

# Worldwide Reinsurance Application

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## Section A - Proposed Reinsured's Information

Company Name:

Address:

Country:

Broker or Contact Person:

Name:

Title:

Phone:

Fax:

Proposed Effective Date:

Scope of Business to be Covered (Please provide a brief description and attach policy wording to be reinsured):

Reinsured's Financial Information: Please attach a copy of the Reinsured's most current audited financial statements, International AM Best and/or Standard & Poors rating, if applicable.

## Section B - Claim History

	<u>Is Year Complete?</u>	<u>* Modifications from prior year?</u>
Paid Claims in 1995: _____	Yes or No	Yes or No
Paid Claims in 1996: _____	Yes or No	Yes or No
Paid Claims in 1997: _____	Yes or No	Yes or No
Paid Claims in 1998: _____	Yes or No	Yes or No

Please provide the following information for all claims currently in excess of US\$10,000.

- Diagnosis & Prognosis.
- Date(s) of loss.
- Current claim cost.
- Projected claim cost.

\* Please note any modifications; such as benefit design, eligibility, underwriting or administration on a separate sheet and submit with this application.

### Section C - Premium History

Policy Year	Total Annual Gross Premium	Fronting Fees & Taxes	Agent / Broker Commissions	Administrative Fees	Total Annual Net Premiums
1995					
1996					
1997					
1998					
1999					

### Section D - Insured Pool Demographics

_____ % Individual		_____ % White Collar Professionals (no manual labor)	
_____ % Group		_____ % Blue Collar (light to heavy manual labor)	
	Total Single	Total Single + 1	Total Family
1995 Year of Account			
1996 Year of Account:			
1997 Year of Account:			
1998 Year of Account:			
1999 Year of Account:			
2000 Year of Account (proj):			

### Section E - Reinsurance Information

Is there currently or has there ever been reinsurance coverage in effect? \_\_\_ Yes \_\_\_ No.  
If Yes, please attach details of the reinsurance arrangements for each year.

If No, please answer the following questions:

What type of reinsurance treaty is requested?

- A.) \_\_\_ Specific Excess Retention. Excess Retention Limits: \_\_\_\_\_ x/s \_\_\_\_\_  
\_\_\_\_\_ per person per claim **or** \_\_\_\_\_ per person per policy year
- B.) \_\_\_ Proportional (Quota Share). Reinsured's Retention Percentage: \_\_\_\_\_
- C.) \_\_\_ Other. Please explain.

Reinsurance Contract Period: Claims Incurred in (12, 15, 18, 24, 36) Months (Choose one)  
Claims Paid in (12, 15, 18, 24, 36) Months (Choose one)

Contract Type: \_\_\_ Risk Attaching \_\_\_ Losses Occurred During (Choose one)

Name of Currency: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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## **Worldwide Reinsurance Supplemental Questionnaire**

1. Who will administer the underlying policies and how much will be charged for this service?
  
2. Who will pay the claims on the underlying policies and how much will be charged for this service? Also, provide background information and experience of entity providing the claims services.
  
3. Who will provide the underwriting services on the underlying policies? Also, please provide resumes of the underwriter(s), underwriting manual and underwriting protocols.
  
4. Who will market the underlying policies and how much will the commission be for this service? Also, provide a brief outline of the marketing plan.
  
5. What is the mode of payment on the underlying policies to be reinsured?  
Single Annual Premium, Monthly, Quarterly, Semi-Annual, Other\_\_\_\_\_.
  
6. Is the policy an ancillary (supplemental) product to any existing products?
  
7. Does the Reinsured require assistance and support for underwriting or claims services?
  
8. Is there an underlying Government "Socialized or Nationalized" Healthcare Program in the Country where the Reinsured is located? If so, will this product coordinate with the

Government Program and to what extent? Please provide a summary of the Government Program.