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Chapter 10

Instructions regarding reporting templates

IR.21.02.01 — Non-life underwriting risks

General comments

This section relates to annual submission of information for individual undertakings and third-country insurance undertakings in regard to branch operations.

Template shall be filled in relation to non–life business (including Non–SLT Health) only for direct business.

In this template the 20 biggest single underwriting risks, based on net retention, across all lines of business, as defined in Annex I to Delegated Regulation (EU) 2015/35, shall be reported. If the 2 biggest single underwriting risks for any of the lines of business, as defined in Annex I to Delegated Regulation (EU) 2015/35 are not covered through the above methodology, then they shall be reported in addition. In case a single underwriting risk of a specific line of business forms part of the top 20, the same risk of the affected line of business must only be filled in once.

Net retention of the single underwriting risk means the maximum possible liability of the undertaking after the recoverables from reinsurers (including SPV and Finite Reinsurance) and the original deductible of the policyholder has been taken into account. In case the net retention is equal for too many risks the policy with the highest Sum insured shall be used as a second criteria. In case the Sum insured is also the same and the most appropriate risk considering the risk profile of the undertaking must be used as the ultimate criteria.

	ITEM	INSTRUCTIONS
C0010	Risk identification code	The code is a unique identifying number assigned by the undertaking that identifies the risk and shall remain unchanged for subsequent annual reports.
C0020	Identification of the company/person to which the risk relates	If the risk relates to a company identify the name of the company to whom the risk relates.

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. |

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C0030	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.
C0040	Line of business	Identification of the line of business, as defined in Annex I to Delegated Regulation (EU) 2015/35. 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 9 — Credit and suretyship insurance 10 — Legal expenses insurance 11 — Assistance insurance 12 — Miscellaneous financial loss insurance
C0050	Description risk category covered	The description of the risk category covered is entity specific and is not mandatory. Also the term 'risk category' isn't based on Level 1 and 2 terminologies but can be considered as an extra possibility the give additional information about the underwriting risk(s).
C0060	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.
C0070	Validity period (expiry date)	Identify the ISO 8601 (yyyy–mm–dd) code of the final expiry date of the specific cover.
C0080	Currency	Identify the ISO 4217 alphabetic code of the original currency.
C0090	Sum insured	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 policy covers a number of exposures/risks across the country the individual underwriting risk with the highest net retention 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. In case of a joint several liability, the part belonging to a defaulting co–insurer must be included as well.

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C0100	Original deductible policyholder	Part of the sum insured which is retained by the policyholder.
C0110	Type of underwriting model	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: • 1 — Sum Insured: the highest amount that the insurer can be obliged to pay out according to the original policy. Sum insured must also be filled when type of underwriting model is not applicable • 2 — Maximum Possible Loss: 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. • 3 — Probable Maximum Loss: 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 • 4 — Estimated Maximum Loss:

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		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.
		• 5 — Other: defined as other possible underwriting models used. The type of 'other' underwriting model applied must be explained in the Regular Supervisory Report
		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.
C0120	Amount underwriting model	Maximum loss amount of the single underwriting risk which is the result of the underwriting model applied. In case no specific type of underwriting model is used the amount must be equal to the sum insured reported in C0090 minus the original deductible reported in C0100.
C0130	Sum reinsured on a facultative basis, with all reinsurers	Part of the sum insured that the insurer has reinsured on a facultative basis (by treaty and/or by individual cover) with the reinsurers. When the facultative cover is not placed for 100 % but only for 80 % the 20 % not placed shall be considered as retention.
C0140	Sum reinsured, other than on facultative basis, with all reinsurers	Part of the sum insured that the insurer has reinsured through traditional reinsurance treaties or another basis (including SPV and Finite Reinsurance) other than facultative reinsurance.
C0150	Net retention of the insurer	The net amount for which the insurer acts as risk carrier, i.e.: part of the sum insured that exceeds the original deductible of the policyholder and is not reinsured.