User Guide

Solvency II Pillar 3 – Risk and Claims Reporting Service
31 December 2020

Contents

Table of Contents

1 Introduction

A requirement arising from Solvency II Pillar 3 is to report claims and risk information for the ASR 249 / 250 (analysis and distribution of claims) and ASR 252 (distribution of underwriting risk) forms.

Following a review of the first data collection as at 31 December 2016, Lloyd's has agreed with the PRA that Lloyd's can submit a single set of forms with respect to this data on behalf of the Lloyd's market for subsequent year ends.

1.1 In scope

This includes the reporting of

- All direct (inward insurance) risks live as at 31 December 2020 including premiums due from 01/01/2020 (where available from written data) or inception from 01/01/2020 (where premium due is not available), **including:**

    o **All direct business underwritten by Lloyd's Insurance Company SA which must be separately identified using relevant syndicate numbers**
    o **All direct business transferred to Lloyd's Insurance Company SA on <mark>30/12/2020</mark> which must be separately identified using a Part VII Indicator**

- All direct (inward insurance) claims (irrespective of policy inception date), open as at 31/12/2020 or open / reopened from 01/01/2020. Reopened claims are those that were closed at the end of the prior reporting period that were opened during the reporting period, or had a payment made during the reporting period, **including:**

    o **All direct business underwritten by Lloyd's Insurance Company SA which must be separately identified using relevant syndicate numbers**
    o **All direct business transferred to Lloyd's Insurance Company SA on <mark>30/12/2020</mark> which must be separately identified using a Part VII Indicator**

1.2 Out of scope

The following are out of scope

- Reinsurance (i.e. assumed and outward reinsurance) as this is not required to be reported on ASR 249, 250 or 252.
- LIC reinsurance written through Broker 1966
- Risks & Premiums due prior to 01/01/2020.
- Claims closed prior to 01/01/2020 and not reopened after 01/01/2020.
- Claims opened after 31/12/2020 or risks not live until after 31/12/2020.
- Data relating to loss funds since individual claims will be reported in subsequent periods and granular information is not readily available.

1.3 The risk and claims reporting service

A significant proportion of insurance business underwritten by Lloyd's has historically been processed on a block basis, where groups of underlying policies (written premiums, outstanding reserves and settled premiums /claims) recorded on a bordereau are processed by Xchanging as a single financial transaction. The nature of the subscription

market for delegated authority business also means that syndicates write a significant number of small lines (lead and follow) resulting in large volumes of small transactionswhen viewed at a granular level.

Lloyd's has developed a "risk and claims reporting service" approach that is described in this document to assist the market in meeting these requirements and avoid the need for followers to report risk and claims data.

Risk information includes sum insured and annual premium figures that are currently reported by Xchanging on a signed / cash basis rather than a Solvency II basis and will be aggregated for block UMRs. Managing agents will need to collect this information and provide it at "Step B".

Xchanging can provide Lloyd's details of all the claims it has processed other than those that have been processed in a block. Managing agents will need to provide granular level claims at 'Step B' for these block claims, and, also claims from any business not processed via Xchanging.

1.4 Step A

Xchanging will provide a list of the relevant claims UMRs, calendar year movements and balances. For 2020 and subsequent year ends this will include data in respect of risks and claims written through Lloyd's Insurance Company SA in Brussels, separately identified through the appropriate syndicate numbers. For 2020 and subsequent year ends data included in respect of risks and claims that have transferred to Lloyd's Insurance Company SA as a result of the Part VII transfer on 30/12/2020 ("Part VII transfer") will be separately identified using a Part VII indicator.

Consistent with the arrangements for 2018, this will not be supplemented by any risk and claims data from Lloyd's own systems as managing agents should already have access to this data.

1.5 Step B

Lead syndicates are required to provide look through data at a 100% slip level basis for all business including 100% and subscription processed through Xchanging and any business processed outside of Xchanging.   The premiums and claims templates to be used for this purpose are available for download here. It is **essential** that you use these templates for submitting Step B data. If agents use templates which vary from this format then this will cause the processing to fail if the column headings are varied in any way.

For 2020 and subsequent year ends, the information reported by lead syndicates in these templates must include data in respect of risks and claims written through Lloyd's Insurance Company SA in Brussels, separately identified through the appropriate syndicate numbers in the range 5250 – 5499. For 2020 and subsequent year ends, the information reported by lead syndicates in these templates must include data in respect of risks and claims transferred to Lloyd's Insurance Company SA in Brussels as a result of the Part VII transfer. These will be separately identified using a Part VII indicator. This information should be reported from the perspective of Lloyd's Insurance Company SA, i.e. reported as direct business written through Lloyd's Brussels and should not be reported as assumed reinsurance business written through the London based syndicate.

1.6 Step C

Xchanging will provide Lloyd's with market level information including volume counts and aggregations of syndicate line values from each transaction for completion of the Solvency II forms.

It is recognised that there will be a proportion of UMRs where it is difficult to obtain complete or timely information due to the nature and complexities of the Lloyd's insurance market.   Given this, it has been determined that an estimation process will be applied to top up the actual data collected by managing agents to ensure that the returns provide the complete record counts and financial information for the direct classes of business required to be reported for each syndicate. The estimation process will be completed by Lloyd's after the data has been collected from the managing agents at Step B.

1.7 Query handling

Managing agents are encouraged to submit questions for Lloyd's by email to LLoyds-SolvencyReturns@lloyds.com

Specific data queries or issues regarding processing of the data by Xchanging should be emailed to StepB@Xchanging.com.

1.8 Provision of data to managing agents

Managing agents need to provide email contacts to LLoyds-SolvencyReturns@lloyds.com for Pillar 3 information (maximum of two individuals) by **15 January 2021**. Xchanging will send csv files directly to these individuals.

1.9 Provision of data to Xchanging

The Step B files submitted by managing agents will need to be sent to Xchanging at the following email address: StepB@Xchanging.com

1.10 Timelines

Dates	Step	Purpose	Action
By 15 January 2021		Managing agents advise contacts to Xchanging	Managing agents need to provide email contacts to LLoyds-SolvencyReturns@lloyds.com for Pillar 3 information (maximum of two individuals). Xchanging will send csv files directly to these individuals.
By 22 January 2021	A	Distribution of centrally collected data	Xchanging provide statement of in scope claims and backing file providing block analysis and financials.
By 5 February 2021	B	Gather the data and submit to Xchanging	Managing agents submit files of granular data to Xchanging service.
8 to 19February 2021		Feedback and submission of data by syndicates	Xchanging check data. Managing agents must correct and resubmit any data with issues. Where a resubmission is required, please resubmit the whole files rather than just the corrected components even if the corrected rows are relatively few.

1.11 ASR249: Movement of reported but not settled (RBNS) claims

Syndicate - Agent   ASR 249

E4 (249): Movements of RBNS Claims
Period: Underwriting Years

Line of business: [   ]

		RBNS claims - Open Claims at the beginning of the year										Claims incurred during the year						Reopen Claims during the year				
	Gross	Open Claims at the end of the period				Closed Claims at the end of the period:					Open Claims at the end of the period			Closed Claims at the end of the period:			Open Claims at the end of the period		Closed Claims at the end of the period	
						settled			settled without any payment					settled		settled without any					
	Underwriting Years	Number of claims	Gross RBNS at the beginning of the year	Gross payments made during the current year	Gross RBNS at the end of the period	Number of claims ended with payments	Gross RBNS at the beginning of the year	Gross payments made during the current year	Number of claims ended without any payments	Gross RBNS at the beginning of the year referred to claim settled without any payment	Number of claims	Gross payments made during the current year	Gross RBNS at the end of the period	Number of claims ended with payments	Gross payments made during the current year	Number of claims ended without any payments	Number of claims	Gross payments made during the current year	Gross RBNS at the end of the period	Number of claims ended with payments	Gross payments made during the current year
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Prior	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
2	N-14	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
3	N-13	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
4	N-12	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
5	N-11	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
6	N-10	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
7	N-9	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
8	N-8	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
9	N-7	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
10	N-6	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
11	N-5	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
12	N-4	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
13	N-3	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
14	N-2	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
15	N-1	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
16	Total previous year	A1+A2+A3+A4+A5A6+A7+A8+A9+A10+A11+A12+A13+A14+A15	B1+B2+B3+B4+B5+B6+B7+B8+B9+B10+B11+B12+B13+B14+B15	C1+C2+C3+C4+C5+C6+C7+C8+C9+C10+C11+C12+C13+C14+C15	D1+D2+D3+D4+D5+D6+D7+D8+D9+D10+D11+D12+D13+D14+D15	E1+E2+E3+E4+E5+E6+E7+E8+E9+E10+E11+E12+E13+E14+e15	F1+F2+F3+F4+F5+F6+F7+F8+F9+F10+F11+F12+F13+F14+F15	G1+G2+G3+G4+G5+G6+G7+G8+G9+G10+G11+G12+G13+G14+G16	H1+H2+H3+H4+H5+H6+H7+H8+H9+H10+H11+H12+H13+H14+H15	I1+I2+I3+I4+I5+I6+I7+I8+I9+I10+I11+I12+I13+I14+I15	J1+J2+J3+J4+J5+J6+J7+J8+J9+J10+J11+J12+J13+J14+J15	K1+K2+K3+K4+K5+K6+K7+K8+K9+K10+K11+K12+K13+K14+K15	L1+L2+L3+L4+L5+L6+L7+L8+L9+L10+L11+L12+L13+L14+L15	M1+M2+M3+M4+M5+M6+M7+M8+M9+M10+M11+M12+M13+M14+M15	N1+N2+N3+N4+N5+N6+N7+N8+N9+N10+N11+N12+N13+N14+N15	O1+O2+O3+O4+O5+O6+O7+O8+O9+O10+O11+O12+O13+O14+O15	P1+P2+P3+P4+P5+P6+P7+P8+P9+P10+P11+P12+P13+P14+P15	Q1+Q2+Q3+Q4+Q5+Q6+Q7+Q8+Q9+Q10+Q11+Q12+Q13+Q14+Q15	R1+R2+R3+R4+R5+R6+R7+R8+R9+R10+R11+R12+R13+R14+R15	S1+S2+S3+S4+S5+S6+S7+S8+S9+S10+S11+S12+S13+S14+S15	T1+T2+T3+T4+T5+T6+T7+T8+T9+T10+T11+T12+T13+T14+T15
17	N										*	*	*	*	*	*					
18	Total										J16+J17	K16+K17	L16+L17	M16+M17	N65+N17	O16+O17					

1.12 ASR250: Loss Distribution Profile – Non-Life

Syndicate - Agent				ASR ???? Edition X	
250 Loss Distribution Profile Non-Life (S.21.01.01)					
Period: Underwriting Years					
		Underwriting Year		(dropdown (N to N-14))	
		Line of Business			
			Start claims incurred	End claims incurred	Number of claims	Total claims incurred
			A	B	C	D
	EIOPA ref	C0030	C0040	C0060 - C0340 (based on UW yr)	

	EIOPA ref	Start claims incurred A C0030	End claims incurred B C0040	Number of claims C	Total claims incurred D
1	R0010	0	1,000,000	+	+
2	R0020	1,000,001	2,000,000	+	+
3	R0030	2,000,001	3,000,000	+	+
4	R0040	3,000,001	4,000,000	+	+
5	R0050	4,000,001	5,000,000	+	+
6	R0060	5,000,001	6,000,000	+	+
7	R0070	6,000,001	7,000,000	+	+
8	R0080	7,000,001	8,000,000	+	+
9	R0090	8,000,001	9,000,000	+	+
10	R0100	9,000,001	10,000,000	+	+
11	R0110	10,000,001	11,000,000	+	+
12	R0120	11,000,001	12,000,000	+	+
13	R0130	12,000,001	13,000,000	+	+
14	R0140	13,000,001	14,000,000	+	+
15	R0150	14,000,001	15,000,000	+	+
16	R0160	15,000,001	16,000,000	+	+
17	R0170	16,000,001	17,000,000	+	+
18	R0180	17,000,001	18,000,000	+	+
19	R0190	18,000,001	19,000,000	+	+
20	R0200	19,000,001	20,000,000	+	+
21	R0210	20,000,001+		+	+
22	R0300	Total		Sum(C1:C21)	Sum(D1:D21)

1.13 ASR252: Underwriting Risks Non-Life (Mass Risks)

Syndicate - Agent						ASR ???? Edition X
252 Non-life distribution of underwriting risks - by sum insured (S.21.03.01)						
Period: All Years of Account Combined						
			Line of business			

	EIOPA Ref	Start sum insured	End sum insured	Number of underwriting risks	Total sum insured	Total annual premium
		A	B	C	D	E
		C0020	C0030	C0040	C0050	C0060
1	R0010	0	1,000,000	+	+	+
2	R0020	1,000,001	2,000,000	+	+	+
3	R0030	2,000,001	3,000,000	+	+	+
4	R0040	3,000,001	4,000,000	+	+	+
5	R0050	4,000,001	5,000,000	+	+	+
6	R0060	5,000,001	6,000,000	+	+	+
7	R0070	6,000,001	7,000,000	+	+	+
8	R0080	7,000,001	8,000,000	+	+	+
9	R0090	8,000,001	9,000,000	+	+	+
10	R0100	9,000,001	10,000,000	+	+	+
11	R0110	10,000,001	11,000,000	+	+	+
12	R0120	11,000,001	12,000,000	+	+	+
13	R0130	12,000,001	13,000,000	+	+	+
14	R0140	13,000,001	14,000,000	+	+	+
15	R0150	14,000,001	15,000,000	+	+	+
16	R0160	15,000,001	16,000,000	+	+	+
17	R0170	16,000,001	17,000,000	+	+	+
18	R0180	17,000,001	18,000,000	+	+	+
19	R0190	18,000,001	19,000,000	+	+	+
20	R0200	19,000,001	20,000,000	+	+	+
21	R0210	20,000,001+		+	+	+
Total	R0220				Sum(D1:D21)	Sum(E1:E21)

1.14 Report File Format & Naming Conventions

The files required to meet the process described, with their naming conventions and file formats are as follows:

Step File	File Format	Naming Convention	Data Provider	Mandatory / Optional
Step A - Claims	CSV	Step A – Claims XXXX – <<MA Name>> - <<Date>>	Xchanging	Mandatory
Step A Backing Data - Claims	CSV	Step A – Claims Backing Data XXXX – <<MA Name>> - <<Date>>	Xchanging	Mandatory
Step B File – Claims	XLS/XLSX	Step B – Xchanging Claims – XXXX <<MA Name>>	Managing Agents	Mandatory
Step B File – Premium	XLS/XLSX	Step B – Xchanging Premium – XXXX <<MA Name>>	Managing Agents	Mandatory
Non-Xchanging Claims File	XLS/XLSX	Step B – NonXchanging Claims – XXXX <<MA Name>>	Managing Agents	Mandatory
Non-Xchanging Premium File	XLS/XLSX	Step B – NonXchanging Premium – XXXX <<MA Name>>	Managing Agents	Mandatory
Step B – Claims Failures	XLS/XLSX	Step B – Claims Failures XXXX <<MA Name>>	Xchanging	Optional
Step B – Premium Failures	XLS/XLSX	Step B – Premium Failures XXXX <<MA Name>>	Xchanging	Optional

Key:
- **XXXX** – Syndicate Number of the managing agent, any ZERO prefix should be dropped.
- **<<MA Name>>**: The name of the managing agent.
- **<<Date>>**: The end of the reporting period for the extracted data in **YYYYMMDD** date format, such as **20181231**.
- **<<SII-LOB>>**: The Solvency II Line of Business, such as D_CS, D_FP, D_MAT, D_MFL etc.

1.15 Multiple Syndicates

Xchanging will undertake a manual check to reject files that have a different file name from the included data.

It is possible for managing agents to include runoff, reinsured and reporting syndicates data within a single Step B file since the 'Syndicate Number' column will uniquely identify each record,

Care should be taken to ensure that the syndicate number is consistent with the original syndicate number linked to each UMR rather than the reporting syndicate number.

2 Step A - Identification of look through **lead claims** data that needs to be reported

2.1 Provide contact details to Lloyd's

Managing agents need to provide email contacts to LLoyds-SolvencyReturns@lloyds.com for Pillar 3 information (maximum of two individuals) **by 158 January 2021**. Lloyd's will share contact details with Xchanging who will send csv and excel files directly to these individuals.

2.2 Step A - Risks/Premiums

No complete UMR listing of risk / premium data will be provided at Step A, as the written data held by Xchanging will be incomplete, and so potentially misleading.

2.3 Step A - Claims

Xchanging will provide a claims report from the CLASS system that identifies all the UMRs that are in scope for this reporting exercise. XCS CLASS data is identified from the Claims Data Warehouse as follows: -

- Year of account >=1993
- Policies which have claims
    - Open at beginning of reporting period or
    - Claims re-opened in period or
    - Claims open at end of reporting period or
    - claims closed during period or
    - with movements in the period with a payment
- Direct business only (4th character on fil code = 1)
- Where syndicate = Lead (Based on participant role for claims)
- Loss funds excluded: FIL Code begins with LF or Loss Fund = Y

Please note the following:

- TBA qualified claims including Uber Precautionary will be included (These are claims identified as having a low chance of becoming settled claims)
- Lead syndicate will be derived from latest movement on a COR

The Step A file and the Step A backing file will be in .csv format. There will be emailed to the email contacts for each managing agent. Separate files will be produced for each syndicate number.

Step A files will be sent to syndicates by Xchanging **on or before 22 January 2021**:

- A "claims" file containing the details for claims extracted from the CLASS database. This will identify which claims are 'block' claims for the purpose of this process, i.e. are under UMRs where any claims are blocked
- A "claims backing" file containing further detail for the claims included in the CLASS claim file

Syndicates should validate the list provided by Xchanging with the data they have. If any significant differences are found the Lead should try to understand these to ensure no duplications, gaps, inaccuracies e.g.

- Not flagged as having block claims, but includes blocked claims
- Flagged as having block claims, but not including blocked claims
- Material financial discrepancies

2.3.1 Step A – Claims Template
New or amended data fields are highlighted in red text.

Field Name	Format	Example	Definition
UMR	Text (max 17 long)	B1234ABC1234or *ABC12345	The UMR or if the UMR is blank, the field is populated with the syndicate reference, prefixed with a "*"
Risk Code	2 chars	E8	Lloyd's risk code, 1 or 2 chars long
Multi-Share per UMR Flag	Y or N	Y	Contains Y (Yes) /N (No) value depending on whether the underlying data has multiple Bureau Shares for the Lead/UMR/Risk Code combination
Singleton Indicator	Y or N		Y (Yes) or N (No) If all claims on a UMR/Risk Code/Lead syndicate number have the same single syndicate number, then this is considered to be a singleton
Outstanding as at start of period	Amount	1000000	Amount in original currency, 100% Outstanding (loss, fees and expense combined) on Claim as at date immediately preceding reporting period e.g. 31/12/2020
Outstanding as at end of period	Amount	1000000	Amount in original currency, 100% Outstanding (loss, fees and expense combined) on Claim as at last date in reporting period e.g. 31/12/2020
Paid to Date Amount	Amount	1000000	The total of the Amounts paid prior to period (PTT) at 100% of slip level for "Xchanging file" or syndicate level for "NonXchanging file" for all the underlying claims as at the end of the period in original ccy and expressed as a whole number. For example, if the reporting year is 2017 then this field should include the amount paid up to 31/12/2017.
Paid in period	Amount	1000000	Amount in original currency, 100% of the Paid This Time amounts (loss, fees and expense combined) in the period e.g. from 1/1/20 – 31/12/20

Field Name	Format	Example	Definition
Block flag	Y or N	Y	Yes or No. Any UMR/Risk code/Lead syndicate number that had a COR with a block indicator
Original Currency	3 chars	GBP	3 char ISO code
Slip Type	Text	Binding Authority	The slip type of the contract associated with the claim and will be set to one of the following: Binding Authority; Cover; Excess of Loss; Facility; Lineslip; Main Business; Treaty. If no slip type is known will be set to '---'
Part VII Indicator	Y or N	Y	Yes or No depending on whether the claim attaches to a risk which has transferred to Lloyd's Insurance Company SA as a result of the Part VII transfer (identification of part VII claims is via the Trust Fund Code and a look-up to the open claims list))

2.3.2 Step A – Claims Backing Data Template

A spreadsheet for each lead will be created showing all in scope claims as held in XCS Class at COR level and to supplement the Step A claims file. **New or amended data fields are highlighted in red text.**

Field Name	Format	Example	Definition
UMR	Text (17)	B1234ABC1234 or *ABC12345	The unique market reference or if the UMR is blank, the field is populated with the syndicate reference, prefixed with a "*"
Risk Code	Chars (2)	E8	Lloyd's risk code
Multi-Share per UMR Flag	Text Y or N	Y	Contains Y (Yes)/N (No) value depending on whether the underlying data has multiple Bureau Shares for the Lead/UMR/Risk Code combination
Singleton Indicator	Y or N		Y (Yes) or N (No) If all claims on a UMR/Risk Code/Lead syndicate number have the same single syndicate number, then this is considered to be a singleton (this is at UMR level)
Outstanding as at start of period	Numeric, no decimal places	1000000	Amount in original currency, 100% Outstanding (loss, fees and expense combined) on Claim as at date immediately preceding reporting period e.g. 31/12/2019
Outstanding as at end of period	Numeric, no decimal places	1000000	Amount in original currency, 100% Outstanding (loss, fees and expense combined) on Claim as at last date in reporting period e.g. 31/12/2020
Paid to Date Amount	Amount	1000000	The total of the Amounts paid prior to period (PTT) at 100% of slip level for "Xchanging file" or syndicate level for "NonXchanging file" for all the underlying claims as at the end of the period in original ccy and expressed as a whole number. For example, if the reporting year is 2018 then this field should include the amount paid up to 31/12/2018.

Field Name	Format	Example	Definition
Paid in period	Numeric, no decimal places	1000000	Amount in original currency, 100% of the Paid This Time amounts (loss, fees and expense combined) in the period e.g. from 1/1/20 – 31/12/20
Block flag	Text Y or N	Y	Yes or No Any UMR/Risk code/Lead syndicate number that had an open or movement COR with a block indicator (definition change cover in change request 3.2)
Original Currency	Text (3)	GBP	3 char ISO code
Slip Type	Text	Binding Authority	The slip type of the contact associated with the claim and will be set to one of the following: Binding Authority; Cover; Excess of Loss; Facility; Lineslip; Main Business; Treaty. If no slip type is known will be set to '---'
Year Of Account	Text	2008	Lloyd's year of account associated with the contract
Original Signing Number	Text	81033	The original signing number applying to this breakdown on this Claim transaction. This is held in the following format: NNNNN
Original Signing Date	Text	20080625	The original signing date applying to this breakdown on this Claim transaction. This is held in the following format: YYYYMMDDNNNNN
UCR	Text	B1234ABC71A10A 0A	The Unique Claim Reference allocated to the claim by the broker – may be blank for paper claims
COR	Text	N60160999999	Claims office Reference as held in the XCS class system
COR Block Indicator	Text	Yes or No	COR with a block indicator
Loss Name	Text	NOMINATION	The Loss name entered on the XCS class SCM Breakdown screen
Insured Name	Text	AN INSURED	The name of the Insured party entered on the SCM Breakdown screen in XCS class
Lead Syndicate Reference	Text	ABC0003308MH	Syndicate Reference that is associated with the contract on this transaction
Broker Reference 1	Text	BB011180A	The Claim Reference quoted by the Broker for this Claim
Broker Reference 2	Text	CMAD9999	A second Claim Reference quoted by the Broker for this Claim
Lead Syndicate	Numeric	1234	The syndicate number of the lead
Lead MA Name	Text	XYZ MANAGING AGENCY	The Managing Agency associated with the Lead Syndicate and Year of Account (based on spreadsheet provided by Lloyd's)

Field Name	Format	Example	Definition
Bureau Share Percent	Numeric	50.000000	New field detailing Lloyd's Line %
Part VII Indicator	Y or N	Y	Yes or No depending on whether the claim attaches to a risk which has transferred to Lloyd's Insurance Company SA as a result of the Part VII transfer (identification of part VII claims is via the Trust Fund Code and a look-up to the open claims list)
Trust Fund Code	Chars (2)	L7	The 2 character Trust Fund Code used on part VII and non-Part VII premium and claim signings (may be blank)

3 Step B - Overview

Syndicates need to create the following files of granular risk/premium and/or claims data.   All files should be emailed to StepB@Xchanging.com

File	Scope
Xchanging - Claims	Claims where syndicate is the lead and have been processed via Xchanging. • The granular claims data for the all claims identified as 'block' claims in the Step A claims file. • Amounts should be submitted at 100% slip value. • All claims open at some time between 1 January 2020 and 31 December 2020 are eligible for reporting.
Xchanging - Premium	Risks/Premiums where syndicate is the lead and have been processed via Xchanging. • All available data for open market and delegated authority premiums processed by Xchanging should be included in this file. • If not included the premium data will be absent from the ASR report. • Amounts should be submitted at 100% slip value. • All risks/premium live on 31 December 2020 are eligible for reporting.
Non-Xchanging - Claims	Any claims which have not been processed via Xchanging • Amounts should be submitted at syndicate share value. • All claims open at some time between 1 January 2020 and 31 December 2020 are eligible for reporting.
Non-Xchanging Premiums	Risks/premiums for 100%/singleton business • Any open market and delegated authority risks/premiums which have not been processed via Xchanging • Amounts should be submitted at syndicate share value. • All risks/premium live on 31 December 2020 are eligible for reporting.

The premiums and claims templates to be used for this purpose are available for download here. It is **essential** that you use these templates for submitting Step B data. If agents use templates which vary from this format then this will cause the processing to fail if the column headings are varied in any way.

Before submitting, managing agents should check
- Do the files submitted have the correct filenames?
- Are the files .xlsx files?
- Is the data intended to be loaded in the first tab of the spreadsheet?
- Are the column order and names in the files exactly as specified in the User Guide?
  - Watch out for slight name changes, for example 'claims' instead of 'claim'
  - Watch out for extra spaces added either at the start, at the end or in the middle of column names
- Have any extra columns been added to the spreadsheet?
- Have formulas been inserted into the spreadsheet?
- Have any links been added to the spreadsheet?
- Are the dates, amounts, etc. formatted correctly?

- Have any tabs been hidden in the spreadsheet?
- Does the data included in the files match the specification outlined in the User Guide?

3.1 In scope

- All direct (inward insurance) risks live as at 31 December 2020 including premiums due from 01/01/2020 (where available from written data) or inception from 01/01/2020 (where premium due is not available), **including:**
  - **All direct business underwritten by Lloyd's Insurance Company SA which must be separately identified using relevant syndicate numbers**
  - **All direct business transferred to Lloyd's Insurance Company SA on <mark>30/12/2020</mark> which must be separately identified using a Part VII Indicator**
- All direct (inward insurance) claims (irrespective of policy inception date), open as at 31/12/2019 or open / reopened from 01/01/2020, **including:**
  - **All direct business underwritten by Lloyd's Insurance Company SA which must be separately identified using relevant syndicate numbers**
  - **All direct business transferred to Lloyd's Insurance Company SA on <mark>30/12/2020</mark> which must be separately identified using a Part VII Indicator**

3.2 Out of scope

- Reinsurance (i.e. assumed and outward reinsurance) as this is not required to be reported on ASR 249, 250 or 252.
- Risks & Premiums due prior to 01/01/2020.
- Claims closed prior to 01/01/2020 and not reopened after 01/01/2020.
- Claims opened after 31/12/2020 or risks not live until after 31/12/2020.
- Data relating to loss funds since individual claims will be reported in subsequent periods and granular information is not readily available.
- Assume reinsurance of LIC/Lloyd's Brussels

3.3 Confirmation to Lloyd's of the data submission

Lloyd's will require an email from each managing agent, briefly outlining the work that has been done to collate the data and stating the expected proportion of each syndicate's data that the managing agent has been able to include. The email should attach a sign-off from an individual of appropriate seniority and experience such as the Head of Claims. The sign-off format is available for download here.

The confirmation email should be submitted to LLoyds-SolvencyReturns@lloyds.com at the same time as the Step B files are submitted to Xchanging.

4 Step B - Claims

4.1 Step B – Claims Template

- The original Signing Number and Date fields only need to be completed for multi-market risk UMR's – otherwise leave blank.
- The UCR and COR fields are optional but may assist MAs when splitting down data provided in the Step A backing files.

Syndicate Number	Claim Reference	UMR	Risk Code	Year of Account	Original Currency	Claim status at beginning of period	Claim status at end of period	Outstanding Claims Amount as at beginning of period	Paid to Date amount	Paid in Year amount	Outstanding Claim amount as at end of period	Part VII Indicator	Original Signing Number	Original Signing Date	UCR	COR

4.2 Step B – Claims hints and tips

- ✓ The Step A file from Xchanging will contain a list of all direct business grouped by UMR / Risk Code / OCC. Lead managing agents are requested to complete look through analysis where possible for all block business separately flagged within this report and enter this at Step B.
- ✓ Managing agents do not need to include non-blocked claims (mainly open market business and large value unblocked delegated authority transactions) because Xchanging will include this in the report to be sent to Lloyd's at Step C unless different values have been entered by the managing agent at Step B.
- ✓ Some UMRs will include blocked and non-blocked data.   Managing agents need to include all these claims records in Step B, using the UCR reference (data provided in Step A backing data) for non-block data and, also provide further granularity regarding block transactions to ensure that the UMR check totals are complete. Xchanging will not populate the Step C data for these UMR / Risk Code / OCC combinations.
- ✓ The Step B files should also include data that has been received by managing agents from TPAs.
- ✓ LDR information ought to be completed separately and added at Step B in the NonXchanging file
- ✓ For the purposes of the ASR249/250 forms the Incurred value is calculated as outstanding at end + Paid prior to period + paid in period.
- ✓ All claim amounts to include indemnity plus allocated fees and expenses
- ✓ All fields must be populated for each row of data. Zero amounts should be entered as zero and not left blank.
- ✓ If the outstanding amounts and Paid In Year are in different currencies, convert the outstanding amounts to the Paid In Year currency.
- ✓ Sometimes the underwriting year field for a policy claim may be different from the YOA for the UMR contract. However, since the underwriting year field is not separately collected via the risk and claims reporting service at present, managing agents should assume that the YOA field should be used for reporting underwriting year granularity for claims.
- ✓ Backing data will only be available to show the status and value of each claim (open/closed; outstanding value) at the end of the reporting period and paid throughout the period. It will not show monthly movements.
- ✓ The backing data from the central data base will be in a searchable format. For claims contained within a bordereau the only references for each claim will be the UMR and the claim reference number allocated by the coverholder or TPA.
- ✓ Claims should be reported on a 'look through' basis, regardless of the method of placement.

- ✓ You should report the underwriting year of account of the parent binder.
- ✓ Precautionary claims and notification of circumstances should be included
- ✓ Loss Funds should not be reported. Xchanging will identify Loss Funds in your non-look-through data using the first two characters of policies' FIL code ("LF"), or whether the "Loss Fund Indicator" is selected.
- ✓ All indemnity, fees and expense payments allocated to a claim should be included. If indemnity amounts, fees and expenses for a single claim all have the same currency, they should be added together and included in the outstanding, and paid fields for the relevant claim.
- ✓ A single claim with outstanding values and/or payments in different currencies should be reported on multiple rows, each row showing the relevant currency, each with the same Claim Reference.
- ✓ For the purpose of submitting claims to the central service, Managing Agents should assign the status "Reported in period" to any claims first advised within the reporting period.
- ✓ Information that has been submitted to enable managing agents to monitor the erosion of an aggregate deductible self-insured retention, as opposed to notification of claims against the policy, do not need to be reported. If a contract / policy that falls in to this category (i.e. the CLASS data indicates a blocked claim, but this entry is in fact an entry that has been created to monitor the aggregate deductible, and there are no other block claim entries against the contract / policy) is included in the Report A from Xchanging, leads should omit this from Step B and Xchanging will therefore exclude it at Step C.
- ✓ Reopened claims are those that were closed at the end of the prior reporting period that were opened during the reporting period, or had a payment made during the reporting period.
- ✓ If you are lead on any claims within a policy (defined at UMR – Risk Code level), you will be initially sent the policy – by Xchanging – to report on. You should report information, only for claims where you are the lead.
- ✓ The Step A data is there to flag the UMR block data you need to identify. The Step A backing data provides more granularity that might help with your analysis / preparation of Step B. it is reasonable for you to have different check totals if your cut-off dates are different from that processed by Xchanging.
- ✓ Where you have singleton data that is not recorded by Xchanging via Step A, then you can report this data in the Non-Xchanging files.
- ✓ You need to include all the data for UMR combinations that include block and non-block type transactions. The approach to adopt is summarised below:
    - Non-block UMR – will be added by Xchanging, unless you wanted to change the open market data e.g. for Aviation where the open market analysis could be wrong – too much detail and effort required in most cases to amend at Step B - so normally exclude these records at Step B;
    - Block UMR – all data to be added at Step B;
    - Mixed UMR – please include all block analysis (look through policy transactions) and non-block transactions in the Step B files.
- ✓ The UMR is a free text field, so zeros or O's etc can cause mismatches. If you have no record of the UMR sent in Step A then one solution might be to use the OSND provided by Xchanging and see if this matches any LPSO transactions in your underwriting systems. Xchanging uses the UMR reference to generate Market data.

4.3 Step B – Claims fields

Note CR refs in the CRS column refer to the fields in Lloyd's Coverholder Reporting Standards.

Step "B" field	Format	Comment	CRS
Syndicate Number	Number	• The syndicate number for the syndicate submitting the data without any leading zeros e.g. 123. • It is unlikely that the TPA or coverholder will provide this data, but it should already be known by the syndicate and should appear on the binding authority contract. • Business written through Lloyd's Brussels should be separately identified using the relevant syndicate number between 5250 and 5499	
Claim Reference	Text	• The unique reference for the underlying claim. • This will normally be generated by the coverholder or the TPA; but it is possible to use a unique dummy reference where appropriate for this reporting exercise.	CR0104
UMR	Text	• The unique reference for the binding authority contract allocated by the Lloyd's market. • For the Xchanging file, this must begin with a B followed by the broker number and a series of characters. It should only contain the letters A-Z and the numbers 0-9. The maximum length is 17 characters. • For the non-Xchanging file, if the UMR is not known then, this must be populated with "*" followed by the lead syndicate reference; for example, "*0123*	CR0005
Risk Code	2 characters alphanumeric	• Lloyd's categorises information on risks and premiums using a series of risk codes. This is a 1 or 2-character code which must be a valid risk code (Not necessarily Active). Lloyd's risk codes can be found here https://www.lloyds.com/the-market/operating-at-lloyds/resources/risk_codes • TPAs and coverholders might not know the risk codes; but the relevant codes for the binder should be known and then mapped. TPAs and coverholders may have been asked to specify the binder section (CR0007) or to give a written description of the class of business (CR0017) and this could be used to map the relevant risk code. • Ultimately the risk code will be mapped to the Solvency II class of business.	CR0016
Year of Account	Number	• The year of account in which the open market risk incepted; or for delegated authorities the year or account in which the binding authority incepted. • As a whole number between 1993 and 2020. • It is unlikely that the TPA or coverholder will provide this data, but it should already be known by the syndicate.	CR0010

Step "B" field	Format	Comment	CRS
Original Currency	3 chars	• The currency in which the claim will or has been paid to the claimant. • This must be a valid ISO 4217 3-character code for example: - GBP, USD or EUR. A full list is available here https://www.iso.org/iso-4217-currency-codes.html • The TPA or coverholder would need to supply this but if they always use the same currency you may be able to make assumptions.	CR0109

Claim status at beginning of period	Text	The status of the claim as at the beginning of the period (01/01/2020). Valid values are -
		    • Open
		    • Closed
		    • Reported in Year
		Suggested mapping to valid values in Lloyd's Coverholder Reporting Standards: -
		Open - These statuses at the start of the year should be mapped to "Open": - Open;
		    • Open – Coverage agreed
		    • Open – Amount agreed
		    • Open – Claim paid, fees outstanding
		    • Open – Fees paid, claims outstanding
		    • Open – Claim and fees paid
		    • Re-opened; Structured Settlement (A structured settlement occurs when a claim has been settled and payments are made as annuities over time, rather than in a single payment.)
		Closed - These statuses at the start of the year should be mapped to "Closed": -
		    • Closed; Closed this month
		    • Closed but Subrogation/Recovery being pursued
		    • Withdrawn (Withdrawn - Any claim where the policyholder has discontinued part, or all of their claim)
		If the claim did not exist at the start of the year and so did not have a status, then that would be Reported in Year.
		
		The TPA or coverholder would need to supply this information for claims which had been reported before 01/01/2019; but you should be able to see this on their last bordereau from last year. For any other claims, the managing agent already knows that this is "Reported in Year".
			CR0105

Step "B" field	Format	Comment	CRS

Claim status at end of period	Text	The status of the claim as at the end of the period (31/12/2020).
		
		Valid values are
		    • Open
		    • Closed
		
		Suggested mapping to valid values in Lloyd's Coverholder Reporting Standards: -
		Open - These statuses at the end of the year should be mapped to "Open": -
		    • Open;
		    • Open – Coverage agreed
		    • Open – Amount agreed
		    • Open – Claim paid, fees outstanding
		    • Open – Fees paid, claims outstanding
		    • Open – Claim and fees paid
		    • Re-opened; Structured Settlement (A structured settlement occurs when a claim has been settled and payments are made as annuities over time, rather than in a single payment.)
		Closed - These statuses at the end of the year should be mapped to "Closed": -
		    • Closed
		    • Closed this month
		    • Closed but Subrogation/Recovery being pursued
		    • Withdrawn (Withdrawn - Any claim where the policyholder
		    • has discontinued part or all of their claim)
		
		The TPA or coverholder would need to supply this for all claims where there is activity during the year.
		Ideally this would be as at 31/12/2020; but this may be earlier dependent on latest data available.
			CR0105

Step "B" field	Format	Comment	CRS
Outstanding Claims Amount as at beginning of period	Amount	• The reserve indemnity plus the reserve fees. • The amount outstanding as at 01/01/2020 which the coverholder or TPA still expected to be paid out in respect of the claim. • For the Xchanging file this should the 100% value for the whole of the slip. • For the non-Xchanging file this should the syndicate share value. • This should be in the original currency. • Amounts should be expressed as whole numbers. • Zero amounts should be shown as zero, not left blank. • The TPA or coverholder would need to supply this for claims which had been reported before 01/01/2020; but you should be able to see this on their last bordereau from last year. • For any other claims (the ones reported during 2019), the managing agent already knows that this zero.	CR0130 plus CR0131 as at 01/01/2019
Paid to Date Amount	Amount	• The claim paid to start date amount. The previously paid indemnity plus the previously paid fees as at 31/12/2019. • For the Xchanging file this should the 100% value for the whole of the slip. • For the non-Xchanging file this should the syndicate share value. • Amounts should be expressed as whole numbers. • This should be in the original currency. • Zero amounts should be shown as zero, not left blank.	CR0128 plus CR0129
Paid in Year amount	Amount	• The sum of all the paid this month indemnity and fee amounts from 01/01/2020 to 31/12/2020. • For the Xchanging file this should the 100% value for the whole of the slip. • For the non-Xchanging file this should the syndicate share value. • Amounts should be expressed as whole numbers. • This should be in the original currency. • Zero amounts should be shown as zero, not left blank. • The TPA or coverholder would need to supply this for claims which had activity during 2020. • If the coverholder or TPA does not report a rolling position, then monthly amounts should be added up. • Closing paid to date can be used if the final month is included, otherwise that would need to be added in as well.	CR0126 plus CR0127 for each month summed

Step "B" field	Format	Comment	CRS
Outstanding claim amount as at end of period	Amount	- The reserve indemnity plus the reserve fees. - The amount outstanding as at 31/12/2020 which the coverholder or TPA still expected to be paid out in respect of the claim. - For the Xchanging file this should the 100% value for the whole of the slip. - For the non-Xchanging file this should the syndicate share value. - This should be in the original currency. - Amounts should be expressed as whole numbers. - Zero amounts should be shown as zero, not left blank. - The TPA or coverholder would need to supply this. - Ideally this would be as at 31/12/2020; but this may be earlier dependent on latest data available.	CR0130 plus CR0131 as at 31/12/2019
Part VII Indicator	Y or N	Yes or No depending on whether the claim attaches to a risk which has transferred to Lloyd's Insurance Company SA as a result of the Part VII transfer	
Original Signing Number	Text	- Optional - Original signing number must be a 5-digit number; for example, 81033. - If the original signing number is included, then the original signing date should also be included. - This should be provided for binders with multiple leads. - This would not be known by the coverholder or TPA.	
Original Signing Date	Text	- Optional - Original signing date in format DD/MM/YYYY. - If the original signing date is included, then the original signing number should also be. - This must be provided for binders with multiple leads. - This would not be known by the coverholder or TPA.	
UCR	Text	- Optional - A unique reference assigned to the claim when it was processed by Xchanging. - This would be up to 12 characters formatted as B followed by the broker code then other characters. - This would not be known by the coverholder or TPA unless they have been advised of this.	

Step "B" field	Format	Comment	CRS
COR	Text	• Optional • A unique reference assigned by the claims office. • This would be 11 or 12 characters and start with A, M or N. • This would not be known by the coverholder or TPA unless they have been advised of this.	

4.4 Tips to avoid generating claims errors

- Invalid Claim Ref – Must match Xchanging Data.
- Invalid Syndicate – No leading zero and one syndicate per file.
- Invalid UMR – Must be populated, no blank cells.
- Invalid Risk Code – Must be a valid risk code.
- Invalid YOA – 4 digits, whole number and greater or equal to 1993.
- Invalid Currency – Must be a valid 3 three-character ISO code.
- Invalid Start Status – Values are Open, Closed or Report in Year.
- Invalid End Status – Values are Open or Closed.
- Invalid OS Start – Numeric values only. No blank cells.
- Invalid Paid to Date – Numeric values only. No blank cells.
- Invalid Paid – Numeric values only. No blank cells.
- Invalid OS End – Numeric values only. No blank cells.
- No Follow Market Found – If the item brings back this error then this needs to be investigated.
- Invalid Multi-Market Row – errors because of Invalid Multi-Market Row are because we cannot find a unique permutation of syndicate numbers and syndicate percentages for the UMR and Risk code provided. This happens where there is more than one original signing and the markets on these signings are not identical. Please refer to section 4.2.1 for further guidance for Multi-Market risks.
- Not Returned – Steps that were reported in the Step A file, but not returned in the Step B file.
- Duplicate Submission - Duplicate UMRs and references have been submitted, they need to be removed.

5 Step B – Risk and Premiums

5.1 Step B – Risk and premiums template

The original signing number and date fields only need to be completed for multi-market risk UMR's – otherwise leave blank.

Syndicate Number	UMR	Risk Code	Risk / Certificate Reference	Original Currency	Sum Insured	Gross Annual Premium in Period	YOA	Part VII Indicator	Original Signing Number	Original Signing Date

5.2 Step B – Risk and premiums hints and tips

- ✓ Lead managing agents need to complete risk data for subscription business processed through Xchanging. This will include risk information for UMRs that need to be analysed on a look through basis for block business.
- ✓ Managing agents should include all singleton business processed through Xchanging in the Xchanging risk file at Step B.
- ✓ All risks which have not been processed via Xchanging should be submitted at Step B in a separate NonXchanging file.
- ✓ LDR information ought to be completed separately and added at Step B in the NonXchanging file.
  - Where an AP/RP is being reported in a different period to the Original Premium, the sum insured for an AP/RP can be subjective, and the most appropriate value should be reported, e.g.
  - nil amount (for example a cancellation)
  - the sum insured associated with the premium amount (for example an endorsement for an increase in sum insured)
  - sum insured for the whole risk (for example an extension of the risk/policy period)
  - sum insured cannot be reported as negative, but may be reported as zero
- ✓ Premium amounts are to be written rather than paid premium
- ✓ All fields must be populated for each row of data. Zero amounts should be entered as zero and not left blank.
- ✓ If the sum insured and premium are in different currencies, convert the sum insured to the currency of the premium amount. CR0051 refers to the original currency of the sum insured, while CR0020 refers to the original currency of the premium.
- ✓ Where all the risk codes that apply to the risk fall within the same Solvency II line of business, complete just one row and select one of the risk codes for entry into this field.
- ✓ Where the risk codes fall within more than one Solvency II lines of business, a separate row should be created for each Solvency II line of business, again just selecting one risk code for each line of business. The Annual Premium and Sum Insured amounts should be apportioned appropriately.

5.3 Step B – Risk and premiums fields

Step "B" field	Format	Comment	CRS
Syndicate Number	Number	• The syndicate number for the syndicate submitting the data without leading zeroes e.g. 123 • It is unlikely that the coverholder will provide this information, but it should already be known by the syndicate and should appear on the binding authority contract. • Business written through Lloyd's Brussels should be separately identified using the relevant syndicate number between 5250 and 5499	
UMR	Text	• The unique reference for the binding authority contract allocated by the Lloyd's market. • For the Xchanging file; this must begin with a B followed by broker number and a series of characters. It should only contain the letters A-Z and the numbers 0-9. The maximum length is 17 characters. • For the non-Xchanging file; if the UMR is not known, this must be populated with "*" followed by the lead syndicate reference; for example, "*0123*	CR0005
Risk Code	2 chars	• Lloyd's categorises information on risks and premiums using a series of risk codes. This is a 1 or 2-character code which must be a valid risk code (not necessarily active). Lloyd's risk codes can be found here https://www.lloyds.com/the-market/operating-at-lloyds/resources/risk_codes • Coverholders might not know Lloyd's risk codes; but the relevant codes for the binder should be known and then mapped. Coverholders could be asked to specify the binder section (CR0007) or to give a written description of the class of business (CR0017) and this could be used to map the relevant risk code, • Ultimately the risk code will be mapped to the Solvency II class of business.	CR0016
Risk / Certificate Reference	Text	• The unique reference for the risk, usually the certificate number. • This will normally be generated by the coverholder or the TPA, but it is possible to use a unique dummy reference where appropriate for this reporting exercise.	CR0029
Original Currency	3 chars	• The currency in which the premium was originally paid (CR0020). • This must be a valid ISO 4217 3-character code for example: - GBP, USD or EUR. A full list is available here https://www.iso.org/iso-4217-currency-codes.html • The coverholder would need to supply this but If always the same currency you may be able to make assumptions.	CR0020 (or CR0051)

Step "B" field	Format	Comment	CRS
Sum Insured	Amount	• The total amount of the sum insured. • The highest amount that the insurer can be obliged to pay out before considering possible original deductible of the policyholder. • For the Xchanging file this should the 100% value for the whole of the slip. • For the Non-Xchanging file this should the syndicate share value. • This should be in the original currency. If the currency in which the sum insured is provided is different to the currency for the premium amount, then convert the sum insured to the currency of the premium amount. • Amounts should be expressed as whole numbers. • Zero amounts should be shown as zero, not left blank. • The coverholder would need to supply this.	CR0052
Gross Annual Premium in Period	Amount	• The total or annual premium. • This should include any endorsement/cancellation premium (AP/RP) for the period. • This should be gross written premium rather than paid premium, or signed premium. If you do not have then written premium, then you could sum all the premium payments made in the period and calculate what this meant by for the year. • For the Xchanging file this should the 100% value for the whole of the slip. • For the non-Xchanging file this should the syndicate share value. • This should be in the original currency. • Amounts should be expressed as whole numbers. • Zero amounts should be shown as zero, not left blank. • The coverholder would need to supply this.	CR0021
YOA	Number	• The year of account in which the open market risk incepted; or for delegated authorities the year or account in which the binding authority incepted. • As a whole number between 1993 and 2020.	CR0010
Part VII Indicator	Y or N	• Yes or No depending on whether the risk has transferred to Lloyd's Insurance Company SA as a result of the Part VII transfer	

Step "B" field	Format	Comment	CRS
Original Signing Number	Text	• Original Signing Number must be a 5-digit number; for example, 81033. • This must be provided for risks with multiple leads. • This would not be known by the coverholder.	
Original Signing Date	date	• Original Signing Date in format DD/MM/YYYY • This must be provided for risks with multiple leads • This would not be known by the coverholder.	

5.4 Tips to avoid generating Risk / premium errors

- ✓ **Invalid Syndicate –** No Leading Zero and no blank Cell. Can only have one Syndicate referenced in each file.
- ✓ **Invalid UMR –** Check that there are no blank cell or spaces in the actual UMR.
- ✓ **Invalid Risk Code –** Must contain a Risk Code, there can be no blank cells.
- ✓ **Invalid Risk/Cert Ref –** Must match Xchanging data.
- ✓ **Invalid Currency –** Must be a valid three Character ISO code.
- ✓ **Invalid Insured –** Must be numeric and no blank cells.
- ✓ **Invalid Gross Premium –** Must be numeric and no blank cells.
- ✓ **No Follow Market Found -** If the item brings back this then this needs to be investigated.
- ✓ **Invalid Multi-Market Row -** errors because of Invalid Multi-Market Row are because we cannot find a unique permutation of syndicate numbers and syndicate percentages for the UMR and Risk code provided. This happens where there is more than one original signing and the markets on these signings are not identical. Please refer to section 4.2.1 for further guidance for Multi-Market risks.
- ✓ **Duplicate Submission –** Duplicate UMRs and references have been submitted, they need to be removed.

6 Consortium

The processing for Consortia is no different to other risks / claims.

However, it should be noted that outside of the central service a Consortium lead must share non-block Xchanging risk & claim information with their Consortium followers to allow the followers to submit their data at Step B.

			Comment
Risks / Premium	**Xchanging Non-Blocked** (lead or follow)	Consortium	Each syndicate in the Consortium must submit as a Non-Blocked "open market" risk in the Non-Xchanging file with Syndicate amount which is mandatory for Step B
	Xchanging Blocked (lead only)	Consortium Lead is Slip Lead	The Consortium lead submits as **Slip Lead** using the "Xchanging" file (Step B)
		Consortium Lead is not Slip Lead	The **Slip Lead** submits to the service using the "Xchanging" file (Step B). The service generates data for consortium syndicates Step C)
Claims	**Xchanging Non-Blocked (**Lead or follow)	Consortium Lead is Slip Lead	Central service will add Non-Blocked claims (Step C).
		Consortium Lead is not Slip Lead	Central service will add Non-Blocked claims (Step C).
	Xchanging Blocked (lead only)	Consortium Lead is Slip Lead	The Consortium lead submits as **Slip Lead** using the "Xchanging" file (Step B).
		Consortium Lead is not Slip Lead	The **Slip Lead** submits to the service using the "Xchanging" file (Step B). The service generates data for consortium syndicates (Step C).

6.1 Block indicator logic

There may be multiple claims for a given UMR which are flagged as block / non-block. The Step A extract provides greater granularity and ignores blocked claims that are closed for identifying that the UMR is a block in step A. This is defined as CORs closed prior to the reporting period and not re-opened during the reporting period.

IF any COR is BLOCK and Claim Status is OPEN then UMR BLOCK = Y
IF COR is BLOCK and Claim Status is CLOSED then UMR BLOCK = N

This logic is explained in the diagram below

Current Logic

UMR Level

UMR	UMR BLOCK
1	Y

Based on the logic that the COR 1 Block is Y even though the 'Claim Status' is Closed.

COR Level

COR	COR BLOCK	CLAIM STATUS
1	Y	Closed
2	N	Open
3	N	Open

New Logic

Example 1

UMR Level

UMR	UMR BLOCK
1	N

Based on the logic that the COR 1 Block is Y BUT the 'Claim Status' is Closed.

COR Level

COR	COR BLOCK	CLAIM STATUS
1	Y	Closed
2	N	Open
3	N	Open

Example2

UMR Level

UMR	UMR BLOCK
1	Y

Based on the logic that the COR Block is Y BUT the 'Claim Status' is Open.

COR Level

COR	COR BLOCK	CLAIM STATUS
1	Y	Open
2	N	Open
3	N	Open

7 Step B - Data Validation

The Step B data files must pass the following validation rules or else need to be resubmitted within a 2- day time frame.

Risk & Premium File and Claims File Validation	
Syndicate number	Syndicate number in the file name matches the syndicate number within the file. No leading zeros.
UMR/Risk code/Lead syndicate key	Matches Xchanging data
Single worksheet	All data should be included on a single worksheet. If the workbook has more than one worksheet it will be rejected.
UMR	Xchanging data begins with a "B" and no more than 17 characters long. Non-Xchanging data has no specific validation.
Risk Code	Valid Lloyd's risk code. Available as a drop-down box in the template.
Original currency – "OCC"	Valid three-character ISO code. Available as a drop-down box in the template.
Claims Status at beginning of period	Valid values are: • Open • Closed • Reported in Year Available as a drop-down box in the template
Claims Status at end of period	Valid values are: • Open • Closed Available as a drop-down box in the template
Part VII Indicator	Valid values are: • Y • N

Available as a drop-down box in the template. For 2021 and greater years of account, cannot be populated with a 'Y'.

7.1 Exception reporting and validation

Re-submissions will be required following either a file rejection or a row level rejection:

- For a row level rejection, the service will only return those rows identified as failing one of the validation steps, but the whole file will need to be resubmitted
- If a file has been rejected, the whole file needs to be re-submitted
- If a row(s) is rejected, the whole file needs to be re-submitted

The window for re-submissions is two working days from when the file/row is rejected.

Key fields for risk/premium are: UMR, Risk Code, Original Currency and Risk/Certificate Reference

Key fields for claims are: UMR, Risk Code, Original Currency and Claim Reference

To support the syndicates production of valid data, exception reports will be created that show the field validation. The report will only be produced if one or more rows fails file validation and will only show the rows that failed validation

7.2 Re-submissions

Resubmission can take place any number of times prior to the deadline of 19 February 2021. Where a resubmission is required, please resubmit the whole files rather than just the corrected components even if the corrected rows are relatively few.

7.3 Xchanging exception reporting validation rules

Xchanging will return exception reports if Step B lines of data fail validation rules

7.3.1 Example claims exception file

- Information will be returned as supplied by the syndicate apart from "Not Returned" where Syndicate Number, UMR and Risk code are from the Step A file.
- The file will be populated with Error for each validation error.
- All rows in the file will be populated with one or more error codes
- The file name of the step B file supplied will be provided.

Field name	Example
Syndicate Number	1234
Claim Reference	Claim1/Aref3
UMR	B1234ABCD03
Risk Code	L
Year of Account	1998
Original Currency	USD
Claim status at beginning of period	Open
Claim status at end of period	Open
Outstanding Claims Amount as at beginning of period	1956
Paid to Date amount	230
Paid in Year amount	429
Outstanding Claim amount as at end of period	1527
Original Signing Number	12345
Original Signing Date	01/02/2016
UCR	ABC123

Field name	Example
COR	ABC123
Invalid Claim Ref	Error
Invalid Syndicate	Error
Invalid UMR	Error
Invalid Risk Code	Error
Invalid YOA	Error
Invalid Currency	Error
Invalid Start Status	Error
Invalid End Status	Error
Invalid OS Start	Error
Invalid Paid to Date	Error
Invalid Paid	Error
Invalid OS End	Error
Invalid OS Number	Error
Invalid OS Date	Error
No OSND Match	Error
No Follow Market Found	Error
Invalid Multi-Market Row	Error
Not Returned	Error
Invalid File Name	Error
Duplicate submission	Error
No MA Name match	Error
Invalid Part VII Indicator	Error

Field name	Example
File Name	Step B - Xchanging Claims - 1234.xlsx

7.3.2 Example exception file Risk/Premiums

- Information as supplied by the syndicate will be included.
- The file will be populated with Error for each validation error.
- All rows in the file will be populated with one or more error codes

Field name	Example
Syndicate Number	386
UMR	B0583F12200516
Risk Code	NC
Risk / Certificate Reference	AOYFPQY
Original Currency	EUR
Sum Insured	28601000
Gross Annual Premium in Period	2910
YOA	2017
Original Signing Number	12345
Original Signing Date	01/02/2016
Invalid Syndicate	Error
Invalid UMR	Error
Invalid Risk Code	Error
Invalid Risk/Cert Ref	Error
Invalid Currency	Error

Field name	Example
Invalid Sum Insured	Error
Invalid Gross Premium	Error
Invalid YOA	Error
Invalid OS Number	Error
Invalid OS Date	Error
No OSND Match	Error
No Follow Market Found	Error
Invalid Multi-Market Row	Error
Duplicate submission	Error
Invalid File Name	Error
No MA Name match	Error
Invalid Part VII Indicator	Error
File Name	Step B - Xchanging Premiums - 386.xlsx

8 Glossary

Term	Definition
Central Service	Market solution whereby Xchanging provides granular follow information to the following market.
Contract	For binder contracts there will be a number of policies to report on a look through basis.
CLASS	Claims Loss Advice and Settlement System
CMR	Core Market Returns system
COR	Claims Office Reference
LDR	Lloyd's Direct Reporting used for business processed outside of Xchanging
MA	Managing Agent
Multi-Market	This refers to contracts that have different risk participants on each part of the slip.
OCC	Original Currency
RBNS	Reported But Not Settled - gross outstanding claims per Xchanging
ROE	Rate of Exchange
Singleton	This refers to UMRs where there is no follow business, therefore it is not necessary for following markets to receive information for this UMR.
UCR	Unique Claim Reference - created by the broker

Term	Definition
UMR	Unique Market Reference – created by the broker
Underwriting Year	Based on written premiums and ultimate losses from loss events falling within the same accounting period, where the accounting period is the period covered by the insurance policy or reinsurance agreement, regardless of when the premiums and losses were actually reported, booked, or paid.
XCR	Xchanging Claims reference – used by Xchanging at Step C for open market claims. This reference is used instead of the UCR if not available.
YOA	Year of Account