



# Forms for recording business plan data

**Issue 08/2007**

Name and address of the insurance undertaking

...
...
...

With the legally valid signature of the form entitled “Certification” on the next page, the insurance undertaking certifies the correctness of the information with respect to all checked forms and supplements.



# Declaration

Name of the insurance undertaking: .....

The undersigned company representatives responsible for the insurance undertaking:

.....  
 (please PRINT names)

certify the correctness of the information contained in the following business plan forms:

certify with "X"

<input type="checkbox"/>	A. Company statutes
<input type="checkbox"/>	B. Organizational structure and geographic areas of activity
<input type="checkbox"/>	C. Licence from the competent foreign supervisory authority or equivalent certification
<input type="checkbox"/>	D. Details of financial resources and provisions
<input type="checkbox"/>	E. Annual financial statements for the last three business years or the opening balance sheet if a new insurance undertaking
<input type="checkbox"/>	F. Details of persons who directly or indirectly hold at least 10% of the capital or voting rights
<input type="checkbox"/>	G. Schedule of named individuals entrusted with the direction, supervision, control and management and/or person(s) holding a general power of attorney
<input type="checkbox"/>	H. Designation of the responsible actuary
<input type="checkbox"/>	I. Designation of the independent auditor and the persons responsible for the mandate
<input type="checkbox"/>	J. Contracts or other agreements by which principal functions of the insurance undertaking are to be outsourced
<input type="checkbox"/>	K. Proposed insurance classes and the nature of the risks to be insured
<input type="checkbox"/>	L. Statement of membership of the National Bureau of Insurance and the National Guarantee Fund
<input type="checkbox"/>	M. Details of resources available to provide assistance services
<input type="checkbox"/>	N. Reinsurance plan or retrocession plan
<input type="checkbox"/>	O. Estimate of costs required to build up the insurance undertaking
<input type="checkbox"/>	P. Projected balance sheets and projected statements of income
<input type="checkbox"/>	Q. Details of risk identification, limitation and monitoring
<input type="checkbox"/>	R. Rates and general conditions of insurance (occupational pension plans and supplementary health insurance)

Place and date: .....

Signature(s):



**Form A1**

(Art. 4 para. 2 (a) ISA)

Name of the insurance undertaking: .....

**Company statutes**

**1) Insurance undertaking with registered office in Switzerland**

Business name(s) entered in the Commercial Register:

German	
French	
Italian	
English	

Purpose of the insurance undertaking (according to company statutes):

Legal form of the insurance undertaking:

Check appropriate box (X)

<b>Limited company</b>	<b>Cooperative society</b>
<input type="checkbox"/>	<input type="checkbox"/>

Amount of nominal capital:

<b>Authorized share capital</b>	
<b>Conditional share capital</b>	
<b>Paid-up share capital</b>	
<b>Cooperative society capital</b>	
<b>Other</b>	

Rules governing allocation to legal profit reserve (according to company statutes):

--

Date of constitutive general meeting (initial approval)	
Date of current company statutes	
Date of FOPI approval of current company statutes	

Remarks:

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Please enclose:

- Notarized company statutes (or draft company statutes for initial approval)
- Extract from the Commercial Register



**Form A2**

(Art. 4 para. 2 (a) ISA)

Name of the insurance undertaking: .....

**Company statutes**

**2) Branch of insurance undertaking with registered office abroad**

Business name(s) entered in the Commercial Register:

German	
French	
Italian	
English	

Purpose of the insurance undertaking (according to statutes of the overall company):

Purpose of the branch (if more limited than the overall company):

Legal form of the insurance undertaking:

Check appropriate box (X)

Limited company	Cooperative society	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Please enclose:

- Notarized statutes of the overall company
- Extract from the commercial register



**Form A3**

(Art. 4 para. 2 (a) ISA)

Name of the insurance undertaking: .....

**Company statutes**

**3) Health insurance schemes offering (or planning to offer) supplementary health insurance in accordance with art. 12 para. 2 of the Health Insurance Act**

Business name(s) entered in the Commercial Register:

German	
French	
Italian	
Romansh	

Purpose of the undertaking (according to company statutes):

--

Legal form of the health insurance scheme:

Check appropriate box (X)

Association	Foundation	Cooperative society	Limited company (art. 620 para. 3 OR)	Legal person under cantonal law

Date of current company statutes	
Date of FOPH approval of current company statutes	

Remarks:

--

Please enclose:

- Notarized company statutes (or draft company statutes for initial approval)
- Extract from the Commercial Register



## Form B

(Art. 4 para. 2 (b) ISA)

Name of the insurance undertaking: .....

### Organizational structure and geographical area of activity

#### 1. Information on the organizational structure of the undertaking:

Principal functions	Responsible persons in the insurance undertaking

#### 2. Information upon formation of the undertaking (initial approval):

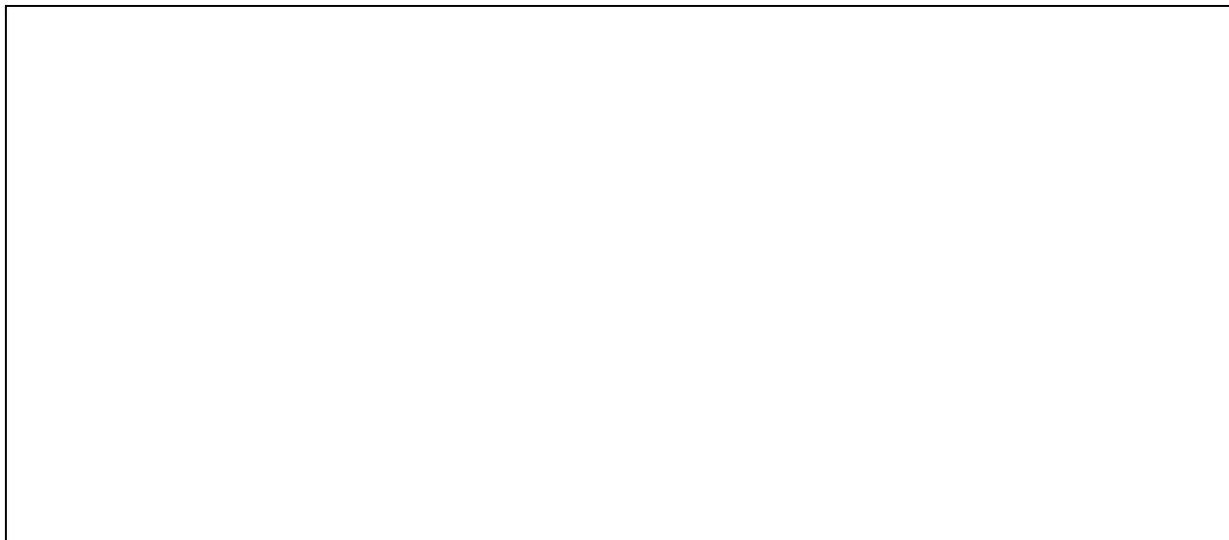
How many employees are under contract at the time of formation?	
How many employees does the insurance undertaking estimate will be employed in 5 years?	

*If a life insurer offers occupational pension plan insurance:*  
Specify the collective foundations for occupational pensions, with an indication of the nature of the collective life insurance contract (full coverage, partial coverage with separate savings component, with or without pensioners in the client base).

Collective foundation	Nature of the contract

### 3. Description of the geographic areas of activity of the insurance undertaking

Geographical distribution of activities by country:



Please enclose:

- Current organizational rules
- Organizational chart of the undertaking (including organizational units)
- Organizational chart of the group structure (if there are insurance undertakings in the group)
- Audit charter
- Rules or directives on underwriting



## Form C

(Art. 4 para. 2 (c) ISA)

Name of the insurance undertaking: .....

### Licence from the competent foreign supervisory authority or equivalent certification

Does the insurance undertaking engage in or intend to engage in insurance activities abroad?

Check appropriate box (X)

Yes	No

↓

→ Continue with Form D

Countries in which the undertaking engages in or intends to engage in insurance activities:	Via a branch or without a branch?		Date of licence of foreign supervisory authority	Date of equivalent certification	Activity*
	with branch	without branch			
	Check appropriate box (X)				

\*activity not subject to licence under applicable foreign law

Remarks:

Please enclose:

- Copy of the licences of the foreign supervisory authorities
- Copy of the certifications (if available) and evidence of non-applicability of licensing requirement



## Form D

(Art. 4 para. 2 (d) ISA)

Name of the insurance undertaking: .....

### Details of financial resources and provisions

#### 1. Financial resources

Please submit the required documentation (see below)

#### 2. Technical provisions

The insurance undertaking shall describe the principles and procedures relating to technical provisions in accordance with the explanations on the Business Plan.

##### a. Life insurance

##### b. Non-life insurance

##### c. Reinsurance

##### d. Health insurance (initial approval)

## Note

FOPI directives on art. 16 ISA are currently under development. In due course – taking account of an appropriate transition period – these directives will set out the supervisory authority's requirements.

Please enclose:

- Confirmation of deposit of required own funds and organizational fund (initial approval)
- Overview of capital structure (equity capital, hybrid instruments; liabilities)
- Solvency certification and evidence of solvency margin (initial approval for a foreign insurance undertaking with registered office in an EU State)
- Evidence of solvency margin and evidence of surety deposited with Swiss National Bank (initial approval for a foreign insurance undertaking with registered office outside the EU and Liechtenstein)
- Confirmation of deposit of minimum amount of tied assets (initial approval)
- Tied assets of the last three business years (approval of changes and updates; only a summary overview must be submitted)
- Rules or guidelines on capital investments and hedging instruments
- Rules or guidelines on provisions



## **Form E**

(Art. 4 para. 2(e) ISA)

Name of the insurance undertaking: .....

### **Annual financial statements for the last three business years or opening balance sheet if a new insurance undertaking (initial approval)**

Please enclose:

- Annual financial statements for the last three business years (including report of the independent auditor), or
- Opening balance sheet



## Form F

(Art. 4 para. 2 (f) ISA)

Name of the insurance undertaking: .....

### Details of persons who directly or indirectly hold at least 10% of the capital or voting rights of the insurance undertaking or who may otherwise exert a significant influence on its business activities

1. Direct holdings in the insurance undertaking:

Name of the undertaking or natural person	Domicile	Capital (in %)	Votes (in %)

2. Indirect holdings in the insurance undertaking:

Name of the undertaking or natural person	Domicile	Capital (in %)	Votes (in %)

3. Other undertakings or persons who exert a significant influence on the business activities of the insurance undertaking.

Name of the undertaking or person	Domicile	How is this influence exerted?

Please enclose:

- Organizational chart of the group or legal person which directly or indirectly holds 10% of the capital or voting rights of the insurance undertaking
- Relevant information on the activities of the undertakings or natural persons exerting significant influence



**Form G**  
 (Art. 4 para. 2 (g) ISA)

Name of the insurance undertaking: .....

**Schedule of named individuals entrusted with the  
 direction, supervision, control and management and/or person(s)  
 holding a general power of attorney**

Members of the board of directors:

- 
- 
- 
- 

Members of the general management and their functions:

- 
- 
- 
- 

Person(s) responsible for supervision and control:

- 
- 

List of committees of the board of directors (e.g. Audit Committee, Nomination Committee, Compensation Committee, Risk Committee, Investment Committee, etc.)

Name	Role	Chairman of the committee

***For foreign insurance undertakings:***

Last and first name of the person(s) holding a general power of attorney:

- 

Please enclose:

- Annex 1
  - Certification of the Enforcement Office
  - Extract from the criminal register
  - General power of attorney
- } for every person mentioned above



**Annex 1.1**  
(Annex to Form G of the Business Plan)

**1. Personal data**

First name: ...  
Last name: ...  
Nationality: ...  
Date of birth: ...  
Residence: ...  
Function: ...

**2. Professional career**

The information on professional experience and qualifications must be listed chronologically and without gaps (see table below). For each employer of the applicant (including part-time positions), information on the applicant's function and a description of the activities must be included.

**a) Professional experience**

Enter	Exit	Company	Function	Description of activities

**b) Professional qualifications**

Date	Diploma	Place

Date: .....

Signature: .....



**Annex 1.3**

**3. Self-declaration**

The following self-declaration must be answered truthfully.

**YES** or **NO**

1. Have you ever been involved in criminal or civil proceedings or in an investigation by a supervisory authority in connection with your professional activities or function you performed, or are you currently involved in such proceedings or investigation?

2. Have you ever served as a member of the board of directors, member of the general management, or significant participant in a business or organization which, during your term of office or within a year after completion of your term of office, experienced financial and/or organizational difficulties (moratorium on debt enforcement, bankruptcy, liquidation, special supervision by supervisory authority, or the like)?

3. Have you ever been suspended or dismissed from a director or management function in an organization?

4. Has a professional organization (association of actuaries, lawyers, analysts, etc.) ever imposed a sanction or disciplinary measure on you?

**If you have answered one or more of the above questions with YES, please explain the facts:**

**Circumstances which would give rise to an affirmative answer to one or more of the above questions after the fact must be notified to FOPI immediately.**

First name:.....

Last name:.....

Date:.....

Signature:.....



## Form H

(Art. 4 para. 2 (h) ISA)

Name of the insurance undertaking: .....

### Designation of the responsible actuary

Last name: ...

First name: ...

Place and date of birth: ...

Nationality: ...

Diploma(s):

- 
- 
- 

Professional experience:

- 
- 
- 

Current function(s) and assignment:

- 
- 

If applicable, professional organization to which the actuary belongs:

- 

Please enclose:

- Annex 2: "Professional declaration for responsible actuary"
- Copy of diploma(s)



## **Annex 2**

(Annex to Form H of the Business Plan)

### **Professional declaration for responsible actuary**

I hereby declare that I have the professional capacity and necessary experience to fulfil the function of responsible actuary for the following insurance undertaking in accordance with article 23 of the Insurance Supervision Act (ISA):

.....

Signature and date: .....



## Form I

(Art. 4 para. 2 (i) ISA)

Name of the insurance undertaking: .....

### Designation of the independent auditor

Name and address of the independent audit office:

<p>...</p> <p>...</p> <p>...</p>
----------------------------------

For foreign trust companies, address of branch in Switzerland:

...

...

...

Date of formation of the independent audit office	
Date of authorization by the Federal Audit Oversight Authority	
Date of authorization under insurance supervision law by FOPI	

Last name and first name of the persons responsible for the mandate (auditors-in-charge), their title(s) and the date of authorization by the Federal Audit Oversight Authority and FOPI:

Last and first name	Title(s)	Date of authorization by FASA	Date of authorization by FOPI

**If the insurance undertaking is part of an insurance group or insurance conglomerate:**

1. The independent audit office assigned the mandate and the auditor(s)-in-charge responsible for the mandate of the group or conglomerate audit:

Audit office-in-charge	Auditors-in-charge

2. List of the audit offices worldwide involved in the audit of the group or conglomerate and the respective auditors-in-charge:

Audit offices	Countries	Auditors-in-charge

Please include:

- Copy of the (provisional) authorization of the audit office by the Federal Audit Oversight Authority
- Copy of the (provisional) authorization for each auditor-in-charge



## Form J

(Art. 4 para. 2 (j) ISA)

Name of the insurance undertaking: .....

### Contracts or other agreements by which principal functions of the insurance undertaking are to be outsourced

	Outsourced functions	Service provider	Persons responsible at the insurance undertaking
1.			
2.			
3.			
4.			

Remarks:

Please enclose:

- Copy of the outsourcing contracts



## Form K

(Art. 4 para. 2 (k) ISA)

Name of the insurance undertaking: .....

### Insurance classes and nature of the insured risks or risks to be insured

Check column A or B with an "X" and fill out the column on "Risks".

#### A. Life insurance

A <sup>1</sup>	B <sup>2</sup>	Insurance classes	Risks <sup>3</sup>
		A1 Collective life insurance, occupational pension plan insurance	
		A2.1 Unit-linked capital insurance with death or disability protection	
		A2.2 Ditto, plus survival guarantee	
		A2.3 Unit-linked annuity insurance	
		A2.4 Life insurance linked to internal investment portfolios or other benchmarks, with death or disability protection	
		A2.5 Ditto, plus survival guarantee	
		A2.6 Annuity insurance linked to internal investment portfolios or other benchmarks	
		A3.1 Individual capital insurance, payable at death or survival	
		A3.2 Individual annuity insurance	
		A3.3 Other individual life insurance	
		A3.4 Collective life insurance, other than occupational pension plan insurance	
		A4 Accident insurance	
		A5 Health insurance	
		A6 Capital redemption	
		A7 Tontines	

<sup>1</sup> The insurance classes for which the undertaking is already authorized.

<sup>2</sup> The insurance classes not mentioned under A for which authorization is sought.

<sup>3</sup> The nature of the risks to be insured need only be designated in the case of applications for authorization.

**B. Non-life insurance**

A	B	Insurance classes		Risks
		B1	Accident	
		B2	Sickness	
		B3	Land vehicles	
		B4	Railway rolling stock	
		B5	Aircraft	
		B6	Ships (sea, lake, and river and canal vessels)	
		B7	Goods in transit	
		B8	Fire and natural forces	
		B9	Other damage to property	
		B10	Motor vehicle liability	
		B11	Aircraft liability	
		B12	Liability for ships (sea, lake, and river and canal vessels)	
		B13	General liability	
		B14	Credit	
		B15	Suretyship	
		B16	Miscellaneous financial loss	
		B17	Legal expenses	
		B18	Assistance to tourists	

**C. Reinsurance**

A	B	Risks		Country
		C1		
		C2		
		C3		



## Form L

(Art. 4 para. 2 (I) ISA)

Name of the insurance undertaking: .....

### Statement of membership of the National Bureau of Insurance and the National Guarantee Fund

Does the undertaking provide or intend to provide the insurance class "Motor vehicle liability" (B10)?

Check appropriate box (X)	
Yes	No

↓

→ Continue with Form M

1. Has the undertaking joined the National Bureau of Insurance?
2. Has the undertaking joined the National Guarantee Fund?

Check appropriate box (X)	
Yes	No

Date of membership:

1. National Bureau of Insurance
2. National Guarantee Fund

Remarks:

Please provide the name and address below of the claims agent whom the insurance undertaking has appointed in each country to which Switzerland grants reciprocity in accordance with article 79e of the Road Traffic Act (currently only the Principality of Liechtenstein).

Country	Name of officer	Address
Liechtenstein		

Remarks:

Company code issued by the Swiss Insurance Association (SIA):

Please enclose:

– Membership card for the National Bureau of Insurance and the National Guarantee Fund



## Form M

(Art. 4 para. 2 (m) ISA)

Name of the insurance undertaking: .....

### Details of resources available to provide assistance services

Does the undertaking provide or intend to provide the insurance class "Assistance to tourists" (B18)?

Check appropriate box (X)

Yes	No
↓	→ Continue with Form N

Does the insurance undertaking have its own organization delivering the promised assistance in all countries within the scope of the contract,

or

has the insurance undertaking concluded an agreement with a third party possessing such organization, where such agreement obliges the third party to deliver the promised assistance in all countries within the scope of the contract?

Check appropriate box (X)

Own organization	Agreement with third party
↓	↓

<b>Name and address of third party</b>
<b>Information and designation of the activities of the third party</b>



Own funds available for providing assistance services

Please enclose:

- Agreement with a professional organization (if applicable)



## 2) Reinsurance or retrocession strategy

<p>Strategy of the reinsurance programmes, including payments to group companies (internal reinsurance)</p>									
<p>New start up (initial approval)</p>	<table border="1"> <thead> <tr> <th data-bbox="580 723 1476 831"> <b>List of the (planned) contracts, with an indication of the most important parameters (nature of the contract, insurance sum, retained amount, ceded premium)</b> </th> </tr> </thead> <tbody> <tr> <td data-bbox="580 831 1476 902"></td> </tr> <tr> <td data-bbox="580 902 1476 974"></td> </tr> <tr> <td data-bbox="580 974 1476 1046"></td> </tr> <tr> <td data-bbox="580 1046 1476 1117"></td> </tr> <tr> <td data-bbox="580 1117 1476 1189"></td> </tr> <tr> <td data-bbox="580 1189 1476 1261"></td> </tr> <tr> <td data-bbox="580 1261 1476 1332"></td> </tr> </tbody> </table>	<b>List of the (planned) contracts, with an indication of the most important parameters (nature of the contract, insurance sum, retained amount, ceded premium)</b>							
<b>List of the (planned) contracts, with an indication of the most important parameters (nature of the contract, insurance sum, retained amount, ceded premium)</b>									

Please enclose:

- Reinsurance contracts (initial approval)
- Evidence of assumption of risk by reinsurers not included in the contracts (initial approval)



## Form O

(Art. 4 para. 2 (o) ISA)

Name of the insurance undertaking: .....

### Estimate of costs required to build up the insurance undertaking (initial approval)

Costs / Organisation funds	1st business year	2nd business year	3rd business year
<b>Formation costs</b>			
Fees for entry in the Commercial Register			
Bank fees			
Legal duties (stamp duty, authorization, etc.)			
Costs for consultants and notaries (fees)			
other: ...			
other: ...			
<b>Organizational costs</b>			
Costs for office equipment			
Costs for IT (policy administration, etc.)			
General costs for building up the distribution network (personnel acquisition, costs for locating office premises, etc.)			
other: ...			
other: ...			
<b>Costs for expanding or converting business</b>			
Bank fees			
Legal duty on capital increase (stamp duty, etc.)			
Costs for consultants (fees)			
Costs for expansion, conversion of IT systems			
General costs for expanding the distribution network (personnel acquisition, costs for locating office premises, etc.)			
other: ...			
other: ...			
<b>TOTAL COSTS</b>			

Organisation funds			
- Total costs			
<b>= Organisation funds after deducting costs</b>			



## Form P

(Art. 4 para. 2 (p) ISA)

Name of the insurance undertaking: .....

### Projected balance sheets and projected statements of income for the first three business years (initial approval)

Projected balance sheets			
Designation	1st business year	2nd business year	3rd business year
<b>ASSETS</b>			
Intangible assets			
Real estate and buildings			
Participations			
Due from participations			
Fixed-interest securities			
Mortgages / Loans			
Shares / Investment funds			
Alternative investments (hedge funds, private equity)			
Other capital investments			
Capital investments for ULI <sup>1</sup>			
Claims from insurance business			
Tangible fixed assets			
Cash and other liquid assets			
Other assets			
Accrued income and prepaid expenses			
<b>TOTAL</b>			
<b>LIABILITIES</b>			
Paid-up share capital			
Organisation funds			
Legally required retained earnings			
Other reserves			
Subordinated liabilities			
Unearned premiums			
Claim provisions			
Equalization provisions			
Old age provisions			
Provisions for profit participation			
Actuarial reserve			

<sup>1</sup> ULI = Unit-linked life insurance

Technical provisions for ULI			
Other technical provisions			
Non-technical provisions and other obligations			
Liabilities from insurance activities			
Liabilities from capital investment or financing activities			
Other liabilities			
Accrued expenses and deferred income			
Balance sheet profit/loss			
<b>TOTAL</b>			

<b>Projected statements of income</b>			
Designation	1st business year	2nd business year	3rd business years
<b>INCOME</b>			
Gross premiums written			
- premiums ceded (reinsurance)			
Other technical income			
Income from capital investment activities (direct income, realized and book profits)			
Other income			
Extraordinary income			
Total income			
<b>EXPENSES</b>			
Claim payments (net)			
Change to claim provisions (net)			
Change to other technical provisions/liabilities			
Insurance operation expenses			
Other technical expenses			
Expenses from capital investment activities			
Expenses for capital investments for ULI			
Other expenses			
Extraordinary expenses			
Taxes			
Total expenses			
<b>RESULTS OF THE BUSINESS YEAR</b>			



## Form Q

(Art. 4 para. 2 (q) ISA)

Name of the insurance undertaking: .....

### Details of risk identification, limitation and monitoring

The supervisory authority periodically supplements and enhances the following questions with a risk management / internal controls tool.

Check appropriate box (X)

	Yes	No
1. Is risk management independent of other business operations?		
2. Has the insurance undertaking performed a classification of the significant risks?		
3. Has the insurance undertaking taken appropriate measures with respect to risk guidance measures (e.g. directives on underwriting, investments, reinsurance, technical reserves, claims management, and so on)?		
4. Has the insurance undertaking introduced an internal control system?		
5. Are risk management activities separated from the internal control system?		
6. Has the insurance undertaking introduced limit systems for risk exposures?		
7. Has the insurance undertaking compiled documentation on risk management and the internal control system?		

All questions answered with "No" must be explained in more detail in the table below:

--

Please enclose:

- Documentation on risk management in accordance with art. 97 SO
- Documentation on the internal control system



## Form R

(Art. 4 para. 2 (r) ISA)

Name of the insurance undertaking: .....

### Rates and general conditions of insurance for:

- occupational pension plans (collective)
- supplementary health insurance

Check appropriate box (X)

	Yes	No
1. Does the undertaking offer or intend to offer collective life insurance in the framework of occupational pension plans?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the undertaking offer or intend to offer supplementary health insurance?	<input type="checkbox"/>	<input type="checkbox"/>

Please fill out the following table(s)

***The GCI and rates are components of the business plan; they should be included as enclosures.***

#### 1. Collective life insurance in the framework of occupational pension plans

Name of product	Designation of rate / Designation of GCI

## 2. Supplementary health insurance (initial approval)

Name of product	Designation of rate / Designation of GCI

Please enclose:

- Rates
- GCI