**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 the Annexes II to the Solvency II Directive which the insurance undertaking has been authorised to offer:**

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

Non-life insurance classes:

[ ]  1. Accident (including industrial injury and occupational diseases)

[ ]  2. Sickness

**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 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**

|  |  |
| --- | --- |
| Country of the headquarter or branch fromwhich the FOS services are provided | Lines of business according to the Annexes II and I of the Solvency II Directive |
| I | II | III | IV | V | VI | VII | 1 | 2 |
| Luxembourg |  |  |  |  |  |  |  |  |  |
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**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)