

Instructions																															
1	Reinsurance Arrangements should be submitted in accordance with the Terms and Conditions to be complied by Insurers in terms of Section 31 (1) of the Regulation of Insurance Industry Act.																														
2	All Soft copies, mainly scanned copies of treaties/cover notes, other required documents should be submitted in legible manner .																														
3	All documents should be submitted in English Language.																														
4	Name the CD (on the face of CD) as "RI Arrangements for year of ...(company name)"																														
5	Following forms/documents relating to Reinsurance Arrangements should be submitted in soft version via email/CD/secured web link;																														
5.1 Forms LT-RE/GI-RE 1 (Excel Version)																															
<i>New column has been inserted namely "Annexure" for the Form LT-RE/GI-RE 1 in order to cross reference with 'scanned treaties /cover notes'. Accordingly relevant treaty/cover note name should include the annexure number for easy reference. Please see the item 5.3 b) for instructions that need to be followed when naming annexure.</i>																															
5.2 Forms LT-RE/GI-RE 2 (Excel Version)																															
5.3 Forms LT-RE/GI-RE 3(Excel Version)																															
5.4 Scanned Copies of signed Reinsurance Treaty/ Cover Notes/ Arrangements																															
a) Each signed treaty/cover note/arrangement should comprise of signing slips of all the Reinsurers' for their respective treaty share.																															
b) When naming 'Annexure' for reference purpose make sure to include following: <annexure no.> <type/s of arrangement> <class/s of business> <year>																															
E.g.: Annexure 1, ST, QS, Fi, En, 2020 Annexure 2, XL, Fi, En, 2020 If categorized as "Miscellaneous"; Annexure 3, XL, Mis, Tr,2020 Please use Abbreviations stated in item ... for this purpose																															
5.5 Scanned copies/ downloaded copies (PDF FORM) of 'Other required documents' such as Authority/License issued by the respective Regulator to carry out reinsurance business, Rating certificates etc.																															
a) Please save same in a separate folder named "Other Required Documents for year xxxx"																															
b) Create Sub folders inside the "Other Required Documents" namely;																															
• "Ratings xxxx"																															
When saving Rating certificates, name the certificate in the name of "Reinsurer"																															
• "Licenses xxxx"																															
When saving license certificate, name the certificate in the name of "Reinsurer"																															
5.6 Scanned copy of Certification on Reinsurance Arrangements (Treaty)																															
6	Following abbreviations can be used when naming the files, folders, annexures																														
	<table border="1"> <tbody> <tr><td>RI</td><td>Reinsurance</td></tr> <tr><td>GI</td><td>General</td></tr> <tr><td>LT</td><td>Long term</td></tr> <tr><td>XL</td><td>Excess of loss</td></tr> <tr><td>QS</td><td>Quota share</td></tr> <tr><td>ST</td><td>Surplus Treaties</td></tr> <tr><td>SLXL</td><td>Stop Loss Excess of Loss</td></tr> <tr><td>Cat XL</td><td>Catastrophe Excess of Loss</td></tr> <tr><td>Fi</td><td>Fire</td></tr> <tr><td>MH</td><td>Marine Hull</td></tr> <tr><td>En</td><td>Engineering</td></tr> <tr><td>Mo</td><td>Motor</td></tr> <tr><td>MC</td><td>Marine Cargo</td></tr> <tr><td>M</td><td>Marine</td></tr> <tr><td>Mis</td><td>Miscellaneous</td></tr> </tbody> </table>	RI	Reinsurance	GI	General	LT	Long term	XL	Excess of loss	QS	Quota share	ST	Surplus Treaties	SLXL	Stop Loss Excess of Loss	Cat XL	Catastrophe Excess of Loss	Fi	Fire	MH	Marine Hull	En	Engineering	Mo	Motor	MC	Marine Cargo	M	Marine	Mis	Miscellaneous
RI	Reinsurance																														
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	When naming Annexures, Sub categories under 'Miscellaneous' insurance business, please use following abbreviations.																														
	<table border="1"> <tbody> <tr><td>Tr</td><td>Travel</td></tr> <tr><td>H</td><td>Health</td></tr> <tr><td>ME</td><td>Medical Expenses</td></tr> <tr><td>Ti</td><td>Title</td></tr> </tbody> </table>	Tr	Travel	H	Health	ME	Medical Expenses	Ti	Title																						
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	You may use any other abbreviations appropriately when naming annexures by specifying the same below the Form LT-RE/GI-RE 1;																														

Certification on Reinsurance Arrangements (Treaty)

Name of the Insurer :

For the year :

We certify that the Reinsurance Arrangements and relevant supporting documents of
 (Company name) are listed in items 1 to 4 and submitted via electronic version (email/secured web link) on (date)
 are in compliance with the Terms and Conditions to be complied with by Insurers in terms of Section 31 (1) of the
 Regulation of Insurance Industry Act .

- | | | |
|-----|---|--------------------------|
| 1 | Statements of Reinsurance Arrangements | (v / x) |
| 1.1 | FORM GI-RE- 1- Statement of Reinsurance Arrangements (General Insurance) | <input type="checkbox"/> |
| 1.2 | FORM GI-RE- 2 -Details of Column 12 of Form GI – RE – 1 | <input type="checkbox"/> |
| 1.3 | FORM GI-RE- 3 -Details of Column 14 of Form GI – RE – 1 | <input type="checkbox"/> |
| 1.4 | FORM LT-RE- 1 - Statement of reinsurance arrangements (Long term Insurance) | <input type="checkbox"/> |
| 1.5 | FORM LT-RE- 2- Details of Column 3 of Form LT – RE – 1 | <input type="checkbox"/> |
| 1.6 | FORM LT-RE- 3- Details of Column 4 of Form LT – RE – 1 | <input type="checkbox"/> |
| | (Please delete either (GI) or (LT) as applicable) | |
| 2 | Scanned Copies of signed Reinsurance Treaty/ Cover Notes/ Arrangements | <input type="checkbox"/> |
| 3 | Each signed treaty/cover note should comprise of signing slips of all the Reinsurers' for their respective treaty share. | <input type="checkbox"/> |
| 4 | Scanned copies/ downloaded copies (PDF FORM) of 'Other required documents' such as Authority/License issued by the respective Regulator to carry out reinsurance business, Rating certificates etc. | <input type="checkbox"/> |

Below listed documents relating to items 1 to 4 are not available in the electronic version (email/secured web link) and will submit on stated date (if any).

Submission date :

(Description)

- 1
- 2

Principal Officer : Name..... Signature.....

Specified Officer : Name..... Signature.....

CFO : Name..... Signature.....

Date.....

FORM GI-RE-3

**STATEMENT OF RE-INSURANCE ARRANGEMENTS (GENERAL INSURANCE)
OUTWARD TREATY RE-INSURANCE**

Details of Column 14 of Form GI – RE – 1

Financial Year commencing and ending on.....

Name of the insurer:

Annual but updated for changes during the year

Class of business	Name of the reinsurer/s	Name of the reinsurance Broker/s	Broker's Country of origin	Name of the regulatory authority which approval obtained to transact reinsurance business **	License validity period of the Broker	Participating share of reinsurance broker%	Brokerage/ Commission %	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Marine 1 2								
Fire 1 2								
Motor 1 2								
Employers' Liability 1 2								
Miscellaneous: e.g. Personal Accident (please specify for each line of business in Miscellaneous Group) 1 2								

** Please submit documentary evidences

Note :

Please ensure to disclose any co-brokering arrangements involved.

FORM LT-RE-3

**STATEMENT OF RE-INSURANCE ARRANGEMENTS (LONG TERM INSURANCE)
OUTWARD TREATY RE-INSURANCE**

Details of Column 4 of Form LT – RE – 1

Financial Year commencing and ending on.....

Name of the insurer:

Annual but updated for changes during the year

Class of business	Name of reinsurer/s	Name of the reinsurance Broker/s	Broker's Country of origin	Name of the regulatory authority which approval obtained to transact reinsurance business **	License validity period of the Broker	Participating share of reinsurance broker%	Brokerage/ commission %	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Life 1 2								
Annuity 1 2								
Accident and Sickness 1 2								
Other (specify)								

** Please submit documentary evidences

Note :

Please ensure to disclose any co-brokering arrangements involved.