



# IAIS

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:	
	<b>Volunteer Group name</b>	
	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:	
	<b>Date of this submission</b>	
	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.	
	<b>Primary Contact</b>	<b>Information</b>
	Name:	Insert text
	Email:	Insert text
	Phone:	Insert text
	<b>Backup Contact</b>	<b>Information</b>
	Name:	Insert text
	Email:	Insert text
	Phone:	Insert text

## 2 Aggregation Method Data Collection Questionnaire

<b>4</b>	<p>Were there any practical issues or difficulties encountered in applying the AM approach?</p> <p>Provide your response by placing an 'x' in the relevant cell:</p> <p> <input type="checkbox"/> YES                <input type="checkbox"/> NO                <input type="checkbox"/> Not Applicable         </p> <p>If YES, please summarise.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Item name</th> <th>Description and rationale</th> </tr> </thead> <tbody> <tr> <td>Insert text</td> <td>Insert text</td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table> <p><i>(Add additional rows as necessary)</i></p>	Item name	Description and rationale	Insert text	Insert text		
Item name	Description and rationale						
Insert text	Insert text						
<b>5</b>	<p>Were any material assumptions or simplifications used when providing data on the AM approach?</p> <p>Provide your response by placing an 'x' in the relevant cell:</p> <p> <input type="checkbox"/> YES                <input type="checkbox"/> NO                <input type="checkbox"/> Not Applicable         </p> <p>If YES, please describe those underlying assumptions and/or simplifications.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Item name</th> <th>Description and rationale</th> </tr> </thead> <tbody> <tr> <td>Insert text</td> <td>Insert text</td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table> <p><i>(Add additional rows as necessary)</i></p>	Item name	Description and rationale	Insert text	Insert text		
Item name	Description and rationale						
Insert text	Insert text						
<b>6</b>	<p>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?</p> <p>Provide your response by placing an 'x' in the relevant cell:</p> <p> <input type="checkbox"/> YES                <input type="checkbox"/> NO                <input type="checkbox"/> Not Applicable         </p> <p>If YES, please provide details of which entities were excluded from AM and the rationale for the difference.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Item name</th> <th>Description and rationale</th> </tr> </thead> <tbody> <tr> <td>Insert text</td> <td>Insert text</td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table> <p><i>(Add additional rows as necessary)</i></p>	Item name	Description and rationale	Insert text	Insert text		
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Insert text	Insert text						

7	<p>For mutual volunteer groups, do you have non-paid up capital resources that qualify as ICS capital resources?</p>																		
	<p>Provide your response by placing an 'x' in the relevant cell:</p> <p> <input type="checkbox"/> YES                <input type="checkbox"/> NO                <input type="checkbox"/> Not Applicable         </p> <p>If YES, please describe impact on the available capital if these instruments were not recognised.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 30%;">Item name</th> <th>Description and rationale</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;">Insert text</td> <td style="height: 20px;">Insert text</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </tbody> </table> <p><i>(Add additional rows as necessary)</i></p>	Item name	Description and rationale	Insert text	Insert text														
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8	<p>Are there any legal entities in the group that are subject to capital regimes that cannot be mapped to the provided <i>Entity Categories</i> and so were mapped to one of the blank categories provided (eg Regime A)?</p>																		
	<p>Provide your response by placing an 'x' in the relevant cell:</p> <p> <input type="checkbox"/> YES                <input type="checkbox"/> NO                <input type="checkbox"/> Not Applicable         </p> <p>If YES, please describe the other capital regime(s) that were entered including the local capital standard and intervention level.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 25%;">Entity Category in Template</th> <th style="width: 45%;">Name of Capital Regime</th> <th style="width: 30%;">Notes on Available / Required Capital</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;">Regime A</td> <td style="height: 20px;">Insert text</td> <td style="height: 20px;">Insert text</td> </tr> <tr> <td style="height: 20px;">Regime B</td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;">Regime C</td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;">Regime D</td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;">Regime E</td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </tbody> </table> <p><i>(Add additional rows as necessary)</i></p>	Entity Category in Template	Name of Capital Regime	Notes on Available / Required Capital	Regime A	Insert text	Insert text	Regime B			Regime C			Regime D			Regime E		
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Regime B																			
Regime C																			
Regime D																			
Regime E																			

9	<p>Do you have further comments regarding the AM data collection?</p> <p>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).</p>						
	<p>Provide your response by placing an 'x' in the relevant cell:</p> <p> <input type="checkbox"/> YES                <input type="checkbox"/> NO                <input type="checkbox"/> Not Applicable         </p> <p>If YES, please describe.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 30%; padding: 5px;">Item name</th> <th style="padding: 5px;">Description and rationale</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Insert text</td> <td style="padding: 5px;">Insert text</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px;"> </td> </tr> </tbody> </table> <p><i>(Add additional rows as necessary)</i></p>	Item name	Description and rationale	Insert text	Insert text		
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