	Instruction	S						
1		Arrangements should be submited in accordance with the Terms and Conditions to be complied by Insurers in						
2		s, mainly scanned copies of treaties/cover notes, other required documents should be submitted in legible						
3	All document	s should be submitted in English Language.						
4) (on the face of CD) as "RI Arrangements for year of(company name)"						
5		ms/documents relating to Reinsurance Arrangements should be submitted in soft version via CD;						
-	5	LT-RE/GI-RE 1 (Excel Version)						
		has been inserted namely "Annexure" for the Form LT-RE/GI-RE 1 in order to cross reference with 'scanned						
		er notes'. Accordingly relevant treaty/cover note name should include the annexure number for easy reference.						
	Please see th	ne item 5.3 b) for instructions that need to be followed when naming annexure.						
	5.2 Forms	LT-RE/GI-RE 2 (Excel Version)						
	5.3 Scann	ed Copies of signed Reinsurance Treaty/ Cover Notes/ Arrangements						
	a) Each sign	ed treaty/cover note/arrangement should comprise of signing slips of all the Reinsurers' for their respective treaty						
		ning 'Annexure' for reference purpose make sure to include following:						
	<annexure n<="" td=""><td>o.> <type arrangement="" of="" s=""> <class business="" of="" s=""> <year>)</year></class></type></td></annexure>	o.> <type arrangement="" of="" s=""> <class business="" of="" s=""> <year>)</year></class></type>						
	E.g.: Annexu	re 1, ST, QS, Fi, En, 2020						
	Annexure	e 2, XL, Fi, En, 2020						
	If catego	rized as "Miscellaneous"; Annexure 3, XL, Mis, Tr,2020						
	Please	use Abbreviations stated in item for this purpose						
	5.4 Scann	ed copies/ downloaded copies (PDF FORM) of 'Other required documents' such as Authority/License						
		ase save same in a separate folder named "Other Required Documents for year xxxx"						
	b) Cre	ate Sub folders inside the "Other Required Documents" namely;						
		ngs xxxx"						
	When	saving Rating certificates, name the certificate in the name of "Reinsurer"						
		enses xxxx"						
	When	saving license certificate, name the certificate in the name of "Reinsurer"						
		ed copy of Certification on Reinsurance Arrangements (Treaty)						
6	Following a	bbreviations can be used when naming the files, folders, annexures						
	RI	Reinsurance						
	GI	General						
	LT	Long term						
	XL	Excess of loss						
	QS	Quota share						
	ST	Surplus Treaties						
	SLXL	Stop Loss Excess of Loss						
	Cat XL	Catastrophe Excess of Loss						
	Fi	Fire						
	MH	Marine Hull						
	En	Engineering						
	Мо	Motor						
	MC	Marine Cargo						
	M Marine							
	Mis Miscellaneous							
	When namin	g Annexures, Sub categories under 'Miscellaneous' insurance buiness, please use following abbreviations.						
	Tr	Travel						
	Н	Health						
	ME Ti	Medical Expenses Title						
		any other abbreviations appropriately when naming annexures by specifying the same below the Form LT-RE/GI-						
	RE 1;	any other approximations appropriately international annovation by specifying the same below the Form EFRE/OF						
_	,							

13/02/2020

Certification on Reinsurance Arrangements (Treaty)												
	Name of the Tenner											
	Name of the Insurer :											
	For the year :											
 (date) a	We certify that the Reinsurance Arrangements and relevant supporting documents of (Company name) are listed in items 1 to 4 and submitted via a Compact Disc (CD) on (date) are in compliance with the Terms and Conditions to be complied with by Insurers in terms of Section (1) of the Regulation of Insurance Industry Act .											
1	Statements of Reinsurance Arrangements		(√ / X)									
1.1	FORM GI-RE- 1- Statement of Reinsurance Arrangements (General Insurance	e)										
1.2	FORM GI-RE- 2 -Details of Column 12 of Form GI – RE – 1											
1.3	FORM LT-RE- 1 - Statement of reinsurance arrangements (Long term Insur	ance)										
1.4	FORM LT-RE- 2- Details of Column 3 of Form LT – RE – 1											
2	(Please delete either (GI) or (LT) as applicable) Scanned Copies of signed Reinsurance Treaty/ Cover Notes/ Arrangements											
3	Each signed treaty/cover note should comprise of signing slips of all t respective treaty share.	he Reinsurers' for their										
4	Scanned copies/ downloaded copies (PDF FORM) of 'Other required docume Authority/License issued by the respective Regulator to carry out reinsurance											
Rolow li	certificates etc. isted documents relating to items 1 to 4 are not available in the CD and will s	ubmit on stated date (if										
any).												
(Descrip	ption)		Submission									
1												
2												
	Principal Officer : Name Signature											
	Specified Officer : Name											
	CFO : Name Signature											
	Date											

FORM GI-RE-1

STATEMENT OF REINSURANCE ARRANGEMENTS (GENERAL INSURANCE) OUTWARD TREATY REINSURANCE

Financial Year commencing and ending on...... Name of the Insurer:

	Normal Maxin	num Exposure		F	Reinsurance Arra	ngements										
		Net retention in respect of any one event					Surplus Treaties	Exe	cess of loss Trea	ties						
Class of Business	Net retention in respect of any one risk		Quota share	(Show in respect of each treaty the number of lines and retention is	Any one event		Others (please specify)	Annexures	Date from and including which Treaty is in force	Period for which Treaty in force	Name of the Re- insurer	Treaty Share (%)	Broker			
					based)	(show Retention and layers of each Treaty)	(show Retention and layers of each Treaty)									
	LKR 000'	LKR 000'	LKR 000'	LKR 000'	LKR 000'	LKR 000'	LKR 000'									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)			

FORM GI-RE-2

STATEMENT OF RE-INSURANCE ARRANGEMENTS (GENERAL INSURANCE) OUTWARD TREATY RE-INSURANCE

Details of Column 12 of Form GI – RE – 1

Financial Year commencing and ending on.....

Name of the insurer:

		Reinsurer's Country of origin	Name of the regulatory authority which approval obtained to transact reinsurance business **	License validity period of the reinsurer	Rating				
Class of business	Name of the reinsurer				Credit	Financial Strength	Name of the Rating Agency	Date of rating	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Marine									
1									
Fire									
1									
Motor 1									
Employers' Liability									
Miscellaneou s: e.g. Personal Accident									
(please specify for each line of business in Miscellaneous Group)									
1									

FORM LT-RE-1 STATEMENT OF REINSURANCE ARRANGEMENTS (LONG TERM INSURANCE) OUTWARD TREATY REINSURANCE

Financial year commencing and ending on.....

Name of the Insurer:

Class of Business	Net Retention in Respect of anv One Risk LKR 000'	Name of Reinsurer	Name of Broker	Type of Treaty	Amount in Force LKR 000'	Amount in Force Reinsured Value LKR 000'	Effective Date of Treaty	Expiry Date of Treaty	Annexures
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Life 1 2									
Annuity 1 2									
Accident and Sickness 1 2									
Other (specify) 1 2									

FORM LT-RE-2

STATEMENT OF RE-INSURANCE ARRANGEMENTS (LONGTERM INSURANCE) OUTWARD TREATY RE-INSURANCE

Details of Column 3 of Form LT – RE – 1

Financial Year commencing and ending on.....

Name of the insurer:

Class of business		Name of reinsurer	Reinsurer's Country of origin	Name or the regulatory authority which approval obtained to transact reinsurance husiness **	License validity period of the reinsurer	Rating		Rating agency	Date of rating	Remarks	
						Financial Strength	Credit				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
Life	1 2										
Annuity	1 2										
Accident a Sickness	nd 1 2										
Other (specify)	1 2										