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Prudential Regulation Authority

National specific template Log NS.11 – non-life claim development information (general liability sub-classes)

General Comment

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

This template must be submitted by all insurance and reinsurance firms that carry on any of the following classes of non-life insurance business:

Employers' Liability – defined as:

Liability insurance obligations included in lines of business 8 and 20 as set out in Annex I of Delegated Regulation (EU) 2015/35 which cover liabilities of employers arising out of death, illness, accident, disability or infirmity of an employee in the course of the employment. (Includes these liabilities covered under "Mixed commercial package" policies.)

Public & Products Liability – defined as:

Liability insurance obligations included in lines of business 8 and 20 as set out in Annex I of Delegated Regulation (EU) 2015/35 which cover liabilities of persons insured to third parties for damage to property, injury, illness or death, arising in the course of the insured's business. (Includes these risks covered under "Mixed Commercial Package" policies)

Professional Indemnity – defined as:

Liability insurance obligations included in lines of business 8 and 20 as set out in Annex I of Delegated Regulation (EU) 2015/35 which cover liabilities of persons insured to third parties arising from wrongful acts (such as breach of duty, breach of trust, negligence, error or omissions) by professionals, named individuals or businesses occurring in the course of the insured's professional activities. (Includes directors' and officers' liability and errors and omissions liability.)

Levels at which template is to be reported

The template is to be reported for each of the above classes of business (direct and accepted proportional reinsurance to be reported together) for the total for the class in the reporting currency:

For each of the above classes of business where the total gross best estimate undiscounted claims provisions for the class represents more than $\geq 10\%$ of the total gross undiscounted best estimate claims provisions, the template is also (in addition to the total for the class in the reporting currency) to be reported for the class (direct and accepted proportional reinsurance to be reported together) with the following split by currency in the original currency of the contracts:

- a) Any currency that represents more than 25% of the gross undiscounted best estimate claims provisions from the class; or

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- b) Any currency that represents less than 25% of the gross undiscounted best estimate claims provisions from the class but more than 5% of total gross undiscounted best estimate claims provisions.

The information by currency shall be reported in the original currency of the contracts unless otherwise specified.

The negative gross undiscounted claims provisions at the level of the line of business or currencies shall be considered with absolute value for the purpose of the calculation of the materiality of the above thresholds.

For example:

- If the total gross undiscounted best estimate claims provisions for Employers' Liability was more than 310% of the firm's total gross undiscounted best estimate claims provisions and GBP represents 100% of the gross undiscounted best estimated claims provisions from Employers' Liability, the template is reported:
 - i. for total Employers' Liability in the reporting currency (where "total" is entered in the currency item), and
 - ii. for all the Employers' Liability in the GBP original currency (where "GBP" is entered in the currency item).
- In this example, if the reporting currency is GBP, the templates reported (i) and (ii) above would be identical apart from the currency item. If the, total gross undiscounted best estimate claims provisions for Employers' Liability was 3% or less of the firm's total gross undiscounted best estimate claims provisions, the template is only reported for total Employers' Liability in the reporting currency (where "total" is entered for the currency item).

Latent claims and annuities stemming from non-life insurance obligations are to be excluded from this template. This relates to:

- claims for which the gross best estimate claims provision is reported in the national specific template NS.10 — 'Solvency II Best Estimate Cash-Flows non-life claim types' in the rows pertaining to latent claims; and
- non-life annuity claims reported on Solvency II reporting template S.12.01.01.

This template requires firms to report the following development triangles gross of reinsurance for the classes referred to above (and where applicable for the currency split within a class). Each triangle is by origin year and development year, and for 15 years of development:

- Gross claims paid;
- Best estimate claims provisions (i.e. estimated future gross payments for all claims);
- Reported but not settled (RBNS) claims.

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The template also requires firms to report the following vectors gross of reinsurance for the classes referred to above (and where applicable for the currency split within a class) by origin year:

- Claims paid in the reporting period.
- Cumulative claims paid to the end of the reporting period.
- Estimated ultimate premium at the end of the reporting period.

For the purpose of this template ‘allocated loss adjustment expenses (ALAE)’ means: the costs of processing and resolving claims that could be assignable to individual claim (e.g. legal and adjuster’s fees).

Firms are required to report data by accident year or underwriting year basis, according to how they manage each line of business. This shall be applied consistently over time.

Historical data is required for claims paid and RBNS claims. For undiscounted Best Estimate of Claims Provision historical data is required from the first time of application of Solvency II starting from the firm’s first reporting reference date on or after 31 December 2024 are required.

Consistency of General Liability with S.19

In the case of a firm accepting business via a transfer-in of a portfolio from the first reporting date after the transfer the firm is required to submit data on this template as if it had always carried on the business transferred-in (ie historical data is to be restated). In the case of a firm discharging obligations via a transfer-out of a portfolio from the first reporting date after the transfer the firm is required to submit data on this template as if it never had the business transferred-out (ie historical business is to be re-stated).

CELL(S)	ITEM	DEFINITION
Z0010	Line of Business	Identification of the class of business, as defined in general comments above. The following closed list shall be used: 8A - Employers Liability 8B - Public and Products 8C - Professional Indemnity
Z0020	<u>Accident year or Underwriting year Reporting basis</u>	Report the standard used by the undertakings for reporting of claims development. One of the options from the following closed list shall be used: 1 – Accident year 2 – Underwriting year
Z0030	Currency	Identify the ISO 4217 alphabetic code of the currency of the monetary amounts used. This item shall be filled in with “Total” when reporting the total for the class
Z0040	Currency Conversion	Identify if the information reported by currency is being reported in the original currency or in the reporting currency. The general comments above state that original

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CELL(S)	ITEM	DEFINITION
		<p>currency is to be used when reporting by currency. Therefore following closed list shall be used:</p> <ol style="list-style-type: none"> 1. Original currency. <p>Only applicable when reporting by currency</p>
R0100: R0260	Gross Claim triangles and vectors	
R0100 / C0160, C0010 to C0150 / R0110 to R0250	Gross Claims Paid (non-cumulative) - triangle	<p>The Gross Claims Paid, net of salvage and subrogation, excluding expenses, in a triangle showing the developments of the gross claims payment already made: for each of the accident/underwriting years from N-14 (and prior) and all previous reporting periods to – including - N (last reporting year) report the payments already made corresponding at each development year (which is the delay between the accident/underwriting date and the payment date).</p> <p>The data are in absolute amount, non-cumulative and undiscounted.</p> <p>The amount includes all the elements that comprise the claim itself, <u>includes 'allocated loss adjustment expenses'</u>, but excludes <u>all other</u> any expenses.</p>
C0170 / R0100 to R0260	Gross Claims Paid (non-cumulative) - In current year	Total "Current year" reflects the last diagonal (all data referred to last reporting year) from R0100 to R0250. R0260 is the total of R0100 to R0250.
C0180 / R0110 to R0250	Gross Claims Paid – Sum of years (cumulative)	Total "Sum of years" contains the sum of all data in rows (sum of all payments referred to the accident/underwriting year).
R0100 / C0350, C0200 to C0340 / R0110 to R0250	Gross undiscounted Best Estimate Claims Provisions - Triangle	<p>Triangles of undiscounted best estimate of claims provisions, gross of reinsurance for each of the accident/underwriting years from N-14 (and prior) and all previous reporting periods to – including - N (last reporting year). The best estimate for claims provision relates to claims events occurred before or at the valuation date, whether the claims arising from these events have been reported or not.</p> <p>The data are in absolute amount, non-cumulative and undiscounted.</p> <p><u>The data are in absolute amount, non-cumulative and undiscounted, net of salvage and subrogation, includes 'allocated loss adjustment expenses', excludes all other expenses, and excludes any future premiums.</u></p>
R0100 / C0550,	Gross Reported but not Settled	Triangles for each of the accident/underwriting years from N-14 (and prior) and all previous reporting periods to –

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CELL(S)	ITEM	DEFINITION
C0400 to C0540 / R0110 to R0250	Claims (RBNS) - Triangle	including - N (last reporting year) of provisions in respect of claim events that have happened and been reported to the insurer, but have not yet been settled, excluding incurred but not reported claims (“IBNR”). These may be case-by-case reserves estimated by claim handlers and do not need to be on a best estimate Solvency II basis. The reported but not settled claims (“RBNS”) shall be measured using consistent reserve strength over time. The data are in absolute amount, non-cumulative and undiscounted, <u>net of salvage and subrogation</u> . The amount includes all the elements that compose the claim itself, <u>includes ‘allocated loss adjustment expenses’</u> , but excludes <u>all other</u> any expenses.
C0600 / R0110 to R0250	Gross Estimated Ultimate Premium – Year end (cumulative)	The Gross Estimated Ultimate Premium as at the reporting reference date for each of the accident/underwriting years from N-14 to and including N. The amount includes any commission or acquisition costs deducted before the insurer receives the premium.
C0570 / R0110 to R0250	Gross Earned Premium – at reporting reference date	<u>The gross earned premium as at the reporting reference date for each of the accident/underwriting years from N-14 to and including N.</u> <u>In the case of accident year reporting (ie that reported in Z0020 is ‘accident year’), gross premiums earned in respect of an accident year are the proportion of gross premiums written as is attributable to risks borne by the insurer during that accident year.</u> <u>In the case of underwriting year reporting (ie that reported in Z0020 is ‘underwriting year’), gross premiums earned in respect of an underwriting year are the proportion of gross premiums written attributable to that underwriting year that have been earned by the reporting reference date.</u> <u>The amount includes any commission or acquisition costs deducted before the insurer receives the premium.</u>
C0580 / R0110 to R0250	Estimate of future gross earned premium	<u>This is reported only in the case that the standard used by the undertakings for reporting of claims development (ie that reported in Z0020) is ‘underwriting year’.</u> <u>Estimate of future gross earned premium from the reporting reference date for each of the accident/underwriting years from N-14 to and including N.</u>