

IRDAI Master Circular on Reinsurance, 2024
Ref: IRDAI/REIN/MSTCIR/MISC/87/5/2024 Date: 31/05/2024

Form CBR-1

APPLICATION FOR ISSUE OF FILING REFERENCE NUMBER FOR CBR

This application shall be signed by the Authorised Signatory of CBR and Chief Compliance Officer of the insurer.

| | | |
|----|---|--|
| 1. | Application for allotment of FRN for FY | (e.g. 2023-24 and 2024-25) |
| 2. | Type of CBR | Pool/Association/Corporation/Company/syndicate/other may specified |
| 3. | Application for allotment of FRN for Eligible CBR or Non-Eligible CBR | Eligible CBR or Non-Eligible CBR |
| 4. | Name of applicant Indian insurer | |

| Particulars | | Details |
|-------------|---|--|
| 5. | A. General Information | |
| 6. | Name of the CBR (as per Certificate of Registration) | |
| 7. | Place of Incorporation of the CBR | |
| 8. | Date of Incorporation of the CBR | (dd/mmm/yyyy) |
| 9. | Address of Registered office of the CBR | |
| 10. | Name and address of Supervisory Authority with whom the CBR is registered | |
| 11. | Validity of Certificate of Registration (COR) of CBR with home regulator (Attach copy of certificate) | valid up to (dd/mmm/yyyy) |
| 12. | As per registration certificate granted by Home country/Jurisdiction Regulator or Supervisory Authority, the CBR is Authorised to transact: | Direct Life Insurance; Direct General Insurance; Composite Direct Insurance (i.e. Life & General both) or Re-Insurance Business (Life & General) |
| 13. | Home Country/Jurisdiction Regulator or Supervisory Authority has authorised the CBR to transact Reinsurance business from foreign jurisdiction. | Yes / No. |
| 14. | Place of office of the CBR applying for allotment of FRN | |
| 15. | Country of tax residency for the applicant CBR | |

| | | | | |
|--|---|---|--|--|
| 16 | Full Name of ultimate parent/holding Company of CBR (complete name to be given as per certificate of registration) | | | |
| 17 | Home Country/Jurisdiction of ultimate parent/holding Company of CBR | | | |
| 18 | Status of applicant CBR | parent company/ subsidiaries/ Associates and affiliates/other may specify | | |
| 19 | Syndicate of Lloyd's | | | |
| B. Details of the person responsible for providing requisite information of CBR | | | | |
| 20 | Name | | | |
| 21 | Designation | | | |
| 22 | Business phone number | | | |
| 23 | Address | | | |
| 24 | Email Id | | | |
| C. Details of the department person responsible for providing confirmation on receipt of premium by CBR | | | | |
| 25 | Name | | | |
| 26 | Designation | | | |
| 27 | Business phone number | | | |
| 28 | Address | | | |
| 29 | Email Id | | | |
| D. Financial Position of the CBR | | | | |
| 30 | Details of Capital: (Not older than 6 months from the date of application) | | | |
| 31 | Amount of Paid-Up Capital (in case of pool/association/ corporation/ others, corpus fund available with entity) / (In case of syndicate, Syndicate allocated capacity): | | in _____ INR | |
| 32 | Free Reserves | | in _____ INR | |
| 33 | Name of Currency in which re-insurance business will be transacted | | Conversion to INR | |
| 34 | Share premium account | | in _____ INR | |
| 35 | Net owned funds | | in _____ INR | |
| 36 | FY of Financial Statements of CBR | | Enter FY (eg. 1St April to 31st March) | |
| 37 | Solvency Ratio as per home Country/Jurisdiction regulator for last 3 years | Regulatory Requirement | Actual Solvency Margin of the CBR | |

| | | | | |
|----|--|--|----------------------------|----------------------------------|
| 38 | Immediately preceding FY | | | Audited/unaudited |
| 39 | Immediately preceding FY -1 | | | Audited |
| 40 | Immediately preceding FY -2 | | | Audited |
| 41 | Financial Year | Incurred Claims Ratio (ICR) | Combined Ratio | |
| 42 | Immediately preceding FY | | | Audited/unaudited |
| 43 | Immediately preceding FY -1 | | | Audited |
| 44 | Immediately preceding FY -2 | | | Audited |
| 45 | Details of previous CBR FRN as per IRDAI Portal (if any) | Immediately preceding FY | Immediately preceding FY-1 | Immediately preceding FY -2 |
| 46 | CBR FRN No. | | | |
| 47 | Approved mode of FRN (Auto/Normal/New) | | | |
| 48 | Details of re-insurance business placed with the CBR by Indian Insurers | Amount (INR in Cr) of re-insurance business placed | | |
| 49 | Financial Year | Facultative | Treaty | |
| | | | Proportional | Non-proportional |
| 50 | Immediately preceding FY | | | Lines of business which the CBR |
| 51 | Immediately preceding FY -1 | | | |
| 52 | Immediately preceding FY -2 | | participated | |
| 53 | Details of re-insurance Claims paid by the CBR to Indian insurers | Amount (INR in Cr) | | |
| 54 | Financial Year | Facultative | Treaty | |
| | | | Proportional | Non-proportional |
| 55 | Immediately preceding FY | | | List of names of ceding insurers |
| 56 | Immediately preceding FY -1 | | | |
| 57 | Immediately preceding FY -2 | | | |
| 58 | Details of claims outstanding for Indian insurers along with ageing (as on date) | Amount (INR Cr) | | |

| | | | | |
|--|---|---------------------------------|-----------------------------|----------------------------|
| 59 | Ageing details | | | |
| 60 | up to 90 days | | | |
| 61 | 91 - 180 days | | | |
| 62 | 181 days and above | | | |
| 63 | Total | | | |
| 64 | Name(s) of Indian insurers for whom CBR is participating in re-insurance business for last FY | Names of Indian insurers | | |
| 65 | Re-insurance premium receipt confirmation from the applicant CBR | Immediately preceding FY | Immediately preceding FY -1 | Immediately preceding FY-2 |
| 66 | The applicant CBR has provided premium confirmation receipts to all Indian insurers | Yes / No | Yes / No | Yes / No |
| 67 | Please attach file / email duly certified by authorized signatory of the CBR | | | |
| 68 | If 'No', please furnish reasons for the same along with duly certified authorized signatory of the CBR. | | | |
| 69 E. Credit rating from international credit rating agencies | | | | |
| 70 | | Immediately preceding FY | Immediately preceding FY -1 | Immediately preceding FY-2 |
| 71 | Name of Rating Agency | | | |
| 72 | Date of Rating | | | |
| 73 | Credit Rating | | | |
| 74 | Whether the CBR has over a period of the past three years counting from the year preceding for which the business has to be placed, enjoyed a credit rating of at least BBB (with Standard & Poor) or equivalent rating of any other international rating agency? If no, the credit ratings for past three years be submitted | | (Yes/No) | |
| 75 | Whether the CBR complies with the solvency margin/ capital adequacy prescribed by the home regulator/ jurisdiction | | (Yes/No) | |
| 76 | Whether the country of domicile has signed a Double Taxation Avoidance Agreement with the Government of India | | (Yes/No) | |
| 77 | DECLARATION CUM UNDERTAKING: I / We solemnly declare that the information furnished in this application form is true and correct to the best of my/ our knowledge. | | | |

| | | | | |
|-----|--|-------------|-------------------------------|--------------------------|
| 78 | Place: | Seal | Signature | |
| 79 | Date: | | Name: | |
| 80 | Email id: | | Designation: | |
| 81 | Contact number: | | [Authorised Signatory of CBR] | |
| 82. | Details of the business plan (LOB-wise) cedant intends to pursue with the CBR | | | |
| 83. | The filing of this application is in compliance with Reg. 5 (2) (B) of the IRDAI (Re-insurance) Regulations, 2018 | | (Yes / No) | |
| 84. | If No, the insurer has to submit clarification on the matter | | Free text | |
| 85. | The following are the documentary Requirements in case of Application for Non-Eligible CBR | | | |
| 86. | Signed copy of specific recommendation of the ceding insurer, justifying as to why they would like to make reinsurance placements with the referred CBR. Such recommendation shall necessarily be made by the Head of Reinsurance Department of the ceding insurer. | | Free text | |
| 87. | <p>DECLARATION CUM UNDERTAKING BY CHIEF COMPLIANCE OFFICER OF INDIAN (RE)INSURER:</p> <p>i. I/ We solemnly confirm that the required due diligence of the CBR has been done and the</p> <p>ii. relevant documents have been scrutinized scrupulously.</p> <p>iii. I/We ensure strict compliance with the eligibility criteria for CBRs, as specified by the Authority.</p> <p>iv. I/ We undertake that all information furnished above is correct to the best of my/our knowledge and belief.</p> <p>v. I/ We understand that after submitting this application, if it is proved that the information submitted is wrong or incorrect at any point of time, I/ We shall be liable for appropriate action subject to the provisions of the extant Acts, Regulations, Guidelines and circulars issued by the Authority from time to time.</p> <p>vi. I/We undertake that I/We shall inform the Authority immediately in case the rating of the CBR is downgraded or any regulatory actions, penalties, or disciplinary proceedings are initiated against CBR /its parent in home Country/Jurisdiction</p> | | | |
| 88. | Place: | Seal | Signature | |
| 89. | Date: | | Name: | |
| 90. | Contact number: | | Designation: | Chief Compliance Officer |
| 91. | Email id: | | | |

Certificate of Compliance

Name of Insurer:

Financial Year:

Certified that all the reinsurance placements of our company for the Financial year _____ to Cross Border Reinsurers have been placed;

1. in compliance with all eligibility conditions as laid down in the extant regulations / Guidelines / Circulars etc,
2. holding a valid Filing Reference Number (FRN) as per norms laid down by the Authority,
3. specifically approved by the Authority.

All placements made with Cross Border Reinsurers, have been approved by the Board of our company.

Place:

Seal

Signature

Name:

Date:

Designation: Chief Compliance Officer