INTERNATIONAL ASSOCIATION OF INSURANCE SUPERVISORS

Public

2020 Questionnaire for the April 2020 Aggregation Method (AM) Data Collection Exercise of the Monitoring Period Project ("the AM Questionnaire")

This document must be read in conjunction with the associated 2020 Aggregation Method Data Collection Technical Specifications and Template documentation to provide an accurate and up-to-date understanding of the data collection.

1 Identification

1	Please provide the name of your Volunteer Group below:	
	Volunteer Group name Insert text	
2	Please indicate the date of submission of this Questionnaire (dd/mm/yyyy). If an earlier submission of this Questionnaire has been updated please indicate a new date here:	
	Date of this submission Insert text	
3	Please indicate the name of the contact persons for queries about the responses to this Questionnaire, including email address and telephone number.	

Primary Contact	**Information**	
Name:	Insert text	
Email:	Insert text	
Phone:	Insert text	

Backup Contact	**Information**
Name:	Insert text
Email:	Insert text
Phone:	Insert text

2 Aggregation Method Data Collection Questionnaire

<table>
<tr><td>4</td><td>Were there any practical issues or difficulties encountered in applying the AM approach?</td></tr>
<tr><td></td><td>Provide your response by placing an ‘x’ in the relevant cell:
☐ YES ☐ NO ☐ Not Applicable

If YES, please summarise.
<table>
<tr><th>Item name</th><th>Description and rationale</th></tr>
<tr><td>Insert text</td><td>Insert text</td></tr>
<tr><td></td><td></td></tr>
</table>
(Add additional rows as necessary)</td></tr>
<tr><td>5</td><td>Were any material assumptions or simplifications used when providing data on the AM approach?</td></tr>
<tr><td></td><td>Provide your response by placing an ‘x’ in the relevant cell:
☐ YES ☐ NO ☐ Not Applicable

If YES, please describe those underlying assumptions and/or simplifications.
<table>
<tr><th>Item name</th><th>Description and rationale</th></tr>
<tr><td>Insert text</td><td>Insert text</td></tr>
<tr><td></td><td></td></tr>
</table>
(Add additional rows as necessary)</td></tr>
<tr><td>6</td><td>Were there any significant differences in the scope of group on which the AM data collection was based from that of the 2020 ICS data collection?</td></tr>
<tr><td></td><td>Provide your response by placing an ‘x’ in the relevant cell:
☐ YES ☐ NO ☐ Not Applicable

If YES, please provide details of which entities were excluded from AM and the rationale for the difference.
<table>
<tr><th>Item name</th><th>Description and rationale</th></tr>
<tr><td>Insert text</td><td>Insert text</td></tr>
<tr><td></td><td></td></tr>
</table>
(Add additional rows as necessary)</td></tr>
</table>

<table>
<tr><td>7</td><td>For mutual volunteer groups, do you have non-paid up capital resources that qualify as ICS capital resources?</td></tr>
<tr><td></td><td>Provide your response by placing an ‘x’ in the relevant cell:
☐ YES ☐ NO ☐ Not Applicable

If YES, please describe impact on the available capital if these instruments were not recognised.
<table>
<tr><th>Item name</th><th>Description and rationale</th></tr>
<tr><td>Insert text</td><td>Insert text</td></tr>
<tr><td></td><td></td></tr>
</table>
(Add additional rows as necessary)</td></tr>
<tr><td>8</td><td>Are there any legal entities in the group that are subject to capital regimes that cannot be mapped to the provided Entity Categories and so were mapped to one of the blank categories provided (eg Regime A)?</td></tr>
<tr><td></td><td>Provide your response by placing an ‘x’ in the relevant cell:
☐ YES ☐ NO ☐ Not Applicable

If YES, please describe the other capital regime(s) that were entered including the local capital standard and intervention level.
<table>
<tr><th>Entity Category in Template</th><th>Name of Capital Regime</th><th>Notes on Available / Required Capital</th></tr>
<tr><td>Regime A</td><td>Insert text</td><td>Insert text</td></tr>
<tr><td>Regime B</td><td></td><td></td></tr>
<tr><td>Regime C</td><td></td><td></td></tr>
<tr><td>Regime D</td><td></td><td></td></tr>
<tr><td>Regime E</td><td></td><td></td></tr>
</table>
(Add additional rows as necessary)</td></tr>
</table>

9	Do you have further comments regarding the AM data collection? Where appropriate, this includes comments on data, additional relevant data, and/or calculations that you consider relevant to the AM analysis (that is, have the potential to have a material impact on any conclusions reached based on the data and/or its analysis).
	Provide your response by placing an 'x' in the relevant cell: ☐ YES ☐ NO ☐ Not Applicable If YES, please describe. **Item name** | **Description and rationale** Insert text | Insert text | *(Add additional rows as necessary)*

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