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| MALTA FINANCIAL SERVICES AUTHORITY |  |
| **Third Schedule – Extension of Authorisation** |  |
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| **Application by an authorised insurance undertaking for authorisation to extend its business of insurance to other classes or to extend an authorisation covering only some of the risks pertaining to one class pursuant to article 8(2) of the Insurance Business Act** | |
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| This form is to be completed by an undertaking authorised to carry on business of insurance seeking authorisation to extend its business of insurance to other classes or to extend an authorisation covering only some of the risks pertaining to one class.  **Completion of the application**  This document is to be completed in a comprehensive manner as much as possible and submitted together with the application form, the checklist fully ticked, relative fees and the declaration contained in the Third Schedule in order for the application pack to be considered as complete and for the review of the application to commence. In the instance where application documents are submitted in a piecemeal fashion or are incomplete, the processing of an application will not start and will be delayed until receipt of all the relevant documents and fees concerned. The time taken to determine an application is significantly affected by the quality of the application submitted. In this regard, applicants are advised to provide comprehensive information as much as possible regarding the regulated activities the applicant intends to carry out and how it will be carrying out those activities. The applicant's description of its business is an integral basis of the processing of the application. All of the questions should be answered. If the applicant believes that a question does not apply, the response should be left blank. Any supporting documents submitted as part of the application pack which are not in English should be officially translated into English before being submitted to the MFSA.  **Transparency**  It is important that applicants are transparent with the MFSA at all stages of the application process. It is essential that all pertinent matters are brought to the attention of the MFSA to enable the competent authority to form a complete and thorough understanding of the applicant and its proposal. Responsibility for the submission of all relevant information rests with the applicant. Timely responses from applicants are expected. Undue and unjustifiable lengthy delays in the submission of responses from applicants may require the re-submission of updated documents.  The provision of false, misleading or inaccurate information or omission of provision of material information may prejudice the status of the application and also have a bearing on the fitness and properness of the person providing the information. Any person who knowingly or recklessly furnishes information or makes a statement which is inaccurate, false or misleading or leave out any material aspect, is guilty of an offence under the Insurance Business Act.  **Changes**  If after the application has been submitted, the applicant becomes aware that the information submitted has changed or if the applicant becomes aware of any material fact that affects the information submitted, the applicant must inform the MFSA immediately. If the proposal changes significantly and materially during the application process, then the processing time may be lengthier than in normal circumstances and a fresh application may be requested incorporating the new changes. | |

| **Application Details** | | |
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| All questions in this form should be answered and any questions which are not relevant to the application at hand should be left blank. | | |
| Applicant Name | | (applicant name should be same as that found in the application form)  Enter text | |
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| **1** | **Classes** | |
| 1.1 | Please indicate the new class or classes of business for which new authorisation is being sought | |
|  | Please indicate the **classes** of long-term business and groups of classes of general business which the applicant proposes to carry on. Please select **I** for Business of Insurance, **R** for Business of Reinsurance and **C** Combined Business.   |  |  | | --- | --- | | Please indicate the **kind of business** to be carried on | **Select** | | Business as captive re/insurance undertaking | Choose an item | | Business of reinsurance solely and exclusively | Choose an item | | Business of direct insurance solely and exclusively | Choose an item | | Combined – business of direct insurance and reinsurance | Choose an item | | Long term business in relation to commitments where Malta is the country of commitment | Choose an item | | Long term business in relation to commitments where Malta is not the country of commitment | Choose an item | | General business in relation to risks situated in Malta | Choose an item | | General business in relation to risks situated outside Malta | Choose an item |   Indicate the groups of classes of general business which the applicant proposes to carry on. Please choose **I** for Business of Insurance, **R** for Business of Reinsurance and **C** Combined Business.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **General business and**  **Groups of Classes** | **Classes (I / R / C)** | | | | | | | | | | | | | | | | | | | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | | 1. Accident and health  *(classes 1 and 2)* | - | - |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | 1. Motor  *(classes 1(d), 3, 7 and 10)* | - |  | - |  |  |  | - |  |  | - |  |  |  |  |  |  |  |  | | 1. Marine and transport  *(classes 1(d), 4, 6, 7 and 12)* | - |  |  | - |  | - | - |  |  |  |  | - |  |  |  |  |  |  | | 1. Aviation  *(classes 1(d), 5, 7 and 11)* | - |  |  |  | - |  | - |  |  |  | - |  |  |  |  |  |  |  | | 1. Fire and other damage to property  *(classes 8 and 9)* |  |  |  |  |  |  |  | - | - |  |  |  |  |  |  |  |  |  | | 1. Liability  *(classes 10, 11, 12 and 13)* |  |  |  |  |  |  |  |  |  | - | - | - | - |  |  |  |  |  | | 1. Credit and suretyship  (*classes 14 and 15)* |  |  |  |  |  |  |  |  |  |  |  |  |  | - | - |  |  |  | | 1. General  *(all classes)* | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |   Indicate the classes of long-term business which the applicant proposes to carry on. Please choose I for Business of Insurance, R for Business of Reinsurance and C Combined Business.   |  |  | | --- | --- | | **Long-Term Business Classes** | | | 1. Life and annuity | - | | 1. Marriage and birth | - | | 1. Linked long term | - | | 1. Permanent health | - | | 1. Tontines | - | | 1. Capital redemption | - | | 1. Pension fund management | - | | 1. Collective insurance | - | | 1. Social insurance | - | | |
| **2** | **Risks** | |
| 2.1 | A description of the nature of risks or commitments or insurance products which the undertaking proposes to cover  Please also indicate in which jurisdiction these products will be sold  Do the additional classes pose new risks to the applicant? What assessment has been carried out to ensure this? | Enter text |
| **3** | **Governance** | |
| 3.1 | Is the current governance structure and arrangements going to change? If this is the case, please provide a clear description of what will change | Select: Yes or No  Enter text |
| **4** | **Strategy** | |
| 4.1 | Please provide a clear description of the applicant’s business strategy with regards to the new additional classes in relation to: | |
|  | a) Underwriting strategy - Please explain the underwriting process | Enter text |
|  | b) Pricing and reserving strategy – Briefly explain how the price for the product is calculated and the reserving policy once a claim is lodged. | Enter text |
|  | c) Distribution strategy - Please specify how the new products will be sold by whom and the level of commissions that will be given. | Enter text |
|  | d) Market penetration strategies - Please identify the target market and the jurisdiction in which the product be sold. | Enter text |
| **5** | **Reinsurance** | |
| 5.1 | Will this/these class/es be reinsured? If this is the case, please explain how. | Select: Yes or No  Enter text |
| **6** | **Financial Crime Analysis** | |
|  | The information contained in the financial crime analysis section is to be provided specifically in case of long-term business | |
| 6.1 | Please provide any updates that will be carried out in the Business Risk Assessment | Enter text |
| 6.2 | Please provide any updates that will be carried out in the Customer Risk Assessment | Enter text |
| **7** | **Documents to be submitted** | |
| 7.1 | * Please submit a copy of the Insurance Product Information Document. * An updated Product Oversight and Governance Requirements policy. * Please provide us with a realistic scenario of the balance sheet, profit and loss account and cashflow in respect of this additional business that will be written together with the solvency position of the undertaking, inclusive of these additional classes. Please note that if the product will be sold in another jurisdiction, a split of the GWP and Claims expected per territory is required. | |