Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

**Risk Management Organizer**

Directions: Summarize the topics listed. Also, provide examples when possible.

**Risk: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Risk management: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Types of risks**

**Pure and speculative**

Example:

**Economic and non-economic**

Example:

**Controllable and uncontrollable**

Example:

**Insurable and uninsurable**

Example

**Ways businesses may manage risks**

|  |  |
| --- | --- |
| **Avoid** | **Example:** |
| **Transfer** | **Example:** |

**Risk Management Organizer Continued**

**Ways businesses may manage risks**

|  |  |
| --- | --- |
| **Insure** | **Example:** |
| **Assume** | **Example:** |

**Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Main categories of insurance purchased by businesses**

|  |  |
| --- | --- |
| **Personnel** | Health  Disability  Life insurance |
| **Property** |  |
| **Business operations** |  |

**Risk Management Organizer Continued**

**Main categories of uninsurable business risks**

|  |  |
| --- | --- |
| **Economic conditions** | **Example** |
| **Consumer demand** | **Example** |
| **Competitors’ action** | **Example** |
| **Technology changes** | **Example** |
| **Local factors** | **Example** |
| **Business operations** | **Example** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

**Health Insurance Organizer**

Directions: Summarize the topics listed.

**Types of Health Insurance**

|  |  |
| --- | --- |
| Hospital |  |
| Surgical |  |
| Regular medical |  |
| Major medical |  |
| Comprehensive medical |  |
| Dental |  |
| Vision care |  |

Health Insurance Providers (as it relates to employers that provides insurance)

|  |  |
| --- | --- |
| Group health |  |
| Managed care plans | HMO  PPO |
| State government assistance |  |