

Application for Financial Services Permission

Financial Services Regulatory Authority (FSRA) Insurance Business Supplement (IBS) Form

This form must be submitted by Applicants¹ applying for a Financial Services Permission (FSP) to conduct, in or from the Abu Dhabi Global Market (ADGM), one or more of the Regulated Activities of: Effecting Contracts of Insurance; Carrying out Contracts of Insurance; Insurance Intermediation; and/or Insurance Management.²

In addition to this supplement, you³ will have to complete the Financial Services Regulatory Authority (FSRA) – General Information for Regulated Activities (GIRA) form. If your firm is conducting its activities in a manner that complies with Shari'a then you will also have to complete the FSRA's Islamic Financial Business Supplement (IFBS).

We occasionally refer to various Rules, sections, or chapters of the various FSRA Rulebooks. However, these references are provided as a guide and are not an exhaustive list of the Rules that may be applicable to your situation. It is your responsibility to research the Rulebooks for any Rules that might be pertinent to your application.

All response-cells must be completed. If a question we ask does not pertain to your intended Regulated Activities, please respond to that effect in the cell. If it is more appropriate to answer certain questions in an attachment, please indicate that in the relevant cell. If you are confident that you have answered a particular question in another form or attachment, please make an unequivocal reference to that response in the relevant cell. Any abbreviations used must be defined.

Ensure that you are using the latest version of this application form. We will only accept superseded forms if they are submitted within one month of the latest version's release.

¹ Terms defined in the FSRA Glossary (GLO), FSMR or the glossary sections in other Rulebooks are identified by the capitalisation of the initial letter of a word or of each word in a phrase, unless the context otherwise requires the word to have its natural meaning.

² As defined in Schedule 1 of the Financial Services and Market Regulations 2015 (FSMR).

³ The terms "you" and "your" as used throughout are not implied in the personal sense, but rather refer to the firm applying for an FSP. The terms "we" and "our" refer to the FSRA.

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1 Proposed Insurance Business⁴

For Insurers, indicate in the table below the Classes of Business you will be providing. Classes of Business are set out in Schedule 1, Part 4 – *Contracts of Insurance*, of FSMR:

Proposed Regulated Activities:	Classes of Life Insurance							Classes of Non-Life Insurance											
	A	1	2	3	4	5	6	7	A	1	2	3	4	5	6	7	8	9	
<i>Effecting Contracts of Insurance:</i>																			
<i>Carrying Out Contracts of Insurance:</i>																			
<i>Insurance Management:</i>																			
<i>Insurance Intermediation:</i>																			

For Captive Insurers, indicate in the table below the Class of Captive Cell you will be providing. Classes of Captive Insurance Business are set out in Captive Insurance Business (CIB) Rulebook, chapter 1 – *General Provisions* and defined in the FSRA Glossary:

Proposed Regulated Activities:	Class of Captive Insurance Business ⁵			
	Class 1 Captive Cell	Class 2 Captive Cell	Class 3 Captive Cell	Class 4 Captive Cell
<i>Effecting Contracts of Insurance as a Captive Insurer:</i>				
<i>Carrying Out Contracts of Insurance as a Captive Insurer:</i>				

- 1.1 Describe the Insurance Business that you are proposing to carry on, including whether you will operate as an Insurer, Reinsurer, Captive Insurer, Protected Cell Company, Incorporated Protected Cell Company or Insurance Special Purpose Vehicle (ISPV):

⁴ Insurance Business means the business of Effecting Contracts of Insurance or Carrying Out Contracts of Insurance as Principal, including effecting or carrying out contracts of reinsurance (as reinsurer) or Captive Insurance Management.

⁵ For Applicants seeking to provide Captive Insurance Business contact the FSRA to discuss our additional requirements in advance of submitting this supplement.

- 1.2 Describe the experience you have in carrying on Insurance Business:
- 1.3 Indicate the expected proportion split among the various classes of your projected Insurance Business projected⁶:
- 1.4 If you are an ISPV, please explain how you will meet the requirements set out in PIN chapter 10.

Risk Management:

This section is only required to be completed by Applicants seeking a Financial Services Permission for one or both of the Regulated Activities of Effecting Contracts of Insurance or Carrying out Contracts of Insurance. Reference should be made to Appendix 2 of the Prudential – Insurance Business (PIN) Rulebook, which specifically addresses risk management.

- 1.5 Describe your firm's underwriting strategy and your reinsurance and retrocession strategies. Include in this your systems and controls, levels of authority, products, the maximum capacity per risk and how premium rates will be set. Attach copies of your reinsurance and retrocession programmes:

Reinsurance:

- 1.6 Describe the breakdown between your proportional and non-proportional treaty reinsurance business:
- 1.7 Describe the maximum retention per risk or event after all reinsurance ceded, by principal category of business undertaken:
- 1.8 Describe the principal reinsurers. Include names, addresses, countries of incorporation, and any relationships with your firm or the Group:
- 1.9 Describe details of any financial or other non-traditional reinsurance?

⁶ Refer to FSMR Schedule 1, Part 4 - Contracts of Insurance.
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1.10 Describe your firm's internal systems, controls, and decision-making processes over the placing of reinsurance?

1.11 Provide an assessment of the risks of, and the additional financial resources required to support the reinsurance business proposed:

1.12 Describe your reserving policy and methodology and explain how actuarial input is obtained.

1.13 What is the name and contact details of your principal actuary:

Investment strategy:

1.14 Describe the proposed investment methodology and the decision-making processes and how they are tailored to address relevant funding risks:

1.15 Provide a list of all proposed investments and a description of how they will be used:

1.16 Describe your asset/liability matching. Include in this description the duration, location, and currency matching:

2 Conduct of business risks to clients and markets

This section is only required for Applicants seeking a Financial Services Permission for one or both of the Regulated Activities of Insurance Management and Insurance Intermediation:

- 2.1 Will your firm hold or receive Insurance Monies, which belong to your customers? If “Yes”, describe the systems and controls that will be in place to receive, hold and segregate Insurance Monies in compliance with the Rules set out in the FSRA’s Conduct of Business (COBS) Rulebook:

Yes No

If “Yes”, provide full details:

- 2.2 Describe what controls will be but in place to ensure compliance with the other conduct of business Rules arising under the COBS Rulebook, such as disclosure, provider selection, suitability, etc.:

- 2.3 Will your firm enter into insurance broking agreements with Insurers? That is, will you have cover agreements, agency agreements, binding authorities or mandates with Insurers that give you authority to accept risk on behalf of Insurers?

Yes No

If “Yes”, provide full details:

- 2.4 List the Insurers that you intend to use over the course of the first year of being authorised and provide the limits of the authorities that you have to accept risks on behalf of the Insurers:

3 Declarations by the Applicant

- 3.1 I declare that, to the best of my knowledge and belief, having made due enquiry, the information given in this form, the supplements and documents attached, as well as any applicable supporting documents, is complete and correct. I understand that it is an offence under FSMR, Article 221 – *Misleading the Regulator* to knowingly or recklessly provide to the FSRA any information, which is false, misleading, or deceptive or to conceal information where the concealment of such information is likely to mislead or deceive the FSRA.
- 3.2 I declare my understanding that the FSRA may request more detailed information (including but not limited to, personal, educational, employment, and financial information) should it be deemed necessary to adequately assess the fitness and propriety of the firm or any person connected to the firm. I consent to the FSRA contacting any previous employers, educational institutions, professional organisations or any other organisation, to verify any information contained in this form.
- 3.3 I confirm that I have the authority to make this application, to declare as specified above and sign this form for, or on behalf of, the Applicant. I also confirm that I have the authority to give the consent specified above.
- 3.4 I understand that any personal data provided to the FSRA will be used to discharge its regulatory functions under the Abu Dhabi Law No. 4 of 2013, FSMR, and other relevant rules or regulations, and may be disclosed to third parties for those purposes.
- 3.5 I confirm that all documents submitted as part of this application, whether physical or electronic, become property of the FSRA.

Authorised signatory of the Applicant⁷:

Date:

Name and title of the above authorised signatory of the Applicant:	
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⁷ The individual signing this declaration can be an existing or proposed Board member, Senior Executive Officer or Partner.