Winning the Renewal: How Transparent Pricing and Quarterly Performance Reviews Keep Large Corporate Clients Loyal.

Abstract

For insurers serving large corporate accounts, the annual renewal is the moment when a relationship is either confirmed or lost. Group medical and life programmes in Saudi Arabia are repriced every year on recent claims, and a client that meets an unexplained increase at the last minute has every reason to tender the account. The paper asks whether open pricing and a review every quarter help insurers keep such clients, and how the two practices might be run. Using a systematic integrative design, it brings together thirty refereed journal studies dated 2020 to 2025 on business-to-business relationship quality, key account management, switching costs, price fairness, renewal pricing and churn analytics, read against four verified Saudi regulatory documents. Retention rests on satisfaction, trust and commitment, shaped by perceived fairness and moderated by switching costs; transparency supports fairness judgements, while regular reviews build the communication and joint problem-solving that relationship quality requires. Analytics can target retention effort but cannot replace explanation. The paper proposes a quarterly renewal-management cycle and illustrates, with an invented account, how a renewal increase can be built up and explained in stages. Evidence is supportive for relationship-quality drivers, mixed for transparency effects and limited for insurance-specific business-to-business retention.

1. Introduction

Large corporate insurance accounts are valuable and fragile. A single client with several thousand employees can contribute millions of riyals in premium, absorb significant service resources and serve as a reference for others. Yet group medical and life contracts in Saudi Arabia run for a year at a time. Guidance from the former regulator prohibits medical rate guarantees beyond one year and requires renewal terms to be negotiated afresh on current claims, inflation and trend (Table 1, D1). Every twelve months, therefore, the client can test the market, and brokers routinely invite competing quotes.

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Many renewals are lost for reasons that have little to do with the final price. A client that receives a substantial increase late in the cycle, with little explanation, may conclude that the insurer is opportunistic even when the increase is actuarially sound. Conversely, a client that has watched its claims develop through the year and understands the drivers may accept a rise it would otherwise resist. The question is whether insurers can make the renewal less of a surprise and more of a shared conclusion.

Two studies anchor this inquiry. Evanschitzky et al. (2022) show that relational switching costs moderate the link between satisfaction and loyalty in non-linear ways: there is an optimal level of brand relationship loss costs, while rising personal relationship loss costs weaken the effect of satisfaction on loyalty. Chen et al. (2023), in an experiment with 320 participants, found that the way price differences were framed shaped fairness perceptions, and that higher perceived fairness raised purchase intentions. The first study concerns why customers stay; the second concerns how price communication affects the judgement that underlies staying.

What is missing is work that joins these strands for corporate insurance. Relationship marketing has a rich account of why business customers stay, pricing research explains how people judge price changes, and actuarial work explains how renewals are calculated. Few studies ask how an insurer should communicate an actuarially driven price to a professional buyer over the course of a year, and fewer still do so for the Gulf. This review draws the strands together and asks what they imply for renewal practice in the Kingdom.

The purpose here is to assess how transparent pricing and quarterly performance reviews can help insurers retain large corporate clients and to propose a workable model for doing so. The objectives are to identify the drivers of retention in business-to-business service relationships; to examine how transparency and regular reviews act on those drivers; to consider the role and limits of predictive analytics; and to design a renewal-management cycle suited to Saudi conditions, with an invented example. The questions guiding the review are: RQ1, what determines whether large corporate clients stay at renewal? RQ2, how do transparent pricing and periodic performance reviews influence those determinants? RQ3, how should an insurer organise renewal management for large accounts in the Saudi market?

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The background section covers client defection, price fairness and the Saudi renewal rules. The approach to identifying and synthesising evidence follows, then the findings, a proposed cycle with a worked illustration, discussion and conclusion.

2. Background

2.1 Why large clients leave

Relationship marketing explains loyalty through satisfaction, trust and commitment, with switching costs acting as a brake on defection. Høgevold et al. (2020) confirmed in seller relationships what earlier work found among buyers: trust and commitment carry the effect of financial and non-financial satisfaction. Their later study across Norwegian industries placed satisfaction between quality constructs such as trust and commitment on one side and cooperation, continuity and coordination on the other (Høgevold et al., 2022). Arthur et al. (2024) found, in an emerging-market setting, that satisfaction mediated the effects of commitment, trust and relative dependence on business-to-business loyalty.

Satisfaction does not always translate into retention. In car loans, Simanjuntak et al. (2020) found that switching barriers affected retention directly while satisfaction worked only through trust. Mntande et al. (2023), studying prepaid mobile customers in a market with low switching costs, found that delight strengthened the satisfaction-loyalty relationship. Ganaie and Bhat (2024), with data from 736 bank customers, showed that relationship marketing raised loyalty partly by raising perceived switching costs. Loyalty programmes are no guarantee either: Mattison Thompson and Tuzovic (2020) found across five countries that they did not universally prevent switching, with individual cultural values moderating their effect.

Corporate insurance shares features with these settings but has its own. The buying decision involves a human resources director, a finance director, procurement and a broker, each with different concerns. Masitenyane et al. (2023) describe business relationships in South African construction as transactional and adversarial, marked by low trust and poor communication, a pattern not unlike some broker-led insurance tenders. Hani et al. (2022), working with microentrepreneurs and microfinance institutions, identify dimensions of business relationship quality and show its quadratic effects on relationship outcomes, which suggests that more is not always better.

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Losing a large account also carries hidden costs for the insurer. Acquisition effort, onboarding of thousands of members and the building of claims history all have to be repeated with a new client, while the departing client takes its experience data and, often, its account team's knowledge of its workforce. These costs are seldom quantified in the literature, but they explain why retention of large accounts usually receives senior attention and why a modest concession at renewal can be cheaper than replacement.

2.2 Price fairness and transparency

Price changes are judged against expectations of fairness. Malc et al. (2021) found that negative emotional responses coloured judgements of fairness, which in turn prompted defensive reactions and critical talk about the seller, with the balance between emotion and moral reasoning varying across customers. Priester et al. (2020) showed experimentally that individually tailored prices are seen as less fair than segment prices, and that privacy concerns intensify the effect. Chen et al. (2023) add that framing matters: price differences presented as advantages were judged fairer than equal-price comparisons.

Transparency can also cut the other way. Ferris et al. (2024) studied takeover bids and found that anchoring on reference prices was more common where trust and transparency were weak, and that anchoring was associated with poorer long-term results for acquirers. Read across to insurance renewals, the finding suggests that when clients lack trustworthy information they fall back on simple anchors, such as last year's premium, and judge any departure from it harshly. Explaining the build-up of a renewal price replaces that anchor with reasons.

Insurance-specific work points in the same direction. Eckert et al. (2022), reviewing 106 academic and industry sources, identify digital applications that can lift customer satisfaction at contract conclusion, contract changes, claims and other contacts. Butt et al. (2024), surveying 994 US consumers, found that perceived value and convenience raised satisfaction with automatically renewing contracts, while confusion caused by lengthy, complex terms had the strongest negative effect. Although that study concerns consumers, confusion about what a renewal contains is a familiar complaint among corporate buyers too.

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2.3 The Saudi renewal setting

Four documents set the rules within which a Saudi insurer renews a large group account (Table 1). The underwriting circular of the former regulator requires adequate claims experience before any quotation, provides standard claims-experience forms for medical business and obliges insurers to give a policyholder, or its broker on its behalf, sufficient and accurate claims information within 15 working days of a written request (Table 1, D1). It requires group risks to be experience-rated with a credibility formula justified by the appointed actuary, forbids rate guarantees beyond a year and rejects prescribed renewal formulas that ignore current inflation and trends (Table 1, D1).

Supervision has since moved. The Insurance Authority took over as the sector's regulator in November 2023 and assumed health insurance mandates in March 2024, with earlier rules remaining in force until replaced (Table 1, D2). Employers must buy a unified basic health policy for all employees and covered dependants and pay its premium (Table 1, D2). A consultation draft from the Council of Health Insurance adds that employers must explain the policy and its coverage limits to beneficiaries and supply the data needed to register them (Table 1, D3). The Council continues to operate the national health insurance exchange platform through which transactions flow (Table 1, D4).

Key account management in the Kingdom has been studied directly. Interviewing senior executives in large Saudi firms, Badawi et al. (2022) found that relationship quality and social capital were central to key account management, and identified three strategies: attracting potential accounts, communicating frequently with existing ones and maintaining the relationship over time. Their finding that frequent contact is a distinct strategy speaks directly to the case for regular reviews.

Their emphasis on social capital also matters for how reviews are run. In relationship-oriented business cultures, a report sent by email does not carry the same weight as a meeting attended by senior people from both sides. Quarterly reviews in the Kingdom may therefore work best when they combine written dashboards with face-to-face discussion, involve decision-makers from the client's finance and human resources functions, and are led by an account manager with standing in the relationship. Badawi et al. (2022) present maintenance of the relationship as a strategy in

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its own right, which suggests that the review is valued partly for the contact it represents and not only for the information it conveys.

Table 1. Documentary sources consulted (not counted among the thirty reviewed articles)

Code	Document	Issuer and date	Content used in this study
D1	Underwriting Practices circular for medical and motor insurance	Saudi Central Bank, 2015 update	Quotations need adequate claims experience; standard claims-experience forms; policyholder or broker may obtain claims experience within 15 working days of a written request; group risks experience-rated with an actuarially justified credibility formula; no medical rate guarantees beyond one year; prescribed renewal formulas not acceptable
D2	Insurance Authority frequently asked questions	Insurance Authority (accessed November 2026)	Authority regulates the sector from 23 November 2023 and holds health insurance mandates from 4 March 2024; existing rules remain until replaced; employers insure all staff and covered dependants under a unified policy and pay the premium
D3	Employers' commitment to insurance coverage policy (consultation draft)	Council of Health Insurance (accessed November 2026)	Employers must hold a valid policy from a licensed insurer, pay premiums on time, supply registration data and explain the policy and its coverage limits to beneficiaries
D4	Council of Health Insurance profile	Council of Health Insurance (accessed November 2026)	Established in 1999; enforces compulsory cover, defines covered groups, accredits providers and operates the national health insurance transaction platform

3. Method

3.1 Design

No single research tradition addresses insurance renewals for large corporate clients. Relevant insight is spread across relationship marketing, key account management, pricing psychology, actuarial pricing and data science. A systematic integrative review was therefore chosen, because it can combine quantitative, qualitative and conceptual studies and support the development of a practical model. Regulatory documents were analysed separately to describe the Saudi rules and were not treated as research evidence.

3.2 Literature identification

Records were gathered in November 2026 through a public scholarly metadata service, with digital object identifiers, print years and any retraction notices later cross-checked in the publishers' own registry entries. Search terms joined customer retention, churn, renewal, loyalty, switching costs, relationship quality, trust and commitment, key account management, price

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fairness, price transparency, personalised pricing and price sensitivity with business-to-business, insurance and services. Inclusion required a peer-reviewed journal article in English issued between 2020 and 2025, a resolvable identifier and relevance to retention, pricing communication or account management. Reviews were admitted where they synthesised primary research; conference papers, preprints and articles not yet assigned to an issue were not.

Screening yielded thirty studies. Eleven address relationship quality and loyalty in business markets, five key account management, six price fairness and switching costs, four insurance pricing and customer management and four churn analytics. Most are surveys analysed with structural equation models; others are experiments, qualitative case studies, bibliometric reviews and machine-learning applications.

3.3 Synthesis procedure

Findings were extracted into a matrix recording the construct studied, the setting, the design and the direction and strength of effects. Constructs were then mapped onto a simple chain running from insurer actions, through client perceptions, to retention. Ratings followed three levels. Evidence was supportive where multiple studies in different settings agreed, mixed where results were conditional or contradictory, and limited where only a few studies, or only studies in distant settings, addressed a link. The renewal-management model draws on the links rated supportive or mixed and flags those rated limited as areas for testing.

Where several studies addressed the same link, more weight was given to those with larger samples, longitudinal or experimental designs and settings closer to business insurance. Studies from consumer markets were used to illuminate mechanisms, such as how people judge price fairness, but were not taken as direct evidence of how corporate buyers behave. This distinction is reflected in the ratings reported in Table 2.

4. Findings

4.1 Determinants of retention (RQ1)

Relationship quality is the most consistently supported determinant. Across contexts, satisfaction, trust and commitment predict continuity and loyalty (Arthur et al., 2024; Høgevold et al., 2020, 2022). Salesperson qualities also matter: Schwepker and Good (2022) found that grit and political skill improved business-to-business relationship quality, and Schwepker (2025),

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surveying 240 salespeople, found that perceptions of an ethical climate and empathy helped build quality relationships, with job stress weakening the benefit of empathy. For an insurer, the account manager who explains a renewal is part of the product.

Switching costs shape how satisfaction converts into loyalty. Evanschitzky et al. (2022) show that relationship-based switching costs do not simply add to loyalty; personal relationship loss costs can even weaken the satisfaction-loyalty link, which warns against relying on a single well-liked account manager. Ganaie and Bhat (2024) found that perceived switching costs partly mediated the effect of relationship marketing on loyalty. In corporate insurance, genuine switching costs include data migration, new provider networks, employee communication and the risk of service disruption during transition.

Key account management adds an organisational layer. Herhausen et al. (2022), surveying 411 managers, identified five configurations of key account management and found that capabilities in this area drive its effectiveness and market performance. Fakhreddin et al. (2025) found that a key account orientation built relational and management capabilities that improved competitive advantage and financial results, with formalisation dampening some of those effects. Lautenschlager and Tzempelikos (2021) mapped the field and noted emerging interest in digital tools and cross-cultural management. Leone et al. (2021), studying a pharmaceutical company in Italian health care, show how key account management can co-create value across many stakeholders, a pattern familiar to insurers who must satisfy human resources, finance, brokers and employees at once.

Perceived price fairness completes the picture. Unfair-seeming increases trigger emotional reactions and protective behaviour (Malc et al., 2021), and individually targeted prices are judged especially harshly when privacy is a concern (Priester et al., 2020). For corporate clients, fairness is judged against the account's own claims and against the market, which makes the clarity of the explanation as important as the number.

4.2 What transparency and regular reviews contribute (RQ2)

Table 2 maps the two practices onto the determinants. Transparent pricing acts mainly on perceived fairness and trust. When the renewal is presented as a build-up from claims, trend, credibility and plan changes, the client can test each step, and the increase becomes a set of

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reasons, not a single demand. The Saudi requirement to share claims experience on request (Table 1, D1) provides a regulatory floor for such openness; going beyond the floor, by sharing the method as well as the data, is a commercial choice. Chen et al. (2023) and Ferris et al. (2024) suggest, in very different settings, that framing and information shape fairness and reduce reliance on crude anchors.

Quarterly reviews act mainly on communication, joint problem-solving and the absence of surprise. Badawi et al. (2022) found that frequent communication was one of three key account strategies used by Saudi firms, and Masitenyane et al. (2023) linked poor communication with low trust and conflict. A review every three months allows the client to see claims developing, to discuss large cases and utilisation patterns, and to consider plan changes before the renewal. It also gives the insurer early warning of dissatisfaction. Eckert et al. (2022) point to digital tools that can support such contact points, from dashboards to self-service reporting.

Neither practice guarantees retention. Butt et al. (2024) found that confusion damages satisfaction, so poorly designed reports may do more harm than good. Mattison Thompson and Tuzovic (2020) remind us that retention devices work differently across cultures, and Saudi corporate buyers may value personal relationships and face-to-face meetings more than written reports. Transparency also exposes the insurer: a client that understands its own good experience may push harder for reductions. The evidence for transparency effects in business insurance specifically is therefore mixed and partly inferred from adjacent settings.

These risks can be managed. Disclosing the method consistently, in good years and bad, signals that transparency is a policy and not a tactic used only to justify increases. Agreeing in advance how credibility and trend will be applied reduces the scope for disputes when results are favourable. And combining disclosure with joint action, such as reviewing provider use or chronic-disease programmes together, gives the client a stake in improving results instead of merely contesting the price. Seen this way, transparency and reviews are complementary: the first makes the price legible, the second makes the client a participant in the outcome.

Table 2. Retention determinants, the contribution of transparency and quarterly reviews, and strength of evidence

Determinant	Transparent pricing	Quarterly reviews	Key sources	Evidence

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Determinant	Transparent pricing	Quarterly reviews	Key sources	Evidence
Satisfaction, trust and commitment	Builds trust in the basis of price	Builds communication and joint problem-solving	Arthur et al. (2024); Høgevold et al. (2022)	Supportive
Perceived price fairness	Replaces anchors with reasons	Removes late surprises	Malc et al. (2021); Chen et al. (2023)	Mixed
Switching costs	Neutral	Raises relational costs across a team	Evanschitzky et al. (2022); Ganaie & Bhat (2024)	Mixed
Key account capability	Requires underwriting input to accounts	Requires protected review time	Herhausen et al. (2022); Badawi et al. (2022)	Supportive
Clarity of terms	Simple build-up reduces confusion	Stable indicators each quarter	Butt et al. (2024); Eckert et al. (2022)	Limited
Targeting of retention effort	Explains flagged price changes	Acts on early-warning signals	Verschuren (2022); Lemmens & Gupta (2020)	Limited

4.3 Analytics and its limits (RQ3)

Predictive tools can help decide where to focus effort. Verschuren (2022) used causal machine learning on a Dutch motor portfolio to estimate customers' price sensitivity at renewal and found that competitiveness relative to market offers was central to whether customers stayed. Lemmens and Gupta (2020) proposed targeting retention campaigns by the profit they are expected to protect, not merely by predicted churn, using causal inference methods. De Caigny et al. (2021) introduced an uplift model for business customer churn that combines accuracy with interpretable segment-level output, and Suh (2023) reported strong prediction of churn among roughly 84,000 rental customers in Korea.

Insurance data add further signals. Soleymanian et al. (2025) found that usage-based motor customers were more likely than others to change their coverage at the first renewal, with larger discounts associated with upselling and cross-selling. Owens et al. (2022) reviewed explainable artificial intelligence in insurance and found such methods most common in claims, underwriting and pricing, with simplification techniques the main approach. For large group accounts, however, numbers are small, and each client is distinct, so analytics serve best as an early-warning aid for account teams. A model that flags a client as at risk is only useful if someone then explains the renewal well, which brings the argument back to transparency and contact.

Commitment and trust theory offers a reminder of why explanation matters. Chen et al. (2022) found, in a study of social media audiences, that trust moderated the formation of relationship commitment, which in turn mediated purchase intentions. The setting is distant from corporate

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insurance, but the mechanism, that commitment rests on trust built through repeated, credible communication, is general and fits the role proposed here for quarterly reviews.

5. A Renewal-Management Model

5.1 The quarterly cycle

Figure 1 sets out a four-quarter cycle. In the first quarter after renewal, the insurer and client agree service standards, reporting formats and the indicators to be reviewed, and the insurer presents early claims and utilisation. The second-quarter review analyses drivers such as large cases, provider mix and chronic conditions and discusses possible interventions. The third-quarter review offers an early indication of the renewal direction, with a provisional build-up, so that the client can plan budgets and consider design changes. The fourth quarter delivers the formal renewal with a full, documented build-up and options, followed by a service plan for the year ahead. Throughout, the account team records concerns and actions, and results feed back into the next cycle.

Each review should follow a short, stable agenda. A dashboard would cover earned premium and incurred claims, the running loss ratio against the target, the largest claims in aggregate form, utilisation by type of service and provider, membership movements and service measures such as approval times and the number of complaints. The discussion would then move to explanations and actions. Keeping the same indicators every quarter makes trends visible and avoids the impression that the insurer chooses whatever figures suit its argument. The national transaction platform operated by the Council (Table 1, D4) may make some of these data easier to compile, although the extent to which insurers can draw on it for client reporting was not established in the documents reviewed.

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Figure 1. Quarterly renewal-management cycle for large corporate group accounts

5.2 What to disclose and how

Four disclosure principles follow from the evidence. The first is to share the method as well as the result. Clients should see the claims base, the trend and inflation assumptions, the credibility weight given to their own experience and any plan changes, consistent with the actuarial basis required by the regulator (Table 1, D1). The second is to keep reports simple. Given the damage done by confusion (Butt et al., 2024), a one-page summary with a few stable indicators is better than a long statistical pack. The third is to separate the account's own drivers from market-wide factors, which helps the client judge fairness against the right reference point (Malc et al., 2021).

The fourth principle is to treat the broker as a partner. The regulator expects brokers to act for the policyholder and allows them to request claims data on its behalf (Table 1, D1). Involving the broker in quarterly reviews avoids a situation in which the first full explanation reaches the client through a competitor's tender. Insurers should also respect privacy. Group reports should use aggregated, de-identified data so that individual employees cannot be recognised, a concern that pricing research shows can heighten perceptions of unfairness (Priester et al., 2020).

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Bad news should travel early. If third-quarter results point to a large increase, the client should hear it at that review, with the drivers and the options available, not in the formal renewal letter. Malc et al. (2021) show that negative emotional reactions shape fairness judgements, and a late surprise is more likely to provoke them than a forecast discussed months earlier. Early warning also gives the client time to secure budget approval, which in large organisations can take several months.

Organisation matters as much as content. Herhausen et al. (2022) and Fakhreddin et al. (2025) link key account capabilities to performance, and Schwepker (2025) links ethical climate and empathy to relationship quality. Insurers should give large accounts named teams that combine relationship, underwriting and claims expertise, with time protected for reviews and with incentives tied to retention quality as well as premium volume.

5.3 Illustrative renewal build-up

Figure 2 uses an invented account to show how such a renewal might be presented; all numbers are hypothetical and do not describe any real client, insurer or market rate. The client pays an expiring premium of SAR 10.0 million. Quarterly reports show its loss ratio rising from 72% in the first quarter to 86% by the fourth, so the direction is clear well before renewal. Incurred claims for the year total SAR 8.6 million; at a target loss ratio of 80%, the experience premium is SAR 10.75 million, and adding 7% for medical trend and inflation brings it to SAR 11.50 million.

The insurer's book rate for a comparable group is SAR 10.8 million. With a credibility weight of 0.7 on the client's own experience, the blended premium is about SAR 11.29 million. During the third-quarter review, the client agreed a modest change in co-payments worth SAR 0.35 million, giving a final renewal premium of SAR 10.94 million, an increase of 9.4%. Presented in this order, each step can be questioned and checked, and the client has already seen the claims trend and helped shape the plan change. The same increase delivered without warning in the final month would look very different.

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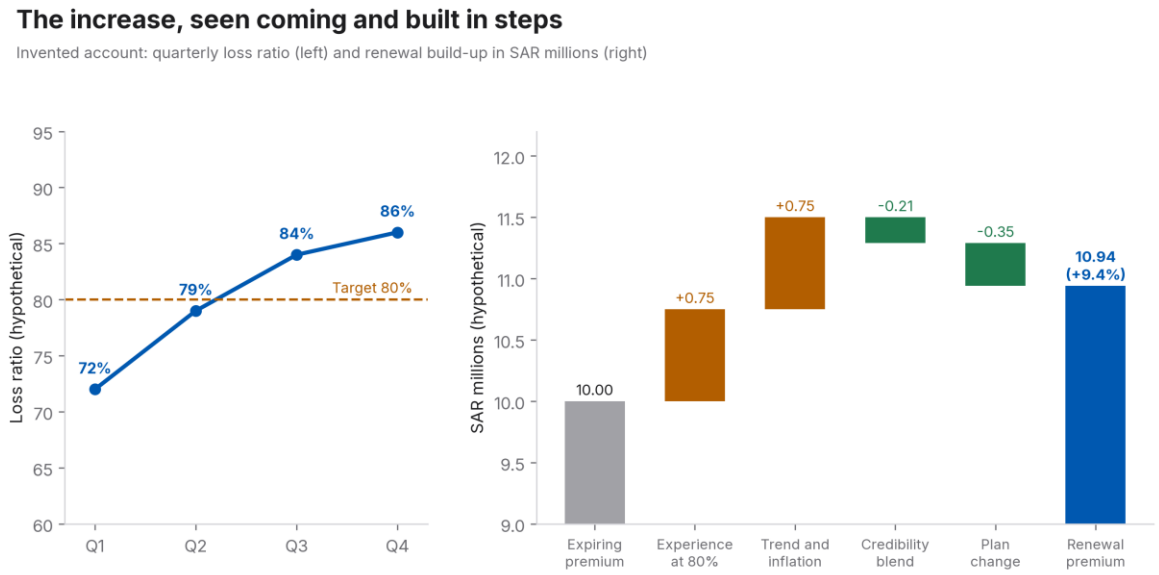


Figure 2. Illustrative quarterly loss ratios and renewal build-up for an invented corporate account (hypothetical figures, not data from any real client, insurer or market rate)

6. Discussion

6.1 Theoretical contribution

The review connects relationship-quality theory with the specific mechanics of insurance renewal. It proposes that transparency acts chiefly through perceived fairness and trust, and that regular reviews act chiefly through communication and the removal of surprise, with switching costs moderating both. This framing helps explain why satisfied clients sometimes leave at renewal: satisfaction with service does not protect against a perceived unfair price shock, especially where relational switching costs are weak or concentrated in one person (Evanschitzky et al., 2022).

The review also highlights a gap. Most business-to-business loyalty studies concern manufacturing, distribution or professional services, and most insurance retention studies concern individual motor or home customers. Studies of large group insurance accounts, where renewals are annual, brokers are central and prices follow claims, are scarce. The model proposed here is therefore a set of testable propositions, not a validated design.

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A further contribution concerns the place of analytics. Churn and price-sensitivity models are often presented as retention tools in their own right. The synthesis suggests a narrower role in large-account insurance: models can rank attention and estimate trade-offs, but the decisive moment remains a human conversation about price and performance. Integrating explainable models (Owens et al., 2022) with account management may therefore matter more than marginal gains in predictive accuracy.

6.2 Managerial implications

For insurers in the Kingdom, three implications stand out. First, the renewal begins on the day the previous one is signed; the fourth-quarter negotiation should confirm conclusions already shared. Second, transparency should be designed, not improvised, with standard formats, consistent indicators and a clear explanation of credibility. Third, analytics should support but not replace account management, flagging risks so that experienced staff can act (De Caigny et al., 2021; Lemmens & Gupta, 2020).

For corporate clients, the findings suggest asking for quarterly reporting and a documented renewal build-up as part of the service agreement, and exercising the right to request claims experience (Table 1, D1). For brokers, they point to a role as interpreter between client and insurer throughout the year, not only at tender time.

The findings also carry a message for the Insurance Authority: consolidating and updating guidance on claims-experience sharing and renewal documentation could raise standards across the market. Standard renewal summaries, setting out the claims base, trend and credibility assumptions in a common format, would help clients compare offers on a like-for-like basis and might reduce disputes. Whether such measures are desirable is a policy question beyond this review, but the evidence on fairness and confusion indicates that clearer formats would benefit clients and insurers alike.

6.3 Limitations and research agenda

This synthesis has limits. Few of the thirty studies concern corporate insurance directly, and most rely on cross-sectional surveys. Experimental findings on price fairness come from consumer settings and may not transfer to professional buyers. The Saudi regulatory documents describe

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rules at the time of access, and the underwriting circular predates the current regulator. The illustrative renewal is invented and simplified.

Future research could compare retention between accounts that receive quarterly reviews and those that do not, interview Saudi human resources and finance directors about what they regard as a fair renewal, examine how brokers shape fairness perceptions, and test whether explainable pricing models improve acceptance of renewal terms. Longitudinal studies following accounts through several renewals would be especially valuable.

7. Conclusion

Winning the renewal is less about the final number than about the year that leads to it. The evidence reviewed shows that large clients stay when they are satisfied, trust their insurer and feel committed, and when price changes seem fair. Transparent pricing helps clients judge fairness by replacing last year's premium as an anchor with reasons they can examine. Quarterly performance reviews build the communication and shared understanding on which trust depends, and they remove the surprise that so often ends relationships. In Saudi Arabia, where group renewals are annual and claims data must be shared on request, insurers have both the obligation and the opportunity to make renewal a joint conclusion. Those that organise for it are more likely to keep the accounts that matter most.

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