Insurance agents on Katonic

31 agents across ten areas

Insurance work starts with documents and ends in systems of record. Every agent reaches both in one of four ways, all through the same tool gateway and the same approval rules:

	HOW EACH AGENT CONNECTS
01	**A file the user uploads** in the conversation: a claim form, an invoice, a medical report, a broker's submission.
02	**A knowledge source.** Policy wordings, tables of benefits, underwriting guidelines, claims procedures and treaty terms are indexed in the Knowledge Engine, with each reader's permissions kept.
03	**An imported API.** The insurer gives Katonic the OpenAPI description of an API it already runs, and each operation becomes a tool. This is the route to systems of record: policy administration, claims, billing, the underwriting workbench.
04	**An MCP server from the catalogue,** deployed inside the insurer's own cluster. This is the route to databases, document stores, maps and weather, and web search.

System names are left out on purpose. The insurer supplies the API description. Nothing here is a tested integration with a named product.

THE TEN AREAS

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AREA 01

Claims intake

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
First Notice of Loss Intake Agent	Takes a new loss report, extracts who, what, when and where, checks that a policy was in force, and opens the claim file with what is missing listed	The report and attachments as uploaded files; the policy record through an imported API	Creating the claim is a change, so it waits for a handler's approval unless the insurer allows complete reports to register themselves
Claims Processing Agent	Checks each new claim for completeness and sorts it by complexity and severity so it reaches the right adjuster, with the reason	Uploaded files; policy records in a database	Always, before a decision on a claim. A claim that suggests injury or a vulnerable customer goes to a person first
Claim Pack Completeness Agent	Compares a submitted pack with the insurer's checklist for that claim type and lists what is missing or unreadable, item by item	The pack as uploaded files; the checklists as a knowledge source	A handler reviews the list before the customer is contacted. The agent contacts no one
Claim Summary Agent	Writes the file summary an adjuster reads first: the loss, the cover, the documents, the open points, each with its source	The claim file through an imported API; notes and documents	Nothing to approve. The adjuster reads it and decides

AREA 02

Claims assessment

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Coverage Check Agent	Sets the loss against the policy wording: the insuring clause, the exclusions, the limits, the deductible and the endorsements that apply, each quoted with its clause number, and says where the wording is silent	The wording and endorsements as a knowledge source; the claim through an imported API	Always. Whether a loss is covered is the adjuster's decision. Where the wording is silent the agent says so and does not infer
Settlement Calculation Agent	Works out the amount payable from the invoices, the schedule of benefits, the limits and the deductible, and shows the arithmetic line by line	Invoices as uploaded files; the schedule as a knowledge source; the claim through an imported API	Always, before any payment. Above the insurer's threshold a named person approves; a rejection is never issued by the agent
Claims Correspondence Agent	Drafts the letter or message to the claimant from the claim file and the insurer's own templates, in the claimant's language	The claim file through an imported API; the templates as a knowledge source	Before anything is sent. A handler reads and sends every message
Claims Leakage Review Agent	Reviews closed claims against the insurer's handling standards and lists the ones paid outside them, with the standard and the difference	Closed claims in a database; the standards as a knowledge source	The claims quality team judges every finding. The agent reopens nothing

AREA 03

Fraud

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Fraud Detection Agent	Checks a claim against the insurer's own indicators and the claimant's history, and flags it for the investigation unit with its reasons, before payment	Claims history in a database; the indicators as a knowledge source	Always, before any action on a claim. The agent denies nothing and contacts no claimant
Investigation Case File Agent	Builds the case file for a flagged claim: the claim, earlier claims by the same parties, links between them, and public reporting, each point with its source	The claim and history through imported APIs; a web search server for public reporting	The investigator decides. Only the search terms leave the network

AREA 04

Underwriting

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Underwriting Support Agent	Reads a broker's submission and its attachments, extracts the data, and prepares the file: what is within guidelines, what is outside, what is missing, each with the guideline it cites	The submission as uploaded files; the guidelines as a knowledge source	Always. The agent accepts, declines and prices nothing
Risk Appetite Check Agent	Tells an underwriter or a broker desk in a sentence whether a risk is within appetite, and which rule says so	The appetite statement and guidelines as a knowledge source; the submission	The underwriter decides. A broker is told nothing until a person has seen it
Underwriting Referral Memo Agent	When a risk needs a senior underwriter's sign-off, drafts the referral memo: the risk, the terms proposed, the rule that forced the referral, the precedents	The submission and quote through an imported API; guidelines and past referrals as a knowledge source	The referring underwriter signs the memo. The authority holder decides
Renewal Review Agent	For a policy coming up for renewal: sets the expiring terms beside the claims in the period and the changes in the risk, and lists the points to raise	The policy and its claims through imported APIs	The underwriter decides terms. On a schedule you set, it can prepare the month's renewals in advance

AREA 05

Policy servicing and distribution

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Policy Servicing Agent	Prepares mid-term changes, renewal documents and certificates for staff, and points out a possible gap in cover	Policy records in a database; wordings and templates as a knowledge source	Before a document is issued. A possible gap is raised with the customer or broker by a person; the agent gives no advice
Certificate and Endorsement Preparation Agent	Prepares the certificate of insurance or the endorsement requested, from the policy as it stands, and the change to be made in the policy system	The policy through an imported API; the document templates	The change is a write to the system of record, so it waits for approval. Staff issue every document
Broker Query Agent	Answers a broker's question about a policy or a claim: status, what is outstanding, what the wording says, with the source	Policy and claim status through imported APIs; product documents as a knowledge source	Before any reply that commits the insurer. Status answers can be allowed to go directly, if the insurer decides so
Member Policy Q&A Agent	Answers a member's or an employee's question about their own cover from the table of benefits, in one of four states: covered, covered with conditions, not covered, needs a person	Tables of benefits and exclusion lists as a knowledge source, kept apart per policy	Whenever the documents are silent or unclear. It offers a call-back with a person and never infers cover

AREA 06

Health claims

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Pre-authorisation Preparation Agent	Sets a request for approval against the member's benefits and the insurer's medical policy, and prepares the file: what is met, what is not, what is missing	The request as uploaded files; benefits and medical policy as a knowledge source; the member record through an imported API	Always. A clinician or an authorised assessor decides, and the agent never refuses a request
Medical Claims Adjudication Support Agent	For a claim held for review: says why it was held (duplicate, eligibility, limit, medical necessity), gathers what the assessor needs and suggests a determination with its reasons	The claim from the insurer's claims system through an imported API; benefits, exclusions and the provider contract as a knowledge source	The assessor decides every held claim. The reasons, the reviewer and the decision are recorded
Provider Invoice Check Agent	Checks a provider's invoice line by line against the agreed tariff and the contract, and lists the differences	The invoice as an uploaded file; the tariff and contract as a knowledge source	A claims officer decides what is queried with the provider. The agent contacts no provider

AREA 07

Compliance and conduct

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Compliance Audit Agent	Checks policy, claims and sales files against the insurer's own compliance rules and records what it checked	Files in a database; the rules as a knowledge source	Compliance judges every finding. On a schedule you set, it can work through a sample each week
Regulatory Monitoring Agent	Reads the regulators the insurer names, summarises what changed, and maps each change to the insurer's obligations register	Regulators' sites through a web search server; the obligations register	The compliance officer decides what each change means. Only the search terms leave the network
Complaint Handling Agent	Classifies a complaint, gathers the customer's policy and claim history, and drafts the response and the log entry, with the dates the insurer's procedure sets	Complaint records through an imported API; the complaints procedure as a knowledge source	The complaints officer approves every response
Litigation Support Agent	Sorts large document sets for a disputed claim, sets aside what is relevant and flags what may be privileged	Uploaded files; a document store	Lawyers decide relevance and privilege, and check a sample of what was set aside

AREA 08

Product and pricing

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Product Change Analyst	Takes a proposed change to a product and returns what it touches: the current position, the conflicts, the documents and teams that must change with it, and the questions it cannot answer	The coverage guide, claims process and servicing documents as a knowledge source	It answers no pricing, filing or legal question. Each is routed to its owner by name
Pricing Analyst	Works out, from the figures a product manager gives it, the premium that holds a target loss ratio, with sensitivity tables, and shows the calculation it ran	The figures in the conversation. It computes; it reads no documents	Always. The result is indicative arithmetic, not a filed rate, and the actuarial function signs off
Risk Profiling Agent	Analyses exposure across the portfolio with outside data such as weather and location, to support actuarial and risk teams	A data warehouse, read-only; outside data through your own APIs or the catalogue's map and weather servers	Before a result is used in pricing or reserving. An actuary checks the method

AREA 09

Reinsurance and finance

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Bordereaux Check Agent	Checks a bordereau from a coverholder or a cedant against the treaty or binder terms: risks outside the terms, missing fields, totals that do not add up	The bordereau as an uploaded spreadsheet; the terms as a knowledge source	The delegated authority or reinsurance team decides what goes back. The agent corrects nothing
Treaty Recovery Agent	Goes through paid claims and lists those that reach a treaty's attachment point and have no recovery raised, with the clause and the amount	Paid claims in a database; treaty terms as a knowledge source	The reinsurance accountant raises every recovery

AREA 10

Partners

AGENT	WHAT IT DOES	READS FROM	WHERE IT STOPS FOR A PERSON
Partner Quality Agent	Checks administrators, repair networks and other suppliers against their service levels and required credentials, and reports on each	Performance data in a database; contracts and credentials as a knowledge source	Supplier managers decide whether to raise an issue, and a person contacts the partner

	WHAT EVERY AGENT HAS IN COMMON
01	**It runs on the insurer's own infrastructure,** with a model the insurer serves.
02	**Every tool call passes the insurer's policy.** A policy can allow a tool, record its use, hold it for a person's approval, or block it, for the whole company or for one team.
03	**A tool that changes something waits for approval** unless the insurer has decided otherwise for that tool. That is how a payment threshold is set.
04	**Every call is recorded,** with who asked, which tool, and what was decided.
05	**The agent acts as the person using it.** Where the insurer's API checks the caller, Katonic passes the signed-in user's identity, and the agent cannot claim another.
06	**There is always a way to stop it.** An agent, a tool or a whole server can be switched off at once.

Each one prepares the work. A person makes the decision.

WHERE TO START

Pick work where reading is slow, the decision stays with a person, and the documents are already in hand.

THREE PLACES THAT FIT

Member Policy Q&A

Staff, brokers or members ask about cover and get answers from the wording itself, with the clause cited and “needs a person” where the wording is silent.

Claim Pack Completeness

The agent compares a submitted pack with the checklist for that kind of claim and lists what is missing. A handler reviews the list before anyone is contacted.

Coverage Check

The agent sets a loss against the wording: the clause that grants cover, the exclusions, the limits and the deductible, each quoted. The adjuster decides.

One line of business, one team, invented data first. Then beside the manual process, measured against it.

About Katonic AI

Katonic AI is the enterprise platform for serving models and building, running and governing AI agents. It runs on your machines, with your models, under your administrators. Katonic is listed in the Red Hat Ecosystem Catalog and runs on Red Hat OpenShift. The platform has run in production for about 1,100 staff of a life insurer in Asia, on the insurer’s own cluster, inside its network, and it is in production at a top-tier bank in Asia, air-gapped, inside the bank’s own perimeter. It was founded in Sydney in 2020 by Prem Naraindas, with its global hub in Dubai and teams in Sydney, Mumbai and Dubai.

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