



Reinsurance Agreement Review Form D

Company Name:
Control #

Date Submitted:

NAIC #
Deemer Date:

Analyst Review: Date:

Supervisor Review: Date:

STEP 1 - REVIEW THE FILING IN ITS ENTIRETY AND COMPLETE THE ITEMS BELOW. DOCUMENT ALL NEGATIVE RESPONSES AND RELEVANT FACTS OR ISSUES WITH THE FILING IN THE REMARKS SECTION.

1) Was a copy of the Reinsurance Agreement included in the filing? Yes NO
Remarks:

2) Are the following terms and conditions provided in the Agreement?

Remarks

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| Reinsurer: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Reinsured: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Business covered: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Effective Date: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Limits of Liability: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Net Retention: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Loss occurrence: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Loss & Loss adjustment expense: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ceded premium: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Reports and Remittances: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Cancellation/Termination provision: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Access to records: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Offset: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Insolvency: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Cut-through language: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Unauthorized reinsurer: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Recapture: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Experience refunds: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Arbitration: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Additional Remarks:

3) Is the Agreement only between affiliated parties? Yes No
Remarks:

4) Has a business rationale been provided that discusses the purpose and need for the Agreement Yes No
Remarks:

5) Is the Reinsurer authorized? Yes No
Remarks:

6) Does the agreement comply with the requirements for credit for reinsurance Yes No
Remarks:

7) Are there any terms in the Agreement that are unclear or need clarification? Yes No

Remarks:

8) What is the estimated amount of liability to be ceded and/or assumed each year by the Domestic insurer?

Remarks:

9) What is the estimated period of time the Agreement is to be in effect?

Remarks:

10) What is the type and dollar amount of consideration (premiums ceded/assumed, reserves transferred, etc.)?

Remarks:

11) What is the effect of the reinsurance agreement on the Domestic company regarding the following (note if there is a polling agreement in place):?

Remarks

Surplus:

Risk-Based Capital:

Financial Strength Ratings:

B/S and I/S items:

12) Does the Form D contain the required signature and certification?

Remarks:

13) Are there any other issues or concerns with the filing that may require follow up with the company?

Remarks:

14) Recommendation (include revisions to the agreement):

Remarks:

STEP 2 - IF THERE ARE NO MATERIAL CONCERNS, PREPARE RECOMMENDATION FOR SUPERVISOR REVIEW. IF ADDITIONAL INFORMATION IS NEEDED, CONTACT COMPANY. INDICATE TO THE COMPANY IF FILING WILL BE DENIED AND NEEDS TO BE REFILED.