NOTIFICATION OF FREEDOM TO PROVIDE SERVICES (FoS)

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, unless marked otherwise, and must be filled out in order to process the information in strict confidentiality.*

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

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| 1 | 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: |
| 2 | LEI of the undertaking intending to pursue business under FoS: |
| 3 | If the undertaking belongs to a cross-border group, the name of the group supervisor under Solvency II Directive and the structure of the group as included in the coordination arrangement’s annex, together with the last reported group solvency position: |
| 4 | Any available information regarding expected local third or related parties involved in the underwriting activities in the Host Member State, including but not limited to the foreseen distribution partners in the Host Member State: |
| 5 | Person who is responsible within the insurance undertaking (or the different establishments) for handling of complaints in relation to the FoS activities:  First Name:  Last Name:  Date of birth:  Phone number:  Email address:  ***Please attach a copy of the person’s ID card, passport or the nomination document(s)*** |
| 6 | If available the results of the assessment performed by the Home Authority of the undertaking’s compliance with the Product Oversight and Governance requirements set by the Commission Delegated Regulation (EU) 2017/2358 supplementing Directive (EU) 2016/97 of the European Parliament and of the Council (examples of the information which might be notified are the following: material findings regarding design of the product, monitoring of distributors, target market identification and product testing:  **If available, issued by the CAA** |
| 7 | Description of the relevant policyholder guarantee funds in the Home Member State, where applicable:  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. |
| 8 | 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:  Country: Branch address:  Country: Branch address:  Country: Branch address:  Country: Branch address: |
| 9 | The classes of insurance according to Annexes I and II to the Solvency II Directive which the insurance undertaking has been authorized to offer:  **Non-Life insurance classes:**  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  **Life insurance classes:**  I. Life, death and mixed insurance, annuity insurance - other than marriage  and birth assurance - not linked to investment funds, as well as ancillary  insurances to such insurances  II. Marriage assurance, birth assurance  III. Life, death and mixed insurance, annuity insurance linked to investment  funds  IV. Permanent health insurance  V. Tontines  VI. Capital redemption operations  VII. Management of group pension funds |
| 10 | The nature of the risks or commitments which the insurance undertaking proposes to cover in the Host Member State: |
| 11 | If the insurance undertaking intends to cover risks in class 10 of Annex I to the Solvency II Directive not limited to carrier’s liability: (i) the name and address of the claims representative as referred to in article 18(1)(h) of the Solvency II Directive: |
| 12 | If the insurance undertaking intends to cover risks in class 10 of Annex I to the Solvency II Directive not limited to carrier’s liability: (ii) declaration and a proof that it has become a member of the national bureau and national guarantee fund of the Host Member State:  ***Please attach a proof*** |
| 13 | 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:  Method 2  Method 3  Method 4  Methods 2 and 3  Methods 2 and 4  Methods 3 and 4  Methods 2, 3 and 4 |
| 14 | A certificate attesting that the insurance undertaking covers the SCR and MCR calculated in accordance with Articles 100 and 129 of the Solvency II Directive, in the form provided in Annex I hereto:  **Issued by the CAA** |
| 15 | Where the undertaking intends to operate exclusively, or almost exclusively in the Host Member State, identification, through for example the persons(s) ID card, passport or nomination document(s), of the persons who effectively run the undertaking or are responsible for the key functions: |
| 16 | Where the undertaking intends to operate exclusively, or almost exclusively in the Host Member State, a summary of the undertaking's system of governance, including the risk management system in place: |
| 17 | Where the undertaking intends to operate exclusively, or almost exclusively in the Host Member State, any available information resulting from the discussions with the undertaking of its business strategy and how the FoS fits into that strategy:  **If applicable, issued by the CAA** |
| 18 | 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: |
| 19 | 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: |

Non-Life insurance activities: 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  head office  or branch from  which the FoS services  are provided | Lines of business according to Annex I 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 (including carrier’s liability) \*\*Only carrier’s liability*

Life insurance activities: 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 head office or  branch from which  the FoS services are provided | Lines of business according to the Annex II  of the Solvency II Directive | | | | | | |
| I | II | III | IV | V | VI | VII |
| Luxembourg |  |  |  |  |  |  |  |
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Insurance undertaking executive DD/MM/YYYY

(Dirigeant agréé)