

BOARD OF GOVERNORS
HAWAII JOINT UNDERWRITING PLAN
INSURANCE DIVISION
P. O. Box 3614
HONOLULU, HI 96811

A G E N D A

Date: November 8, 2024

Time: 9:00 a.m.

In-Person Meeting Location: Queen Liliuokalani Conference Room
King Kalakaua Building, 1st Floor
335 Merchant Street
Honolulu, HI 96813

Virtual Participation: Virtual Videoconference Meeting – [Zoom Link](#)

Phone: 1-669-900-6833
Meeting ID: 868 1895 9628
Passcode: 331661

Reasonable accommodations for people with disabilities are available upon request. Requests for accommodations should be submitted via e-mail to jbump@dcca.hawaii.gov or by calling Jerry Bump at 808-586-0985 (voice). Such requests should include a detailed description of the accommodation needed. In addition, please include a way for the Hawaii Insurance Division to contact the requester if more information is needed to fulfill the request. Last minute requests will be accepted but may not be possible to accommodate.

BOARD PACKET MATERIALS WILL BE POSTED AT
[State of Hawaii Calendar of Events](#)

- I. Call to Order
- II. Reading of Antitrust Statement
- III. Approval of Minutes – July 17, 2024
- IV. Financial Reports from the Hawaii Joint Underwriting Plan
- V. Election of 2025 Officers
- VI. Additional Items for Discussion

- A. Servicing Provider Update
- B. Proposal – Update Principles of Operation for Change of Address
- C. Proposal – Supporting Documentation Requirements
- D. Proposal – Increased Benefits for Chiropractor Treatments
- E. Proposal – Increased Minimum Limits
- F. Proposal - Private Passenger & Commercial Rates
- G. Amended Proposal – Increase Limits of Liability

VII. Next Meeting – Wednesday, January 15, 2025, 9:00 a.m.

VIII. Adjournment

Public Testimony:

If you wish to submit written testimony on any agenda item, you may do so via:

1. Email at jbump@dcca.hawaii.gov
2. Postal mail to: Hawaii Joint Underwriting Plan, 335 Merchant St. Room 213, Honolulu, HI 96813

We request submission of written testimony at least 24-hours prior to the start of the meeting to ensure that it can be distributed to Board Members. Written testimony will only be accepted for the items listed on the meeting agenda. Written public testimony submitted will be treated as public record and any contact information contained therein may be available for public inspection and copying. For both internet or phone access, when testifying, you will be asked to identify yourself and the organization, if any, that you represent.

Internet Access

To view the meeting and provide live verbal testimony, please use the Zoom link at the top of the agenda.

Phone Access

You may attend this meeting with audio-only access by calling the phone number listed above. You may be prompted to enter the meeting ID and passcode; both are provided underneath the phone number on this agenda.

Lost Connectivity

If the Agency's Interactive Conference Technology (ITC) connection for the remote meeting is lost, the meeting will be recessed for up to 30-minutes until the connection is restored. In the event the Agency is only able to re-establish an audio connection, the meeting will continue as audio-only. To connect via audio-only, call in using the Phone number listed above. If the meeting cannot be properly restored within

30-minutes, the meeting will automatically be cancelled and rescheduled to a later date and time to be posted on the State of Hawaii Public Meetings website @ <https://calendar.ehawaii.gov/calendar/>.

Physical Meeting Location

Location open to the public that has an audiovisual connection at the In-Person Meeting Location listed above.

July 17, 2024

BOARD OF GOVERNORS
HAWAII JOINT UNDERWRITING PLAN

Queen Liliuokalani Conference Room
King Kalakaua Building, 1st Floor
335 Merchant Street, Room 330
Honolulu, HI 96813

and

Videoconference via Zoom Meeting Application

I. Call to Order (00:00:01)

Mr. Lance Kawano called the meeting to order at 9:00 a.m.

Members Present:

Todd Feltman (State Farm)
Reid Higashi (Business Insurance Services, Inc.)
Lance Kawano (First Insurance Company of Hawaii)
Chenise Morrow-Blalock (Hawaii Independent Insurance Agents Association)
Lane Nishioka (Island Insurance)
Kim Sato (Farmers Hawaii)

Others Present:

Jerry Bump (DCCA/Insurance Division)
Kathleen Nakasone (DCCA/Insurance Division)
Rae Oda (DCCA/Insurance Division)
Claire Taise-Chee (DCCA/Insurance Division)
David Amaral (AIPSO)
Natalie Benkovich (AIPSO)
Jim Chrones (AIPSO)
Alicia Hanson (AIPSO)
Amy Hicks (AIPSO)
Victoria Ivanov (AIPSO)
David Maynard (AIPSO)
Andrea Olson (AIPSO)
Tracy Walsh (AIPSO)

Members Absent:

None

II. Reading of Antitrust Statement (00:02:21)

The antitrust statement was read by Mr. Kawano as follows:

“As members of this organization or participants in this meeting, we need to be mindful of the constraints of the antitrust laws. There shall be no discussions of agreements or concerted actions that may restrain competition. This prohibition includes the exchange of information concerning individual company rates, coverages, market practices, claims settlement practices or any other competitive aspect of an individual company’s operation. Each member or participant is obligated to speak up immediately for the purpose of preventing any discussion falling outside the bounds indicated.”

III. Approval of Minutes (00:03:12)

Mr. Feltman moved to approve the meeting minutes from April 17, 2024. Ms. Blalock seconded the motion. With no members objecting, the motion passed unanimously.

IV. Financial Reports from the Hawaii Joint Underwriting Plan (00:03:52)

Mr. Bump provided an overview, noting that AIPSO had basically completed the true-up and assessment of the member companies.

V. Items for Discussion

A. AIPSO Proposal – Commercial Quoting Assistance (00:08:38)

Ms. Hanson presented AIPSO’s proposal to amend the commercial application process to reflect that the commercial quote is prepared by AIPSO Insurance Operations (AIO) commercial underwriting unit beginning October 1, 2024.

Mr. Feltman moved to recommend to the Commissioner to approve the changes. Mr. Nishioka seconded the motion. The motion passed unanimously.

B. AIPSO Proposal – Transfer of Coverages to Private Passenger: Accounting & Statistical Requirements Manual and Underwriting Manual Updates (00:12:03)

Mr. Amaral presented AIPSO’s proposals to update the accounting and statistical manual and to update the underwriting manual. Following discussion, Mr. Feltman moved to recommend to the Commissioner to approve the changes. Mr. Nishioka seconded the motion. The motion passed unanimously.

C. AIPSO Proposal – Increase Limits of Liability (00:21:32)

Mr. Bump reintroduced AIPSO's proposal. In answer to Mr. Nishioka's previously raised question as to whether adoption of the proposal would require a change to the Administrative Rules, Mr. Bump noted that it would require a rule change. Following discussion, the board decided to table the issue for further review before making any recommendation to the Commissioner.

D. Private Passenger Rate Review (01:10:10)

Ms. Hicks presented AIPSO's private passenger rate reviews as requested by the board for CPAI insureds, non-CPAI high risk insureds, and others unable to obtain coverage.

E. Servicing Provider Update from AIPSO (01:29:43)

Ms. Walsh provided AIPSO's servicing provider update.

F. Statutory Changes – HB1686 & SB2342 (01:33:00)

Mr. Bump noted statutory changes resulting from the passage of HB1686, which increases the chiropractic rate from \$75 to \$100 per visit, effective immediately upon signing by the Governor; and SB2342, which increases limits.

VI. Next Board Meeting

Wednesday, October 16, 2024 at 9:00 a.m.

VII. Adjournment (01:35:12)

The meeting was adjourned at 10:38 a.m.



October 3, 2024

Jerry Bump
Insurance Division
Hawaii Department of Commerce and Consumer Affairs
PO Box 3614
Honolulu, HI 96811-3614

RE: HJUP - FINANCIAL STATEMENTS – QUARTER ENDING 06/30/2024

Dear Jerry:

Attached are the Hawaii Joint Underwriting Plan financial statements for the period ended **June 30, 2024**. The reporting requirement that breaks down the information into four separate classes was effective January 1, 2008. The four class reports will not balance to the fiscal year to date consolidated information for several reasons.

1. The premium deficiency reserve, claim service fee reserve and anticipated salvage and subrogation reserves computed by AIPSO do not contain a breakout of private passenger business between the high risk and other private passenger classifications. Therefore, the entries for these reserves are only allocated to the class level for Commercial and CPAI business. The difference in the change in reserves attributed to Private Passenger High Risk and Private Passenger other business, which cannot be allocated, are as followed:
 - Loss Reserves and Losses Incurred – \$510
 - Premium Deficiency Reserve - \$0
 - Servicing Carrier Fees Claim LAE- \$3,298
2. Also, some general ledger accounts, such as interest income, bureau expenses, bank charges, etc. are not able to be split out by the four classes due to the nature of the account activity. We have not allocated these general income and expense items on the class exhibits.
3. The class reports are provided to allow the department to review the pure results of the HJUP business by class, without distortions, which would have occurred from the allocation of some non-class specific results.

The financial statements included are as follows:

BALANCE SHEET – CONSOLIDATED

STATEMENT OF INCOME AND EXPENSES - CONSOLIDATED AND BY CLASS

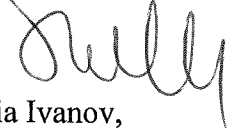
STATEMENT OF OTHER THAN UNDERWRITING EXPENSES - CONSOLIDATED

QUARTERLY EXHIBIT OF RESERVES - CONSOLIDATED AND BY CLASS

QUARTERLY RESULTS OF OPERATIONS - CONSOLIDATED AND BY CLASS

If you have any questions, please feel free to call me at (401) 429-1417.

Sincerely,



Victoria Ivanov,
Financial and Investment Services-Supervisor,

cc: Gordon Ito, HJUP
Thomas Assad, AIPSO
Kim Evangelista, AIPSO
David Maynard, AIPSO
Michelle Lapierre, AIPSO
Bethany Erno, AIPSO

Attachements

HAWAII JOINT UNDERWRITING PLAN
CONSOLIDATED BALANCE SHEET
JUNE 30, 2024

	<u>06/30/24</u>	<u>06/30/23</u>
<u>Assets</u>		
<u>Cash (Overdraft)</u>		
Central Bank	\$ (79,337.95)	\$ (39,880.30)
Concentration Account	2,053,415.30	478,815.00
Servicing Carrier - Depository Cash	83,103.89	184,677.70
Servicing Carrier - Checks Outstanding	(205,323.11)	(59,574.78)
Servicing Carrier - Claims	(812.35)	(2,696.80)
Total Cash (Overdraft)	1,851,045.78	561,340.82
Investments	1,739,270.74	2,399,359.66
<u>Accounts Receivable</u>		
Servicing Carriers Premium Accounts	147,974.92	269,826.52
Cr Cards - State National	9,212.00	-
Salvage and Subrogation	50.00	-
Assigned Claims Program	154,224.11	298,031.06
Member Company	902,138.00	360,000.00
Late Payment Penalty Fees	50.00	150.00
Other	-	64,896.50
Installment Fees - State National	56.00	8.00
Total Accounts Receivable	1,213,705.03	992,912.08
Claim Service Fee Reserve	186,064.00	205,173.00
Total Assets	\$4,990,085.55	\$4,158,785.56
<u>Liabilities & Members' Equity (Deficit)</u>		
Loss Reserves (Incl IBNR)	\$ 1,654,097.47	\$ 1,667,982.19
Allocated LAE Reserve	4,317.13	628.50
Unearned Premium Reserve	1,077,762.55	1,604,609.21
Premium Deficiency Reserve	176,553.00	172,116.00
Outstanding Drafts	99,235.17	127,160.23
Outstanding Drafts - Assigned Claims	(15.70)	131,849.29
Escheat Reserves	61,288.98	65,301.90
<u>Accounts Payable</u>		
Servicing Carrier Fees- Claims	46,172.82	48,267.97
Servicing Carrier Fees- Operating	36,678.44	81,768.85
Unallocated Claim Expense Allowance	3,984.46	15,357.21
AIPSO	146,758.71	45,676.57
Commissions	1,585.62	26,698.83
Advanced Premium Collections	-	56,779.50
Other	793,451.30	(3,887.99)
Total Accounts Payable	1,028,631.35	270,660.94
Total Liabilities	4,101,869.95	4,040,308.26
Members' Equity (Deficit)	888,215.60	118,477.30
Total Liabilities & Members' Equity (Deficit)	\$4,990,085.55	\$4,158,785.56

HAWAII JOINT UNDERWRITING PLAN
CONSOLIDATED STATEMENT OF INCOME AND EXPENSES
YEAR TO DATE THROUGH JUNE 30, 2024

	Quarter Ending Current	Quarter Ending Prior	Fiscal Year to Date Current	Fiscal Year to Date Prior	Fiscal year to Date Change	%
<u>Underwriting Income:</u>						
Premium Written	\$609,999.35	\$957,005.53	\$1,549,792.35	\$2,334,104.14	(\$784,311.79)	-33.60%
Change in Unearned Premiums	(66,225.83)	214,646.39	(596,741.76)	5,891.65	(602,633.41)	-10228.60%
Premiums Earned	676,225.18	742,359.14	2,146,534.11	2,328,212.49	(181,678.38)	-7.80%
<u>Deductions:</u>						
Losses Paid	292,087.66	228,926.84	1,152,071.80	1,340,453.78	(188,381.98)	-14.05%
Change in Loss Reserves	564,154.24	13,151.71	15,053.99	(390,801.55)	405,855.54	-103.85%
Losses Incurred	856,241.90	242,078.55	1,167,125.79	949,652.23	217,473.56	22.90%
Change in Allocated LAE Reserves	468.57	427.50	1,985.23	628.50	1,356.73	215.87%
Allocated LAE Incurred	468.57	427.50	1,985.23	628.50	1,356.73	215.87%
Change in Premium Deficiency Reserve	3,521.00	(125,205.00)	(1,554.00)	(152,543.00)	150,989.00	-98.98%
Servicing Carrier Fees - Claims LAE	153,421.77	163,555.87	344,923.26	300,047.44	44,875.82	14.96%
Servicing Carrier Fees - Operating	64,740.10	105,989.51	171,229.03	243,479.62	(72,250.59)	-29.67%
Commissions Written	20,080.28	37,357.77	47,673.47	81,954.61	(34,281.14)	-41.83%
DMV Surcharge Fees	269.69	52.32	1,037.69	438.80	598.89	136.48%
Total Underwriting Deductions	1,098,743.31	424,256.52	1,732,420.47	1,423,658.20	308,762.27	21.69%
Net Underwriting Gain (Loss)	(422,518.13)	318,102.62	414,113.64	904,554.29	(490,440.65)	-54.22%
Investment Income	22,455.98	29,983.42	76,151.02	83,920.53	(7,769.51)	-9.26%
<u>Other Income (Expenses):</u>						
Misc. Income	0.00	0.00	(227.00)	(210.00)	(17.00)	8.10%
Membership Fees	336,000.00	360,000.00	336,000.00	360,000.00	(24,000.00)	-6.67%
Late Penalty Fees	239.39	1,695.44	239.39	1,745.44	(1,506.05)	-86.28%
Commissions Charged Off	(2.34)	(741.34)	(2.34)	(417.58)	415.24	-99.44%
Premiums Charged Off	(4,405.75)	(539.00)	(3,407.75)	(690.50)	(2,717.25)	393.52%
Premiums Charged Off - CPAI	(225,697.00)	(222,263.00)	(711,543.00)	(728,443.37)	16,900.37	-2.32%
Fronting Co Fees - AIO HI	(970.01)	(969.31)	(3,285.30)	(8,021.42)	4,736.12	-59.04%
Other than Underwriting Expenses	(201,260.56)	(97,559.22)	(582,956.05)	(305,098.89)	(277,857.16)	91.07%
Total Other Income (Expenses)	(96,096.27)	39,623.57	(965,182.05)	(681,136.32)	(284,045.73)	41.70%
Net Gain (Loss)	(\$496,158.42)	\$387,709.61	(\$474,917.39)	\$307,338.50	(\$782,255.89)	-254.53%

HAWAII JOINT UNDERWRITING PLAN
CONSOLIDATED STATEMENT OF OTHER THAN UNDERWRITING EXPENSES
YEAR TO DATE THROUGH JUNE 30, 2024

	Quarter Ending Current	Quarter Ending Prior	Fiscal Year to Date Current	Fiscal Year to Date Prior	Fiscal Year to Date Change	%
Salaries	\$ 2,500.00	\$ 2,500.00	\$ 7,500.00	\$ 7,500.00	\$ -	0.00%
Postage	339.56	0.00	339.56	0.00	339.56	0.00%
Legal & Audit Expense	109.21	0.00	109.21	0.00	109.21	0.00%
Software Equipment	19,330.59	19,111.68	57,783.98	56,986.19	797.79	1.40%
Central Processor	56,600.49	41,318.74	150,042.97	126,561.96	23,481.01	18.55%
Bank and Finance Charges	2,380.71	2,128.81	7,180.49	9,291.01	(2,110.52)	-22.72%
Rate making Expense	0.00	0.00	0.00	7,260.00	(7,260.00)	-100.00%
Bad Debt	0.00	0.00	(10.21)	(0.24)	(9.97)	4154.17%
Misc Shared Resources	7,500.00	7,500.00	22,500.00	22,500.00	0.00	0.00%
Other	112,500.00	24,999.99	337,510.05	74,999.97	262,510.08	350.01%
Total Other Than Underwriting Expenses	<u>\$ 201,260.56</u>	<u>\$ 97,559.22</u>	<u>\$ 582,956.05</u>	<u>\$ 305,098.89</u>	<u>\$ 277,857.16</u>	<u>91.07%</u>

**HAWAII JOINT UNDERWRITING PLAN
CONSOLIDATED EXHIBIT OF RESERVES
YEAR TO DATE THROUGH JUNE 30, 2024**

	Prior Year End Reserves	First Quarter Change	Second Quarter Change	Third Quarter Change	Fourth Quarter Change	Quarter End Reserves
Unearned Premium	\$ 1,674,504.31	\$ (286,181.02)	\$ (244,334.91)	\$ (66,225.83)	\$ -	\$ 1,077,762.55
Premium Deficiency Reserve	178,107.00	(10,698.00)	5,623.00	3,521.00	0.00	176,553.00
Loss Reserves	\$ 711,407.48	\$ (105,838.81)	\$ (20,263.44)	\$ 277,970.24	\$ -	\$ 863,275.47
IBNR Loss Reserves	1,036,156.00	(222,834.00)	(211,780.00)	299,562.00	0.00	901,104.00
Anticipated Salvage and Subrogation	(108,520.00)	(20,731.00)	32,347.00	(13,378.00)	0.00	(110,282.00)
Loss Reserves including IBNR:	<u>\$ 1,639,043.48</u>	<u>\$ (349,403.81)</u>	<u>\$ (199,696.44)</u>	<u>\$ 564,154.24</u>	<u>\$ -</u>	<u>\$ 1,654,097.47</u>
Allocated LAE Reserves	(\$2,331.90)	\$1,278.80	\$237.86	\$468.57	\$0.00	\$ (346.67)

HAWAII JOINT UNDERWRITING PLAN
CONSOLIDATED QUARTERLY RESULTS OF OPERATION

	Quarter Ending Jun 2024	Quarter Ending Mar 2024	Quarter Ending Dec 2023	Quarter Ending Sep 2023	Quarter Ending Jun 2023
<u>Underwriting Income:</u>					
Premium Written	\$609,999.35	\$471,265.00	\$468,528.00	\$857,165.00	\$957,005.53
Change in Unearned Premiums	(66,225.83)	(244,334.91)	(286,181.02)	69,895.10	214,646.39
Premiums Earned	676,225.18	715,599.91	754,709.02	787,269.90	742,359.14
<u>Deductions:</u>					
Losses Paid	292,087.66	164,184.34	695,799.80	556,239.34	228,926.84
Change in Loss Reserves	564,154.24	(199,696.44)	(349,403.81)	(28,938.71)	13,151.71
Losses Incurred	856,241.90	(35,512.10)	346,395.99	527,300.63	242,078.55
Change in Allocated LAE Reserves	468.57	237.86	1,278.80	1,703.40	427.50
Allocated LAE Incurred	468.57	237.86	1,278.80	1,703.40	427.50
Change in Premium Deficiency Reserve	3,521.00	5,623.00	(10,698.00)	5,991.00	(125,205.00)
Servicing Carrier Fees - Claims LAE	153,421.77	95,065.12	96,436.37	139,163.61	163,555.87
Servicing Carrier Fees - Operating	64,740.10	54,243.41	52,245.52	36,373.78	105,989.51
Commissions Written	20,080.28	10,740.09	16,853.10	30,415.48	37,357.77
DMV Surcharge Fees	269.69	(635.49)	1,403.49	598.66	52.32
Total Underwriting Deductions	1,098,743.31	129,524.03	502,636.47	739,843.16	423,829.02
Net Underwriting Gain (Loss)	(422,518.13)	586,075.88	252,072.55	47,426.74	318,530.12
Investment Income	22,455.98	23,354.01	30,341.03	31,229.96	29,983.42
<u>Other Income (Expenses):</u>					
Miscellaneous Income	0.00	(227.00)	0.00	-	0.00
Membership Fees	336,000.00	0.00	-	0.00	360,000.00
Late Penalty Fees	239.39	-	-	0.00	1,695.44
Commissions Charged Off	(2.34)	0.00	-	-	(741.34)
Premiums Charged Off	(4,405.75)	(34.50)	1,032.50	(2,180.96)	(539.00)
Premiums Charged Off - CPAI	(225,697.00)	(264,334.00)	(221,512.00)	(273,877.00)	(222,263.00)
Fronting Co Fees - AIO HI	(970.01)	(1,076.91)	(1,238.38)	(54,914.64)	(969.31)
Other than Underwriting Expenses	(201,260.56)	(193,388.76)	(188,306.73)	29,026.99	(97,559.22)
Total Other Income (Expenses)	(96,096.27)	(459,061.17)	(410,024.61)	(301,945.61)	39,623.57
Net Gain (Loss)	(\$496,158.42)	\$150,368.72	(\$127,611.03)	(\$223,288.91)	\$388,137.11

HAWAII JOINT UNDERWRITING PLAN
RETAINED EARNINGS
June 30, 2024

Trial Balance

Total Assets	<u>\$4,804,021.55</u>
Total Liabilities	(\$3,915,805.95)
Total Retained Earnings	<u>(\$1,363,132.99)</u>
Liabilities + Retained Earnings	<u>(5,278,938.94)</u>
Assets + Liabilities + Retained Earnings	(474,917.39)
Total Income	(\$1,961,953.42)
Total Expense	<u>\$2,436,870.81</u>
Net (Income) & Expense	<u>474,917.39</u>
Difference	<u><u>(0.00)</u></u>

Retained Earnings

Retained Earnings from Trial Balance	(\$1,363,132.99)
Net (Income) & Expense from Trial Balance	\$474,917.39
Total Retained Earnings	<u><u>(\$888,215.60)</u></u>

**HAWAII JOINT UNDERWRITING PLAN
CPAI
STATEMENT OF INCOME AND EXPENSES
YEAR TO DATE THROUGH JUNE 30, 2024**

	<u>Quarter Ending</u>	<u>Fiscal Year to Date</u>
<u>Underwriting Income</u>		
Premium Written	\$225,697.00	\$711,543.00
Change in Unearned Premiums	(20,450.94)	(33,385.17)
Premiums Earned	<u>246,147.94</u>	<u>744,928.17</u>
<u>Deductions</u>		
Losses Paid	33,562.08	151,104.93
Change in Loss Reserves	511,009.96	526,813.41
Losses Incurred	<u>544,572.04</u>	<u>677,918.34</u>
Allocated LAE Paid	0.00	0.00
Change in Allocated LAE Reserves	468.57	427.50
Allocated LAE Incurred	<u>468.57</u>	<u>427.50</u>
Change in Premium Deficiency Reserve	3,521.00	(1,554.00)
Servicing Carrier Fees - Claims LAE	40,031.11	88,997.59
Servicing Carrier Fees - Operating	25,473.33	81,754.91
Servicing Carrier Fees - Collections	0.00	0.00
Commissions Written	0.00	0.00
Total Underwriting Deductions	<u>613,597.48</u>	<u>847,116.84</u>
Net Underwriting Gain (Loss)	<u>(367,449.54)</u>	<u>(102,188.67)</u>
<u>Other Income (Expenses)</u>		
Commissions Charged Off	0.00	0.00
Premiums Charged Off	(225,697.00)	(711,543.00)
Fronting Co Fees - AIO HI	(970.01)	(3,285.30)
Other than Underwriting Expenses	(18,000.00)	(54,000.00)
Total Other Income (Expenses)	<u>(244,667.01)</u>	<u>(768,828.30)</u>
Net Gain (Loss)	<u><u>(\$612,116.55)</u></u>	<u><u>(\$871,016.97)</u></u>

HAWAII JOINT UNDERWRITING PLAN
CPAI
EXHIBIT OF RESERVES
YEAR TO DATE THROUGH JUNE 30, 2024

	Prior Year End Reserves	First Quarter Change	Second Quarter Change	Third Quarter Change	Fourth Quarter Change	Quarter End Reserves
Unearned Premium	\$ 510,705.02	\$ (30,673.71)	\$ 17,739.48	\$ (20,450.94)	\$ -	\$ 477,319.85
Premium Deficiency Reserve	178,107.00	(10,698.00)	5,623.00	3,521.00	0.00	176,553.00
Loss Reserves	\$ 152,744.94	\$ 31,314.08	\$ (21,995.63)	\$ 317,625.96	\$ -	\$ 479,689.35
IBNR Loss Reserves	41,687.00	(11,036.00)	17,320.00	198,447.00	0.00	246,418.00
Anticipated Salvage and Subrogation	(9,007.00)	(248.00)	449.00	(5,063.00)	0.00	(13,869.00)
Loss Reserves including IBNR:	<u>\$ 185,424.94</u>	<u>\$ 20,030.08</u>	<u>\$ (4,226.63)</u>	<u>\$ 511,009.96</u>	<u>\$ -</u>	<u>\$ 712,238.35</u>
Allocated LAE Reserves	(\$1,817.50)	\$1,264.40	\$79.87	\$468.57	\$0.00	\$ (4.66)

HAWAII JOINT UNDERWRITING PLAN
CPAI
QUARTERLY RESULTS OF OPERATION

	Quarter Ending Jun 2024	Quarter Ending Mar 2024	Quarter Ending Dec 2023	Quarter Ending Sep 2023	Quarter Ending Jun 2023
<u>Underwriting Income:</u>					
Premium Written	\$225,697.00	\$264,334.00	\$221,512.00	\$273,877.00	\$222,263.00
Change in Unearned Premiums	(20,450.94)	17,739.48	(30,673.71)	22,114.85	(32,575.74)
Premiums Earned	246,147.94	246,594.52	252,185.71	251,762.15	254,838.74
<u>Deductions:</u>					
Losses Paid	33,562.08	58,314.81	59,228.04	41,389.02	23,791.26
Change in Loss Reserves	511,009.96	(4,226.63)	20,030.08	(33,884.93)	(76,436.53)
Losses Incurred	544,572.04	54,088.18	79,258.12	7,504.09	(52,645.27)
Allocated LAE Paid	0.00	0.00	0.00	0.00	0.00
Change in Allocated LAE Reserves	468.57	79.87	1,264.40	98.10	468.57
Allocated LAE Incurred	468.57	79.87	1,264.40	98.10	468.57
Change in Premium Deficiency Reserve	3,521.00	5,623.00	(10,698.00)	5,991.00	(125,205.00)
Servicing Carrier Fees - Claims LAE	40,031.11	8,463.33	40,503.15	46,462.57	74,279.49
Servicing Carrier Fees - Operating	25,473.33	32,651.32	23,630.26	(20,017.75)	31,371.19
Commissions Written	0.00	0.00	0.00	0.00	0.00
Total Underwriting Deductions	613,597.48	100,825.83	132,693.53	39,939.91	(72,199.59)
Net Underwriting Gain (Loss)	(367,449.54)	145,768.69	119,492.18	211,822.24	327,038.33
Investment Income	0.00	0.00	0.00	0.00	0.00
Gain (Loss) on Investments	0.00	0.00	0.00	0.00	0.00
<u>Other Income (Expenses):</u>					
Membership Fees	0.00	0.00	0.00	0.00	0.00
Late Penalty Fees	0.00	0.00	0.00	0.00	0.00
Commissions Charged Off	0.00	0.00	0.00	0.00	0.00
Premiums Charged Off	0.00	0.00	0.00	0.00	0.00
Premiums Charged Off - CPAI	(225,697.00)	(264,334.00)	(221,512.00)	(273,877.00)	(222,263.00)
Fronting Co Fees - AIO HI	(970.01)	(1,076.91)	(1,238.38)	(54,914.64)	(969.31)
Other than Underwriting Expenses	(18,000.00)	76,500.00	(112,500.00)	(24,999.99)	(24,999.99)
Total Other Income (Expenses)	(244,667.01)	(188,910.91)	(335,250.38)	(353,791.63)	(248,232.30)
Net Gain (Loss)	(\$612,116.55)	(\$43,142.22)	(\$215,758.20)	(\$141,969.39)	\$78,806.03

**HAWAII JOINT UNDERWRITING PLAN
COMMERCIAL
STATEMENT OF INCOME AND EXPENSES
JUNE 30, 2024**

	<u>Quarter Ending</u>	<u>Fiscal Year to Date</u>
<u>Underwriting Income</u>		
Premium Written	\$360,948.43	\$362,515.00
Change in Unearned Premiums	(45,486.53)	(554,221.32)
Premiums Earned	<u>406,434.96</u>	<u>916,736.32</u>
<u>Deductions</u>		
Losses Paid	253,487.55	724,608.58
Change in Loss Reserves	38,959.34	(545,794.61)
Losses Incurred	<u>292,446.89</u>	<u>178,813.97</u>
Allocated LAE Paid	0.00	0.00
Change in Allocated LAE Reserves	0.00	0.00
Allocated LAE Incurred	<u>0.00</u>	<u>0.00</u>
Change in Premium Deficiency Reserve	0.00	0.00
Servicing Carrier Fees - Claims LAE	82,153.53	76,979.99
Servicing Carrier Fees - Operating	36,094.84	36,251.50
Servicing Carrier Fees - Collections	0.00	0.00
Commissions Written	18,047.20	18,260.49
Total Underwriting Deductions	<u>428,742.46</u>	<u>310,305.95</u>
Net Underwriting Gain (Loss)	(22,307.50)	606,430.37
<u>Other Income (Expenses)</u>		
Commissions Charged Off	0.00	0.00
Premiums Charged Off	(617.23)	998.00
Fronting Co Fees - AIO HI	0.00	0.00
Other than Underwriting Expenses	(87,500.01)	(175,000.02)
Total Other Income (Expenses)	<u>(88,117.24)</u>	<u>(174,002.02)</u>
Net Gain (Loss)	<u><u>(\$110,424.74)</u></u>	<u><u>\$432,428.35</u></u>

**HAWAII JOINT UNDERWRITING PLAN
COMMERCIAL
EXHIBIT OF RESERVES
YEAR TO DATE THROUGH JUNE 30, 2024**

	Prior Year End Reserves	First Quarter Change	Second Quarter Change	Third Quarter Change	Fourth Quarter Change	Quarter End Reserves
Unearned Premium	\$ 1,120,264.32	\$ (319,515.11)	\$ (234,706.21)	\$ (45,486.53)	\$ -	\$ 520,556.47
Premium Deficiency Reserve	-	-	-	-	-	-
Loss Reserves	\$ 533,932.00	\$ (127,218.67)	\$ 1,226.06	\$ (42,203.66)	\$ -	\$ 365,735.73
IBNR Loss Reserves	949,707.00	(216,972.00)	(210,431.00)	89,988.00	0.00	612,292.00
Anticipated Salvage and Subrogation	(92,890.00)	(20,867.00)	28,468.00	(8,825.00)	0.00	(94,114.00)
Loss Reserves including IBNR:	<u>\$ 1,390,749.00</u>	<u>\$ (365,057.67)</u>	<u>\$ (180,736.94)</u>	<u>\$ 38,959.34</u>	<u>\$ -</u>	<u>\$ 883,913.73</u>
Allocated LAE Reserves	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ -

**HAWAII JOINT UNDERWRITING PLAN
COMMERCIAL
QUARTERLY RESULTS OF OPERATION**

	Quarter Ending Jun 2024	Quarter Ending Mar 2024	Quarter Ending Dec 2023	Quarter Ending Sep 2023	Quarter Ending Jun 2023
<u>Underwriting Income:</u>					
Premium Written	\$360,948.43	\$204,561.00	\$157,954.00	\$550,688.00	\$705,627.53
Change in Unearned Premiums	(45,486.53)	(234,706.21)	(319,515.11)	37,585.64	231,287.08
Premiums Earned	406,434.96	439,267.21	477,469.11	513,102.36	474,340.45
<u>Deductions:</u>					
Losses Paid	253,487.55	91,582.04	633,026.54	490,259.81	144,963.70
Change in Loss Reserves	38,959.34	(180,736.94)	(365,057.67)	(43,521.27)	151,102.96
Losses Incurred	292,446.89	(89,154.90)	267,968.87	446,738.54	296,066.66
Allocated LAE Paid	0.00	0.00	0.00	0.00	0.00
Change in Allocated LAE Reserves	0.00	0.00	0.00	0.00	0.00
Allocated LAE Incurred	0.00	0.00	0.00	0.00	0.00
Change in Premium Deficiency Reserve	0.00	0.00	0.00	0.00	0.00
Servicing Carrier Fees - Claims LAE	82,153.53	43,336.46	33,643.53	60,651.27	109,887.57
Servicing Carrier Fees - Operating	36,094.84	20,456.10	15,795.40	55,068.80	70,562.75
Commissions Written	18,047.20	10,250.69	8,009.80	27,534.38	35,281.37
Total Underwriting Deductions	428,742.46	(15,111.65)	325,417.60	589,992.99	511,798.35
Net Underwriting Gain (Loss)	(22,307.50)	454,378.86	152,051.51	(76,890.63)	(37,457.90)
Investment Income	0.00	0.00	0.00	0.00	0.00
Gain (Loss) on Investments	0.00	0.00	0.00	0.00	0.00
<u>Other Income (Expenses):</u>					
Membership Fees	0.00	0.00	0.00	0.00	0.00
Late Penalty Fees	0.00	0.00	0.00	0.00	0.00
Commissions Charged Off	0.00	0.00	0.00	0.00	0.00
Premiums Charged Off	(617.23)	(34.50)	1,032.50	(2,180.96)	(539.00)
Premiums Charged Off - CPAI	0.00	0.00	0.00	0.00	0.00
Fronting Co Fees - AIO HI	0.00	0.00	0.00	0.00	0.00
Other than Underwriting Expenses	(87,500.01)	(175,000.02)	0.00	0.00	0.00
Total Other Income (Expenses)	(88,117.24)	(175,034.52)	1,032.50	(2,180.96)	(539.00)
Net Gain (Loss)	(\$110,424.74)	\$279,344.34	\$153,084.01	(\$79,071.59)	(\$37,996.90)

**HAWAII JOINT UNDERWRITING PLAN
PRIVATE - OTHER
STATEMENT OF INCOME AND EXPENSES
YEAR TO DATE THROUGH JUNE 30, 2024**

	<u>Quarter Ending</u>	<u>Fiscal Year to Date</u>
<u>Underwriting Income</u>		
Premium Written	(\$12,868.54)	\$20,391.00
Change in Unearned Premiums	(7,234.14)	4,239.67
Premiums Earned	<u>(5,634.40)</u>	<u>16,151.33</u>
<u>Deductions</u>		
Losses Paid	5,038.03	16,573.69
Change in Loss Reserves	(911.06)	(16,066.02)
Losses Incurred	<u>4,126.97</u>	<u>507.67</u>
Allocated LAE Paid	0.00	0.00
Change in Allocated LAE Reserves	0.00	0.00
Allocated LAE Incurred	<u>-</u>	<u>0.00</u>
Change in Premium Deficiency Reserve	0.00	0.00
Servicing Carrier Fees - Claims LAE	(934.77)	378.63
Servicing Carrier Fees - Operating	(1,751.79)	3,305.15
Servicing Carrier Fees - Collections	0.00	0.00
Commissions Written	(850.52)	2,228.60
Total Underwriting Deductions	<u>589.89</u>	<u>6,420.05</u>
Net Underwriting Gain (Loss)	<u>(6,224.29)</u>	<u>9,731.28</u>
<u>Other Income (Expenses)</u>		
Commissions Charged Off	0.00	-
Premiums Charged Off	(3,609.52)	-
Fronting Co Fees - AIO HI	0.00	0.00
Other than Underwriting Expenses	(3,000.00)	(6,000.00)
Total Other Income (Expenses)	<u>(6,609.52)</u>	<u>(6,000.00)</u>
Net Gain (Loss)	<u><u>(\$12,833.81)</u></u>	<u><u>\$3,731.28</u></u>

**HAWAII JOINT UNDERWRITING PLAN
PRIVATE - OTHER
EXHIBIT OF RESERVES
YEAR TO DATE THROUGH JUNE 30, 2024**

	Prior Year End Reserves	First Quarter Change	Second Quarter Change	Third Quarter Change	Fourth Quarter Change	Quarter End Reserves
Unearned Premium	\$ 12,808.16	\$ 29,038.99	\$ (24,799.32)	\$ (7,234.14)	\$ -	\$ 9,813.69
Premium Deficiency Reserve	-	-	-	-	-	-
Loss Reserves	\$ 19,449.49	\$ (9,934.22)	\$ 2,545.20	\$ 2,547.94	\$ -	\$ 14,608.41
IBNR Loss Reserves	24,548.00	(9,512.00)	835.00	(3,459.00)	0.00	12,412.00
Anticipated Salvage and Subrogation	0.00	0.00	0.00	0.00	0.00	0.00
Loss Reserves including IBNR:	<u>\$ 43,997.49</u>	<u>\$ (19,446.22)</u>	<u>\$ 3,380.20</u>	<u>\$ (911.06)</u>	<u>\$ -</u>	<u>\$ 27,020.41</u>
Allocated LAE Reserves	(\$514.40)	\$0.00	\$157.99	\$0.00	\$0.00	\$ (356.41)

**HAWAII JOINT UNDERWRITING PLAN
PRIVATE - OTHER
QUARTERLY RESULTS OF OPERATION**

	Quarter Ending Jun 2024	Quarter Ending Mar 2024	Quarter Ending Dec 2023	Quarter Ending Sep 2023	Quarter Ending Jun 2023
<u>Underwriting Income:</u>					
Premium Written	(\$12,868.54)	(\$17,525.00)	\$37,916.00	\$7,524.00	\$12,633.00
Change in Unearned Premiums	(7,234.14)	(24,799.32)	29,038.99	866.16	7,832.45
Premiums Earned	(5,634.40)	7,274.32	8,877.01	6,657.84	4,800.55
<u>Deductions:</u>					
Losses Paid	5,038.03	13,028.47	3,545.22	24,590.51	50,350.00
Change in Loss Reserves	(911.06)	3,380.20	(19,446.22)	34,633.49	(46,179.00)
Losses Incurred	4,126.97	16,408.67	(15,901.00)	59,224.00	4,171.00
Allocated LAE Paid	0.00	0.00	0.00	0.00	0.00
Change in Allocated LAE Reserves	-	157.99	0.00	(504.40)	-
Allocated LAE Incurred	-	157.99	0.00	(504.40)	-
Change in Premium Deficiency Reserve	0.00	0.00	0.00	0.00	0.00
Servicing Carrier Fees - Claims LAE	(934.77)	84.57	294.06	305.64	275.92
Servicing Carrier Fees - Operating	(1,751.79)	(2,011.91)	5,317.06	26.39	1,460.31
Commissions Written	(850.52)	(1,500.10)	3,728.70	665.70	428.20
Total Underwriting Deductions	589.89	12,981.23	(6,561.18)	60,221.73	6,335.43
Net Underwriting Gain (Loss)	(6,224.29)	(5,706.91)	15,438.19	(53,563.89)	(1,534.88)
Investment Income	0.00	0.00	0.00	0.00	0.00
Gain (Loss) on Investments	0.00	0.00	0.00	0.00	0.00
<u>Other Income (Expenses):</u>					
Membership Fees	0.00	0.00	0.00	0.00	0.00
Late Penalty Fees	0.00	0.00	0.00	0.00	0.00
Commissions Charged Off	0.00	0.00	0.00	0.00	(741.34)
Premiums Charged Off	(3,609.52)	0.00	0.00	0.00	0.00
Premiums Charged Off - CPAI	0.00	0.00	0.00	0.00	0.00
Fronting Co Fees - AIO HI	0.00	0.00	0.00	0.00	0.00
Other than Underwriting Expenses	(3,000.00)	(6,000.00)	0.00	0.00	0.00
Total Other Income (Expenses)	(6,609.52)	(6,000.00)	-	0.00	(741.34)
Net Gain (Loss)	(\$12,833.81)	(\$11,706.91)	\$15,438.19	(\$53,563.89)	(\$2,276.22)

**HAWAII JOINT UNDERWRITING PLAN
PRIVATE - HIGH RISK
STATEMENT OF INCOME AND EXPENSES
YEAR TO DATE THROUGH JUNE 30, 2024**

	<u>Quarter Ending</u>	<u>Fiscal Year to Date</u>
<u>Underwriting Income</u>		
Premium Written	\$36,222.46	\$71,329.00
Change in Unearned Premiums	6,945.78	23,964.55
Premiums Earned	<u>29,276.68</u>	<u>47,364.45</u>
<u>Deductions</u>		
Losses Paid	0.00	1,259.02
Change in Loss Reserves	14,586.00	(6,857.07)
Losses Incurred	<u>14,586.00</u>	<u>(5,598.05)</u>
Allocated LAE Paid	0.00	0.00
Change in Allocated LAE Reserves	0.00	0.00
Allocated LAE Incurred	<u>0.00</u>	<u>0.00</u>
Change in Premium Deficiency Reserve	0.00	0.00
Servicing Carrier Fees - Claims LAE	28,873.90	76,456.73
Servicing Carrier Fees - Operating	4,923.72	10,694.62
Servicing Carrier Fees - Collections	0.00	0.00
Commissions Written	2,883.60	7,132.90
Total Underwriting Deductions	<u>51,267.22</u>	<u>88,686.20</u>
Net Underwriting Gain (Loss)	<u>(21,990.54)</u>	<u>(41,321.75)</u>
<u>Other Income (Expenses)</u>		
Commissions Charged Off	(2.34)	0.00
Premiums Charged Off	(179.00)	0.00
Fronting Co Fees - AIO HI	0.00	0.00
Other than Underwriting Expenses	(3,999.99)	(9,333.31)
Total Other Income (Expenses)	<u>(4,181.33)</u>	<u>(9,333.31)</u>
Net Gain (Loss)	<u><u>(\$26,171.87)</u></u>	<u><u>(\$50,655.06)</u></u>

**HAWAII JOINT UNDERWRITING PLAN
PRIVATE - HIGH RISK
EXHIBIT OF RESERVES
YEAR TO DATE THROUGH JUNE 30, 2024**

	Prior Year End Reserves	First Quarter Change	Second Quarter Change	Third Quarter Change	Fourth Quarter Change	Quarter End Reserves
Unearned Premium	\$ 30,726.81	\$ 34,968.81	\$ (2,568.86)	\$ 6,945.78	\$ -	\$ 70,072.54
Premium Deficiency Reserve	-	-	-	-	-	-
Loss Reserves	\$ 5,281.05	\$ -	\$ (2,039.07)	\$ -	\$ -	\$ 3,241.98
IBNR Loss Reserves	20,214.00	14,686.00	(19,504.00)	14,586.00	0.00	29,982.00
Anticipated Salvage and Subrogation	0.00	0.00	0.00	0.00	0.00	0.00
Loss Reserves including IBNR:	<u>\$ 25,495.05</u>	<u>\$ 14,686.00</u>	<u>\$ (21,543.07)</u>	<u>\$ 14,586.00</u>	<u>\$ -</u>	<u>\$ 33,223.98</u>
Allocated LAE Reserves	\$0.00	\$14.40	\$0.00	\$0.00	\$0.00	\$ 14.40

**HAWAII JOINT UNDERWRITING PLAN
PRIVATE - HIGH RISK
QUARTERLY RESULTS OF OPERATION**

	Quarter Ending Jun 2024	Quarter Ending Mar 2024	Quarter Ending Dec 2023	Quarter Ending Sep 2023	Quarter Ending Jun 2023
<u>Underwriting Income:</u>					
Premium Written	\$36,222.46	\$19,895.00	\$51,146.00	\$25,076.00	\$16,482.00
Change in Unearned Premiums	6,945.78	(2,568.86)	34,968.81	9,328.45	8,102.60
Premiums Earned	29,276.68	22,463.86	16,177.19	15,747.55	8,379.40
<u>Deductions:</u>					
Losses Paid	0.00	1,259.02	-	-	9,821.88
Change in Loss Reserves	14,586.00	(21,543.07)	14,686.00	17,732.00	(15,218.72)
Losses Incurred	14,586.00	(20,284.05)	14,686.00	17,732.00	(5,396.84)
Allocated LAE Paid	0.00	0.00	0.00	0.00	0.00
Change in Allocated LAE Reserves	0.00	0.00	14.40	(14.40)	0.00
Allocated LAE Incurred	0.00	0.00	14.40	(14.40)	0.00
Change in Premium Deficiency Reserve	0.00	0.00	0.00	0.00	0.00
Servicing Carrier Fees - Claims LAE	28,873.90	43,379.76	22,196.63	31,644.13	41,611.39
Servicing Carrier Fees - Operating	4,923.72	3,147.90	7,502.80	1,296.34	2,595.26
Commissions Written	2,883.60	1,989.50	5,114.60	2,215.40	1,648.20
Total Underwriting Deductions	51,267.22	28,233.11	49,500.03	52,887.87	40,458.01
Net Underwriting Gain (Loss)	(21,990.54)	(5,769.25)	(33,322.84)	(37,140.32)	(32,078.61)
Investment Income	0.00	0.00	0.00	0.00	0.00
Gain (Loss) on Investments	0.00	0.00	0.00	0.00	0.00
<u>Other Income (Expenses):</u>					
Membership Fees	0.00	0.00	0.00	0.00	0.00
Late Penalty Fees	0.00	0.00	0.00	0.00	0.00
Commissions Charged Off	(2.34)	0.00	0.00	0.00	0.00
Premiums Charged Off	(179.00)	0.00	0.00	0.00	0.00
Premiums Charged Off - CPAI	0.00	0.00	0.00	0.00	0.00
Fronting Co Fees - AIO HI	0.00	0.00	0.00	0.00	0.00
Other than Underwriting Expenses	(3,999.99)	(7,999.98)	0.00	0.00	0.00
Total Other Income (Expenses)	(4,181.33)	(7,999.98)	0.00	0.00	0.00
Net Gain (Loss)	(\$26,171.87)	(\$13,769.23)	(\$33,322.84)	(\$37,140.32)	(\$32,078.61)

HAWAII PRIVATE PASSENGER Financial Data as of 1st Calendar Quarter 2024

ALL COMPANIES COMBINED

Policy Year	A	B	C	D	E	F	G	H	I	J	K	L	M
	Premium Written	Premium Earned	Losses Incurred Including IBNR	Claim Service Fees	Other Underwriting Expenses	Net Underwriting Results	Net Misc. Income & Expense	Net Result of Operations	C/B	D/B	E/A	I+J+K	L+(G/A)
Experience by Active Policy Year Through 1st Calendar Quarter 2024													
2013	306,305	306,305	193,203	30,785	41,375	40,943	-2,998	43,941	63.08%	10.05%	13.51%	86.64%	85.66%
2014	207,772	207,772	87,137	20,485	32,385	67,765	7,165	60,600	41.94%	9.86%	15.59%	67.39%	70.84%
2015	209,421	209,421	112,996	22,468	27,038	46,918	-20,464	67,382	53.96%	10.73%	12.91%	77.60%	67.83%
2016	220,832	220,832	45,975	21,529	28,314	125,014	-2,592	127,605	20.82%	9.75%	12.82%	43.39%	42.22%
2017	211,305	211,305	81,626	24,274	25,970	79,435	-10,004	89,439	38.63%	11.49%	12.29%	62.41%	57.68%
2018	137,758	137,758	18,427	13,010	17,064	89,258	-8,639	97,897	13.38%	9.44%	12.39%	35.21%	28.94%
2019	139,019	139,019	102,485	13,921	16,936	5,676	-7,141	12,817	73.72%	10.01%	12.18%	95.91%	90.77%
2020	143,165	143,165	10,267	13,218	16,873	102,807	-16,163	118,970	7.17%	9.23%	11.79%	28.19%	16.90%
2021	135,568	135,568	77,846	12,456	15,767	29,499	-7,644	37,144	57.42%	9.19%	11.63%	78.24%	72.60%
2022	64,978	64,978	21,361	6,436	10,394	26,788	-3,396	30,184	32.87%	9.90%	16.00%	58.77%	53.54%
2023	112,053	67,457	72,347	7,080	21,386	-33,355	-1,787	-31,568	107.25%	10.50%	19.09%	136.84%	135.24%
2024	40,193	4,614	8,620	704	8,039	-12,749	3,897	-16,646	186.82%	15.26%	20.00%	222.08%	231.78%
Total	1,928,370	1,848,195	832,289	186,367	261,540	567,999	-69,766	637,765	45.03%	10.08%	13.56%	68.67%	65.05%

Experience by Active Policy Year Through 1st Calendar Quarter 2023													
2013	306,305	306,305	193,203	30,785	41,375	40,943	-2,998	43,941	63.08%	10.05%	13.51%	86.64%	85.66%
2014	207,772	207,772	87,137	20,485	32,385	67,765	7,165	60,600	41.94%	9.86%	15.59%	67.39%	70.84%
2015	209,421	209,421	112,996	22,468	27,038	46,918	-20,464	67,382	53.96%	10.73%	12.91%	77.60%	67.83%
2016	220,832	220,832	45,975	21,529	28,314	125,014	-2,592	127,605	20.82%	9.75%	12.82%	43.39%	42.22%
2017	211,305	211,305	81,626	23,362	25,970	80,348	-10,004	90,352	38.63%	11.06%	12.29%	61.98%	57.25%
2018	137,758	137,758	17,888	13,010	17,064	89,797	-8,639	98,436	12.98%	9.44%	12.39%	34.81%	28.54%
2019	139,019	139,019	102,529	13,567	16,936	5,987	-7,141	13,128	73.75%	9.76%	12.18%	95.69%	90.55%
2020	143,165	143,165	10,850	13,218	16,873	102,224	-16,163	118,387	7.58%	9.23%	11.79%	28.60%	17.31%
2021	135,568	135,568	84,250	12,456	15,767	23,095	-7,644	30,739	62.15%	9.19%	11.63%	82.97%	77.33%
2022	62,936	46,497	24,906	4,625	9,985	6,981	-3,396	10,377	53.56%	9.95%	15.87%	79.38%	73.98%
2023	1,141	175	5,263	18	228	-5,333	84	-5,418	3006.16%	10.00%	20.00%	3036.16%	3043.56%
Total	1,775,223	1,757,817	766,622	175,523	231,935	583,737	-71,791	655,528	43.61%	9.99%	13.07%	66.67%	62.63%

Change in Experience by Active Policy Years from 1st Calendar Quarter 2023 Through 1st Calendar Quarter 2024													
2013	0	0	0	0	0	0	0	0	0	0	0	0	0
2014	0	0	0	0	0	0	0	0	0	0	0	0	0
2015	0	0	0	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	0	0	0	0	0	0	0	0	0	0
2017	0	0	0	912	0	-912	0	-912	0	0	0	0	0
2018	0	0	539	0	0	-539	0	-539	0	0	0	0	0
2019	0	0	-44	355	0	-311	0	-311	0	0	0	0	0
2020	0	0	-583	0	0	583	0	583	0	0	0	0	0
2021	0	0	-6,405	0	0	6,405	0	6,405	0	0	0	0	0
2022	2,042	18,481	-3,545	1,811	408	19,807	0	19,807	0	0	0	0	0
2023	110,912	67,282	67,084	7,062	21,158	-28,022	-1,872	-26,150	0	0	0	0	0
2024	40,193	4,614	8,620	704	8,039	-12,749	3,897	-16,646	0	0	0	0	0
Total	153,147	90,378	65,667	10,844	29,605	-15,738	2,025	-17,763	0	0	0	0	0

Note: This is not a Member Participation Report. See User's Guide for Adjustments under Miscellaneous Income and Expense.

HAWAII PRIVATE PASSENGER Financial Data as of 1st Calendar Quarter 2024

ALL COMPANIES COMBINED

Policy Year	INCURRED LOSSES			LOSS ADJUSTMENT EXPENSE		OTHER UNDERWRITING EXPENSES				MISCELLANEOUS INCOME AND EXPENSE			
	Paid Losses	Reserves	IBNR	ULAE	Incurred ALAE	Operating Service Fees	CPAI Charge-offs	Commission	Premium Deficiency Reserve	Investment Income	Charge-Offs	Misc Expenses	Other Misc Income
Experience by Active Policy Year Through 1st Calendar Quarter 2024													
2013	193,203	0	0	0	0	30,631	0	10,744	0	42	2,077	15,009	20,042
2014	87,137	0	0	0	0	20,777	0	11,608	0	60	1,130	14,451	8,356
2015	112,996	0	0	0	0	20,941	0	6,097	0	-37	3,127	23,112	46,739
2016	45,975	0	0	0	0	22,084	0	6,230	0	1,274	2,558	11,762	15,638
2017	81,626	0	0	0	0	21,131	0	4,839	0	2,409	745	9,286	17,626
2018	18,427	0	0	0	0	13,776	0	3,288	0	3,829	574	6,833	12,217
2019	103,068	-583	0	0	0	13,902	0	3,035	0	4,565	551	7,667	10,794
2020	10,850	-583	0	0	0	14,316	0	2,557	0	832	2,134	15,959	33,424
2021	77,433	0	413	0	0	13,557	0	2,210	0	15	465	9,317	17,411
2022	16,318	3,102	1,942	0	0	6,498	0	3,896	0	1,150	118	5,834	8,198
2023	41,514	11,603	19,230	0	0	11,205	0	10,181	0	6,033	22	14,989	10,765
2024	0	0	8,620	0	0	4,019	0	4,019	0	2,669	0	6,548	-19
Total	788,546	13,538	30,205	0	0	192,837	0	68,703	0	22,841	13,501	140,766	201,192
Experience by Active Policy Year Through 1st Calendar Quarter 2023													
2013	193,203	0	0	0	0	30,631	0	10,744	0	42	2,077	15,009	20,042
2014	87,137	0	0	0	0	20,777	0	11,608	0	60	1,130	14,451	8,356
2015	112,996	0	0	0	0	20,941	0	6,097	0	-37	3,127	23,112	46,739
2016	45,975	0	0	0	0	22,084	0	6,230	0	1,274	2,558	11,762	15,638
2017	81,626	0	0	0	0	21,131	0	4,839	0	2,409	745	9,286	17,626
2018	18,427	-539	0	0	0	13,776	0	3,288	0	3,829	574	6,833	12,217
2019	103,068	0	-539	0	0	13,902	0	3,035	0	4,565	551	7,667	10,794
2020	10,850	0	0	0	0	14,316	0	2,557	0	832	2,134	15,959	33,424
2021	27,433	54,541	2,277	0	0	13,557	0	2,210	0	15	465	9,317	17,411
2022	5,237	12,750	6,919	0	0	6,294	0	3,691	0	1,150	118	5,834	8,198
2023	0	0	5,263	0	0	114	0	114	0	46	-1	130	0
Total	685,951	66,751	13,920	0	0	177,522	0	54,413	0	14,184	13,479	119,359	190,445
Change in Experience by Active Policy Years from 1st Calendar Quarter 2023 Through 1st Calendar Quarter 2024													
2013	0	0	0	0	0	0	0	0	0	0	0	0	0
2014	0	0	0	0	0	0	0	0	0	0	0	0	0
2015	0	0	0	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	0	0	0	0	0	0	0	0	0	0
2017	0	0	0	0	0	0	0	0	0	0	0	0	0
2018	0	539	0	0	0	0	0	0	0	0	0	0	0
2019	0	-583	539	0	0	0	0	0	0	0	0	0	0
2020	0	-583	0	0	0	0	0	0	0	0	0	0	0
2021	50,000	-54,541	-1,864	0	0	0	0	0	0	0	0	0	0
2022	11,081	-9,648	-4,978	0	0	204	0	204	0	0	0	0	0
2023	41,514	11,603	13,967	0	0	11,091	0	10,067	0	5,988	22	14,859	10,765
2024	0	0	8,620	0	0	4,019	0	4,019	0	2,669	0	6,548	-19
Total	102,595	-53,213	16,285	0	0	15,315	0	14,290	0	8,657	22	21,407	10,747

The Supplemental Fee, if any, is included with Administration Fees. See User's Guide for further information, and an explanation, for adjustments under Miscellaneous Income and Expense.

HAWAII CPAI Financial Data as of 1st Calendar Quarter 2024

ALL COMPANIES COMBINED

	A	B	C	D	E	F	G	H	I	J	K	L	M
			Losses Incurred Including IBNR	Claim Service Fees	Other Underwriting Expenses	Net Underwriting Results	Net Misc. Income & Expense	Net Result of Operations	C/B	D/B	E/A	I+J+K	L+(G/A)
Policy Year	Premium Written	Premium Earned							Incurred Losses	LAE Incurred	Other U/W Exp	Net U/W Result	Net Operating Result
Experience by Active Policy Year Through 1st Calendar Quarter 2024													
2013	3,094,270	3,094,270	758,588	309,427	3,279,926	-1,253,672	-39,386	-1,214,286	24.52%	10.00%	106.00%	140.52%	139.25%
2014	2,951,398	2,951,398	926,597	295,140	3,128,672	-1,399,011	-8,948	-1,390,063	31.40%	10.00%	106.01%	147.41%	147.11%
2015	2,618,652	2,618,652	675,013	271,122	2,775,772	-1,103,254	-415,936	-687,318	25.78%	10.35%	106.00%	142.13%	126.25%
2016	2,388,777	2,388,777	817,308	238,878	2,532,104	-1,199,512	-57,247	-1,142,266	34.21%	10.00%	106.00%	150.21%	147.81%
2017	2,135,403	2,135,403	738,370	267,838	2,263,461	-1,134,266	-84,877	-1,049,389	34.58%	12.54%	106.00%	153.12%	149.15%
2018	1,994,793	1,994,793	483,195	199,479	2,114,869	-802,750	-122,807	-679,943	24.22%	10.00%	106.02%	140.24%	134.08%
2019	1,823,863	1,823,863	441,027	182,360	1,935,211	-734,736	-97,144	-637,592	24.18%	10.00%	106.11%	140.29%	134.96%
2020	1,405,834	1,405,834	392,327	140,600	1,488,883	-615,976	-63,721	-552,255	27.91%	10.00%	105.91%	143.82%	139.29%
2021	1,191,811	1,191,811	313,675	119,217	1,263,319	-504,401	-51,588	-452,812	26.32%	10.00%	106.00%	142.32%	137.99%
2022	1,119,990	1,119,990	195,600	111,960	1,209,790	-397,361	-33,294	-364,067	17.46%	10.00%	108.02%	135.48%	132.51%
2023	988,498	721,717	128,540	72,218	1,140,545	-619,586	-53,819	-565,767	17.81%	10.01%	115.38%	143.20%	137.76%
2024	264,337	33,348	26,621	6,002	360,492	-359,767	25,628	-385,396	79.83%	18.00%	136.38%	234.21%	243.91%
Total	21,977,626	21,479,855	5,896,861	2,214,241	23,493,044	-10,124,290	-1,003,138	-9,121,152	27.45%	10.31%	106.90%	144.66%	140.10%
Experience by Active Policy Year Through 1st Calendar Quarter 2023													
2013	3,094,270	3,094,270	758,588	309,427	3,279,926	-1,253,672	-39,386	-1,214,286	24.52%	10.00%	106.00%	140.52%	139.25%
2014	2,951,398	2,951,398	926,597	295,140	3,128,672	-1,399,011	-8,948	-1,390,063	31.40%	10.00%	106.01%	147.41%	147.11%
2015	2,618,652	2,618,652	675,013	271,122	2,775,772	-1,103,254	-415,936	-687,318	25.78%	10.35%	106.00%	142.13%	126.25%
2016	2,388,777	2,388,777	817,308	238,878	2,532,104	-1,199,512	-57,247	-1,142,266	34.21%	10.00%	106.00%	150.21%	147.81%
2017	2,135,403	2,135,403	738,370	256,238	2,263,461	-1,122,666	-84,877	-1,037,789	34.58%	12.00%	106.00%	152.58%	148.61%
2018	1,994,793	1,994,793	515,195	199,479	2,114,869	-834,750	-122,807	-711,943	25.83%	10.00%	106.02%	141.85%	135.69%
2019	1,823,863	1,823,863	440,729	182,364	1,935,211	-734,441	-97,144	-637,297	24.16%	10.00%	106.11%	140.27%	134.94%
2020	1,405,834	1,405,834	386,016	140,600	1,488,883	-609,666	-63,721	-545,945	27.46%	10.00%	105.91%	143.37%	138.84%
2021	1,191,811	1,191,811	315,254	119,217	1,263,319	-505,980	-51,588	-454,392	26.45%	10.00%	106.00%	142.45%	138.12%
2022	1,120,764	837,146	234,021	83,695	1,372,416	-852,985	-33,294	-819,691	27.95%	10.00%	122.45%	160.40%	157.43%
2023	270,075	32,528	35,476	5,903	421,801	-430,653	19,997	-450,649	109.07%	18.15%	156.18%	283.40%	290.80%
Total	20,995,640	20,474,474	5,842,567	2,102,062	22,576,433	-10,046,589	-954,950	-9,091,638	28.54%	10.27%	107.53%	146.34%	141.79%
Change in Experience by Active Policy Years from 1st Calendar Quarter 2023 Through 1st Calendar Quarter 2024													
2013	0	0	0	0	0	0	0	0					
2014	0	0	0	0	0	0	0	0					
2015	0	0	0	0	0	0	0	0					
2016	0	0	0	0	0	0	0	0					
2017	0	0	0	11,600	0	-11,600	0	-11,600					
2018	0	0	-32,000	0	0	32,000	0	32,000					
2019	0	0	298	-3	0	-294	0	-294					
2020	0	0	6,310	0	0	-6,310	0	-6,310					
2021	0	0	-1,579	0	0	1,579	0	1,579					
2022	-774	282,845	-38,420	28,266	-162,625	455,624	0	455,624					
2023	718,423	689,189	93,064	66,314	718,744	-188,933	-73,816	-115,117					
2024	264,337	33,348	26,621	6,002	360,492	-359,767	25,628	-385,396					
Total	981,986	1,005,381	54,293	112,178	916,611	-77,702	-48,188	-29,514					

Note: This is not a Member Participation Report. See User's Guide for Adjustments under Miscellaneous Income and Expense.

HAWAII CPAI Financial Data as of 1st Calendar Quarter 2024

ALL COMPANIES COMBINED

Policy Year	INCURRED LOSSES			LOSS ADJUSTMENT EXPENSE		OTHER UNDERWRITING EXPENSES				MISCELLANEOUS INCOME AND EXPENSE			
	Paid Losses	Reserves	IBNR	ULAE	Incurred ALAE	Operating Service Fees	CPAI Charge-offs	Commission	Premium Deficiency Reserve	Investment Income	Charge-Offs	Misc Expenses	Other Misc Income
Experience by Active Policy Year Through 1st Calendar Quarter 2024													
2013	758,588	0	0	0	0	185,656	3,094,270	0	0	432	1,728	154,345	195,026
2014	926,597	0	0	0	0	177,084	2,951,588	0	0	833	271	199,160	207,546
2015	675,013	0	0	0	0	157,119	2,618,652	0	0	1,857	96	259,768	673,943
2016	817,308	0	0	0	0	143,327	2,388,777	0	0	12,671	179	117,092	161,847
2017	738,370	0	0	0	0	128,124	2,135,337	0	0	23,821	121	92,907	154,084
2018	483,195	0	0	0	0	119,688	1,995,181	0	0	57,879	71	94,719	159,719
2019	441,027	0	0	0	0	109,432	1,825,780	0	0	57,572	46	96,720	136,338
2020	382,920	9,354	53	0	0	84,350	1,404,533	0	0	7,618	101	148,488	204,692
2021	272,690	40,192	793	0	0	71,509	1,191,811	0	0	118	121	81,209	132,800
2022	131,569	59,727	4,304	0	0	89,800	1,119,990	0	0	16,003	25	94,357	111,673
2023	68,387	40,796	19,358	0	0	59,310	988,498	0	92,737	37,552	48	66,848	83,163
2024	0	4,841	21,780	0	0	15,860	264,337	0	80,295	17,555	0	43,062	-122
Total	5,695,663	154,910	46,288	0	0	1,341,258	21,978,754	0	173,032	233,911	2,806	1,448,674	2,220,708
Experience by Active Policy Year Through 1st Calendar Quarter 2023													
2013	758,588	0	0	0	0	185,656	3,094,270	0	0	432	1,728	154,345	195,026
2014	926,597	0	0	0	0	177,084	2,951,588	0	0	833	271	199,160	207,546
2015	675,013	0	0	0	0	157,119	2,618,652	0	0	1,857	96	259,768	673,943
2016	817,308	0	0	0	0	143,327	2,388,777	0	0	12,671	179	117,092	161,847
2017	738,370	0	0	0	0	128,124	2,135,337	0	0	23,821	121	92,907	154,084
2018	483,195	32,000	0	0	0	119,688	1,995,181	0	0	57,879	71	94,719	159,719
2019	441,027	0	-298	0	0	109,432	1,825,780	0	0	57,572	46	96,720	136,338
2020	375,920	9,437	660	0	0	84,350	1,404,533	0	0	7,618	101	148,488	204,692
2021	232,942	71,959	10,353	0	0	71,509	1,191,811	0	0	118	121	81,209	132,800
2022	62,617	134,728	36,676	0	0	89,846	1,120,764	0	161,805	16,003	25	94,357	111,673
2023	0	0	35,476	0	0	16,205	270,075	0	135,521	10,793	-123	30,852	-61
Total	5,511,576	248,124	82,867	0	0	1,282,339	20,996,768	0	297,326	189,597	2,636	1,369,617	2,137,606
Change in Experience by Active Policy Years from 1st Calendar Quarter 2023 Through 1st Calendar Quarter 2024													
2013	0	0	0	0	0	0	0	0	0	0	0	0	0
2014	0	0	0	0	0	0	0	0	0	0	0	0	0
2015	0	0	0	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	0	0	0	0	0	0	0	0	0	0
2017	0	0	0	0	0	0	0	0	0	0	0	0	0
2018	0	-32,000	0	0	0	0	0	0	0	0	0	0	0
2019	0	0	298	0	0	0	0	0	0	0	0	0	0
2020	7,000	-83	-606	0	0	0	0	0	0	0	0	0	0
2021	39,748	-31,767	-9,559	0	0	0	0	0	0	0	0	0	0
2022	68,952	-75,000	-32,372	0	0	-46	-774	0	-161,805	0	0	0	0
2023	68,387	40,796	-16,118	0	0	43,105	718,423	0	-42,784	26,758	171	35,995	83,224
2024	0	4,841	21,780	0	0	15,860	264,337	0	80,295	17,555	0	43,062	-122
Total	184,087	-93,214	-36,579	0	0	58,919	981,986	0	-124,294	44,313	171	79,057	83,102

The Supplemental Fee, if any, is included with Administration Fees. See User's Guide for further information, and an explanation, for adjustments under Miscellaneous Income and Expense.

HAWAII COMMERCIAL Financial Data as of 1st Calendar Quarter 2024

ALL COMPANIES COMBINED

	A	B	C	D	E	F	G	H	I	J	K	L	M
			Losses	Claim	Other	Net	Net Misc.	Net Result	C/B	D/B	E/A	I+J+K	L+(G/A)
Policy Year	Premium Written	Premium Earned	Incurring IBNR	Service Fees	Underwriting Expenses	Underwriting Results	Income & Expense	of Operations	Incurred Losses	LAE Incurred	Other U/W Exp	Net U/W Result	Net Operating Result
Experience by Active Policy Year Through 1st Calendar Quarter 2024													
2013	1,870,239	1,870,239	524,780	188,119	280,056	877,283	-32,501	909,784	28.06%	10.06%	14.97%	53.09%	51.35%
2014	2,223,640	2,223,640	729,888	219,850	328,411	945,491	23,782	921,710	32.82%	9.89%	14.77%	57.48%	58.55%
2015	2,637,269	2,637,269	1,502,060	279,773	395,860	459,576	-595,621	1,055,197	56.96%	10.61%	15.01%	82.58%	60.00%
2016	3,252,937	3,252,937	1,462,305	321,026	488,003	981,603	-66,797	1,048,400	44.95%	9.87%	15.00%	69.82%	67.77%
2017	3,584,045	3,584,045	3,350,066	428,017	537,554	-731,592	-72,614	-658,978	93.47%	11.94%	15.00%	120.41%	118.38%
2018	3,228,757	3,228,757	1,097,132	311,407	484,264	1,335,954	-125,697	1,461,652	33.98%	9.64%	15.00%	58.62%	54.73%
2019	2,697,936	2,697,936	1,706,565	269,726	404,690	316,955	-139,983	456,938	63.25%	10.00%	15.00%	88.25%	83.06%
2020	1,830,297	1,830,297	671,419	176,280	274,581	708,017	56,574	651,443	36.68%	9.63%	15.00%	61.31%	64.40%
2021	2,293,379	2,293,379	1,202,955	221,035	344,007	525,381	-61,862	587,243	52.45%	9.64%	15.00%	77.09%	74.39%
2022	2,019,579	2,019,579	1,182,382	201,932	303,003	332,262	-91,332	423,594	58.55%	10.00%	15.00%	83.55%	79.03%
2023	1,886,716	1,488,443	707,547	151,323	283,076	346,497	-237,560	584,057	47.54%	10.17%	15.00%	72.71%	60.12%
2024	188,107	20,337	105,974	3,650	28,216	-117,503	18,238	-135,741	521.10%	17.95%	15.00%	554.05%	563.75%
Total	27,712,900	27,146,857	14,243,073	2,772,137	4,151,722	5,979,925	-1,325,374	7,305,299	52.47%	10.21%	14.98%	77.66%	72.88%

Experience by Active Policy Year Through 1st Calendar Quarter 2023													
2013	1,870,239	1,870,239	524,780	188,119	280,056	877,283	-32,501	909,784	28.06%	10.06%	14.97%	53.09%	51.35%
2014	2,223,640	2,223,640	730,288	219,850	328,411	945,091	23,782	921,310	32.84%	9.89%	14.77%	57.50%	58.57%
2015	2,637,269	2,637,269	1,502,060	279,773	395,860	459,576	-595,621	1,055,197	56.96%	10.61%	15.01%	82.58%	60.00%
2016	3,252,937	3,252,937	1,462,305	321,026	488,003	981,603	-66,797	1,048,400	44.95%	9.87%	15.00%	69.82%	67.77%
2017	3,584,045	3,584,045	3,350,066	410,720	537,554	-714,295	-72,614	-641,681	93.47%	11.46%	15.00%	119.93%	117.90%
2018	3,228,757	3,228,757	1,140,836	311,407	484,264	1,292,250	-125,697	1,417,947	35.33%	9.64%	15.00%	59.97%	56.08%
2019	2,697,936	2,697,936	1,699,387	267,083	404,690	326,776	-139,983	466,759	62.99%	9.90%	15.00%	87.89%	82.70%
2020	1,830,297	1,830,297	646,792	176,280	274,581	732,644	56,574	676,070	35.34%	9.63%	15.00%	59.97%	63.06%
2021	2,294,572	2,294,572	1,345,738	221,072	344,186	383,576	-61,862	445,438	58.65%	9.63%	15.00%	83.28%	80.58%
2022	2,033,414	1,574,677	741,409	157,504	305,012	370,752	-92,200	462,952	47.08%	10.00%	15.00%	72.08%	67.55%
2023	440,964	48,309	177,788	8,520	66,145	-204,143	32,650	-236,793	368.02%	17.64%	15.00%	400.66%	408.06%
Total	26,094,070	25,242,678	13,321,450	2,561,353	3,908,763	5,451,112	-1,074,270	6,525,382	52.77%	10.15%	14.98%	77.90%	73.78%

Change in Experience by Active Policy Years from 1st Calendar Quarter 2023 Through 1st Calendar Quarter 2024													
2013	0	0	0	0	0	0	0	0	0	0	0	0	0
2014	0	0	-400	0	0	400	0	400	0	0	0	0	0
2015	0	0	0	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	0	0	0	0	0	0	0	0	0	0
2017	0	0	0	17,297	0	-17,297	0	-17,297	0	0	0	0	0
2018	0	0	-43,704	0	0	43,704	0	43,704	0	0	0	0	0
2019	0	0	7,178	2,643	0	-9,821	0	-9,821	0	0	0	0	0
2020	0	0	24,627	0	0	-24,627	0	-24,627	0	0	0	0	0
2021	-1,193	-1,193	-142,783	-37	-179	141,806	0	141,806	0	0	0	0	0
2022	-13,835	444,902	440,973	44,428	-2,009	-38,490	868	-39,358	0	0	0	0	0
2023	1,445,752	1,440,134	529,759	142,803	216,931	550,641	-270,210	820,850	0	0	0	0	0
2024	188,107	20,337	105,974	3,650	28,216	-117,503	18,238	-135,741	0	0	0	0	0
Total	1,618,831	1,904,179	921,623	210,784	242,959	528,813	-251,104	779,917	0	0	0	0	0

Note: This is not a Member Participation Report. See User's Guide for Adjustments under Miscellaneous Income and Expense.

HAWAII COMMERCIAL Financial Data as of 1st Calendar Quarter 2024

ALL COMPANIES COMBINED

Policy Year	INCURRED LOSSES			LOSS ADJUSTMENT EXPENSE		OTHER UNDERWRITING EXPENSES				MISCELLANEOUS INCOME AND EXPENSE			
	Paid Losses	Reserves	IBNR	ULAE	Incurred ALAE	Operating Service Fees	CPAI Charge-offs	Commission	Premium Deficiency Reserve	Investment Income	Charge-Offs	Misc Expenses	Other Misc Income
Experience by Active Policy Year Through 1st Calendar Quarter 2024													
2013	524,780	0	0	0	0	187,024	0	93,032	0	261	2,255	93,101	127,596
2014	729,888	0	0	0	0	222,364	0	106,047	0	730	3,080	155,225	133,794
2015	1,502,060	0	0	0	0	263,727	0	132,133	0	4,347	5,325	247,243	843,841
2016	1,462,305	0	0	0	0	325,294	0	162,710	0	16,943	5,824	153,470	209,149
2017	3,305,066	45,000	0	0	0	358,405	0	179,150	0	38,197	1,680	154,517	190,614
2018	1,097,132	0	0	0	0	322,876	0	161,389	0	88,810	1,098	144,072	182,058
2019	1,685,302	21,262	0	0	0	269,794	0	134,897	0	83,148	8,262	138,088	203,184
2020	675,623	-4,992	788	0	0	183,030	0	91,551	0	9,066	468	177,910	112,739
2021	1,125,051	63,008	14,897	0	0	229,338	0	114,669	0	220	1,809	151,079	214,531
2022	1,046,684	60,911	74,787	0	0	201,958	0	101,045	0	28,085	1,345	171,508	236,100
2023	244,262	170,027	293,259	0	0	188,672	0	94,404	0	67,068	1,202	95,913	267,607
2024	0	0	105,974	0	0	18,811	0	9,405	0	12,493	0	30,644	-87
Total	13,398,152	355,216	489,705	0	0	2,771,290	0	1,380,432	0	349,367	32,348	1,712,771	2,721,126
Experience by Active Policy Year Through 1st Calendar Quarter 2023													
2013	524,780	0	0	0	0	187,024	0	93,032	0	261	2,255	93,101	127,596
2014	730,288	0	0	0	0	222,364	0	106,047	0	730	3,080	155,225	133,794
2015	1,502,060	0	0	0	0	263,727	0	132,133	0	4,347	5,325	247,243	843,841
2016	1,462,305	0	0	0	0	325,294	0	162,710	0	16,943	5,824	153,470	209,149
2017	3,305,066	45,000	0	0	0	358,405	0	179,150	0	38,197	1,680	154,517	190,614
2018	1,097,132	43,704	0	0	0	322,876	0	161,389	0	88,810	1,098	144,072	182,058
2019	1,343,302	355,377	707	0	0	269,794	0	134,897	0	83,148	8,262	138,088	203,184
2020	645,623	-14,739	15,908	0	0	183,030	0	91,551	0	9,066	468	177,910	112,739
2021	1,094,444	148,177	103,117	0	0	229,457	0	114,729	0	220	1,809	151,079	214,531
2022	331,434	171,438	238,538	0	0	203,341	0	101,671	0	28,085	477	171,508	236,100
2023	1,886	0	175,902	0	0	44,096	0	22,048	0	17,623	-200	50,374	-99
Total	12,038,319	748,957	534,173	0	0	2,609,407	0	1,299,356	0	287,430	30,078	1,636,588	2,453,506
Change in Experience by Active Policy Years from 1st Calendar Quarter 2023 Through 1st Calendar Quarter 2024													
2013	0	0	0	0	0	0	0	0	0	0	0	0	0
2014	-400	0	0	0	0	0	0	0	0	0	0	0	0
2015	0	0	0	0	0	0	0	0	0	0	0	0	0
2016	0	0	0	0	0	0	0	0	0	0	0	0	0
2017	0	0	0	0	0	0	0	0	0	0	0	0	0
2018	0	-43,704	0	0	0	0	0	0	0	0	0	0	0
2019	342,000	-334,115	-707	0	0	0	0	0	0	0	0	0	0
2020	30,000	9,747	-15,120	0	0	0	0	0	0	0	0	0	0
2021	30,607	-85,169	-88,221	0	0	-119	0	-60	0	0	0	0	0
2022	715,249	-110,526	-163,750	0	0	-1,384	0	-625	0	0	868	0	0
2023	242,376	170,027	117,357	0	0	144,575	0	72,356	0	49,445	1,403	45,539	267,707
2024	0	0	105,974	0	0	18,811	0	9,405	0	12,493	0	30,644	-87
Total	1,359,832	-393,741	-44,468	0	0	161,883	0	81,076	0	61,938	2,271	76,183	267,620

The Supplemental Fee, if any, is included with Administration Fees. See User's Guide for further information, and an explanation, for adjustments under Miscellaneous Income and Expense.

IC INTERNATIONAL CHANGE OF ADDRESS**Defining the Issue**

IC International will move its organization to a new address effective November 16, 2024. The Hawaii Joint Underwriting Plan (HJUP) Principles of Operation and the commercial application must be amended to reflect IC International's new street address.

Action Needed

Please review the following information and decide if the proposal is appropriate for the HJUP.

Proposal

We propose amending HJUP Principles of Operation and the commercial application to reflect IC International's new address.

Impact

AIPSO Systems Impact: ISPS can accommodate any effective date. This has a normal impact on EASi. This proposal has no impact on Galaxy. No impact to Atlas.

Proposed Changes**PRINCIPLES OF OPERATION****INTRODUCTION**

IC International's address for mailing of the Certificate of Eligibility, issued by the Department of Human Services, is amended to reflect IC International's new mailing address.

COMMERCIAL AUTOMOBILE PART**Sec. 37. APPLICATION FOR INSURANCE**

Paragraph C.3 is amended to reflect the new mailing address for IC International.

APPLICATIONS AND FORMS**COMMERCIAL APPLICATION**

The mailing address application on the last page of the application is revised to reflect the new mailing address for IC International.

Attachments

Exhibit A—Proposed amendments to the Introduction and Section 37
Exhibit B—Commercial Application AIP 9535 Revision 11/24

PRINCIPLES OF OPERATION

INTRODUCTION

The Hawaii Joint Underwriting Plan (HJUP) took effect September 1, 1974. The HJUP was established to provide automobile insurance coverage to eligible drivers who are unable to secure insurance from a licensed insurer or have multiple accidents or traffic convictions.

Unless specifically identified otherwise, the sections of this Principles of Operation apply to residual bodily injury, property damage, personal injury protection, uninsured and underinsured motorists, and physical damage coverages and such additional insurance coverages as are required by Hawaii law.

For all licensed drivers receiving public assistance benefits through the Department of Human Services (CPAI), the HJUP makes available, at no cost to the insured, minimum liability coverage required in the state of Hawaii. An insured may obtain their policy by mailing the Certificate of Eligibility, issued by the Department of Human Services, along with a photocopy of their driver's license or their designated driver's license (if permanently disabled) and vehicle registration within 30 days of their eligibility for insurance to:

IC International c/o HJUP
~~4022 Bethel St.~~
828 Fort Street Mall, Suite 200
Honolulu, HI 96813
Phone: (877) 622-4776
Walk ins are not accepted.

IC International will verify the insured's eligibility for insurance at no cost and then validate the certificate. A validated certificate will be mailed back to the insured and will serve as the insured's policy. Refer to Section 20 of this Manual for further information.

Before submitting an application for coverage, it is strongly recommended that users of this Manual read "Producers Doing Business with HJUP". However, it is required that users of this Manual read the Administrative Provisions in the Personal and Commercial Automobile Parts, and review the General Rules. To the extent to which "Producers Doing Business with HJUP" conflicts with the Administrative Provisions, or the Personal or Commercial Automobile Parts, the provisions of the respective Administrative Provisions, or the Personal or Commercial Automobile Parts shall apply.

COMMERCIAL AUTOMOBILE PART

Sec. 37. APPLICATION FOR INSURANCE

Paragraph C.3 is amended as follows:

C. Electronic Application Submission Procedure and Quoting Assistance

3. The producer of record will mail a copy of the completed application generated by electronic application submission, deposit premium, the Quote and Rating Worksheet, and supporting documentation to IC International at the following address:

Commercial HJUP
c/o IC International
~~4022 Bethel St.~~
828 Fort Street Mall, Suite 200
Honolulu, HI 96813

COMMERCIAL APPLICATION HAWAII JOINT UNDERWRITING PLAN

Reference #:

Transmission Date:

OFFICE USE ONLY – DO NOT WRITE OR ALTER INFORMATION IN THIS BLOCK

NOTICE: PRODUCER MUST READ THIS STATEMENT BEFORE PROCEEDING

FAILURE TO DISCLOSE ALL REQUIRED INFORMATION MAY RESULT IN CANCELLATION.

SECTION 1. PRODUCER OF RECORD

Producer Last Name/Agency Name		Producer First Name		MI
Mailing Address		City	State	Zip Code
Street Address (if different from Mailing Address)		City	State	Zip Code
Tax ID No.	Producer License No.		Telephone No. (incl. area code)	
Email Address				

SECTION 2. APPLICANT

Last Name		First Name		MI
DBA				Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No. (incl. area code)	Business Telephone No. (incl. area code)	Tax ID No.		
Street Address	City	County	State	Zip Code
Headquarters Street Address (if different from above)	City	County	State	Zip Code
Business of Applicant/Nature of Operation				

SECTION 3. OWNERSHIP AND CONTROL OF APPLICANT'S ORGANIZATION

Named insured is a: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other		State of Incorporation	Date of Incorporation	Date actual operations commenced
Management, Ownership, and Control (List names of principals and also anyone with more than a 10% ownership interest.)				
President		Date in Position	Percent Ownership	
Vice President				
Secretary				
Treasurer				
General Manager				
Others				
List all affiliated companies				

STATEMENT OF THE PRODUCER OF RECORD

I do hereby certify that I am a licensed producer in the State of Hawaii. I have read the Hawaii Joint Underwriting Plan, have explained the provisions to the Applicant, and have included in this application all required information given to me by the Applicant. In the event of cancellation or a policy change resulting in a reduction of premium, I agree to return any commission that has been paid that is in excess of the commission due on the earned premium received by the servicing entity.

Producer's Signature:

SECTION 4. OPERATOR INFORMATION			(List all full-time, part-time, and all other operators that usually drive a vehicle.)		TOTAL OPERATORS	
Last Name	First Name	MI	Birth Date Mo./Day/Yr.	Driver's License No.	State	

For applicants with more than four operators, all additional operators must be listed on a Supplemental Operator Schedule.

SECTION 5. ACCIDENTS

Has applicant, or anyone who usually drives the applicant's vehicle(s), been involved, either as owner or operator, in ANY motor vehicle accident during the past thirty-six months? Yes No If "Yes", complete the following.

Name of Operator	Accident Date Mo./Day/Yr.	Accident Code*	Place of Accident		Residual Bodily Injury or Death Amount	Property Damage Amount	Physical Damage Amount
			City	State			
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$

***Accident Codes**

1. Applicant's auto was lawfully parked.
 2. Auto was struck by a "hit-and-run" driver and accident reported to the proper authority within 24 hours from time of accident.
 3. Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person.
 4. Other person involved in accident was convicted. Applicant or operator was not convicted.
 5. Accident resulting in payment under personal injury protection and applicant or other operator residing in the same household is not at fault.
 6. Accidents involving damage by contact with animals or fowl.
 7. Accidents involving physical damage, limited to and caused by flying gravel, missiles, or falling objects.
 8. If the auto was struck in the rear by another auto and the applicant or other operator has not been convicted of a moving violation in connection with the accident.
 9. Other type of accident—non-chargeable under provisions of the Plan.
 10. Other type of accident—chargeable under provisions of the Plan.
- If accident code is (9) or (10) describe accident in space provided below.

SECTION 6. CONVICTIONS

Has the applicant or anyone who usually drives the applicant's vehicle(s) been CONVICTED or FORFEITED BAIL at any time during the immediately preceding thirty-six months? Convicted Yes No Forfeited Bail Yes No If "Yes", for either item, complete the following. NOTE: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.

Name of Operator	Date of Conviction or Bail Forfeiture Mo./Day/Yr.	Did Conviction Arise as a Result of an Accident?	Nature of Conviction	Place of Conviction		Penalty Points	Was License Suspended or Revoked?
				City	State		
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 7. COMMODITIES TRANSPORTED

Identify materials hauled, including any hazardous materials, waste, or substances.

Hauling exclusively for one concern?

Identify radius of operations.

Identify routes—fixed and occasional (both outgoing and return).

Trips From Place of Origin To Place of Destination	% of Revenues	No. per Month	Principal Cities Entered	Commodities Carried

SECTION 8. GROSS RECEIPTS (Required for motor carriers of property or passengers)

Gross Receipts	Current Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
Other than Truckers	\$	\$	\$	\$	\$
Truckers	\$	\$	\$	\$	\$

SECTION 9. VEHICLE INFORMATION AND USE For public autos, list cities in which vehicles operate. **TOTAL VEHICLES**

Veh No.	Year	Vehicle Identification No.	Load Capacity	Type of Registration	Gross Vehicle Weight (GVW) Trucks only	Spec. Industry (M-T-FD-SD-WD-F-D-O)	Seating Capacity	Loss Payee or Lessor Name	
	Trade Name/ Model No.	Garage Location (Town, State)	State of Registration	Rating Classification	Gross Comb. Weight (GCW) Truck-Tractors only	Radius Class (L-L)	Tank Capacity	Loss Payee or Lessor Address	
Type (1)	Name of Registered Owner of Vehicle	Rating Territory (2)	Orig. Cost New (3)	Comp. Symbol	Coll. Symbol	Size (L-M-H-EH-HT-EHT)	Final Rating	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Loss Payee or Lessor City, State, Zip Code
Where vehicle is permitted to operate		List all cities through and in which vehicles operate							
Veh 1									
								<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	
Veh 2									
								<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	
Veh 3									
								<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	
Veh 4									
								<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	
Veh 5									
								<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	

- (1) Type—Truck=T, Truck-Tractor=TT, Trailer=TR, Semitrailer=ST, Public Auto=PA
- (2) For public autos, use the highest rated territory where the vehicles operate.
- (3) Chassis and body including special equipment.

For applicants with more than five vehicles, all additional vehicles must be listed on the Supplemental Commercial Vehicle Schedule.

SECTION 10. COVERAGES AND PREMIUMS	As provided by the Principles of Operation of the Hawaii Joint Underwriting Plan.				
Same limits of liability must be purchased for all vehicles Check appropriate box for coverage	Vehicle 1 Est. Prem.	Vehicle 2 Est. Prem.	Vehicle 3 Est. Prem.	Vehicle 4 Est. Prem.	Vehicle 5 Est. Prem.
Residual Bodily Injury Liability <input type="checkbox"/> \$20,000/40,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$300,000/300,000* <input type="checkbox"/> \$300,000/600,000* *where required by law					
Property Damage Liability <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$50,000* *where required by law					
Personal Injury Protection Coverage <input type="checkbox"/> Basic \$10,000 Deductible <input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$300 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 Is this risk covered by workers' compensation insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Physical Damage—Comprehensive Deductible Options: \$0, \$50, \$100, \$250, \$500, \$1,000, \$1,500, \$2,000 Deductible: Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____ Veh. 5 _____					
Physical Damage—Collision Deductible Options: \$50, \$100, \$250, \$500, \$1,000, \$1,500, \$2,000 Deductible: Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____ Veh. 5 _____					
Uninsured Motorists Coverage: (Not to exceed Residual Bodily Injury Limits) <input type="checkbox"/> None* <input type="checkbox"/> \$20,000/40,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$300,000/300,000** <input type="checkbox"/> \$300,000/600,000** **where required by law *If "None", attach a signed Uninsured and Underinsured Motorists Coverage— Commercial Auto Form (AIP 9502). Proceed to Underinsured Motorist Coverage. Since Uninsured Motorists Coverage is selected, does the applicant accept stacked limits of Uninsured Motorists Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", attach a signed Uninsured and Underinsured Motorists Coverage— Commercial Auto Form (AIP 9502). If Uninsured Motorists Coverage is selected and the uninsured motorists limits selected are lower than the Residual Bodily Injury Limits selected under the Liability section, attach a signed Uninsured and Underinsured Motorists Coverage— Commercial Auto Form (AIP 9502).					
Underinsured Motorists Coverage: (Not to exceed Residual Bodily Injury Limits) <input type="checkbox"/> None* <input type="checkbox"/> \$20,000/40,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$300,000/300,000** <input type="checkbox"/> \$300,000/600,000** **where required by law *If "None", attach a signed Uninsured and Underinsured Motorists Coverage— Commercial Auto Form (AIP 9502). Since Underinsured Motorists Coverage is selected, does the applicant accept stacked limits of Underinsured Motorists Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", attach a signed Uninsured and Underinsured Motorists Coverage— Commercial Auto Form (AIP 9502). If Underinsured Motorists Coverage is selected and the underinsured motorists limits selected are lower than the Residual Bodily Injury Limits selected under the Liability section, attach a signed Uninsured and Underinsured Motorists Coverage— Commercial Auto Form (AIP 9502).					
Sub-Total Estimated Premium per vehicle:	\$	\$	\$	\$	\$
Total Estimated Premium for vehicles 1–5:	\$				
Total Estimated Premium for supplemental vehicles:	\$				
Total Estimated Premium for all vehicles:	\$				
Total Estimated Premium for All Vehicles and Coverages:	\$				

SECTION 10.a. WAIVER OF SUBROGATIONDoes applicant require a Waiver of Subrogation to fulfill a contractual agreement? Yes No

Name(s) and Address(es) of Person(s) or Organization(s) Requiring Waiver of Subrogation:

When a Waiver of Subrogation Endorsement is requested, a copy of the agreement between the applicant and the person(s) or organization(s) requiring the endorsement must accompany the application.**SECTION 10.b. PRIMARY AND NONCONTRIBUTORY—OTHER INSURANCE CONDITION**Does applicant require a Primary and Noncontributory—Other Insurance Condition to fulfill a contractual agreement? Yes No

Name(s) and Address(es) of Person(s) or Organization(s) Requiring Primary and Noncontributory—Other Insurance Condition:

When a Primary and Noncontributory—Other Insurance Condition Endorsement is requested, a copy of the agreement between the applicant and the person(s) or organization(s) requiring the endorsement must accompany the application.**SECTION 11. FILINGS OR CERTIFICATES**Is a federal filing or specific limit(s) of liability needed? Yes No If "Yes" to comply with:

- Motor Carrier Act of 1980 Type: 1 2 3 4
 Bus Regulatory Act of 1982 Motor Carrier No. _____
 U. S. DOT No. _____

Is a state filing or specific limit(s) of liability needed? Yes No If "Yes" to comply with:

- Local Ordinance (attach copy) State Regulation
 PUC No. _____ Other _____

If block(s) are checked, list state(s) and city(ies) requiring filings or limits of liability required by law.

Is applicant required to file evidence of financial responsibility? Yes No If "Yes", complete the following.

Last Name	First Name	MI	Tax ID No.
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Type of Filing Owner's (operation of owned vehicles) Operator's (operation of nonowned vehicles) Both

State Where Filing Required	County	Case or File No.	Reason for Filing
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Are there any other vehicles owned or leased by the applicant? Yes No**SECTION 12. PAYMENT PLANS**

- Option 1—Full Annual Premium
 Option 2*—Deposit 40% with 5 installments and \$2.00 per installment charge
 Premium Financed—Name of Premium Finance Company
** Not available on premium financed policies
Note: Premium financed applications can only be submitted using the Alternative Application Procedure.*

Payment by: Check Money Order

Check/Money Order No.

Total Estimated Premium

\$

Amount Submitted with Application

\$

SECTION 13. PREVIOUS AUTOMOBILE INSURANCE CARRIER

Information for the past three years. If a fleet, information for the past five years required. Attach loss statements from previous carrier.

Name of latest carrier	Policy No.	Termination date
------------------------	------------	------------------

Was coverage through Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", give reason terminated.
--	-----------------------------------

Complete the following for carriers of property and passengers.

Year	Policy No.	Policy Period		Name of Insurance Company
		From	To	
1st Prior				
2nd Prior				
3rd Prior				
4th Prior				

SECTION 14. EVIDENCE OF INSURANCE AND REQUESTED EFFECTIVE DATE OF COVERAGE

This application having been completed and duly executed, shall be, from the effective date and time shown below, evidence of insurance in the limits and coverages specified, subject to the following conditions:

1. Coverage under this evidence of automobile insurance is to be effective for a period not to exceed 45 days from the effective date and time stated herein. Within such 45-day period, coverages under this evidence of automobile insurance will terminate immediately upon: (a) the issuance of the policy applied for, (b) the issuance of any policy affording similar insurance, or (c) the cancellation of the coverages of insurance afforded hereunder in accordance with the Principles of Operation of the Hawaii Joint Underwriting Plan.
2. A premium charge will be made for these coverages if the policy, when and as issued, is not accepted by the insured.
3. The insurance afforded hereunder shall be subject to all the terms and conditions of the policy form prescribed for use in accordance with the Principles of Operation of the Hawaii Joint Underwriting Plan.

EFFECTIVE DATE: Applicants will be subject to the effective date provisions specified in Section 37 of the Principles of Operation of the Hawaii Joint Underwriting Plan.

Requested Effective Date and Time:
(Not to exceed 45 days from the date of application submission)

Example: 09/01/2023 11:30 AM

IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS APPLICATION.

My signature hereon represents certification of the Statement of the Producer of Record on this application **AND** I certify this application is submitted pursuant to the effective date provisions contained in the Joint Underwriting Plan

_____ A.M. P.M.

(Producer's Signature) (Date) (Hour)

_____ A.M. P.M.

(Person Authorized to Sign for Applicant) (Title) (Date) (Hour)

If additional named insureds are to be covered under a policy issued to the Applicant, authorized signatures for each such additional named insured shall be provided below. Such additional named insureds agree to be bound by the statements made by the Applicant in this form.

_____ A.M. P.M.

(Person Authorized to Sign for Applicant) (Title) (Date) (Hour)

SECTION 15. APPLICANT'S STATEMENT

The Applicant declares and certifies that:

1. It has duly authorized the undersigned to execute this application on its behalf if the Applicant is not a natural person.
2. To the best of the Applicant's knowledge and belief, all statements contained in this application are true and these statements are offered as an inducement to issue the policy for which the Applicant is applying.
3. The Applicant realizes that any misleading information or failure to disclose required information will be considered lack of good faith on the Applicant's part and may void the application or cause cancellation of the Applicant's coverage.
4. The Applicant agrees that no coverage will be in effect if the premium remittance, which accompanies this application, is justifiably dishonored by any financial institution.
5. The Applicant understands that the premium shown on this application is an estimated premium. The carrier reserves the right to adjust the premium either prior to or after the issuance of the policy, whenever applicable.
6. The Applicant will pay all premiums when due.
7. The Applicant designates as Producer of Record of this insurance the Producer or firm named in the application. A substitute Producer may be designated by the Applicant at any time and, upon designation, shall be the Producer of Record. The Applicant understands that any designated Producer cannot act as an agent of the HJUP or any carrier for the purpose of this insurance and that the Producer has no authority to establish, alter or amend terms or conditions of coverage.
8. The Applicant hereby certifies that it does not owe any insurance company for automobile premiums due or contracted for.
9. The Applicant understands and agrees that if earned premium is owed to a servicing entity for prior coverage, the servicing entity may: a) apply the Applicant's deposit premium to that outstanding balance prior to applying the Applicant's deposit premium to this new application and bill the Applicant or send the Applicant a notice of cancellation for any additional deposit needed on this application or, b) return this application and deposit without providing any coverage if the Applicant's deposit is in the form of a premium finance company check. The Applicant further understands and agrees that if the Applicant's deposit premium is insufficient to cover the outstanding earned premium for prior coverage, the servicing entity may apply the entire deposit premium to that outstanding balance and return this application without providing any coverage.
10. If there are filings, all vehicles owned or leased by the insured are to be covered under this policy.

_____ Date: _____ Hour: _____ A.M. P.M.
 (Applicant's Signature)

NOTICE TO APPLICANT AND PRODUCER

In the event acknowledgement of coverage is not received within 45 days, notify Commercial HJUP c/o IC International 828 Fort Street Mall, Suite 200 Honolulu, HI 96813. Telephone: 1-877-622-4776

FAIR CREDIT REPORTING ACT NOTICE

In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance, the insurer may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics, or mode of living. Upon the individual's written request, the insurer will disclose in writing the nature and scope of the investigation requested, if such a report is procured.

ATTACHMENTS

- | | | |
|---|--|--|
| <input type="checkbox"/> Copy of vehicle registration(s)
<input type="checkbox"/> Copy of all operator's licenses
<input type="checkbox"/> Quote and Rating Worksheet | <input type="checkbox"/> Uninsured and Underinsured Motorists Coverage—Commercial Auto Form (AIP 9502)
<input type="checkbox"/> Copies of Loss Runs
<input type="checkbox"/> Copies of MVRs or CourtConnect Report | <input type="checkbox"/> Supplemental Vehicle Schedule
<input type="checkbox"/> Supplemental Operator Schedule
<input type="checkbox"/> Finance agreement copy |
|---|--|--|

Send original signed application, along with check or money order issued to State Farm Insurance Companies and required attachments to:
 Commercial HJUP
 c/o IC International
 828 Fort Street Mall, Suite 200
 Honolulu, HI 96813

REMARKS

SUPPORTING DOCUMENTATION

Defining the Issue

The HJUP requires copies of driver's licenses for all operators and vehicle registrations for all vehicles be forwarded to the HJUP with the application and deposit. While implied, the HJUP manual does not indicate that the required documentation must be a current, valid copy of a driver's license or vehicle registration.

Action Needed

Please review the following information and decide if the proposal is appropriate for the HJUP.

Proposal

We propose clarifying that (1) the copy of the operator's license and registration must be current and valid when submitted with the application and deposit and (2) an applicant, who is owner of a registered motor vehicle or will be registered in Hawaii within 30 calendar days, is eligible for the HJUP.

Impact

Adoption of the proposed amendments will clarify that copies of a current, valid license(s) and current, valid registration(s) are required and must be submitted to the HJUP along with the application and deposit.

AIPSO Systems Impact: No impact on AIPSO System. No impact to Atlas. This is a procedural for documentation to be included with the application submission. No impact on EASi.

Proposed Changes

PRINCIPLES OF OPERATION – PERSONAL AUTOMOBILE PART

Section 17. PURPOSE OF THE HAWAII JOINT UNDERWRITING PLAN (HJUP)

New paragraph D is introduced to clarify an eligible applicant must be the owner of a motor vehicle that is registered in the state or will be registered in the state within 30 calendar days.

Section 20. CERTIFIED PUBLIC ASSISTANCE INSUREDS (CPAI)

Paragraph A is amended to clarify that current, valid copies of the driver's license and the vehicle registration are required to accompany the CPAI application.

Section 23. APPLICATION FOR INSURANCE

Paragraphs B and G are amended to clarify that current, valid copies of driver's licenses and vehicle registrations are required to accompany the application and deposit.

Attachments

Exhibit A—Secs. 17, 20 and 23

PERSONAL AUTOMOBILE PART

Sec. 17. PURPOSE OF THE HAWAII JOINT UNDERWRITING PLAN (HJUP)

Paragraph D is introduced as follows:

D. The HJUP shall also be available to applicants domiciled in the state. An eligible applicant must be the owner of a motor vehicle(s) that is registered or will be registered in the state within 30 calendar days.

Sec. 20. CERTIFIED PUBLIC ASSISTANCE INSUREDS (CPAI)

*The **bullet list** under the first paragraph of A is amended as follows:*

A. CPAI Application to the HJUP

1. At the time of HJUP application, the public assistance recipient will present to the servicing entity a certificate provided by the Department of Human Services that certifies the applicant meets the eligibility requirements.
2. The certificate is to be accepted by the servicing entity and treated as if it is payment in full for the requested motor vehicle insurance coverage.

Copies of the following documents must accompany the CPAI application to the HJUP:

- Driver's Current, valid driver's license for all operator's listed on the application
- Vehicle Current, valid vehicle registration for each vehicle listed on the application

The remainder of paragraph A is unchanged.

Sec. 23. APPLICATION FOR INSURANCE

Paragraph B is amended as follows:

B. Alternate Application Submission Procedure—Original Application

Note: This procedure is only available when electronic application submission is not available for any reason or if the full annual premium or any portion of the deposit is premium financed.

Private passenger applications should be submitted to the servicing entity utilizing electronic application submission whenever possible by the procedures set forth in Section 23.A.

~~In the event that~~ If it is announced by AIPSO or the Hawaii Insurance Division that electronic application submission is not operative or unavailable or if the full annual premium or any portion of the deposit is premium financed, producers may utilize the following process to submit HJUP applications for insurance.

AIPSO, with the approval of the Hawaii Insurance Division, will post HJUP insurance application forms as a PDF on the appropriate website (AIPSO/HJUP or the Hawaii Insurance Division's website). Concurrent with that posting, alternate application submission instructions will also be posted. If a producer is not registered with the HJUP to submit applications during this time, they may access the application and bind coverage in accordance with the following:

1. The producer is licensed in the state of Hawaii;
2. The Alternate Application Report Form and the PDF application information are completed;
3. Rating is obtained by following the rating process prescribed in the HJUP Rules and Rates Manual;
4. Payment is made by the applicant and the completed application is signed by the applicant and producer; and

HAWAII JOINT UNDERWRITING PLAN
PRINCIPLES OF OPERATION
(Struck-out matter—deleted; Underlined matter—new)

EXHIBIT A
Page 2 of 2

5. The producer agrees that either the EIN, if an agency, or SSN, if an individual, will be provided to the HJUP upon request.

The application and payment, along with the list of documents provided below, are mailed or express mailed to the HJUP no more than three business days after the completion of the above.

Copies of the following documents must accompany the application and payment:

- Driver's Current, valid driver's license(s) for each operator listed on the application
- Vehicle Current, valid vehicle registration(s) for each vehicle listed on the application
- Credit Card Payment Authorization and receipt
- CLUE Report
- MVR or Court Connect Report
- Uninsured and Underinsured Motorist Coverage—Personal Auto form (AIP 9501)
- Premium Finance agreement, if premium financed

If electronic application submission becomes available within this period of time, the producer is encouraged to submit the application electronically to the HJUP as described in Section 23.A.

Paragraph G is amended as follows:

G. Incomplete Applications

For an application to be considered complete, the application and the deposit must be forwarded to the HJUP along with copies of the following documents:

- Driver's Current, valid driver's license(s) for each operator listed on the application
- Vehicle Current, valid vehicle registration(s) for each vehicle listed on the application
- Credit Card Payment Authorization and receipt
- CLUE Report
- MVR or Court Connect Report
- Uninsured and Underinsured Motorist Coverage—Personal Auto form (AIP 9501)
- Premium Finance agreement, if premium financed

Upon receipt of the electronically transmitted application, electronic funds, the required supporting documentation, and if the requirements outlined in Sections 22 and 23 are reasonably complied with, the application shall be processed by the HJUP. If any of the above described required documentation is not provided, the application will be processed for assignment with notification to the servicing entity about any missing required documentation.

If at any time the servicing entity receives an incomplete application, it shall be the responsibility of the servicing entity to communicate clearly to the insured and producer of record in what respect an application is incomplete and requires correction.

The servicing entity shall give at least 15 calendar days to the insured and to the producer of record to remedy any defects in the application, and no part of the deposit premium shall be returned to the insured or to the producer of record except upon proper cancellation in accordance with the provisions of Section 26, as applicable.

House Bill 1686**Increased Personal Injury Protection Reimbursement Rate for Chiropractor Treatments****Effective Date**

This Bill is effective June 27, 2024.

Defining the Issue

House Bill 1686 increases the maximum reimbursement rate for chiropractor treatments for personal injury protection (PIP) benefits coverage from \$75 to \$100 per visit.

Action Needed

Please review the following information and decide if the proposal is appropriate for the Hawaii Joint Underwriting Plan.

Proposal

We propose amending the private passenger and commercial PIP coverage endorsements, the private passenger application and the Private Passenger Auto Rate Chapter to reflect the increase in the maximum reimbursement rate for chiropractic treatments.

Impact

Insureds that elect the optional alternative providers services benefit provided under personal injury protection coverage will be reimbursed for a maximum of \$100 for chiropractor treatments.

AIPSO Systems Impact: This has a normal impact on EASi and no impact on rating. This proposal will have normal impact on Galaxy. Please coordinate effective date with ISPS. This will require changes to configuration tables, Ghostdraft, and the Rules Engine. We will need to introduce new static form, AP 50 31 07 24; and discontinue form, CA 22 65 02 18 for use with Business Auto. HB 1686 is straightforward and EASi could accommodate any effective date.

Proposed Changes

- AIP 05 11 07 24 Personal Injury Protection Coverage–Hawaii**
Replaces PP 52 81 01 23 for use with the Personal Auto Policy
- AIP 05 12 07 24 Optional Benefits Coverage–Hawaii**
Replaces PP 52 30 01 23 for use with the Personal Auto Policy
- AP 50 31 07 24 Hawaii Personal Injury Protection Coverage**
Replaces CA 22 65 02 18 for use with the Business Auto Coverage Form

These forms are amended to reflect the increase in the maximum reimbursement rate for chiropractor treatments.

Private Passenger Auto Rate Chapter

The Optional Benefits Coverage rate schedule is amended to reflect the increase in the maximum reimbursement rate for chiropractor treatments.

If this change is approved by your committee, the corresponding rates will be revised in a future rate revision, to reflect the change in benefits, when the benefit changes are reflected in the ratemaking data.

Private Passenger Application

AIP 9530 Private Passenger Application

Section 5 – Optional Benefits Coverage is amended to reflect the increase in the maximum reimbursement rate for chiropractor treatments.

This application also includes changes currently pending with the Advisory Board to introduce residual bodily injury and uninsured and underinsured motorists limits of \$100,000/200,000, \$100,000/500,000, \$100,000/1,000,000, and \$250,000/750,000 and a property damage liability limit of \$250,000 when required by law or contractually by a governmental agency.

Attachments

Exhibit A—Proposed Amendments to the Private Passenger Auto Rate Chapter

Strikethrough and Underscore Copies of PP 52 81 01 23, PP 52 30 01 23, and CA 22 65 02 18

Amended Private Passenger Application AIP 9530

PRIVATE PASSENGER AUTO RATE CHAPTER

The **Optional Benefits Coverage** rate schedule is amended as follows:

OPTIONAL BENEFITS COVERAGE

Territory	\$500 Per Month Wage Loss Benefit	Alternative Providers Services with Maximum \$75 per Visit, (except acupuncture treatments), 30 Visits** Benefits*	\$25,000 Death Benefit	\$2,000 Funeral Benefit
01	\$30	\$64	\$6	\$1
03	35	75	6	1
04	21	46	6	1
05	34	73	6	1

*Maximum \$75 per visit for naturopathic treatments and maximum \$100 per visit for chiropractic treatments, not to exceed 30 visits.

**The charges for acupuncture treatments shall be tied to the charges, and any subsequent increases in charges, permissible under the workers' compensation supplemental medical fee schedule.

The combined total of naturopathic, chiropractic, and acupuncture visits may not exceed 30 visits.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PERSONAL INJURY PROTECTION COVERAGE – HAWAII

SCHEDULE

Benefits	Limit Of Liability
Medical Expenses	\$ 10,000 per person per accident
Deductible <input type="checkbox"/> If indicated to the left or in the Declarations, medical expenses shall be subject to a deductible of \$ _____ applicable to you or any "family member".	
Co-payment <input type="checkbox"/> If indicated to the left or in the Declarations, medical expenses shall be subject to a co-payment of \$ _____ applicable to you or any "family member".	

With respect to coverage provided by this endorsement, the provisions of the Policy apply unless modified by the endorsement.

I. Definitions

A. The following definitions are replaced:

1. Definition **C.** is replaced by the following:

C. "Owned by" means that a person:

1. Holds a legal title;
2. Is a debtor who has legal possession while buying a vehicle on installments;
3. Has legal possession and has an agreement or lease of one year or more; or
4. Is the owner of a vehicle until on selling the vehicle, title is delivered to the buyer.

2. Definition **J.** is replaced by the following:

J. "Your covered auto" means an "auto":

1. For which you are required to maintain security under the Hawaii Motor Vehicle Insurance Law; and
2. To which the bodily injury liability coverage under this Policy applies.

B. The following definitions are added:

1. "Auto" means a vehicle of the type required to be registered under Chapter 286 of Hawaii Revised Statutes, or a trailer attached to an "auto", but does not include a motorcycle or motor scooter.
2. "Auto accident" means an accident resulting from:
 - a. The "operation, maintenance, or use" of an "auto" as an "auto"; or
 - b. Movement of an object drawn or propelled by an "auto".
3. "Insured" means:
 - a. You or any "family member" injured in an "auto accident":
 - (1) While "occupying" an "auto"; or
 - (2) As a "pedestrian" when struck by an "auto".
 - b. Anyone else injured in an "auto accident" while "occupying" or when struck as a "pedestrian" by "your covered auto" or a "temporary loaner vehicle".

4. "Criminal conduct" means:
 - a. Committing an offense punishable by more than a year's imprisonment;
 - b. Operating or using an "auto" to intentionally cause "bodily injury" or "property damage"; or
 - c. Operating or using an "auto" as a converter without a good faith belief by the operator or user that he or she is entitled to operate or use the vehicle.
5. "Operation, maintenance or use" includes "occupying" but does not include:
 - a. Loading or unloading unless "bodily injury" occurs next to the vehicle; or
 - b. Work done in the "business" of repairing, servicing or otherwise maintaining vehicles unless such work is done outside the premises of this business.
6. "Pedestrian" means anyone not "occupying" an "auto".

II. Personal Injury Protection Coverage

INSURING AGREEMENT

- A. We will pay, in accordance with the Hawaii Motor Vehicle Insurance Law, personal injury protection benefits for an "insured" who sustains "bodily injury" resulting from an "auto accident".
- B. Subject to the limits shown as applicable in the Schedule or in the Declarations, personal injury protection benefits consist of the following:

Medical expenses. All appropriate and reasonable treatment and expenses necessarily incurred by an "insured" as a result of any accidental harm and which are substantially comparable to the requirements for prepaid health care plans as set forth in the Hawaii Prepaid Health Care Act, including:

 1. Medical, hospital, surgical, professional, x-ray, dental, optometric, naturopathy, chiropractic, acupuncture, ambulance and prosthetic services;
 2. Nursing services, including advanced practice nursing recognized under Hawaii Law;
 3. Medical equipment and supplies;
 4. Products and accommodations furnished;
 5. Psychiatric, occupational therapy and rehabilitation; and
 6. When prescribed by a medical doctor:
 - a. Physical therapy; and

- b. Therapeutic massage by a licensed massage therapist.

EXCLUSIONS

We do not provide Personal Injury Protection Coverage for "bodily injury":

1. To you or any "family member":
 - a. While "occupying" an "auto" "owned by" you which is not "your covered auto"; or
 - b. While "occupying", or while a "pedestrian" caused by, an insured motor vehicle other than "your covered auto".
2. To any "family member":
 - a. Who is a named insured under another personal injury protection policy, except while "occupying" "your covered auto"; or
 - b. While "occupying" an "auto" "owned by" that "family member" and for which the security required under the Hawaii Motor Vehicle Insurance Law is not in effect.
3. To any "insured" using or operating an "auto" which causes any loss:
 - a. While engaged in "criminal conduct"; or
 - b. While seeking to avoid lawful arrest by a law enforcement officer.
4. Sustained outside Hawaii by any "insured" other than you or a "family member" resulting from the "operation, maintenance or use" of a vehicle which is:
 - a. Regularly used in the "business" of transporting persons or property; and
 - b. One of five or more vehicles under common ownership.
5. Resulting from hazardous properties of nuclear materials.
6. To any "insured" receiving:
 - a. Direct cash payments through the Department of Human Services; or
 - b. Benefits from the Social Security Supplemental Security Income Program; when a motor vehicle insurance policy is issued to that "insured" at no cost under the Hawaii Joint Underwriting Plan.
7. To any "insured" "occupying" a motorcycle or motor scooter at the time of the accident.

8. Sustained by any "insured" while "occupying", or when struck by, "your covered auto" while:
 - a. Enrolled in a personal vehicle sharing program under the terms of a written agreement; and
 - b. Being used in connection with such personal vehicle sharing program by anyone other than you or any "family member".

LIMIT OF LIABILITY

- A. The Limit Of Liability shown in the Schedule or in the Declarations for this coverage is our maximum limit of liability for each "insured" injured in any one "auto accident". This is the most we will pay regardless of the number of:
 1. "Insureds";
 2. Claims made;
 3. Vehicles or premiums shown in the Declarations;
 4. Vehicles involved in the "auto accident"; or
 5. Insurers providing personal injury protection benefits.
- B. Subject to our maximum limit of liability for this coverage, our limit of liability for each "insured" for:
 1. Chiropractic treatments shall not exceed the lesser of:
 - a. Thirty visits at no more than \$75 ~~100~~ a visit, plus five x-rays at no more than \$50 each; or
 - b. Treatment as defined by the Hawaii State Chiropractic Association guidelines in effect on January 25, 1997.
 2. Acupuncture treatments shall not exceed thirty visits.
 3. Naturopathic treatments shall not exceed thirty visits at no more than \$75 a visit.

However, the combined total of naturopathic, chiropractic and acupuncture treatments shall not exceed thirty visits.

- C. If the Schedule or Declarations indicates that:
 1. The medical expenses deductible option applies, any amounts payable for medical expenses for you or any "family member" as a result of any one "auto accident" shall be reduced by the amount of such deductible.

2. The medical expenses co-payment option applies, any amounts payable for medical expenses for you or any "family member" as a result of any one "auto accident" shall be reduced by such co-payment after the application of any deductible.

- D. Any amount payable under this insurance shall be limited by the workers' compensation supplemental medical fee schedule.
- E. Any amount payable under this insurance shall be reduced by any amounts:

1. Paid;
 2. Payable; or
 3. Required to be provided;
- under any workers' compensation law.

However, if an "insured's" right to collect workers' compensation benefits is contested, resulting in a delay of workers' compensation payments, we will pay personal injury protection benefits.

III. Part E – Duties After An Accident Or Loss

Duties **A.** and **B.** are replaced by the following:

- A. We must be notified promptly, in writing, of how, when and where the accident happened. Notice should also include the names and addresses of any injured persons and of any witnesses.
- B. A person seeking Personal Injury Protection Coverage must:
 1. Cooperate with us in the investigation or settlement of any claim.
 2. Submit, as often as we reasonably require, to physical or mental examinations by health care providers we select or are acceptable to us.
 3. Authorize us to obtain:
 - a. Medical reports;
 - b. Statements of earnings; and
 - c. Other pertinent records.
 4. Submit a written proof of claim under oath when required by us, including full information on the nature of treatment received and planned.
 5. Promptly send us copies of the legal papers if a suit is brought.

IV. Part F – General Provisions

A. The **Our Right To Recover Payment** Provision is replaced by the following:

Our Right to Recover Payment

1. If we make a payment under this coverage and the person to or for whom payment was made has a right to recover damages from another, we shall be subrogated to that right. That person shall do:
 - a. Whatever is necessary to enable us to exercise our rights; and
 - b. Nothing after loss to prejudice them.
2. If we make payment under this coverage and the person to or for whom payment is made recovers damages from another, we will have a lien on the proceeds of recovery and that person shall:
 - a. Hold in trust for us the proceeds of the recovery; and
 - b. Reimburse us to the extent of our payment.
3. For any recovery other than from workers' compensation benefits, with respect to Paragraphs **1.** and **2.** above, which results in duplication of personal injury protection benefits already paid under this Policy, we are entitled to recover 50% of the basic statutory requirement for personal injury protection benefits. However, if this recovery with respect to **1.** and **2.** above is from workers' compensation benefits, we are entitled to a full recovery of the basic statutory requirement for personal injury protection benefits.

B. The following provisions are added:

Arbitration

If we and an “insured” do not agree on any matter to a claim, either party may request arbitration as prescribed in Section 431:10C-213 of the Hawaii Motor Vehicle Insurance Law.

Non-Duplication Of Benefits

No one will be entitled to duplicate payments for the same elements of loss under this coverage regardless of the number of:

1. “Autos” covered; or
2. Insurers (including self-insurers) providing security in accordance with the Hawaii Motor Vehicle Insurance Law.

If an “insured” is entitled to similar benefits under more than one policy, the maximum recovery under all policies will not exceed the amount payable under the Policy with the highest dollar limits of benefits.

If there is other applicable similar insurance, we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits.

If you or a “family member” are driving a “temporary loaner vehicle” and you or a “family member” are in an “auto accident”, this insurance is primary and any similar insurance covering the “temporary loaner vehicle” will be excess coverage.

If there is an “auto accident” while an employee of a registered repair shop or licensed motor vehicle dealer is driving or road-testing “your covered auto”, this insurance is excess to any primary coverage available to the repair shop or dealer.

Constitutionality Provision

If a court of competent jurisdiction declares, or enters a judgment which renders the provisions of the Hawaii Motor Vehicle Insurance Law providing for abolition of tort liability invalid or unenforceable, we are subrogated to all rights of an “insured” to whom or for whose benefit any Personal Injury Protection benefits have been paid under this Policy to the full extent of such payments.

The “insured” shall do:

1. Whatever is necessary to enable us to exercise our rights; and
2. Nothing after loss to prejudice them.

~~This endorsement must be attached to the Change Endorsement when issued after the Policy is written.~~

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OPTIONAL BENEFITS COVERAGE – HAWAII

With respect to coverage provided by this endorsement, the provisions of the Policy apply unless modified by the endorsement.

SCHEDULE

If indicated below or in the Declarations, the Limits Of Liability for wage loss, death benefits, funeral expenses and alternative expenses are as follows:	
Benefits	Limit Of Liability
<input type="checkbox"/> Wage Loss	Up to \$ _____ per month, not to exceed \$ _____ per accident
<input type="checkbox"/> Death Benefits	\$ _____
<input type="checkbox"/> Funeral Expenses	Up to a maximum of \$2,000
<input type="checkbox"/> Alternative Expenses	Up to \$75 per visit, not to exceed 30 visits, for naturopathic treatments. Up to \$100 per visit, not to exceed 30 visits, for chiropractic treatments. <u>The maximum benefit amount for acupuncture treatments shall be tied to the charges, and any subsequent increases in charges, permissible under the workers' compensation supplemental medical fee schedule.</u> Note: <u>The combined total of naturopathic, chiropractic, and acupuncture visits may not exceed 30 visits.</u> Up to \$75 per visit, (except acupuncture treatments), not to exceed 30 visits

I. Definitions

The **Definitions** section is amended as follows:

A. The following definitions are replaced:

1. Definition **C.** is replaced by the following:
"Owned by" means that a person:
 - a. Holds a legal title;
 - b. Is a debtor who has legal possession while buying a vehicle on installments;
 - c. Has legal possession and has an agreement or lease of one year or more; or
 - d. Is the owner of a vehicle until, on selling the vehicle, title is delivered to the buyer.
2. "Your covered auto" means an "auto":
 - a. For which you are required to maintain security under the Hawaii Motor Vehicle Insurance Law; and
 - b. To which the bodily injury liability coverage under this Policy applies.

B. The following definitions are added:

1. "Auto" means a vehicle of the type required to be registered under Chapter 286 of Hawaii Revised Statutes, or a trailer attached to an "auto", but does not include a motorcycle or motor scooter.

2. "Auto accident" means an accident resulting from:
 - a. The "operation, maintenance or use" of:
 - (1) An "auto" as an "auto"; or
 - (2) A motorcycle or motor scooter when the accident involves a collision with an "auto".
 - b. Movement of an object drawn or propelled by an "auto".
3. "Insured" means:
 - a. You or any "family member" injured in an "auto accident":
 - (1) While occupying:
 - (a) An auto;
 - (b) A motorcycle; or
 - (c) A motor scooter.
 - (2) As a "pedestrian" when struck by an "auto".
 - b. Anyone else injured in an "auto accident" while "occupying" or when struck as a "pedestrian" by "your covered auto" or a "temporary loaner vehicle".

4. "Operation, maintenance or use" includes "occupying" but does not include:
 - a. Loading or unloading unless "bodily injury" occurs next to the vehicle; or
 - b. Work done in the "business" of repairing, servicing or otherwise maintaining vehicles unless such work is done outside the premises of this business.
5. "Pedestrian" means anyone not "occupying" an "auto".

II. Optional Benefits Coverage

- A. For those benefits indicated as applicable in the Schedule or in the Declarations, we will pay optional benefits to or for an "insured" who sustains "bodily injury" resulting from an "auto accident".
- B. Subject to the limits shown in the Schedule or in the Declarations, optional benefits consist of the following:

1. Wage Loss

Monthly earnings loss, consisting of the following:

- a. For a person regularly employed, one-twelfth of the average annual compensation before State and Federal income taxes at the time of injury or death.
- b. For a person regularly self-employed, one-twelfth of the average annual earnings before State and Federal income taxes at the time of injury or death.
- c. For a person unemployed, not regularly employed or not self-employed, one-twelfth of the anticipated annual compensation before State and Federal income taxes that would have been paid from the time the person would reasonably have been expected to be regularly employed.

2. Death Benefits

An amount payable in the event of the death of an "insured" to the:

- a. Surviving:
 - (1) Spouse; or
 - (2) Partner who has entered into a civil union with the named insured recognized under Hawaii law;

for the benefit of the spouse or such partner and dependent children.

- b. If there is no surviving spouse, partner to a civil union with the named insured recognized under Hawaii law, or if there are no dependent children, to the "insured's" estate.

3. Funeral Expenses

Reasonable expenses incurred for funeral, burial and cremation.

4. Alternative Expenses

Expenses incurred for naturopathic, acupuncture, nonmedical remedial care, and treatment rendered in accordance with the teachings, faith or belief of any group which relies upon spiritual means through prayer for healing.

EXCLUSIONS

- A. We do not provide Optional Benefits Coverage for "bodily injury":

1. To you or any "family member" while "occupying" an "auto" "owned by" you which is not "your covered auto".

2. To any "family member":

- a. Who is a named insured under another motor vehicle insurance policy, except while "occupying" "your covered auto"; or

- b. While "occupying" an "auto" "owned by" that "family member" and for which the security required under the Hawaii Motor Vehicle Insurance Law is not in effect.

3. To any "insured":

- a. Sustaining "bodily injury" caused by an "auto" "owned by" that person and not insured for this coverage under this Policy.

- b. "Occupying" a motorcycle or motor scooter as the owner or operator of the vehicle at the time of the accident.

However, this exclusion (A.3.b.) does not apply to wage loss and death benefits if the accident is an "auto accident".

- c. Using or operating an "auto" which causes any loss while seeking to avoid lawful arrest by a law enforcement officer.

4. Resulting from hazardous properties of nuclear materials.

5. Sustained by any “insured” while “occupying”, or when struck by, “your covered auto” while:
 - a. Enrolled in a personal vehicle sharing program under the terms of a written agreement; and
 - b. Being used in connection with such personal vehicle sharing program by anyone other than you or any “family member”.
- B.** We do not provide wage loss benefits to any “insured” other than you or any “family member”.

LIMIT OF LIABILITY

- A.** The Limits Of Liability shown in the Schedule or in the Declarations for the optional benefits that apply are the most we will pay to or for each “insured” injured in any one “auto accident”. This is the most we will pay regardless of the number of:
1. “Insureds”;
 2. Claims made;
 3. Vehicles or premiums shown in the Declarations;
 4. Vehicles involved in the “auto accident”; or
 5. Insurers providing similar coverage.
- B.** Any amount payable for acupuncture treatments will be limited by the workers’ compensation supplemental medical fee schedule.
- C.** We will not pay for any element of wage loss if a person is entitled to receive payment for the same element of wage loss under any workers’ compensation law or similar law.
- D.** Subject to the Limits Of Liability shown in the Schedule or in the Declarations for the optional benefits that apply, if wage loss benefits are payable under:
1. This endorsement; and
 2. Any workers’ compensation law;
- the maximum amount payable from both sources shall not exceed 80% of the “insured’s” monthly earnings loss for injury resulting from an “auto accident”.
- E.** No one will be entitled to receive duplicate payments for the same elements of loss under this coverage and:
1. Part **A** or Part **C** of this Policy;
 2. Any Personal Injury Protection Coverage provided by this Policy; or

3. Any Underinsured Motorists Coverage provided by this Policy.

III. Part E – Duties After An Accident Or Loss

Duties **A.** and **B.** are replaced by the following:

- A.** We must be notified promptly, in writing, of how, when and where the accident happened. Notice should also include the names and addresses of any injured persons and of any witnesses.
- B.** A person seeking Optional Benefits Coverage must:
1. Cooperate with us in the investigation or settlement of any claim.
 2. Submit, as often as we reasonably require, to physical or mental examinations by physicians we select or are acceptable to us.
 3. Authorize us to obtain:
 - a. Medical reports;
 - b. Statements of earnings; and
 - c. Other pertinent records.
 4. Submit a written proof of claim under oath when required by us, including full information on the nature of treatment received and planned.
 5. Promptly send us copies of the legal papers if a suit is brought.

IV. Part F – General Provisions

The following provisions are added:

Arbitration

If we and an “insured” do not agree on any matter to a claim, either party may request arbitration as prescribed in Section 431:10C-213 of the Hawaii Motor Vehicle Insurance Law.

Other Insurance

If an “insured” is entitled to similar benefits under more than one policy, the maximum recovery under all policies will not exceed the amount payable under the Policy with the highest dollar limits of benefits.

If there is other applicable similar insurance, we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits.

Constitutionality Provision

If a court of competent jurisdiction declares or enters a judgment which renders the provisions of the Hawaii Motor Vehicle Insurance Law providing for abolition of tort liability invalid or unenforceable, we

are subrogated to all rights of an "insured" to whom or for whose benefit any Optional Benefits Coverage has been paid under this Policy to the full extent of such payments.

The "insured" shall do:

1. Whatever is necessary to enable us to exercise our rights; and
2. Nothing after loss to prejudice them.

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POLICY NUMBER:

COMMERCIAL AUTO
CA-22-65-02-18 AP 50 31 07 24

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HAWAII PERSONAL INJURY PROTECTION COVERAGE

For a covered "auto" licensed or principally garaged in, or ~~"auto dealer operations" conducted in,~~ Hawaii, this endorsement modifies insurance provided under the following:

~~AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM~~

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the Policy effective on the inception date of the Policy unless another date is indicated below.

Named Insured:
Endorsement Effective Date:

SCHEDULE

Benefit: Medical Expenses	Limit Of Insurance: \$10,000 per person per "accident"
Deductible	
<input type="checkbox"/> If indicated to the left or in the Declarations, Personal Injury Protection benefits shall be subject to a deductible of \$	
This deductible shall apply to the total of all Personal Injury Protection benefits paid to the total number of "insureds", other than those described in Paragraph b. of the definition of "insured".	
Copayment	
<input type="checkbox"/> If indicated to the left or in the Declarations, Personal Injury Protection benefits shall be subject to a copayment of \$ applicable to you or any "family member".	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Personal Injury Protection

We will pay, in accordance with the Hawaii Motor Vehicle Insurance Law, personal injury protection benefits for medical expenses incurred with respect to "bodily injury" sustained by an "insured" and caused by an "auto accident" arising out of the operation, maintenance or use of a covered "auto".

These benefits are subject to the provisions of the Hawaii Motor Vehicle Insurance Law. Benefits consist of the following:

All appropriate and reasonable treatment and expenses necessarily incurred as a result of accidental harm to an "insured" and which are substantially comparable to the requirements for prepaid health care plans, including medical, hospital, surgical, professional, nursing, advanced practice nursing

recognized pursuant to Chapter 457, dental, optometric, chiropractic, naturopathy, acupuncture, ambulance, prosthetic services, medical equipment and supplies, products and accommodations furnished, x-ray, psychiatric, occupational therapy, rehabilitation, and if prescribed by a medical doctor, physical therapy and therapeutic massage by a licensed massage therapist.

Benefits under this section may be with copayment, and will be subject to and apply the utilization requirements applicable under prepaid health care plans, under Chapter 393 and rules of the Department of Labor and Industrial Relations, pertaining to the Prepaid Health Care Act, as of January 1, 1998. This reference to the Prepaid Health Care Act is only for purposes of describing the coverages and exclusions, without regard to any

specific insurer or plan, and will not be construed to transfer coverage to prepaid health care plans.

B. Exclusions

We will not pay personal injury protection benefits for “bodily injury”:

1. Sustained by any “family member” who is a Named Insured under another motor vehicle insurance policy, except while “occupying” a covered “auto”.
2. Sustained by you or any “family member” while “occupying” an “auto” “owned by” you which is not a covered “auto”.
3. Sustained by any “family member” while “occupying” an “auto” “owned by” that “family member” and for which the security required under the Hawaii Motor Vehicle Insurance Law is not in effect.
4. Sustained by any “insured” using or operating an “auto” which causes any loss:
 - a. While engaged in “criminal conduct”; or
 - b. While seeking to avoid lawful arrest by a law enforcement officer.
5. Sustained by you or any “family member” while “occupying”, or while a pedestrian caused by, an insured “auto” other than “your covered auto”.
6. Sustained outside Hawaii by any “insured” other than you or a “family member” resulting from the operation, maintenance or use of an “auto” which is:
 - a. Regularly used in the business of transporting persons or property; and
 - b. One of five or more autos under common ownership.
7. Resulting from hazardous properties of nuclear materials.
8. To any “insured” receiving public assistance benefits when a motor vehicle insurance policy is issued to certified public assistance recipients at no cost under the Hawaii Joint Underwriting Plan.

“Insured” receiving public assistance benefits” means an “insured” receiving:

 - a. Direct cash payments through the Department of Human Resources; or
 - b. Benefits from the Social Security Supplemental Security Insurance Program.
9. To any “insured” occupying a motorcycle or motor scooter at the time of accident.
10. Arising directly or indirectly out of:
 - a. War, including undeclared or civil war;

- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

C. Limit Of Insurance

1. The Limit Of Insurance shown in the Schedule or Declarations for this coverage is our maximum Limit of Insurance for each “insured” injured in any one “auto accident”. This is the most we will pay regardless of the number of:
 - a. “Insureds”;
 - b. Claims made;
 - c. “Autos” or premiums shown in the Declarations;
 - d. “Autos” involved in the “auto accident”; or
 - e. Insurers providing personal injury protection benefits.
2. Subject to our maximum Limit of Insurance for this coverage, our Limit of Insurance for each person for:
 - a. Chiropractic treatments shall not exceed the lesser of:
 - (1) 30 visits at not more than \$75 100 a visit, plus five x-rays at no more than \$50 each; or
 - (2) Treatment as defined by the Hawaii State Chiropractic Association guidelines.
 - b. Acupuncture treatments shall not exceed 30 visits.
 - c. Naturopathic treatments shall not exceed 30 visits at no more than \$75 a visit.
3. Any amount payable under this insurance will be limited by the workers’ compensation supplemental medical fee schedule.
4. Any amount payable under this insurance will be reduced by amounts paid, payable, or required to be provided under any workers’ compensation law.

However, the combined total of naturopathic, chiropractic and acupuncture treatments shall not exceed 30 visits.

However, if an “insured’s” right to collect these workers’ compensation benefits is contested, resulting in a delay of these payments, we will pay personal injury protection benefits.

5. If the Schedule or Declarations indicates that:
 - a. The medical expenses deductible option applies, any amounts payable for the sum of medical expenses for you or any "family member" as a result of any one "auto accident" will be reduced by the amount of such deductible.
 - b. The medical expenses copayment option applies, any amounts payable for the sum of medical expenses for you or any "family member" as a result of any one "auto accident" will be reduced by such copayment after the application of any deductible.

D. Changes In Conditions

The Conditions are changed for Personal Injury Protection as follows:

1. Paragraph **b.** of the **Duties In the Event Of Accident, Claim, Suit Or Loss** Condition in the Business Auto and Motor Carrier Coverage Forms and Paragraph **b.** of the **Duties In The Event Of Accident, Claim, Offense, Suit, Loss Or Acts, Errors Or Omissions** in the Auto Dealers Coverage Form are is replaced by the following:

- b. A person seeking coverage must:
 - (1) Cooperate with us in the investigation or settlement of any claim.
 - (2) Submit, as often as we reasonably require, to physical or mental examinations by health care providers we select or are acceptable to us.
 - (3) Authorize us to obtain:
 - (a) Medical reports;
 - (b) Statements of earnings; and
 - (c) Other pertinent records.
 - (4) Submit a written proof of claim under oath when required by us, including full information on the nature of treatment received and planned.
 - (5) Promptly send us copies of the legal papers if a suit is brought.

2. The **Transfer Of Rights Of Recovery Against Others To Us** Condition is amended by the addition of the following:

If we make payment under this Policy and the person to or for whom payment is made recovers damages from another, we will have a lien on the proceeds of recovery and that person shall:

- a. Hold in trust for us the proceeds of the recovery; and
- b. Reimburse us to the extent of our payment.

For any recovery subject to this provision, which results in duplication of personal injury protection benefits already paid under this Policy, we are entitled to recover 50% of the basic statutory requirement for Personal Injury Protection benefits. However, this 50% recovery does not apply to workers' compensation.

3. The following conditions are added:

a. Arbitration

If we and an "insured" do not agree on any matter to a claim, either party may request arbitration as prescribed in Section 431:10C-213 of the Hawaii Motor Vehicle Insurance Law.

b. Nonduplication Of Benefits

No one will be entitled to duplicate payments for the same elements of loss under this coverage regardless of the number of:

- (1) "Autos" covered; or
- (2) Insurers (including self-insurers) providing security in accordance with the Hawaii Motor Vehicle Insurance Law.

If an "insured" is entitled to similar benefits under more than one policy, the maximum recovery under all policies will not exceed the amount payable under the policy with the highest dollar limits of benefits.

If there is other applicable similar insurance, we will pay only our share of the loss. Our share is the proportion that our limit of liability bears to the total of all applicable limits.

If you or a "family member" is driving a "temporary loaner vehicle" and you are in an "auto accident", this insurance is primary and any similar insurance covering the "temporary loaner vehicle" will be excess coverage.

If there is an "auto accident" while an employee of a registered repair shop or licensed motor vehicle dealer is driving or road-testing "your covered auto", this insurance is excess to any primary coverage for personal injury protection benefits available to the repair shop or dealer.

c. Excess Provision

In consideration of the coverage afforded under Personal Injury Protection benefits and the adjustment of any applicable rates, any amount payable under Uninsured Motorists Coverage will be excess to the amount of personal injury protection benefits paid or payable to an "insured" whose claim for such benefits meets the requirements of the Hawaii Motor Vehicle Law.

d. Constitutionality Provision

If a court of competent jurisdiction declares, or enters a judgment which renders the provisions of the Hawaii Motor Vehicle Insurance Law providing for abolition of tort liability invalid or unenforceable, we are subrogated to all rights of an "insured" to whom or for whose benefit any personal injury protection benefits have been paid under this Policy to the full extent of such payments.

The "insured" shall do:

- (1) Whatever is necessary to enable us to exercise our rights; and
- (2) Nothing after loss to prejudice them.

E. Additional Definitions

As used in this endorsement:

- 1. "Auto" means a vehicle of the type required to be registered under Chapter 286 of Hawaii Revised Statutes or a trailer attached to an "auto" but not including motorcycles or motor scooters.
- 2. "Auto accident" means an accident resulting from:
 - a. The "operation, maintenance or use" of an "auto" as an "auto".
 - b. Movement of an object propelled by an "auto".
- 3. "Criminal conduct" means:
 - a. Committing an offense punishable by more than a year's imprisonment.
 - b. Operating or using an "auto" to intentionally cause "bodily injury" or "property damage".
 - c. Operating or using an "auto" as a converter without a good faith belief by the operator or user that he or she is entitled to operate or use the vehicle.
- 4. "Insured" means:
 - a. You or any "family member" injured in an "auto accident":
 - (1) While "occupying" an "auto"; or

- (2) As a "pedestrian" when struck by an "auto".

- b. Anyone else injured in an "auto accident" while "occupying" or when struck as a "pedestrian" by "your covered auto" or a temporary loaner vehicle".
- 5. "Occupying" means in, upon, getting in, on, out or off.
- 6. "Operation, maintenance or use" includes "occupying" but does not include:
 - a. Loading or unloading unless "bodily injury" occurs next to the vehicle; or
 - b. Work done in the business of repairing, servicing or otherwise maintaining vehicles unless these are done outside the premises of this business.
- 7. "Owned by" means that a person:
 - a. Holds a legal title; or
 - b. Is a debtor who has legal possession while buying a vehicle on installments; or
 - c. Has legal possession and has an agreement or lease of one year or more; or
 - d. Is the owner of an "auto" until on selling the "auto", title is delivered to the buyer.
- 8. "Pedestrian" means anyone not "occupying" an "auto".
- 9. "Temporary loaner vehicle" means an "auto":
 - a. Available to you as a customer of a repair shop or a dealer licensed by one or more appropriate state agencies.
 - b. Used by you while the garage or dealer is servicing "your covered auto".
- 10. "Your covered auto" means an "auto":
 - a. For which you are required to maintain security under the Hawaii Motor Vehicle Insurance Law.
 - b. To which "bodily injury" liability coverage under this Policy applies.

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**PRIVATE PASSENGER APPLICATION
HAWAII JOINT UNDERWRITING PLAN
Serviced by AIPSO**

Reference #:

Transmission Date:

Rate Indicator:

EPAY:

OFFICE USE ONLY – DO NOT WRITE OR ALTER INFORMATION IN THIS BLOCK

FAILURE TO DISCLOSE ALL REQUIRED INFORMATION MAY RESULT IN CANCELLATION.

SECTION 1. PRODUCER OF RECORD										
Producer Last Name/Agency Name					Producer First Name			MI		
Mailing Address					City		State	Zip Code		
Street Address (if different from Mailing Address)					City		State	Zip Code		
Tax ID No.			Producer License No.			Telephone No. (incl. area code)				
Email Address										
SECTION 2. APPLICANT										
Last Name			First Name			MI	Home Telephone No.		Business Telephone No.	
Email Address					PO Box (if applicable)					
Street Address (must be included)					City		County	State	Zip Code	
Mailing Address (if different from above)			PO Box (if different from above)		City		County	State	Zip Code	
SECTION 3. OPERATOR INFORMATION List all operators in household and any other drivers.										
Applicant's former addresses (past 3 years)										
Street Address					City		State	Zip Code		
Applicant and Other Drivers	Relationship to Applicant	% Use of Vehicle No. No. No. No. 1 2 3 4				Birth Date Mo./Day/Yr.	Driver's License No.		State	Licensed 3 Years? If No, give date issued
APPLICANT	APPLICANT									<input type="checkbox"/> Yes <input type="checkbox"/> No _____
										<input type="checkbox"/> Yes <input type="checkbox"/> No _____
										<input type="checkbox"/> Yes <input type="checkbox"/> No _____
										<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Applicant's Occupation			Nature of Business				Employer's Name			
Employer's Street Address					City		State	Zip Code		
STATEMENT OF THE PRODUCER OF RECORD										
<p>I do hereby certify that I am a licensed producer in the State of Hawaii. I have read the Hawaii Joint Underwriting Plan, have explained the provisions to the Applicant, and have included in this application all required information given to me by the Applicant. In the event of cancellation or a policy change resulting in a reduction of premium, I agree to return any commission that has been paid that is in excess of the commission due on the earned premium received by the Servicing Carrier.</p> <p align="center">Producer's Signature:</p> <p align="center">_____</p>										

SECTION 4. VEHICLE 1 VEHICLE INFORMATION AND VEHICLE USE

Year	Make	Model	Body Style	H.P./Cu. In./CC/Cyls.	Weight			
Vehicle Identification No.			Registered Owner's Last Name	First Name				
Purchased (Mo. Yr.)	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost	Damaged* <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered* <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass* <input type="checkbox"/> Yes <input type="checkbox"/> No	* If yes, explain in Remarks Section		
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name	Street Address		City	State	Zip Code		
<input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School	<input type="checkbox"/> Business <input type="checkbox"/> Farm	Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No		Estimated Annual Mileage				
Principal Address of Garaging								
Applicant address as it appears on registration, if different from Section 2.			State Registered In	Territory	Rate Class	Penalty Points	Symbols	
							Comp.	Coll.

SECTION 4. VEHICLE 2 VEHICLE INFORMATION AND VEHICLE USE

Year	Make	Model	Body Style	H.P./Cu. In./CC/Cyls.	Weight			
Vehicle Identification No.			Registered Owner's Last Name	First Name				
Purchased (Mo. Yr.)	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost	Damaged* <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered* <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass* <input type="checkbox"/> Yes <input type="checkbox"/> No	* If yes, explain in Remarks Section		
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name	Street Address		City	State	Zip Code		
<input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School	<input type="checkbox"/> Business <input type="checkbox"/> Farm	Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No		Estimated Annual Mileage				
Principal Address of Garaging								
Applicant address as it appears on registration, if different from Section 2.			State Registered In	Territory	Rate Class	Penalty Points	Symbols	
							Comp.	Coll.

SECTION 4. VEHICLE 3 VEHICLE INFORMATION AND VEHICLE USE

Year	Make	Model	Body Style	H.P./Cu. In./CC/Cyls.	Weight			
Vehicle Identification No.			Registered Owner's Last Name	First Name				
Purchased (Mo. Yr.)	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost	Damaged* <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered* <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass* <input type="checkbox"/> Yes <input type="checkbox"/> No	* If yes, explain in Remarks Section		
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name	Street Address		City	State	Zip Code		
<input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School	<input type="checkbox"/> Business <input type="checkbox"/> Farm	Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No		Estimated Annual Mileage				
Principal Address of Garaging								
Applicant address as it appears on registration, if different from Section 2.			State Registered In	Territory	Rate Class	Penalty Points	Symbols	
							Comp.	Coll.

SECTION 4. VEHICLE 4 VEHICLE INFORMATION AND VEHICLE USE

Year	Make	Model	Body Style	H.P./Cu. In./CC/Cyls.	Weight			
Vehicle Identification No.			Registered Owner's Last Name	First Name				
Purchased (Mo. Yr.)	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost	Damaged* <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered* <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass* <input type="checkbox"/> Yes <input type="checkbox"/> No	* If yes, explain in Remarks Section		
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name	Street Address		City	State	Zip Code		
<input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School	<input type="checkbox"/> Business <input type="checkbox"/> Farm	Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No		Estimated Annual Mileage				
Principal Address of Garaging								
Applicant address as it appears on registration, if different from Section 2.			State Registered In	Territory	Rate Class	Penalty Points	Symbols	
							Comp.	Coll.

SECTION 5. COVERAGES		As provided by the Principles of Operation of the Hawaii Joint Underwriting Plan.			
Same limits of liability must be purchased for all vehicles Check appropriate box for coverage	Vehicle 1 Estimated Premiums	Vehicle 2 Estimated Premiums	Vehicle 3 Estimated Premiums	Vehicle 4 Estimated Premiums	
Residual Bodily Injury Liability <input type="checkbox"/> \$20,000/40,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$100,000/500,000* <input type="checkbox"/> \$100,000/1,000,000* <input type="checkbox"/> \$250,000/750,000* <input type="checkbox"/> \$300,000/300,000* <input type="checkbox"/> \$300,000/600,000* *where required by law or contractually by a governmental agency					
Property Damage Liability <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$50,000* <input type="checkbox"/> \$250,000* *where required by law or contractually by a governmental agency					
Personal Injury Protection Coverage <input type="checkbox"/> Basic \$10,000 Deductible <input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$300 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000					
Optional Benefits Coverage Wage Loss Benefits <input type="checkbox"/> \$500/3,000 <input type="checkbox"/> \$1,000/6,000 <input type="checkbox"/> \$1,500/9,000 <input type="checkbox"/> \$2,000/12,000 Death Benefits <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 Funeral Expenses <input type="checkbox"/> \$2,000 Alternative Providers Services <input type="checkbox"/> Maximum \$75 per visit for naturopathic treatments and maximum of \$100 per visit for chiropractic treatments, not to exceed 30 visits. Note: The combined total of naturopathic, chiropractic, and acupuncture visits may not exceed 30 visits.					
Physical Damage—Comprehensive Deductible Options: \$0, \$50, \$100, \$250, \$500, \$1,000, \$1,500, \$2,000 Deductible: Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____					
Physical Damage—Collision Deductible Options: \$50, \$100, \$250, \$500, \$1,000, \$1,500, \$2,000 Deductible: Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____					
Uninsured Motorists Coverage: (Not to exceed Residual Bodily Injury Limits) <input type="checkbox"/> None* <input type="checkbox"/> \$20,000/40,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$100,000/500,000** <input type="checkbox"/> \$100,000/1,000,000** <input type="checkbox"/> \$250,000/750,000** <input type="checkbox"/> \$300,000/300,000** <input type="checkbox"/> \$300,000/600,000** **where required by law or contractually by a governmental agency *If "None", attach a signed Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501). Proceed to Underinsured Motorist Coverage. Since Uninsured Motorists Coverage is selected, does the applicant accept stacked limits of Uninsured Motorists Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", attach a signed Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501). If Uninsured Motorists Coverage is selected and the uninsured motorists limits selected are lower than the Residual Bodily Injury Limits selected under the Liability section, attach a signed Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501).					
Underinsured Motorists Coverage (Not to exceed Residual Bodily Injury Limits) <input type="checkbox"/> None* <input type="checkbox"/> \$20,000/40,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$100,000/500,000** <input type="checkbox"/> \$100,000/1,000,000** <input type="checkbox"/> \$250,000/750,000** <input type="checkbox"/> \$300,000/300,000** <input type="checkbox"/> \$300,000/600,000** **where required by law or contractually by a governmental agency *If "None", attach a signed Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501). Since Underinsured Motorists Coverage is selected, does the applicant accept stacked limits of Underinsured Motorists Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", attach a signed Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501). If Underinsured Motorists Coverage is selected and the underinsured motorists limits selected are lower than the Residual Bodily Injury Limits selected under the Liability section, attach a signed Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501).					
Estimated Premium Per Vehicle	\$	\$	\$	\$	
Total Estimated Premium for Vehicles 1–4	\$				

SECTION 6. PAYMENT PLANS								
<input type="checkbox"/> Option 1—Full Annual Premium <input type="checkbox"/> Option 2—Advance Premium Payment Deposit 30% with the balance due within 30 calendar days from the date of the premium notice. <input type="checkbox"/> Option 3—Installment Premium Payments Deposit 25% with 5 installments and \$4.00 per installment charge <input type="checkbox"/> Premium Financed—Name of Premium Finance Company <i>Note: Premium financed applications can only be submitted using the Alternative Application Procedure.</i> _____		Total Estimated Premium	\$					
		Amount Submitted with Application	\$					
SECTION 7. INSURANCE RECORD		Has Applicant had insurance in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," complete the following.						
Name and address of latest carrier		Policy No.	Termination Date					
Was coverage through Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," give reason terminated.							
Are any other vehicles owned by any member of household? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," give name of insurer. Attach policy declaration page.		Policy No.					
SECTION 8. ACCIDENTS								
Has Applicant, or anyone who usually drives the Applicant's motor vehicle(s), been involved, either as owner or operator, in ANY motor vehicle accident during the past THIRTY-SIX months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete the following. (If necessary, use Remarks Section.)								
Name of Operator	Accident Date	Place of Accident		Residual Bodily Injury	Death	Property Damage (including your own)	Penalty Points	Accident Code*
		City/Town	State					
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
* Accident Codes 1. Applicant's motor vehicle lawfully parked. 2. Damaged by hit-and-run driver and accident reported to police within 24 hours from time of accident. 3. Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person. 4. Other person involved in accident was convicted of a moving traffic violation. 5. If payment results under personal injury protection or additional personal injury protection and neither Applicant nor operator is at fault. 6. Damage by contact with animals or fowl. 7. Accidents involving physical damage, limited to, and caused by flying gravel, missiles, or falling objects. 8. Accidents incurred by an operator who is a named insured or principal operator of an auto insured under a separate policy. 9. Auto was struck in the rear by another auto and the Applicant or operator has not been convicted of a moving violation in connection with the accident.								
SECTION 9. CONVICTIONS		Motor Vehicle and Non Motor Vehicle						
Has the Applicant, or anyone who usually drives the Applicant's motor vehicle(s), been CONVICTED or FORFEITED BAIL at any time during the immediately preceding THIRTY-SIX months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete the following. If necessary, use Remarks Section. NOTE: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.								
Name of Operator	Date of Conviction	Did Conviction Arise as a Result of an Accident?	Nature of Violation	Penalty Points	Place of Conviction			
					City/Town	State		
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						

SECTION 10. FINANCIAL RESPONSIBILITY		Complete if Applicant or other eligible operator is required to file evidence of financial responsibility.
1. Name _____		Case or File No. _____
State Where Filing Required _____		Reason for Filing _____
Type of Filing <input type="checkbox"/> Owner's (to allow for operation of owned vehicles) <input type="checkbox"/> Operator's (to allow for operation of nonowned vehicles) <input type="checkbox"/> Both		
Do you own any other vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," give name of insurance company. _____	If "Yes," give policy number. _____
2. Name _____		Case or File No. _____
State Where Filing Required _____		Reason for Filing _____
Type of Filing <input type="checkbox"/> Owner's (to allow for operation of owned vehicles) <input type="checkbox"/> Operator's (to allow for operation of nonowned vehicles) <input type="checkbox"/> Both		
Do you own any other vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," give name of insurance company. _____	If "Yes," give policy number. _____
SECTION 11. NAMED NONOWNER Complete if application is for a named nonowner policy.		
A. Exclusion for autos furnished or available for regular use <input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Named individual(s) requesting coverage: _____		
C. Type of vehicle Applicant will operate. <input type="checkbox"/> Private Passenger <input type="checkbox"/> Commercial <input type="checkbox"/> Taxi /Bus <input type="checkbox"/> Other (describe) _____		
D. Vehicle will be operated in Applicant's occupation or business <input type="checkbox"/> Yes <input type="checkbox"/> No		
E. Is vehicle owned by a member of the household? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If answer to B or C is "Yes," give name of insurance company providing liability coverage. _____		
Is Applicant excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FAIR CREDIT REPORTING ACT NOTICE		
In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics, or mode of living. Upon the individual's written request, the insurer will disclose in writing the nature and scope of the investigation requested, if such a report is procured.		
EVIDENCE OF INSURANCE AND EFFECTIVE DATE OF COVERAGE		
This application having been completed and duly executed, shall be, from the effective date and time shown below, evidence of insurance in the limits and coverages specified, subject to the following conditions:		
<ol style="list-style-type: none"> 1. Coverage under this evidence of automobile insurance is to be effective for a period not to exceed 45 days from the effective date and time stated herein. Within such 45-day period, coverages under this evidence of automobile insurance will terminate immediately upon: (a) the issuance of the policy applied for, (b) the issuance of any policy affording similar insurance, or (c) the cancellation of the coverages of insurance afforded hereunder in accordance with the Principles of Operation of the Hawaii Joint Underwriting Plan. 2. A premium charge will be made for these coverages if the policy, when and as issued, is not accepted by the insured. 3. The insurance afforded hereunder shall be subject to all the terms and conditions of the policy form prescribed for use in accordance with the Principles of Operation of the Hawaii Joint Underwriting Plan. 4. The producer must electronically transmit this signed application. 		
EFFECTIVE DATE: Applicants will be subject to the effective date provisions specified in Section 7 of the Principles of Operation of the Hawaii Joint Underwriting Plan.		
Requested Effective Date and Time (not to exceed 45 days from the date of the application):		
Example: 09/01/2022 11:30 AM		
My signature hereon represents certification of the Statement of the Producer of Record on the face of this application AND I certify this application is submitted pursuant to the effective date provisions contained in the Joint Underwriting Plan		
By: _____ Date: _____ Hour: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (PRODUCER'S SIGNATURE)		
PREMIUM DETERMINATION		
I understand that the premium shown on this application is an estimated premium. The Servicing Carrier reserves the right to adjust the premium either prior to or after the issuance of the policy, whenever applicable.		
By: _____ Date: _____ Hour: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (APPLICANT'S SIGNATURE)		
NOTICE TO APPLICANT AND PRODUCER		
In the event acknowledgement of coverage is not received within 45 days, notify AIPSO, P.O. Box 6530 Providence, Rhode Island 02940-6530. Telephone: 1-877-622-4776 Fax: 1-866-253-4235		

ATTACHMENTS

- | | | |
|--|--|--|
| <input type="checkbox"/> Copy of vehicle registration(s) | <input type="checkbox"/> Finance agreement copy | <input type="checkbox"/> Copies of CLUE Report |
| <input type="checkbox"/> Copy of all operator's licenses | <input type="checkbox"/> Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501) | <input type="checkbox"/> Copies of MVR or Court Connect Report |
| | | <input type="checkbox"/> Credit Card Payment Authorization and Receipt |

REMARKS SECTION

Large empty rectangular box for entering remarks.

**REVISED HI ST §431:10C-301
(FINANCIAL RESPONSIBILITY LIMITS)**

Effective Date

This law is effective January 1, 2026.

Defining the Issue

Senate Bill 2342 amends Hawaii Revised Statutes §431:10C-301 to require that policies issued or renewed on or after January 1, 2026 provide minimum limits of liability coverage of \$40,000 for bodily injury to or death of one person, \$80,000 for bodily injury to or death of two or more persons arising out of the use of a motor vehicle in any one accident, and \$20,000 because of liability for injury to or destruction of property of others.

Action Needed

Please review the following information and decide if the proposal is appropriate for the Hawaii Joint Underwriting Plan.

Proposal

We propose amendments to the Plan sections, rating rules, base rates, endorsement forms, and application forms for private passenger and commercial auto risks to reflect the new financial responsibility limits of \$40,000/80,000 residual bodily injury and \$20,000 property damage split limits of liability.

This proposal includes all changes currently pending with your Board, including inclusion of additional limits and private passenger rate revisions.

Impact

AIPSO Systems Impact: Medium impact for Atlas – addition of additional coverage limits, expiration of certain coverage limits and validation. This has a high impact it affects EASi applications, EASi web site (to update limits), Rating. This proposal has a normal impact on Galaxy. We will need to update Policy Configuration Tables to include the Coverage Options. We will also need to update Forms Configuration Tables, Ghostdraft, and Rules Engine. New static form AIP 12 51 10 24 will need to be introduced. We may be able to incorporate these proposed changes into our development work to set up Hawaii in Galaxy.

Proposed Changes

Sec. 21. Extent Of Coverage

Sec. 35. Extent Of Coverage

These sections are amended to (1) replace the current financial responsibility limits of \$20,000/40,000 residual bodily injury and \$10,000 property damage with \$40,000/80,000 residual bodily injury and \$20,000 property damage split limits of liability and (2) remove optional property damage limits of \$20,000 or less.

Rule 25. Increased Limits**Rule 27. Uninsured and Underinsured Motorists Coverages****Rule 52. Increased Limits****Rule 54. Experience Rating****Rule 55. Uninsured and Underinsured Motorists Coverages****Rule 138. Leasing or Rental Concerns****Rule 141. Antique Autos**

These rules are amended to reflect the new financial responsibility limits of \$40,000/80,000 residual bodily injury and \$20,000 property damage split limits of liability. In addition, Rules 25 and 52 are amended to update the increased limits factors. Further, Rules 138 and 141 are amended to update the rates.

CPAI* All Territories/All Classes

The liability rate is revised to reflect the new financial responsibility limits of \$40,000/80,000 residual bodily injury and \$20,000 property damage split limits of liability.

Private Passenger Auto Liability and Uninsured and Underinsured Motorists Coverage Rates**Commercial Auto Liability and Uninsured and Underinsured Motorists Coverage Rates**

The liability and uninsured and underinsured motorists rates are revised to reflect the new financial responsibility limits of \$40,000/80,000 residual bodily injury and \$20,000 property damage split limits of liability.

Note: This proposal includes the proposed private passenger rate proposal currently pending with your Board.

AIP 12 51 10 24 Amendment of Policy Provisions—Hawaii

This form is introduced to amend the Definitions to reflect the new financial responsibility limits of \$40,000/80,000 residual bodily injury split limits of liability.

AIP 9501 Hawaii Uninsured and Underinsured Motorists Coverage Personal Auto

This form is revised to reflect the new financial responsibility limits of \$40,000/80,000 residual bodily injury split limits of liability.

AIP 9502 Hawaii Uninsured and Underinsured Motorists Coverage Commercial Auto

This form is revised to reflect the new financial responsibility limits of \$40,000/80,000 residual bodily injury split limits of liability.

AIP 9529 CPAI Policy Information

Section 5. Coverages is amended to reflect the new financial responsibility limits of \$40,000/80,000 residual bodily injury split limits of liability.

AIP 9530 Hawaii Private Passenger Application

Section 5 is amended to reflect the new financial responsibility limits of \$40,000/80,000 residual bodily injury and \$20,000 property damage split limits of liability.

AIP 9532 Policy Change Request-Private Passenger/Commercial

Section 4 is amended to reflect the new financial responsibility limits of \$40,000/80,000 residual bodily injury and \$20,000 property damage split limits of liability.

AIP 9535 Hawaii Commercial Application

Section 10 is amended to reflect the new financial responsibility limits of \$40,000/80,000 residual bodily injury and \$20,000 property damage split limits of liability.

Attachments

- Exhibit A—Proposed section, rule, and rate revisions
- Proposed revised endorsement
- Proposed revised applications

PERSONAL AUTOMOBILE PART

Sec. 21. EXTENT OF COVERAGE

Paragraph A.1.a is amended as follows:

A. Coverages and Limits

1. Residual Bodily Injury, Property Damage, and Personal Injury Protection Coverages
 - a. The servicing entity shall be required to write a policy or binder for basic limits of ~~\$20,000/40,000~~40,000/80,000 residual bodily injury and ~~\$40,000~~20,000 property damage.

Paragraph A.1.b.(3) is amended as follows:

- b. An insured eligible for coverage under the HJUP may, at their option, also purchase additional coverage to be written on the same policy as the liability coverages for

- (3) liability limits at the following optional limits:

At the request of the applicant or insured, the following residual bodily injury liability limits shall be available:

Optional Residual BI Limits

- \$50,000/100,000
- 100,000/200,000
- 100,000/300,000
- 100,000/500,000*
- 100,000/1,000,000*
- 250,000/750,000*
- 300,000/300,000*
- 300,000/600,000*

*where required by law or contractually by a governmental agency

At the request of the applicant or insured, the following property damage liability limits shall be available:

Optional PD Limits

- ~~\$45,000~~
- ~~20,000~~
- 30,000
- 50,000*
- 250,000*

*where required by law or contractually by a governmental agency

Refer to Rule 2 for additional coverage in excess of the limits defined in this Manual where required by law or contractually by a governmental agency.

Paragraph A.3 is amended as follows:

3. Certified Public Assistance Insureds (CPAI) Residual Bodily Injury, Property Damage, and Personal Injury Protection Coverage

The servicing entity shall be required to write a motor vehicle policy or binder for basic limits of ~~\$20,000/40,000~~40,000/80,000 residual bodily

injury; ~~\$40,000~~20,000 property damage; and \$10,000 personal injury protection, at no cost, to all licensed drivers receiving public assistance benefits through the Department of Human Services.

COMMERCIAL AUTOMOBILE PART

Sec. 35. EXTENT OF COVERAGE

Paragraph A.1.a is amended as follows:

A. Coverages and Limits

1. Residual Bodily Injury, Property Damage, and Personal Injury Protection Coverages

- a. The servicing entity shall be required to write a policy or binder for basic limits of ~~\$20,000/40,000~~40,000/80,000 residual bodily injury and ~~\$40,000~~20,000 property damage.

Paragraph A.1.b.(4) is amended as follows:

- b. An insured eligible for coverage under the HJUP may, at their option, also purchase additional coverage to be written in the same policy as the liability coverages for

- (4) liability limits at the following optional limits:

At the request of the applicant or insured, the following residual bodily injury liability limits shall be available:

Optional Residual BI Limits

- \$50,000/100,000
- 100,000/200,000
- 100,000/300,000
- 100,000/500,000*
- 100,000/1,000,000*
- 250,000/750,000*
- 300,000/300,000*
- 300,000/600,000*

*where required by law or contractually by a governmental agency

At the request of the applicant or insured, the following property damage liability limits shall be available:

Optional PD Limits

- ~~\$45,000~~
- ~~20,000~~
- 30,000
- 50,000*
- 250,000*

*where required by law or contractually by a governmental agency

PRIVATE PASSENGER CHAPTER

Rule 25. INCREASED LIMITS

Paragraph A is amended as follows:

The increased limits tables below show the factors to be applied to the ~~\$20,000/40,000~~40,000/80,000 residual bodily injury and ~~\$40,000~~20,000 property damage rates shown in this Manual to determine the premium for other limits.

A. Split Limits

Table 1

RBI Limits	Private Passenger	Named Nonowner	All Other Risks
50/100	<u>1.421.11</u>	<u>1.681.16</u>	<u>1.681.16</u>
100/200	<u>1.571.23</u>	<u>2.001.38</u>	<u>2.001.38</u>
100/300	<u>1.661.30</u>	<u>2.201.52</u>	<u>2.201.52</u>
100/500*	<u>1.841.41</u>	<u>2.922.01</u>	<u>2.922.01</u>
100/1,000*	<u>2.061.61</u>	<u>3.332.30</u>	<u>3.332.30</u>
250/750*	<u>2.021.58</u>	<u>3.082.12</u>	<u>3.082.12</u>
300/300*	<u>1.831.43</u>	<u>3.002.07</u>	<u>3.002.07</u>
300/600*	<u>1.861.45</u>	<u>3.032.09</u>	<u>3.032.09</u>

Table 1A

PD Limits	Private Passenger	Named Nonowner	All Other Risks
\$15,000	<u>1.01</u>	<u>1.05</u>	<u>1.06</u>
20,000	<u>1.02</u>	<u>1.07</u>	<u>1.10</u>
30,000	<u>1.041.02</u>	<u>1.091.02</u>	<u>1.141.04</u>
50,000*	<u>1.081.06</u>	<u>1.111.04</u>	<u>1.171.06</u>
250,000	<u>1.171.15</u>	<u>1.201.12</u>	<u>1.231.12</u>

*where required by law or contractually by a governmental agency

Rule 27. UNINSURED AND UNDERINSURED MOTORISTS COVERAGES

Paragraphs A.2 and B.2 are amended as follows:

A. Uninsured Motorists Coverage

2. Rates

Refer to rate schedules of this Manual for ~~\$20,000/40,000~~40,000/80,000 uninsured motorists coverage. Increased limits will be afforded by applying the increased limit factor for residual bodily injury liability to the base rate for uninsured motorists coverage.

B. Underinsured Motorists Coverage

2. Rates

Refer to rate schedules of this Manual for ~~\$20,000/40,000~~40,000/80,000 underinsured motorists coverage. Increased limits will be afforded by applying the increased limit factor for residual bodily injury liability to the base rate for underinsured motorists coverage.

COMMERCIAL GENERAL RULES CHAPTER

Rule 52. INCREASED LIMITS

Paragraph A is amended as follows:

A. The increased limits table below shows the factors to be applied to the ~~\$20,000/40,000~~40,000/80,000 residual bodily injury liability and ~~\$40,000~~20,000 property damage liability rates for increased limits:

Table 1

RBI Limits	Light and Medium Trucks	Heavy Truck and Truck-Tractors
\$50,000/100,000	<u>1.6801.16</u>	<u>1.6801.16</u>
100,000/200,000	<u>2.0001.38</u>	<u>2.0001.38</u>
100,000/300,000	<u>2.2001.52</u>	<u>2.2001.52</u>
100,000/500,000*	<u>2.9202.01</u>	<u>2.9202.01</u>
100,000/1,000,000*	<u>3.3302.30</u>	<u>3.3302.30</u>
250,000/750,000*	<u>3.0802.12</u>	<u>3.0802.12</u>
300,000/300,000*	<u>3.0002.07</u>	<u>3.0002.07</u>
300,000/600,000*	<u>3.0302.09</u>	<u>3.0302.09</u>

Table 1

RBI Limits	Extra Heavy Trucks and Truck-Tractors	Private Passenger Types	All Other Risks
\$50,000/100,000	<u>1.6801.16</u>	<u>1.6801.16</u>	<u>1.6801.16</u>
100,000/200,000	<u>2.0001.38</u>	<u>2.0001.38</u>	<u>2.0001.38</u>
100,000/300,000	<u>2.2001.52</u>	<u>2.2001.52</u>	<u>2.2001.52</u>
100,000/500,000*	<u>2.9202.01</u>	<u>2.9202.01</u>	<u>2.9202.01</u>
100,000/1,000,000*	<u>3.3302.30</u>	<u>3.3302.30</u>	<u>3.3302.30</u>
250,000/750,000*	<u>3.0802.12</u>	<u>3.0802.12</u>	<u>3.0802.12</u>
300,000/300,000*	<u>3.0002.07</u>	<u>3.0002.07</u>	<u>3.0002.07</u>
300,000/600,000*	<u>3.0302.09</u>	<u>3.0302.09</u>	<u>3.0302.09</u>

*where required by law or contractually by a governmental agency

Table 1A

PD Limits	Light and Medium Trucks	Heavy Trucks and Truck-Tractors
\$15,000	<u>1.06</u>	<u>1.06</u>
20,000	<u>1.10</u>	<u>1.10</u>
30,000	<u>1.141.04</u>	<u>1.141.04</u>
50,000*	<u>1.171.06</u>	<u>1.171.06</u>
250,000*	<u>1.231.12</u>	<u>1.231.12</u>

PD Limits	Extra Heavy Trucks and Truck-Tractors	Private Passenger Types	All Other Risks
\$15,000	1.06	1.05	1.06
20,000	1.10	1.07	1.10
30,000	1.141.04	1.091.02	1.141.04
50,000*	1.171.06	1.111.04	1.171.06
250,000*	1.231.12	1.201.09	1.231.12

Rule 54. EXPERIENCE RATING

Paragraphs 1.1 and 1.3.b.(3) are amended as follows:

I. Determination Of Experience Modification

- For the determination of experience modifications, the term "basic limits" will mean the following limits of liability:

For Policies Written During Experience Period at Split Limits of Liability

~~\$20,000/40,000~~ 40,000/80,000 residual bodily injury limits and ~~\$40,000~~ 20,000 property damage limit.

- Basic Limits Losses Subject to Experience Rating
The losses to be included in the rating will be the total of the following:

- Adjustment to reflect ultimate level of losses for each year in the experience period, calculated by multiplying the premium (P) for that year by the adjusted expected loss ratio (AELR) and by the appropriate basic limits loss development factor (LDF), where

(3) **LDF** is the appropriate basic limit loss development factor applicable to expected losses (Premium x AELR). Before determination of the actual loss ratio, the expected losses will first be adjusted by the following loss development factors:

	Latest Policy Year	1st Prior Policy Year	2nd Prior Policy Year
Commercial Autos			
20/40 <u>40/80</u> Residual Bodily Injury	.258	.133	.060
\$40,000 <u>20,000</u> Property Damage	.037	.005	.000
Garages			
20/40 <u>40/80</u> Residual Bodily Injury	.264	.127	.061
\$40,000 <u>20,000</u> Property Damage	.049	.000	.000

Rule 55. UNINSURED AND UNDERINSURED MOTORISTS COVERAGES

Paragraphs A.3 and B.3 are amended as follows:

A. Uninsured Motorists Coverage

- Rates

The rates set forth on the rate schedules are for ~~\$20,000/40,000~~ 40,000/80,000 uninsured motorists coverage.

B. Underinsured Motorists Coverage

- Rates

The rates set forth on the rate schedules are for ~~\$20,000/40,000~~ 40,000/80,000 underinsured motorists coverage.

SPECIAL TYPES AND OPERATIONS CHAPTER

Rule 138. LEASING OR RENTAL CONCERNS

Paragraphs B.1.c.(2) and B.2.b are amended as follows:

B. Premium Development—Residual Bodily Injury and Property Damage Liability, Personal Injury Protection, Comprehensive, and Collision Coverages

The premium for risks engaged in leasing or renting autos or trailers to others without drivers is to be determined on the basis of the territory in which the auto is principally garaged and in accordance with the following provisions:

- Specified Auto Basis—Autos Leased for One Year or More—Coverage for Owner and Rentee

- Trailers Designed for Use with Private Passenger Autos

(2) All Others—Charge ~~\$1319~~ for residual bodily injury, ~~\$20,000/40,000~~ 40,000/80,000 limit and ~~\$56~~ property damage, ~~\$40,000~~ 20,000 limit.

- Specified Auto Basis—Autos Rented by the Hour, Day, Week, or Month—Coverage for Owner and Rentee

- Trailers Designed for Use with Private Passenger Autos

The charge per trailer is as follows:

Mobile Home Trailers—Multiply the Trucks, Tractors, and Trailers rate shown on the rate schedules by .80.

All Others—Charge ~~\$2638~~ for residual bodily injury, ~~\$20,000/40,000~~ 40,000/80,000 limit and ~~\$910~~ property damage, ~~\$40,000~~ 20,000 limit.

HAWAII JOINT UNDERWRITING PLAN
(Struck-out matter—deleted; Underlined matter—new)

EXHIBIT A
Page 4 of 6

Rule 141. ANTIQUE AUTOS

Paragraph B is amended as follows:

B. Residual Bodily Injury and Property Damage Liability and Personal Injury Protection Coverages

Multiply the otherwise applicable Private Passenger Types rate by .14, subject to a minimum premium of ~~\$4~~217 for residual bodily injury, ~~\$20,000/40,000~~40,000/80,000 limit; ~~\$5~~6 property damage, ~~\$10,000~~20,000 limit; and \$4 personal injury protection, \$10,000 limit.

HAWAII JOINT UNDERWRITING PLAN
(Struck-out matter—deleted; Underlined matter—new)

PRIVATE PASSENGER AUTO RATE CHAPTER
CPAI* ALL TERRITORIES/ALL CLASSES

\$758836

* CPAI refers to Certified Public Assistance Insureds receiving a PIP policy at no cost

NON-CPAI PRIVATE PASSENGER AUTOS

Territory	\$20,000/40,000 <u>\$20,000/40,000</u> \$40,000/80,000	\$10,000 <u>\$20,000</u>	\$10,000 PIP	\$20,000/40,000 <u>\$20,000/40,000</u> \$40,000/80,000 Stacked		\$20,000/40,000 <u>\$20,000/40,000</u> \$40,000/80,000 Nonstacked	
	RBI	PD		UM	UIM	UM	UIM
	01	<u>\$459588</u>		<u>\$260265</u>	382	<u>\$464210</u>	<u>\$413145</u>
03	<u>437559</u>	<u>474177</u>	339	<u>464210</u>	<u>413145</u>	<u>82105</u>	<u>5672</u>
04	<u>284364</u>	<u>487191</u>	288	<u>464210</u>	<u>413145</u>	<u>82105</u>	<u>5672</u>
05	<u>439562</u>	<u>489193</u>	370	<u>464210</u>	<u>413145</u>	<u>82105</u>	<u>5672</u>

431:10C-407(B)(1)(E) ELIGIBLE INSURED ONLY
PRIVATE PASSENGER AUTOS

Territory	\$20,000/40,000 <u>\$20,000/40,000</u> \$40,000/80,000	\$10,000 <u>\$20,000</u>	\$10,000 PIP	\$20,000/40,000 <u>\$20,000/40,000</u> \$40,000/80,000 Stacked		\$20,000/40,000 <u>\$20,000/40,000</u> \$40,000/80,000 Nonstacked	
	RBI	PD		UM	UIM	UM	UIM
	01	<u>\$255326</u>		<u>\$260265</u>	239	<u>\$464210</u>	<u>\$413145</u>
03	<u>243311</u>	<u>474177</u>	212	<u>464210</u>	<u>413145</u>	<u>82105</u>	<u>5672</u>
04	<u>458202</u>	<u>487191</u>	180	<u>464210</u>	<u>413145</u>	<u>82105</u>	<u>5672</u>
05	<u>244312</u>	<u>489193</u>	231	<u>464210</u>	<u>413145</u>	<u>82105</u>	<u>5672</u>

COMMERCIAL AUTO LIABILITY RATES

~~\$20,000/40,000~~\$20,000/40,000~~\$40,000/80,000~~\$40,000/80,000 Split Limit Bodily Injury and ~~\$40,000~~\$20,000 Property Damage and \$10,000 PIP

TRUCKS, TRACTORS, AND TRAILERS

Territory	Nonfleet			Fleet		
	Residual BI Liability	PD Liability	PIP	Residual BI Liability	PD Liability	PIP
01	<u>\$298432</u>	<u>\$202222</u>	\$192	<u>\$327474</u>	<u>\$243234</u>	\$192
03	<u>492278</u>	<u>424133</u>	164	<u>242307</u>	<u>426139</u>	164
04	<u>475254</u>	<u>444122</u>	157	<u>492278</u>	<u>446128</u>	157
05	<u>487271</u>	<u>449131</u>	225	<u>205297</u>	<u>424136</u>	225

PRIVATE PASSENGER TYPES

Territory	Residual BI Liability	PD Liability	PIP
01	<u>\$547793</u>	<u>\$259277</u>	\$293
03	<u>478693</u>	<u>484194</u>	285
04	<u>476690</u>	<u>484194</u>	290
05	<u>497721</u>	<u>209224</u>	323

VAN POOLS

Territory	Residual BI Liability	PD Liability	PIP
01	\$414600	\$281309	\$207
03	267387	468185	177
04	243352	454169	170
05	260377	465182	243

TAXICABS AND LIMOUSINES

Territory	Residual BI Liability	PD Liability	PIP
01	\$1,1901,726	\$489538	\$ 881
03	7721,119	294323	755
04	6981,012	267294	724
05	7591,088	286315	1,039

SCHOOL AND CHURCH BUSES

Territory	Residual BI Liability	PD Liability	PIP
01	\$265384	\$206227	\$271
03	472249	424136	232
04	456226	443124	223
05	467242	424133	320

OTHER BUSES

Territory	Residual BI Liability	PD Liability	PIP
01	\$1,1371,649	\$553608	\$823
03	7371,069	334364	705
04	668969	303333	675
05	7481,041	324356	970

UNINSURED MOTORISTS

Rate per Auto

~~\$20,000/40,000~~40,000/80,000 Limits

Stacked			Nonstacked		
PPT	Public Autos	All Other	PPT	Public Autos	All Other
\$6290	\$95138	\$3754	\$3145	\$4768	\$4928

UNDERINSURED MOTORISTS

Rate per Auto

~~\$20,000/40,000~~40,000/80,000 Limits

Stacked			Nonstacked		
PPT	Public Autos	All Other	PPT	Public Autos	All Other
\$117170	\$220319	\$88128	\$5884	\$410160	\$4464

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
AMENDMENT OF POLICY PROVISIONS—HAWAII

Definitions

Paragraph **M**, "Minimum limits", of the **Definitions** Section is replaced by the following:

- M.** "Minimum limits" means the following limits of liability as required by Hawaii law, to be provided under a policy of automobile liability insurance:
1. \$40,000 for each person, subject to \$80,000 for each accident, with respect to "bodily injury"; and
 2. \$20,000 for each accident with respect to "property damage".

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**HAWAII JOINT UNDERWRITING PLAN
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE
PERSONAL AUTO**

**PLEASE COMPLETE THIS FORM IF YOU WANT TO SELECT ANY OPTIONS FOR
UNINSURED MOTORISTS AND UNDERINSURED MOTORISTS COVERAGES.**

Named Insured:	Agency:
Policy Number:	Agent:

This form does not provide coverage nor does it replace any provisions of your policy. Please read your policy for complete information on the coverages you are provided. If there is any conflict between the policy and this form, the provisions of the policy shall prevail.

Hawaii law requires that we provide Uninsured and Underinsured Motorist coverages on your auto policy unless you reject the coverages in writing. We are also required to offer options for Uninsured Motorists and Underinsured Motorists limits equal to your Bodily Injury Liability limit and stacked coverage. A brief summary of the coverages and options is provided below. Uninsured Motorists and Underinsured Motorists are separate and distinct coverages and you must request changes separately for each of the coverages. Please contact your agent if you have any questions.

Section 1. Uninsured Motorists and Underinsured Motorists Coverages Defined

Uninsured Motorists provides coverage for persons insured under the policy who are legally entitled to recover damages because of bodily injury from owners or operators of uninsured motor vehicles. For example, if you are injured in an accident caused by someone who is uninsured, you may be entitled to recover damages for bodily injury under the Uninsured Motorists coverage of your policy.

Underinsured Motorists provides coverage for persons insured under the policy who are legally entitled to recover damages because of bodily injury from owners or operators of underinsured motor vehicles. For example, if you are injured in an accident caused by the operator of a vehicle which is insured but you are entitled to recover more in damages from that vehicle's operator than the amount of his or her insurance, you may be able to recover under the Underinsured Motorists coverage of your policy.

Section 2. Rejection of Uninsured Motorists and Underinsured Motorists Coverages

Under the provisions of the law, you may reject Uninsured Motorists and Underinsured Motorists Coverages in writing. If you reject any of the coverages, your rejection of that coverage will also apply to all subsequent renewal or replacement policies and you will not receive further offers or notices of the availability of those coverages with any renewal or replacement policy.

Your policy will be issued with Uninsured Motorists and Underinsured Motorists coverages if you do not reject these coverages in writing.

**Section 3. Uninsured Motorists and Underinsured Motorists Limits
Equal to Your Bodily Injury Liability Limit**

The law requires that we offer Uninsured Motorists and Underinsured Motorists coverages at limits that are equal to your Bodily Injury Liability limit. You may reject this option in writing and select lower limits for Uninsured Motorists and Underinsured Motorists coverages.

Your policy will be issued with Uninsured Motorists and Underinsured Motorists limits that are equal to your Bodily Injury Liability limit unless you reject these limits in writing and select lower limits.

**Section 4. Nonstacked and Stacked Uninsured Motorists and Underinsured Motorists
Coverages**

The law further requires that we offer stacked Uninsured Motorists and Underinsured Motorists coverage. You may reject this option in writing and select the nonstacked coverages. An explanation of nonstacked and stacked coverages are provided below:

Under **nonstacked** coverage, the limits shown for the coverage applicable to each vehicle is the maximum amount available in any one accident regardless of the number of vehicles insured on your policy. For example, if your Uninsured Motorists limit is \$100,000 each person with an aggregate of \$300,000 each accident, that limit is the maximum amount of Uninsured Motorists coverage available regardless of the number of vehicles insured on your policy.

Under **stacked** coverage, the limits shown for the coverage applicable to each vehicle insured on your policy are added together and the sum of the limits is the maximum amount of coverage available in any one accident. For example, if your Uninsured Motorists limit is \$100,000 each person with an aggregate of \$300,000 each accident and you insure two vehicles on your policy, the maximum amount of Uninsured Motorists coverage available is \$200,000 each person (\$100,000 + \$100,000) with an aggregate of \$600,000 each accident (\$300,000 + \$300,000). Under this form of coverage, the maximum amount of available coverage will change during the policy term if you add or delete vehicles. Using the same example, if you delete one vehicle, the maximum amount of available coverage will decrease to \$100,000 each person with an aggregate of \$300,000 each accident. If you add a third vehicle, the maximum amount of available coverage will increase to \$300,000 each person with an aggregate of \$900,000 each accident.

Your policy will be issued with stacked Uninsured Motorists and Underinsured Motorists coverages unless you reject stacked coverage in writing and select nonstacked coverages.

Section 5. Uninsured Motorists and Underinsured Motorists Coverage Premiums

The premiums for the limit options and for nonstacked and stacked coverage are shown in the following tables. Please contact your agent for information on other limit options that may be available.

Premium Table Effective January 1, 2026 New Business Private Passenger Autos				
Limit Options	Uninsured Motorists		Underinsured Motorists	
	Nonstacked	Stacked	Nonstacked	Stacked
\$40,000/\$80,000	\$105	\$210	\$ 72	\$145
\$50,000/\$100,000	\$117	\$233	\$ 80	\$161
\$100,000/\$200,000	\$129	\$258	\$ 89	\$178
\$100,000/\$300,000	\$137	\$273	\$ 94	\$189
\$100,000/\$500,000*	\$148	\$296	\$102	\$204
\$100,000/\$1,000,000*	\$169	\$338	\$116	\$233
\$250,000/\$750,000*	\$166	\$332	\$114	\$229
\$300,000/\$300,000*	\$150	\$300	\$103	\$207
\$300,000/\$600,000*	\$152	\$305	\$104	\$210

*These limits are available where required by law or contractually by a governmental agency.

Premium Table Effective January 1, 2026 New Business All Other				
Limit Options	Uninsured Motorists		Underinsured Motorists	
	Nonstacked	Stacked	Nonstacked	Stacked
\$40,000/\$80,000	\$105	\$210	\$ 72	\$145
\$50,000/\$100,000	\$122	\$244	\$ 84	\$168
\$100,000/\$200,000	\$145	\$290	\$ 99	\$200
\$100,000/\$300,000	\$160	\$319	\$109	\$220
\$100,000/\$500,000*	\$211	\$422	\$145	\$291
\$100,000/\$1,000,000*	\$242	\$483	\$166	\$334
\$250,000/\$750,000*	\$223	\$445	\$153	\$307
\$300,000/\$300,000*	\$217	\$435	\$149	\$300
\$300,000/\$600,000*	\$219	\$439	\$150	\$303

*These limits are available where required by law or contractually by a governmental agency.

If you insure more than one vehicle on your policy, you should decide on the coverage limit that you want before you make your selection and consider the options for obtaining coverage in that amount.

For example, if you insure two **private passenger autos** for stacked Uninsured Motorists coverage at a limit of \$100,000 each person with an aggregate of \$300,000 each accident, the maximum amount of coverage available is \$200,000 each person with an aggregate of \$600,000 each accident (See Example A below).

EXAMPLE A PRIVATE PASSENGER AUTOS				
Coverage	Limit	Number of Cars	Maximum Amount of Coverage Available	Premium
Stacked	\$100,000/\$300,000	2	\$100,000/\$300,000 + \$100,000/\$300,000 = \$200,000/\$600,000	\$273 + \$273 = \$546

If you want Uninsured Motorist coverage in the amount of \$100,000 each person instead of the \$200,000 limit (which was derived by stacking the \$100,000 each person limit for the two vehicles in Example A above), you can obtain coverage for the lower amount in two ways:

1. You can accept the \$100,000/\$300,000 limit, reject stacked coverage, and select nonstacked coverage (See Example B below); or
2. You can accept stacked coverage, reject the \$100,000/\$300,000 limit, and select a limit of \$50,000/\$100,000 from the Premium Table (See Example C below). However, in Example C, the maximum amount of coverage available for each accident is \$200,000, which is not equivalent to the \$300,000 each accident limit for nonstacked coverage shown in Example B. You will therefore have a maximum amount of available coverage that is equal to the each person limit for nonstacked coverage but that is \$10,000 less than the each accident limit for nonstacked coverage

EXAMPLE B PRIVATE PASSENGER AUTOS				
Coverage	Limit	Number of Cars	Maximum Amount of Coverage Available	Premium
Nonstacked	\$100,000/\$300,000	2	\$100,000/\$300,000	\$137 + \$137 = \$274

EXAMPLE C PRIVATE PASSENGER AUTOS				
Coverage	Limit	Number of Cars	Maximum Amount of Coverage Available	Premium
Stacked	\$50,000/\$100,000	2	\$50,000/\$100,000 + \$50,000/\$100,000 = \$100,000/\$200,000	\$233 + \$233 = \$466

There are several important points to take into consideration when you select stacked coverage at a limit that is lower than your Bodily Injury Liability limit:

- It is not always possible to select a lower limit for Uninsured Motorists and Underinsured Motorists coverage that, when stacked, will be equivalent to both the each person and each accident limits for Bodily Injury Liability because only specific limit options are available.

- If you rely upon stacking to obtain the amount of coverage that you want, keep in mind that the maximum amount of available coverage will increase if you add vehicles or decrease if you delete vehicles.
- The examples shown above are just three examples of nonstacked and stacked coverage for a policy that insures two vehicles. Your circumstances may differ and you should consider the various options based on the coverage you desire and the number of vehicles you insure on your policy.

If you have any questions concerning Uninsured Motorists and Underinsured Motorists coverages or the options for these coverages, please contact your agent.

Section 6. Selection of Uninsured Motorists and Underinsured Motorists Coverages Options

Please complete this section if you want to change your Uninsured Motorists and/or Underinsured Motorists coverages.

Rejection of Uninsured Motorists and Underinsured Motorists Coverages

If you want to reject Uninsured Motorists and/or Underinsured Motorists coverages, please place an "X" in the appropriate box(es) in Table A and sign the table.

Table A. Rejection of Uninsured Motorists and/or Underinsured Motorists Coverages	
I reject the following coverage(s) on my policy and all subsequent renewal and replacement policies. I acknowledge that I was provided with an explanation of the coverages and the premiums for the available limits and coverage options.	
<input type="checkbox"/> I reject Uninsured Motorists coverage <input type="checkbox"/> I reject Underinsured Motorists coverage	
Name of Insured (Please print)	Policy Number
Signature of Named Insured	Date

Note: If you have rejected Uninsured Motorists and/or Underinsured Motorists coverage(s) in Table A above, you may disregard Tables B.1, B.2, C.1 and C.2 for the coverage your rejected.

Rejection of Uninsured Motorists and Underinsured Motorists Limits Equal to Your Bodily Injury Liability Limit

If you want to reject Uninsured Motorists and/or Underinsured Motorists limits that are equal to your Bodily Injury Liability limit, place an "X" in the appropriate box in Tables B.1 and/or B.2 for the limit you want and sign the table(s). The limit you select for each of the coverages cannot be higher than your Bodily Injury Liability limit.

Table B.1. Rejection of Uninsured Motorists Limit Equal to Your Bodily Injury Limit	
I reject the Uninsured Motorists limit equal to my Bodily Injury limit and select the limit indicated below for my policy and all subsequent renewal and replacement policies. I acknowledge that I was provided with an explanation of this option and the premium for the available limit options.	
<input type="checkbox"/> \$40,000 each person/80,000 each accident <input type="checkbox"/> \$50,000 each person/100,000 each accident <input type="checkbox"/> \$100,000 each person/200,000 each accident <input type="checkbox"/> \$100,000 each person/300,000 each accident <input type="checkbox"/> \$100,000 each person/500,000 each accident* <input type="checkbox"/> \$100,000 each person/1,000,000 each accident* <input type="checkbox"/> \$250,000 each person/750,000 each accident* <input type="checkbox"/> \$300,000 each person/300,000 each accident* <input type="checkbox"/> \$300,000 each person/600,000 each accident*	
*Limit available where required by law or contractually by a governmental agency.	
Name of Insured (Please print)	Policy Number
Signature of Named Insured	Date

*Refer to the Premium Table for the requirement for the limit option.

Table B.2. Rejection of Underinsured Motorists Limit Equal to Your Bodily Injury Limit	
I reject the Underinsured Motorists limit equal to my Bodily Injury limit and select the limit indicated below for my policy and all subsequent renewal and replacement policies. I acknowledge that I was provided with an explanation of this option and the premium for the available limit options.	
<input type="checkbox"/> \$40,000 each person/80,000 each accident <input type="checkbox"/> \$50,000 each person/100,000 each accident <input type="checkbox"/> \$100,000 each person/200,000 each accident <input type="checkbox"/> \$100,000 each person/300,000 each accident <input type="checkbox"/> \$100,000 each person/500,000 each accident* <input type="checkbox"/> \$100,000 each person/1,000,000 each accident* <input type="checkbox"/> \$250,000 each person/750,000 each accident* <input type="checkbox"/> \$300,000 each person/300,000 each accident* <input type="checkbox"/> \$300,000 each person/600,000 each accident*	
*Limit available where required by law or contractually by a governmental agency.	
Name of Insured (Please print)	Policy Number
Signature of Named Insured	Date

*Refer to the Premium Table for the requirement for the limit option.

Rejection of Stacked Uninsured Motorists and Underinsured Motorists Coverages

If you want to reject stacked Uninsured Motorists and/or Underinsured Motorists coverage(s) and select nonstacked coverage, sign Tables C.1 and/or C.2 below.

**Table C.1.
Rejection of Stacked Uninsured Motorists Coverage**

I reject stacked Uninsured Motorists coverage on my policy and all subsequent renewal and replacement policies and select nonstacked coverage. I acknowledge that I was provided with an explanation of this option and the premium for stacked coverage.

Name of Insured (Please print)

Policy Number

Signature of Named Insured

Date

Table C.2.Rejection of Stacked Underinsured Motorists Coverage

I reject stacked Underinsured Motorists coverage on my policy and all subsequent renewal and replacement policies and select nonstacked coverage. I acknowledge that I was provided with an explanation of this option and the premium for stacked coverage.

Name of Insured (Please print)

Policy Number

Signature of Named Insured

Date

**HAWAII JOINT UNDERWRITING PLAN
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE
COMMERCIAL AUTO**

**PLEASE COMPLETE THIS FORM IF YOU WANT TO SELECT ANY OPTIONS FOR
UNINSURED MOTORISTS AND UNDERINSURED MOTORISTS COVERAGES.**

Named Insured:	Agency:
Policy Number:	Agent:

This form does not provide coverage nor does it replace any provisions of your policy. Please read your policy for complete information on the coverages you are provided. If there is any conflict between the policy and this form, the provisions of the policy shall prevail.

Hawaii law requires that we provide Uninsured and Underinsured Motorist coverages on your auto policy unless you reject the coverages in writing. We are also required to offer options for Uninsured Motorists and Underinsured Motorists limits equal to your Bodily Injury Liability limit and stacked coverage. A brief summary of the coverages and options is provided below. Uninsured Motorists and Underinsured Motorists are separate and distinct coverages and you must request changes separately for each of the coverages. Please contact your agent if you have any questions.

Section 1. Uninsured Motorists and Underinsured Motorists Coverages Defined

Uninsured Motorists provides coverage for persons insured under the policy who are legally entitled to recover damages because of bodily injury from owners or operators of uninsured motor vehicles. For example, if you are injured in an accident caused by someone who is uninsured, you may be entitled to recover damages for bodily injury under the Uninsured Motorists coverage of your policy.

Underinsured Motorists provides coverage for persons insured under the policy who are legally entitled to recover damages because of bodily injury from owners or operators of underinsured motor vehicles. For example, if you are injured in an accident caused by the operator of a vehicle which is insured but you are entitled to recover more in damages from that vehicle's operator than the amount of his or her insurance, you may be able to recover under the Underinsured Motorists coverage of your policy.

Section 2. Rejection of Uninsured Motorists and Underinsured Motorists Coverages

Under the provisions of the law, you may reject Uninsured Motorists and Underinsured Motorists Coverages in writing. If you reject any of the coverages, your rejection of that coverage will also apply to all subsequent renewal or replacement policies and you will not receive further offers or notices of the availability of those coverages with any renewal or replacement policy.

Your policy will be issued with Uninsured Motorists and Underinsured Motorists coverages, if you do not reject these coverages in writing.

**Section 3. Uninsured Motorists and Underinsured Motorists Limits
Equal to Your Bodily Injury Liability Limit**

The law requires that we offer Uninsured Motorists and Underinsured Motorists coverages at limits that are equal to your Bodily Injury Liability limit. You may reject this option in writing and select lower limits for Uninsured Motorists and Underinsured Motorists coverages.

Your policy will be issued with Uninsured Motorists and Underinsured Motorists limits that are equal to your Bodily Injury Liability limit unless you reject these limits in writing and select lower limits.

**Section 4. Nonstacked and Stacked Uninsured Motorists and
Underinsured Motorists Coverages**

The law further requires that we offer stacked Uninsured Motorists and Underinsured Motorists coverage. You may reject this option in writing and select the nonstacked coverages. An explanation of nonstacked and stacked coverages are provided below:

Under **nonstacked** coverage, the limits shown for the coverage applicable to each vehicle is the maximum amount available in any one accident regardless of the number of vehicles insured on your policy. For example, if your Uninsured Motorists limit is \$100,000 each person with an aggregate of \$300,000 each accident, that limit is the maximum amount of Uninsured Motorists coverage available regardless of the number of vehicles insured on your policy.

Under **stacked** coverage, the limits shown for the coverage applicable to each vehicle insured on your policy are added together and the sum of the limits is the maximum amount of coverage available in any one accident. For example, if your Uninsured Motorists limit is \$100,000 each person with an aggregate of \$300,000 each accident and you insure two vehicles on your policy, the maximum amount of Uninsured Motorists coverage available is \$200,000 each person (\$100,000 + \$100,000) with an aggregate of \$600,000 each accident (\$300,000 + \$300,000). Under this form of coverage, the maximum amount of available coverage will change during the policy term if you add or delete vehicles. Using the same example, if you delete one vehicle, the maximum amount of available coverage will decrease to \$100,000 each person with an aggregate of \$300,000 each accident. If you add a third vehicle, the maximum amount of available coverage will increase to \$300,000 each person with an aggregate of \$900,000 each accident.

Your policy will be issued with stacked Uninsured Motorists and Underinsured Motorists coverages unless you reject stacked coverage in writing and select nonstacked coverages.

Section 5. Uninsured Motorists and Underinsured Motorists Coverage Premiums

The premiums for the limit options and for nonstacked and stacked coverage are shown in the following tables. Please contact your agent for information on other limit options that may be available.

Premium Table A—Effective January 1, 2026 New Business Private Passenger Type Autos				
Limit Options	Uninsured Motorists		Underinsured Motorists	
	Nonstacked	Stacked	Nonstacked	Stacked
\$40,000/\$80,000	\$ 45	\$ 90	\$ 84	\$170
\$50,000/\$100,000	\$ 52	\$104	\$ 97	\$197
\$100,000/\$200,000	\$ 62	\$124	\$116	\$235
\$100,000/\$300,000	\$ 68	\$137	\$128	\$258
\$100,000/\$500,000*	\$ 90	\$181	\$169	\$342
\$100,000/\$1,000,000*	\$104	\$207	\$193	\$391
\$250,000/\$750,000*	\$ 95	\$191	\$178	\$360
\$300,000/\$300,000*	\$ 93	\$186	\$174	\$352
\$300,000/\$600,000*	\$ 94	\$188	\$176	\$355

*These limits are available where required by law or contractually by a governmental agency.

Premium Table B—Effective January 1, 2026 New Business Public Autos				
Limit Options	Uninsured Motorists		Underinsured Motorists	
	Nonstacked	Stacked	Nonstacked	Stacked
\$40,000/\$80,000	\$ 68	\$138	\$160	\$319
\$50,000/\$100,000	\$ 79	\$160	\$186	\$370
\$100,000/\$200,000	\$ 94	\$190	\$221	\$440
\$100,000/\$300,000	\$103	\$210	\$243	\$485
\$100,000/\$500,000*	\$137	\$277	\$322	\$641
\$100,000/\$1,000,000*	\$156	\$317	\$368	\$734
\$250,000/\$750,000*	\$144	\$293	\$339	\$676
\$300,000/\$300,000*	\$141	\$286	\$331	\$660
\$300,000/\$600,000*	\$142	\$288	\$334	\$667

*These limits are available where required by law or contractually by a governmental agency.

Premium Table C—Effective January 1, 2026 New Business All Other				
Limit Options	Uninsured Motorists		Underinsured Motorists	
	Nonstacked	Stacked	Nonstacked	Stacked
\$40,000/\$80,000	\$28	\$ 54	\$ 64	\$128
\$50,000/\$100,000	\$32	\$ 63	\$ 74	\$148
\$100,000/\$200,000	\$39	\$ 75	\$ 88	\$177
\$100,000/\$300,000	\$43	\$ 82	\$ 97	\$195
\$100,000/\$500,000*	\$56	\$109	\$129	\$257
\$100,000/\$1,000,000*	\$64	\$124	\$147	\$294
\$250,000/\$750,000*	\$59	\$114	\$136	\$271
\$300,000/\$300,000*	\$58	\$112	\$132	\$265
\$300,000/\$600,000*	\$59	\$113	\$134	\$268

*These limits are available where required by law or contractually by a governmental agency.

If you insure more than one vehicle on your policy, you should decide on the coverage limit that you want before you make your selection and consider the options for obtaining coverage in that amount.

For example, if you insure two **private passenger type** vehicles in Premium Table A for stacked Uninsured Motorists coverage at a limit of \$100,000 each person with an aggregate of \$300,000 each accident, the maximum amount of coverage available is \$200,000 each person with an aggregate of \$600,000 each accident (See Example A below).

EXAMPLE A				
Coverage	Limit	Number of Cars	Maximum Amount of Coverage Available	Premium
Stacked	\$100,000/\$300,000	2	$\$100,000/\$300,000 +$ $\$100,000/\$300,000 =$ $\$200,000/\$600,000$	$\$137 + \$137 = \$274$

If you want Uninsured Motorist coverage in the amount of \$100,000 each person instead of the \$200,000 limit (which was derived by stacking the \$100,000 each person limit for the two vehicles in Example A above), you can obtain coverage for the lower amount in two ways:

1. You can accept the \$100,000/\$300,000 limit, reject stacked coverage, and select nonstacked coverage (See Example B below); or
2. You can accept stacked coverage, reject the \$100,000/\$300,000 limit, and select a limit of \$50,000/\$100,000 from the Premium Table (See Example C below). However, in Example C, the maximum amount of coverage available for each accident is \$200,000, which is not equivalent to the \$300,000 each accident limit for nonstacked coverage shown in Example B. You will therefore have a maximum amount of available coverage that is equal to the each person limit for nonstacked coverage but that is \$100,000 less than the each accident limit for nonstacked coverage.

EXAMPLE B				
Coverage	Limit	Number of Cars	Maximum Amount of Coverage Available	Premium
Nonstacked	\$100,000/\$300,000	2	\$100,000/\$300,000	$\$68 + \$68 = \$136$

EXAMPLE C				
Coverage	Limit	Number of Cars	Maximum Amount of Coverage Available	Premium
Stacked	\$50,000/\$100,000	2	$\$50,000/\$100,000 +$ $\$50,000/\$100,000 =$ $\$100,000/\$200,000$	$\$104 + \$104 = \$208$

There are several important points to take into consideration when you select stacked coverage at a limit that is lower than your Bodily Injury Liability limit:

- It is not always possible to select a lower limit for Uninsured Motorists and Underinsured Motorists coverage that, when stacked, will be equivalent to both the each person and each accident limits for Bodily Injury Liability because only specific limit options are available.

- If you rely upon stacking to obtain the amount of coverage that you want, keep in mind that the maximum amount of available coverage will increase if you add vehicles or decrease if you delete vehicles.
- The examples shown above are just three examples of nonstacked and stacked coverage for a policy that insures two vehicles. Your circumstances may differ and you should consider the various options based on the coverage you desire and the number of vehicles you insure on your policy.

If you have any questions concerning Uninsured Motorists and Underinsured Motorists coverages or the options for these coverages, please contact your agent.

Section 6. Selection of Uninsured Motorists and Underinsured Motorists Coverages Options

Please complete this section if you want to change your Uninsured Motorists and/or Underinsured Motorists coverages.

Rejection of Uninsured Motorists and Underinsured Motorists Coverages

If you want to reject Uninsured Motorists and/or Underinsured Motorists coverages, please place an "X" in the appropriate box(es) in Table A and sign the table.

Table A. Rejection of Uninsured Motorists and/or Underinsured Motorists Coverages

I reject the following coverage(s) on my policy and all subsequent renewal and replacement policies. I acknowledge that I was provided with an explanation of the coverages and the premiums for the available limits and coverage options.

I reject Uninsured Motorists coverage
 I reject Underinsured Motorists coverage

Name of Insured (Please print)
Policy Number

Signature of Named Insured
Date

Note: If you have rejected Uninsured Motorists and/or Underinsured Motorists coverage(s) in Table A above, you may disregard Tables B.1, B.2, C.1, and C.2 for the coverage your rejected.

Rejection of Uninsured Motorists and Underinsured Motorists Limits Equal to Your Bodily Injury Liability Limit

If you want to reject Uninsured Motorists and/or Underinsured Motorists limits that are equal to your Bodily Injury Liability limit, place an "X" in the appropriate box in Tables B.1 and/or B.2 for the limit you want and sign the table(s). The limit you select for each of the coverages cannot be higher than your Bodily Injury Liability limit.

Table B.1.
Rejection of Uninsured Motorists Limit Equal to Your Bodily Injury Limit

I reject the Uninsured Motorists limit equal to my Bodily Injury limit and select the limit indicated below for my policy and all subsequent renewal and replacement policies. I acknowledge that I was provided with an explanation of this option and the premium for the available limit options.

- \$40,000 each person/80,000 each accident
- \$50,000 each person/100,000 each accident
- \$100,000 each person/200,000 each accident
- \$100,000 each person/300,000 each accident
- \$100,000 each person/500,000 each accident*
- \$100,000 each person/1,000,000 each accident*
- \$250,000 each person/750,000 each accident*
- \$300,000 each person/300,000 each accident*
- \$300,000 each person/600,000 each accident*

*Limit available where required by law or contractually by a governmental agency.

Name of Insured (Please print)	Policy Number
Signature of Named Insured	Date

*Refer to the Premium Table for the requirement for the limit option.

Table B.2.
Rejection of Underinsured Motorists Limit Equal to Your Bodily Injury Limit

I reject the Underinsured Motorists limit equal to my Bodily Injury limit and select the limit indicated below for my policy and all subsequent renewal and replacement policies. I acknowledge that I was provided with an explanation of this option and the premium for the available limit options.

- \$40,000 each person/80,000 each accident
- \$50,000 each person/100,000 each accident
- \$100,000 each person/200,000 each accident
- \$100,000 each person/300,000 each accident
- \$100,000 each person/500,000 each accident*
- \$100,000 each person/1,000,000 each accident*
- \$250,000 each person/750,000 each accident*
- \$300,000 each person/300,000 each accident*
- \$300,000 each person/600,000 each accident*

*Limit available where required by law or contractually by a governmental agency.

Name of Insured (Please print)	Policy Number
Signature of Named Insured	Date

*Refer to the Premium Table for the requirement for the limit option.

Rejection of Stacked Uninsured Motorists and Underinsured Motorists Coverages

If you want to reject stacked Uninsured Motorists and/or Underinsured Motorists coverage(s) and select nonstacked coverage, sign Tables C.1 and/or C.2 below.

Table C.1.	
Rejection of Stacked Uninsured Motorists Coverage	
I reject stacked Uninsured Motorists coverage on my policy and all subsequent renewal and replacement policies and select nonstacked coverage. I acknowledge that I was provided with an explanation of this option and the premium for stacked coverage.	
_____ Name of Insured (Please print)	_____ Policy Number
_____ Signature of Named Insured	_____ Date

Table C.2.	
Rejection of Stacked Underinsured Motorists Coverage	
I reject stacked Underinsured Motorists coverage on my policy and all subsequent renewal and replacement policies and select nonstacked coverage. I acknowledge that I was provided with an explanation of this option and the premium for stacked coverage.	
_____ Name of Insured (Please print)	_____ Policy Number
_____ Signature of Named Insured	_____ Date

CPAI POLICY INFORMATION HAWAII JOINT UNDERWRITING PLAN

Reference #:

Transmission Date:

HST

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SECTION 1. PRODUCER									
Producer Name									
Mailing Address						City	State	Zip Code	
Street Address (if different from Mailing Address)						City	State	Zip Code	
Telephone No. (incl. area code)					Fax No. (incl. area code)				
SECTION 2. APPLICANT									
Last Name		First Name		MI	Home Telephone No.		Email Address		
DHS Number		Driver's License No.			State	PO Box (if applicable)			
Street Address (must be included)				City		County	State	Zip Code	
Co-Applicant Last Name		First Name		MI	Driver's License No.		Email Address		
SECTION 3. OPERATOR INFORMATION									
Last Name		First Name		MI	Birth Date	Driver's License No.		State	
Last Name		First Name		MI	Birth Date	Driver's License No.		State	
SECTION 4. VEHICLE INFORMATION									
Year	Make			Model		Body Style		H.P./Cu. In./CC/Cyls.	Weight
Vehicle Identification No.				Registered Owner's Last Name			First Name		
Applicant's address as it appears on registration, if different from Section 2.						State Registered In		Territory	
SECTION 5. COVERAGES									
As provided by the Principles of Operation of the Hawaii Joint Underwriting Plan.									
Residual Bodily Injury Liability \$40,000/80,000									
Property Damage Liability \$20,000									
Personal Injury Protection Coverage Basic \$10,000									
Premium \$ _____									

**PRIVATE PASSENGER APPLICATION
HAWAII JOINT UNDERWRITING PLAN
Serviced by AIPSO**

Reference #:

Transmission Date:

Rate Indicator:

EPAY:

OFFICE USE ONLY – DO NOT WRITE OR ALTER INFORMATION IN THIS BLOCK

FAILURE TO DISCLOSE ALL REQUIRED INFORMATION MAY RESULT IN CANCELLATION.

SECTION 1. PRODUCER OF RECORD									
Producer Last Name/Agency Name					Producer First Name			MI	
Mailing Address					City		State	Zip Code	
Street Address (if different from Mailing Address)					City		State	Zip Code	
Tax ID No.		Producer License No.			Telephone No. (incl. area code)				
Email Address									
SECTION 2. APPLICANT									
Last Name			First Name			MI	Home Telephone No.		Business Telephone No.
Email Address					PO Box (if applicable)				
Street Address (must be included)					City	County	State	Zip Code	
Mailing Address (if different from above)			PO Box (if different from above)		City	County	State	Zip Code	
SECTION 3. OPERATOR INFORMATION									
List all operators in household and any other drivers.									
Applicant's former addresses (past 3 years)									
Street Address					City		State	Zip Code	
Applicant and Other Drivers	Relationship to Applicant	% Use of Vehicle				Birth Date Mo./Day/Yr.	Driver's License No.	State	Licensed 3 Years? If No, give date issued
		No. 1	No. 2	No. 3	No. 4				
APPLICANT	APPLICANT								<input type="checkbox"/> Yes <input type="checkbox"/> No _____
									<input type="checkbox"/> Yes <input type="checkbox"/> No _____
									<input type="checkbox"/> Yes <input type="checkbox"/> No _____
									<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Applicant's Occupation			Nature of Business			Employer's Name			
Employer's Street Address					City		State	Zip Code	
STATEMENT OF THE PRODUCER OF RECORD									
<p>I do hereby certify that I am a licensed producer in the State of Hawaii. I have read the Hawaii Joint Underwriting Plan, have explained the provisions to the Applicant, and have included in this application all required information given to me by the Applicant. In the event of cancellation or a policy change resulting in a reduction of premium, I agree to return any commission that has been paid that is in excess of the commission due on the earned premium received by the Servicing Carrier.</p> <p align="center">Producer's Signature:</p> <p align="center">_____</p>									

SECTION 4. VEHICLE 1 VEHICLE INFORMATION AND VEHICLE USE										
Year	Make	Model			Body Style	H.P./Cu. In./CC/Cyls.	Weight			
Vehicle Identification No.					Registered Owner's Last Name		First Name			
Purchased (Mo. Yr.)	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost	Damaged* <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered* <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass* <input type="checkbox"/> Yes <input type="checkbox"/> No	* If yes, explain in Remarks Section				
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
<input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School	<input type="checkbox"/> Business <input type="checkbox"/> Farm	Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No			Estimated Annual Mileage					
Principal Address of Garaging										
Applicant address as it appears on registration, if different from Section 2.				State Registered In	Territory	Rate Class	Penalty Points	Symbols		
								Comp.	Coll.	
SECTION 4. VEHICLE 2 VEHICLE INFORMATION AND VEHICLE USE										
Year	Make	Model			Body Style	H.P./Cu. In./CC/Cyls.	Weight			
Vehicle Identification No.					Registered Owner's Last Name		First Name			
Purchased (Mo. Yr.)	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost	Damaged* <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered* <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass* <input type="checkbox"/> Yes <input type="checkbox"/> No	* If yes, explain in Remarks Section				
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
<input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School	<input type="checkbox"/> Business <input type="checkbox"/> Farm	Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No			Estimated Annual Mileage					
Principal Address of Garaging										
Applicant address as it appears on registration, if different from Section 2.				State Registered In	Territory	Rate Class	Penalty Points	Symbols		
								Comp.	Coll.	
SECTION 4. VEHICLE 3 VEHICLE INFORMATION AND VEHICLE USE										
Year	Make	Model			Body Style	H.P./Cu. In./CC/Cyls.	Weight			
Vehicle Identification No.					Registered Owner's Last Name		First Name			
Purchased (Mo. Yr.)	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost	Damaged* <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered* <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass* <input type="checkbox"/> Yes <input type="checkbox"/> No	* If yes, explain in Remarks Section				
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
<input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School	<input type="checkbox"/> Business <input type="checkbox"/> Farm	Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No			Estimated Annual Mileage					
Principal Address of Garaging										
Applicant address as it appears on registration, if different from Section 2.				State Registered In	Territory	Rate Class	Penalty Points	Symbols		
								Comp.	Coll.	
SECTION 4. VEHICLE 4 VEHICLE INFORMATION AND VEHICLE USE										
Year	Make	Model			Body Style	H.P./Cu. In./CC/Cyls.	Weight			
Vehicle Identification No.					Registered Owner's Last Name		First Name			
Purchased (Mo. Yr.)	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost	Damaged* <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered* <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass* <input type="checkbox"/> Yes <input type="checkbox"/> No	* If yes, explain in Remarks Section				
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
<input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School	<input type="checkbox"/> Business <input type="checkbox"/> Farm	Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No			Estimated Annual Mileage					
Principal Address of Garaging										
Applicant address as it appears on registration, if different from Section 2.				State Registered In	Territory	Rate Class	Penalty Points	Symbols		
								Comp.	Coll.	

SECTION 5. COVERAGES		As provided by the Principles of Operation of the Hawaii Joint Underwriting Plan.			
Same limits of liability must be purchased for all vehicles Check appropriate box for coverage	Vehicle 1 Estimated Premiums	Vehicle 2 Estimated Premiums	Vehicle 3 Estimated Premiums	Vehicle 4 Estimated Premiums	
Residual Bodily Injury Liability <input type="checkbox"/> \$40,000/80,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$100,000/500,000* <input type="checkbox"/> \$100,000/1,000,000* <input type="checkbox"/> \$250,000/750,000* <input type="checkbox"/> \$300,000/300,000* <input type="checkbox"/> \$300,000/600,000* *where required by law or contractually by a governmental agency					
Property Damage Liability <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$50,000* <input type="checkbox"/> \$250,000* *where required by law or contractually by a governmental agency					
Personal Injury Protection Coverage <input type="checkbox"/> Basic \$10,000 Deductible <input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$300 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000					
Optional Benefits Coverage Wage Loss Benefits <input type="checkbox"/> \$500/3,000 <input type="checkbox"/> \$1,000/6,000 <input type="checkbox"/> \$1,500/9,000 <input type="checkbox"/> \$2,000/12,000 Death Benefits <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 Funeral Expenses <input type="checkbox"/> \$2,000 Alternative Providers Services <input type="checkbox"/> Maximum \$75 per visit for naturopathic treatments and maximum of \$100 per visit for chiropractic treatments, not to exceed 30 visits. Note: The combined total of naturopathic, chiropractic, and acupuncture visits may not exceed 30 visits.					
Physical Damage—Comprehensive Deductible Options: \$0, \$50, \$100, \$250, \$500, \$1,000, \$1,500, \$2,000 Deductible: Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____					
Physical Damage—Collision Deductible Options: \$50, \$100, \$250, \$500, \$1,000, \$1,500, \$2,000 Deductible: Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____					
Uninsured Motorists Coverage: (Not to exceed Residual Bodily Injury Limits) <input type="checkbox"/> None* <input type="checkbox"/> \$40,000/80,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$100,000/500,000** <input type="checkbox"/> \$100,000/1,000,000** <input type="checkbox"/> \$250,000/750,000** <input type="checkbox"/> \$300,000/300,000** <input type="checkbox"/> \$300,000/600,000** **where required by law or contractually by a governmental agency *If "None", attach a signed Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501). Proceed to Underinsured Motorist Coverage. Since Uninsured Motorists Coverage is selected, does the applicant accept stacked limits of Uninsured Motorists Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", attach a signed Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501). If Uninsured Motorists Coverage is selected and the uninsured motorists limits selected are lower than the Residual Bodily Injury Limits selected under the Liability section, attach a signed Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501).					
Underinsured Motorists Coverage (Not to exceed Residual Bodily Injury Limits) <input type="checkbox"/> None* <input type="checkbox"/> \$40,000/80,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$100,000/500,000** <input type="checkbox"/> \$100,000/1,000,000** <input type="checkbox"/> \$250,000/750,000** <input type="checkbox"/> \$300,000/300,000** <input type="checkbox"/> \$300,000/600,000** **where required by law or contractually by a governmental agency *If "None", attach a signed Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501). Since Underinsured Motorists Coverage is selected, does the applicant accept stacked limits of Underinsured Motorists Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", attach a signed Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501). If Underinsured Motorists Coverage is selected and the underinsured motorists limits selected are lower than the Residual Bodily Injury Limits selected under the Liability section, attach a signed Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501).					
Estimated Premium Per Vehicle	\$	\$	\$	\$	
Total Estimated Premium for Vehicles 1–4	\$				

SECTION 6. PAYMENT PLANS								
<input type="checkbox"/> Option 1—Full Annual Premium <input type="checkbox"/> Option 2—Advance Premium Payment Deposit 30% with the balance due within 30 calendar days from the date of the premium notice. <input type="checkbox"/> Option 3—Installment Premium Payments Deposit 25% with 5 installments and \$4.00 per installment charge <input type="checkbox"/> Premium Financed—Name of Premium Finance Company <i>Note: Premium financed applications can only be submitted using the Alternative Application Procedure.</i> _____		Total Estimated Premium	\$					
		Amount Submitted with Application	\$					
SECTION 7. INSURANCE RECORD		Has Applicant had insurance in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," complete the following.						
Name and address of latest carrier		Policy No.	Termination Date					
Was coverage through Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," give reason terminated.							
Are any other vehicles owned by any member of household? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," give name of insurer. Attach policy declaration page.		Policy No.					
SECTION 8. ACCIDENTS								
Has Applicant, or anyone who usually drives the Applicant's motor vehicle(s), been involved, either as owner or operator, in ANY motor vehicle accident during the past THIRTY-SIX months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete the following. (If necessary, use Remarks Section.)								
Name of Operator	Accident Date	Place of Accident		Residual Bodily Injury	Death	Property Damage (including your own)	Penalty Points	Accident Code*
		City/Town	State					
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
* Accident Codes 1. Applicant's motor vehicle lawfully parked. 2. Damaged by hit-and-run driver and accident reported to police within 24 hours from time of accident. 3. Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person. 4. Other person involved in accident was convicted of a moving traffic violation. 5. If payment results under personal injury protection or additional personal injury protection and neither Applicant nor operator is at fault. 6. Damage by contact with animals or fowl. 7. Accidents involving physical damage, limited to, and caused by flying gravel, missiles, or falling objects. 8. Accidents incurred by an operator who is a named insured or principal operator of an auto insured under a separate policy. 9. Auto was struck in the rear by another auto and the Applicant or operator has not been convicted of a moving violation in connection with the accident.								
SECTION 9. CONVICTIONS		Motor Vehicle and Non Motor Vehicle						
Has the Applicant, or anyone who usually drives the Applicant's motor vehicle(s), been CONVICTED or FORFEITED BAIL at any time during the immediately preceding THIRTY-SIX months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete the following. If necessary, use Remarks Section. NOTE: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.								
Name of Operator	Date of Conviction	Did Conviction Arise as a Result of an Accident?	Nature of Violation	Penalty Points	Place of Conviction			
					City/Town	State		
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						

SECTION 10. FINANCIAL RESPONSIBILITY		Complete if Applicant or other eligible operator is required to file evidence of financial responsibility.
1. Name		Case or File No.
State Where Filing Required		Reason for Filing
Type of Filing <input type="checkbox"/> Owner's (to allow for operation of owned vehicles) <input type="checkbox"/> Operator's (to allow for operation of nonowned vehicles) <input type="checkbox"/> Both		
Do you own any other vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," give name of insurance company.	If "Yes," give policy number.
2. Name		Case or File No.
State Where Filing Required		Reason for Filing
Type of Filing <input type="checkbox"/> Owner's (to allow for operation of owned vehicles) <input type="checkbox"/> Operator's (to allow for operation of nonowned vehicles) <input type="checkbox"/> Both		
Do you own any other vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," give name of insurance company.	If "Yes," give policy number.
SECTION 11. NAMED NONOWNER Complete if application is for a named nonowner policy.		
A. Exclusion for autos furnished or available for regular use <input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Named individual(s) requesting coverage: _____		
C. Type of vehicle Applicant will operate. <input type="checkbox"/> Private Passenger <input type="checkbox"/> Commercial <input type="checkbox"/> Taxi /Bus <input type="checkbox"/> Other (describe) _____		
D. Vehicle will be operated in Applicant's occupation or business <input type="checkbox"/> Yes <input type="checkbox"/> No		
E. Is vehicle owned by a member of the household? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If answer to B or C is "Yes," give name of insurance company providing liability coverage. _____		
Is Applicant excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FAIR CREDIT REPORTING ACT NOTICE		
In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics, or mode of living. Upon the individual's written request, the insurer will disclose in writing the nature and scope of the investigation requested, if such a report is procured.		
EVIDENCE OF INSURANCE AND EFFECTIVE DATE OF COVERAGE		
This application having been completed and duly executed, shall be, from the effective date and time shown below, evidence of insurance in the limits and coverages specified, subject to the following conditions:		
<ol style="list-style-type: none"> 1. Coverage under this evidence of automobile insurance is to be effective for a period not to exceed 45 days from the effective date and time stated herein. Within such 45-day period, coverages under this evidence of automobile insurance will terminate immediately upon: (a) the issuance of the policy applied for, (b) the issuance of any policy affording similar insurance, or (c) the cancellation of the coverages of insurance afforded hereunder in accordance with the Principles of Operation of the Hawaii Joint Underwriting Plan. 2. A premium charge will be made for these coverages if the policy, when and as issued, is not accepted by the insured. 3. The insurance afforded hereunder shall be subject to all the terms and conditions of the policy form prescribed for use in accordance with the Principles of Operation of the Hawaii Joint Underwriting Plan. 4. The producer must electronically transmit this signed application. 		
EFFECTIVE DATE: Applicants will be subject to the effective date provisions specified in Section 7 of the Principles of Operation of the Hawaii Joint Underwriting Plan.		
Requested Effective Date and Time (not to exceed 45 days from the date of the application):		
Example: 09/01/2022 11:30 AM		
My signature hereon represents certification of the Statement of the Producer of Record on the face of this application AND I certify this application is submitted pursuant to the effective date provisions contained in the Joint Underwriting Plan		
By: _____ Date: _____ Hour: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (PRODUCER'S SIGNATURE)		
PREMIUM DETERMINATION		
I understand that the premium shown on this application is an estimated premium. The Servicing Carrier reserves the right to adjust the premium either prior to or after the issuance of the policy, whenever applicable.		
By: _____ Date: _____ Hour: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (APPLICANT'S SIGNATURE)		
NOTICE TO APPLICANT AND PRODUCER		
In the event acknowledgement of coverage is not received within 45 days, notify AIPSO, P.O. Box 6530 Providence, Rhode Island 02940-6530. Telephone: 1-877-622-4776 Fax: 1-866-253-4235		

ATTACHMENTS

- | | | |
|--|--|--|
| <input type="checkbox"/> Copy of vehicle registration(s) | <input type="checkbox"/> Finance agreement copy | <input type="checkbox"/> Copies of CLUE Report |
| <input type="checkbox"/> Copy of all operator's licenses | <input type="checkbox"/> Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501) | <input type="checkbox"/> Copies of MVR or Court Connect Report |
| | | <input type="checkbox"/> Credit Card Payment Authorization and Receipt |

REMARKS SECTION

Large empty rectangular box for entering remarks.

HAWAII JOINT UNDERWRITING PLAN
 Serviced by AIPSO
 POLICY CHANGE REQUEST—PRIVATE PASSENGER/COMMERCIAL
 P.O. Box 6530, Providence, RI 02940-6530

COMPLETE ALL APPLICABLE SECTIONS.

Name of Insurance Company		Policy No.	
Name of Insured		<input type="checkbox"/> CHECK HERE IF NAME CHANGE OR NEW ADDRESS, AND COMPLETE ITEM 6.	
Producer Last Name/Agency Name		Producer First Name	MI
Mailing Address		City	State
Street Address (if different from Mailing Address)		City	State
Tax ID No.	Producer License No.	Telephone No. (incl. area code)	
Email Address			

POLICY CANCELLATION—Please cancel policy per insured's request. Insured's signature is required.
 *If deceased, please submit a copy of the death certificate. *If due to other insurance, please submit proof of coverage.

Signature _____		Date _____										
1. <input type="checkbox"/> VEHICLE DELETION	1	Year	Make	Model Name & Body Style	Vehicle Identification No.							
	2	Year	Model	Model Name & Body Style	Vehicle Identification No.							
2. VEHICLE ADDITION a. Private Passenger Type <input type="checkbox"/> Replacement Vehicle or <input type="checkbox"/> Added Vehicle	Year		Make	Model Name & Body Style	Vehicle Identification No.							
	H.P./Cub. In./CC		Purchased Mo. Yr.	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost New	Damaged* <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered* <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass* <input type="checkbox"/> Yes <input type="checkbox"/> No	Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No			
	*If yes, explain in Remarks Section.											
Use and Classification	<input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School		<input type="checkbox"/> Business <input type="checkbox"/> Farm		Principal Address of Garaging							
	Miles One Way to Work, School, or Transportation			Estimated Annual Mileage		State Registered In						
	Name and Address of Applicant as Appears on Registration				Territory	Rate Class	Penalty Points	Symbols Comp. Coll.	Age Group			
b. Commercial Type* <input type="checkbox"/> Replacement Vehicle or <input type="checkbox"/> Added Vehicle	a. Year, Trade Name, Body Type—Truck, Truck-Tractor Trailer, Semitrailer, Bus Seating Capacity, Model No.			Purpose of Use**	Purchased Mo./Yr.	New/Used		Gross Vehicle Weight (GVW) Trucks Only	CLASSES/FACTORS			
	b. Vehicle Identification No.		State of Registration	Rating Classification	Orig. Cost New***	Comp. Symbol	Coll. Symbol	Gross Comb. Weight (GCW) Truck-Tractors Only	Business Use (S-R-C)	Special Industry Class (M-T-FD-SD) (WD-F-D-O)	Special Provisions	Final Rating
	c. Garage Location (Town, State)		Rating Territory*									
	a.								lbs.			
	b.								lbs.			
	c.											

* If public auto, provide vehicle use (e.g. taxi, limo, van pool) _____
 ** Purpose of Use: P = Pleasure, S = Service, R = Retail, C = Commercial
 *** Chassis and body including special equipment
 Territory(ies) in which or through which vehicle is customarily operated _____

3. <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LESSOR	Add <input type="checkbox"/>	Change To <input type="checkbox"/>	Delete <input type="checkbox"/>	Applicable To Vehicle:	Year	Make	Vehicle Identification No.
Name of Loss Payee		Street			City		State Zip Code

4. COVERAGES	In Accordance with Principles of Operation
---------------------	--

	Applicable to Vehicle Year, Make, Model, and Vehicle Identification No.	Premiums
Add <input type="checkbox"/> Residual Bodily Injury Liability Change To <input type="checkbox"/> <input type="checkbox"/> \$40,000/80,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 No Change <input type="checkbox"/> <input type="checkbox"/> \$100,000/500,000* <input type="checkbox"/> \$100,000/1,000,000* <input type="checkbox"/> \$250,000/750,000* <input type="checkbox"/> \$300,000/300,000* Delete <input type="checkbox"/> <input type="checkbox"/> \$300,000/600,000* *where required by law or contractually by a governmental agency		
Add <input type="checkbox"/> Property Damage Liability Change To <input type="checkbox"/> <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$50,000* <input type="checkbox"/> \$250,000* No Change <input type="checkbox"/> <input type="checkbox"/> *where required by law or contractually by a governmental agency Delete <input type="checkbox"/>		
Add <input type="checkbox"/> Personal Injury Protection Coverage Change To <input type="checkbox"/> <input type="checkbox"/> Basic \$10,000 No Change <input type="checkbox"/> <input type="checkbox"/> Deductible <input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$300 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 Delete <input type="checkbox"/> <input type="checkbox"/> Is this risk covered by workers' compensation insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Add <input type="checkbox"/> Optional Benefits Coverage (Private Passenger Autos Only) Change To <input type="checkbox"/> <input type="checkbox"/> Wage Loss Benefits <input type="checkbox"/> \$500/3,000 <input type="checkbox"/> \$1,000/6,000 <input type="checkbox"/> \$1,500/9,000 <input type="checkbox"/> \$2,000/12,000 No Change <input type="checkbox"/> <input type="checkbox"/> Death Benefits <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 Delete <input type="checkbox"/> <input type="checkbox"/> Funeral Expenses <input type="checkbox"/> \$2,000 <input type="checkbox"/> Alternate Expenses <input type="checkbox"/> Maximum \$75 per visit, not to exceed 30 visits		
Add <input type="checkbox"/> Physical Damage—Comprehensive Change To <input type="checkbox"/> <input type="checkbox"/> Deductible: _____ No Change <input type="checkbox"/> Delete <input type="checkbox"/>		
Add <input type="checkbox"/> Physical Damage—Collision Change To <input type="checkbox"/> <input type="checkbox"/> Deductible: _____ No Change <input type="checkbox"/> Delete <input type="checkbox"/>		
Add <input type="checkbox"/> Uninsured Motorists Coverage: (Not to exceed Residual Bodily Injury Limits) Change To <input type="checkbox"/> <input type="checkbox"/> Stacked <input type="checkbox"/> Nonstacked No Change <input type="checkbox"/> <input type="checkbox"/> \$40,000/80,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 Delete <input type="checkbox"/> <input type="checkbox"/> \$100,000/500,000* <input type="checkbox"/> \$100,000/1,000,000* <input type="checkbox"/> \$250,000/750,000* <input type="checkbox"/> \$300,000/300,000* <input type="checkbox"/> \$300,000/600,000* *where required by law or contractually by a governmental agency		
Add <input type="checkbox"/> Underinsured Motorists Coverage: (Not to exceed Residual Bodily Injury Limits) Change To <input type="checkbox"/> <input type="checkbox"/> Stacked <input type="checkbox"/> Nonstacked No Change <input type="checkbox"/> <input type="checkbox"/> \$40,000/80,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 Delete <input type="checkbox"/> <input type="checkbox"/> \$100,000/500,000* <input type="checkbox"/> \$100,000/1,000,000* <input type="checkbox"/> \$250,000/750,000* <input type="checkbox"/> \$300,000/300,000* <input type="checkbox"/> \$300,000/600,000* *where required by law or contractually by a governmental agency		

SUBMIT EITHER THE MINIMUM DEPOSIT AS PRESCRIBED BY THE PRINCIPLES OF OPERATION FOR A POLICY CHANGE OR THE PRO RATA PREMIUM FOR THE REMAINDER OF THE POLICY PERIOD.	Pro Rata Premium \$ _____
---	-------------------------------------

5. DRIVER INFORMATION <input type="checkbox"/> Delete Driver Name _____								
	Name	Relationship to Insured	% Use of		Birth Date Mo. Day Yr.	Driver's License No. and State	Licensed 3 Yrs?	
			Veh. 1	Veh. 2			Yes	If No, Give Date Issued
<input type="checkbox"/> Added Driver(s)*							<input type="checkbox"/>	<input type="checkbox"/> _____
							<input type="checkbox"/>	<input type="checkbox"/> _____

* To supplement the authorization which I have previously given, I hereby certify that the added driver(s) in my household named in Item 5 of this Policy Change Request have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Report(s) for rating and/or underwriting.

Insured's Signature: _____

5a. ACCIDENTS Have additional drivers been involved, as owner or operator, in any motor vehicle accident within the past thirty-six months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete the following. (If necessary, use a separate sheet.)						
Accident Date	Town	Place of Accident	State	Residual Bodily Injury or Death	Property Damage Amount (including your own)	Penalty Points
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

Give Reason(s) in Remarks Section, if the above accident(s) are not chargeable under the rules of the Plan.

5b. CONVICTIONS

Have additional drivers been convicted or forfeited bail at any time during the immediately preceding thirty-six months?

Note: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.

Yes No If "Yes", complete the following. (If necessary, use Remarks Section.)

Date of Conviction	Did Conviction Arise as a Result of an Accident?	Nature of Violation	Penalty Points	Town	Place of Conviction	State
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					

5c. FILINGS OR CERTIFICATES

Is a state or local filing or specific limit(s) of liability needed? Yes No If "Yes" to comply with:

Local Ordinance (attach copy) State Regulation

PUC No. _____ Other _____

If block(s) are checked, list state(s), city(ies), or governmental agency(ies) requiring filings or limits of liability required by law.

Is the insured, or any additional operator, required to file evidence of insurance for any driver with any state? Yes No If "Yes", complete below:

Last Name _____ First Name _____ MI _____

Tax ID No. _____

Type of Filing Owner's (operation of owned vehicles) Operator's (operation of nonowned vehicles) Both

State where filing required _____ County _____ Case of File No. _____

Reason for filing _____

Are any other vehicles owned or leased by the insured? Yes No

6. CHANGE	<input type="checkbox"/> Name	New Name	Street	Apt.	City	State	Zip Code
	<input type="checkbox"/> Address						

7. REMARKS

8. DATE

By _____ Date _____
Policyholder's Signature

Policyholder's Signature Date _____

THIS FORM IS NOT, IN AND OF ITSELF, A BINDING COMMITMENT TO PROVIDE THE COVERAGES REQUESTED HEREIN. SUCH COVERAGES ARE TO BE PROVIDED ONLY AS REQUIRED BY THE RULES OF THE HAWAII JOINT UNDERWRITING PLAN AND SHALL BECOME EFFECTIVE IN ACCORDANCE WITH THE PRINCIPLES OF OPERATION OF THE HAWAII JOINT UNDERWRITING PLAN.

COMMERCIAL APPLICATION HAWAII JOINT UNDERWRITING PLAN

Reference #:

Transmission Date:

OFFICE USE ONLY – DO NOT WRITE OR ALTER INFORMATION IN THIS BLOCK

NOTICE: PRODUCER MUST READ THIS STATEMENT BEFORE PROCEEDING

FAILURE TO DISCLOSE ALL REQUIRED INFORMATION MAY RESULT IN CANCELLATION.

SECTION 1. PRODUCER OF RECORD				
Producer Last Name/Agency Name		Producer First Name		MI
Mailing Address		City	State	Zip Code
Street Address (if different from Mailing Address)		City	State	Zip Code
Tax ID No.	Producer License No.		Telephone No. (incl. area code)	
Email Address				
SECTION 2. APPLICANT				
Last Name		First Name		MI
DBA				Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No. (incl. area code)	Business Telephone No. (incl. area code)	Tax ID No.		
Street Address	City	County	State	Zip Code
Headquarters Street Address (if different from above)	City	County	State	Zip Code
Business of Applicant/Nature of Operation				
SECTION 3. OWNERSHIP AND CONTROL OF APPLICANT'S ORGANIZATION				
Named insured is a: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other		State of Incorporation	Date of Incorporation	Date actual operations commenced
Management, Ownership, and Control (List names of principals and also anyone with more than a 10% ownership interest.)				
President		Date in Position		Percent Ownership
Vice President				
Secretary				
Treasurer				
General Manager				
Others				
List all affiliated companies				

STATEMENT OF THE PRODUCER OF RECORD

I do hereby certify that I am a licensed producer in the State of Hawaii. I have read the Hawaii Joint Underwriting Plan, have explained the provisions to the Applicant, and have included in this application all required information given to me by the Applicant. In the event of cancellation or a policy change resulting in a reduction of premium, I agree to return any commission that has been paid that is in excess of the commission due on the earned premium received by the servicing entity.

Producer's Signature:

SECTION 4. OPERATOR INFORMATION			(List all full-time, part-time, and all other operators that usually drive a vehicle.)		TOTAL OPERATORS	
Last Name	First Name	MI	Birth Date Mo./Day/Yr.	Driver's License No.	State	

For applicants with more than four operators, all additional operators must be listed on a Supplemental Operator Schedule.

SECTION 5. ACCIDENTS

Has applicant, or anyone who usually drives the applicant's vehicle(s), been involved, either as owner or operator, in ANY motor vehicle accident during the past thirty-six months? Yes No If "Yes", complete the following.

Name of Operator	Accident Date Mo./Day/Yr.	Accident Code*	Place of Accident		Residual Bodily Injury or Death Amount	Property Damage Amount	Physical Damage Amount
			City	State			
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$

***Accident Codes**

1. Applicant's auto was lawfully parked.
 2. Auto was struck by a "hit-and-run" driver and accident reported to the proper authority within 24 hours from time of accident.
 3. Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person.
 4. Other person involved in accident was convicted. Applicant or operator was not convicted.
 5. Accident resulting in payment under personal injury protection and applicant or other operator residing in the same household is not at fault.
 6. Accidents involving damage by contact with animals or fowl.
 7. Accidents involving physical damage, limited to and caused by flying gravel, missiles, or falling objects.
 8. If the auto was struck in the rear by another auto and the applicant or other operator has not been convicted of a moving violation in connection with the accident.
 9. Other type of accident—non-chargeable under provisions of the Plan.
 10. Other type of accident—chargeable under provisions of the Plan.
- If accident code is (9) or (10) describe accident in space provided below.

SECTION 6. CONVICTIONS

Has the applicant or anyone who usually drives the applicant's vehicle(s) been CONVICTED or FORFEITED BAIL at any time during the immediately preceding thirty-six months? Convicted Yes No Forfeited Bail Yes No If "Yes", for either item, complete the following.
NOTE: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.

Name of Operator	Date of Conviction or Bail Forfeiture Mo./Day/Yr.	Did Conviction Arise as a Result of an Accident?	Nature of Conviction	Place of Conviction		Penalty Points	Was License Suspended or Revoked?
				City	State		
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 7. COMMODITIES TRANSPORTED

Identify materials hauled, including any hazardous materials, waste, or substances.

Hauling exclusively for one concern?

Identify radius of operations.

Identify routes—fixed and occasional (both outgoing and return).

Trips From Place of Origin To Place of Destination	% of Revenues	No. per Month	Principal Cities Entered	Commodities Carried

SECTION 8. GROSS RECEIPTS (Required for motor carriers of property or passengers)

Gross Receipts	Current Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
Other than Truckers	\$	\$	\$	\$	\$
Truckers	\$	\$	\$	\$	\$

SECTION 9. VEHICLE INFORMATION AND USE For public autos, list cities in which vehicles operate. **TOTAL VEHICLES**

Veh No.	Year	Vehicle Identification No.	Load Capacity	Type of Registration	Gross Vehicle Weight (GVW) Trucks only		Spec. Industry (M-T-FD-SD-WD-F-D-O)	Seating Capacity	Loss Payee or Lessor Name	
	Trade Name/ Model No.	Garage Location (Town, State)	State of Registration	Rating Classification	Gross Comb. Weight (GCW) Truck-Tractors only		Radius Class (L-I)	Tank Capacity	Loss Payee or Lessor Address	
	Type (1)	Name of Registered Owner of Vehicle	Rating Territory (2)	Orig. Cost New (3)	Comp. Symbol	Coll. Symbol	Size (L-M-H-EH-HT-EHT)	Final Rating	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Loss Payee or Lessor City, State, Zip Code
	Where vehicle is permitted to operate		List all cities through and in which vehicles operate							
Veh 1										
									<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	
Veh 2										
									<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	
Veh 3										
									<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	
Veh 4										
									<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	
Veh 5										
									<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	

- (1) Type—Truck=T, Truck-Tractor=TT, Trailer=TR, Semitrailer=ST, Public Auto=PA
- (2) For public autos, use the highest rated territory where the vehicles operate.
- (3) Chassis and body including special equipment.

For applicants with more than five vehicles, all additional vehicles must be listed on the Supplemental Commercial Vehicle Schedule.

SECTION 10. COVERAGES AND PREMIUMS

As provided by the Principles of Operation of the Hawaii Joint Underwriting Plan.

Same limits of liability must be purchased for all vehicles

Check appropriate box for coverage

	Vehicle 1 Est. Prem.	Vehicle 2 Est. Prem.	Vehicle 3 Est. Prem.	Vehicle 4 Est. Prem.	Vehicle 5 Est. Prem.
Residual Bodily Injury Liability <input type="checkbox"/> \$40,000/80,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$100,000/500,000* <input type="checkbox"/> \$100,000/1,000,000* <input type="checkbox"/> \$250,000/750,000* <input type="checkbox"/> \$300,000/300,000* <input type="checkbox"/> \$300,000/600,000* *where required by law or contractually by a governmental agency					
Property Damage Liability <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$50,000* <input type="checkbox"/> \$250,000* *where required by law or contractually by a governmental agency					
Personal Injury Protection Coverage <input type="checkbox"/> Basic \$10,000 Deductible <input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$300 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 Is this risk covered by workers' compensation insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Physical Damage—Comprehensive Deductible Options: \$0, \$50, \$100, \$250, \$500, \$1,000, \$1,500, \$2,000 Deductible: Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____ Veh. 5 _____					
Physical Damage—Collision Deductible Options: \$50, \$100, \$250, \$500, \$1,000, \$1,500, \$2,000 Deductible: Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____ Veh. 5 _____					
Uninsured Motorists Coverage: (Not to exceed Residual Bodily Injury Limits) <input type="checkbox"/> None* <input type="checkbox"/> \$40,000/80,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$100,000/500,000** <input type="checkbox"/> \$100,000/1,000,000** <input type="checkbox"/> \$250,000/750,000** <input type="checkbox"/> \$300,000/300,000** <input type="checkbox"/> \$300,000/600,000** **where required by law or contractually by a governmental agency *If "None", attach a signed Uninsured and Underinsured Motorists Coverage— Commercial Auto Form (AIP 9502). Proceed to Underinsured Motorist Coverage. Since Uninsured Motorists Coverage is selected, does the applicant accept stacked limits of Uninsured Motorists Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", attach a signed Uninsured and Underinsured Motorists Coverage— Commercial Auto Form (AIP 9502). If Uninsured Motorists Coverage is selected and the uninsured motorists limits selected are lower than the Residual Bodily Injury Limits selected under the Liability section, attach a signed Uninsured and Underinsured Motorists Coverage— Commercial Auto Form (AIP 9502).					
Underinsured Motorists Coverage: (Not to exceed Residual Bodily Injury Limits) <input type="checkbox"/> None* <input type="checkbox"/> \$40,000/80,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$100,000/500,000** <input type="checkbox"/> \$100,000/1,000,000** <input type="checkbox"/> \$250,000/750,000** <input type="checkbox"/> \$300,000/300,000** <input type="checkbox"/> \$300,000/600,000** **where required by law or contractually by a governmental agency *If "None", attach a signed Uninsured and Underinsured Motorists Coverage— Commercial Auto Form (AIP 9502). Since Underinsured Motorists Coverage is selected, does the applicant accept stacked limits of Underinsured Motorists Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", attach a signed Uninsured and Underinsured Motorists Coverage— Commercial Auto Form (AIP 9502). If Underinsured Motorists Coverage is selected and the underinsured motorists limits selected are lower than the Residual Bodily Injury Limits selected under the Liability section, attach a signed Uninsured and Underinsured Motorists Coverage— Commercial Auto Form (AIP 9502).					
Sub-Total Estimated Premium per vehicle:	\$	\$	\$	\$	\$
Total Estimated Premium for vehicles 1–5:	\$				
Total Estimated Premium for supplemental vehicles:	\$				
Total Estimated Premium for all vehicles:	\$				
Total Estimated Premium for All Vehicles and Coverages:	\$				

SECTION 10.a. WAIVER OF SUBROGATIONDoes applicant require a Waiver of Subrogation to fulfill a contractual agreement? Yes No

Name(s) and Address(es) of Person(s) or Organization(s) Requiring Waiver of Subrogation:

When a Waiver of Subrogation Endorsement is requested, a copy of the agreement between the applicant and the person(s) or organization(s) requiring the endorsement must accompany the application.**SECTION 10.b. PRIMARY AND NONCONTRIBUTORY—OTHER INSURANCE CONDITION**Does applicant require a Primary and Noncontributory—Other Insurance Condition to fulfill a contractual agreement? Yes No

Name(s) and Address(es) of Person(s) or Organization(s) Requiring Primary and Noncontributory—Other Insurance Condition:

When a Primary and Noncontributory—Other Insurance Condition Endorsement is requested, a copy of the agreement between the applicant and the person(s) or organization(s) requiring the endorsement must accompany the application.**SECTION 11. FILINGS OR CERTIFICATES**Is a state filing or specific limit(s) of liability needed? Yes No If "Yes" to comply with:

- Local Ordinance (attach copy) State Regulation
 PUC No. _____ Other _____

If block(s) are checked, list state(s), city(ies), or governmental agency(ies) requiring filings or limits of liability required by law.

Is applicant required to file evidence of financial responsibility? Yes No If "Yes", complete the following.

Last Name	First Name	MI	Tax ID No.
-----------	------------	----	------------

Type of Filing Owner's (operation of owned vehicles) Operator's (operation of nonowned vehicles) Both

State Where Filing Required	County	Case or File No.	Reason for Filing
-----------------------------	--------	------------------	-------------------

Are there any other vehicles owned or leased by the applicant? Yes No**SECTION 12. PAYMENT PLANS**

- Option 1—Full Annual Premium
 Option 2*—Deposit 40% with 5 installments and \$2.00 per installment charge
 Premium Financed—Name of Premium Finance Company
** Not available on premium financed policies
 Note: Premium financed applications can only be submitted using the Alternative Application Procedure.*

Payment by: Check Money Order Check/Money Order No.

Total Estimated Premium \$

Amount Submitted with Application \$

SECTION 13. PREVIOUS AUTOMOBILE INSURANCE CARRIER

Information for the past three years. If a fleet, information for the past five years required. Attach loss statements from previous carrier.

Name of latest carrier	Policy No.	Termination date
------------------------	------------	------------------

Was coverage through Plan? Yes No If "Yes", give reason terminated.

Complete the following for carriers of property and passengers.

Year	Policy No.	Policy Period		Name of Insurance Company
		From	To	
1st Prior				
2nd Prior				
3rd Prior				

SECTION 14. EVIDENCE OF INSURANCE AND REQUESTED EFFECTIVE DATE OF COVERAGE

This application having been completed and duly executed, shall be, from the effective date and time shown below, evidence of insurance in the limits and coverages specified, subject to the following conditions:

1. Coverage under this evidence of automobile insurance is to be effective for a period not to exceed 45 days from the effective date and time stated herein. Within such 45-day period, coverages under this evidence of automobile insurance will terminate immediately upon: (a) the issuance of the policy applied for, (b) the issuance of any policy affording similar insurance, or (c) the cancellation of the coverages of insurance afforded hereunder in accordance with the Principles of Operation of the Hawaii Joint Underwriting Plan.
2. A premium charge will be made for these coverages if the policy, when and as issued, is not accepted by the insured.
3. The insurance afforded hereunder shall be subject to all the terms and conditions of the policy form prescribed for use in accordance with the Principles of Operation of the Hawaii Joint Underwriting Plan.

EFFECTIVE DATE: Applicants will be subject to the effective date provisions specified in Section 37 of the Principles of Operation of the Hawaii Joint Underwriting Plan.

Requested Effective Date and Time:
(Not to exceed 45 days from the date of application submission)

IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS APPLICATION.

Example: 09/01/2023 11:30 AM

My signature hereon represents certification of the Statement of the Producer of Record on this application **AND** I certify this application is submitted pursuant to the effective date provisions contained in the Joint Underwriting Plan

(Producer's Signature) _____ (Date) _____ (Hour) A.M. P.M.

(Person Authorized to Sign for Applicant) _____ (Title) _____ (Date) _____ (Hour) A.M. P.M.

If additional named insureds are to be covered under a policy issued to the Applicant, authorized signatures for each such additional named insured shall be provided below. Such additional named insureds agree to be bound by the statements made by the Applicant in this form.

(Person Authorized to Sign for Applicant) _____ (Title) _____ (Date) _____ (Hour) A.M. P.M.

SECTION 15. APPLICANT'S STATEMENT

The Applicant declares and certifies that:

1. It has duly authorized the undersigned to execute this application on its behalf if the Applicant is not a natural person.
2. To the best of the Applicant's knowledge and belief, all statements contained in this application are true and these statements are offered as an inducement to issue the policy for which the Applicant is applying.
3. The Applicant realizes that any misleading information or failure to disclose required information will be considered lack of good faith on the Applicant's part and may void the application or cause cancellation of the Applicant's coverage.
4. The Applicant agrees that no coverage will be in effect if the premium remittance, which accompanies this application, is justifiably dishonored by any financial institution.
5. The Applicant understands that the premium shown on this application is an estimated premium. The carrier reserves the right to adjust the premium either prior to or after the issuance of the policy, whenever applicable.
6. The Applicant will pay all premiums when due.
7. The Applicant designates as Producer of Record of this insurance the Producer or firm named in the application. A substitute Producer may be designated by the Applicant at any time and, upon designation, shall be the Producer of Record. The Applicant understands that any designated Producer cannot act as an agent of the HJUP or any carrier for the purpose of this insurance and that the Producer has no authority to establish, alter or amend terms or conditions of coverage.
8. The Applicant hereby certifies that it does not owe any insurance company for automobile premiums due or contracted for.
9. The Applicant understands and agrees that if earned premium is owed to a servicing entity for prior coverage, the servicing entity may: a) apply the Applicant's deposit premium to that outstanding balance prior to applying the Applicant's deposit premium to this new application and bill the Applicant or send the Applicant a notice of cancellation for any additional deposit needed on this application or, b) return this application and deposit without providing any coverage if the Applicant's deposit is in the form of a premium finance company check. The Applicant further understands and agrees that if the Applicant's deposit premium is insufficient to cover the outstanding earned premium for prior coverage, the servicing entity may apply the entire deposit premium to that outstanding balance and return this application without providing any coverage.
10. If there are filings, all vehicles owned or leased by the insured are to be covered under this policy.

(Applicant's Signature) _____ Date: _____ Hour: _____ A.M. P.M.

NOTICE TO APPLICANT AND PRODUCER

In the event acknowledgement of coverage is not received within 45 days, notify Commercial HJUP c/o IC International 828 Fort Street Mall, Suite 200 Honolulu, HI 96813. Telephone: 1-877-622-4776

FAIR CREDIT REPORTING ACT NOTICE

In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance, the insurer may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics, or mode of living. Upon the individual's written request, the insurer will disclose in writing the nature and scope of the investigation requested, if such a report is procured.

ATTACHMENTS

- Copy of vehicle registration(s)
- Copy of all operator's licenses
- Quote and Rating Worksheet

- Uninsured and Underinsured Motorists Coverage—Commercial Auto Form (AIP 9502)
- Copies of Loss Runs
- Copies of MVRs or CourtConnect Report

- Supplemental Vehicle Schedule
- Supplemental Operator Schedule
- Finance agreement copy

Send original signed application, along with check or money order issued to AIPSO Insurance Operations (AIO) and required attachments to:

Commercial HJUP
c/o IC International
828 Fort Street Mall, Suite 200
Honolulu, HI 96813

REMARKS



“Serving the Insurance Industry”

September 30, 2024

Mr. Jerry Bump
Chief Deputy Insurance Commissioner
State of Hawaii, Insurance Division
P.O. Box 3614
Honolulu, HI 96811-3614

**Hawaii Joint Underwriting Plan
Private Passenger Non-Fleet Rate Reviews**

Dear Mr. Bump,

At the request of the Insurance Division, AIPSO has completed private passenger rate reviews of the three Hawaii Joint Underwriting Plan (“HJUP”) classes of business: high risk insureds, CPAI insureds and others unable to obtain coverage.

In each of the analyses, the proposed effective date is January 1, 2026 to correspond with the change in financial responsibility limits. The private passenger rates resulting from the below analyses are at the current 20/40/10 limit but will then be rebased to the new 40/80/20 limits for inclusion in the corresponding FR change documents to be filed separately.

CPAI REVIEW:

The CPAI rate review is based upon calendar/accident years 2020 through 2022 experience for CPAI risks insured through the Hawaii Joint Underwriting Plan. Because a single rate is charged for the available BI/PD/PIP policy, the indication is based on those three coverages combined. The loss ratio based review results in an overall indicated rate need of **-21.6%**. This would bring the current \$975 CPAI rate down to \$764 which would then adjusted to the higher limits via the above mentioned FR filing.

NON-CPAI REVIEW:

The remaining private passenger data falls into two class categories – Non-CPAI high risk insureds and others unable to obtain coverage (i.e., 431:10C-407(B)(1)(E) Eligible Insureds Only). Due to extremely low volume, these two classes have been combined for purposes of preparing the indication. The review utilizes 10 years of financial data to arrive at an overall indicated rate need of **+12.6%**. The financial data combines all coverages for the two classes. In order to distribute the all-coverage +12.6% rate need to the individual coverages, a loss cost multiplier approach has been utilized. We propose adoption of the prospective loss costs specified in HIB filing PP-2022-BRLA1. The HJUP rates will be a combination of prospective loss costs and involuntary loss cost multipliers which reproduce the +12.6% indicated rate need. In order to limit the impact on policyholders, the coverage changes were then capped at 40% for property damage and +/-25% for all remaining coverages. This capping results in an overall +0.3% proposed rate change. While the overall is minimal, it does have significant changes on a by coverage basis. In conjunction with this revision, we propose the adoption of relativities between high-risk insureds and others unable to obtain coverage. The relativities will be based on the current relationship between the high risk and eligible insureds rate sets. Specifically, we recommend high risk insured rates be calculated at the following relativities to the eligible insureds only rates:

Bodily Injury: 1.800

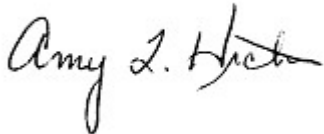
Property Damage: 1.000
Personal Injury Protection: 1.600

Both the CPAI and Non-CPAI reviews have been prepared utilizing a proposed effective date of January 1, 2026 for both new and renewal business.

If your Committee agrees, both of these analyses will be prepared for filing in conjunction with the FR limit filing being prepared separately.

Please keep us informed as to the actions taken by the Committee with regard to this proposal. If you should have any questions, please contact us at the numbers listed below.

Sincerely,



Amy L. Hicks, FCAS, MAAA
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William Hathaway
Lead Actuarial Analyst
(401) 429-1552
William.Hathaway@aipso.com

Cc: Tom Assad, AIPSO

CPAI RATE REVIEW

Hawaii CPAI (52)
Joint Underwriting Plan
Determination of Statewide Rate Level Change

TOTAL LIMITS BODILY INJURY, PROPERTY DAMAGE, AND PIP COMBINED

(1) Accident Years Ended	(2) Collected Earned Premium	(3) On-Level Factor	(4) Premium at Current Level
2020	1,635,814	1.000	1,635,814
2021	1,297,820	1.000	1,297,820
2022	1,146,063	1.000	1,146,063

(5) Accident Years Ended	(6) Incurred Losses	(7) Loss Development Factor	(8) Loss Trend Factor	(9) Trended Ultimate Losses
2020	BI	199,131	1.029	318,219
	PD	229,433	1.000	378,564
	<u>PIP</u>	<u>48,960</u>	<u>1.000</u>	<u>63,207</u>
	Total	477,524		759,990
2021	BI	47,574	0.956	65,993
	PD	177,175	1.001	270,994
	<u>PIP</u>	<u>3,922</u>	<u>0.991</u>	<u>4,823</u>
	Total	228,671		341,810
2022	BI	10,054	0.939	12,811
	PD	129,295	1.024	187,343
	<u>PIP</u>	<u>53,842</u>	<u>0.975</u>	<u>62,628</u>
	Total	193,191		262,782

(10) Accident Years Ended	(11) Indicated Loss Ratios	(12) Year Weights	(13) Weighted Loss Ratio	(14) Trended Fixed Expense Ratio	(15) Loss Ratio Including Fixed Expenses
2020	0.465	0.30			
2021	0.263	0.30			
2022	0.229	0.40	0.310	0.000	0.310

(16) Expected Loss Expense Ratio Including Fixed Expenses	0.820
(17) Indicated Rate Level Change Prior to Credibility	-62.2%
(18) Number of Claims in Experience Period	179
(19) Credibility	41%
(20) Loss Ratio Trend	6.6%
(21) Credibility Weighted Indicated Rate Level Change	-21.6%

**NON-CPAI
RATE
REVIEW**

Hawaii Joint Underwriting Plan
Statewide Rate Level Indication
Non CPAI Private Passenger

EARNED PREMIUM				INCURRED LOSSES AND ALAE				STATE EXPENSES		RATIOS TO PREMIUM		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
			(2)x(3)			Appendix 4	[(5)+(6)]x(7)			(8)/(4)	(10)/(2)	(11)/(2)
Policy Year	Premium Earned	Premium On-Level Factor	Premium at Current Level	Adjusted Incurred Losses Incl. IBNR		Loss Trend Factor	Projected Incurred Losses	Premium Taxes	Premium Charge-Offs	Projected Loss Ratio	Premium Taxes Ratio	Premium Charge-Offs Ratio
2013	306,305	1.000	306,305	139,079	0	2.012	279,827	0	2,077	91.4%	0.0%	0.7%
2014	207,772	1.000	207,772	94,340	0	1.907	179,906	0	1,130	86.6%	0.0%	0.5%
2015	209,421	1.000	209,421	120,256	0	1.807	217,303	0	3,127	103.8%	0.0%	1.5%
2016	220,832	1.000	220,832	53,631	0	1.712	91,816	0	2,558	41.6%	0.0%	1.2%
2017	211,305	1.000	211,305	88,951	0	1.623	144,367	0	745	68.3%	0.0%	0.4%
2018	137,758	1.000	137,758	22,507	0	1.538	34,615	0	574	25.1%	0.0%	0.4%
2019	139,019	1.000	139,019	63,122	0	1.457	91,969	0	551	66.2%	0.0%	0.4%
2020	143,165	1.000	143,165	14,651	0	1.381	20,233	0	2,134	14.1%	0.0%	1.5%
2021	135,568	1.000	135,568	85,029	0	1.309	111,303	0	465	82.1%	0.0%	0.3%
2022	64,978	1.000	64,978	39,761	0	1.240	49,304	0	118	75.9%	0.0%	0.2%
Total	1,776,124		1,776,124	721,327	0		1,220,643	0	13,479	68.7%	0.0%	0.8%
5-Year	620,488		620,488	225,070	0		307,424	0	3,842	49.5%	0.0%	0.6%
3-Year	343,711		343,711	139,441	0		180,839	0	2,717	52.6%	0.0%	0.8%

SELECTED

68.7% 4.3% 0.8%

CONTRACTUAL AND OTHER EXPENSES							STATEWIDE RATE LEVEL INDICATION					
(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(23)	(24)	(25)	(26)	(27)
		Appendix 3				Sum of (13) to (20)	1.0-(21)	(12)/(22)-1.0		3,000 Claim Credibility=23%, Minimum=25%		(23)x(25)+ (26)x[1.0-(25)]
Admin. Fees	LAE Provision	Misc. Expenses (Income)	Commission	Contingency	Investment Income	Expense Ratio	Expected Loss and ALAE Ratio	Plan Indicated Change	10-Year Number of Claims	Credibility	Trend	Statewide Rate Level Indication
10.0%	12.0%	8.0%	10.0%	5.0%	-1.4%	48.7%	51.3%	33.9%	154	25%	5.5%	12.6%

Hawaii
Automobile Insurance Plan
Non-CPAI Private Passenger
Summary of Base Rate Change

(1)	(2)	(3)	(4)	(5)
Coverage	5 Year Premium at Current Level	Loss Cost Based Indicated Change	Proposed Base Rate Change	Estimated Dollar Change Based on CY 2022 Premium*
Bodily Injury	216,601	-46.3%	-25.0%	(7,861)
Property Damage	58,923	275.1%	40.0%	3,280
Medical Payments / Personal Injury Protection	86,097	18.1%	18.1%	2,017
Uninsured Motorists BI	28,537	-76.1%	-25.0%	(1,112)
Underinsured Motorists BI	19,613	-45.1%	-25.0%	(759)
LIABILITY	409,771	11.4%	-6.6%	(4,435)
Comprehensive	51,523	-35.0%	-25.0%	(2,927)
Collision	167,487	30.1%	25.0%	7,401
PHYSICAL DAMAGE	219,010	14.8%	13.2%	4,474
TOTAL	628,781	12.6%	0.3%	38

NOTES:

Adoption of HIB Loss Costs from Reference Filing Number PP-2022-BRLA1
Proposed Effective Dates: January 1, 2026 New & Renewal

* Calendar Year 2022 Premium at Current Level is \$99,578

Hawaii
Joint Underwriting Plan

Determination of Loss Cost-Based Indicated Rate Change

PLAN CURRENT STATEWIDE BASE RATES

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
Plan Territory	5 Year Liability Exposures	5 Year Physical Damage Exposures	Eligible Insureds Only Private Passenger Base Rates					\$100 2022/3 COMP	\$250 2022/3 COLL
			\$20/40 BI	\$10,000 PD	\$10,000 MP/PIP	\$20/40 UMBI	\$20/40 UIMBI		
1	180.98	60.18	338	180	194	109	75	251	934
3	32.00	14.08	308	145	227	109	75	102	831
4	12.39	3.09	213	124	122	109	75	142	810
5	22.62	7.01	364	157	212	109	75	117	1,037
SW	247.99	84.36	\$330.26	\$170.59	\$196.30	\$109.00	\$75.00	\$211.00	\$920.83

Non-CPAI Base Rates (high risk)

	\$20/40 BI	\$10,000 PD	\$10,000 MP/PIP
1	614	180	297
3	587	145	349
4	407	124	212
5	607	157	340
	\$599.54	\$170.59	\$303.39

Non-CPAI to Eligible Insured Current Relativities

	\$20/40 BI	\$10,000 PD	\$10,000 MP/PIP	Mandatory Covg. Comb.
	1.817	1.000	1.531	1.532
	1.906	1.000	1.537	1.590
	1.911	1.000	1.738	1.619
	1.668	1.000	1.604	1.506
Selected:	1.800	1.000	1.600	

Hawaii
Joint Underwriting Plan

Determination of Loss Cost-Based Indicated Rate Change

\$100,000 COMBINED SINGLE LIMIT
ISO STATEWIDE LOSS COSTS

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
Plan Territory	5 Year Liability Exposures	5 Year Physical Damage Exposures	\$20/40 BI	\$10,000 PD	\$10,000 MP/PIP	\$20/40 UMBI	\$20/40 UIMBI	\$100 2022/3 COMP	\$250 2022/3 COLL	\$100 2024/3 COMP	\$250 2024/3 COLL
1	180.98	60.18	39.99	152.55	52.30	5.71	9.02	24.21	225.77	26.36	250.85
3	32.00	14.08	38.13	101.97	46.37	5.71	9.02	27.57	195.38	30.02	217.09
4	12.39	3.09	24.81	109.89	39.28	5.71	9.02	21.52	216.27	23.43	240.30
5	22.62	7.01	38.20	110.80	50.64	5.71	9.02	32.95	241.42	35.88	268.24
SW	247.99	84.36	\$38.83	\$140.08	\$50.73	\$5.71	\$9.02	\$25.40	\$221.65	\$27.65	\$246.27

Hawaii
Joint Underwriting Plan

Determination of Loss Cost-Based Indicated Rate Change

	Eligible Insureds Only Private Passenger Base Rates					\$100 2022/3 COMP	\$250 2022/3 COLL
	\$20/40 BI	\$10,000 PD	\$10,000 MP/PIP	\$20/40 UMBI	\$20/40 UIMBI		
(1) Plan Statewide Base Rate [Sheet 1]	\$330.26	\$170.59	\$196.30	\$109.00	\$75.00	\$211.00	\$920.83
(2) Plan Expected L&LAE Ratio [Appendix 1]	0.556	0.556	0.556	0.556	0.556	0.564	0.564
(3) Plan Pure Premium [(1) x (2)]	\$183.62	\$94.85	\$109.14	\$60.60	\$41.70	\$119.01	\$519.35
(4) ISO Statewide @ AIP Base [Sheet 2]	\$38.83	\$140.08	\$50.73	\$5.71	\$9.02	\$25.40	\$221.65
(5) Loss Cost Modifier [(3) ÷ (4)]	4.729	0.677	2.151	10.614	4.623	4.686	2.343
(6) Benchmark Loss Cost Modifier	2.540	2.540	2.540	2.540	2.540	3.048	3.048
(7) Loss Cost Based Indicated Change* [(6) ÷ (5)]	-46.3%	275.1%	18.1%	-76.1%	-45.1%	-35.0%	30.1%
(8) Proposed Loss Cost Modifier [(5) x 1.0 + {Exhibit 1, Column (4)}]	3.55	0.95	2.54	7.96	3.47	3.51	2.93
(9) Loss Cost Multiplier [(8) ÷ (2)]	6.379	1.705	4.570	14.317	6.236	6.230	5.193

* Loss Cost Modifier change is based on 1 year of exposures

Hawaii
Joint Underwriting Plan

Determination of Proposed Base Rates

Loss Cost Multiplier [Exhibit 5, Sheet 3, Row 9]

BI	PD	MP/PIP	UMBI	UIMBI	COMP	COLL
6.379	1.705	4.570	14.317	6.236	6.230	5.193

Proposed Base Rates [Loss Costs from Exhibit 5, Sheet 2 x Loss Cost Multiplier]

Eligible Insureds Only Private Passenger Base Rates

Plan Territory	\$20/40	\$20,000	\$10,000	\$20/40	\$20/40	\$100	\$250
	BI	PD	MP/PIP	UMBI	UIMBI	2024/3 COMP	2024/3 COLL
1	255	260	239	82	56	164	1,303
3	243	174	212	82	56	187	1,127
4	158	187	180	82	56	146	1,248
5	244	189	231	82	56	224	1,393

Non-CPAI (high risk) Relativity [Exhibit 5, Sheet 1]

BI	PD	MP/PIP
1.800	1.000	1.600

Proposed Non-CPAI Base Rates [Eligible Insured Proposed Rates x Relativity]

Plan Territory	\$20/40	\$20,000	\$10,000
	BI	PD	MP/PIP
1	459	260	382
3	437	174	339
4	284	187	288
5	439	189	370



“Serving the Insurance Industry”

September 27, 2024

Mr. Jerry Bump
Chief Deputy Insurance Commissioner
State of Hawaii, Insurance Division
P.O. Box 3614
Honolulu, HI 96811-3614

Hawaii Joint Underwriting Plan
Commercial Rate Reviews

Dear Mr. Bump,

At the request of the Insurance Division, AIPSO has completed a commercial rate review of the Hawaii Joint Underwriting Plan (“HJUP”).

A 10-year all sublines combined financial indication has been completed based upon policy years 2013 through 2022 evaluated as of 11/30/2023 experience for commercial risks insured through the HJUP. This analysis produces an indicated rate need of 13.8%. In order to distribute the all-sublines combined rate need to the individual sublines, a loss cost multiplier approach has been utilized. The proposal is to adopt the prospective loss costs specified in HIB Reference Filing Number CA-2021-BRLA1. The HJUP rates will be a combination of prospective loss costs and involuntary loss cost multipliers, which reproduce the 13.8% indicated rate need. Due to the large swings this approach produces in certain coverages and sublines, we are proposing a +/-30% cap on each subline and coverage. This results in an overall proposed rate increase of 3.5%.

If you decide a filing should be made, we also recommend collapsing the HJUP physical damage rate pages so all base rates and factors needed to produce physical damage rates will be provided in tables instead of actual rate pages.

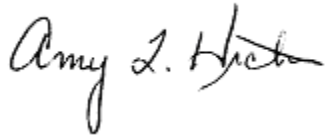
This rate analysis has been prepared utilizing a proposed effective date of January 1, 2026 for new and renewal business. This proposal coincides with the financial responsibility proposal and assumes approval of the \$40/80/20 rates and factors first.

It is possible that new information becomes available between the time in which this proposal is prepared and a rate filing is sent to the Insurance Department. For example, there is a HIB loss cost filing currently pending with the Department. Our filings should reflect the most current information, which may mean the grand totals shown above may change slightly, either upward or downward. We request that the Committee allow AIPSO a small deviation from the grand total in the event updated information becomes available. If the Committee agrees, any revision that does not adjust the proposed grand total upward or downward by more than 2.5% points will be handled without returning to the full Committee for additional review and approval.

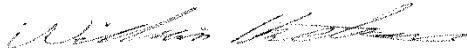
Please keep us informed as to the actions taken by the Committee with regard to this proposal. If you should have any questions, please contact us at the numbers listed below.

Sincerely,

302 Central Avenue, Johnston, Rhode Island 02919
(401) 946-2310 FAX (401) 528-1350
<https://www.aipso.com>



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Lead Actuarial Analyst
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Cc: Tom Assad, AIPSO

Hawaii Commercial Auto Program
Statewide Rate Level Indication

EARNED PREMIUM				INCURRED LOSSES AND ALAE				STATE EXPENSES		RATIOS TO PREMIUM		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
		Exhibit 2	(2)x(3)	Exhibit 3		Appendix 4	[(5)+(6)]x(7)			(8)/(4)	(9)/(2)	(10)/(2)
Policy Year	Premium Earned	Premium On-Level Factor	Premium at Current Level	Adjusted Incurred Losses Incl. IBNR	Incurred ALAE	Loss Trend Factor	Projected Incurred Losses and ALAE	Comm.	Premium Charge-Offs	Projected Loss and ALAE Ratio	Comm. Ratio	Premium Charge-Offs Ratio
2013	1,870,239	1.000	1,870,239	696,456	0	2.469	1,719,550	93,032	2,255	91.9%	5.0%	0.1%
2014	2,223,640	1.000	2,223,640	934,104	0	2.303	2,151,240	106,047	3,080	96.7%	4.8%	0.1%
2015	2,637,269	1.000	2,637,269	1,166,337	0	2.149	2,506,458	132,133	5,325	95.0%	5.0%	0.2%
2016	3,252,937	1.000	3,252,937	1,760,904	0	2.004	3,528,852	162,710	5,824	108.5%	5.0%	0.2%
2017	3,584,045	1.000	3,584,045	1,585,051	0	1.870	2,964,045	179,150	1,680	82.7%	5.0%	0.0%
2018	3,228,757	1.000	3,228,757	1,385,748	0	1.744	2,416,745	161,389	1,098	74.9%	5.0%	0.0%
2019	2,697,936	1.000	2,697,936	1,193,167	0	1.627	1,941,283	134,897	8,262	72.0%	5.0%	0.3%
2020	1,830,297	1.000	1,830,297	833,360	0	1.518	1,265,041	91,551	468	69.1%	5.0%	0.0%
2021	2,293,379	1.000	2,293,379	1,414,960	0	1.416	2,003,584	114,669	1,809	87.4%	5.0%	0.1%
2022	2,019,579	1.000	2,019,579	893,163	0	1.321	1,179,868	101,045	1,345	58.4%	5.0%	0.1%
Total	25,638,077		25,638,077	11,863,251	0		21,676,667	1,276,623	31,146	84.5%	5.0%	0.1%
5-Year	12,069,947		12,069,947	5,720,399	0		8,806,521	603,551	12,982	73.0%	5.0%	0.1%
3-Year	6,143,254		6,143,254	3,141,483	0		4,448,493	307,265	3,623	72.4%	5.0%	0.1%

SELECTED

73.0% 5.0% 0.1%

CONTRACTUAL AND OTHER EXPENSES							STATEWIDE RATE LEVEL INDICATION					
(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(26)	(27)
		Appendix 3				Sum of (13) to (20)	1.0-(21)	(12)/(22)-1.0		3,000 Claim Credibility=100%, Minimum=25%	Exhibit 1 Sheet 2	(23)x(25)+ (26)x[1.0-(25)]
Admin. Fees	ULAE Provision	Misc. Expenses (Income)	Premium Taxes Ratio	Contingency	Investment Income	Expense Ratio	Expected Loss and ALAE Ratio	Plan Indicated Change	10-Year Number of Claims	Credibility	Loss Ratio Trend	Statewide Rate Level Indication
10.0%	11.7%	1.2%	4.3%	5.0%	-1.4%	35.9%	64.1%	13.8%	3,207	100%	7.2%	13.8%

Hawaii Joint Underwriting Plan

Summary of Proposed Rate Level Change

LIABILITY

Subline		2022 Premium at Current Level	Indicated Percent Change	Proposed Percent Change	Estimated Dollar Impact Based on 2022 Premium
Trucks, Tractors, and Trailers	BI	271,485	-9.3%	-9.3%	
	PD	89,426	27.0%	26.9%	
	PIP	90,799	-78.6%	-29.9%	
	Total	451,710	-16.0%	-6.3%	-28,268
Taxis and Limos	BI	182,324	61.5%	30.0%	
	PD	37,342	273.9%	30.0%	
	PIP	76,698	-63.1%	-30.0%	
	Total	296,364	56.0%	14.5%	42,908
School and Church Buses	BI	16,212	-19.4%	-19.3%	
	PD	6,735	-1.6%	-1.5%	
	PIP	9,039	-82.0%	-30.0%	
	Total	31,986	-33.3%	-18.6%	-5,947
Other Buses	BI	450,686	29.5%	29.5%	
	PD	89,355	153.6%	30.0%	
	PIP	128,683	-48.5%	-30.0%	
	Total	668,724	31.1%	18.1%	63,690
Van Pools	BI	0	12.7%	12.7%	
	PD	0	57.5%	30.1%	
	PIP	0	-85.3%	-30.0%	
	Total	0	-5.0%	4.3%	0
Private Passenger Types	BI	30,934	-71.9%	-30.0%	
	PD	7,215	-40.5%	-29.9%	
	PIP	8,192	-83.0%	-30.1%	
	Total	46,341	-69.0%	-30.0%	-13,913
Underinsured Motorists	BI	164,730	-59.1%	-30.0%	
	Total	164,730	-59.1%	-30.0%	-16,123
Liability Total	BI	\$1,116,371	8.7%	9.0%	
	PD	\$230,073	113.3%	26.0%	
	PIP	\$313,411	-62.7%	-30.0%	
	Total	\$1,659,855	9.7%	4.0%	\$42,347

Notes: Most recent rate change (03/01/2015): 11.6%
Proposed effective date: 01/01/2026

* Reflects the capping of the loss cost multiplier at 30% and -30%.

Hawaii Joint Underwriting Plan

Summary of Proposed Rate Level Change

PHYSICAL DAMAGE

Subline		2022 Premium at Current Level	Indicated Percent Change	Proposed Percent Change	Estimated Dollar Impact Based on 2022 Premium
Trucks, Tractors, and Trailers	Comp	23,125	359.3%	30.2%	
	Coll	80,724	19.3%	19.3%	
	Total	103,849	95.0%	21.7%	22,542
Taxis and Limos	Comp	3,994	135.2%	29.8%	
	Coll	14,148	18.9%	18.8%	
	Total	18,141	44.5%	21.2%	3,849
School and Church Buses	Comp	22,684	-17.6%	-17.8%	
	Coll	51,915	-38.0%	-30.1%	
	Total	74,598	-31.8%	-26.4%	-19,681
Other Buses	Comp	22,684	-17.6%	-17.8%	
	Coll	51,915	-38.0%	-30.1%	
	Total	74,598	-31.8%	-26.4%	-19,681
Van Pools	Comp	3,994	135.2%	29.8%	
	Coll	14,148	18.9%	18.8%	
	Total	18,141	44.5%	21.2%	3,849
Private Passenger Types	Comp	7,161	25.5%	25.7%	
	Coll	31,163	143.1%	30.0%	
	Total	38,324	121.1%	29.2%	11,184
Physical Damage Total	Comp	\$83,640	104.9%	3.8%	
	Coll	\$244,011	10.7%	-0.4%	
	Total	\$327,651	34.7%	0.7%	\$2,064
GRAND TOTAL		\$1,987,506	13.8%	3.5%	44,411

Notes: Most recent rate change (03/01/2015): 11.6%
Proposed effective date: 01/01/2026

* Reflects the capping of the loss cost multiplier at 30% and -30%.

INCREASED LIMITS OF LIABILITY

Defining the Issue

Currently, the Hawaii Joint Underwriting Plan Manual does not provide residual bodily injury limits of \$100,000/200,000, \$100,000/500,000, \$100,000/1,000,000, \$250,000/750,000 and a property damage liability limit of \$250,000. There are increased bodily injury limits of \$100,000/300,000, \$300,000/300,000, and \$300,000/600,000, which exceed the coverage requirements of Public Utility Commission filings, increasing the minimum coverage required.

Since these limits are frequently required by law or contract, it was requested that the limits be added to the HJUP Manual to avoid having to file an individual risk submission with the Insurance Department. In addition, it was requested by the Insurance Department that the current language regarding limits required by contract be clarified to reference, “contractually by a governmental agency”.

Action Needed

Please review the following information and decide if the proposal is appropriate for the Hawaii Joint Underwriting Plan.

Proposal

We propose introducing residual bodily injury and uninsured and underinsured motorists limits of \$100,000/200,000, \$100,000/500,000, \$100,000/1,000,000, and \$250,000/750,000 and a property damage liability limit of \$250,000 when required by law or contractually by a governmental agency.

Impact

The introduction of the additional limits will avoid the need to file an individual risk submission for approval by the Insurance Division when the limits are requested and will limit the requirement of an applicant to purchase more coverage than required. In addition, the proposed amendments will clarify that the contract requirement must be by a governmental agency.

AIPSO Systems Impact: Coordinate effective date with ISPS.

This has a high impact on EASi/rating. The programming team will need at least 4 months from date of approval, no earlier than Feb 1, 2025. High Impact to Atlas. This proposal will have normal impact on Galaxy.

Proposed Changes

PRINCIPLES OF OPERATION

Section 21. Extent of Coverage

Section 35. Extent of Coverage

These sections are amended to introduce increased residual bodily injury liability limits of \$100,000/200,000, \$100,000/500,000, \$100,000/1,000,000, \$250,000/750,000 and a property damage liability increased limit of \$250,000. In addition, the required by law language is amended to clarify that the higher limits are required by law or contractually by a governmental agency.

MANUAL OF RULES AND RATES**Rule 25. Increased Limits****Rule 52. Increased Limits**

These rules are amended to introduce residual bodily injury limits \$100,000/200,000, \$100,000/500,000, \$100,000/1,000,000, \$250,000/750,000 and a property damage limit of \$250,000. In addition, the required by law language is amended to clarify that the higher limits are required by law or contractually by a governmental agency.

APPLICATION FORMS**AIP 9501 (Rev. xx/24) HJUP Uninsured and Underinsured Motorists Coverage Personal Auto**

Sections 5 and 6 are amended to introduce uninsured and underinsured motorists limits of \$100,000/200,000, \$100,000/500,000, \$100,000/1,000,000, and \$250,000/750,000. In addition, the required by law language is amended to clarify that the higher limits are required by law or contractually by a governmental agency.

AIP 9502 (Rev. xx/24) HJUP Uninsured and Underinsured Motorists Coverage Commercial Auto

Sections 5 and 6 are amended to introduce uninsured and underinsured motorists limits of \$100,000/200,000, \$100,000/500,000, \$100,000/1,000,000, and \$250,000/750,000. In addition, the required by law language is amended to clarify that the higher limits are required by law or contractually by a governmental agency. Further, the federal filing information has been removed under Section 5c.

AIP 9530 (Rev. xx/24) HJUP Private Passenger Application

Section 5 is amended to introduce residual bodily injury liability and uninsured and underinsured motorists limits of \$100,000/200,000, \$100,000/500,000, \$100,000/1,000,000, \$250,000/750,000 and a property damage limit of \$250,000. In addition, the required by law language is amended to clarify that the higher limits are required by law or contractually by a governmental agency.

This application includes changes currently pending with the Advisory Board in response to House Bill 1686.

AIP 9532 (Rev. xx/24) HJUP Policy Change Request Private Passenger/Commercial

Section 4 is amended to introduce residual bodily injury liability and uninsured and underinsured motorists limits of \$100,000/200,000, \$100,000/500,000, \$100,000/1,000,000, \$250,000/750,000 and a property damage limit of \$250,000. In addition, the required by law language is amended to clarify that the higher limits are required by law or contractually by a governmental agency.

AIP 9535 (Rev. xx/24) HJUP Commercial Application

Section 10 is amended to introduce residual bodily injury liability and uninsured and underinsured motorists limits of \$100,000/200,000, \$100,000/500,000, \$100,000/1,000,000, \$250,000/750,000 and a property damage limit of \$250,000. In addition, the required by law language is amended to clarify that the higher limits are required by law or contractually by a governmental agency. Further, the federal filing information has been removed under Section 11.

Attachments

- Exhibit A—Proposed amendments to Sections 21 and 35 and Rules 25 and 52
- Specimen copies of AIP 9501, AIP 9502, AIP 9530, AIP 9532, and AIP 9535

PRINCIPLES OF OPERATION

Sec. 21. EXTENT OF COVERAGE

Paragraph A.1 is amended to read as follows:

A. Coverages and Limits

1. Residual Bodily Injury, Property Damage, and Personal Injury Protection Coverages

- a. The servicing entity shall be required to write a policy or binder for basic limits of \$20,000/40,000 residual bodily injury and \$10,000 property damage.
- b. An insured eligible for coverage under the HJUP may, at their option, also purchase additional coverage to be written on the same policy as the liability coverages for

- (1) liability limits in excess of the basic limits ~~as set forth in Section 21.A.1.a~~ only when the basic limits are written through the HJUP;
- (2) liability limits adequate to comply with the provisions of the financial responsibility law of any state in which the motor vehicle will be operated, but applicable only while the motor vehicle is being operated in that state/province;
- (3) liability limits at the following optional limits:

At the request of the applicant or insured, the following residual bodily injury liability limits shall be available:

Optional Residual BI Limits

\$50,000/100,000
100,000/200,000
\$100,000/300,000
100,000/500,000*
100,000/1,000,000*
250,000/750,000*
\$300,000/300,000*
\$300,000/600,000*

*where required by law or contractually by a governmental agency

At the request of the applicant or insured, the following property damage liability limits shall be available:

Optional PD Limits

\$15,000
\$20,000
\$30,000
\$50,000*
250,000*

*where required by law or contractually by a governmental agency

Refer to Rule 2 for additional coverage in excess of the limits defined in this Manual where required by law or contractually by a governmental agency.

Remainder of paragraph A.1 is unchanged.

Sec. 35. EXTENT OF COVERAGE

Paragraph A.1 is amended to read as follows:

A. Coverages and Limits

1. Residual Bodily Injury, Property Damage, and Personal Injury Protection Coverages

- a. The servicing entity shall be required to write a policy or binder for basic limits of \$20,000/40,000 residual bodily injury and \$10,000 property damage.
- b. An insured eligible for coverage under the HJUP may, at their option, also purchase additional coverage to be written in the same policy as the liability coverages for

- (1) limits in excess of the basic limits ~~as set forth in Section 35.A.1.a~~, only when the said basic limits are written through the HJUP;
- (2) liability limits adequate to comply with the provisions of the financial responsibility law of any state in which the motor vehicle will be operated, but applicable only while the motor vehicle is being operated in that state/province;
- (3) in no event shall the servicing entity be required to write limits in excess of the ~~basic limits defined in this Manual as set forth in Section 35.A.1.a that exceed \$300,000/600,000/50,000~~ unless required by law or contractually by a governmental agency.

Refer to Rule 2 for additional coverage in excess of the ~~basic limits defined in this Manual~~ exceeding \$300,000/600,000/50,000 where required by law or contractually by a governmental agency.

- (4) liability limits at the following optional limits:

At the request of the applicant or insured, the following residual bodily injury liability limits shall be available:

Optional Residual BI Limits

\$ 50,000/100,000
100,000/200,000
100,000/300,000
100,000/500,000*
100,000/1,000,000*
250,000/750,000*
300,000/300,000*
300,000/600,000*

*where required by law or contractually by a governmental agency

HAWAII JOINT UNDERWRITING PLAN
(Struck-out matter—deleted; Underlined matter—new)

At the request of the applicant or insured, the following property damage liability limits shall be available:

Optional PD Limits

- \$15,000
- 20,000
- 30,000
- 50,000*
- 250,000*

*where required by law or contractually by a governmental agency

Remainder of paragraph A.1 is unchanged.

MANUAL OF RULES AND RATES

Rule 25. INCREASED LIMITS

Paragraphs A and B are amended as follows:

The increased limits tables below show the factors to be applied to the \$20,000/40,000 residual bodily injury and \$10,000 property damage rates shown in this Manual to determine the premium for other limits.

A. Split Limits

Table 1

RBI Limits	Private Passenger	Named Nonowner	All Other Risks
50/100	1.42	1.68	1.68
100/200	<u>1.57</u>	<u>2.00</u>	<u>2.00</u>
100/300	1.66	2.20	2.20
100/500*	1.81	2.92	2.92
<u>100/1,000*</u>	<u>2.06</u>	<u>3.33</u>	<u>3.33</u>
<u>250/750*</u>	<u>2.02</u>	<u>3.08</u>	<u>3.08</u>
300/300*	1.83	3.00	3.00
300/600*	1.86	3.03	3.03

Table 1A

PD Limits	Private Passenger	Named Nonowner	All Other Risks
\$ 15,000	1.01	1.05	1.06
20,000	1.02	1.07	1.10
30,000	1.04	1.09	1.14
50,000*	1.08	1.11	1.17
<u>250,000*</u>	<u>1.17</u>	<u>1.20</u>	<u>1.23</u>

*where required by law or contractually by a governmental agency

B. For factors for limits required by law or contractually by a governmental agency that are not shown, refer to Rule 2.

Rule 52. INCREASED LIMITS

Paragraph A is amended as follows:

NOTE 1: For private passenger autos, refer to the Private Passenger Chapter.

NOTE 2: For factors for limits required by law or contractually by a governmental agency that are not shown, refer to Rule 2.

A. The increased limits tables below show the factors to be applied to the \$20,000/40,000 residual bodily injury liability and \$10,000 property damage liability rates for increased limits:

Table 1

RBI Limits	Light Medium Trucks	and Heavy Trucks and Truck-Tractors
\$50,000/100,000	1.680	1.680
<u>100,000/200,000</u>	<u>2.000</u>	<u>2.000</u>
100,000/300,000	2.200	2.200
100,000/500,000*	<u>2.920</u>	<u>2.920</u>
<u>100,000/1,000,000*</u>	<u>3.330</u>	<u>3.330</u>
<u>250,000/750,000*</u>	<u>3.080</u>	<u>3.080</u>
300,000/300,000*	3.000	3.000
300,000/600,000*	3.030	3.030

Table 1

RBI Limits	Extra Heavy Trucks and Truck-Tractors	Private Passenger Types	All Other Risks
\$50,000/100,000	1.680	1.680	1.680
<u>100,000/200,000</u>	<u>2.000</u>	<u>2.000</u>	<u>2.000</u>
100,000/300,000	2.200	2.200	2.200
100,000/500,000*	<u>2.920</u>	<u>2.920</u>	<u>2.920</u>
<u>100,000/1,000,000*</u>	<u>3.330</u>	<u>3.330</u>	<u>3.330</u>
<u>250,000/750,000*</u>	<u>3.080</u>	<u>3.080</u>	<u>3.080</u>
300,000/300,000*	3.000	3.000	3.000
300,000/600,000*	3.030	3.030	3.030

*where required by law or contract law contractually by a governmental agency

Table 1A

PD Limits	Light Medium Trucks	and Heavy Trucks and Truck-Tractors
\$ 15,000	1.06	1.06
20,000	1.10	1.10
30,000	1.14	1.14
50,000*	1.17	1.17
<u>250,000*</u>	<u>1.23</u>	<u>1.23</u>

PD Limits	Extra Heavy Trucks and Truck-Tractors	Private Passenger Types	All Other Risks
\$ 15,000	1.06	1.05	1.06
20,000	1.10	1.07	1.10
30,000	1.14	1.09	1.14
50,000*	1.17	1.11	1.17
<u>250,000*</u>	<u>1.23</u>	<u>1.20</u>	<u>1.23</u>

*where required by law or contract law contractually by a governmental agency

**HAWAII JOINT UNDERWRITING PLAN
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE
PERSONAL AUTO**

**PLEASE COMPLETE THIS FORM IF YOU WANT TO SELECT ANY OPTIONS FOR
UNINSURED MOTORISTS AND UNDERINSURED MOTORISTS COVERAGES.**

Named Insured:	Agency:
Policy Number:	Agent:

This form does not provide coverage nor does it replace any provisions of your policy. Please read your policy for complete information on the coverages you are provided. If there is any conflict between the policy and this form, the provisions of the policy shall prevail.

Hawaii law requires that we provide Uninsured and Underinsured Motorist coverages on your auto policy unless you reject the coverages in writing. We are also required to offer options for Uninsured Motorists and Underinsured Motorists limits equal to your Bodily Injury Liability limit and stacked coverage. A brief summary of the coverages and options is provided below. Uninsured Motorists and Underinsured Motorists are separate and distinct coverages and you must request changes separately for each of the coverages. Please contact your agent if you have any questions.

Section 1. Uninsured Motorists and Underinsured Motorists Coverages Defined

Uninsured Motorists provides coverage for persons insured under the policy who are legally entitled to recover damages because of bodily injury from owners or operators of uninsured motor vehicles. For example, if you are injured in an accident caused by someone who is uninsured, you may be entitled to recover damages for bodily injury under the Uninsured Motorists coverage of your policy.

Underinsured Motorists provides coverage for persons insured under the policy who are legally entitled to recover damages because of bodily injury from owners or operators of underinsured motor vehicles. For example, if you are injured in an accident caused by the operator of a vehicle which is insured but you are entitled to recover more in damages from that vehicle's operator than the amount of his or her insurance, you may be able to recover under the Underinsured Motorists coverage of your policy.

Section 2. Rejection of Uninsured Motorists and Underinsured Motorists Coverages

Under the provisions of the law, you may reject Uninsured Motorists and Underinsured Motorists Coverages in writing. If you reject any of the coverages, your rejection of that coverage will also apply to all subsequent renewal or replacement policies and you will not receive further offers or notices of the availability of those coverages with any renewal or replacement policy.

Your policy will be issued with Uninsured Motorists and Underinsured Motorists coverages if you do not reject these coverages in writing.

**Section 3. Uninsured Motorists and Underinsured Motorists Limits
Equal to Your Bodily Injury Liability Limit**

The law requires that we offer Uninsured Motorists and Underinsured Motorists coverages at limits that are equal to your Bodily Injury Liability limit. You may reject this option in writing and select lower limits for Uninsured Motorists and Underinsured Motorists coverages.

Your policy will be issued with Uninsured Motorists and Underinsured Motorists limits that are equal to your Bodily Injury Liability limit unless you reject these limits in writing and select lower limits.

**Section 4. Nonstacked and Stacked Uninsured Motorists and Underinsured Motorists
Coverages**

The law further requires that we offer stacked Uninsured Motorists and Underinsured Motorists coverage. You may reject this option in writing and select the nonstacked coverages. An explanation of nonstacked and stacked coverages are provided below:

Under **nonstacked** coverage, the limits shown for the coverage applicable to each vehicle is the maximum amount available in any one accident regardless of the number of vehicles insured on your policy. For example, if your Uninsured Motorists limit is \$100,000 each person with an aggregate of \$300,000 each accident, that limit is the maximum amount of Uninsured Motorists coverage available regardless of the number of vehicles insured on your policy.

Under **stacked** coverage, the limits shown for the coverage applicable to each vehicle insured on your policy are added together and the sum of the limits is the maximum amount of coverage available in any one accident. For example, if your Uninsured Motorists limit is \$100,000 each person with an aggregate of \$300,000 each accident and you insure two vehicles on your policy, the maximum amount of Uninsured Motorists coverage available is \$200,000 each person (\$100,000 + \$100,000) with an aggregate of \$600,000 each accident (\$300,000 + \$300,000). Under this form of coverage, the maximum amount of available coverage will change during the policy term if you add or delete vehicles. Using the same example, if you delete one vehicle, the maximum amount of available coverage will decrease to \$100,000 each person with an aggregate of \$300,000 each accident. If you add a third vehicle, the maximum amount of available coverage will increase to \$300,000 each person with an aggregate of \$900,000 each accident.

Your policy will be issued with stacked Uninsured Motorists and Underinsured Motorists coverages unless you reject stacked coverage in writing and select nonstacked coverages.

Section 5. Uninsured Motorists and Underinsured Motorists Coverage Premiums

The premiums for the limit options and for nonstacked and stacked coverage are shown in the following tables. Please contact your agent for information on other limit options that may be available.

Premium Table Effective January 1, 2015 New Business Private Passenger Autos				
Limit Options	Uninsured Motorists		Underinsured Motorists	
	Nonstacked	Stacked	Nonstacked	Stacked
\$20,000/\$40,000	\$109	\$218	\$ 75	\$150
\$50,000/\$100,000	\$155	\$310	\$107	\$213
\$100,000/\$200,000	\$171	\$342	\$118	\$236
\$100,000/\$300,000	\$181	\$362	\$125	\$249
\$100,000/\$500,000*	\$197	\$395	\$136	\$272
\$100,000/\$1,000,000*	\$225	\$449	\$155	\$309
\$250,000/\$750,000*	\$220	\$440	\$152	\$303
\$300,000/\$300,000*	\$199	\$399	\$137	\$275
\$300,000/\$600,000*	\$203	\$405	\$140	\$279

*These limits are available where required by law or contractually by a governmental agency.

Premium Table Effective January 1, 2015 New Business All Other				
Limit Options	Uninsured Motorists		Underinsured Motorists	
	Nonstacked	Stacked	Nonstacked	Stacked
\$20,000/\$40,000	\$109	\$218	\$ 75	\$150
\$50,000/\$100,000	\$183	\$366	\$126	\$252
\$100,000/\$200,000	\$218	\$436	\$150	\$300
\$100,000/\$300,000	\$240	\$480	\$165	\$330
\$100,000/\$500,000*	\$318	\$637	\$219	\$438
\$100,000/\$1,000,000*	\$363	\$726	\$250	\$500
\$250,000/\$750,000*	\$336	\$671	\$231	\$462
\$300,000/\$300,000*	\$327	\$654	\$225	\$450
\$300,000/\$600,000*	\$330	\$661	\$227	\$455

*These limits are available where required by law or contractually by a governmental agency.

If you insure more than one vehicle on your policy, you should decide on the coverage limit that you want before you make your selection and consider the options for obtaining coverage in that amount.

For example, if you insure two **private passenger autos** for stacked Uninsured Motorists coverage at a limit of \$100,000 each person with an aggregate of \$300,000 each accident, the maximum amount of coverage available is \$200,000 each person with an aggregate of \$600,000 each accident (See Example A below).

EXAMPLE A PRIVATE PASSENGER AUTOS				
Coverage	Limit	Number of Cars	Maximum Amount of Coverage Available	Premium
Stacked	\$100,000/\$300,000	2	\$100,000/\$300,000 + \$100,000/\$300,000 = \$200,000/\$600,000	\$362 + \$362 = \$724

If you want Uninsured Motorist coverage in the amount of \$100,000 each person instead of the \$200,000 limit (which was derived by stacking the \$100,000 each person limit for the two vehicles in Example A above), you can obtain coverage for the lower amount in two ways:

1. You can accept the \$100,000/\$300,000 limit, reject stacked coverage, and select nonstacked coverage (See Example B below); or
2. You can accept stacked coverage, reject the \$100,000/\$300,000 limit, and select a limit of \$50,000/\$100,000 from the Premium Table (See Example C below). However, in Example C, the maximum amount of coverage available for each accident is \$200,000, which is not equivalent to the \$300,000 each accident limit for nonstacked coverage shown in Example B. You will therefore have a maximum amount of available coverage that is equal to the each person limit for nonstacked coverage but that is \$10,000 less than the each accident limit for nonstacked coverage

EXAMPLE B PRIVATE PASSENGER AUTOS				
Coverage	Limit	Number of Cars	Maximum Amount of Coverage Available	Premium
Nonstacked	\$100,000/\$300,000	2	\$100,000/\$300,000	\$181 + \$181 = \$362

EXAMPLE C PRIVATE PASSENGER AUTOS				
Coverage	Limit	Number of Cars	Maximum Amount of Coverage Available	Premium
Stacked	\$50,000/\$100,000	2	\$50,000/\$100,000 + \$50,000/\$100,000 = \$100,000/\$200,000	\$310 + \$310 = \$620

There are several important points to take into consideration when you select stacked coverage at a limit that is lower than your Bodily Injury Liability limit:

- It is not always possible to select a lower limit for Uninsured Motorists and Underinsured Motorists coverage that, when stacked, will be equivalent to both the each person and each accident limits for Bodily Injury Liability because only specific limit options are available.

- If you rely upon stacking to obtain the amount of coverage that you want, keep in mind that the maximum amount of available coverage will increase if you add vehicles or decrease if you delete vehicles.
- The examples shown above are just three examples of nonstacked and stacked coverage for a policy that insures two vehicles. Your circumstances may differ and you should consider the various options based on the coverage you desire and the number of vehicles you insure on your policy.

If you have any questions concerning Uninsured Motorists and Underinsured Motorists coverages or the options for these coverages, please contact your agent.

Section 6. Selection of Uninsured Motorists and Underinsured Motorists Coverages Options

Please complete this section if you want to change your Uninsured Motorists and/or Underinsured Motorists coverages.

Rejection of Uninsured Motorists and Underinsured Motorists Coverages

If you want to reject Uninsured Motorists and/or Underinsured Motorists coverages, please place an "X" in the appropriate box(es) in Table A and sign the table.

Table A. Rejection of Uninsured Motorists and/or Underinsured Motorists Coverages	
I reject the following coverage(s) on my policy and all subsequent renewal and replacement policies. I acknowledge that I was provided with an explanation of the coverages and the premiums for the available limits and coverage options.	
<input type="checkbox"/> I reject Uninsured Motorists coverage <input type="checkbox"/> I reject Underinsured Motorists coverage	
Name of Insured (Please print)	Policy Number
Signature of Named Insured	Date

Note: If you have rejected Uninsured Motorists and/or Underinsured Motorists coverage(s) in Table A above, you may disregard Tables B.1, B.2, C.1 and C.2 for the coverage your rejected.

Rejection of Uninsured Motorists and Underinsured Motorists Limits Equal to Your Bodily Injury Liability Limit

If you want to reject Uninsured Motorists and/or Underinsured Motorists limits that are equal to your Bodily Injury Liability limit, place an "X" in the appropriate box in Tables B.1 and/or B.2 for the limit you want and sign the table(s). The limit you select for each of the coverages cannot be higher than your Bodily Injury Liability limit.

Table B.1. Rejection of Uninsured Motorists Limit Equal to Your Bodily Injury Limit	
I reject the Uninsured Motorists limit equal to my Bodily Injury limit and select the limit indicated below for my policy and all subsequent renewal and replacement policies. I acknowledge that I was provided with an explanation of this option and the premium for the available limit options.	
<input type="checkbox"/> \$20,000 each person/40,000 each accident <input type="checkbox"/> \$50,000 each person/100,000 each accident <input type="checkbox"/> \$100,000 each person/200,000 each accident <input type="checkbox"/> \$100,000 each person/300,000 each accident <input type="checkbox"/> \$100,000 each person/500,000 each accident* <input type="checkbox"/> \$100,000 each person/1,000,000 each accident* <input type="checkbox"/> \$250,000 each person/750,000 each accident* <input type="checkbox"/> \$300,000 each person/300,000 each accident* <input type="checkbox"/> \$300,000 each person/600,000 each accident*	
*Limit available where required by law or contractually by a governmental agency.	
Name of Insured (Please print)	Policy Number
Signature of Named Insured	Date

*Refer to the Premium Table for the requirement for the limit option.

Table B.2. Rejection of Underinsured Motorists Limit Equal to Your Bodily Injury Limit	
I reject the Underinsured Motorists limit equal to my Bodily Injury limit and select the limit indicated below for my policy and all subsequent renewal and replacement policies. I acknowledge that I was provided with an explanation of this option and the premium for the available limit options.	
<input type="checkbox"/> \$20,000 each person/40,000 each accident <input type="checkbox"/> \$50,000 each person/100,000 each accident <input type="checkbox"/> \$100,000 each person/200,000 each accident <input type="checkbox"/> \$100,000 each person/300,000 each accident <input type="checkbox"/> \$100,000 each person/500,000 each accident* <input type="checkbox"/> \$100,000 each person/1,000,000 each accident* <input type="checkbox"/> \$250,000 each person/750,000 each accident* <input type="checkbox"/> \$300,000 each person/300,000 each accident* <input type="checkbox"/> \$300,000 each person/600,000 each accident*	
*Limit available where required by law or contractually by a governmental agency.	
Name of Insured (Please print)	Policy Number
Signature of Named Insured	Date

*Refer to the Premium Table for the requirement for the limit option.

Rejection of Stacked Uninsured Motorists and Underinsured Motorists Coverages

If you want to reject stacked Uninsured Motorists and/or Underinsured Motorists coverage(s) and select nonstacked coverage, sign Tables C.1 and/or C.2 below.

**Table C.1.
Rejection of Stacked Uninsured Motorists Coverage**

I reject stacked Uninsured Motorists coverage on my policy and all subsequent renewal and replacement policies and select nonstacked coverage. I acknowledge that I was provided with an explanation of this option and the premium for stacked coverage.

Name of Insured (Please print)

Policy Number

Signature of Named Insured

Date

Table C.2.Rejection of Stacked Underinsured Motorists Coverage

I reject stacked Underinsured Motorists coverage on my policy and all subsequent renewal and replacement policies and select nonstacked coverage. I acknowledge that I was provided with an explanation of this option and the premium for stacked coverage.

Name of Insured (Please print)

Policy Number

Signature of Named Insured

Date

**HAWAII JOINT UNDERWRITING PLAN
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE
COMMERCIAL AUTO**

**PLEASE COMPLETE THIS FORM IF YOU WANT TO SELECT ANY OPTIONS FOR
UNINSURED MOTORISTS AND UNDERINSURED MOTORISTS COVERAGES.**

Named Insured:	Agency:
Policy Number:	Agent:

This form does not provide coverage nor does it replace any provisions of your policy. Please read your policy for complete information on the coverages you are provided. If there is any conflict between the policy and this form, the provisions of the policy shall prevail.

Hawaii law requires that we provide Uninsured and Underinsured Motorist coverages on your auto policy unless you reject the coverages in writing. We are also required to offer options for Uninsured Motorists and Underinsured Motorists limits equal to your Bodily Injury Liability limit and stacked coverage. A brief summary of the coverages and options is provided below. Uninsured Motorists and Underinsured Motorists are separate and distinct coverages and you must request changes separately for each of the coverages. Please contact your agent if you have any questions.

Section 1. Uninsured Motorists and Underinsured Motorists Coverages Defined

Uninsured Motorists provides coverage for persons insured under the policy who are legally entitled to recover damages because of bodily injury from owners or operators of uninsured motor vehicles. For example, if you are injured in an accident caused by someone who is uninsured, you may be entitled to recover damages for bodily injury under the Uninsured Motorists coverage of your policy.

Underinsured Motorists provides coverage for persons insured under the policy who are legally entitled to recover damages because of bodily injury from owners or operators of underinsured motor vehicles. For example, if you are injured in an accident caused by the operator of a vehicle which is insured but you are entitled to recover more in damages from that vehicle's operator than the amount of his or her insurance, you may be able to recover under the Underinsured Motorists coverage of your policy.

Section 2. Rejection of Uninsured Motorists and Underinsured Motorists Coverages

Under the provisions of the law, you may reject Uninsured Motorists and Underinsured Motorists Coverages in writing. If you reject any of the coverages, your rejection of that coverage will also apply to all subsequent renewal or replacement policies and you will not receive further offers or notices of the availability of those coverages with any renewal or replacement policy.

Your policy will be issued with Uninsured Motorists and Underinsured Motorists coverages, if you do not reject these coverages in writing.

**Section 3. Uninsured Motorists and Underinsured Motorists Limits
Equal to Your Bodily Injury Liability Limit**

The law requires that we offer Uninsured Motorists and Underinsured Motorists coverages at limits that are equal to your Bodily Injury Liability limit. You may reject this option in writing and select lower limits for Uninsured Motorists and Underinsured Motorists coverages.

Your policy will be issued with Uninsured Motorists and Underinsured Motorists limits that are equal to your Bodily Injury Liability limit unless you reject these limits in writing and select lower limits.

**Section 4. Nonstacked and Stacked Uninsured Motorists and
Underinsured Motorists Coverages**

The law further requires that we offer stacked Uninsured Motorists and Underinsured Motorists coverage. You may reject this option in writing and select the nonstacked coverages. An explanation of nonstacked and stacked coverages are provided below:

Under **nonstacked** coverage, the limits shown for the coverage applicable to each vehicle is the maximum amount available in any one accident regardless of the number of vehicles insured on your policy. For example, if your Uninsured Motorists limit is \$100,000 each person with an aggregate of \$300,000 each accident, that limit is the maximum amount of Uninsured Motorists coverage available regardless of the number of vehicles insured on your policy.

Under **stacked** coverage, the limits shown for the coverage applicable to each vehicle insured on your policy are added together and the sum of the limits is the maximum amount of coverage available in any one accident. For example, if your Uninsured Motorists limit is \$100,000 each person with an aggregate of \$300,000 each accident and you insure two vehicles on your policy, the maximum amount of Uninsured Motorists coverage available is \$200,000 each person (\$100,000 + \$100,000) with an aggregate of \$600,000 each accident (\$300,000 + \$300,000). Under this form of coverage, the maximum amount of available coverage will change during the policy term if you add or delete vehicles. Using the same example, if you delete one vehicle, the maximum amount of available coverage will decrease to \$100,000 each person with an aggregate of \$300,000 each accident. If you add a third vehicle, the maximum amount of available coverage will increase to \$300,000 each person with an aggregate of \$900,000 each accident.

Your policy will be issued with stacked Uninsured Motorists and Underinsured Motorists coverages unless you reject stacked coverage in writing and select nonstacked coverages.

Section 5. Uninsured Motorists and Underinsured Motorists Coverage Premiums

The premiums for the limit options and for nonstacked and stacked coverage are shown in the following tables. Please contact your agent for information on other limit options that may be available.

**Premium Table A—Effective January 1, 2015 New Business
Private Passenger Type Autos**

Limit Options	Uninsured Motorists		Underinsured Motorists	
	Nonstacked	Stacked	Nonstacked	Stacked
\$20,000/\$40,000	\$ 31	\$ 62	\$ 58	\$117
\$50,000/\$100,000	\$ 52	\$104	\$ 97	\$197
\$100,000/\$200,000	\$ 62	\$124	\$116	\$234
\$100,000/\$300,000	\$ 68	\$136	\$128	\$257
\$100,000/\$500,000*	\$ 91	\$181	\$169	\$342
\$100,000/\$1,000,000*	\$103	\$206	\$193	\$390
\$250,000/\$750,000*	\$ 95	\$191	\$179	\$360
\$300,000/\$300,000*	\$ 93	\$186	\$174	\$351
\$300,000/\$600,000*	\$ 94	\$188	\$176	\$355

*These limits are available where required by law or contractually by a governmental agency.

**Premium Table B—Effective January 1, 2015 New Business
Public Autos**

Limit Options	Uninsured Motorists		Underinsured Motorists	
	Nonstacked	Stacked	Nonstacked	Stacked
\$20,000/\$40,000	\$ 47	\$ 95	\$110	\$220
\$50,000/\$100,000	\$ 79	\$160	\$185	\$370
\$100,000/\$200,000	\$ 94	\$190	\$220	\$440
\$100,000/\$300,000	\$103	\$209	\$242	\$484
\$100,000/\$500,000*	\$137	\$277	\$321	\$642
\$100,000/\$1,000,000*	\$157	\$316	\$366	\$733
\$250,000/\$750,000*	\$145	\$293	\$339	\$678
\$300,000/\$300,000*	\$141	\$285	\$330	\$660
\$300,000/\$600,000*	\$142	\$288	\$333	\$667

*These limits are available where required by law or contractually by a governmental agency.

**Premium Table C—Effective January 1, 2015 New Business
All Other**

Limit Options	Uninsured Motorists		Underinsured Motorists	
	Nonstacked	Stacked	Nonstacked	Stacked
\$20,000/\$40,000	\$19	\$ 37	\$ 44	\$ 88
\$50,000/\$100,000	\$32	\$ 62	\$ 74	\$148
\$100,000/\$200,000	\$38	\$ 74	\$ 88	\$176
\$100,000/\$300,000	\$42	\$ 81	\$ 97	\$194
\$100,000/\$500,000*	\$55	\$108	\$128	\$257
\$100,000/\$1,000,000*	\$63	\$123	\$147	\$293
\$250,000/\$750,000*	\$59	\$114	\$136	\$271
\$300,000/\$300,000*	\$57	\$111	\$132	\$264
\$300,000/\$600,000*	\$58	\$112	\$133	\$267

*These limits are available where required by law or contractually by a governmental agency.

If you insure more than one vehicle on your policy, you should decide on the coverage limit that you want before you make your selection and consider the options for obtaining coverage in that amount.

For example, if you insure two **private passenger type** vehicles in Premium Table A for stacked Uninsured Motorists coverage at a limit of \$100,000 each person with an aggregate of \$300,000 each accident, the maximum amount of coverage available is \$200,000 each person with an aggregate of \$600,000 each accident (See Example A below).

EXAMPLE A				
Coverage	Limit	Number of Cars	Maximum Amount of Coverage Available	Premium
Stacked	\$100,000/\$300,000	2	\$100,000/\$300,000 + \$100,000/\$300,000 = \$200,000/\$600,000	\$136 + \$136 = \$272

If you want Uninsured Motorist coverage in the amount of \$100,000 each person instead of the \$200,000 limit (which was derived by stacking the \$100,000 each person limit for the two vehicles in Example A above), you can obtain coverage for the lower amount in two ways:

1. You can accept the \$100,000/\$300,000 limit, reject stacked coverage, and select nonstacked coverage (See Example B below); or
2. You can accept stacked coverage, reject the \$100,000/\$300,000 limit, and select a limit of \$50,000/\$100,000 from the Premium Table (See Example C below). However, in Example C, the maximum amount of coverage available for each accident is \$200,000, which is not equivalent to the \$300,000 each accident limit for nonstacked coverage shown in Example B. You will therefore have a maximum amount of available coverage that is equal to the each person limit for nonstacked coverage but that is \$100,000 less than the each accident limit for nonstacked coverage.

EXAMPLE B				
Coverage	Limit	Number of Cars	Maximum Amount of Coverage Available	Premium
Nonstacked	\$100,000/\$300,000	2	\$100,000/\$300,000	\$68 + \$68 = \$136

EXAMPLE C				
Coverage	Limit	Number of Cars	Maximum Amount of Coverage Available	Premium
Stacked	\$50,000/\$100,000	2	\$50,000/\$100,000 + \$50,000/\$100,000 = \$100,000/\$200,000	\$104 + \$104 = \$208

There are several important points to take into consideration when you select stacked coverage at a limit that is lower than your Bodily Injury Liability limit:

- It is not always possible to select a lower limit for Uninsured Motorists and Underinsured Motorists coverage that, when stacked, will be equivalent to both the each person and each accident limits for Bodily Injury Liability because only specific limit options are available.

- If you rely upon stacking to obtain the amount of coverage that you want, keep in mind that the maximum amount of available coverage will increase if you add vehicles or decrease if you delete vehicles.
- The examples shown above are just three examples of nonstacked and stacked coverage for a policy that insures two vehicles. Your circumstances may differ and you should consider the various options based on the coverage you desire and the number of vehicles you insure on your policy.

If you have any questions concerning Uninsured Motorists and Underinsured Motorists coverages or the options for these coverages, please contact your agent.

Section 6. Selection of Uninsured Motorists and Underinsured Motorists Coverages Options

Please complete this section if you want to change your Uninsured Motorists and/or Underinsured Motorists coverages.

Rejection of Uninsured Motorists and Underinsured Motorists Coverages

If you want to reject Uninsured Motorists and/or Underinsured Motorists coverages, please place an "X" in the appropriate box(es) in Table A and sign the table.

Table A. Rejection of Uninsured Motorists and/or Underinsured Motorists Coverages

I reject the following coverage(s) on my policy and all subsequent renewal and replacement policies. I acknowledge that I was provided with an explanation of the coverages and the premiums for the available limits and coverage options.

I reject Uninsured Motorists coverage
 I reject Underinsured Motorists coverage

Name of Insured (Please print)
Policy Number

Signature of Named Insured
Date

Note: If you have rejected Uninsured Motorists and/or Underinsured Motorists coverage(s) in Table A above, you may disregard Tables B.1, B.2, C.1, and C.2 for the coverage your rejected.

Rejection of Uninsured Motorists and Underinsured Motorists Limits Equal to Your Bodily Injury Liability Limit

If you want to reject Uninsured Motorists and/or Underinsured Motorists limits that are equal to your Bodily Injury Liability limit, place an "X" in the appropriate box in Tables B.1 and/or B.2 for the limit you want and sign the table(s). The limit you select for each of the coverages cannot be higher than your Bodily Injury Liability limit.

**Table B.1.
Rejection of Uninsured Motorists Limit Equal to Your Bodily Injury Limit**

I reject the Uninsured Motorists limit equal to my Bodily Injury limit and select the limit indicated below for my policy and all subsequent renewal and replacement policies. I acknowledge that I was provided with an explanation of this option and the premium for the available limit options.

- \$20,000 each person/40,000 each accident
- \$50,000 each person/100,000 each accident
- \$100,000 each person/200,000 each accident
- \$100,000 each person/300,000 each accident
- \$100,000 each person/500,000 each accident*
- \$100,000 each person/1,000,000 each accident*
- \$250,000 each person/750,000 each accident*
- \$300,000 each person/300,000 each accident*
- \$300,000 each person/600,000 each accident*

*Limit available where required by law or contractually by a governmental agency.

Name of Insured (Please print)	Policy Number
Signature of Named Insured	Date

*Refer to the Premium Table for the requirement for the limit option.

**Table B.2.
Rejection of Underinsured Motorists Limit Equal to Your Bodily Injury Limit**

I reject the Underinsured Motorists limit equal to my Bodily Injury limit and select the limit indicated below for my policy and all subsequent renewal and replacement policies. I acknowledge that I was provided with an explanation of this option and the premium for the available limit options.

- \$20,000 each person/40,000 each accident
- \$50,000 each person/100,000 each accident
- \$100,000 each person/200,000 each accident
- \$100,000 each person/300,000 each accident
- \$100,000 each person/500,000 each accident*
- \$100,000 each person/1,000,000 each accident*
- \$250,000 each person/750,000 each accident*
- \$300,000 each person/300,000 each accident*
- \$300,000 each person/600,000 each accident*

*Limit available where required by law or contractually by a governmental agency.

Name of Insured (Please print)	Policy Number
Signature of Named Insured	Date

*Refer to the Premium Table for the requirement for the limit option.

Rejection of Stacked Uninsured Motorists and Underinsured Motorists Coverages

If you want to reject stacked Uninsured Motorists and/or Underinsured Motorists coverage(s) and select nonstacked coverage, sign Tables C.1 and/or C.2 below.

Table C.1. Rejection of Stacked Uninsured Motorists Coverage	
I reject stacked Uninsured Motorists coverage on my policy and all subsequent renewal and replacement policies and select nonstacked coverage. I acknowledge that I was provided with an explanation of this option and the premium for stacked coverage.	
_____ Name of Insured (Please print)	_____ Policy Number
_____ Signature of Named Insured	_____ Date

Table C.2. Rejection of Stacked Underinsured Motorists Coverage	
I reject stacked Underinsured Motorists coverage on my policy and all subsequent renewal and replacement policies and select nonstacked coverage. I acknowledge that I was provided with an explanation of this option and the premium for stacked coverage.	
_____ Name of Insured (Please print)	_____ Policy Number
_____ Signature of Named Insured	_____ Date

**PRIVATE PASSENGER APPLICATION
HAWAII JOINT UNDERWRITING PLAN
Serviced by AIPSO**

Reference #:

Transmission Date:

Rate Indicator:

EPAY:

OFFICE USE ONLY – DO NOT WRITE OR ALTER INFORMATION IN THIS BLOCK

FAILURE TO DISCLOSE ALL REQUIRED INFORMATION MAY RESULT IN CANCELLATION.

SECTION 1. PRODUCER OF RECORD										
Producer Last Name/Agency Name					Producer First Name			MI		
Mailing Address					City		State	Zip Code		
Street Address (if different from Mailing Address)					City		State	Zip Code		
Tax ID No.			Producer License No.			Telephone No. (incl. area code)				
Email Address										
SECTION 2. APPLICANT										
Last Name			First Name			MI	Home Telephone No.		Business Telephone No.	
Email Address					PO Box (if applicable)					
Street Address (must be included)					City		County	State	Zip Code	
Mailing Address (if different from above)			PO Box (if different from above)		City		County	State	Zip Code	
SECTION 3. OPERATOR INFORMATION										
List all operators in household and any other drivers.										
Applicant's former addresses (past 3 years)										
Street Address					City		State	Zip Code		
Applicant and Other Drivers	Relationship to Applicant	% Use of Vehicle No. No. No. No. 1 2 3 4				Birth Date Mo./Day/Yr.	Driver's License No.		State	Licensed 3 Years? If No, give date issued
APPLICANT	APPLICANT									<input type="checkbox"/> Yes <input type="checkbox"/> No_____
										<input type="checkbox"/> Yes <input type="checkbox"/> No_____
										<input type="checkbox"/> Yes <input type="checkbox"/> No_____
										<input type="checkbox"/> Yes <input type="checkbox"/> No_____
Applicant's Occupation			Nature of Business				Employer's Name			
Employer's Street Address					City		State	Zip Code		
STATEMENT OF THE PRODUCER OF RECORD										
<p>I do hereby certify that I am a licensed producer in the State of Hawaii. I have read the Hawaii Joint Underwriting Plan, have explained the provisions to the Applicant, and have included in this application all required information given to me by the Applicant. In the event of cancellation or a policy change resulting in a reduction of premium, I agree to return any commission that has been paid that is in excess of the commission due on the earned premium received by the Servicing Carrier.</p> <p align="center">Producer's Signature:</p> <p align="center">_____</p>										

SECTION 4. VEHICLE 1 VEHICLE INFORMATION AND VEHICLE USE										
Year	Make	Model	Body Style	H.P./Cu. In./CC/Cyls.	Weight					
Vehicle Identification No.			Registered Owner's Last Name		First Name					
Purchased (Mo. Yr.)	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost	Damaged* <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered* <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass* <input type="checkbox"/> Yes <input type="checkbox"/> No	* If yes, explain in Remarks Section				
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name	Street Address		City		State	Zip Code			
<input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School	<input type="checkbox"/> Business <input type="checkbox"/> Farm	Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No			Estimated Annual Mileage					
Principal Address of Garaging										
Applicant address as it appears on registration, if different from Section 2.			State Registered In	Territory	Rate Class	Penalty Points	Symbols			
							Comp.	Coll.		
SECTION 4. VEHICLE 2 VEHICLE INFORMATION AND VEHICLE USE										
Year	Make	Model	Body Style	H.P./Cu. In./CC/Cyls.	Weight					
Vehicle Identification No.			Registered Owner's Last Name		First Name					
Purchased (Mo. Yr.)	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost	Damaged* <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered* <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass* <input type="checkbox"/> Yes <input type="checkbox"/> No	* If yes, explain in Remarks Section				
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name	Street Address		City		State	Zip Code			
<input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School	<input type="checkbox"/> Business <input type="checkbox"/> Farm	Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No			Estimated Annual Mileage					
Principal Address of Garaging										
Applicant address as it appears on registration, if different from Section 2.			State Registered In	Territory	Rate Class	Penalty Points	Symbols			
							Comp.	Coll.		
SECTION 4. VEHICLE 3 VEHICLE INFORMATION AND VEHICLE USE										
Year	Make	Model	Body Style	H.P./Cu. In./CC/Cyls.	Weight					
Vehicle Identification No.			Registered Owner's Last Name		First Name					
Purchased (Mo. Yr.)	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost	Damaged* <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered* <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass* <input type="checkbox"/> Yes <input type="checkbox"/> No	* If yes, explain in Remarks Section				
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name	Street Address		City		State	Zip Code			
<input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School	<input type="checkbox"/> Business <input type="checkbox"/> Farm	Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No			Estimated Annual Mileage					
Principal Address of Garaging										
Applicant address as it appears on registration, if different from Section 2.			State Registered In	Territory	Rate Class	Penalty Points	Symbols			
							Comp.	Coll.		
SECTION 4. VEHICLE 4 VEHICLE INFORMATION AND VEHICLE USE										
Year	Make	Model	Body Style	H.P./Cu. In./CC/Cyls.	Weight					
Vehicle Identification No.			Registered Owner's Last Name		First Name					
Purchased (Mo. Yr.)	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost	Damaged* <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered* <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass* <input type="checkbox"/> Yes <input type="checkbox"/> No	* If yes, explain in Remarks Section				
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name	Street Address		City		State	Zip Code			
<input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School	<input type="checkbox"/> Business <input type="checkbox"/> Farm	Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No			Estimated Annual Mileage					
Principal Address of Garaging										
Applicant address as it appears on registration, if different from Section 2.			State Registered In	Territory	Rate Class	Penalty Points	Symbols			
							Comp.	Coll.		

SECTION 5. COVERAGES		As provided by the Principles of Operation of the Hawaii Joint Underwriting Plan.			
Same limits of liability must be purchased for all vehicles Check appropriate box for coverage	Vehicle 1 Estimated Premiums	Vehicle 2 Estimated Premiums	Vehicle 3 Estimated Premiums	Vehicle 4 Estimated Premiums	
Residual Bodily Injury Liability <input type="checkbox"/> \$20,000/40,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$100,000/500,000* <input type="checkbox"/> \$100,000/1,000,000* <input type="checkbox"/> \$250,000/750,000* <input type="checkbox"/> \$300,000/300,000* <input type="checkbox"/> \$300,000/600,000* *where required by law or contractually by a governmental agency					
Property Damage Liability <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$50,000* <input type="checkbox"/> \$250,000* *where required by law or contractually by a governmental agency					
Personal Injury Protection Coverage <input type="checkbox"/> Basic \$10,000 Deductible <input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$300 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000					
Optional Benefits Coverage Wage Loss Benefits <input type="checkbox"/> \$500/3,000 <input type="checkbox"/> \$1,000/6,000 <input type="checkbox"/> \$1,500/9,000 <input type="checkbox"/> \$2,000/12,000 Death Benefits <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 Funeral Expenses <input type="checkbox"/> \$2,000 Alternative Providers Services <input type="checkbox"/> Maximum \$75 per visit for naturopathic treatments and maximum of \$100 per visit for chiropractic treatments, not to exceed 30 visits. Note: The combined total of naturopathic, chiropractic, and acupuncture visits may not exceed 30 visits.					
Physical Damage—Comprehensive Deductible Options: \$0, \$50, \$100, \$250, \$500, \$1,000, \$1,500, \$2,000 Deductible: Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____					
Physical Damage—Collision Deductible Options: \$50, \$100, \$250, \$500, \$1,000, \$1,500, \$2,000 Deductible: Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____					
Uninsured Motorists Coverage: (Not to exceed Residual Bodily Injury Limits) <input type="checkbox"/> None* <input type="checkbox"/> \$20,000/40,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$100,000/500,000** <input type="checkbox"/> \$100,000/1,000,000** <input type="checkbox"/> \$250,000/750,000** <input type="checkbox"/> \$300,000/300,000** <input type="checkbox"/> \$300,000/600,000** **where required by law or contractually by a governmental agency *If "None", attach a signed Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501). Proceed to Underinsured Motorist Coverage. Since Uninsured Motorists Coverage is selected, does the applicant accept stacked limits of Uninsured Motorists Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", attach a signed Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501). If Uninsured Motorists Coverage is selected and the uninsured motorists limits selected are lower than the Residual Bodily Injury Limits selected under the Liability section, attach a signed Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501).					
Underinsured Motorists Coverage (Not to exceed Residual Bodily Injury Limits) <input type="checkbox"/> None* <input type="checkbox"/> \$20,000/40,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$100,000/500,000** <input type="checkbox"/> \$100,000/1,000,000** <input type="checkbox"/> \$250,000/750,000** <input type="checkbox"/> \$300,000/300,000** <input type="checkbox"/> \$300,000/600,000** **where required by law or contractually by a governmental agency *If "None", attach a signed Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501). Since Underinsured Motorists Coverage is selected, does the applicant accept stacked limits of Underinsured Motorists Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", attach a signed Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501). If Underinsured Motorists Coverage is selected and the underinsured motorists limits selected are lower than the Residual Bodily Injury Limits selected under the Liability section, attach a signed Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501).					
Estimated Premium Per Vehicle	\$	\$	\$	\$	
Total Estimated Premium for Vehicles 1–4	\$				

SECTION 6. PAYMENT PLANS								
<input type="checkbox"/> Option 1—Full Annual Premium <input type="checkbox"/> Option 2—Advance Premium Payment Deposit 30% with the balance due within 30 calendar days from the date of the premium notice. <input type="checkbox"/> Option 3—Installment Premium Payments Deposit 25% with 5 installments and \$4.00 per installment charge <input type="checkbox"/> Premium Financed—Name of Premium Finance Company <i>Note: Premium financed applications can only be submitted using the Alternative Application Procedure.</i> _____		Total Estimated Premium	\$					
		Amount Submitted with Application	\$					
SECTION 7. INSURANCE RECORD		Has Applicant had insurance in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," complete the following.						
Name and address of latest carrier		Policy No.	Termination Date					
Was coverage through Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," give reason terminated.							
Are any other vehicles owned by any member of household? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," give name of insurer. Attach policy declaration page.		Policy No.					
SECTION 8. ACCIDENTS								
Has Applicant, or anyone who usually drives the Applicant's motor vehicle(s), been involved, either as owner or operator, in ANY motor vehicle accident during the past THIRTY-SIX months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete the following. (If necessary, use Remarks Section.)								
Name of Operator	Accident Date	Place of Accident		Residual Bodily Injury	Death	Property Damage (including your own)	Penalty Points	Accident Code*
		City/Town	State					
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
* Accident Codes 1. Applicant's motor vehicle lawfully parked. 2. Damaged by hit-and-run driver and accident reported to police within 24 hours from time of accident. 3. Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person. 4. Other person involved in accident was convicted of a moving traffic violation. 5. If payment results under personal injury protection or additional personal injury protection and neither Applicant nor operator is at fault. 6. Damage by contact with animals or fowl. 7. Accidents involving physical damage, limited to, and caused by flying gravel, missiles, or falling objects. 8. Accidents incurred by an operator who is a named insured or principal operator of an auto insured under a separate policy. 9. Auto was struck in the rear by another auto and the Applicant or operator has not been convicted of a moving violation in connection with the accident.								
SECTION 9. CONVICTIONS		Motor Vehicle and Non Motor Vehicle						
Has the Applicant, or anyone who usually drives the Applicant's motor vehicle(s), been CONVICTED or FORFEITED BAIL at any time during the immediately preceding THIRTY-SIX months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete the following. If necessary, use Remarks Section. NOTE: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.								
Name of Operator	Date of Conviction	Did Conviction Arise as a Result of an Accident?	Nature of Violation	Penalty Points	Place of Conviction			
					City/Town	State		
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						

SECTION 10. FINANCIAL RESPONSIBILITY		Complete if Applicant or other eligible operator is required to file evidence of financial responsibility.
1. Name _____		Case or File No. _____
State Where Filing Required _____		Reason for Filing _____
Type of Filing <input type="checkbox"/> Owner's (to allow for operation of owned vehicles) <input type="checkbox"/> Operator's (to allow for operation of nonowned vehicles) <input type="checkbox"/> Both		
Do you own any other vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," give name of insurance company. _____	If "Yes," give policy number. _____
2. Name _____		Case or File No. _____
State Where Filing Required _____		Reason for Filing _____
Type of Filing <input type="checkbox"/> Owner's (to allow for operation of owned vehicles) <input type="checkbox"/> Operator's (to allow for operation of nonowned vehicles) <input type="checkbox"/> Both		
Do you own any other vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," give name of insurance company. _____	If "Yes," give policy number. _____
SECTION 11. NAMED NONOWNER Complete if application is for a named nonowner policy.		
A. Exclusion for autos furnished or available for regular use <input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Named individual(s) requesting coverage: _____		
C. Type of vehicle Applicant will operate. <input type="checkbox"/> Private Passenger <input type="checkbox"/> Commercial <input type="checkbox"/> Taxi /Bus <input type="checkbox"/> Other (describe) _____		
D. Vehicle will be operated in Applicant's occupation or business <input type="checkbox"/> Yes <input type="checkbox"/> No		
E. Is vehicle owned by a member of the household? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If answer to B or C is "Yes," give name of insurance company providing liability coverage. _____		
Is Applicant excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FAIR CREDIT REPORTING ACT NOTICE		
In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics, or mode of living. Upon the individual's written request, the insurer will disclose in writing the nature and scope of the investigation requested, if such a report is procured.		
EVIDENCE OF INSURANCE AND EFFECTIVE DATE OF COVERAGE		
This application having been completed and duly executed, shall be, from the effective date and time shown below, evidence of insurance in the limits and coverages specified, subject to the following conditions:		
<ol style="list-style-type: none"> 1. Coverage under this evidence of automobile insurance is to be effective for a period not to exceed 45 days from the effective date and time stated herein. Within such 45-day period, coverages under this evidence of automobile insurance will terminate immediately upon: (a) the issuance of the policy applied for, (b) the issuance of any policy affording similar insurance, or (c) the cancellation of the coverages of insurance afforded hereunder in accordance with the Principles of Operation of the Hawaii Joint Underwriting Plan. 2. A premium charge will be made for these coverages if the policy, when and as issued, is not accepted by the insured. 3. The insurance afforded hereunder shall be subject to all the terms and conditions of the policy form prescribed for use in accordance with the Principles of Operation of the Hawaii Joint Underwriting Plan. 4. The producer must electronically transmit this signed application. 		
EFFECTIVE DATE: Applicants will be subject to the effective date provisions specified in Section 7 of the Principles of Operation of the Hawaii Joint Underwriting Plan.		
Requested Effective Date and Time (not to exceed 45 days from the date of the application):		
Example: 09/01/2022 11:30 AM		
My signature hereon represents certification of the Statement of the Producer of Record on the face of this application AND I certify this application is submitted pursuant to the effective date provisions contained in the Joint Underwriting Plan		
By: _____ Date: _____ Hour: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <div style="text-align: center;">(PRODUCER'S SIGNATURE)</div>		
PREMIUM DETERMINATION		
I understand that the premium shown on this application is an estimated premium. The Servicing Carrier reserves the right to adjust the premium either prior to or after the issuance of the policy, whenever applicable.		
By: _____ Date: _____ Hour: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <div style="text-align: center;">(APPLICANT'S SIGNATURE)</div>		
NOTICE TO APPLICANT AND PRODUCER		
In the event acknowledgement of coverage is not received within 45 days, notify AIPSO, P.O. Box 6530 Providence, Rhode Island 02940-6530. Telephone: 1-877-622-4776 Fax: 1-866-253-4235		

ATTACHMENTS

- | | | |
|--|--|--|
| <input type="checkbox"/> Copy of vehicle registration(s) | <input type="checkbox"/> Finance agreement copy | <input type="checkbox"/> Copies of CLUE Report |
| <input type="checkbox"/> Copy of all operator's licenses | <input type="checkbox"/> Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501) | <input type="checkbox"/> Copies of MVR or Court Connect Report |
| | | <input type="checkbox"/> Credit Card Payment Authorization and Receipt |

REMARKS SECTION

Empty space for remarks.

HAWAII JOINT UNDERWRITING PLAN
 Serviced by AIPSO
 POLICY CHANGE REQUEST—PRIVATE PASSENGER/COMMERCIAL
 P.O. Box 6530, Providence, RI 02940-6530

COMPLETE ALL APPLICABLE SECTIONS.

Name of Insurance Company				Policy No.			
Name of Insured				<input type="checkbox"/> CHECK HERE IF NAME CHANGE OR NEW ADDRESS, AND COMPLETE ITEM 6.			
Producer Last Name/Agency Name			Producer First Name			MI	
Mailing Address				City		State	Zip Code
Street Address (if different from Mailing Address)				City		State	Zip Code
Tax ID No.		Producer License No.		Telephone No. (incl. area code)			
Email Address							

POLICY CANCELLATION—Please cancel policy per insured's request. Insured's signature is required.
 *If deceased, please submit a copy of the death certificate. *If due to other insurance, please submit proof of coverage.

Signature _____				Date _____								
1. <input type="checkbox"/> VEHICLE DELETION	1	Year	Make	Model Name & Body Style		Vehicle Identification No.						
	2	Year	Model	Model Name & Body Style		Vehicle Identification No.						
2. VEHICLE ADDITION a. Private Passenger Type <input type="checkbox"/> Replacement Vehicle or <input type="checkbox"/> Added Vehicle	Year		Make	Model Name & Body Style		Vehicle Identification No.						
	H.P./Cub. In./CC		Purchased Mo. Yr.	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost New	Damaged* <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered* <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged Glass* <input type="checkbox"/> Yes <input type="checkbox"/> No	Garaged <input type="checkbox"/> Yes <input type="checkbox"/> No			
	*If yes, explain in Remarks Section.											
Use and Classification	<input type="checkbox"/> Pleasure <input type="checkbox"/> Work/School		<input type="checkbox"/> Business <input type="checkbox"/> Farm		Principal Address of Garaging							
	Miles One Way to Work, School, or Transportation			Estimated Annual Mileage		State Registered In						
	Name and Address of Applicant as Appears on Registration				Territory	Rate Class	Penalty Points	Symbols Comp. Coll.	Age Group			
b. Commercial Type* <input type="checkbox"/> Replacement Vehicle or <input type="checkbox"/> Added Vehicle	a. Year, Trade Name, Body Type—Truck, Truck-Tractor Trailer, Semitrailer, Bus Seating Capacity, Model No.			Purpose of Use**	Purchased Mo./Yr.	New/Used		Gross Vehicle Weight (GVW) Trucks Only	CLASSES/FACTORS			
	b. Vehicle Identification No.		State of Registration	Rating Classification	Orig. Cost New***	Comp. Symbol	Coll. Symbol	Gross Comb. Weight (GCW) Truck-Tractors Only	Business Use (S-R-C)	Special Industry Class (M-T-FD-SD) (WD-F-D-O)	Special Provisions	Final Rating
	c. Garage Location (Town, State)		Rating Territory*									
	a.								lbs.			
	b.								lbs.			
	c.											

* If public auto, provide vehicle use (e.g. taxi, limo, van pool) _____
 ** Purpose of Use: P = Pleasure, S = Service, R = Retail, C = Commercial
 *** Chassis and body including special equipment
 Territory(ies) in which or through which vehicle is customarily operated _____

3. <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LESSOR	Add <input type="checkbox"/>	Change To <input type="checkbox"/>	Delete <input type="checkbox"/>	Applicable To Vehicle:	Year	Make	Vehicle Identification No.
Name of Loss Payee		Street			City		State Zip Code

4. COVERAGES In Accordance with Principles of Operation

	Applicable to Vehicle Year, Make, Model, and Vehicle Identification No.	Premiums
Add <input type="checkbox"/> Residual Bodily Injury Liability Change To <input type="checkbox"/> <input type="checkbox"/> \$20,000/40,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 No Change <input type="checkbox"/> <input type="checkbox"/> \$100,000/500,000* <input type="checkbox"/> \$100,000/1,000,000* <input type="checkbox"/> \$250,000/750,000* <input type="checkbox"/> \$300,000/300,000* Delete <input type="checkbox"/> <input type="checkbox"/> \$300,000/600,000* *where required by law or contractually by a governmental agency		
Add <input type="checkbox"/> Property Damage Liability Change To <input type="checkbox"/> <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$50,000* <input type="checkbox"/> \$250,000* No Change <input type="checkbox"/> *where required by law or contractually by a governmental agency Delete <input type="checkbox"/>		
Add <input type="checkbox"/> Personal Injury Protection Coverage Change To <input type="checkbox"/> <input type="checkbox"/> Basic \$10,000 No Change <input type="checkbox"/> Delete <input type="checkbox"/> Deductible <input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$300 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 Is this risk covered by workers' compensation insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Add <input type="checkbox"/> Optional Benefits Coverage (Private Passenger Autos Only) Change To <input type="checkbox"/> Wage Loss Benefits <input type="checkbox"/> \$500/3,000 <input type="checkbox"/> \$1,000/6,000 <input type="checkbox"/> \$1,500/9,000 <input type="checkbox"/> \$2,000/12,000 No Change <input type="checkbox"/> Death Benefits <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 Delete <input type="checkbox"/> Funeral Expenses <input type="checkbox"/> \$2,000 Alternate Expenses <input type="checkbox"/> Maximum \$75 per visit, not to exceed 30 visits		
Add <input type="checkbox"/> Physical Damage—Comprehensive Change To <input type="checkbox"/> Deductible: _____ No Change <input type="checkbox"/> Delete <input type="checkbox"/>		
Add <input type="checkbox"/> Physical Damage—Collision Change To <input type="checkbox"/> Deductible: _____ No Change <input type="checkbox"/> Delete <input type="checkbox"/>		
Add <input type="checkbox"/> Uninsured Motorists Coverage: (Not to exceed Residual Bodily Injury Limits) Change To <input type="checkbox"/> <input type="checkbox"/> Stacked <input type="checkbox"/> Nonstacked No Change <input type="checkbox"/> Delete <input type="checkbox"/> <input type="checkbox"/> \$20,000/40,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$100,000/500,000* <input type="checkbox"/> \$100,000/1,000,000* <input type="checkbox"/> \$250,000/750,000* <input type="checkbox"/> \$300,000/300,000* <input type="checkbox"/> \$300,000/600,000* *where required by law or contractually by a governmental agency		
Add <input type="checkbox"/> Underinsured Motorists Coverage: (Not to exceed Residual Bodily Injury Limits) Change To <input type="checkbox"/> <input type="checkbox"/> Stacked <input type="checkbox"/> Nonstacked No Change <input type="checkbox"/> Delete <input type="checkbox"/> <input type="checkbox"/> \$20,000/40,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$100,000/500,000* <input type="checkbox"/> \$100,000/1,000,000* <input type="checkbox"/> \$250,000/750,000* <input type="checkbox"/> \$300,000/300,000* <input type="checkbox"/> \$300,000/600,000* *where required by law or contractually by a governmental agency		

SUBMIT EITHER THE MINIMUM DEPOSIT AS PRESCRIBED BY THE PRINCIPLES OF OPERATION FOR A POLICY CHANGE OR THE PRO RATA PREMIUM FOR THE REMAINDER OF THE POLICY PERIOD. **Pro Rata Premium**
\$ _____

5. DRIVER INFORMATION Delete Driver Name _____

	Name	Relationship to Insured	% Use of		Birth Date Mo. Day Yr.	Driver's License No. and State	Licensed 3 Yrs?	
			Veh. 1	Veh. 2			Yes	If No, Give Date Issued
<input type="checkbox"/> Added Driver(s)*							<input type="checkbox"/>	<input type="checkbox"/> _____
							<input type="checkbox"/>	<input type="checkbox"/> _____

* To supplement the authorization which I have previously given, I hereby certify that the added driver(s) in my household named in Item 5 of this Policy Change Request have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Report(s) for rating and/or underwriting.

Insured's Signature: _____

5a. ACCIDENTS Have additional drivers been involved, as owner or operator, in any motor vehicle accident within the past thirty-six months?
 Yes No If "Yes", complete the following. (If necessary, use a separate sheet.)

Accident Date	Town	Place of Accident	State	Residual Bodily Injury or Death	Property Damage Amount (including your own)	Penalty Points
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

Give Reason(s) in Remarks Section, if the above accident(s) are not chargeable under the rules of the Plan.

5b. CONVICTIONS

Have additional drivers been convicted or forfeited bail at any time during the immediately preceding thirty-six months?

Note: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.

Yes No If "Yes", complete the following. (If necessary, use Remarks Section.)

Date of Conviction	Did Conviction Arise as a Result of an Accident?	Nature of Violation	Penalty Points	Town	Place of Conviction	State
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					

5c. FILINGS OR CERTIFICATES

Is a state or local filing or specific limit(s) of liability needed? Yes No If "Yes" to comply with:

Local Ordinance (attach copy) State Regulation

PUC No. _____ Other _____

If block(s) are checked, list state(s), city(ies), or governmental agency(ies) requiring filings or limits of liability required by law.

Is the insured, or any additional operator, required to file evidence of insurance for any driver with any state? Yes No If "Yes", complete below:

Last Name _____ First Name _____ MI _____

Tax ID No. _____

Type of Filing Owner's (operation of owned vehicles) Operator's (operation of nonowned vehicles) Both

State where filing required _____ County _____ Case of File No. _____

Reason for filing _____

Are any other vehicles owned or leased by the insured? Yes No

6. CHANGE	<input type="checkbox"/> Name	New Name	Street	Apt.	City	State	Zip Code
	<input type="checkbox"/> Address						

7. REMARKS

8. DATE

By _____ Date _____
Policyholder's Signature

Policyholder's Signature Date _____

THIS FORM IS NOT, IN AND OF ITSELF, A BINDING COMMITMENT TO PROVIDE THE COVERAGES REQUESTED HEREIN. SUCH COVERAGES ARE TO BE PROVIDED ONLY AS REQUIRED BY THE RULES OF THE HAWAII JOINT UNDERWRITING PLAN AND SHALL BECOME EFFECTIVE IN ACCORDANCE WITH THE PRINCIPLES OF OPERATION OF THE HAWAII JOINT UNDERWRITING PLAN.

COMMERCIAL APPLICATION HAWAII JOINT UNDERWRITING PLAN

Reference #:

Transmission Date:

OFFICE USE ONLY – DO NOT WRITE OR ALTER INFORMATION IN THIS BLOCK

NOTICE: PRODUCER MUST READ THIS STATEMENT BEFORE PROCEEDING

FAILURE TO DISCLOSE ALL REQUIRED INFORMATION MAY RESULT IN CANCELLATION.

SECTION 1. PRODUCER OF RECORD				
Producer Last Name/Agency Name		Producer First Name		MI
Mailing Address		City	State	Zip Code
Street Address (if different from Mailing Address)		City	State	Zip Code
Tax ID No.	Producer License No.		Telephone No. (incl. area code)	
Email Address				
SECTION 2. APPLICANT				
Last Name		First Name		MI
DBA				Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone No. (incl. area code)	Business Telephone No. (incl. area code)	Tax ID No.		
Street Address	City	County	State	Zip Code
Headquarters Street Address (if different from above)	City	County	State	Zip Code
Business of Applicant/Nature of Operation				
SECTION 3. OWNERSHIP AND CONTROL OF APPLICANT'S ORGANIZATION				
Named insured is a: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other		State of Incorporation	Date of Incorporation	Date actual operations commenced
Management, Ownership, and Control (List names of principals and also anyone with more than a 10% ownership interest.)				
President		Date in Position		Percent Ownership
Vice President				
Secretary				
Treasurer				
General Manager				
Others				
List all affiliated companies				

STATEMENT OF THE PRODUCER OF RECORD

I do hereby certify that I am a licensed producer in the State of Hawaii. I have read the Hawaii Joint Underwriting Plan, have explained the provisions to the Applicant, and have included in this application all required information given to me by the Applicant. In the event of cancellation or a policy change resulting in a reduction of premium, I agree to return any commission that has been paid that is in excess of the commission due on the earned premium received by the servicing entity.

Producer's Signature:

SECTION 4. OPERATOR INFORMATION			(List all full-time, part-time, and all other operators that usually drive a vehicle.)		TOTAL OPERATORS	
Last Name	First Name	MI	Birth Date Mo./Day/Yr.	Driver's License No.	State	

For applicants with more than four operators, all additional operators must be listed on a Supplemental Operator Schedule.

SECTION 5. ACCIDENTS

Has applicant, or anyone who usually drives the applicant's vehicle(s), been involved, either as owner or operator, in ANY motor vehicle accident during the past thirty-six months? Yes No If "Yes", complete the following.

Name of Operator	Accident Date Mo./Day/Yr.	Accident Code*	Place of Accident		Residual Bodily Injury or Death Amount	Property Damage Amount	Physical Damage Amount
			City	State			
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$

***Accident Codes**

1. Applicant's auto was lawfully parked.
 2. Auto was struck by a "hit-and-run" driver and accident reported to the proper authority within 24 hours from time of accident.
 3. Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person.
 4. Other person involved in accident was convicted. Applicant or operator was not convicted.
 5. Accident resulting in payment under personal injury protection and applicant or other operator residing in the same household is not at fault.
 6. Accidents involving damage by contact with animals or fowl.
 7. Accidents involving physical damage, limited to and caused by flying gravel, missiles, or falling objects.
 8. If the auto was struck in the rear by another auto and the applicant or other operator has not been convicted of a moving violation in connection with the accident.
 9. Other type of accident—non-chargeable under provisions of the Plan.
 10. Other type of accident—chargeable under provisions of the Plan.
- If accident code is (9) or (10) describe accident in space provided below.

SECTION 6. CONVICTIONS

Has the applicant or anyone who usually drives the applicant's vehicle(s) been CONVICTED or FORFEITED BAIL at any time during the immediately preceding thirty-six months? Convicted Yes No Forfeited Bail Yes No If "Yes", for either item, complete the following.
NOTE: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.

Name of Operator	Date of Conviction or Bail Forfeiture Mo./Day/Yr.	Did Conviction Arise as a Result of an Accident?	Nature of Conviction	Place of Conviction		Penalty Points	Was License Suspended or Revoked?
				City	State		
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 7. COMMODITIES TRANSPORTED

Identify materials hauled, including any hazardous materials, waste, or substances.

Hauling exclusively for one concern?

Identify radius of operations.

Identify routes—fixed and occasional (both outgoing and return).

Trips From Place of Origin To Place of Destination	% of Revenues	No. per Month	Principal Cities Entered	Commodities Carried

SECTION 8. GROSS RECEIPTS (Required for motor carriers of property or passengers)

Gross Receipts	Current Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
Other than Truckers	\$	\$	\$	\$	\$
Truckers	\$	\$	\$	\$	\$

SECTION 9. VEHICLE INFORMATION AND USE For public autos, list cities in which vehicles operate. **TOTAL VEHICLES**

Veh No.	Year	Vehicle Identification No.	Load Capacity	Type of Registration	Gross Vehicle Weight (GVW) Trucks only	Spec. Industry (M-T-FD-SD-WD-F-D-O)	Seating Capacity	Loss Payee or Lessor Name	
	Trade Name/ Model No.	Garage Location (Town, State)	State of Registration	Rating Classification	Gross Comb. Weight (GCW) Truck-Tractors only	Radius Class (L-L)	Tank Capacity	Loss Payee or Lessor Address	
Type (1)	Name of Registered Owner of Vehicle	Rating Territory (2)	Orig. Cost New (3)	Comp. Symbol	Coll. Symbol	Size (L-M-H-EH-HT-EHT)	Final Rating	<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Loss Payee or Lessor City, State, Zip Code
Where vehicle is permitted to operate		List all cities through and in which vehicles operate							
Veh 1									
								<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	
Veh 2									
								<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	
Veh 3									
								<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	
Veh 4									
								<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	
Veh 5									
								<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	

- (1) Type—Truck=T, Truck-Tractor=TT, Trailer=TR, Semitrailer=ST, Public Auto=PA
- (2) For public autos, use the highest rated territory where the vehicles operate.
- (3) Chassis and body including special equipment.

For applicants with more than five vehicles, all additional vehicles must be listed on the Supplemental Commercial Vehicle Schedule.

SECTION 10. COVERAGES AND PREMIUMS

As provided by the Principles of Operation of the Hawaii Joint Underwriting Plan.

Same limits of liability must be purchased for all vehicles

Check appropriate box for coverage

	Vehicle 1 Est. Prem.	Vehicle 2 Est. Prem.	Vehicle 3 Est. Prem.	Vehicle 4 Est. Prem.	Vehicle 5 Est. Prem.
Residual Bodily Injury Liability <input type="checkbox"/> \$20,000/40,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$100,000/500,000* <input type="checkbox"/> \$100,000/1,000,000* <input type="checkbox"/> \$250,000/750,000* <input type="checkbox"/> \$300,000/300,000* <input type="checkbox"/> \$300,000/600,000* *where required by law or contractually by a governmental agency					
Property Damage Liability <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$50,000* <input type="checkbox"/> \$250,000* *where required by law or contractually by a governmental agency					
Personal Injury Protection Coverage <input type="checkbox"/> Basic \$10,000 Deductible <input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$300 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 Is this risk covered by workers' compensation insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Physical Damage—Comprehensive Deductible Options: \$0, \$50, \$100, \$250, \$500, \$1,000, \$1,500, \$2,000 Deductible: Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____ Veh. 5 _____					
Physical Damage—Collision Deductible Options: \$50, \$100, \$250, \$500, \$1,000, \$1,500, \$2,000 Deductible: Veh. 1 _____ Veh. 2 _____ Veh. 3 _____ Veh. 4 _____ Veh. 5 _____					
Uninsured Motorists Coverage: (Not to exceed Residual Bodily Injury Limits) <input type="checkbox"/> None* <input type="checkbox"/> \$20,000/40,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$100,000/500,000** <input type="checkbox"/> \$100,000/1,000,000** <input type="checkbox"/> \$250,000/750,000** <input type="checkbox"/> \$300,000/300,000** <input type="checkbox"/> \$300,000/600,000** **where required by law or contractually by a governmental agency *If "None", attach a signed Uninsured and Underinsured Motorists Coverage— Commercial Auto Form (AIP 9502). Proceed to Underinsured Motorist Coverage. Since Uninsured Motorists Coverage is selected, does the applicant accept stacked limits of Uninsured Motorists Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", attach a signed Uninsured and Underinsured Motorists Coverage— Commercial Auto Form (AIP 9502). If Uninsured Motorists Coverage is selected and the uninsured motorists limits selected are lower than the Residual Bodily Injury Limits selected under the Liability section, attach a signed Uninsured and Underinsured Motorists Coverage— Commercial Auto Form (AIP 9502).					
Underinsured Motorists Coverage: (Not to exceed Residual Bodily Injury Limits) <input type="checkbox"/> None* <input type="checkbox"/> \$20,000/40,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/200,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$100,000/500,000** <input type="checkbox"/> \$100,000/1,000,000** <input type="checkbox"/> \$250,000/750,000** <input type="checkbox"/> \$300,000/300,000** <input type="checkbox"/> \$300,000/600,000** **where required by law or contractually by a governmental agency *If "None", attach a signed Uninsured and Underinsured Motorists Coverage— Commercial Auto Form (AIP 9502). Since Underinsured Motorists Coverage is selected, does the applicant accept stacked limits of Underinsured Motorists Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", attach a signed Uninsured and Underinsured Motorists Coverage— Commercial Auto Form (AIP 9502). If Underinsured Motorists Coverage is selected and the underinsured motorists limits selected are lower than the Residual Bodily Injury Limits selected under the Liability section, attach a signed Uninsured and Underinsured Motorists Coverage— Commercial Auto Form (AIP 9502).					
Sub-Total Estimated Premium per vehicle:	\$	\$	\$	\$	\$
Total Estimated Premium for vehicles 1–5:	\$				
Total Estimated Premium for supplemental vehicles:	\$				
Total Estimated Premium for all vehicles:	\$				
Total Estimated Premium for All Vehicles and Coverages:	\$				

SECTION 10.a. WAIVER OF SUBROGATIONDoes applicant require a Waiver of Subrogation to fulfill a contractual agreement? Yes No

Name(s) and Address(es) of Person(s) or Organization(s) Requiring Waiver of Subrogation:

When a Waiver of Subrogation Endorsement is requested, a copy of the agreement between the applicant and the person(s) or organization(s) requiring the endorsement must accompany the application.**SECTION 10.b. PRIMARY AND NONCONTRIBUTORY—OTHER INSURANCE CONDITION**Does applicant require a Primary and Noncontributory—Other Insurance Condition to fulfill a contractual agreement? Yes No

Name(s) and Address(es) of Person(s) or Organization(s) Requiring Primary and Noncontributory—Other Insurance Condition:

When a Primary and Noncontributory—Other Insurance Condition Endorsement is requested, a copy of the agreement between the applicant and the person(s) or organization(s) requiring the endorsement must accompany the application.**SECTION 11. FILINGS OR CERTIFICATES**Is a state filing or specific limit(s) of liability needed? Yes No If "Yes" to comply with:

- Local Ordinance (attach copy) State Regulation
 PUC No. _____ Other _____

If block(s) are checked, list state(s), city(ies), or governmental agency(ies) requiring filings or limits of liability required by law.

Is applicant required to file evidence of financial responsibility? Yes No If "Yes", complete the following.

Last Name	First Name	MI	Tax ID No.
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Type of Filing Owner's (operation of owned vehicles) Operator's (operation of nonowned vehicles) Both

State Where Filing Required	County	Case or File No.	Reason for Filing
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Are there any other vehicles owned or leased by the applicant? Yes No**SECTION 12. PAYMENT PLANS**

- Option 1—Full Annual Premium
 Option 2*—Deposit 40% with 5 installments and \$2.00 per installment charge
 Premium Financed—Name of Premium Finance Company
** Not available on premium financed policies
 Note: Premium financed applications can only be submitted using the Alternative Application Procedure.*

Payment by: Check Money Order Check/Money Order No.

Total Estimated Premium \$

Amount Submitted with Application \$

SECTION 13. PREVIOUS AUTOMOBILE INSURANCE CARRIER

Information for the past three years. If a fleet, information for the past five years required. Attach loss statements from previous carrier.

Name of latest carrier	Policy No.	Termination date
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Was coverage through Plan? Yes No If "Yes", give reason terminated.

Complete the following for carriers of property and passengers.

Year	Policy No.	Policy Period		Name of Insurance Company
		From	To	
1st Prior				
2nd Prior				
3rd Prior				

SECTION 14. EVIDENCE OF INSURANCE AND REQUESTED EFFECTIVE DATE OF COVERAGE

This application having been completed and duly executed, shall be, from the effective date and time shown below, evidence of insurance in the limits and coverages specified, subject to the following conditions:

1. Coverage under this evidence of automobile insurance is to be effective for a period not to exceed 45 days from the effective date and time stated herein. Within such 45-day period, coverages under this evidence of automobile insurance will terminate immediately upon: (a) the issuance of the policy applied for, (b) the issuance of any policy affording similar insurance, or (c) the cancellation of the coverages of insurance afforded hereunder in accordance with the Principles of Operation of the Hawaii Joint Underwriting Plan.
2. A premium charge will be made for these coverages if the policy, when and as issued, is not accepted by the insured.
3. The insurance afforded hereunder shall be subject to all the terms and conditions of the policy form prescribed for use in accordance with the Principles of Operation of the Hawaii Joint Underwriting Plan.

EFFECTIVE DATE: Applicants will be subject to the effective date provisions specified in Section 37 of the Principles of Operation of the Hawaii Joint Underwriting Plan.

Requested Effective Date and Time:

(Not to exceed 45 days from the date of application submission)

Example: 09/01/2023 11:30 AM

IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS APPLICATION.

My signature hereon represents certification of the Statement of the Producer of Record on this application **AND** I certify this application is submitted pursuant to the effective date provisions contained in the Joint Underwriting Plan

(Producer's Signature) _____ (Date) _____ (Hour) A.M. P.M.

(Person Authorized to Sign for Applicant) _____ (Title) _____ (Date) _____ (Hour) A.M. P.M.

If additional named insureds are to be covered under a policy issued to the Applicant, authorized signatures for each such additional named insured shall be provided below. Such additional named insureds agree to be bound by the statements made by the Applicant in this form.

(Person Authorized to Sign for Applicant) _____ (Title) _____ (Date) _____ (Hour) A.M. P.M.

SECTION 15. APPLICANT'S STATEMENT

The Applicant declares and certifies that:

1. It has duly authorized the undersigned to execute this application on its behalf if the Applicant is not a natural person.
2. To the best of the Applicant's knowledge and belief, all statements contained in this application are true and these statements are offered as an inducement to issue the policy for which the Applicant is applying.
3. The Applicant realizes that any misleading information or failure to disclose required information will be considered lack of good faith on the Applicant's part and may void the application or cause cancellation of the Applicant's coverage.
4. The Applicant agrees that no coverage will be in effect if the premium remittance, which accompanies this application, is justifiably dishonored by any financial institution.
5. The Applicant understands that the premium shown on this application is an estimated premium. The carrier reserves the right to adjust the premium either prior to or after the issuance of the policy, whenever applicable.
6. The Applicant will pay all premiums when due.
7. The Applicant designates as Producer of Record of this insurance the Producer or firm named in the application. A substitute Producer may be designated by the Applicant at any time and, upon designation, shall be the Producer of Record. The Applicant understands that any designated Producer cannot act as an agent of the HJUP or any carrier for the purpose of this insurance and that the Producer has no authority to establish, alter or amend terms or conditions of coverage.
8. The Applicant hereby certifies that it does not owe any insurance company for automobile premiums due or contracted for.
9. The Applicant understands and agrees that if earned premium is owed to a servicing entity for prior coverage, the servicing entity may: a) apply the Applicant's deposit premium to that outstanding balance prior to applying the Applicant's deposit premium to this new application and bill the Applicant or send the Applicant a notice of cancellation for any additional deposit needed on this application or, b) return this application and deposit without providing any coverage if the Applicant's deposit is in the form of a premium finance company check. The Applicant further understands and agrees that if the Applicant's deposit premium is insufficient to cover the outstanding earned premium for prior coverage, the servicing entity may apply the entire deposit premium to that outstanding balance and return this application without providing any coverage.
10. If there are filings, all vehicles owned or leased by the insured are to be covered under this policy.

(Applicant's Signature) _____ Date: _____ Hour: _____ A.M. P.M.

NOTICE TO APPLICANT AND PRODUCER

In the event acknowledgement of coverage is not received within 45 days, notify Commercial HJUP c/o IC International 828 Fort Street Mall, Suite 200 Honolulu, HI 96813. Telephone: 1-877-622-4776

FAIR CREDIT REPORTING ACT NOTICE

In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance, the insurer may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics, or mode of living. Upon the individual's written request, the insurer will disclose in writing the nature and scope of the investigation requested, if such a report is procured.

ATTACHMENTS

- Copy of vehicle registration(s)
- Copy of all operator's licenses
- Quote and Rating Worksheet

- Uninsured and Underinsured Motorists Coverage—Commercial Auto Form (AIP 9502)
- Copies of Loss Runs
- Copies of MVRs or CourtConnect Report

- Supplemental Vehicle Schedule
- Supplemental Operator Schedule
- Finance agreement copy

Send original signed application, along with check or money order issued to State Farm Insurance Companies and required attachments to:

Commercial HJUP
c/o IC International
828 Fort Street Mall, Suite 200t
Honolulu, HI 96813

REMARKS