoiding claims.

Underwriting and ex ante loss prevention services. The D&O insurance underwriting process does not provide significant, useful loss prevention information to public companies.55 D&O insurance companies do not condition the provision of insurance on the basis of any loss prevention commitments by public

51. See generally BAKER & GRIFFITH, supra note 15.
52. Id. at 79.
53. Id. at 78 (“[A]lthough D&O insurers do seek to price on the basis of risk, their efforts are unlikely to be sufficient to reinvigorate the deterrence function of shareholder litigation.”); see also id. at 203.
54. Id. at 112.
55. Id. at 105.
companies or their officers and directors, nor do D&O insurers provide significant loss prevention services.\(^{56}\) For the fully nuanced explanation, there is no shortcut to reading the research, but here is the punch line:

\[ \text{[W]e find the agency-cost explanation most compelling. Top executives buy D&O insurance, with their shareholder’s money, so that all but the most extraordinary securities class actions will be a “nonevent” in the life of a publicly traded company. And, it would be easy to argue, they do not want to allow an insurer’s concern about the possibility of a securities class action to be an event that interferes with their freedom. Thus, the absence of insurer monitoring . . . is an agency cost—a “perk” that managers buy to make it easier, and more profitable, for them to keep their jobs, at the expense of the shareholders who own the company. Top executives in public corporations are thus able to purchase income-smoothing insurance without ceding any governance authority to insurers because this purchase, like all such decisions, is insulated from shareholder challenge by the business-judgment rule.}^{57} \]

\textit{Contract design.} Although D&O insurers may not exercise much governance authority directly, D&O insurance contracts contain a variety of moral hazard control features. There are substantial deductibles in the D&O coverage provided to the insured companies.\(^{58}\) These deductibles provide some incentive for public companies to manage the costs of defense and to resist paying nuisance settlements. Perhaps more importantly, the total amount of coverage that D&O insurers are willing to provide is much less than the potential damages that could be awarded in securities class action involving egregious fraud. As a result, D&O insurance protects public companies from what might be thought of as ordinary or run-of-the-mill securities fraud but leaves them exposed to really serious cases.\(^{59}\)

\(^{56}\) Id. at 110–13. The following story is instructive:  
[A] longtime top official in the D&O insurance industry described a time that he and another senior official prepared a detailed set of loss-prevention recommendations for a customer in the early days of what was then their new company. . . . Very pleased with their work, they mailed it off to the customer. “We got it back,” he reported, “almost like it was something we sent them in a brown envelope. They didn’t want it. And they didn’t want it in their files. We learned that’s not what they want from us.”

\(^{57}\) Id. at 126.

\(^{58}\) Id. at 47. Note that the coverage provided directly to their directors and officers, which kicks in only if the company cannot pay, typically does not have deductibles. Id.

\(^{59}\) Id. at 20.
Consistent with that dynamic, D&O insurance policies contain fraud exclusions that contain a “final adjudication” requirement. Under this provision, claims are covered unless and until there is a final adjudication of fraud in the case for which coverage is sought.\(^\text{60}\) Other moral hazard control features in D&O insurance contracts include exclusions for claims brought by one insured against another (which could be collusive) and for claims based on illegal profits received by an insured.\(^\text{61}\)

\textbf{Claims management.} D&O insurance contracts give insurers limited control over claims management. D&O insurance policies are “defense cost payment” policies, rather than “duty to defend” policies, so that people insured by a D&O policy get to choose their own defense lawyer and direct their own defense.\(^\text{62}\) The D&O policy also gives insureds significant control over the settlement process, subject to the obligation to obtain the insurer’s consent. As a result, the insurer’s only protections against ex post moral hazard are the right to refuse to reimburse unreasonable defense costs and the right to refuse to consent to an unreasonable settlement.\(^\text{63}\)

\textbf{Research and education and engagement with public regulation.} With the exception of one D&O insurance company that subsequently went out of business,\(^\text{64}\) D&O insurance companies do not engage in significant loss prevention research and education efforts, nor do they engage significantly with public regulation. D&O insurers have newsletters and brochures that contain loss prevention information, but “underwriters and brokers uniformly describe this literature as marketing material.”\(^\text{65}\) Some insurers support organizations that promote good governance, such as Institutional Shareholder Services, and participate in directors’ and officers’ training efforts, but there is nothing that approaches the focused loss prevention research and education efforts by the

\(^{60}\) \textit{Id.} at 186–88. See the following quote from a D&O insurance claims manager:

\begin{quote}
We may insure securities fraud but not real fraud. . . . If you are going to be out and out fraud, that is uninsurable, okay. And that’s the paradox of the insurance. Everybody buys the policy for when they get hit with securities fraud allegations, and if it weren’t for the fact that recklessness is a standard there, we probably wouldn’t be able to insure it at all, because if you had to prove outright fraud in every case, it would be uninsurable in every case.
\end{quote}

\textit{Id.} at 186 (alteration in original).

\(^{61}\) \textit{Id.} at 49.

\(^{62}\) \textit{Id.} at 129.

\(^{63}\) \textit{Id.} at 129–32. As a practical matter, the right to refuse to consent to a settlement may provide only limited protection, however, because policyholders regularly settle cases when the insurer refuses to consent and then bring a breach of contract action against the insurer on the grounds that the insurer unreasonably withheld consent. \textit{Id.} at 140.

\(^{64}\) \textit{Id.} at 111–13.

\(^{65}\) \textit{Id.} at 111.
automobile insurance industry. Similarly, D&O insurers do not typically engage with public regulation of corporate governance or with financial disclosure, for example through government relations efforts targeted at the Securities Exchange Commission or at Delaware law reform.

B. Automobile Liability and Insurance

Automobile liability may well be the part of the liability field most completely tied up with liability insurance. Automobile liability insurance became ubiquitous by the mid-twentieth century thanks, first, to the insurance requirements contained in automobile finance contracts and, second, to state automobile financial responsibility laws. Absent liability insurance, most individual drivers and even many commercial drivers would not be worth pursuing and, thus, not as a practical matter subject to civil liability. Automobile liability has not been the subject of systematic qualitative research that explicitly examines regulation by insurance. But there is a substantial body of empirical research on auto liability and other public information from which we can make useful generalizations.

Risk-based pricing. By all accounts, auto insurers take a highly data-driven approach to auto insurance pricing. This approach is not directed at moral


67. This type of activity is so infrequent that it did not come up in the D&O insurance research effort. Subsequently we corresponded with the leading D&O insurance industry commentator and confirmed this to be the case. See E-mail from Kevin LaCroix, Exec. Vice President, RT ProExec, to Tom Baker (Jan. 29, 2013) (on file with author) (“[T]here is not so far as I am aware any organized effort by the D&O insurance industry or individual companies within the industry to shape regulation or policy.”).


69. See Yeazell, supra note 2, at 188–89 (noting that, thanks to the insurance industry's practice of bundling first party property coverage for automobiles with liability coverage, automobile financing made automobile liability insurance mandatory as a de facto matter for large segments of the public well before mandatory liability insurance laws were enacted).

70. Tom Baker, Blood Money, New Money, and the Moral Economy of Tort Law in Action, 35 LAW & SOCY REV. 275, 289–90 (2001); Stephen G. Gilles, The Judgment-Proof Society, 63 WASH. & LEE L. REV. 603, 606 (2006) (“[M]any Americans are ‘judgment proof’. They lack sufficient assets (or sufficient collectible assets) to pay the judgment in full (or even in substantial part).”). For that reason, it makes little sense to think about the moral hazard effect of liability insurance, except in terms of social control. Of course there are large, solvent organizations with cars, just as there are wealthy individuals, but they do not represent the mass of automobile liability claiming. As the designers of mandatory automobile liability insurance well understood, tort liability cannot function as a form of governance for ordinary people unless it is accompanied by liability insurance.

71. There are partial exceptions. See, e.g., ROSS, supra note 12; Simon, supra note 68.
hazard management per se but may have some regulatory impact. The best candidates are differential pricing by auto type (e.g., sports car vs. minivans), accident record, the amount of miles driven in a year, auto safety features, and whether teen drivers have completed drivers’ education courses. We have been unable to find much econometric research documenting the effects of these practices, but automobile insurance is such a salient cost of auto ownership that we expect that higher prices can have significant effects, for example by encouraging the purchase of cars that are cheaper to insure.

Discounts for safety features are likely to have an even larger effect on accidents, because safety has value for consumers well beyond any reduction in insurance premiums. After all, the same activity that exposes people to a risk of auto liability also exposes them to injury. Discounts for drivers’ education are similarly likely to pay off to an extent that goes beyond the discount’s value. There is significant evidence that the price of auto insurance affects the rate of teen drivers. Discounts for drivers’ education reduce the effective price and, presumably, provide safety benefits that parents, and maybe even some teens, value even apart from the reduction in price.

Underwriting. Because automobile insurance is sold on such a mass market, data-driven basis, we doubt that the underwriting process provides individuals with loss prevention information (except as reflected in discounts or other price features). Our own experience is that generic loss prevention information (such
as tips for child safety seats or managing teenage drivers) comes in the mail only after we had already been approved for and purchased the policy. But whether underwriting provides any real information about loss prevention to insurance purchasers beyond these limited categories should be regarded as an open question.

Contract design. Apart from contract provisions giving the insurer control over claims management and deductibles, auto liability insurance contracts do little to address moral hazard. This makes sense. Auto liability insurance seems quite unlikely to reduce whatever safety motivation drivers would otherwise have. Serious auto accidents pose nearly as much risk of death or injury to the insured driver as to others. Fear of liability is unlikely to add much to the fear of pain and death that should accompany unsafe driving. While auto insurance policies contain an exclusion for intentional harm, we doubt that eliminating that exclusion would do much to increase intentional auto injuries because of the fear of police monitoring and any resulting criminal prosecution.76 Further, if the accident is unlikely to cause injury, it is also unlikely to cause significant loss. The deductible for the driver's first-party property damage coverage in the auto policy should control the moral hazard of insurance in these instances.

As with D&O insurance, most people buy automobile liability insurance limits that are much less than the potential damages in a serious claim.77 Those limits seem quite unlikely to serve a moral hazard management function in the auto liability insurance context, however. Research suggests that people are almost never required to pay their own money out of pocket (so-called blood money payments) in an auto liability claim, and when they do, the amount typically is a token payment.78 Of course, ordinary people are unlikely to understand this situation in any detail, but the absence of such cases means that they are very unlikely to hear about anyone suffering negative consequences from being underinsured. Moreover, those rare individuals who are concerned about excess liability can take care of this concern by buying umbrella and excess auto liability insurance policies.

Auto insurance deductibles do not apply to the liability coverage in an auto policy, perhaps because insurers do not want to do anything to discourage people from promptly reporting potential liability claims. Thus, these deductibles cannot

77. See ABRAHAM, supra note 2, at 101–02.
78. See Baker, supra note 70.
serve a moral hazard management function, either. The one auto insurance contract provision, apart from the claims management provisions, that may have some moral hazard management impact is the family-member exclusion. This exclusion prevents suits between family members and is thought to reduce the likelihood of collusive lawsuits among family members similar to the insured versus insured exclusion in D&O insurance policies.79

Claims management. Except for auto insurance policies sold to large organizations with special self-insurance arrangements, automobile liability insurance policies assign the insurer complete control over defense and settlement of claims. This means that auto liability insurers hire, fire, and direct the defense lawyers and decide whether and when to settle the claim, without any need to consult with the nominal defendant.80 Among other consequences, insurers’ control over claims management means that the real party in interest in automobile liability claims is a massively repeat player managing the defense of any particular claim as just one in a portfolio of cases.81 This practical reality makes automobile liability insurers very important players in the civil justice arena and worth careful study for reasons that go well beyond the role of liability insurance as a regulator of drivers.82

Loss prevention. We have not found any examples of auto insurers providing tailored loss prevention services targeted to the specific situations of individual insureds. What we find, instead, are generalized exhortations to employ safe driving practices, such as using seatbelts and child-safety seats and supervising teenagers while they learn how to drive.83 On the whole, auto insurers’ most significant loss prevention efforts appear to be directed at reducing the frequency

79. See LEE R. RUSS & THOMAS F. SEGALLA, COUCH ON INSURANCE § 114:24 (3d ed. 2005) (describing family member exclusions). Couch reports, “The trend is to find that clauses expressly excluding coverage of relatives of the insured are void and unenforceable . . . . The reason for avoiding the clause is that it violates the statutory scheme of comprehensive liability coverage.” Id. § 114:25 (footnotes omitted).

80. See JERRY & RICHMOND, supra note 7, at 875 (reporting that insurer has discretion to settle without consent of insured).

81. For some potentially negative consequences of that control for victims of auto accidents, see Campbell v. State Farm Mutual Automobile Insurance Co., 65 P.3d 1134 (Utah 2001), rev’d, 538 U.S. 408 (2003), which describes one insurer’s claims management practices.

82. See Yeazell, supra note 2, at 188-89 (illustrating that the centrality of insurance to liability makes insurance important to study in order to understand the civil justice system).

and severity of auto accidents more generally, through research and education and engagement with public regulation, as discussed next.

Research and education and engagement with public regulation. Although we have not found a comprehensive source, it is clear the auto insurance industry is deeply involved in auto safety research and education and deeply involved with public regulation of auto safety.84 Auto insurers fund drivers’ education programming and support public education efforts.85 In addition, the auto insurance industry lobbies for auto safety regulation at all relevant levels of government.86

C. Gun Liability and Insurance

Given how few gun injury claims are actually brought, there are many parts of the liability field that are much more important than gun liability. Nevertheless, we discuss gun liability here for two reasons. First, the Connecticut field research on liability insurance and the regulation of firearms represents an early attempt to analyze systematically liability insurance as a form of regulation.87 Second, even more than shareholder liability, gun liability provides a cautionary example of some of the limits of regulation by liability insurance.

Despite the widespread attention given to gun violence, there is very little civil liability arising out of that violence.88 One important reason is that liability insurance does not reach most gun–violence claims.89 Leaving aside the high-profile mass shootings by troubled middle-class young men, the people who perpetrate a large percentage of gun violence are unlikely to have homeowners or other general liability insurance.90 Even if they did, however, homeowners and other

84. See Ben-Shahar & Logue, supra note 9, at 220–23.
86. Ben-Shahar & Logue, supra note 9, at 223; see also Insurers Battle on Two Fronts to Force High Safety Standards on Mexican Truck Traffic, INS. ADVOC., July 21, 2001, at 18; NAII Praises Enactment of Laws That Promote Driver Safety, INS. ADVOC., May 13, 2000, at 22.
88. Id.
89. See Swedloff, supra note 36, at 739–41.
90. Cf. id. at 751 & n.100 (“Most criminal defendants have few collectable assets.”). In some rare cases, victims or their survivors have sued under some form of a negligent supervision theory to attempt to collect from insurance proceeds. See Michael Janofsky, $2.53 Million Deal Ends Some Columbine Lawsuits, N.Y. TIMES, Apr. 20, 2001, http://www.nytimes.com/2001/04/20/us/2.53-million-deal-ends-some-columbine-lawsuits.html; Joel Berg, School Shootings Offer Grim Risk Management Reminder, RISK & INS. (Mar. 6, 2012), http://www.riskandinsurance.com/story.jsp?storyId=533345910 (“After the Columbine massacre, victims’ families reached a $1.6 million settlement with parents of the two gunmen. Payouts were made under the parents’ homeowners policies, according to news
general liability insurance policies exclude coverage for intentional injuries. Without liability insurance and with few other collectable assets, there is little reason to bring lawsuits against perpetrators of gun violence. As a result, gun liability, like domestic violence torts, is one of those “remote islands of tort liability that lawyers and law professors know about, but almost no one goes to visit.”

Risk-based pricing. Homeowners and other general liability insurance companies do not charge different prices to people based on gun ownership or use, except when selling commercial policies to gun-related businesses, such as sporting goods stores and gun clubs. Apparently, lawsuits arising out of accidental gun injuries are sufficiently rare in other contexts that insurers do not consider that risk in pricing.

Underwriting. Although homeowners insurers ask about gun ownership in the course of their underwriting, they do not ask that question for purposes of liability underwriting. Rather, they ask to evaluate whether the applicant needs a special rider to cover the theft or damage of a valuable gun. Insurers selling commercial insurance policies to gun retailers do consider loss prevention during their underwriting, but they are more concerned with safeguarding guns and weapons from theft or other property damage than with reducing liability risks. For policies sold to gunsmiths, the underwriting is directed primarily at risk of injuries to workers rather than to customers or others. For policies sold to gun clubs, the focus in underwriting is on reducing accidental injuries to members and guests, and it is possible that some clubs may at the margin decide not to engage in riskier activities (such as tree stands and shooting from horses) or decide to adopt and post safety procedures as a result of learning about the risks in the underwriting process. All of these concerns lie some distance from the gun violence that is the subject of so much attention today.

reports. A separate settlement of about $900,000 was struck with two men alleged to have supplied weapons used in the shooting.”). Rather than suggest a significant overlap between liability for gun violence and liability for insurance, these lawsuits should demonstrate the difficulty of recovering in most gun violence cases. Here, the victims had to sue the parents of the shooters and two men who supplied the shooters with guns to obtain anything of value.

91. See Baker, supra note 76, at 70; Swedloff, supra note 36, at 751.
93. Baker & Farrish, supra note 29, at 301–05.
94. Id. at 299.
95. Id. at 301–02.
96. See id. at 303–04. Of note, an authoritative underwriting manual indicates that sporting goods stores pose greater liability risk than gunsmiths. This is consistent with the researchers’ conclusion that gun liability risks do not loom large among liability insurance underwriters (since the big liability risks for sporting goods stores have little or nothing to do with guns). Id.
**Contract design.** For liability arising out of gun violence, the most important feature of liability insurance policies is the intentional harm exclusion and, in recent years, a broader version of that exclusion in many homeowners insurance policies, which excludes coverage for claims arising out of criminal activities even if the injuries were accidental. 97 Because of these exclusions, liability insurers rarely have any financial responsibility to the victims of gun violence. 98

**Claims management.** Because gun violence claims usually are excluded (except when a parent or employer is sued for failure to supervise), there is little occasion for liability insurers to be involved in the management of any civil claims arising out of gun violence. If the claim were to be crafted in a manner that obligated the insurer to provide a defense, that defense almost certainly would be subject to conflict of interest rules that prohibit the insurer from controlling the defense. 99

**Loss prevention.** With the exception of liability insurance for gun clubs, insurers apparently do not engage in loss prevention efforts directed at gun liability. This makes sense because they have few covered losses to prevent. 100 As the gun liability situation highlights, insurers are unlikely to do anything to prevent losses that insurance coverage generally excludes.

**Research and education and engagement with public regulation.** Not surprisingly, the Connecticut research concluded that the liability insurance industry was not engaged in research and education or in public regulation of gun liability risks. 101 While insurers might have some reason to do so for gun clubs, that is a small market and the clubs apparently look to other sources for their primary loss prevention advice. With regard to public regulation of guns and gun violence, insurers likely conclude that, because they have little at stake, the public relations risks exceed any potential benefits and, thus, they stay on the sidelines. 102

97. Id. at 299.
98. Id.; cf. Peter H. Schuck, Why Regulating Guns Through Litigation Won’t Work, in SUING THE GUN INDUSTRY: A BATTLE AT THE CROSSROADS OF GUN CONTROL AND MASS TORTS, supra note 29, at 225, 249 (“[T]ort litigation is a remarkably indirect, indiscriminate, crude, and unpromising remedy for the plague of gun-related violence.”).
99. The insurer will reserve the right to refuse to pay the claim because of the intentional injury or the criminal act exclusion, thereby becoming obligated to hire independent counsel. See generally Baker, supra note 39.
100. Baker & Farrish, supra note 29, at 312–13 (drawing a comparison between the current absence of such activities and what could occur if “gun violence [could be brought] under the liability insurance umbrella”).
101. Id.
102. See id. at 299 (reporting negative publicity for an insurer seen to be as “anti-gun”).
D. Medical Professional Liability and Insurance

The extensive empirical research on medical malpractice has not systematically explored the regulatory role of medical malpractice insurance. Nevertheless, there is a substantial volume of quantitative research, some field research on personal injury claims that included medical malpractice liability, and mixed-methods research on hospital risk management.103

As an initial matter, the research suggests that, similar to the situation for automobile liability, insurance is the asset that matters for claims brought against individual doctors. While doctors would seem to possess sufficient assets to make them viable defendants even in the absence of liability insurance and to enable them to pay amounts in excess of their insurance, the available evidence strongly suggests that, as a practical matter, the liability of individual doctors is capped at their policy limits.104 That is, doctors rarely have to pay out of their own pockets to settle malpractice claims. Perhaps as a result, some doctors underinsure relative to the potential damages in a significant claim.105 There are press reports suggesting that insurance is just as important in lawsuits against hospitals (and, interestingly, that some thinly capitalized hospitals intentionally underinsure in order to drive harder settlement bargains with plaintiffs), but there has been no systematic research on this topic.106

Risk-based pricing. The general understanding is that these insurers and most of their commercial insurance competition price their insurance policies exclusively based on the type and location of each doctor’s practice, without taking into account individual doctors’ experience or loss prevention activity.107 We understand that insurers use experience rating and consider loss prevention

103. See, e.g., Baker, supra note 70 (qualitative research including medical malpractice claims); Bernard Black et al., Stability, Not Crisis: Medical Malpractice Claim Outcomes in Texas, 1988–2002, 2 J. EMPIRICAL LEGAL STUD. 207 (2005) (presenting the original study by the team using the Texas Department of Insurance closed claim database); Schwartz, supra note 42 (reporting results of interview and survey research on how hospital risk managers use information from medical malpractice claims).


105. Zeiler et al., supra note 104, at S34; see also Baker, supra note 70, at 297.


efforts when selling professional liability insurance policies to larger group practices and hospitals, but once again, we have been unable to find any systematic research on this topic.\footnote{See Michelle M. Mello, Synthesis Project, Understanding Medical Malpractice Insurance: A Primer 1 (2006), available at http://www.rwjf.org/pr/product.jsp?id=15091 (reporting that hospital liability insurance is experience-rated).} Our sense is that risk-based pricing is unlikely to regulate individual doctors to any significant extent (with the potential exception of discouraging physicians from either delivering babies or conducting surgery on a part-time basis),\footnote{Tom Baker, The Medical Malpractice Myth 153–55 (2005) (making the point that another explanation for the decline of obstetrical work by family physicians is competition from obstetrical specialists).} but risk-based pricing may affect loss prevention behavior in larger medical organizations.

Underwriting. We have been unable to find any evidence that the medical liability insurance underwriting process provides loss prevention information to solo or small group practices. We have received reports of insurers conducting loss prevention–focused underwriting inspections of hospitals and large group practices, and we understand that some insurers have medical personnel on their staff for this purpose, but once again, we have not found systematic research on this topic. As with risk-based pricing, our sense is that medical professional liability underwriting does not do much to affect loss prevention by individual doctors, but it may affect the loss prevention efforts of larger medical organizations.

Contract design. Medical professional liability insurance policies contain three types of moral hazard control provisions: deductibles, exclusions for kinds of claims that pose a high degree of moral hazard, and claims management provisions. Our sense is that the deductibles are too small to have a significant impact on individual and small group practices, but that hospitals and other large organizations may have deductibles that are comparable to those in D&O insurance policies. We have seen five kinds of exclusions that could be understood to address moral hazard: (1) an expected or intended exclusion that is similar to that present in general liability insurance policies, (2) an exclusion for criminal acts, (3) an exclusion for liability “arising from the willful violation of any statute or ordinance,” (4) an exclusion for sexual misconduct, and (4) an exclusion for claims brought by one insured against another in policies issued to groups.\footnote{Cf. David M. Lang, Sexual Malpractice and Professional Liability: Some Things They Don’t Teach in Medical School—A Critical Examination of the Formative Case Law, 6 Conn. Ins. L.J. 151, 159–60 (1999) (listing exclusions in insurance policies used to deny coverage for claims involving sexual misconduct); Norcal Mutual Ins. Co., Professional Liability Insurance Policy (2005), http://www.norcalmutual.com/coverages/NORCAL_Individual_Policy_Specimen.pdf (making available for inspection a sample medical malpractice liability policy with no expected or
We are skeptical that eliminating these exclusions would in fact increase the frequency or severity of the presently excluded activity (except, perhaps, for the insured versus insured exclusion). There are other mechanisms to prevent doctors from intentionally harming or criminally abusing their patients such as social norms and fear of criminal punishment. To the extent these other pressures do not control the behavior, it is unlikely that a fear of civil liability would prevent doctors from committing these excluded acts. Thus, we doubt that these contract provisions in fact regulate medical practice. What the provisions are quite likely to regulate, however, is tort litigation, by encouraging plaintiffs to shape their claims to avoid the application of these exclusions.111

**Claims management.** Like auto liability policies, medical malpractice insurance policies for doctors typically give the insurer complete control over the defense and settlement of the claim.112 In the past, many medical malpractice policies contained provisions that required the insurer to obtain the doctor’s consent before settling; some policies still contain those provisions.113 We expect that policies issued to large health systems, like liability policies issued to other large organizations with substantial deductibles, grant substantial control over the claims to the organizations, while giving the insurer the right to object to settlements that exceed the deductible. We have not, however, found research that addresses this question.

**Loss prevention.** While we have found no systematic research on the role of medical liability insurers in loss prevention,114 some insurers report that they do provide loss prevention services, for example by providing courses that satisfy doctors’ continuing medical education requirements.115 We understand that CRICO, the captive insurance company organized by the Harvard hospitals, has an active loss prevention business “created in 1998 to extend [the] patient safety mission beyond the Harvard-affiliated organizations through broad dissemination of products and services designed to reduce medical error and malpractice exposure.”116 Since CRICO provides insurance only to the Harvard-affiliated

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111. See Baker, supra note 3, at 7–8.
112. See, e.g., NORCAL MUTUAL INS. CO., supra note 110.
113. See, e.g., Doctors’ Professional Liability Insurance Policy #1, supra note 110.
114. Cf. Schlanger, supra note 42 (reporting on the use of claims information by a hospital system).
116. See CRICO, http://www.rmf.harvard.edu/About-CRICO (last visited July 2, 2013); see also Schwartz, supra note 42, at 51 (describing the CRICO strategies work and reporting that CRICO now has closed claim files for thirty percent of the medical malpractice cases in the United States).
organizations, however, the loss prevention services it provides to other hospitals are, by definition, not packaged with insurance and thus not “bonded” in the sense discussed earlier. Some other insurers report that they provide loss prevention services to their own insureds.117

Research and education. Medical liability insurers were slow to pick up the patient safety mantle, preferring in early years to focus their efforts on limiting liability for their members rather than on protecting patients.118 There were some exceptions, however,119 and in recent years medical liability insurers have been more involved in such efforts.120

Engagement with public regulation. Historically, medical malpractice insurers’ primary engagement with public regulation has been supporting legislative efforts to make it more difficult for patients to bring medical malpractice claims, to place caps on medical malpractice damages, and to enact other tort reforms (such as the elimination of joint and several liability and the repeal of the collateral source rule) that are believed to reduce medical liability exposure.121 We have been unable to find any reports of medical malpractice insurers engaging with public regulation to promote patient safety in a manner that is analogous to the automobile insurance industry. Our speculation is that this focus on limiting liability rather than promoting patient safety results from medical liability insurers’ historically close identification with the medical profession and from the insurers’ perception that doctors would prefer to buy insurance from insurers that are seen as fighting to preserve doctors’ autonomy rather than seen as telling doctors how to practice medicine. Moreover, expenditures to reduce liability may offer better return on investment. Because of the low rate of medical malpractice claims to medical malpractice injuries, investments in medical malpractice prevention do not lead to corresponding reductions in malpractice claims.122


119. Much of the closed claim file research on medical malpractice was only possible because of the cooperation of medical liability insurers. See BAKER, supra note 109, at 94–95.

120. See Schwartz, supra note 42, at 22–23.


122. See Michelle M. Mello et al., Who Pays for Medical Errors? An Analysis of Adverse Event Costs, the Medical Liability System, and Incentives for Patient Safety Improvement, 4 J. EMPIRICAL LEGAL
III. LAWYERS PROFESSIONAL LIABILITY AND INSURANCE

In the previous Part, we looked at the ways in which insurance regulates insureds in several different contexts. In this Part, we turn our attention to the role of insurance in the lives of lawyers.

Malpractice insurance is increasingly a fact of life for lawyers. One state requires insurance for all practicing lawyers,123 several states mandate insurance for lawyers who practice as part of limited liability entities,124 and nearly half the states encourage liability insurance by requiring that firms disclose whether they have coverage or not.125 Beyond these requirements, liability insurance may be a business reality for a profession that has seen an expansion in the number and severity of malpractice claims over the past four decades.126

Although there has been much less research on legal malpractice than on medical malpractice, there is more prior writing on the potential regulatory impact of legal malpractice (or LPL) insurance.127 We begin our analysis of that potential impact by organizing what can be discerned from the prior literature into the categories we used for the other kinds of liability insurance above. We then compare LPL insurance with the other kinds of insurance and conclude by raising some questions about the degree to which this LPL insurance regulation may be resisted or transformed.

Two caveats are in order before the categorization. First, although we are early in our research, it is already clear that the LPL market is not monolithic.

123. Oregon requires “both that lawyers be insured and that the basic coverage be with the Professional Liability Fund, a state entity.” 5 RONALD E. MALLEN & JEFFREY M. SMITH, LEGAL MALPRACTICE § 36:1, at 3–4 (2010); see also OR. REV. STAT. § 752.035 (2011).
124. See 5 MALLEN & SMITH, supra note 123, § 36:1, at 6 (“A common requirement [imposed by state statute] is for specified, minimum insurance limits in exchange for practicing in a limited liability entity, such as a corporation, limited liability corporation or limited liability partnership.”).
126. See Cohen, supra note 11, at 307–09 (laying out changes in law and regulation of lawyers that led to more malpractice claims); Fischer, supra note 11, at 63–64 (citing empirical studies about the market penetration of LPL insurance); Manuel R. Ramos, Legal Malpractice: The Profession’s Dirty Little Secret, 47 VAND. L. REV. 1657, 1661 (1994) (“Since 1970 there has been an unprecedented growth in legal malpractice claims and lawsuits.”).
127. See sources cited supra note 11.
Insurers segment the market based on firm size. As a result, there are at least three distinct markets within the universe of LPL insurance (while recognizing that different insurers draw the line between those segments in different ways): (1) solo and very small firms, (2) firms of up to 35–50 lawyers or so, and (3) larger firms. Some insurers will not write insurance for small firms and solo practitioners. Smaller firms are likely to be market-takers, in that they are forced to accept the contract terms without any negotiation. They are, in the parlance of LPL insurance, part of a program. There may be more room for negotiation between insurers and medium-sized and larger firms. Thus, there may be more contract variability. Additionally, there may be differences in the amount of risk management services provided and the uptake of these services in these different markets. These differences are due to both the legal firms’ characteristics apart from size, and because of the liability insurers’ organizational forms or business approaches.

Second, there is an important distinction to be made between what the insurer hopes to achieve from risk management (beyond branding and marketing) and the effects of the risk management on law firms. Insurers do not encourage risk management to change lawyer behavior to enhance client experience, ennable the legal profession, or promote another end of intrinsic interest to lawyers. Rather, insurers encourage changes in behavior to serve the insurer’s own interests, which at this point we take to be reducing payouts and maximizing profits. For example, insurers design contracts to maximize the attractiveness of the coverage at the most profitable rate. They may write exclusions into contracts because the risk occurs too frequently or with too great a severity to be covered by premiums that insureds are willing to pay, because insurers cannot control the risk’s moral hazard, or because the risk is correlated with other risks making the excluded risk too expensive to cover in the aggregate. To the extent that law firms respond to insurers’ bottom-line-driven motives, that effect may have little or nothing to do with the insurers’ motives. For present purposes we care mostly about effects, not motives, and we do not want to be misread as confusing the two.

128. There is some debate about what constitutes a “small firm.” For purposes of this Article, it is enough to say that while different insurers think differently about what it means to be small, midsize, large, and international, most insurers seem to do some sort of segmentation based on size.

129. See generally Silver, supra note 11, at 234–35.

130. With respect to this last item, an insurer operating in North Carolina, for example, may not be able to adequately diversify a property insurance portfolio if a significant number of the homes insured are all on the Outer Banks, because any hurricane is likely to create a loss for all of the homes. That is, the risk of any one loss is correlated with a significant number of other losses at the same time. Thus, the insurer may choose not to sell homeowners insurance in North Carolina at all.
A. Regulation by LPL Insurers

The prior writing suggests that LPL insurers use many of the tools described above—risk-based pricing, underwriting, contract design, loss prevention services, and research and education—and those tools can affect the practice of law.

**Pricing.** Our strong sense is that LPL insurers engage in risk-based pricing, taking into account such factors as firm size, practice areas, and geography, as well as the claim history of a firm.\footnote{See Ronald E. Mallen, Legal Malpractice: Law Office Guide To Purchasing Legal Malpractice Insurance § 4.8, at 28–29 (2012).} As we move deeper into the research, we will be able to say more about these kinds of risk-based pricing, though it already is clear that there is substantial variation among insurers. For example, the largest mutual insurer—Attorneys’ Liability Assurance Society (ALAS)—charges a flat rate for a given policy size based simply on the number of lawyers in the firm.\footnote{See, e.g., Attorneys’ Liab. Assurance Socy Ltd., 2011 Annual Report 21 (2011) [hereinafter 2011 ALAS Annual Report] (laying out the per attorney premium rates based on size of policy and retention regardless of the risk profile of the insured).} In addition to these more easily quantified aspects of law firm risk, insurers could base their pricing, in part, on certain governance structures in the law firm. For example, there are reports in the literature that some LPL insurers take into account such things as whether firms have

- a leadership team with an eye toward risk management and authority to implement change as needed;
- a general counsel who oversees risk management, acts as a lightening rod for problems that may arise in a firm, and develops a plan for training all new lawyers at the firm;
- good centralized procedures for client intake and conflicts checks;
- management of the way the time is recorded, entered, and billed;
- significant financial controls; and
- a policy, procedure, and culture to deal with inevitable mistakes.\footnote{See, e.g., Davis, Complementary Visions, supra note 11, at 103–07.}

Our research will investigate whether, when, and why insurers consider such governance factors.

**Underwriting.** It still remains to be determined whether and how the underwriting impacts the governance of law firms. Our research will investigate the underwriting process, including types of information passed between insurers and law firms and what loss prevention activities LPL insurers take into account
in underwriting for purposes other than determining the price of insurance. Insurers could refuse to sell insurance to law firms that fail to meet their standards along any of the dimensions listed in the pricing paragraph above or for other reasons that we have not yet learned about. For example, the ALAS annual reports indicate that it has refused to renew certain law firms and that it has not accepted the applications of others. Our research will subject these kinds of practices to more systematic review.

Contract Design. LPL insurers include a number of contract features that may have the effect of reducing moral hazard. Many of these provisions are similar to contract provisions designed to control moral hazard in other liability insurance contexts. First, limits and deductibles are likely to be important elements of moral hazard management, though we predict that their effect varies among firms. For example, different sized firms with different organizational structures might respond differently to different limits or deductibles. Further, like liability policies in other arenas, most LPL policies contain a provision that excludes coverage for intentional, fraudulent, or criminal acts. Once again, the practical effect of these provisions seems likely to vary among firms.

Additionally, LPL insurance contracts include a number of provisions specific to the practice of law. These provisions disclaim coverage for certain activities, which may affect a law firm’s incentives to engage in those activities or to allow its lawyers to do so. Some law firms may even set up procedures designed to place checks on such activities to avoid the possibility of bearing the risk alone. Three sets of examples follow.

First, many LPL policies exclude coverage for claims that arise from work lawyers do that is not directly related to the practice of law. This is true even if such work may be good for generating business for the law firm. For example, policies routinely exclude coverage for claims arising out of one of their insureds’

- service as a director or an officer for entities other than the law firm itself;
promotion, sale, or solicitation of the sale of securities, real estate, or other investments; or

work in or ownership of a separate business.

Exclusions in this category make sense from an insurer’s perspective as the excluded services raise risks the insurer did not necessarily intend to cover in an LPL policy. The additional services may raise additional liability or create risks that the insurer does not believe it can appropriately price or bundle in an LPL policy. Our concern is less about the reasons for the exclusion than with the effects on the insureds. In this case, given that lawyers cannot as easily transfer the risk of liability for these activities, lawyers may be less likely to participate.

Second, as Anthony Davis notes, LPL insurers may also try to control certain strategic decisions of lawyers or firms. Insurers may try to limit coverage related to informal networks of lawyers who share space or advertising and regularly include provisions related to insureds hiring lawyers laterally, merging with other firms, or using temporary lawyers (lawyers hired on a contract basis, who are not associated with the firm). For example, insurers may

exclude coverage for vicarious liabilities that arise from the wrongful acts of attorneys with whom the insured shares office space, marketing materials, and so on;  

exclude coverage for lawyers who are being sued for work that they performed before joining the insured; and

limit the coverage of temporary attorneys only for claims arising out of “work done within the scope of their employment” for the insured. This provision may limit coverage if claims arise out of “activities of the temporary lawyer unrelated to the matter(s) for which the temporary lawyer was hired; claims from undisclosed conflicts introduced by the temporary lawyers; and claims arising from difficulties in supervision and overseeing the activities of such temporary lawyers.”

As with the exclusions in the first category, these provisions may make sense from the insurer’s perspective. Activities like hiring new lawyers—even, or especially,
on a temporary basis—can introduce risks that were not present at the origination of the contract. Regardless of the motives, these provisions mean that firms cannot easily transfer the risk associated with mergers, acquisitions, lateral hiring, and temporary hiring to insurers. As such, the effect may be that firms are more circumspect about engaging in these activities.

Third, again from Anthony Davis, LPL insurers may view certain transactions as particularly likely to generate malpractice claims, even if such transactions are not explicitly prohibited by rules of professional conduct. Thus, for example, insurers could exclude from coverage any

- representation “where the lawyer or firm has personal, entrepreneurial or business interests in a client’s business or affairs”,
- representation “involving conflicts of interest among multiple clients”, or
- claims arising out of claims brought by a law firm against a client for fees.

Even though lawyers may be allowed to represent clients with conflicts of interest or to enter into transactions with clients under certain circumstances (such as with clients’ consent), insurers view these representations and transactions as very risky. When representations or transactions go poorly, clients have a built-in claim for malpractice. Likewise, while suits against clients are not prohibited, they may be likely to generate malpractice counterclaims. It is easy to see why insurers would therefore exclude these kinds of behaviors from coverage. And it is easy to see why lawyers may choose to forgo these kinds of representations, transactions, and suits for fear of facing future liability without sufficient insurance.

**Claims Management.** At this point in our research it appears that there is some variability in the control that insurers exert over claims management. Some LPL policies promise to pay for defense costs but permit the insured to choose their own defense counsel and to direct their own defense. Other policies are more traditional duty to defend policies in that the insurer chooses defense coun-

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145. *Id.* at 213.
146. *Id.* at 212; see also LPL Policy 3, pt. V.E, V.H.
148. Under most rules of professional responsibility, these transactions are allowed under certain circumstances. For example, under the Model Rules of Professional Conduct, lawyers may represent conflicted clients if the lawyers obtain consent of both parties. To enter into business transactions with clients, lawyers need to obtain written consent, make sure the transaction is fair and reasonable, and give the client the opportunity to seek independent counsel. *See* MODEL RULES OF PROF’L CONDUCT R. 1.8 (2012).
sel and more directly controls the defense. Under either type of policy, insurers likely exert some control with regard to settlement negotiations. A significant part of our ongoing research will be to understand more about which firms negotiate to have more significant control over their own defense, why they do so, and how this term affects claims management.

Loss Prevention Services. As with contract design, insurers could encourage specific behavior through different types of loss prevention services. There are a number of loss prevention services that could be offered to law firms. Insurers could offer educational services to firms in the form of seminars, continuing legal education (CLE) credits, or newsletters, focusing on firm management issues like client intake, conflicts, and time and file controls that are prime generators of malpractice claims. These materials and programs could set out best practices, provide cautionary tales, or both. Insurers could create a hotline for firms to call when they have an issue emerging. More intrusively, insurers could audit a firm’s management systems and require changes consistent with the audit findings. Once again, there are reports in the literature that some insurers do provide such services. The Holy Grail for an LPL insurer is a law firm with “internally generated and effective peer review and practice oversight,” because these practices demonstrate that the firm takes seriously the job of managing its own risky behavior. What insurers try to do to achieve that, and what lawyers think about their efforts, will be a significant focus of our research.

Research and Education and Engagement with Public Regulators. Insurer-provided continuing legal education appears to be a significant aspect of the CLE landscape in some jurisdictions. In addition, the National Association of Bar Related Insurance Companies (NABRICO) insurers have been cooperating since the 1980s with the American Bar Association on collecting legal malpractice claims information. We have not found public sources reporting other

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152. Davis, Complementary Visions, supra note 11, at 112; Davis, Regulators, supra note 11, at 220–21.
153. Davis, Regulators, supra note 11, at 221.
engagement with research and education or engagement with public regulators. This is yet another subject for our continuing research.

B. Comparing LPL Insurance With Other Forms of Liability Insurance

The table that follows summarizes our overview of regulation by liability insurance across the five fields of liability that we have explored, recognizing that the information included in many of the cells has not been well documented and that our research on LPL insurance has just begun.

**TABLE 1. Regulation by Liability Insurance Comparison Table**

<table>
<thead>
<tr>
<th></th>
<th>Shareholder</th>
<th>Auto</th>
<th>Guns</th>
<th>Medical Malpractice</th>
<th>Lawyers Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overlap of liability and insurance</strong></td>
<td>Substantial, except for the biggest claims</td>
<td>Practically complete</td>
<td>Very limited</td>
<td>Substantial; some underinsurance</td>
<td>Substantial; small firms may go bare</td>
</tr>
<tr>
<td><strong>Risk-based pricing</strong></td>
<td>Individualized; some experiments with formulas</td>
<td>Big data</td>
<td>None, except for gun-related organizations</td>
<td>Scheduled for small; otherwise individualized</td>
<td>Varies from per capita to formulas to individualized</td>
</tr>
<tr>
<td><strong>Loss prevention underwriting</strong></td>
<td>Some</td>
<td>None</td>
<td>Only for gun-related organizations</td>
<td>None for small; some for large</td>
<td>Varies from limited to extensive</td>
</tr>
<tr>
<td><strong>Contracts address moral hazard?</strong></td>
<td>Yes</td>
<td>Minimal (family member)</td>
<td>Yes: deregulation by exclusion</td>
<td>Yes, but more for large organizations</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Insurer control over claims management</strong></td>
<td>Shared</td>
<td>Complete</td>
<td>Complete for accidents; none for intentional</td>
<td>Complete for small; shared for large</td>
<td>Varies</td>
</tr>
<tr>
<td><strong>Loss prevention services</strong></td>
<td>Minimal</td>
<td>Limited</td>
<td>None</td>
<td>Varies from none to some</td>
<td>Varies from limited to extensive</td>
</tr>
<tr>
<td><strong>Research and education</strong></td>
<td>Minimal</td>
<td>Extensive</td>
<td>None</td>
<td>Some; maybe increasing</td>
<td>Substantial</td>
</tr>
<tr>
<td><strong>Engagement with public regulation</strong></td>
<td>Minimal</td>
<td>Extensive</td>
<td>None</td>
<td>Some; but largely to limit liability</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
Gun liability is the outlier. The primary governance activity is negative. Liability insurance contracts exclude the kinds of civil liability that might lead insurers to be motivated to do something about gun violence. Gun liability thus provides a useful, cautionary example of the limits of regulation by liability insurance. We cannot expect insurers to regulate risks that produce liabilities that usually are excluded from their insurance contracts.\textsuperscript{156}

Although auto liability appears nearly as different from LPL as gun liability, we expect that, at least for solo and very small firm practitioners, auto and LPL insurance may have more in common than the table suggests. In both cases, the relatively small size of individual premiums prevents insurers from individualizing underwriting or loss prevention. Instead, insurers employ a cookie-cutter approach. Important differences include the efficiencies made possible by the auto market’s sheer size and the massive amount of data the insurers are able to collect, the lesser penetration of LPL insurance into the market, and the importance of lawyers’ professional organizations, which may reduce the room for regulation by insurers.

Medical malpractice presents an interesting contrast to LPL. Medical providers likely segment for liability insurance purposes into small, medium, and large organizations, like law firms. And medical providers have professional organizations that act on and for them. Yet LPL insurance appears to be both more and less regulatory than medical malpractice insurance. On the one hand, lawyers are less likely to be insured and, we believe at this early stage in the research, less likely to cede claims management control to insurers when they are insured. On the other hand, LPL insurers are reported to be more likely to be involved in loss prevention and more likely to engage in research and education directed at reducing the extent of the underlying harm (as opposed to reducing liability without regard to harm).

As with auto liability, shareholder liability may prove to have more in common with LPL than the table suggests, at least for very large law firms. It seems likely that the liability faced by these firms has more in common with that of their public company clients than the liabilities of lawyers in solo and small

\textsuperscript{156} If suits against parents or other secondary defendants, like the ones related to Columbine, increase in prevalence, there may be increased pressure in the insurance industry to participate in the regulatory conversation. See sources cited supra note 90. That said, this seems unlikely given that these mass attacks, while salient and memorable, likely do not represent a significant portion of the injuries or deaths related to gun violence.
firm practice. If so, the LPL insurance for these firms may be more similar to public company D&O insurance than to small firm LPL insurance. If, despite those similarities, insurers play a more active role in the regulation of these law firms than in public companies, as some prior research suggests, much can be gained from exploring why. Is it because lawyers are also owners of their law firms, because law firms care more about their reputation, because risk management is somehow more effective in law firms than public companies, or because of some other reason that has not yet occurred to us?

C. Effectiveness of Regulation by Liability Insurers

There is little doubt that LPL insurers could have some impact on the way their insureds practice law. What is less clear is how much or what kind of impact insurers really have. Lawyers may reject, ignore, or try to rationalize their way around risk management advice. Risk managers may for other reasons fail to instill a culture of risk management in firms. Moreover, law firms, especially large law firms, may already be so saturated with risk management advice that there is little room for governance from insurers. These are among the subjects of our ongoing research.

Lawyers and law firms may resist adopting insurers’ risk management measures, perhaps because of cultural barriers within the practice of law, the structure of law firm management and compensation, or lawyers’ preference for autonomy. Some scholars have suggested that there will be a significant clash between lawyers’ vision of themselves as independent actors and a need to centralize control to minimize risks. The claim is that historically lawyers have operated autonomously and largely unsupervised within a law firm—individual lawyers, teams on a specific matter, or units of a firm operating as individual fiefdoms resistant to top-down risk management. This resistance to risk management may be exacerbated if the tools used by risk managers are presented as an instrumental set of rules. As Milton Regan explains, given their self-image as autonomous actors, lawyers may be “sensitive to what they perceive as intrusive monitoring—perhaps quicker to construe supervision as excessive and to be more

157. See Alfieri, supra note 11; Davis, Regulators, supra note 11.

158. See ANTHONY E. DAVIS, RISK MANAGEMENT: SURVIVAL TOOLS FOR LAW FIRMS 5 (1995) (referring to this as the cottage-industry model of law firms); Regan, supra note 11, at 1958 (“[L]awyers have sought to maintain their personal independence, notwithstanding the economic realities driving their collective activities.”).

159. Regan, supra note 11, at 1966 (“Rules, whether narrowly or broadly phrased, will not impose meaningful constraints on lawyers who do not have underlying commitment to moral force of the law.”).
resistant to it." Further, given their training, lawyers “are adept at creative interpretation of rules and at fashioning plausible arguments in support of their interpretations. This may enable them . . . to convince themselves that they are not violating a given rule, thus reducing any psychological dissonance that they might feel by engaging in certain behavior.”

This concern is redoubled in light of the common eat-what-you-kill compensation model. Under this model, firms compensate lawyers based on the business they bring to the firm. As such, lawyers who generate business, so-called rainmakers, are prized possessions of firms and are potentially above the structures of risk management. Conversely, this model incentivizes lawyers who do not generate significant business to take on riskier clients or matters—those who may be conflicted with other clients or those who may not have the ability to pay—that, in turn, could lead to more malpractice claims.

It is also possible that law firms are already so saturated with risk management advice that insurers have little effect even on law firms that are ready, willing, and able to implement insurers’ risk management measures. Large law firms especially are likely to have adopted already the easier risk management techniques, such as creating a general counsel and employing a sophisticated conflicts management process. If this is true, there may be little room for additional or enhanced supervision from insurers.

Finally, the literature on the legal profession has raised enough questions about the ethical implications of the risk management approach promoted by liability and insurance that we need to consider whether LPL insurance governance should be resisted on these grounds. The concern is that a risk management approach could undermine other regulatory controls, including ethical regulation by codes of professional liability and independent, ethical decisionmaking by individual lawyers. The leading proponent of this concern, Anthony Alfieri, argues, “the technology of risk assessment and regulation . . . subtly discounts the daily necessity of moral discretion and the constant calling of public obligation. As a result, lawyers and law firms underestimate the burdens of moral agency in the discretionary decisionmaking of advocacy and counseling.”

160. Id. at 1972.
161. Id. Regan argues that risk management will work better when the firms are able to instill a culture that reinforces ethical behavior—a culture that values ethical behavior not for instrumental reasons but for its own sake. Id. at 1967.
163. Alfieri, supra note 11.
164. Id. at 1910–11 (footnote omitted).
In this view, the rise of risk management techniques presents a number of dangers. First, risk management diminishes the “lawyer’s individual responsibility for making moral choices,” because ethical decisionmaking (such as whether a conflict exists) is centralized to a firm bureaucratic structure like a general counsel or conflicts committee.165 Second, when risk management is treated as a set of rules, rather than as part of the aspirational tradition of legal professionalism,166 lawyers will further abdicate their role as ethical decisionmakers by viewing risk management as an obstacle to get around, rather than as a set of structures that encourages ethical behavior.167 Third, risk management structures may allow lawyers to willfully blind to their own, or other’s, unethical behavior.168

Importantly, all of these concerns come against a backdrop of big changes in the legal profession. As law firms have become bigger and more bottom-line-driven, pressure has mounted for firms and individual lawyers to generate more revenue for the firm. These pressures—the competition among firms and attorneys—may play a significant part in changes in the norms of practice.169

What is missing is an on-the-ground, empirical account of the role that these concurrent trends actually play in governance of law firms. Is it true that ethical behavior has changed in law firms and, if so, does that change lie at the foot of risk management, the increasing commercialization of the practice of law, or some other unknown force? Alternatively, is it possible that risk management is enhancing ethical behaviors within firms? Is risk management creating additional deep governance at the firms?

Our research may help disentangle this complex set of questions. While our research likely will not uncover the root causes of any such changes, we may be able to see better what role lawyers’ liability and lawyers liability insurance companies have, if any, in creating a culture of risk management and what such a culture means in practice.

165. Id. at 1939 (emphasis omitted).
166. Id.; see also Regan, supra note 11, at 1960 (discussing the aspirational tradition).
167. See supra notes 159–161 and accompanying text (discussing Regan’s article).
CONCLUSION: INTO THE FIELD

In this Article we have laid out a simple framework for analyzing how liability insurance can serve as a form of regulation. Using information from prior research, we applied that framework to five kinds of liability: shareholder, auto, gun, medical malpractice, and legal malpractice. Based on this analysis, there is good reason to believe that liability insurers, and the kind of risk management thinking that liability insurance promotes, may have a significant effect on law practice, as others suggested well before we became interested in LPL insurance. Nevertheless, legal scholarship has a long way to go in order to develop a systematic, thorough understanding of those effects and their variation across types of practice and organizational forms.

For that, we need to go into the field, interviewing and observing LPL personnel (underwriters, brokers, actuaries, loss prevention specialists, claims professionals), a cross section of lawyers working in different kinds of organizations and locations, risk management consultants, the lawyers who bring and who defend legal malpractice claims, the people active in lawyers professional associations who work on liability and insurance matters, and no doubt other categories of people we will learn about in the research. This is an enormous project, but one that has the potential to improve substantially our understanding of how liability and insurance affect law practice and the legal profession. Legal academics have devoted a great deal of energy in recent years to studying medical malpractice and shareholder liability. It is good for us to focus some of our research efforts closer to home.