

S.30.01 – Facultative covers for non–life and life business basic data

General comments:

This section relates to annual submission of information for individual entities.

This template is relevant to insurance and reinsurance undertakings which reinsure and/or retrocede business on a facultative basis.

It shall be filled by the non–life and life insurance and reinsurance undertakings with information on facultative covers in the next reporting year, covering information on the 10 most important risks in terms of reinsured exposure for each line of business, as defined in Annex I to Delegated Regulation (EU) 2015/35 (e.g. in cases where the risks accepted do not fit in the regular policy acceptance and could only be accepted in case part of the risk is reinsured on a facultative basis). Each facultative risk is submitted to the reinsurer and terms and conditions of the facultative reinsurance are negotiated individually for each policy. Treaties that automatically cover risks are out of scope of this template and must be reported in S.30.03.

There shall be one separate template for each line of business. For each line of business, a selection must be made of the 10 most important risks in terms of reinsured exposure (part of sum insured transferred to all reinsurers) on a facultative basis. Furthermore, each underwriting risk shall have a unique code specified by the “risk identification code”.

This template is prospective (to be in line with S.30.03) for the selected largest 10 facultative covers that have not yet expired at the start of the next reporting year whose period of validity includes or overlaps the next reporting year and are known when filling the template. If reinsurance strategy changes materially after that date or if the renovation of the reinsurance contracts are performed later than the reporting date and before next 1 January, the information on this template shall be re–submitted when adequate.

Facultative placements covering different lines of business shall also appear in the various relevant line of business if they are ranked within the 10 biggest risks of the same line of business.

	ITEM	INSTRUCTIONS
Facultative covers non–life		
Z0010	Line of business	Identification of the line of business, as defined in Annex I to Delegated Regulation (EU) 2015/35, reported. The following closed list shall be used: 1 – Medical expense insurance 2 – Income protection insurance 3 – Workers' compensation insurance 4 – Motor vehicle liability insurance 5 – Other motor insurance 6 – Marine, aviation and transport insurance 7 – Fire and other damage to property insurance 8 – General liability insurance

		<p>9 – Credit and suretyship insurance</p> <p>10 – Legal expenses insurance</p> <p>11 – Assistance</p> <p>12 – Miscellaneous financial loss</p> <p>13 – Proportional medical expense reinsurance</p> <p>14 – Proportional income protection reinsurance</p> <p>15 – Proportional workers' compensation reinsurance</p> <p>16 – Proportional motor vehicle liability reinsurance</p> <p>17 – Proportional other motor reinsurance</p> <p>18 – Proportional marine, aviation and transport reinsurance</p> <p>19 – Proportional fire and other damage to property reinsurance</p> <p>20 – Proportional general liability reinsurance</p> <p>21 – Proportional credit and suretyship reinsurance</p> <p>22 – Proportional legal expenses reinsurance</p> <p>23 – Proportional assistance reinsurance</p> <p>24 – Proportional miscellaneous financial loss reinsurance</p> <p>25 – Non-proportional health reinsurance</p> <p>26 – Non-proportional casualty reinsurance</p> <p>27 – Non-proportional marine, aviation and transport reinsurance</p> <p>28 – Non-proportional property reinsurance</p>
C0020	Reinsurance program code	Undertaking specific reinsurance code that links the dominant treaty of reinsurance programme which also protects the risk covered by the facultative reinsurance. The Reinsurance program code shall be in line with the Reinsurance program code of S.30.03 – Outgoing Reinsurance Program in the next reporting year.
C0030	Risk identification code	For each line of business, as defined in Annex I to Delegated Regulation (EU) 2015/35, of non-life insurance a selection shall be made of the 10 most important risks in terms of exposure that are subject to facultative reinsurance in force in the next reporting period (also if they originated in preceding years). The code is a unique identifying number assigned by the insurer that identifies the risk and shall remain unchanged for subsequent annual reports.

		<p>This code once assigned should not be reused for another risk even when the risk to which the code was originally assigned does not exist anymore.</p> <p>When one risk affects more than one line of business the same code can be used for all the lines of business affected.</p>
C0040	Facultative reinsurance placement identification code	Each facultative reinsurance placement must be assigned a sequence number which is unique for the risk. The facultative reinsurance placement identification code is entity specific.
C0050	Finite reinsurance or similar arrangements	<p>Identification of the reinsurance contract. The following closed list shall be used:</p> <p>1 – Non-traditional or Finite RE</p> <p>(if any reinsurance contract or financial instrument which is not directly based on the principle of indemnity or is based on a contract wording which has limited or no demonstrable risk transfer mechanism)</p> <p>2 – Other than non-traditional or Finite RE</p> <p>In case of Finite reinsurance or a similar arrangement only the items which are feasible must be filled.</p>
C0060	Proportional	<p>Indicate whether the reinsurance program is proportional reinsurance, i.e., involves a reinsurer taking a stated percent share of each policy that an insurer underwrites. One of the options in the following closed list shall be used:</p> <p>1 – Proportional reinsurance</p> <p>2 – Non-proportional reinsurance</p>
C0070	Identification of the company/person to which the risk relates	<p>If the risk relates to a company identify the name of the company to whom the risk relates.</p> <p>If the risk relates to a natural person, pseudonymise the original policy number and report pseudonymised information. Pseudonymous data refer to data that cannot be attributed to a specific individual without the use of additional information, as long as such additional information is kept separately. Consistency over time shall be insured. It implies that if a single underwriting risk appears from one year to another, it shall receive the same pseudonymised format.</p>
C0080	Description risk	The description of the risk. Depending on the line of business, as defined in Annex I to Delegated Regulation (EU) 2015/35, report the type of company, building or occupation of the specific risk insured.

C0090	Description risk category covered	<p>Description of the main scope of the cover of the facultative risk. It is normally part of the description used to identify the placement.</p> <p>The description of the risk category covered is entity specific and is not mandatory. Also the term “risk category” is not based on Directive 2008/138/EC or Delegated Regulation (EU) 2015/35/EC terminologies but can be considered as an extra possibility the give additional information about the underwriting risk(s).</p>
C0100	Validity period (start date)	Identify the ISO 8601 (yyyy–mm–dd) code of the date of commencement of the specific cover, i.e., date when the cover took effect.
C0110	Validity period (expiry date)	<p>Identify the ISO 8601 (yyyy–mm–dd) code of the final expiry date of the specific cover.</p> <p>In case the cover conditions remain unchanged when filling in the template and the undertaking is not making use of the termination clause, the expiry date will be the next possible expiry date.</p>
C0120	Currency	Identify the ISO 4217 alphabetic code of the currency used while placing the facultative cover. All the amounts must be expressed in this currency for the specific facultative cover, unless otherwise required by the national supervisory authority. In case the facultative cover is placed in two different currencies, then the main currency must be filled.
C0130	Sum insured	<p>The highest amount that the insurer can be obliged to pay out under the policy. The insured sum relates to the underwriting risk. Where the facultative cover provides for a number of exposures / risks across the country the aggregate policy limits shall be specified. If the risk has been accepted on a co–insurance basis, the insured sum indicates the maximum liability of the reporting non–life insurer.</p> <p>In the case of unlimited sum insured, the 'Sum insured' should be an estimation of the expected possible loss (calculated using the same methods as used for the calculation of the premium, which should reflect the actual risk exposure).</p>
C0140	Type of underwriting model	<p>Type of underwriting model which is used to estimate the exposure of the underwriting risk and the need for reinsurance protection. One of the options in the following closed list shall be used:</p> <p>1 – Sum Insured</p> <p>the highest amount that the insurer can be obliged to pay out according to the original policy. SI must also be filled when type of underwriting model is not applicable</p>

		<p>2 – Maximum Possible Loss</p> <p>loss which may occur when the most unfavourable circumstances being more or less exceptionally combined, the fire is only stopped by impassable obstacles or lack of substance.</p> <p>3 – Probable Maximum Loss</p> <p>defined as the estimate of the largest loss from a single fire or peril to be expected, assuming the worst single impairment of primary private fire protection systems but with secondary protection systems or organizations (such as emergency organizations and private and/or public fire department response) functioning as intended. Catastrophic conditions like explosions resulting from massive release of flammable gases, which might involve large areas of the plant, detonation of massive explosives, seismic disturbances, tidal waves or flood, falling aircraft, and arson committed in more than one area are excluded in this estimate. This definition is a hybrid form between Maximum Possible Loss and Estimated Maximum Loss that is generally accepted and frequently used by insurers, reinsurers and reinsurance brokers</p> <p>4 – Estimated Maximum Loss</p> <p>loss that could reasonably be sustained from the contingencies under consideration, as a result of a single incident considered to be within the realms of probability taking into account all factors likely to increase or lessen the extent of the loss, but excluding such coincidences and catastrophes which may be possible but remain unlikely.</p> <p>5 – Other</p> <p>other possible underwriting models used. The type of "other" underwriting model applied must be explained in the Regular Supervisory Report</p> <p>Although abovementioned definitions are used for the line of business, as defined in Annex I to Delegated Regulation (EU) 2015/35 "Fire and other damage to property insurance", similar definitions might be in place for other lines of business.</p>
C0150	Amount underwriting model	Maximum loss amount of the underwriting risk which is the result of the underwriting model used.
C0160	Sum reinsured on a facultative basis, with all reinsurers	The sum reinsured on a facultative basis is part of the sum insured which is reinsured on a facultative basis. The amount shall be consistent with the Sum insured as specified in C0130 and reflects the maximum liability (100%) for the facultative reinsurers.

C0170	Facultative reinsurance premium ceded to all reinsurers for 100% of the reinsurance placement	Expected gross annual or written reinsurance premium, gross of ceding commissions, ceded to reinsurers for their share.
C0180	Facultative reinsurance commission	Expected commission with the gross annual or written reinsurance premium. This shall include all ceding, overriding and profit commissions that represent cash-flows into the reporting insurer due from the reinsurer.
Facultative covers life		
Z0020	Line of business	<p>Identification of the line of business, as defined in Annex I to Delegated Regulation (EU) 2015/35, reported. The following closed list shall be used:</p> <ul style="list-style-type: none"> 29 – Health insurance 30 – Insurance with profit participation 31 – Index-linked and unit-linked insurance 32 – Other life insurance 33 – Annuities stemming from non-life insurance contracts and relating to health insurance obligations 34 – Annuities stemming from non-life insurance contracts and relating to insurance obligations other than health insurance obligations 35 – Health reinsurance 36 – Life reinsurance
C0190	Reinsurance program code	Undertaking specific reinsurance code that links the dominant treaty of reinsurance programme which also protects the risk covered by the facultative reinsurance. The Reinsurance program code shall be in line with the Reinsurance program code of S.30.03 – Outgoing Reinsurance Program in the next reporting year.
C0200	Risk identification code	For each line of business, as defined in Annex I to Delegated Regulation (EU) 2015/35, of life insurance a selection shall be made of the 10 most important risks in terms of exposure that are subject to facultative reinsurance in force in the reporting period (also if they originated in preceding years). The code is a unique identifying number assigned by the insurer that identifies the risk within the branch, and this code cannot be reused for other risks in the same branch and shall remain unchanged for subsequent annual reports.

		<p>This code once assigned should not be reused for another risk even when the risk to which the code was originally assigned does not exist anymore.</p> <p>When one risk affects more than one line of business, the same code can be used for all the lines of business affected.</p>
C0210	Facultative reinsurance placement identification code	Each facultative reinsurance placement must be assigned a sequence number which is unique for the risk. The facultative reinsurance placement identification code is entity specific.
C0220	Finite reinsurance or similar arrangements	<p>One of the options in the following closed list shall be used:</p> <p>1 – Non-traditional or Finite RE</p> <p>(if any reinsurance contract or financial instrument which is not directly based on the principle of indemnity or is based on a contract wording which has limited or no demonstrable risk transfer mechanism)</p> <p>2 – Other than non-traditional or Finite RE</p>
C0230	Proportional	<p>Indicate whether the reinsurance program is proportional reinsurance, i.e., involves a reinsurer taking a stated percent share of each policy that an insurer underwrites. One of the options in the following closed list shall be used:</p> <p>1 – Proportional reinsurance</p> <p>2 – Non-proportional reinsurance</p>
C0240	Identification of the company/person to which the risk relates	<p>If the risk relates to a company identify the name of the company to whom the risk relates</p> <p>If the risk relates to a natural person, pseudonymise the original policy number and report pseudonymised information. Pseudonymous data refer to data that cannot be attributed to a specific individual without the use of additional information, as long as such additional information is kept separately. Consistency over time shall be insured. It implies that if a single underwriting risk appears from one year to another, it shall receive the same pseudonymised format.</p>
C0250	Description risk category covered	<p>Description of the main scope of the cover of the facultative risk. It is normally part of the description used to identify the placement.</p> <p>The description of the risk category covered is entity specific and is not mandatory. Also the term “risk category” isn’t based on Solvency II Directive terminologies but can be considered as an extra possibility the give additional information about the underwriting risk(s).</p>

C0260	Validity period (start date)	Identify the ISO 8601 (yyyy-mm-dd) code of the date of commencement of the specific cover, i.e., date when the cover took effect.
C0270	Validity period (expiry date)	Identify the ISO 8601 (yyyy-mm-dd) code of the final expiry date of the specific cover.
C0280	Currency	Identify the ISO 4217 alphabetic code of the currency used while placing the facultative cover. All the amounts of this record must be expressed in this currency.
C0290	Sum Insured	The amount that the life insurer pays out to the beneficiary. If the risk is co-insured with other life insurers, the insured capital payable by the reporting life insurer has to be reported here.
C0300	Capital at risk	The capital at risk, as defined in Delegated Regulation (EU) 2015/35/EC. If the risk is co-insured with other life insurers, the risk capital relating to the life insurer's amount share in the insured capital has to be reported here.
C0310	Sum reinsured on a facultative basis, with all reinsurers	The sum reinsured on a facultative basis is that part of the sum insured which is reinsured on a facultative basis. The amount shall be consistent with the Sum insured as specified in C0290 and reflects the maximum liability (100%) for the facultative reinsurers.
C0320	Facultative reinsurance premium ceded to all reinsurers for 100% of the reinsurance placement	Expected gross annual or written reinsurance premium, gross of ceding commissions, ceded to the reinsurers for their share.
C0330	Facultative reinsurance commission	Expected commission with the gross annual or written reinsurance premium. This shall include all ceding, overriding and profit commissions that represent cash-flows into the reporting insurer due from the reinsurer.