**NOTIFICATION OF FREEDOM TO PROVIDE SERVICES**

**Information according to the Decision relating to the collaboration of the insurance supervisory authorities of the Member States of the European Economic Area (EIOPA-BOS-21-234)**

*All fields are required fields, and must be filled out in order to process the information in strict confidentiality.*

**Contact details**

**Name, address and e-mail address (if available) of the head office of the insurance undertaking intending to pursue business under FOS:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| E-mail address |  |

**LEI of the undertaking intending to pursue business under FOS:**

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**Country (Host Member State) in which the undertaking intends to pursue business under FOS:**

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**Where applicable, the name and address of the establishments (other than the head office of the insurance undertaking), situated in the Member States from which it plans to provide services**

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| **Country** | **Branch address** |
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**Details of the activities**

**The classes of insurance according to Annex I to the Solvency II Directive which the insurance undertaking has been authorised to offer:**

1 - Accident (including industrial injury and occupational diseases)

2 - Sickness

3 - Land vehicles (other than railway rolling stock)

4 - Railway rolling stock

5 - Aircraft

6 - Ships (sea, lake and river and canal vessels)

7 - Goods in transit

8 - Fire and natural forces

9 - Other damage to property

10 - Motor vehicle liability

11 - Aircraft liability

12 - Liability for ships (sea, lake and river and canal vessels)

13 - General liability

14 - Credit

15 - Suretyship

16 - Miscellaneous financial loss

17 - Legal expenses

18 - Assistance

**The nature of the risks or commitments which the insurance undertaking proposes to cover in the Host Member State:**

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**If the insurance undertaking intends to cover risks in class 2 (sickness), information whether the insurance undertaking wishes to provide full or partial health insurance as an alternative to health cover provided by the social system of the Host Member State. If so, such contracts may not be concluded before the general and special conditions of that insurance are communicated to the Host NSA in the language(s) specified by the Host Member State’s national law.**

**If the insurance undertaking intends to cover risks in class 10 of Annex I to the Solvency II Directive not including carrier’s liability:**

* **the name and address of the claims representative as referred to in article 18(1)(h) of the Solvency II Directive**

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* **a declaration and a proof that it has become a member of the national bureau and national guarantee fund of the Host Member State**

**If the insurance undertaking intends to cover risks relating to legal expenses insurance (class 17), the option chosen from those described in Article 200 of the Solvency II Directive:**

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**If the insurance undertaking intends to cover risks relating to assistance (class 18), information on the resources available to the insurance company to provide these services:**

**If the undertaking belongs to a cross-border group, the name of the group supervisor and the structure of the group as included in the coordination arrangement’s annex, together with the last reported group solvency position:**

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

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**Identification of the person who is responsible within the insurance undertaking (or the different establishments) for handling of complaints in relation to the FoS activities:**

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| Name:  Phone number:  Email address: |

**Description of the relevant policyholder guarantee funds in the Home Member State, where applicable:**

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| Luxembourg does not have a general insurance policyholder guarantee fund, apart from the mandatory national Automobile Guarantee Fund applicable for all insurance companies authorized in class 10 “Motor Third Party Liability”, with the exception of carriers’ liability. |

**If 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:**

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**Table resuming the activities to be performed in the Host Member State by Line of Business and establishment**

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| Country of the headquarter  or branch from  which the FOS services  are provided |  | | Lines of business according to Annex 1 of the Solvency II Directive | | | | | | | | | | | | | | | | | |
| 1 | 2 | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 10a \* | 10b\*\* |
| Luxembourg |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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***\* Motor vehicle liability (excluding carrier’s liability) \*\*Only carrier’s liability***

**Interest of the general good**

**The undertaking knows any conditions and rules, under which, in the interests of the general good, the activity must be pursued within the territory of the Host Member State.**

**No**

**Yes**

**If yes,**

* **are they implemented in the product oversight and governance arrangements (POG) by the insurance undertaking and the insurance distributors;**
* **are they reflected in the general terms and conditions of insurance products marketed in the Host Member State:**

**If no, the undertaking shall certify that**

* **it will assure any general good conditions of the respective jurisdiction once they are communicated by the Home or Host NSA or are published on the website of the Host NSA;**
* **any general good conditions are implemented in the product oversight and governance arrangements (POG) by the insurance undertaking and the insurance distributors;**
* **any general good conditions are reflected in the general terms and conditions of insurance products marketed in the host Member State:**

*\*\*\*Insurance Distribution Directive - Report analysing national general good rules | Eiopa\*\*\**

<https://www.eiopa.europa.eu/content/insurance-distribution-directive-report-analysing-national-general-good-rules_en>

Insurance undertaking executive DD/MM/YYYY

(Dirigeant agréé)