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| Boulevard de Berlaimont 14 – BE-1000 BrusselsPhone +32 2 221 35 88 – fax +32 2 221 31 04Company number: 0203.201.340RPM (Trade Register) Brusselswww.nbb.be | BNB EU Bil N&B Pos |
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|  | Brussels, 2 June 2017 (annex updated on 12 December 2018) |
| Annex 2 Communication NBB\_2017\_18 |
| Form for the notification of the pursuit of business under the freedom to provide services |

NB: this form may also be used in the event of changes in the nature of the business relating to cross-border activities or in the manner in which it is pursued. In that case, the insurance company should only fill out those parts of this form which contain the information which has changed.

**1. Contact details**

* 1. **Head office of the insurance or reinsurance undertaking**

|  |  |
| --- | --- |
| Name of the head office : |  |
| Address of the head office :Postcode and city : |  |
| Belgian administrative code of the head office (code INS) : |  |
| Legal Entity Identifier (LEI) of the head office : |  |

* 1. **Branch office(s) situated in the Member State from which the insurance or reinsurance company plans to provide services**

|  |  |
| --- | --- |
| Name of the establishment : |  |
| Address of the establishment :Postcode and city :Country : |  |
| Name of the branch manager : |  |
| E-mail address of the branch manager : |  |

* 1. **Details of the person to be contacted about this application**

|  |  |
| --- | --- |
| Name of the contact person within the head office: |  |
| Telephone number : |  |
| E-mail address : |  |

**2. Notification details**

|  |  |
| --- | --- |
| 🞏 | Notification of new cross-border activities |
| 🞏 | Notification of changes to information relating to existing cross-border activities |

**3. Identification of the Host country**

**3.1. Please indicate the EEA Member State(s) into which the activities will be provided :**

|  |  |
| --- | --- |
| EEA Member State(s) :  |  |

**3.2. Please indicate the third countries into which the activities will be provided :**

|  |  |
| --- | --- |
| Third country :  |  |

**4. Details of the activities**

**4.1. Classes of non-life insurance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Head office(1) | FoS(1) | (2) | (3) |  |
| 🞏🞏 | 🞏🞏 | 1a1b | 1 | Accident (excluding industrial injury and occupational diseases).Accident (including industrial injury and occupational diseases). |
| 🞏 | 🞏 | 2 | 2 | Sickness. |
| 🞏 | 🞏 | 3 | 3 | Land vehicles (other than railway rolling stock). |
| 🞏 | 🞏 | 4 | 4 | Railway rolling stock. |
| 🞏 | 🞏 | 5 | 5 | Aircraft. |
| 🞏 | 🞏 | 6 | 6 | Ships (sea, lake and river and canal vessels). |
| 🞏 | 🞏 | 7 | 7 | Goods in transit (including merchandise, baggage, and all other goods). |
| 🞏 | 🞏 | 8 | 8 | Fire and natural forces. |
| 🞏 | 🞏 | 9 | 9 | Other damage to property. |
| 🞏🞏 | 🞏🞏 | 10a10b | 10 | Motor vehicle liability (excluding carrier’s liability).Motor vehicle carrier’s liability. |
| 🞏 | 🞏 | 11 | 11 | Aircraft liability. |
| 🞏 | 🞏 | 12 | 12 | Liability for ships (sea, lake and river and canal vessels). |
| 🞏 | 🞏 | 13 | 13 | General liability. |
| 🞏 | 🞏 | 14 | 14 | Credit. |
| 🞏 | 🞏 | 15 | 15 | Suretyship. |
| 🞏 | 🞏 | 16 | 16 | Miscellaneous financial loss. |
| 🞏 | 🞏 | 17 | 17 | Legal expenses. |
| 🞏 | 🞏 | 18 | 18 | Assistance. |
| (1) Indicate in column A the classes of insurance for which the head office already has an authorisation and in column B the classes for which an application for authorisation is submitted. |
| (2) Numbering of classes of non-life insurance according to Annex I of the Belgian Law |
| (3) Numbering of classes of non-life insurance according to Annex I of the Solvency II Directive |

**4.2. Classes of life insurance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Head office(1) | FoS(1) | (2) | (3) |  |
| 🞏 | 🞏 | 21 | I | The life insurance referred to in points (a)(i), (ii) and (iii) of Article 2(3) excluding those referred to in II and III; |
| 🞏 | 🞏 | 22 | II | Marriage assurance, birth assurance; |
| 🞏 | 🞏 | 23 | III | The insurance referred to in points (a)(i) and (ii) of Article 2(3), which are linked to investment funds; |
| 🞏 | 🞏 | 24 | IV | Permanent health insurance, referred to in point (a)(iv) of Article 2(3); |
| 🞏 | 🞏 | 25 | V | Tontines, referred to in point (b)(i) of Article 2(3); |
| 🞏 | 🞏 | 26 | VI | Capital redemption operations, referred to in point (b)(ii) of Article 2(3); |
| 🞏 | 🞏 | 27 | VII | Management of group pension funds, referred to in point (b)(iii) and (iv) of Article 2(3); |
| 🞏 | 🞏 | 28 | VIII | The operations referred to in point (b)(v) of Article 2(3); |
| 🞏 | 🞏 | 29 | IX | The operations referred to in Article 2(3)(c). |
| (1) Indicate in column A the classes of insurance for which the head office already has an authorisation and in column B the classes for which an application for authorisation is submitted. |
| (2) Numbering of classes of life activities according to Annex II of the Belgian Law. |
| (3) Numbering of classes of life activities according to Annex II of the Solvency II Directive. |

**4.3. Type of reinsurance activities**

|  |  |  |
| --- | --- | --- |
| Head office(1) | FoS(1) |  |
| 🞏 | 🞏 | Non-life reinsurance activities |
| 🞏 | 🞏 | Life reinsurance activities |
| (1) Indicate in column A the groups of activities for which the head office already has an authorisation and in column B the groups of activities for which an application for authorisation is submitted. |

**5. Nature of the risks**

**5.1. Please provide details of the nature of the risks to be covered in the EEA Member State(s) concerned**

|  |  |  |  |
| --- | --- | --- | --- |
| 🞏 | Class 1"**Accident**” including industrial injury and occupational diseases | Proof that the specific rules of national law in that Member State as regards coverage of that type of risk are complied with. | [attach proof if appropriate] |
| 🞏 | Class 2“**Sickness**” | Where in the Host Member State such contracts may serve as a partial or complete alternative to health cover provided by the statutory social security system, and specific legal provisions adopted, the general and specific conditions of those policies, must be provided. | [to be completed by the company if appropriate] |
| 🞏 | Class 10“**Motor vehicle liability**” with the exception of the carrier's liability | Claims representative | Name :  |
| Address : |
| Declaration that the insurance company is affiliated to the national bureau and the national guarantee fund of the host Member State. | [attach a declaration if appropriate] |
| 🞏 | Class 17“**Legal expenses**”the option chosen from those described in Article 200 of the Solvency II Directive | 🞏 | 1. Insurance undertakings shall ensure that no member of the staff who is concerned with the management of legal expenses claims or with legal advice in respect thereof pursues at the same time a similar activity in another undertaking having financial, commercial or administrative links with the first insurance undertaking and pursuing one or more of the other classes of insurance set out in Annex I.
 |
| 🞏 | 1. The insurance undertaking shall entrust the management of claims in respect of legal expenses insurance to an undertaking having separate legal personality.
 |
| 🞏 | 1. The contract shall provide that the insured persons may instruct a lawyer of their choice or, to the extent that national law so permits, any other appropriately qualified person, from the moment that those insured persons have a claim under that contract.
 |
| 🞏 | Class 18“**Assistance**” | Information on the resources available to the insurance company to provide these services. | [to be completed by the company] |

**5.2. Nature of the risks or commitments which the company proposes to cover in the Host Member State (characteristics of the main products that will be marketed)**

[to be completed by the company]

**6. Information to be communicated to the Host Member State(s)**

**6.1. A certificate attesting that the insurance undertaking covers the SCR and MCR calculated in accordance with Articles 100 to 129 of the Solvency II Directive**

Solvency certificate in attachment provided by the Bank

**6.2. Where the undertaking has the intention to operate exclusively, or almost exclusively, in the Host Member State, identification of the persons who effectively run the undertaking or are responsible for the key functions. Please identify these persons and provide a summary of the undertaking's system of governance, including the risk management system in place**

[to be completed by the company]

**6.3. If the undertaking belongs to a cross-border group, the name of the group supervisor and the structure of the group, together with the last reported group solvency position**

[to be completed by the company]

**6.4. Any available information regarding local third or related parties involved in the underwriting activities in the Host Member State;**

[to be completed by the company]

**6.5. Identification of the person who is responsible within the insurance undertaking for handling of complaints in relation to the FoS activities;**

[to be completed by the company]

**6.6. Description of the relevant policyholder guarantee funds in the Home Member State, where applicable;**

[to be completed by the company]

**7. Information for the only purpose of the Bank**

**7.1. Description of the strategy followed by the company regarding this request relating to these cross-border activities**

[to be completed by the company]

**7.2. Description of the commercial strategy which will be followed by the company for the business relating to these cross-border activities (types of customers, etc.)**

[to be completed by the company]

**7.3. Organisational aspects which will be set up within the company governed by Belgian law with regard to the business relating to these cross-border activities**

**a) Description of the internal control mechanisms of the company that will govern the business relating to these cross-border activities;**

[to be completed by the company]

**b) Description of the organisation that will be set up within the company to monitor the business relating to these cross-border activities (including at the level of the board of directors and the management committee) ;**

[to be completed by the company]

**c) Description of all the (quantitative and qualitative) reports that will be delivered concerning the business relating to these cross-border activities;**

[to be completed by the company]

**d) Information on the manner in which the business relating to these cross-border activities will be taken into account in the work of the company's four independent control functions (internal audit, risk management, compliance and actuarial function);**

[to be completed by the company]

**e) Presentation of the risk management measures that will be put in place within the company to monitor the evolution of the risks associated with the business relating to these cross-border activities;**

[to be completed by the company]

**f) Impact of the business relating to these cross-border activities on the company's risk profile;**

[to be completed by the company]

**g) Impact of the business relating to these cross-border activities on the company's ORSA;**

[to be completed by the company]

**h) Information on the measures taken by the company regarding the IT system with respect to the business relating to these cross-border activities;**

[to be completed by the company]

**7.4. Financial aspects**

**a) Guiding principles as to reinsurance or retrocession with regard to the business relating to these cross-border activities (reinsurance mode and identity of the reinsurers);**

[to be completed by the company]

**b) Forecast balance sheet for the company covering a period of three years (Table 1) excluding and including the business relating to these cross-border activities;**

|  |  |  |
| --- | --- | --- |
| 🞏 | Table 1 |  |

**c) For the first three financial years, estimates of the solvency capital requirement (SCR), as laid down in Article 151 of the Law of 13/03/2016, on the basis of the forecast balance sheet referred to above, as well as the calculation method used to establish these estimates ;**

|  |  |  |
| --- | --- | --- |
| 🞏 | Table 2 in case of standard formula |  |
| 🞏 | Table 3 in case of partial internal model |  |
| 🞏 | Table 4 in case of full internal model |  |

**d) For the first three financial years, estimates of the minimum capital requirement (MCR), as laid down in Article 189 of the Law of 13/03/2016, on the basis of the forecast balance sheet referred to in a), as well as the calculation method used to establish these estimates ;**

|  |  |  |
| --- | --- | --- |
| 🞏 | Table 5 in case of non-life business |  |
| 🞏 | Table 6 in case of life business |  |

**e) For the first three financial years, estimates of the financial resources intended to cover the technical provisions, the minimum capital requirement and the solvency capital requirement (Table 7);**

|  |  |  |
| --- | --- | --- |
| 🞏 | Table 7 |  |

**f) For the first three financial years, estimates of management expenses related to the business relating to these cross-border activities, in particular current general expenses and commissions, as well as estimates of premiums or contributions and claims;**

|  |  |  |
| --- | --- | --- |
| 🞏 | Table 8 in case of non-life and reinsurance business |  |
| 🞏 | Table 9 in case of life business |  |

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