

**FBC REINSURANCE COMPANY**

**MOTOR FACULTATIVE UNDERWRITING REQUIREMENTS**

Cedant \_\_\_\_\_

Offering Underwriter \_\_\_\_\_

Insured \_\_\_\_\_

Occupation \_\_\_\_\_

**NATURE OF RISK:** Individual / Private Fleet / Company Fleet/  
Commercial Vehicle / Commercial Fleet/Buses+

**COVER REQUIRED:** i. Own Damage (H.V.V.) \_\_\_\_\_  
ii. TSI /Total Fleet Value \_\_\_\_\_  
iii. Third Party Cover \_\_\_\_\_

Rate(s) \_\_\_\_\_ Excess \_\_\_\_\_

**Loss Ratios:**

Current Year \_\_\_\_\_ 1<sup>st</sup> Previous Year \_\_\_\_\_ 2<sup>nd</sup> Previous Year \_\_\_\_\_

Period of Reinsurance \_\_\_\_\_

Cedant's Retention: \_\_\_\_\_