|  |
| --- |
| **APPLICATION FORM IF030**  **APPLICATION FOR APPROVAL FOR LLOYD’S UNDERWRITER OR LLOYD’S TO CONDUCT NON-LIFE INSURANCE BUSINESS IN THE CLASSES AND SUB-CLASSES, OTHER THAN SUB-CLASS 17** |

|  |
| --- |
| **Purpose of this document**  This application form needs to be completed when applying for approval to conduct non-life insurance business in the classes and sub-classes, other than sub-class 17, in respect of personal lines business, as required in terms of section 24(2) of the Insurance Act, 2017 (the Act). |

|  |
| --- |
| **Important information to complete this form**  Before completing this form, read the Fact Sheet Application and Notification Forms (Fact Sheet) that is available on the website of the SARB. The Fact Sheet contains important information on consent and declarations required. Please note: this application could include a prescribed fee, in accordance with [Prudential Standard IAF](http://www.resbank.co.za/PrudentialAuthority/Insurers/Post%20Insurance%20Act/Legislation%20and%20Regulatory%20instruments/Prudential%20Standards/Documents/Prudential%20Standard%20IAF.pdf), 2019 with the process for payment found [here](http://www.resbank.co.za/PrudentialAuthority/Insurers/Post%20Insurance%20Act/Legislation%20and%20Regulatory%20instruments/Prudential%20Standards/Documents/Process%20for%20payment%20of%20fees%20prescribed%20in%20terms%20of%20the%20Insurance%20Act.pdf). |

## Company information and reason for approval

* 1. Provide the following details for this application:

|  |  |
| --- | --- |
| **Lloyd’s underwriter name** |  |
| **Effective date for which approval is requested** | YYYY/MM/DD |

* 1. Provide the reason(s) for seeking approval

|  |
| --- |
|  |

## Contact and Basic Information

* 1. Contact details of the person for correspondence related to this form

This must be someone who works for the insurance company and not a professional advisor.

|  |  |
| --- | --- |
| **Title** |  |
| **First names** |  |
| **Surname** |  |
| **Position** |  |
| **Business address** |  |
| **Contact number** |  |
| **Email address** |  |

* 1. Details of professional advisors

#### Have you used third-party professional advisors to help with this form?

**No** 🡺 Continue to section 2.3.

**Yes** 🡺 Complete the remainder of this section

#### Provide the name and contact details of the third-party professional advisor(s) used (i.e. the consultants, auditors, actuaries and/or lawyers used in compiling this form). This information should be included in an attachment accompanying this form, e.g.:

|  |  |
| --- | --- |
| **Name of firm** |  |
| **Title** |  |
| **First names** |  |
| **Surname** |  |
| **Position** |  |
| **Business address** |  |
| **Contact number** |  |
| **Email address** |  |

* 1. Other information

#### Is there any additional information that is not requested elsewhere in this form, that is relevant for the Prudential Authority to assess this form?

**No** 🡺 Continue to section 3

**Yes** 🡺 Complete question 2.3.2

#### Provide a summary or list of the additional information, including the reasons for providing this additional information and attach to this form.

|  |
| --- |
|  |

## Specific Information

* 1. Information on the non-life insurance to be conducted

#### List the class(es) and/or sub-class(es), other than sub-class 17, in which the Lloyd’s underwriter or Lloyd’s wishes to conduct personal lines business in the Republic, as set out in table 2 of schedule 2 of the Act.

|  |
| --- |
|  |

#### Outline the objectives for conducting personal lines business in the class(es) and/or sub-class(es) listed in question 3.1.1 above and provide the reason(s) why the representative is of the opinion that the Lloyd’s underwriter or Lloyd’s is appropriately suited to conduct such business in the Republic.

|  |
| --- |
|  |

#### Confirm that securities are held in a trust, where such assets held in security will be at least equal to the aggregate of the technical provisions of the personal lines business that the Lloyd’s underwriter or Lloyd’s wishes to conduct.

|  |
| --- |
|  |

#### Provide details of the expected volumes of business to which this application relates.

|  |
| --- |
|  |

#### Provide details of the main risks identified by the Lloyds’ underwriter or Lloyd’s as a result of conducting the business to which the application relates (e.g. risks with distribution, administration, business volumes etc.).

|  |
| --- |
|  |

#### Provide details of the risk control measures in place to manage the risks described in question 3.1.5.

|  |
| --- |
|  |

#### Provide a detailed business plan indicating, at least, the expected premium volumes, levels of commission, level of claims expected to be incurred and the expected profitability for the personal lines business to which this approval form relates.

## Attachment Checklist

* 1. Compulsory attachments

Complete the following table with details of the attachments provided.

| **Attachment Number** | **Question Number** | **Description** | **Number of pages/sheets** | **Attached** |
| --- | --- | --- | --- | --- |
| A1 | 3.1.7 | Business plan |  |  |
| A2 | 5 | Consent and Declarations |  |  |

* 1. Other Attachments

Complete the following table with details of the attachments provided, also indicating the number of pages of each attachment. For example, attachments might be required if there was not sufficient space to include the information in the form itself or if your responses in this form refer to external documents. Add additional rows for each attachment included:

| **Attachment Number** | **Question Number** | **Description** | **Number of pages/sheets** | **Attached** |
| --- | --- | --- | --- | --- |
| e.g. B1 | 2.2 | Contact details of professional advisors | 8 |  |

## Consent and Declarations

To assess the application or notification, the Prudential Authority needs to ensure that the information in the application or notification is accurate and complete, and may be verified and shared with other regulatory authorities. Please see the Fact Sheet on the SARB website for the required consent and declarations that must accompany this form.