



**2019 Additional Data Collection (Aggregation Method) Questionnaire for the
April 2019 Quantitative Data Collection Exercise of the
Field Testing Project**

(“the Aggregation Method Additional Data Collection Questionnaire”)

*This document must be read in conjunction with the associated 2019 Aggregation Method
Additional Data Collection Technical Specifications and Templates documentation to provide an
accurate and up-to-date understanding of the additional 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 Additional Data Collection Questionnaire

4	<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 style="background-color: #e0e0e0;"> <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> <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								
5	<p>Are there other data components or additional information that should be considered and captured under the current 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.</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>Insert text</td> <td>Insert text</td> </tr> <tr> <td> </td> <td> </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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6	<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 style="background-color: #e0e0e0;"> <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> <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>Were there any significant differences in the scope of group on which the AM additional data collection was based from that of 2019 ICS Field Testing?</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 style="background-color: #e0e0e0;"> <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> <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								
8	<p>Question regarding Carrying Value (Local Regime) --</p> <p>Are there any items that are not counted as capital resources in the local regime that would count as capital resources in the ultimate parent regime?</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;"> <thead> <tr style="background-color: #e0e0e0;"> <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> <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								
9	<p>Are there any adjustments made to reflect the notional value for reported intra-group guarantees, letters of credit, or other intra-group financial support mechanisms?</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;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 30%;">Item name</th> <th>Description and rationale</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Item name	Description and rationale						
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	Insert text	Insert text								
	<i>(Add additional rows as necessary)</i>									
10	Are there any adjustments made to remove double counting of the carrying value for other intra-group assets such as loans, derivative transactions, dividends, coupons, other interest payments, cost sharing agreements, or purchase, sale or lease of assets?									
	<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;"> <thead> <tr> <th style="width: 30%;">Item name</th> <th>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="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;"><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									
11	Are there any other adjustments made to reflect other differences between <i>Carrying Value (Local Regime)</i> of insurance subsidiaries and the <i>Adjusted Carrying Value</i> ?									
	<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;"> <thead> <tr> <th style="width: 30%;">Item name</th> <th>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="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;"><i>(Add additional rows as necessary)</i></p>		Item name	Description and rationale	Insert text	Insert text				
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12	Is there any further input on the scaling options and/or data sources for determining appropriate scalars?									
	<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 detail.</p>									

Item name	Description and rationale
Insert text	Insert text
<i>(Add additional rows as necessary)</i>	

13 For mutual volunteer groups, do you have non-paid up capital resources that qualify as ICS capital resources?

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 recognized.

Item name	Description and rationale
Insert text	Insert text
<i>(Add additional rows as necessary)</i>	

14 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)?

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.

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		
<i>(Add additional rows as necessary)</i>		

15 Do you have further comments regarding the AM additional data collection?

	<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;"> <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> <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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