



## Reinsurance Agreement Review Form D

Company Name: \_\_\_\_\_ NAIC # \_\_\_\_\_

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

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.**