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Perceptual differences of Indian customers' towards general insurance services

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Abstract
Although brands can signal reputation and serve as proxies for trust, consumer preferences for attributes may differ for different brands of services. This paper test this hypothesis using data from a particular experiment conducted with consumers has done general insurances available in India. The research work conducted to know the types of general insurance accepted by Indian customers and shifting their preference from one brand to next brand for better options. The results indicate that consumers appear uncertain when there is an absence of a brand; non-brand- oriented consumers ascribe greater importance to the attributes of an insurance product, with emphasis on those that relate to the facilities (Association, value, behavior etc.). Factor analyses permit identification of elements for the positioning strategies of different companies' insurance products. Also to know the factors considered by the customer to prefer any brands of insurance products. Finally the null hypothesis accepted as the consumer preferences has direct relationship with the premium charged by different insurance companies.

Keywords: brand, factor, eigen, general, insurance, values

Introduction
The insurance industry move from a public monopoly to a competitive environment now present challenges, both to the new players and public sector general insurance companies. The entry of private players and their foreign partners has given domestic players a tough time, because the opening up of the sector has not brought in only foreign players, but also professional techniques and technologies. The present scene in India is such that everyone is trying to put in the best efforts. The insurance penetration as well as the size of the average cover in India is well below international averages, providing great marketing opportunity for the insurance companies. The opening up of insurance sector for competition offers ample opportunities to both existing as well as new players to penetrate into untapped areas, sectors and sub-sectors and unexploited segments of population as presently both insurance density and penetration are at low level. Both indices being at very low level in the country even compared to the countries with the same level of economic development and per capita income are indicative of the vast potential of the growth of this sector in future (Saradha, 2009). Presently product-market relationship is dominated by personalized selling rendered by tied agents. Companies will have to transform customer relationship management to value based client relationship. Insurance business is based on averages and spreading of risks. So a flexible pricing structure for sustaining customer confidence and interest will be a challenging task before Indian insurer. The bench mark of success of organization will be determined not only by the rate of return but also by the quality of corporate governance. So the insurance company should focus on pricing, distribution, risk management and investment decision-making. Human resources constitute the most vital segment of any organization and great care is needed in recruitment, training, deployment, and developmental aspects like growth and career opportunities, retention of talent and weeding out deadwood. The insurance business demands personnel of high quality, with a different range of skills and an emphasis on greater professionalism. Insurers have to attract, retain and develop people who are open to change, are creative, value teamwork, and have passion for service and delivering value in their output. In fact, experience in the insurance business

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by itself now perhaps counts for less than the qualities mentioned above. Many recruits, therefore, especially at the middle and senior levels in the new companies are from other services and often without any background in insurance. At the same time, in a sense, the new players, just because they are recruiting afresh, do not necessarily derive any special advantage in recruitment, because their recruits especially for middle level and senior positions are also drawn from the same stock as that from which the present industry sourced them. They do bring with them the legacy of their public sector culture. A further difficulty is that the otherwise properly qualified potential candidates do not rank the insurance industry very high on such issues as pay (not really a constraint any more) and prestige and are not, therefore, attracted easily to it. So the industry has to take special pains to find the right type of people to work with them and then train them further to suit their needs and culture. Looking to the surplus staff already with the public sector, the urgent need is to improve the quality of the existing personnel, rather than new recruitment. The public sector must immediately identify whether and on what scale, at least in respect of certain jobs, it is saddled with under qualified staff unable to respond to the demand on them, and accordingly must undertake a heavy exercise of training, retraining and redeployment. (Palande, 2003) In the insurance business cost control and ability to service large number of customers are crucial issues. So modem technology is to be adopted to handle both the services effectively.

Today customers are well equipped with information, so insurance company should reposition different products by changing customer attitudes. Distribution of existing insurance products is the main cause of worry for insurance companies in India. Companies for distribution don't have much control on the agents and hence lose quality in the distribution channel. In Indian insurance market here is huge competition for get maximum market share. Insurance companies in India will have to develop appropriate channels to tap this huge market as the core of insurance business hinges on an efficient distribution. Direct marketing is one of the most successful channels of distribution in the developed economics. It is a great way to reach a large population. Present research paper analyzes the performance of employees who work related with sale of insurance policies in public sector in comparison with private sector general insurance companies operate in Indian market.

General insurance is typically defined as any insurance that is not determined to be life insurance. General Insurance comprises of insurance of property against fire, burglary etc., personal insurance such as Accident and Health Insurance and liability insurance which covers legal liabilities. There are also other covers such as Errors and Omissions insurance for professionals, credit insurance etc. General Insurance acts as aegis to the financial causalities and alongside it also acts an economical back-up for a nation's economy. Insurance allied up with banking sector dispenses up to 7% of India's total GDP. The general insurance entered into show in the Indian Market in 17th century due to the Industrial revolution and the persistent escalation in sea trade for import and exports of goods and services. It can be said that the notion of Indian General Insurance has a legacy from British Occupation. In the year 1973 the whole business on General Insurance was nationalized with the enactment of General Insurance Business (Nationalization), Act. Till date we have observed foreign insurance companies engaging into Indian markets and having share of 24% of FDI being allowed in the Indian market it has not become an Eye-candy for the foreign market and secondly the major general insurance market be it EU or USA is diminishing and long term expenditure in the EU market isn't feasible and has now come to the situation of saturation and if India does not enter into foreign markets the time is not far away when the general insurance market would not have much improvement.

Insurance is a contract between people where one person agrees to share the risk of loss of the other for the payment of premium. Insurance contracts other than life insurance contracts are called general insurance. The different forms of general insurance are fire, marine, motor, accident and other miscellaneous non-life insurance. Tangible assets can be subjected to damages and hence needs to be protected. General insurance products provide protection against unforeseeable contingencies like damage and loss of assets. General insurance in India came as a gift of British administration. The first general insurance company in India was Triton Insurance Company limited which was established in 1850 in Calcutta. 1907 witnessed the establishment of Indian Mercantile Insurance limited which was the first company to handle all class of general insurance in India. In 1957 General Insurance Council a wing of Insurance Association of India enacted a code of conduct to insurance companies for fair conduct and sound business practices. In 1972, General Insurance business (Nationalization) Act was passed for nationalization of general insurance companies in India and accordingly 107 insurers amalgamated into 4 major companies i.e., National Insurance Company, New India Assurance Company, Oriental Insurance Company and United India Insurance Company.

The Indian insurance industry is more than 150 years old. This industry has witnessed many phases of the working from the days when there were many private sector companies initially and they moved to nationalization and again to the private sector. Being one of the segments of financial sector, it has in the recent past gone through a transformation and change including the passing of IRDA (Insurance Regulatory and Development Authority) Act 1999. Due to the IRDA act 1999 the insurance sector has been opened up, the monopoly of government companies has broken and many new private players have entered into the insurance sector and thus the sector has become highly competitive with full of challenges. The opening up of insurance sector for competition offers ample opportunities to both existing as well as new players to penetrate in to untapped areas, sectors and sub-sectors and unexploited segments of population as presently both insurance density and penetration are at low level. The entry of private players and their foreign partners has given domestic players a tough time, because the opening up of the sector has not brought in only foreign players, but also professional techniques and technologies. The present scene in India is such that everyone is trying to put in the best efforts. One can see strategies being more for survival than growth. But the most important gift of privatization is the introduction of customer-oriented services. Utmost care is being taken to maximize customer satisfaction.

Literature Review

In this chapter, an endeavor has been made to provide an overview of various aspects and issues related to this research work through the review of studies already carried out both at the national and international level in the insurance sector. The review of literature can lead to draw some significant conclusions and serve as a guide mark for this study. It also gives a fair chance to identify one gap that exists in the area of research. Some of the important studies have been reviewed under different performance measures such as efficiency, productivity, profitability and service quality in the following paragraphs.

Weiss (1991) examined the cost impact resulting from property liability insurer in efficiency. The chief objective of this research was to measure the economic efficiency of P/L insurers. The study consists of 100 largest P/L insurers and the period covered is from 1980 to 1984. The output was incurred losses and inputs were labor expenses, intermediate expenses and capital. A generalized Leontief profit function which allows for allocative and scale efficiency was estimated. Cummins et al. (1996) in their paper examined technical efficiency and productivity growth in the Italian Insurance market. The study measured technical efficiency and productivity growth by estimating production frontier based on a sample of 94 Italian insurance companies for the period 1985. Rai (1996) examined the cost efficiency of insurance firms located in 11 countries over a five year period from 1988 to 1992. The output used was premium as consistent with other studies and three inputs, namely, labour, capital benefits and claims were used. Donni and Fecher (1997) in their research paper measured the technical efficiency levels in 15 OECD insurance industries over the period 1983 and to decompose productivity changes into technical progress and efficiency variations. The outputs were measured both by life and non-life net premiums at constant prices and in US dollars corresponding to 1985 purchasing power parity and input was labour including intermediaries who sell insurance without being employed by the companies. Cummins and Weiss (1998) in their paper titled, "Analyzing Firm Performance in the Insurance Industry using Frontier Efficiency Method" explained modern frontier efficiency methodologies which were rapidly becoming the dominant approach for measuring a firm's performance. McIntosh (1998) in his article investigated the scale efficiency in the Canadian insurance industry. He used an interposal product differentiation oligopoly model, estimated on a panel of federally charted insurance companies for the period 1988 to 1991. Significant short run scale economies were found with respect to both the output of new policies and the stock of policies issued in previous periods. Ray et al. (1999) argued that it was unlikely that the policy would have a significant impact on direct international competition between European insurance markets until there was standardization of insurance law.

Mansor and Radam (2000) studied that employed data envelopment analysis (DEA) to measure technical efficiency, technical changes and factor productivity. The data of 12 Malaysian insurance companies over the period 1987 to 1997 was taken. Three variables were used as output, namely, new policy issued, premium and policy in force and five inputs were used namely claims, commission, salaries, expenses and other cost. The results

indicated that despite the productivity growth in the insurance industry, it was relatively low compared to the real economic growth experienced by Malaysia. Diacon et al. (2002) in their research paper explored the efficiency of European specialist and composite insurers transacting long-term insurance business. An exploration of the value based measure of the insurance company inputs and outputs were utilized to measure technical efficiency of long-term insurers by comparing the performance of approximately 450 insurers licensed in fifteen European countries using data from Standard and Poor's Euro thesis database. Ennsfellner et al. (2004) examined the development in the production efficiency of the Austrian insurance market for the period 1994 using firm- specific data on life/ health and non-life insurers obtained from the Austrian insurance regulatory authority. Bayesian stochastic frontier was used to obtain aggregate and firm- specific estimates of production efficiency across insurer types and time. Jeng and Lai (2005) in their article, used the non-parametric frontier method to examine differences in efficiency for three unique organizational firms in the Japanese non-life insurance industry, Keiretsu firms, non-specialized independent firms (NSIFs) and specialized Independent firms (SIFs). Leverty and Grace (2008) examined two methods for measuring Property-Liability Insurer efficiency; the value added approach and the flow (or financial intermediation) approach. Bikker and Gorter (2008), analysed competition in the Dutch non-life insurance industry indirectly by measuring scale economies and X inefficiency, assuming that strong competition would force insurance firms to exploit unused scale economies and to push down inefficiencies. Garg and Deepti (2008) in their paper, compared the technical and scale efficiency of twelve general insurance companies in India for the period 2002-03 to 2005-06 by using output-oriented Data Envelopment Analysis (DEA). Sinha (2009) in his paper compared the technical efficiency of four public sector and six private sector general insurance companies using a non-radial data envelopment analysis. Hussain and Islam (1996) in their article evaluated the accounting policies disclosed in the financial statements of the insurance companies in Bangladesh. The study found that despite some shortcomings, disclosure practices relating to accounting policies of the insurance companies in Bangladesh deserve high appreciation. Chidambaran et al. (1997) in their article presented an empirical analysis of the economic performance of the U.S. property-liability insurance industry, using estimation across 18 lines of insurance for the years 1984 through 1983. Baltelsmit and Bouzouita (1998) in their paper examined the relationship between profitability and market structure in automobile insurance and tests for the existence of a positive relationship between concentration and performance. Verma (2000) in her thesis evaluated the performance of the GIC and its subsidiary companies over the years, throwing light on the probable effects of the various insurance sector reforms on the future development of General Insurance in the country. Rudolf (2001) in his paper examined the key factors and latest trends determining profitability in the major non-life insurance markets. Verma (2003) in his research paper examined what has gone wrong with auto insurance market and how to generate profit from this portfolio-in-trouble. Lai and Limpaphayom (2003), in their study, examined the relation between organizational structure and firm

performance in the Japanese non-life insurance industry. Oetzel and Ghosh (2008), in his paper, explored the relationships between market liberalization and insurance firms' performance in emerging markets and developing countries. Hoyt and Powell (2006) in their research paper analyzed the financial performance of medical liability insurer by using two appropriate measures, namely, the economic combined ratio and the return on equity. Holzheu (2006), in his research paper, measured the underwriting profitability of insurance markets. Kasturi (2006), in his article, focused on the performance management system in the insurance corporation in general based on the principles of performance management in the service organization. Mahmoud (2008) identified the financial performance of insurance companies in Egypt.

Stott (2001) investigated the issues related to achieving service delivery excellence in an active and developing insurance company. In his paper, the author also discussed service quality issues and the emphasis to be placed on alignment of factors to achieve the company goal. It focused on making up a complete service quality master plan..

Tripathy (2004), made an endeavour to find out the perception of customers towards insurance companies through marketing variables, and also analyzed the performance of customers and the importance they assigned to different attributes. The author also examined the satisfaction level of respondent customers and agents regarding customer service offered by the company, and tried to determine the position of different companies in the minds of people.

Azam (2005) examined the customers' attitudes towards private and public owned general insurance organizations' products exploring 8 salient beliefs, namely, sound financial strength, goodwill, satisfactory claim settlement, easy risk underwriting, diversified policy, experienced employee, excellent client service and good office environment. Sandhu and Bala (2006) in their research article reviewed some of the studies that focused on different aspects of life insurance related to customer services, agents' opinion towards life insurance companies, service marketing, growth, functioning, problems and privatization of life insurance sector. Bodla and Verma (2007) studied the buyer behaviour regarding life insurance policies in the rural areas of Haryana. Market agents are the most important source of information and motivation as the people take a policy that is suggested by an agent. Banga (2007), in his doctoral work, made an attempt to examine the effectiveness of marketing strategies being adopted by insurance companies, the satisfaction level of the customer, different types of pricing and product management strategies adopted, and various promotional and distribution channels used by insurance companies for marketing their products. Vanniarajan and Jeyakumaran (2007) in their paper identified various service quality factors among the insurers and also their impact on the overall attitude towards insurers among the customer in public and private players in life insurance sector. Senathipathi et al. (2007) compared and rated all the life insurance companies, measured the customer perception, purchase behaviour, consumer awareness regarding life insurance industry and also studied the privatization, policy awareness and life coverage awareness among the consumers. Chawla and Singh (2008), in their paper,

investigated the service quality factors affecting customer satisfaction levels of the policyholders. Khurana (2008) conducted a survey to identify customers' preferences regarding plans and their purpose of buying insurance policies, their satisfaction level and their future plans for the new insurance policy. Arora (1987) in his doctoral research work analyzed the investment and personnel management of LIC. The research revealed that the total investment of LIC has increased at a faster rate than the increase in total fund, total assets and controlled fund. It is a very good sign, because a large portion of the amount is being utilized for earning income and a small portion of the amount is left idle. Arora (1988) in her doctoral work studied quantitative analysis of the investment policy of GIC and examined critically the role played by the GIC in providing finance to industry. Negi and Sarkar (1995) in their paper analyzed and critically examined the portfolio management policy of LIC with respect to its investment in Govt. of India's securities.

Seal and Debnath (2007) observed that de-tariffing in the insurance segment has been to the advantage of the consumers. The rates of premium in fire and engineering have decreased. Even though the premiums, for a segment of motor insurance increased, despite charging such increased rates of premium, insurance companies will be at loss in the area of motor insurance.

The survey indicates that though a large number of studies have been conducted on non-life insurance sector at the international level, but at the national level researchers have mainly emphasized on life insurance sector. Although a few studies have been conducted on the performance of the general insurance sector prior to reforms, but no worthwhile research relating to the measurement of the overall performance of the general insurance companies in the post-reform period has been conducted, making a comparative study of the public and private sector general insurance companies.

Hypothesis

Hypothesis formulated to know the relationship of demographic profile with the usage of debit card by different types of consumers. Two hypothesis null (H0) and alternative (H1) hypothesis are generated to verify the relationship.

- H0 = Customers income affects the selection of any types of general insurance
- H1 = Customers income does not affect the selection of any types of general insurance
- **Objectives:**
  - The study has the following objectives.
- To study the profile of customers preferring to do general insurance
- To know the variables considered by the customer to select any company general insurance
- To study relationship between demographic variables of customers with preference of general insurance companies

Methodology

Based on the research problem, the approach of this research has been divided into the primary method of data collection, analysis of data and conclusions. It involves the generation of data in the quantitative form, which can be subjected to rigorous quantitative analysis so as to infer

characteristics or relationships. This design is used to identify the factors that affect the mindset of the individuals while utilizing the services offered by the General Insurance Companies. The above-mentioned objectives were pursued in accordance with a mixed-method research approach, divided into the following steps: a) an on-desk survey of the managerial literature on the sector in question, and an in-depth qualitative investigation (by means of the so-called "laddering" interview technique), both aimed at identifying information about the product, i.e. attributes, benefits, and the value of the product making it possible to pursue which, in turn, determine the consumer's choice; b) compilation of a questionnaire (with a pilot test conducted on 50 consumers) by 250 consumers (non-probabilistic sample) who regularly buy jeans.. Sampling procedure used for this research is convenient one. Statistical Tools like tabulation, weighted average mean and factor analysis are being used for the data analysis. Also the data was processed by descriptive and multivariate statistical techniques (using SPSS software) in order to assess the role of the various purchase attributes with reference to the two types of consumer identified.

Discussion of Results
Demographic Profile
In the present study the respondent's income mostly above Rs.10, 000 per month is being considered on the total sample. In order to avoid the risk related to those who are getting below Rs.10, 000 may not be the suitable customer general insurance customers. The total sample size for the research is 250. Out of the total respondents 48% are students in various professional and non-professional institutes, 12% are businessmen and 21.6% are service holders and 18.45 are professionals. 100% of the total respondents are coming under the income level of higher than Rs.10, 000. Most of the people are coming above the age of 30. About 90% of the respondents are coming under the age of 50. Out of this 32% are coming under age 20, 24% are coming under age 21-30 and 21.6% are coming under 31-40 and 13.2% are coming under 41-50 and 8.8% are coming above the age of 50.The people who are very much aware of general insurance are taking into consideration because the questions can be solved by the highly aware respondents only. The above information is available in the table-1.

Gender wise Brand Preferences of General Insurance:
From the table-2 male and female wise purchases of different insurance can be studied. Female have higher purchases of general insurance than males. The table shows in male 57.6% have purchased general insurance, 28.86% have purchased life insurance and 13.46% have purchased health insurance. In female the percentage is mostly different. Here 31.31% of women have purchased general insurance, 56.06% have purchased life insurance which is majority and 12.63% have used health insurance.

Factor Analysis
The conclusive research in the form of a descriptive cross-sectional survey was undertaken to determine the perceptual importance of the above mentioned factors in the mindset of customers. The primary research was conducted through a structured questionnaire. This structured questionnaire included closed-ended questions

regarding twenty five questions of variables responsible for selecting any company general insurance on a 5 point semantic differential scale. Since there are too many factors that are identified in every segment, factor analysis, commonly referred to as a data reduction technique, is being used to identify some of the major areas that hold importance in the mindset of policy holders. In a more general way, it is a set of techniques, which, by analyzing correlations between variables, reduces their number into few factors, which explain much of the original data more economically. These could, in turn, be considered as strategic areas that require attention by the General Insurance companies.

The data collected though the questionnaire has gone through the reliability test i.e. Cronbach's Alpha whose value should be >1 to accept for the factor analysis. This data has Cronbach's Alpha value of 0.801 which is more significant for the reliability of data shown in table-3. The table-4 measures the data adequacy for the factor analysis. This factor analysis measure for sampling adequacy is greater than 0.8 (0.834) which is marvelous. In the Bartlett's Test for Sphericity, if the significance value will be less than 0.5 then the data will not produce identity matrix. As the significance value is less than 0.5 (i,e. 0.000) so the data set can be acceptable for factor analysis. Hence the null hypothesis accepted that is:

$H0$ = Customers income affects the selection of any types of general insurance

Factor matrix and their corresponding factor loading after the varimax rotation are presented in the table-5. Here the factors are considered whose eigenvalues are more than 1. By this process three factors can be generated. The six factors are explaining 75.7% of the variance of total variables. The statements of factor loadings more than 0.5 are grouped and are shown in the table-6. Factor 1 has an eigen value of 5.34 and explains 20.56% of the total variance. The eigen value of Factor 2 is 4.57 and explains 17.60% of the total variance. Factor 3 has an eigen value of 3.18 and explains 12.23% of the total variance and Factor 4 has an eigen value of 2.72 and explains 10.48% of the total variance and Factor 5 has an eigen value of 2.15 and explains 8.29% of the total variance and Factor 6 has an eigen value of 2.00 and explains 7.75% of the total variance. The total variance accounted for by all the six factors is 75.75% which is quite high and it establishes the validity of the study. The null hypothesis is accepted as 75% of the consumers' decision is being explained by these six factors.

The table-7 depicts the variables under each of the three desired factors. The first factor identified with association which has been grouped under F1 and termed as "Association" factor. The second factor explains the value aspect of human being towards general insurance products. The second factor F2 is termed as "Value" factor. The third factor F3 explains the behavioural aspects of the organization. The factor F3 is termed as "Behaviour" factor. The fourth factor F4 explains the quick and immediate services to the customers' expectations and termed as "Hassle free". The fourth factor F5 explains the overall attitude of the organization to the customers and termed as "Attitude". The fourth factor F6 explains the knowledge of employees to the customers' expectations and termed as "Knowledge". The factors will be named after grouping the key variables which are depending upon

their factor loading scores under different key factors. The table-8 represents the grouping of factors. The total factor loadings for factor 1 (F1) is 3.83 and for factor 2 (F2) is 3.53 and for factor 3 (F3) is 2.84 and for factor 4 (F4) is 3.36 and for factor 5 (F5) is 2.62 and for factor 6 (F6) is 2.25. The priority given by the respondents depicted through the ranking of factors in the table which shows the high priority to the factor F1 "Association", followed by factor F2 "Value", followed by factor F4 "Hassle free", followed by factor F3 "Behaviour", followed by factor F5 "Attitude" and finally followed by factor F6 "Knowledge".

Annexure

Table-1

Demographic Profile			
Type	**Particulars**	**Frequency**	**Percentage**
Gender			
	Male	52	20.8
	Female	198	79.2
Age			
	Less than 20	81	32.4
	21-30	60	24
	31-40	54	21.6
	41-50	33	13.2
	More than 50	22	8.8
Educational Qualification			
	Matriculation	9	3.6
	Intermediate	36	14.4
	Graduation	105	42
	Post-Graduation	45	18
	PG above	55	22
Occupation			
	Student	120	48
	Businessman	30	12
	Salaried Employee(Pvt/PS/Govt)	54	21.6
	Professional	46	18.4
Family Income per month			
	Less than 10K	0	0
	11K- 20K	54	21.6
	21K-30K	36	14.4
	31K-40K	51	20.4
	41K-50K	39	15.6
	51K-60K	36	14.4
	61K-70K	19	7.6
	70K+	15	6

Table-2
Gender wise Insurance Investments

Gender	General Insurance	Life Insurance	Health Insurance
Male	30	15	7
Percentage	57.69	28.85	13.46
Female	62	111	25
Percentage	31.31	56.06	12.63

Table-3

Reliability Statistics	
Cronbach's Alpha	N of Items
.801	25

Table-4

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.834
Bartlett's Test of Sphericity	Approx. Chi-Square	1.420E4
	df	325
	Sig.	.000

Table-5
(Eigen value and % of variances of the factors)

St. No.	Statements	Initial Eigenvalues		
		Total	% of Variance	Cumulative %
S1	Courtesy of staff	5.348	20.569	20.569
S2	Product Price	4.578	17.606	38.175
S3	Officers / Agents are easily locatable	3.182	12.239	50.413
S4	Reminder for renewal of policy	2.727	10.487	60.901
S5	Response time	2.157	8.298	69.198
S6	Speed in Claim settlement	2.007	7.754	75.750
S7	Knowledge of the person dealing with you	.900	3.477	80.766
S8	Product type	.898	3.456	84.221
S9	Attitude of Surveyor	.750	2.883	87.104
S10	Office appearance	.625	2.405	89.509
S11	Motivation given by the officials to buy the policy	.511	1.964	91.473
S12	Guidance / help at the time of purchasing the policy	.445	1.710	93.183
S13	Promptness in issuing the policy	.376	1.447	94.630
S14	Contacts by the development Officers/Agents after issuing the policy	.293	1.128	95.759
S15	Development officer's attitude in helping the policy holder at the time of making claims	.210	.807	96.566
S16	Agent's attitude in guiding the claim settlement	.174	.671	97.237
S17	Company's attitude in settling claims	.160	.615	97.852
S18	Amount settled by the company (relative worth of the amount)	.138	.531	98.382
S19	Moral support	.114	.440	98.823
S20	Bonus for next premium payment	.087	.336	99.159
S21	Convenient Service	.068	.260	99.419
S22	Transparent of the Policies	.047	.179	99.598
S23	Claim Settlement Percentage	.042	.170	99.768
S24	Benefits associated with policy	.028	.167	99.935
S25	Cover more services	.017	.065	100.000

Table-6
Loadings of selected variables on key factors (Loading Criteria >0.5)

St. No.	Statements	Components					
		F1	F2	F3	F4	F5	F6
S3	Officers / Agents are easily locatable	.909					
S6	Speed in Claim settlement	.816					
S14	Contacts by the development Officers/Agents after issuing the policy	.514					
S19	Moral support	.754					
S20	Bonus for next premium payment	.845					
S8	Product type		.693				
S17	Company's attitude in settling claims		.854				
S18	Amount settled by the company (relative worth of the amount)		.889				
S23	Claim Settlement Percentage		.521				
S25	Cover more services		.574				
S1	Courtesy of staff			.849			
S4	Reminder for renewal of policy			.800			
S22	Transparent of the Policies			.676			
S24	Benefits associated with policy			.521			
S10	Office appearance				.771		
S12	Guidance / help at the time of purchasing the policy				.858		
S13	Promptness in issuing the policy				.887		
S15	Development officer's attitude in helping the policy holder at the time of making claims				.853		
S2	Product Price					.723	
S5	Response time					.855	
S9	Attitude of Surveyor					.539	
S11	Motivation given by the officials to buy the policy					.511	
S7	Knowledge of the person dealing with you						.854
S16	Agent's attitude in guiding the claim settlement						.595
S21	Convenient Service						.802
	Eigen Value	**5.34**	**4.57**	**3.18**	**2.72**	**2.15**	**2.00**
	% of variance	**20.56**	**17.60**	**12.23**	**10.48**	**8.29**	**7.75**
	Cumulative % of variance	**20.56**	**38.17**	**50.41**	**60.90**	**69.19**	**75.75**

Table-7
(Factors with respective variables for attitude development)

Factors	Statements
F1(Association)	Officers / Agents are easily locatable (S3)
	Speed in Claim settlement (S6)
	Contacts by the development Officers/Agents after issuing the policy (S14)
	Moral support (S19)
	Bonus for next premium payment (S20)
F2(Value)	Product type (S8)
	Company's attitude in settling claims (S17)
	Amount settled by the company (relative worth of the amount) (S18)
	Claim Settlement Percentage (S23)
	Cover more services (S25)
F3(Behaviour)	Courtesy of staff (S1)
	Reminder for renewal of policy (S4)
	Transparent of the Policies (S22)
	Benefits associated with policy (S24)
F4(Hassle free)	Office appearance (S10)
	Guidance / help at the time of purchasing the policy (S12)
	Promptness in issuing the policy (S13)
	Development officer's attitude in helping the policy holder at the time of making claims (S15)
F5(Attitude)	Product Price (S2)
	Response time (S5)
	Attitude of Surveyor (S9)
	Motivation given by the officials to buy the policy (S11)
F6(Knowledge)	Knowledge of the person dealing with you (S7)
	Agent's attitude in guiding the claim settlement (S16)
	Convenient Service (S21)

Table-8
(Ranking of Factors)

Factors	Factor Loadings	Rank
F1(Association)	3.838	1
F2(Value)	3.531	2
F3(Behaviour)	2.846	4
F4(Hassle free)	3.369	3
F5(Attitude)	2.628	5
F6(Knowledge)	2.251	6

Limitations and Scope for Further Studies

The competitive climate in the Indian insurance market has changed dramatically over the last one decade. At the same time, changes have been taking place in the government regulations and technology. The expectation of customers is also changing. The existing General Insurance companies have to introduce many new products in the market which have competitive advantage over the products of Private Insurance. The Private Insurance companies have introduced some new innovative services to attract the customers by offering more bonus facilities and attractive services. The survey indicates that though a large number of studies have been conducted on non-life insurance sector at the international level, but at the national level researchers have mainly emphasized on life insurance sector. Although a few studies have been conducted on the performance of the general insurance sector prior to reforms, but no worthwhile research relating to the measurement of the overall performance of the general insurance companies in the post-reform period has been conducted, making a comparative study of the public and private sector general insurance companies. No proper study has been conducted to assess the impact of reforms on profitability and efficiency of the public sector general insurance companies and the comparative service quality level offered by the public and private sector general insurance companies. Time may not be sufficient for conducting the research with a larger sample. Sample data is limited to Bhubaneswar territory and prediction is on the basis of Bhubaneswar territory only. However consumer buying is a complex process in which number of factors like economic factors, social status and psychographic factors influence the buying of the consumer. The changing demographic profile of the population like education, income, size of family are necessary by what's going to be changed in days to come regarding understanding psychographics of customers as to how they feel, assume or behave. Marketers are required to constantly monitor and identify the core psychographics to map the sectors movement and review what ought to be done, by adding value that motivates consumers to opt from the company's product range which may influence the long term business structure and market share. Further studies can be focused on the different types of general insurance acceptance in market and their level of penetration.

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