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INSURANCE UNDERTAKINGS

TEMPORARY RUN OFF REGIME NOTIFICATION FORM

PURSUANT TO REGULATION 13A (5) OF THE

 EUROPEAN UNION (INSURANCE AND REINSURANCE) REGULATIONS 2015

 (S.I. No. 485 of 2015) (the “Regulations”)

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| **A person to whom Regulation 13A of the Regulations applies shall, no later than three months from 31 December 2020 (the “Relevant Date”) or no later than three months from the date on which Regulation 13A first applies to the person provide the Central Bank of Ireland (the “Central Bank”) with the following information[[1]](#footnote-1):** |
| **Part 1 Company Details** |
| **Information Required** | **Information Provided** |
| Name  |  |
| Trading name if different from the above  |  |
| Address of the head office  |  |
| Where applicable, the address of the establishment in the State from which the company pursues the business of insurance in accordance with the Regulations |  |
| LEI  |  |
| Annual Reporting Date |  |
| If the company belongs to a cross-border group, the name of the group supervisor and the structure of the group together with the last reported group solvency position |  |

| **Part 2 Insurance business in the State** |
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| **Information Required** | **Information Provided** |
| The classes of insurance according to Schedule 1 and Schedule 2 of the Regulations, which the company has been authorised to transact in the State |  |
| The nature of the risks or commitments, which the company covers in the State |  |
| Where the company covers risks in Class 10 (Motor Vehicle Liability), other than carrier’s liability in the State provide:1. the name and address of the company’s appointed claims representative in the State;
2. confirmation that the company participates in the financing of the Motor Insurers’ Bureau of Ireland and the national guarantee fund of the State; and
3. confirmation that the company is a party to the Declined Cases Agreement.
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| Information[[2]](#footnote-2) regarding any local directly employed individuals, third or related parties, involved in the administrating of the existing portfolio, in order to terminate the company’s activities in the State. |  |
| Identification and contact details of the person within the company responsible for handling of complaints in relation to insurance business in the State |  |

| **Part 3 Conditions for application of Regulation 13B of the Regulations** |
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| **Information Required** | **Information Provided** |
| Was the company, immediately before the Relevant Date, authorised as an insurance undertaking within the meaning of the Directive[[3]](#footnote-3) under the law of the United Kingdom or Gibraltar giving effect to the Directive? |  |
| Has the company, before the Relevant Date:1. established a branch and started business in the State, or
2. pursued business in the State under the freedom to provide services,

 in accordance with Chapter VIII of Title I of the Directive? |  |
| Please provide relevant details on this branch or freedom to provide services business. |  |
| Has the company, on or before the Relevant Date, ceased to conduct new insurance contracts in the State |  |
| Will the company, after that Relevant Date, exclusively administer its existing portfolio in order to terminate its activity in the State? |  |
| Does the company comply with the general good requirements of the State? |  |
| Does the company intend to permanently cease to administer its existing portfolio in the State by the date that is fifteen years from the Relevant Date? |  |
| Please confirm the date by which the company intends to cease to administer its existing portfolio in the State.Outline how the company intends to achieve this. |  |
| Does the company anticipate that it may need to continue to administer its existing portfolio after the date that is fifteen years from the Relevant Date?If so, what actions has the company taken, or will it take, during the fifteen-year period, to ensure that it will have appropriate authorisations to operate in Ireland after the date that is fifteen years from the Relevant Date? |  |

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| **Part 4 Contact Details** |
| **Information Required** | **Information Provided** |
| Name, address, telephone number and email address of the person within the company responsible for communication with the Central Bank |  |
| Names, addresses, telephone numbers and email addresses of the individuals within the company who will be act as System Administrator for the Central Bank’s Online Reporting System and be responsible for the setting up of the company on the Central Bank’s Portal. |  |

| **Part 5 Declaration** |
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| The company hereby:1. gives notification to the Central Bank, pursuant to Regulation 13A(5) of the Regulations, of the application of Regulation 13A of the Regulations to the company;
2. confirms that it satisfies the conditions set out in Regulation 13A(1) of the Regulations;
3. certifies that the details and particulars furnished in each part of this form are correct; and
4. undertakes to notify the Central Bank promptly of any changes to the details and particulars furnished in each part of this form.

Signed for and behalf of the company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Full name of signatory in block capitals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position[[4]](#footnote-4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The completed Notification Form should be emailed to insurance@centralbank.ie.

**NOTE: The Central Bank of Ireland (the “Central Bank”) may process personal data provided by you in order to fulfil its statutory functions or to facilitate its business operations. Any personal data will be processed in accordance with the requirements of data protection legislation. Any queries concerning the processing of personal data by the Central Bank may be directed to** **dataprotection@centralbank.ie****. A copy of the Central Bank’s Data Protection Notice is available at** [**www.centralbank.ie/fns/privacy-statement**](http://www.centralbank.ie/fns/privacy-statement)**.**

1. The completed Notification Form should be emailed to insurance@centralbank.ie. [↑](#footnote-ref-1)
2. Information such as name, address and nature of services being provided in the State. [↑](#footnote-ref-2)
3. Directive 2009/138/EC of the European Parliament and of the Council of 25 November 2009 on the taking-up and pursuit of the business of Insurance and Reinsurance (Solvency II). [↑](#footnote-ref-3)
4. A sufficiently senior person with authority to sign for and on behalf of the company must sign off the Notification Form. [↑](#footnote-ref-4)