# INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY OF INDIA

# INSTRUCTIONS FOR FILING APPLICATIONS FOR CROSS BRODER RE-INSURANCE (CBR)

## FOR ACCESSING CBR PORTAL

- The portal can be best viewed at 1420 x 768 resolution in latest versions of Google Chrome and Firefox Browsers **ONLY**.
- 2. The portal can be accessed at <u>https://cbr.irdai.gov.in/login.aspx</u>.
- 3. Insurer may use the same User ID/ Password for accessing the portal, which are currently being used by the insurers.
- Necessary guidance notes for filing the CBR application have been provided below. Insurers are advised to read the instructions stated in the guidance thoroughly, before filing the applications.
- 5. The portal will be available for access from 23-Jan-2021:09:00 Hrs onwards

In case any technical issues related to accessing of portal, a mail may be sent to <u>ankit@irdai.gov.in</u> under **CC to** <u>reinsurance@irdai.gov.in</u>



# **INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY OF INDIA**

# **Guidance Note**

# Application filing procedure for allotment of Filing Reference Number (FRN) to Cross Border Re-insurers (CBR)

### Ver 01 January 2021

The Authority vide Ref. No. IRDA/RI/GDL/MISC/015/01/2021 dated 22-Jan-2021 had notified Guidelines on Cross Border Re-insurer. The insurer who wish to place re-insurance business with CBR shall file an online application with the Authority in the form as specified at Annexure – 1 of the guidelines. To bring consistency in the "data" filed through electronic submission, "Guidance Note on filing the application for allotment of FRN to CBR. While due care had been taken to prepare this Guidance Note, Chief Compliance Officer of the insurer may point out the suitable modifications in this documents which may to be addressed in the subsequent versions.

#### Screen No. 1 (a)

**Objective:** On this page it is expected that the complete details of applicant Cross Border Re-insurer (CBR) are to be entered by the insurer who wish to place business with the CBR.

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				Application ID	New Application			
	Application for allotment of FRN for	Select	×	Application for allotment of FRN for	Select			
	FY	C. C		Eligible CBR or Non-Eligible CBR				
	Name of the CBR (as per Certificate of Registration)			Registration Number				
	Date of Incorporation	dd	-	Begistration valid upto	dd			
		dd 3333						
	Address of Registered office of the CBR				10			
	Place of Incorporation	-	]	Name of the Supervisory Authority				
				is registered				
	Address of Supervisory Authority (as mentioned above)							

- 1. All fields in this application form are mandatory;
- 2. **Registration Valid Upto:** Certain Home Country Regulators / Supervisors will issue registration to the (Re)insurer for limited period say for one year. While in certain cases such registration may be for indefinite period, in such case insurer may enter this date as 01-Jan-2100;
- 3. Complete name of Supervisory Authority for the concerned CBR its complete address shall be entered. The name in abbreviated form is not acceptable;

#### Screen No. 1 (b)

**Objective:** Same as for Screen No. 1 (a).

New Tab	× 📀 - CBR Application	× +		-	5	×
← → C ▲	Not secure   10.10.10.71:4441/Users/Create.	pplication.aspx	Q	☆	* 6	):
	Place of Incorporation	Name of the Supervisory Authority with whom the Reinsurance Company is registered				
	Address of Supervisory Authority (as mentioned above)					
	As per registration certificate granted by Home Country Regulator or Supervisory Authority the CBR is Authorised to transact	Select     Home Country Regulator or     Supervisory Authority has authorised     to transact Re-insurance business     from foreign jurisdiction.				
	Place of office of the CBR applying for allotment of FRN	Select   Name of the Country in which the above CBR is domiciled Select   Please select a value				
	Country of tax residency for the applicant CBR	-Select-     V Name of ultimate parent Company of CBR (complete name to be given as per certificate of registration)				
	Names of Group Companies of CBR (complete names to be given as per certificate of registration)					
	© 2021 - Copyright IRDAI	Save Next				
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- 4. **Place of Office of the CBR:** Place of the specific branch office of CBR applying for allotment of FRN should be entered;
- 5. **Name of Country of Domicile:** Country where the CBR's branch office is domiciled would be required and the same can be enter from the drop-down list.
- 6. **Country of tax residency:** This pertains to the country where the branch office of CBR is reporting for tax purpose;
- 7. Complete name of ultimate parent company is to be entered, name in abbreviated form is not acceptable;

**Objective:** To get valid contact details of the officials who are responsible to handle work portfolio as discussed in the heading.

→ C ▲ 1	Not secure   10.10.10.71:4441/Users/Pe	arsonDetails.aspx			० 🖈 🕈 🗧	:
			Application ID	2021/000023		
	B.Details of the person respons	sbile for providing requisite information	of CBR			
	Name		Designation			
	Business Phone Number		Email ID			
	Address					
	C.Details of the department per	rson responsbile for providing confirma	ation on receipt of premium by CBR			
	Name		Designation			
	Business Phone Number		Email ID			
	Address					
			Save			

- 1. (B) **Details of the person responsible for providing requisite information of CBR:** Details of the person/ representative of CBR, who is providing all the information about CBR should be entered.
- 2. (C) Details of the department person responsible for providing confirmation on receipt of premium by CBR: Details of the person/ representative of CBR, who is providing all the information about CBR should be entered.

Screen No. 3 (a)

#### **Objective:** To examine financial strength of the CBR.

- 1. Amount of Paid-Up Capital & Free Reserves as per last audited Balance Sheet: Values in both fields should be entered in home country currency. Ensure not to enter currency name/abbreviation. Only values to be entered.
- 2. **Solvency Ratio:** Kindly enter the relevant data in percentage (%) term for last 3 years starting from the year preceding the current year.

## Screen No. 3 (b)

**Objective:** To examine financial strength of the CBR.

Name of Currency in which re- insurance business will be transacted	INR - Indian Rupee	Conversion to INR		
Solvency Ratio as per home country Year	regulator for last 3 years : Begulatory Prescription		Actual Solvency Margin of the CBB	
Select	✓		in girlor the opti-	
Select	v		1	-
-Select-				
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Incurred Claims Ratio(ICR) and Com Year	ibined Ratio for last 3 years : Details of ICR		Details of Combined Ratio	
Incurred Claims Ratio(ICR) and Com Year Select	Ibined Ratio for last 3 years : Details of ICR		Details of Combined Ratio	
Incurred Claims Ratio(ICR) and Com Year Select	blned Ratio for last 3 years : Details of ICR		Details of Combined Ratio	
Incurred Claims Ratio(ICR) and Com Year Select Select Select	bined Ratio for last 3 years : Details of ICR		Details of Combined Ratio	
Incurred Claims Ratio(ICR) and Com Year Select Select Select	ibined Ratio for last 3 years : Details of ICR		Details of Combined Ratio	

1. **Incurred Claims Ratio (ICR) & Combined Ratio for last 3 years:** Kindly enter the relevant data in percentage (%) term for last 3 years starting from the year preceding the current year.

**Objective:** To examine previous applications filed by the CBR, if any.

New Tab	× 🚱 - CBR Application ×	+		- 6	×
← → C ▲ Not se	cure   10.10.10.71:4441/Users/PreviousFRNDetails.	aspx		ର 🕁 🛸	<b>e</b> :
CBR My Dashboard	Approved FRNs			••••	Logout
		Application ID	2021/000023		
D	etails of previous FRN as per IRDAI portal and	BAP Portal (if any)			
Ye	ear	CBR FRN No.	BAP FRN No.	-	
-	Select v	Select	Select	~	
	Select 🗸	Select 🗸	Select	~	
-	Select	Select 🗸	Select	~	
		Save Next			
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# Screen No. 5 (a)

**Objective:** To ascertain the business relationship of CBR with Indian market.

							1
			Application ID	2021/000023			
* In case of : #Multiple selection in	LOBs and List of Indian Rei	nsurers, please select after pr	essing 'Ctrl' key				
Details of re-insurance	e business placed with the	ne CBR	Amount (INF	R in lakh) of re-insurance business placed	1		
Year	Facultative	Treaty	Lines of Business which the CBR p	articipated (as per RI Reg. 2018)			
Select V	] [		Marine Hull	Â			
			Marine Cargo				
			Aviation	•			
Select 🗸			Fire (Other than Oil & Energy)	*			
	4 <u>L</u>		Marine Hull				
			Engineering				
			Aviation	· · · · · · · · · · · · · · · · · · ·			
Select V			Fire (Other than Oil & Energy)	*			
			Marine Cargo				
			Engineering	-			
			and a second sec				
Names of Indian reinsurer	for whom CBR is participat	ing in re-insurance business f	or last FY(e.g. 2019-20)				
Max Life Insurance Co.	td.		A				
ICICI Prudential Life Insu	rance Co. Ltd,						

### Screen No. 5 (b)

**Objective:** To ascertain the business relationship of CBR with Indian market.

		Aviation	1	
Select 🗸		Fire (Other than Oil & Energy) Marine Hull Marine Cargo Engineering Aulation		
Names of Indian reinsurer HDFC Life Insurance Co. Max Life Insurance Co. Li ICICI Prudential Life Insur	for whom CBR is participating in re-insurand Ltd d, ance Co. Ltd,	be business for last FY(e.g. 2019-20)		
Kotak Mahindra Lite Insur Aditva Birla SunLite Insur	ance Co. Ltd. ance Co. I td	· ·		
Beinsurance premium	n receipt confirmation from the applicant	CBB :		
Year	The applicant CBR has provided premium confirmation receipts to all Indian insurer	In case of 'No', please furnish reasons for the same duly certified authorized signatory of the CBR		
Select 🗸	Select 🗸	Choose File No file chosen		
Select 🗸	Select 🗸	Choose File No file chosen		
Select 🗸	Select 🗸	Choose File No file chosen		

 Re-insurance premium receipt confirmation from the applicant CBR (B) In case of 'No' please furnish reasons for the same duly certified authorized signatory of the CBR:

Kindly upload the required document certified by the "CBR" in each case of "No" (Max File size: 1 MB.)

Objective: To examine compliance with eligibility criterial of the CBF
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		Application ID	2021/00002	3
Credit Rating from inte	ernational credit rating	gencies		
Rating Year	Nam	of Rating Agency est	Credit Rating	
Select	AM	est	Select	~
Select		est	Select	~
Whether the CBR has be placed, enjoyed a o rating agency? If no, ti	over a period of the past redit rating of at least BB he credit ratings for past	ree years counting from the year preceding for which the busi (with Standard & Poor) or equivalent rating of any other interr ree years be submitted	ness has toSelect national	v
Whether the CBR has be placed, enjoyed a c rating agency? If no, t Whether the CBR com	over a period of the past redit rating of at least BE he credit ratings for past plies with the solvency m	ree years counting from the year preceding for which the busi (with Standard & Poor) or equivalent rating of any other interr ree years be submitted rgin/capital adequacy prescribed by the respective home regu	ness has toSelect national	v v
Whether the CBR has be placed, enjoyed a c rating agency? If no, t Whether the CBR com Whether the country o	over a period of the past redit rating of at least BE he credit ratings for past uplies with the solvency m f domicile has signed a E	ree years counting from the year preceding for which the busi (with Standard & Poor) or equivalent rating of any other interr ree years be submitted rgin/capital adequacy prescribed by the respective home regu uble Taxation Avoidance Agreement with the Government of I	ness has toSelect lationalSelect ndiaSelect	▼ ▼

- 1. Credit rating from international credit rating agencies: Kindly enter the relevant data for last 3 years starting from the year preceding the current year.
- 2. Ensure accurate data entry in all fields.

**Objective:** Details of Authorized signatory of the CBR.



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Screen No. 8 (a)

Approved FRNs		• Coç
	Application ID 2021/000023	
The filing of this applicat Regulations,2018	ion is in compliance with Reg 5(2)(B) of the IRDAI (Re-insurance) -Select-	
In case of No, the insurer	has to submit clarification on the matter	
x       +         secure       10.10.10.71:4441/Users/NonEligible.aspx       Q: *         Approved FRNs       Application ID       2021:000023         The filing of this application is in compliance with Reg 5(2)(B) of the IRDAI (Re-insurance) Regulations.2018      Select       -         In case of No, the insurer has to submit clarification on the matter		
Select V	Select Dy the Head of Reinsurance Department of the Insurer	
Select V	Select Choose File No file chosen	
Select V	-Select V Choose File No file chosen	

- 1. Re-insurance premium receipt confirmation from the applicant CBR
- 2. (B) In case of 'No' please furnish reasons for the same duly certified the Head of Reinsurance Department of the Insurer:

Kindly upload the required document certified by the "Head of Reinsurance Dept. Of applicant Insurer" in each case of "No" (Max file Size : 1 MB.)

# Screen No. 8 (b)

**Objective:** Submissions to be made in case of file application for Non-Eligible CBR.

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Reinsurance premium	eceipt confirmation from the applicant C	BR	8			
Year	Comments on recipt confirmation from the a	pplicant CBR	In case of 'No, please furnish reasons for the same duly certified			
2017-2018 🗸	Yes	~	Choose File No file chosen			
2018 2010	Non		Channe Ella Na Ella abanan			
2018-2019	Tes	~	Choose File No lite chosen			
2019-2020 🗸	Yes	~	Choose File No file chosen			
The following are the do	umentary Requirements in case of Appli	cation for Non-Eligible	CBR			
Specific recommnedation o Reinsurance placements wi	the (re)insurer justifying as to why they would be the referenced CRR even though it does not a	Id like to make				
prescribed eligibility criteria	n me releteed opnieven mough it does not o	comply with				
prescribed eligibility criteria Copy of registration Certific authority	ate issued to CBR by home country regulator	ompty with y/supervisory	Choose File No file chosen			
prescribed eligibility criteria Copy of registration Certific authority Signed oopy of specific reo make Reinsurance placeme be made by the Head of Rei	the issued to CBR by home country regulator mmendation of the insurer, justifying as to w its with the referred CBR. Such recommenda isurance Department of the Insurer	somply with y/supervisory thy they would like to tion shall necessarily	Choose File No file chosen			
prescribed eligibility criteria Copy of registration Certific authority Signed copy of specific rec make Reinsurance placeme be made by the Head of Rei	ate issued to CBR by home country regulator mmendation of the insurer, justifying as to w its with the referred CBR. Such recommenda isurance Department of the Insurer	y/supervisory hy they would like to tion shall necessarily Save	Choose File No file chosen Choose File No file chosen Next			

Screen No. 9

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			Application ID	2021/000023			
	Declaration Cum Undert a. 1/ We solemnly confirm tha pertaining to above CBR. b. We ensure strict complianc filed is for CBR who comply o. 1/ We undertake that and the provisions of the Acts, Re Place	aking by CCO of Indian (Re) Insurer- at, before filing the documents with the Auth be with the eligibility oriteria; formation furmished is correct, in the event egulations and Guidelines notified by the Au	ority, we have conducted the required due d escribed by the Authority in the extant regul if it is proved that any information submitted uthority. Designation	iligence and have scrutinized the documents ations/guidelines (applicable in case if, application I is wrong or incorrect I / We will be liable subject to			
	Date	19-01-2021	Name		]		
	Date	19-01-2021	Wallie				

- 1. The user will be able to view the details of data submitted in the applicable and take printout for records.
- 2. Once application is submitted, the same will be available for IRDAI user to process the same.