



Re-Insurance

26 – 28 January, 2020

- Introduction

- A brief history of insurance/reinsurance
- Defining re-insurance
- Elements of re-insurance
- What reinsurance does/does not do
- The re-insurance contract.

- Types of re-insurance

- Facultative
- Treaty

- Forms of reinsurance

- Proportional
 - Quota Share
 - Surplus
 - Combined Quota Share/Surplus Treaties
 - Fac Oblig
 - Re-insurance Pools
- Non-Proportional
 - Excess of Loss (XL)
 - “Ultimate Net Loss”
 - “Any One Event”
 - XOL vs. Quota Share
 - Cat XOL (per event/per occurrence)
 - Stop Loss
 - Other Forms
 - Clash Cover/Umbrella
 - Whole account

- Pricing XOL

- Burning Cost rating
 - Exposure rating
-

ASSESSMENT

Attendance of 85% is required for award of the IBS certificate

DURATION

- ✓ 3 days (Sunday – Tuesday)
 - ✓ 15 hours
 - ✓ **1.00pm – 4.30pm**
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Basem Haddadeen

Professional Biography

A Chartered Insurer with over 30 years of rich experience in the insurance and investment sectors in Jordan and the Arabian Gulf.

Graduated from Lebanese American University in 1981. Started career path as an investment banker till 1989 when joined Middle East Insurance Company and climbed the ladder to be the Dep GM. In 2011 joined Trade Union Cooperative Insurance in Saudi as the Dep CEO then returned back to Jordan in 2012 as the CEO of Euro Arab Insurance Group till 2016. Currently, I am a certified Insurance Consultant and work with Apex insurance and re-insurance brokers to that end.

Holder of several professional designations including the highly recognized Fellowship of the Chartered Insurance Institute - London (FCII) and Associateship of the Life Management Institute (ALMI) I from LOMA- USA. Also a proud prize winner of the prestigious award: the Rutter Medal Award from the CII for the best qualifying Fellow. I am also a Chartered Insurer by the CII as well as licensed Insurance Consultant

Served as a Board Member of the Jordan Insurance Federation and member of several professional bodies and committees including:

- Head of the Executive Committee for Fire, Gen Acc & Engineering Insurances / Jordanian Insurance Federation.
- Member of the committee drafting the first Insurance Act in Jordan.
- Member of the National Earthquake Insurance Scheme Committee.
- Member of the German-Jordanian Insurance Center Committee.
- Member of the Agricultural Insurance Committee.
- Executive coordinator-Financial Executive Committee/Jordan Insurance Federation.
- Member of the Board of Directors' Audit committee/Jordan Insurance Federation.
- Member of the Motor Compensation Fund representing the insurance sector.

I also have an extensive experience in Bancassurance and worked closely with major retail banks in Jordan to that end.

My area of expertise includes but not limited to:

- Bankers Blanket Bond
- Property Insurance including Engineering.
- Aviation Insurances.
- Liabilities.
- Reinsurance.

I had numerous number of training courses in Europe, the gulf and Jordan and participated in specialized insurance conferences and workshops and also participated and headed many discussion panels

In addition, I have numerous contributions and published writings in insurance topics, as well as a lecturing in Insurance, Risk management and related subjects.



PROGRAM NOMINATION FORM

TITLE OF PROGRAM : Re-Insurance

DURATION : 26-28 Jan 2020

TIME : 1:00pm– 4:30pm

LANGUAGE : English

Important: Kindly ensure to complete all the information requested, without any abbreviations. Please note that incomplete information may lead to rejection of nomination. All sections must be completed in full.

A. Please print your first, middle and last name, (both in Arabic and English without any abbreviations). Print name as it should appear on the certificate (Print in CAPITAL Letters)

	First	Middle	Last
English	_____	_____	_____
Arabic	_____	_____	_____
	اسم العائلة	اسم الأب	الاسم

B. PERSONAL INFORMATION:

Sex	: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Nationality	: _____	Date of Birth: _____
Civil ID	: _____	Home/Mobile Tel. No: _____
		e-mail address: _____

C. This is my first attendance at the IBS ☐
(Complete ALL boxes)

This is an updating Record ☐
(Only complete the **NEW** data)

D. JOB INFORMATION:

Current Job Title	: _____
Brief job description	: _____
Organization	: _____
Division/Branch	: _____
Date of joining the organization	: _____
Tel no:	_____
Ext. no:	_____

E. HIGHEST EDUCATIONAL QUALIFICATION

University/School	Dates Attended	Major	Qualification

Signature: _____

Date: _____

FOR IBS ONLY

Accepted ☐Rejected ☐

Remarks : _____

Signature : _____

Date: _____