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

A G E N D A

Date:	April 17, 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 Particiaption:	Virtual Videoconference Meeting – Zoom Link
Phone:	1-669-900-6833 Meeting ID: 839 5974 1643 Passcode: 423787

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 – January 17, 2024

IV. Financial Reports from the Hawaii Joint Underwriting Plan

V. Additional Items for Discussion

A. AIPSO Proposal – Rating Services by AIPSO

B. AIPSO Proposal – Increased Limits of Liability

C. Servicing Provider Update from AIPSO

VI. Next Meeting – Wednesday, July 17, 2024, 9:00 a.m.

VII. 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.

January 17, 2024

BOARD OF GOVERNORS
HAWAII JOINT UNDERWRITING PLAN

PVL Examination Room
King Kalakaua Building, 3rd Floor
335 Merchant Street, Room 330
Honolulu, HI 96813

and

Videoconference via Zoom Meeting Application

I. **Call to Order** (00:00:05)

Mr. Lance Kawano called the meeting to order at 9:01 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)
Thomas Assad (AIPSO)
Alicia Hanson (AIPSO)
Victoria Ivanov (AIPSO)
Andrea Olson (AIPSO)
Edward Sullivan (AIPSO)
Tracy Walsh (AIPSO)

Members Absent:
None

II. Reading of Antitrust Statement (00:03:00)

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 (00:04:10)

Mr. Feltman moved to approve the meeting minutes from October 17, 2023. Mr. Nishioka seconded the motion. With no members objecting, the motion passed unanimously.

IV. Financial Reports from the Hawaii Joint Underwriting Plan (00:04:32)

Mr. Bump said that the cash flow projection does not look very favorable, noting that, with a drain in cash of about $800,000 over the last 12 months, cash on hand is anticipated to drop below $2 million. He suggested waiting for the April cash flow report to decide whether to issue an assessment.

Following questions regarding the accounting from Mr. Kawano and responses from Mr. Assad and Mr. Sullivan, Mr. Assad agreed to have AISPO put together a high-level summary to be distributed to the board members and offered to meet afterwards with any members who are interested in further discussion.

Mr. Bump recommended getting a proposal from AIPSO for a repricing analysis to be presented to the board at the April meeting.

V. Items for Discussion

A. AIPSO Proposal – Commercial Auto Application Changes (00:26:44)

Ms. Olson presented AIPSO's proposed amendments to update the HJUP Plan of Operations and the Attachments Section of the commercial auto application based on requests from the servicing carrier and IC International. There were no questions from the board.

Mr. Feltman moved to recommend to the Commissioner to approve the changes. Mr. Kawano seconded the motion. With no objections from the board members,

the motion passed unanimously.

B. AIPSO Proposal – Electronic Option for Submission of Policy Change Requests (00:28:03)

Ms. Hanson presented AIPSO's proposal to introduce an electronic option for submission of Private Passenger PCRs to include e-mail, facsimile, and telephone and an electronic option for submission of Commercial PCRs to include e-mail and facsimile. Mr. Feltman noted that the proposal is going to multiple state mechanisms across the country. Ms. Hanson agreed, noting that Hawaii is one of the latter states to be looking at it.

Mr. Kawano moved to recommend to the Commissioner to approve the changes. Ms. Blalock seconded the motion. With no board members objecting, the motion passed unanimously.

C. Servicing Provider Update from AIPSO (00:29:29)

Ms. Walsh said that the private passenger side of AIPSO's operations have been status quo and running smoothly, noting that, as of December 31, 2023, there were 20 private passenger policies and 1,015 CPAI policies in force. She said that AIPSO is prepared to take on HJUP's commercial business effective January 1, 2026. Mr. Assad added that State Farm has indicated that they are willing to service HJUP's commercial business until that date.

Mr. Assad said that AIPSO has started putting together a price proposal. He said that AIPSO hopes to service the business under the same fee structure that the HJUP was paying to the servicing carriers in the past; however, the way AIPSO operates commercial auto insurance programs around the country is a bit different from the way the HJUP operates. AIPSO is trying to find solutions that meet HJUP's requirements. Pricing will address all of those issues.

D. AIPSO Residual Market Forum – April 24, 2024 (00:32:32)

Mr. Bump reminded the board that AIPSO's annual Residual Market Forum will take place on April 24, 2024, noting that the HJUP can sponsor one board member's travel to attend the forum.

VI. Next Board Meeting (00:34:12)

April 17, 2024 at 9:00 a.m.

VII. Adjournment (00:34:19)

The meeting was adjourned at 9:35 a.m.

LES WILLIS
Chairperson

CHARLES P. KWOLEK, JR.
President/CEO

"Serving the Insurance Industry"

April 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 12/31/2023

Dear Jerry:

Attached are the Hawaii Joint Underwriting Plan financial statements for the period ended **December 31, 2023**. 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 – $384
   - Premium Deficiency Reserve - $0
   - Servicing Carrier Fees Claim LAE- $201
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.

302 Central Avenue, Johnston, Rhode Island 02919
(401) 946-2310 FAX (401) 528-1350

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-Superviser,

cc: Gordon Ito, HJUP
Thomas Assad, AIPSO
Kim Evangelista, AIPSO
David Maynard, AIPSO
Ed Sullivan, AIPSO
Michelle Lapierre, AIPSO

Attachements

HAWAII JOINT UNDERWRITING PLAN
CONSOLIDATED BALANCE SHEET
DECEMBER 31, 2023

	12/31/2023	12/31/2022
Assets		
Cash (Overdraft)		
Central Bank	$ (234,908.22)	$ (22,452.57)
Central Processor	-	48.00
Concentration Account	142,145.28	219,433.31
Servicing Carrier -Depository Cash	136,427.75	86,279.70
Servicing Carrier - Checks Outstanding	(96,936.37)	(68,159.50)
Servicing Carrier - Claims	(2,762.24)	-
Total Cash (Overdraft)	(56,033.80)	215,148.94
Investments	2,024,424.00	2,928,444.55
Accounts Receivable		
Servicing Carriers Premium Accounts	182,923.07	128,044.16
Cr Cards - State National	8,848.50	-
Salvage and Subrogation	200.00	-
Assigned Claims Program	303,560.22	323,408.50
Member Company	-	(48.00)
Accrued Interest	-	-
Late Payment Penalty Fees	100.00	100.00
Other	-	-
Installment Fees - State National	107.75	16.00
Due from Other JUA Plans	-	-
Total Accounts Receivable	495,739.54	451,520.66
Claim Service Fee Reserve	242,172.00	272,932.00
Total Assets	$2,706,301.74	$3,868,046.15
Liabilities & Members' Equity (Deficit)		
Loss Reserves (Incl IBNR)	$ 1,289,639.67	$ 1,960,558.58
Allocated LAE Reserve	3,610.70	500.00
Unearned Premium Reserve	1,388,323.29	1,426,667.50
Premium Deficiency Reserve	167,409.00	291,694.00
Outstanding Drafts	142,122.59	139,502.67
Outstanding Drafts - Assigned Claims	(15.70)	2,650.58
Escheat Reserves	64,232.76	65,107.50
Accounts Payable		
Servicing Carrier Fees- Claims	(5,856.44)	60,461.88
Servicing Carrier Fees- Operating	30,043.40	81,399.08
Unallocated Claim Expense Allowance	3,849.64	2,705.11
AIPSO	99,550.11	70,529.59
Commissions	6,112.33	3,336.07
Advanced Premium Collections	-	2,179.50
Other	(116,884.77)	2,500.00
Total Accounts Payable	16,814.27	223,111.23
Total Liabilities	3,072,136.58	4,109,792.06
Members' Equity (Deficit)	(365,834.84)	(241,745.91)
Total Liabilities & Members' Equity (Deficit)	$2,706,301.74	$3,868,046.15

HAWAII JOINT UNDERWRITING PLAN
CONSOLIDATED STATEMENT OF INCOME AND EXPENSES
YEAR TO DATE THROUGH DECEMBER 31, 2023

	Quarter Ending Current	Quarter Ending Prior	Fiscal Year to Date Current	Fiscal Year to Date Prior	Fiscal year to Date Change	%
Underwriting Income:						
Premium Written	$468,528.00	$637,634.77	$468,528.00	$637,634.77	($169,106.77)	-26.52%
Change in Unearned Premiums	(286,181.02)	(172,050.06)	(286,181.02)	(172,050.06)	(114,130.96)	66.34%
Premiums Earned	754,709.02	809,684.83	754,709.02	809,684.83	(54,975.81)	-6.79%
Deductions:						
Losses Paid	695,799.80	524,001.21	695,799.80	524,001.21	171,798.59	32.79%
Change in Loss Reserves	(349,403.81)	(98,225.16)	(349,403.81)	(98,225.16)	(251,178.65)	255.72%
Losses Incurred	346,395.99	425,776.05	346,395.99	425,776.05	(79,380.06)	-18.64%
Allocated LAE Paid	-	-	-	-	-	0.00%
Change in Allocated LAE Reserves	1,278.80	500.00	1,278.80	500.00	778.80	155.76%
Allocated LAE Incurred	1,278.80	500.00	1,278.80	500.00	778.80	155.76%
Change in Premium Deficiency Reserve	(10,698.00)	(32,965.00)	(10,698.00)	(32,965.00)	22,267.00	-67.55%
Servicing Carrier Fees - Claims LAE	96,436.37	75,305.04	96,436.37	75,305.04	21,131.33	28.06%
Servicing Carrier Fees - Operating	52,245.52	64,609.31	52,245.52	64,609.31	(12,363.79)	-19.14%
Commissions Written	16,853.10	21,575.34	16,853.10	21,575.34	(4,722.24)	-21.89%
DMV Surcharge Fees	1,403.49	359.54	1,403.49	359.54	1,043.95	290.36%
Total Underwriting Deductions	503,915.27	555,160.28	503,915.27	555,160.28	(51,245.01)	-9.23%
Net Underwriting Gain (Loss)	250,793.75	254,524.55	250,793.75	254,524.55	(3,730.80)	-1.47%
Investment Income	30,341.03	25,475.32	30,341.03	25,475.32	4,865.71	19.10%
Gain (Loss) on Investments	0.00	0.00	0.00	0.00	0.00	0.00%
Other Income (Expenses):						
Misc. Income	0.00	0.00	0.00	0.00	0.00	0.00%
Membership Fees	0.00	0.00	0.00	0.00	0.00	0.00%
Late Penalty Fees	-	0.00	-	0.00	-	0.00%
Commissions Charged Off	-	-	-	-	-	0.00%
Premiums Charged Off	1,032.50	(16.50)	1,032.50	(16.50)	1,049.00	-6357.58%
Premiums Charged Off - CPAI	(221,512.00)	(225,653.37)	(221,512.00)	(225,653.37)	4,141.37	-1.84%
Fronting Co Fees - AIO HI	(1,238.38)	(5,925.44)	(1,238.38)	(5,925.44)	4,687.06	-79.10%
Other than Underwriting Expenses	(188,306.73)	(101,289.27)	(188,306.73)	(101,289.27)	(87,017.46)	85.91%
Total Other Income (Expenses)	(410,024.61)	(332,884.58)	(410,024.61)	(332,884.58)	(77,140.03)	23.17%
Net Gain (Loss)	($128,889.83)	($52,884.71)	($128,889.83)	($52,884.71)	($76,005.12)	143.72%

HAWAII JOINT UNDERWRITING PLAN
CONSOLIDATED STATEMENT OF OTHER THAN UNDERWRITING EXPENSES
YEAR TO DATE THROUGH DECEMBER 31, 2023

	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	$ 2,500.00	$ 2,500.00	$ -	0.00%
Software Equipment	19,111.68	18,902.37	19,111.68	18,902.37	209.31	1.11%
Central Processor	44,513.99	44,855.48	44,513.99	44,855.48	(341.49)	-0.76%
Bank and Finance Charges	2,171.01	2,531.43	2,171.01	2,531.43	(360.42)	-14.24%
Bad Debt	0.00	0.00	0.00	0.00	0.00	0.00%
Misc Shared Resources	7,500.00	7,500.00	7,500.00	7,500.00	0.00	0.00%
Other	112,510.05	24,999.99	112,510.05	24,999.99	87,510.06	350.04%
Total Other Than Underwriting Expenses	$ 188,306.73	$ 101,289.27	$ 188,306.73	$ 101,289.27	$ 87,017.46	85.91%

HAWAII JOINT UNDERWRITING PLAN
CONSOLIDATED EXHIBIT OF RESERVES
YEAR TO DATE THROUGH DECEMBER 31, 2023

	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)	$ -	$ -	$ -	$ 1,388,323.29
Premium Deficiency Reserve	178,107.00	(10,698.00)	0.00	0.00	0.00	167,409.00
Loss Reserves	$ 711,407.48	$ (105,838.81)	$ -	$ -	$ -	$ 605,568.67
IBNR Loss Reserves	1,036,156.00	(222,834.00)	0.00	0.00	0.00	813,322.00
Anticipated Salvage and Subrogation	(108,520.00)	(20,731.00)	0.00	0.00	0.00	(129,251.00)
Loss Reserves including IBNR:	$ 1,639,043.48	$ (349,403.81)	$ -	$ -	$ -	$ 1,289,639.67
Allocated LAE Reserves	($2,331.90)	$1,278.80	$0.00	$0.00	$0.00	$ (1,053.10)

HAWAII JOINT UNDERWRITING PLAN
CONSOLIDATED QUARTERLY RESULTS OF OPERATION

	Quarter Ending Dec 2023	Quarter Ending Sep 2023	Quarter Ending Jun 2023	Quarter Ending Mar 2023	Quarter Ending Dec 2022
Underwriting Income:					
Premium Written	$468,528.00	$857,165.00	$957,005.53	$739,463.84	$637,634.77
Change in Unearned Premiums	(286,181.02)	69,895.10	214,646.39	(36,704.68)	(172,050.06)
Premiums Earned	754,709.02	787,269.90	742,359.14	776,168.52	809,684.83
Deductions:					
Losses Paid	695,799.80	556,239.34	228,926.84	587,525.73	524,001.21
Change in Loss Reserves	(349,403.81)	(28,938.71)	13,151.71	(305,728.10)	(98,225.16)
Losses Incurred	346,395.99	527,300.63	242,078.55	281,797.63	425,776.05
Allocated LAE Paid	-	-	-	-	-
Change in Allocated LAE Reserves	1,278.80	1,703.40	427.50	(299.00)	500.00
Allocated LAE Incurred	1,278.80	1,703.40	427.50	(299.00)	500.00
Change in Premium Deficiency Reserve	(10,698.00)	5,991.00	(125,205.00)	5,627.00	(32,965.00)
Servicing Carrier Fees - Claims LAE	96,436.37	139,163.61	163,555.87	61,186.53	75,305.04
Servicing Carrier Fees - Operating	52,245.52	36,373.78	105,989.51	72,880.80	64,609.31
Commissions Written	16,853.10	30,415.48	37,357.77	23,021.50	21,575.34
DMV Surcharge Fees	1,403.49	598.66	52.32	26.94	359.54
Total Underwriting Deductions	503,915.27	739,843.16	423,829.02	444,540.40	554,660.28
Net Underwriting Gain (Loss)	250,793.75	47,426.74	318,530.12	331,628.12	255,024.55
Investment Income	30,341.03	31,229.96	29,983.42	28,461.79	25,475.32
Gain (Loss) on Investments	0.00	0.00	0.00	0.00	0.00
Other Income (Expenses):					
Miscellaneous Income	0.00	0.00	0.00	(210.00)	0.00
Membership Fees	0.00	0.00	360,000.00	0.00	0.00
Late Penalty Fees	-	-	1,695.44	50.00	0.00
Commissions Charged Off	-	0.00	(741.34)	323.76	-
Premiums Charged Off	1,032.50	(2,180.96)	(539.00)	(135.00)	(16.50)
Premiums Charged Off - CPAI	(221,512.00)	(273,877.00)	(222,263.00)	(280,527.00)	(225,653.37)
Fronting Co Fees - AIO HI	(1,238.38)	(54,914.64)	(969.31)	(1,126.67)	(5,925.44)
Other than Underwriting Expenses	(188,306.73)	29,026.99	(97,559.22)	(106,250.40)	(101,289.27)
Total Other Income (Expenses)	(410,024.61)	(301,945.61)	39,623.57	(387,875.31)	(332,884.58)
Net Gain (Loss)	($128,889.83)	($223,288.91)	$388,137.11	($27,785.40)	($52,384.71)

HAWAII JOINT UNDERWRITING PLAN
RETAINED EARNINGS
December 31, 2023

Trial Balance

Total Assets	$2,464,129.74
Total Liabilities	($2,829,964.58)
Total Retained Earnings	$236,945.01
Liabilities + Retained Earnings	(2,593,019.57)
Assets + Liabilities + Retained Earnings	(128,889.83)
Total Income	($498,869.03)
Total Expense	$627,758.86
Net (Income) & Expense	128,889.83
Difference	(0.00)

Retained Earnings

Retained Earnings from Trial Balance	$236,945.01
Net (Income) & Expense from Trial Balance	$128,889.83
Total Retained Earnings	$365,834.84

HAWAII JOINT UNDERWRITING PLAN
CPAI
STATEMENT OF INCOME AND EXPENSES
YEAR TO DATE THROUGH DECEMBER 31, 2023

	Quarter Ending	Fiscal Year to Date
Underwriting Income		
Premium Written	$221,512.00	$221,512.00
Change in Unearned Premiums	(30,673.71)	(30,673.71)
Premiums Earned	252,185.71	252,185.71
Deductions		
Losses Paid	59,228.04	59,228.04
Change in Loss Reserves	20,030.08	20,030.08
Losses Incurred	79,258.12	79,258.12
Allocated LAE Paid	0.00	0.00
Change in Allocated LAE Reserves	1,264.40	500.00
Allocated LAE Incurred	1,264.40	500.00
Change in Premium Deficiency Reserve	(10,698.00)	(10,698.00)
Servicing Carrier Fees - Claims LAE	40,503.15	40,503.15
Servicing Carrier Fees - Operating	23,630.26	23,630.26
Servicing Carrier Fees - Collections	0.00	0.00
Commissions Written	0.00	0.00
Total Underwriting Deductions	132,693.53	132,693.53
Net Underwriting Gain (Loss)	119,492.18	119,492.18
Other Income (Expenses)		
Commissions Charged Off	0.00	0.00
Premiums Charged Off	(221,512.00)	(221,512.00)
Fronting Co Fees - AIO HI	(1,238.38)	(1,238.38)
Other than Underwriting Expenses	(112,500.00)	(112,500.00)
Total Other Income (Expenses)	(335,250.38)	(335,250.38)
Net Gain (Loss)	($215,758.20)	($215,758.20)

HAWAII JOINT UNDERWRITING PLAN
CPAI
EXHIBIT OF RESERVES
YEAR TO DATE THROUGH DECEMBER 31, 2023

	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)	$ -	$ -	$ -	$ 480,031.31
Premium Deficiency Reserve	178,107.00	(10,698.00)	0.00	0.00	0.00	167,409.00
Loss Reserves	$ 152,744.94	$ 31,314.08	$ -	$ -	$ -	$ 184,059.02
IBNR Loss Reserves	41,687.00	(11,036.00)	0.00	0.00	0.00	30,651.00
Anticipated Salvage and Subrogation	(9,007.00)	(248.00)	0.00	0.00	0.00	(9,255.00)
Loss Reserves including IBNR:	$ 185,424.94	$ 20,030.08	$ -	$ -	$ -	$ 205,455.02
Allocated LAE Reserves	($1,817.50)	$1,264.40	$0.00	$0.00	$0.00	$ (553.10)

HAWAII JOINT UNDERWRITING PLAN
CPAI
QUARTERLY RESULTS OF OPERATION

		Quarter Ending Dec 2023	Quarter Ending Sep 2023	Quarter Ending Jun 2023	Quarter Ending Mar 2023	Quarter Ending Dec 2022
Underwriting Income:						
Premium Written	???-420-1100-?????+???-420-1155-?	$221,512.00	$273,877.00	$222,263.00	$280,527.00	$225,653.37
Change in Unearned Premiums	???-680-0985-?????+???-680-??01-??	(30,673.71)	22,114.85	(32,575.74)	10,179.49	(57,827.16)
Premiums Earned		252,185.71	251,762.15	254,838.74	270,347.51	283,480.53
Deductions:						
Losses Paid	???-730-2295-?????+???-730-2315-?	59,228.04	41,389.02	23,791.26	36,052.71	26,055.73
Change in Loss Reserves	???-680-2260-?????+???-680-1035-?	20,030.08	(33,884.93)	(76,436.53)	34,198.00	(26,207.00)
Losses Incurred		79,258.12	7,504.09	(52,645.27)	70,250.71	(151.27)
Allocated LAE Paid	???-760-0710-?????	0.00	0.00	0.00	0.00	0.00
Change in Allocated LAE Reserves	???-680-8010-?????	1,264.40	-	-	(166.25)	1,264.40
Allocated LAE Incurred		1,264.40	-	-	(166.25)	1,264.40
Change in Premium Deficiency Reserve	???-680-1050-?????+???-680-8??6-??	(10,698.00)	5,991.00	(125,205.00)	5,627.00	(32,965.00)
Servicing Carrier Fees - Claims LAE	???-760-2360-?????+???-680-1000-?	40,503.15	46,462.57	74,279.49	3,361.42	14,790.05
Servicing Carrier Fees - Operating	???-760-8??8-?????+???-760-8?11-??	23,630.26	(20,017.75)	31,371.19	27,035.62	22,333.86
Commissions Written	???-750-2645-?????+???-750-8??7-??	0.00	0.00	0.00	0.00	0.00
Total Underwriting Deductions		132,693.53	39,939.91	(72,199.59)	106,274.75	4,007.64
Net Underwriting Gain (Loss)		119,492.18	211,822.24	327,038.33	164,072.76	279,472.89
Investment Income	???-440-0170-?????+???-440-1170-?	0.00	0.00	0.00	0.00	0.00
Gain (Loss) on Investments	???-470-1260-?????	0.00	0.00	0.00	0.00	0.00
Other Income (Expenses):						
Membership Fees	???-400-0455-?????	0.00	0.00	0.00	0.00	0.00
Late Penalty Fees	???-460-0290-?????	0.00	0.00	0.00	0.00	0.00
Commissions Charged Off	???-420-1240-?????+???-420-8??4-??	0.00	0.00	0.00	0.00	0.00
Premiums Charged Off	???-700-2270-?????+???-700-8??3-??	0.00	0.00	0.00	0.00	0.00
Premiums Charged Off - CPAI	???-700-2275-?????+???-700-8003-?	(221,512.00)	(273,877.00)	(222,263.00)	(280,527.00)	(225,653.37)
Fronting Co Fees - AIO HI	(???-800-????-01637)	(1,238.38)	(54,914.64)	(969.31)	(1,126.67)	(5,925.44)
Other than Underwriting Expenses	???-5??-????-?????+???-65?-????-????	(112,500.00)	(24,999.99)	(24,999.99)	(24,999.99)	(24,999.99)
Total Other Income (Expenses)		(335,250.38)	(353,791.63)	(248,232.30)	(306,653.66)	(256,578.80)
Net Gain (Loss)		($215,758.20)	($141,969.39)	$78,806.03	($142,580.90)	$22,894.09

HAWAII JOINT UNDERWRITING PLAN
COMMERCIAL
STATEMENT OF INCOME AND EXPENSES
DECEMBER 31, 2023

	Quarter Ending	Fiscal Year to Date
Underwriting Income		
Premium Written	$157,954.00	$157,954.00
Change in Unearned Premiums	(319,515.11)	(319,515.11)
Premiums Earned	477,469.11	477,469.11
Deductions		
Losses Paid	633,026.54	633,026.54
Change in Loss Reserves	(365,057.67)	(365,057.67)
Losses Incurred	267,968.87	267,968.87
Allocated LAE Paid	0.00	0.00
Change in Allocated LAE Reserves	0.00	0.00
Allocated LAE Incurred	0.00	0.00
Change in Premium Deficiency Reserve	0.00	0.00
Servicing Carrier Fees - Claims LAE	33,643.53	33,643.53
Servicing Carrier Fees - Operating	15,795.40	15,795.40
Servicing Carrier Fees - Collections	0.00	0.00
Commissions Written	8,009.80	8,009.80
Total Underwriting Deductions	325,417.60	325,417.60
Net Underwriting Gain (Loss)	152,051.51	152,051.51
Other Income (Expenses)		
Commissions Charged Off	0.00	0.00
Premiums Charged Off	1,032.50	1,032.50
Fronting Co Fees - AIO HI	0.00	0.00
Other than Underwriting Expenses	0.00	0.00
Total Other Income (Expenses)	1,032.50	1,032.50
Net Gain (Loss)	$153,084.01	$153,084.01

HAWAII JOINT UNDERWRITING PLAN
COMMERCIAL
EXHIBIT OF RESERVES
YEAR TO DATE THROUGH DECEMBER 31, 2023

	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)	$ -	$ -	$ -	$ 800,749.21
Premium Deficiency Reserve	-	-	-	-	-	-
Loss Reserves	$ 533,932.00	$ (127,218.67)	$ -	$ -	$ -	$ 406,713.33
IBNR Loss Reserves	949,707.00	(216,972.00)	0.00	0.00	0.00	732,735.00
Anticipated Salvage and Subrogation	(92,890.00)	(20,867.00)	0.00	0.00	0.00	(113,757.00)
Loss Reserves including IBNR:	$ 1,390,749.00	$ (365,057.67)	$ -	$ -	$ -	$ 1,025,691.33
Allocated LAE Reserves	$0.00	$0.00	$0.00	$0.00	$0.00	$ -

HAWAII JOINT UNDERWRITING PLAN
COMMERCIAL
QUARTERLY RESULTS OF OPERATION

	Quarter Ending Dec 2023	Quarter Ending Sep 2023	Quarter Ending Jun 2023	Quarter Ending Mar 2023	Quarter Ending Dec 2022
Underwriting Income:					
Premium Written	$157,954.00	$550,688.00	$705,627.53	$458,519.64	$391,204.40
Change in Unearned Premiums	(319,515.11)	37,585.64	231,287.08	(33,408.44)	(115,453.65)
Premiums Earned	477,469.11	513,102.36	474,340.45	491,928.08	506,658.05
Deductions:					
Losses Paid	633,026.54	490,259.81	144,963.70	545,028.92	496,684.83
Change in Loss Reserves	(365,057.67)	(43,521.27)	151,102.96	(335,628.33)	(61,567.51)
Losses Incurred	267,968.87	446,738.54	296,066.66	209,400.59	435,117.32
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	33,643.53	60,651.27	109,887.57	43,645.15	44,135.24
Servicing Carrier Fees - Operating	15,795.40	55,068.80	70,562.75	45,851.96	39,120.45
Commissions Written	8,009.80	27,534.38	35,281.37	22,925.97	19,560.24
Total Underwriting Deductions	325,417.60	589,992.99	511,798.35	321,823.67	537,933.25
Net Underwriting Gain (Loss)	152,051.51	(76,890.63)	(37,457.90)	170,104.41	(31,275.20)
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
Other Income (Expenses):					
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	1,032.50	(2,180.96)	(539.00)	(26.00)	(16.50)
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	0.00	0.00	0.00	0.00	0.00
Total Other Income (Expenses)	1,032.50	(2,180.96)	(539.00)	(26.00)	(16.50)
Net Gain (Loss)	$153,084.01	($79,071.59)	($37,996.90)	$170,078.41	($31,291.70)

HAWAII JOINT UNDERWRITING PLAN
PRIVATE - OTHER
STATEMENT OF INCOME AND EXPENSES
YEAR TO DATE THROUGH DECEMBER 31, 2023

	Quarter Ending	Fiscal Year to Date
Underwriting Income		
Premium Written	$37,916.00	$37,916.00
Change in Unearned Premiums	29,038.99	29,038.99
Premiums Earned	8,877.01	8,877.01
Deductions		
Losses Paid	3,545.22	3,545.22
Change in Loss Reserves	(19,446.22)	(19,446.22)
Losses Incurred	(15,901.00)	(15,901.00)
Allocated LAE Paid	0.00	0.00
Change in Allocated LAE Reserves	0.00	0.00
Allocated LAE Incurred	-	0.00
Change in Premium Deficiency Reserve	0.00	0.00
Servicing Carrier Fees - Claims LAE	294.06	294.06
Servicing Carrier Fees - Operating	5,317.06	5,317.06
Servicing Carrier Fees - Collections	0.00	0.00
Commissions Written	3,728.70	3,728.70
Total Underwriting Deductions	(6,561.18)	(6,561.18)
Net Underwriting Gain (Loss)	15,438.19	15,438.19
Other Income (Expenses)		
Commissions Charged Off	0.00	-
Premiums Charged Off	0.00	-
Fronting Co Fees - AIO HI	0.00	0.00
Other than Underwriting Expenses	0.00	0.00
Total Other Income (Expenses)	0.00	-
Net Gain (Loss)	$15,438.19	$15,438.19

HAWAII JOINT UNDERWRITING PLAN
PRIVATE - OTHER
EXHIBIT OF RESERVES
YEAR TO DATE THROUGH DECEMBER 31, 2023

	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	$ -	$ -	$ -	$ 41,847.15
Premium Deficiency Reserve	-	-	-	-	-	-
Loss Reserves	$ 19,449.49	$ (9,934.22)	$ -	$ -	$ -	$ 9,515.27
IBNR Loss Reserves	24,548.00	(9,512.00)	0.00	0.00	0.00	15,036.00
Anticipated Salvage and Subrogation	0.00	0.00	0.00	0.00	0.00	0.00
Loss Reserves including IBNR:	$ 43,997.49	$ (19,446.22)	$ -	$ -	$ -	$ 24,551.27
Allocated LAE Reserves	($514.40)	$0.00	$0.00	$0.00	$0.00	$ (514.40)

HAWAII JOINT UNDERWRITING PLAN
PRIVATE - OTHER
QUARTERLY RESULTS OF OPERATION

	Quarter Ending Dec 2023	Quarter Ending Sep 2023	Quarter Ending Jun 2023	Quarter Ending Mar 2023	Quarter Ending Dec 2022
Underwriting Income:					
Premium Written	$37,916.00	$7,524.00	$12,633.00	$417.20	$5,483.00
Change in Unearned Premiums	29,038.99	866.16	7,832.45	(4,236.24)	(987.93)
Premiums Earned	8,877.01	6,657.84	4,800.55	4,653.44	6,470.93
Deductions:					
Losses Paid	3,545.22	24,590.51	50,350.00	5,737.33	-
Change in Loss Reserves	(19,446.22)	34,633.49	(46,179.00)	(8,479.00)	(10,675.00)
Losses Incurred	(15,901.00)	59,224.00	4,171.00	(2,741.67)	(10,675.00)
Allocated LAE Paid	0.00	0.00	0.00	0.00	0.00
Change in Allocated LAE Reserves	-	0.00	0.00	(10.00)	-
Allocated LAE Incurred	-	0.00	0.00	(10.00)	-
Change in Premium Deficiency Reserve	0.00	0.00	0.00	0.00	0.00
Servicing Carrier Fees - Claims LAE	294.06	305.64	275.92	387.47	548.43
Servicing Carrier Fees - Operating	5,317.06	26.39	1,460.31	(6.78)	130.90
Commissions Written	3,728.70	665.70	428.20	106.61	485.70
Total Underwriting Deductions	(6,561.18)	60,221.73	6,335.43	(2,254.37)	(9,509.97)
Net Underwriting Gain (Loss)	15,438.19	(53,563.89)	(1,534.88)	6,907.81	15,980.90
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
Other Income (Expenses):					
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	(741.34)	323.76	0.00
Premiums Charged Off	0.00	0.00	0.00	1.75	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	0.00	0.00	0.00	0.00	0.00
Total Other Income (Expenses)	0.00	-	(741.34)	325.51	-
Net Gain (Loss)	$15,438.19	($53,563.89)	($2,276.22)	$7,233.32	$15,980.90

HAWAII JOINT UNDERWRITING PLAN
PRIVATE - HIGH RISK
STATEMENT OF INCOME AND EXPENSES
YEAR TO DATE THROUGH DECEMBER 31, 2023

	Quarter Ending	Fiscal Year to Date
Underwriting Income		
Premium Written	$51,146.00	$51,146.00
Change in Unearned Premiums	34,968.81	34,968.81
Premiums Earned	16,177.19	16,177.19
Deductions		
Losses Paid	0.00	-
Change in Loss Reserves	14,686.00	14,686.00
Losses Incurred	14,686.00	14,686.00
Allocated LAE Paid	0.00	0.00
Change in Allocated LAE Reserves	14.40	0.00
Allocated LAE Incurred	14.40	0.00
Change in Premium Deficiency Reserve	0.00	0.00
Servicing Carrier Fees - Claims LAE	22,196.63	22,196.63
Servicing Carrier Fees - Operating	7,502.80	7,502.80
Servicing Carrier Fees - Collections	0.00	0.00
Commissions Written	5,114.60	5,114.60
Total Underwriting Deductions	49,500.03	49,500.03
Net Underwriting Gain (Loss)	(33,322.84)	(33,322.84)
Other Income (Expenses)		
Commissions Charged Off	0.00	0.00
Premiums Charged Off	0.00	0.00
Fronting Co Fees - AIO HI	0.00	0.00
Other than Underwriting Expenses	0.00	0.00
Total Other Income (Expenses)	0.00	-
Net Gain (Loss)	($33,322.84)	($33,322.84)

HAWAII JOINT UNDERWRITING PLAN
PRIVATE - HIGH RISK
EXHIBIT OF RESERVES
YEAR TO DATE THROUGH DECEMBER 31, 2023

	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	$ -	$ -	$ -	$ 65,695.62
Premium Deficiency Reserve	-	-	-	-	-	-
Loss Reserves	$ 5,281.05	$ -	$ -	$ -	$ -	$ 5,281.05
IBNR Loss Reserves	20,214.00	14,686.00	0.00	0.00	0.00	34,900.00
Anticipated Salvage and Subrogation	0.00	0.00	0.00	0.00	0.00	0.00
Loss Reserves including IBNR:	$ 25,495.05	$ 14,686.00	$ -	$ -	$ -	$ 40,181.05
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 Dec 2023	Quarter Ending Sep 2023	Quarter Ending Jun 2023	Quarter Ending Mar 2023	Quarter Ending Dec 2022
Underwriting Income:					
Premium Written	$51,146.00	$25,076.00	$16,482.00	$0.00	$15,294.00
Change in Unearned Premiums	34,968.81	9,328.45	8,102.60	(9,239.49)	2,218.68
Premiums Earned	16,177.19	15,747.55	8,379.40	9,239.49	13,075.32
Deductions:					
Losses Paid	0.00	-	9,821.88	706.77	1,260.65
Change in Loss Reserves	14,686.00	17,732.00	(15,218.72)	4,424.23	722.35
Losses Incurred	14,686.00	17,732.00	(5,396.84)	5,131.00	1,983.00
Allocated LAE Paid	0.00	0.00	0.00	0.00	0.00
Change in Allocated LAE Reserves	14.40	0.00	0.00	0.00	14.40
Allocated LAE Incurred	14.40	0.00	0.00	0.00	14.40
Change in Premium Deficiency Reserve	0.00	0.00	0.00	0.00	0.00
Servicing Carrier Fees - Claims LAE	22,196.63	31,644.13	41,611.39	14,288.49	16,535.32
Servicing Carrier Fees - Operating	7,502.80	1,296.34	2,595.26	-	3,024.10
Commissions Written	5,114.60	2,215.40	1,648.20	(11.08)	1,529.40
Total Underwriting Deductions	49,500.03	52,887.87	40,458.01	19,408.41	23,071.82
Net Underwriting Gain (Loss)	(33,322.84)	(37,140.32)	(32,078.61)	(10,168.92)	(9,996.50)
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
Other Income (Expenses):					
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	(110.75)	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	0.00	0.00	0.00	0.00	0.00
Total Other Income (Expenses)	0.00	0.00	0.00	(110.75)	0.00
Net Gain (Loss)	($33,322.84)	($37,140.32)	($32,078.61)	($10,279.67)	($9,996.50)

LES WILLIS
Chairperson

CHARLES P. KWOLEK, JR.
President/CEO

"Serving the Insurance Industry"

April 4, 2024

Jerry Bump
Insurance Division
PO Box 3614
Honolulu, HI 96811-3614

RE: HJUP Cash Flow Projection – As of January 2024

Dear Jerry:

Attached is a twelve-month cash flow history to help you better estimate the timing and amount of future assessments for the HJUP. Based upon the last twelve months of activity, the monthly average cash flow projection indicates that the average cash outflow will be approximately $102,072 per month, which excludes the assigned claims assessment. We have a $1,938,526 available balance as of January 31, 2024.

AIPSO reviewed the cash position and required policy year settlements which occur when a policy year is dropped from the books. We estimated the expected outflows for the next 3 years (see attached) for both operational and policy year drop. As of December 2026, the HJUP cash balance is estimated to be ($2,742,349). While this projection provides a gauge of expected cash flow, it is not scientific and is not based on an actuarial review of the HJUP book of business. As a result, we feel going beyond 3 years may further distort its value.

This Cash Flow also includes the new AIO-HI program expenses projected for the year.

Please review the cash flow projection. If you have any questions, I can be reached at 401-429-1417 or at Victoria.Ivanov@aipso.com with preparation questions.
Sincerely,

Victoria Ivanov

Victoria Ivanov,
Financial and Investment Services-Accounting- Supervisor

CC: T. Assad D. Maynard E. Sullivan M. Lapierre K. Leite

HAWAII JUP
ANALYSIS OF CASH
MONTHLY BREAKDOWN
January 2023- January 2024

		BALANCE 01/31/23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	TOTALS
RECEIPTS:															
1	PREMIUM COLLECTIONS		92,642	224,889	117,830	125,775	441,924	294,877	205,402	82,928	81,255	155,102	227,070	116,000	2,165,694
2	COMMISSIONS RETURNED		116	226	0	0	0	206	0	704	816	1,685	1,017	115	4,885
3	INTEREST COLLECTED		8,800	9,818	9,802	10,399	9,783	10,452	10,517	10,261	10,652	10,326	9,363	8,563	118,736
5	ASSESSMENT INCOME		10,503	219,764	1,245	66,489	0	0	0	3,209	1,448	0	0	0	302,658
6	MEMBERSHIP FEE INCOME		0	0	0	0	0	0	360,000	0	0	0	0	0	360,000
7	LATE FEE INCOME		0	50	0	1,595	0	0	50	0	0	0	0	0	1,695
8	SAL/SUB& O/T-LOSS RECOVERIES		3,000	0	75	10,050	0	10,000	6,195	0	200	(200)	(100)	400	29,620
9	ASSIGN. CLAIMS SAL/SUB		400	290	400	2,250	800	500	500	450	350	500	650	150	7,240
10	STAT SUMMARY/INVEST INCOME-		0	0	13,199	0	24,723	0	0	7,826	9,210	0	759	2,771	58,488
11	GAIN/LOSS ON INVEST & AMORT		0	0	0	0	0	0	0	0	0	0	0	0	0
12	MISC INCOME-Pymt of a Distribution		0	0	0	0	0	0	0	0	0	0	0	0	0
13	RETRO ACTIVE FEE INCOME		0	0	0	0	0	0	64,897	0	0	0	0	0	64,897
	TOTAL RECEIPTS		115,461	455,037	142,551	216,558	477,230	316,035	647,561	105,378	103,931	167,413	238,759	127,999	3,113,913
EXPENSES:															
14	POLICYHOLDERS REFUNDS		1,827	22,109	12,435	20,510	21,200	12,958	29,203	26,853	15,416	10,490	46,183	9,430	228,614
15	PRODUCER COMMISSIONS		5,092	6,431	12,608	3,150	7,052	26,932	14,103	20,774	6,630	4,177	5,427	12,076	124,452
16	CLAIMS REIM TO VOL CARR		318,972	237,858	172,499	161,200	93,579	397,206	162,343	82,297	97,127	439,253	246,217	75,297	2,483,848
17	ASSIG. CLAIMS DRAFTS CASHED		94	0	55	0	650	0	0	412	2,894	20,000	0	51	24,156
18	TRANSFERS TO S/C		0	0	0	0	0	0	0	0	0	0	0	0	0
19	SERVICING CARRIER FEES		25,941	34,427	23,012	176,837	1,717	35,129	82,798	71,181	83,913	54,937	13,245	57,170	660,307
20	INTEREST PAID ON INVEST/AMORT		0	0	0	0	0	0	0	0	0	0	0	0	0
21	ASSESSMENT DISTRIBUTION		0	1,105	0	0	0	0	0	0	3,715	868	0	0	5,688
22	AIPSO-S/R & C/P FEES & OTHER		31,491	66,147	25,126	39,929	87,146	23,472	35,424	32,129	87,220	5	24,188	62,471	514,748
	TOTAL EXPENSES		383,417	368,077	245,735	401,626	211,344	495,697	323,871	233,646	296,915	529,730	335,260	216,495	4,041,813
	NET CASH FLOW - INCL ASST INCOME		(267,956)	86,960	(103,184)	(185,068)	265,886	(179,662)	323,690	(128,268)	(192,984)	(362,317)	(96,501)	(88,496)	(927,900)
	NET CASH FLOW - EXCL ASST INCOME		(278,459)	(131,699)	(104,429)	(251,557)	265,886	(179,662)	323,690	(131,477)	(190,717)	(361,449)	(96,501)	(88,496)	(1,224,870)
	ENDING CASH & INVESTMENTS	3,038,212	2,770,256	2,857,216	2,754,032	2,568,964	2,834,850	2,655,188	2,978,878	2,850,610	2,657,626	2,295,309	2,198,808	2,110,312	

** **Timing Difference consists of the Outstanding Transfers and Disbursement Checks** ** **(171,786)**

Actual Cash Balance as of January 2024 1,938,526

Prepared By: Michelle M. Lapierre

Date: 03/22/24

HAWAII JUP CASH FLOW PROJECTION - AS OF JANUARY 2024

		Excl Assessments	
Net Cash Flow for 12 months	Feb-23	$ (278,459.00)	
	Mar-23	$ (131,699.00)	
	Apr-23	$ (104,429.00)	
	May-23	$ (251,557.00)	
	Jun-23	$ 265,886.00	
	Jul-23	$ (179,662.00)	
	Aug-23	$ 323,690.00	
	Sep-23	$ (131,477.00)	
	Oct-23	$ (190,717.00)	
	Nov-23	$ (361,449.00)	
	Dec-23	$ (96,501.00)	
	Jan-24	$ (88,496.00)	
		$ (1,224,870.00)	**Sub total**
		$ (1,224,870.00)	
		12	
Average Cash Outflow per Month:		**$ (102,072.50)**	
Cash Ending Balance as of JANUARY 2024		**1,938,526**	
		$ 1,938,526.00	
2024			
Expected Operational Cash outflow (Feb-Dec 2024)		$ (1,122,797.50)	
On Island Presence- Commercial-(Nov 2023 to Dec 2024)		$ (408,338.00)	
Estimated Cash Position as of Dec 2024		**$ 407,390.50**	
2025			
Expected Operational Cash outflow		$ (1,224,870.00)	
On Island Presence- Commercial-2025		$ (350,000.00)	
Estimated Cash Position as of Dec 2025		**$ (1,167,479.50)**	
2026			
Expected Operational Cash outflow		$ (1,224,870.00)	
On Island Presence- Commercial- 2026		$ (350,000.00)	
Estimated Cash Position as of Dec 2026		**$ (2,742,349.50)**	
Estimated Cash Position as of Dec 2026		**$ (2,742,349.50)**	
PROJECTED PROGRAM EXPENSES			
On Island Presence- Commercial		$ (350,000.00)	
		12	
		$ (29,166.67)	

HJUP 2021 FISCAL YEAR

Current Servicing Carrier Fees	Private Passenger TOTAL	Commercial TOTAL	Assigned Claims		Total PP/Com
Written Premium	1,358,656	2,257,184		WP	3,615,840
Earned Premium	1,468,338	1,929,555		EP	3,397,893
Assigned Claims - Claims & Expenses Paid			285,883		-
Operating Fee Paid	85,582	225,718	-		311,300
Claims Fee Paid	175,090	224,448			399,538
Assigned Claim Fee Paid			33,995		33,995
TOTAL OPER & CLAIMS FEES PAID	260,672	450,166	33,995		744,833

HJUP 2022 FISCAL YEAR

Current Servicing Carrier Fees	Private Passenger TOTAL	Commercial TOTAL	Assigned Claims		Total PP/Com
Written Premium	1,232,074	2,071,819		WP	3,303,893
Earned Premium	1,277,458	2,308,485		EP	3,585,943
Assigned Claims - Claims & Expenses Paid			266,484		266,484
Operating Fee Paid	81,927	207,182	-		289,109
Claims Fee Paid	152,951	268,561			421,512
Assigned Claim Fee Paid			31,677		31,677
TOTAL OPER & CLAIMS FEES PAID	234,878	475,743	31,677		742,298

Servicing Entity Fees	Private Passenger	Commercial	Assigned Claims	
Fees are pro-rated due to AIPSO-HI start up date of June 2022 PP only June thru September 2022- 4 months				
EASi(15,800/12) $1,316.67 per month	5,267	N/C		5,267
App Processing - First - Ops Mgr (30,000/12) $2,500/mth	10,000	N/C		10,000
On-Island Presence (100,000/12) $8,333.33/mth	33,333			33,333
Sedgwick	559			559
AIO - Opr Fee / Min Fee (54,000 pro-rate) didn't meet min. Adj fee add	22,600			22,600
State Natl-Fronting Company	24,362			24,362
Additional Servicing Entity Fees	96,121			96,121
TOTAL OPER, CLAIMS & Add'l Servicing Entity FEES PAID	330,999	475,743	31,677	838,419

HJUP 2023 FISCAL YEAR

Current Servicing Carrier Fees	Private Passenger TOTAL	Commercial TOTAL	Assigned Claims		Total PP/Com
Written Premium	1,085,230	2,106,040		WP	3,191,270
Earned Premium	1,129,453	1,986,029		EP	3,115,482
Assigned Claims - Claims & Expenses Paid			220,151		
Operating Fee Paid	69,059	210,604	-		279,663
Claims Fee Paid	137,105	231,183			368,288
Assigned Claim Fee Paid			26,260		26,260
TOTAL OPER & CLAIMS FEES PAID	206,164	441,787	26,260		647,951

Servicing Entity Fees	Private Passenger	Commercial	Assigned Claims	
EASi(15,800/12) $1,316.67 per month	15,800	N/C		15,800
App Processing - First - Ops Mgr (30,000/12) $2,500 per month	30,000	N/C		30,000
On-Island Presence (100,000/12) per month $8,333.33	100,000			100,000
Sedgwick - Feature	89,579			89,579
State Natl-Fronting Company	62,936			62,936
AIO - Opr Fee / Min Fee (162,000x12) (Over Minimum Fee)	0			0
Additional Servicing Entity Fees	298,315			298,315
TOTAL OPER, CLAIMS & Add'l Servicing Entity FEES PAID	504,479	441,787	26,260	946,266

Commercial Fees State Farm processing starting 2024 ($350,000/12) $29,167

HAWAII COMMERCIAL Financial Data as of 4th Calendar Quarter 2023

ALL COMPANIES COMBINED

	A	B	C	D	E	F	G	H	I	J	K	L	M
						B-C-D-E		F-G	C/B	D/B	E/A	I+J+K	L+(G/A)
Policy Year	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	Incurred Losses	LAE Incurred	Other U/W Exp	Net U/W Result	Net Operating Result
					Experience by Active Policy Year Through 4th 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	729,988	219,850	328,411	945,391	23,782	921,610	32.83%	9.89%	14.77%	57.49%	58.56%
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	1,089,369	311,407	484,264	1,343,717	-125,697	1,469,415	33.74%	9.64%	15.00%	58.38%	54.49%
2019	2,697,936	2,697,936	1,700,647	267,226	404,690	325,372	-139,983	465,355	63.04%	9.90%	15.00%	87.94%	82.75%
2020	1,830,297	1,830,297	665,351	176,280	274,581	714,085	56,574	657,511	36.35%	9.63%	15.00%	60.98%	64.07%
2021	2,293,379	2,293,379	1,204,443	221,035	344,007	523,894	-61,862	585,756	52.52%	9.64%	15.00%	77.16%	74.46%
2022	2,019,579	2,019,579	1,447,433	205,632	303,003	63,512	-91,332	154,844	71.67%	10.18%	15.00%	96.85%	92.33%
2023	1,870,262	1,069,513	655,793	110,436	280,585	22,699	-237,594	260,293	61.32%	10.33%	15.00%	86.65%	73.95%
Total	**27,508,339**	**26,707,590**	**14,332,235**	**2,728,799**	**4,121,015**	**5,525,540**	**-1,343,646**	**6,869,186**	**53.66%**	**10.22%**	**14.98%**	**78.86%**	**73.98%**
					Experience by Active Policy Year Through 4th Calendar Quarter 2022								
2013	1,870,239	1,870,239	564,551	188,119	280,056	837,512	-32,501	870,013	30.19%	10.06%	14.97%	55.22%	53.48%
2014	2,223,640	2,223,640	730,438	219,850	328,411	944,941	23,782	921,160	32.85%	9.89%	14.77%	57.51%	58.58%
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	3,342,955	410,720	537,554	-707,184	-72,614	-634,570	93.27%	11.46%	15.00%	119.73%	117.70%
2018	3,228,757	3,228,757	1,132,356	311,407	484,264	1,300,730	-125,697	1,426,428	35.07%	9.64%	15.00%	59.71%	55.82%
2019	2,697,936	2,697,936	1,745,872	267,083	404,690	280,291	-139,983	420,274	64.71%	9.90%	15.00%	89.61%	84.42%
2020	1,830,297	1,830,297	642,197	176,280	274,581	737,239	56,574	680,665	35.09%	9.63%	15.00%	59.72%	62.81%
2021	2,294,572	2,294,572	1,396,603	230,372	344,186	323,411	-61,862	385,273	60.87%	10.04%	15.00%	85.91%	83.21%
2022	2,015,858	1,131,058	592,718	113,061	302,379	122,901	-92,226	215,127	52.40%	10.00%	15.00%	77.40%	72.82%
Total	**25,635,550**	**24,750,750**	**13,112,055**	**2,517,690**	**3,839,985**	**5,281,020**	**-1,106,946**	**6,387,966**	**52.98%**	**10.17%**	**14.98%**	**78.13%**	**73.81%**
					Change in Experience by Active Policy Years from 4th Calendar Quarter 2022 Through 4th Calendar Quarter 2023								
2013	0	0	-39,771	0	0	39,771	0	39,771					
2014	0	0	-450	0	0	450	0	450					
2015	0	0	0	0	0	0	0	0					
2016	0	0	0	0	0	0	0	0					
2017	0	0	7,111	17,297	0	-24,407	0	-24,407					
2018	0	0	-42,987	0	0	42,987	0	42,987					
2019	0	0	-45,225	143	0	45,082	0	45,082					
2020	0	0	23,154	0	0	-23,154	0	-23,154					
2021	-1,193	-1,193	-192,161	-9,337	-179	200,483	0	200,483					
2022	3,721	888,521	854,715	92,571	624	-59,389	894	-60,283					
2023	1,870,262	1,069,513	655,793	110,436	280,585	22,699	-237,594	260,293					
Total	**1,872,789**	**1,956,840**	**1,220,180**	**211,110**	**281,030**	**244,520**	**-236,700**	**481,221**					

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 4th Calendar Quarter 2023

ALL COMPANIES COMBINED

	A	B	C	D	E	F	G	H	I	J	K	L	M
						B-C-D-E		F-G	C/B	D/B	E/A	I+J+K	L+(G/A)
Policy Year	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	Incurred Losses	LAE Incurred	Other U/W Exp	Net U/W Result	Net Operating Result
					Experience by Active Policy Year Through 4th 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	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	392,378	140,600	1,488,883	-616,027	-63,721	-552,306	27.91%	10.00%	105.91%	143.82%	139.29%
2021	1,191,811	1,191,811	316,362	119,217	1,263,319	-507,088	-51,588	-455,500	26.54%	10.00%	106.00%	142.54%	138.21%
2022	1,119,990	1,119,990	208,176	111,960	1,209,790	-409,936	-33,294	-376,642	18.59%	10.00%	108.02%	136.61%	133.64%
2023	988,501	508,470	85,772	50,828	1,215,223	-843,354	-53,819	-789,534	16.87%	10.00%	122.94%	149.81%	144.37%
Total	**21,713,292**	**21,233,261**	**5,842,786**	**2,186,849**	**23,207,230**	**-10,003,604**	**-1,028,767**	**-8,974,838**	**27.52%**	**10.30%**	**106.88%**	**144.70%**	**139.96%**
					Experience by Active Policy Year Through 4th Calendar Quarter 2022								
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	513,395	199,479	2,114,869	-832,950	-122,807	-710,143	25.74%	10.00%	106.02%	141.76%	135.60%
2019	1,823,863	1,823,863	440,068	182,364	1,935,211	-733,780	-97,144	-636,637	24.13%	10.00%	106.11%	140.24%	134.91%
2020	1,405,834	1,405,834	386,836	140,600	1,488,883	-610,485	-63,721	-546,764	27.52%	10.00%	105.91%	143.43%	138.90%
2021	1,191,811	1,191,811	332,633	125,117	1,263,319	-529,258	-51,588	-477,670	27.91%	10.50%	106.00%	144.41%	140.08%
2022	1,110,312	599,326	153,047	59,956	1,491,228	-1,104,905	-33,294	-1,071,611	25.54%	10.00%	134.31%	169.85%	166.85%
Total	**20,715,113**	**20,204,127**	**5,741,855**	**2,078,321**	**22,273,445**	**-9,889,493**	**-974,947**	**-8,914,546**	**28.42%**	**10.29%**	**107.52%**	**146.23%**	**141.52%**
					Change in Experience by Active Policy Years from 4th Calendar Quarter 2022 Through 4th Calendar Quarter 2023								
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	-30,201	0	0	30,201	0	30,201					
2019	0	0	959	-3	0	-955	0	-955					
2020	0	0	5,542	0	0	-5,542	0	-5,542					
2021	0	0	-16,270	-5,900	0	22,170	0	22,170					
2022	9,678	520,664	55,129	52,004	-281,437	694,969	0	694,969					
2023	988,501	508,470	85,772	50,828	1,215,223	-843,354	-53,819	-789,534					
Total	**998,179**	**1,029,134**	**100,931**	**108,529**	**933,786**	**-114,111**	**-53,819**	**-60,292**					

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 4th Calendar Quarter 2023

ALL COMPANIES COMBINED

Policy Year	A Premium Written	B Premium Earned	C Losses Incurred Including IBNR	D Claim Service Fees	E Other Underwriting Expenses	F B-C-D-E Net Underwriting Results	G Net Misc. Income & Expense	H F-G Net Result of Operations	I C/B Incurred Losses	J D/B LAE Incurred	K E/A Other U/W Exp	L I+J+K Net U/W Result	M L+(G/A) Net Operating Result
Experience by Active Policy Year Through 4th 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	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	17,731	13,010	17,064	89,953	-8,639	98,592	12.87%	9.44%	12.39%	34.70%	28.43%
2019	139,019	139,019	101,211	13,621	16,936	7,251	-7,141	14,392	72.80%	9.80%	12.18%	94.78%	89.64%
2020	143,165	143,165	9,688	13,218	16,873	103,386	-16,163	119,549	6.77%	9.23%	11.79%	27.79%	16.50%
2021	135,568	135,568	80,329	12,456	15,767	27,016	-7,644	34,661	59.25%	9.19%	11.63%	80.07%	74.43%
2022	64,978	64,978	37,509	6,736	10,394	10,340	-3,396	13,737	57.72%	10.37%	16.00%	84.09%	78.86%
2023	149,876	42,333	65,334	4,645	28,698	-56,345	-1,787	-54,557	154.33%	10.97%	19.15%	184.45%	183.26%
Total	**1,926,000**	**1,818,457**	**832,737**	**183,228**	**260,814**	**541,677**	**-73,663**	**615,340**	**45.79%**	**10.08%**	**13.54%**	**69.41%**	**65.59%**
Experience by Active Policy Year Through 4th Calendar Quarter 2022													
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	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	103,068	13,567	16,936	5,448	-7,141	12,589	74.14%	9.76%	12.18%	96.08%	90.94%
2020	143,165	143,165	11,287	13,218	16,873	101,786	-16,163	117,949	7.88%	9.23%	11.79%	28.90%	17.61%
2021	135,568	135,568	86,320	12,856	15,767	20,626	-7,644	28,270	63.67%	9.48%	11.63%	84.78%	79.14%
2022	63,660	32,779	20,623	3,182	10,076	-1,102	-3,505	2,403	62.91%	9.71%	15.83%	88.45%	82.94%
Total	**1,774,805**	**1,743,924**	**760,661**	**174,462**	**231,798**	**577,003**	**-71,985**	**648,987**	**43.62%**	**10.00%**	**13.06%**	**66.68%**	**62.62%**
Change in Experience by Active Policy Years from 4th Calendar Quarter 2022 Through 4th Calendar Quarter 2023													
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	912	0	-912	0	-912					
2018	0	0	-696	0	0	696	0	696					
2019	0	0	-1,858	55	0	1,803	0	1,803					
2020	0	0	-1,599	0	0	1,599	0	1,599					
2021	0	0	-5,991	-400	0	6,391	0	6,391					
2022	1,318	32,199	16,886	3,554	317	11,442	109	11,333					
2023	149,876	42,333	65,334	4,645	28,698	-56,345	-1,787	-54,557					
Total	**151,194**	**74,532**	**72,076**	**8,766**	**29,016**	**-35,326**	**-1,678**	**-33,647**					

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

LES WILLIS
Chairperson

CHARLES P. KWOLEK, JR.
President/CEO

Serving the Insurance Industry

February 5, 2024

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

RE: Proposal for Rating Services

Dear Mr. Bump,

As requested, the below proposal of rating services has been prepared for the Hawaii Joint Underwriting Plan.

Private Passenger Risks:

The HJUP currently contains separate rates for three classes of private passenger risks: high risk insureds, CPAI insureds, and others unable to obtain coverage. Separate rate reviews will be prepared for CPAI and the remaining 2 classes combined.

- The CPAI analysis will be based upon the latest available ratemaking data specific to CPAI risks. Because there is only one rate ($975), the indication will be based upon all coverages combined.
- The remaining two non-CPAI classes (high risk insureds and others unable to obtain coverage) will be combined into one indication. Due to very low volume, this indication will be based upon 10 years of all non-CPAI financial data. The overall rate need will then be distributed to individual coverages based upon adoption of current approved HIB loss costs.

It should take 100 hours ($17,600) to produce these two separate rate reviews. Included in this estimate is:

- Data Quality Review
- Development of two indicated and proposed rate level change analyses
- Calculation and adoption of relativity factors between high risk insureds and others unable to obtain coverage.
- Analysis of adopting HIB's current rating factors (i.e, increased limit factors, deductible, classification, etc…) and any necessary revised manual rules
- Presentation to HJUP Advisory Board via teleconference
- Production of filing document to include explanatory memorandums, any needed filing forms, and any required rule/rate pages
- Submission of filings to Hawaii Insurance Department via SERFF
- Announcement of rate approval
- Implementation of rate/rule revisions in the HJUP manual and on AIPSO.com

The above quote does NOT include hours needed for responding to Insurance Department inquiries or any travel requested by the Advisory Board or Insurance Department.

Commercial Risks:

A 10-year all sublines combined commercial indication based upon HJUP financial data will be produced. In order to distribute the resulting all sublines combined indication, the HIB loss costs will be utilized. The HJUP rates will be a combination of prospective loss costs and involuntary loss cost multipliers to reproduce the indicated rate need from the financial data. As part of the commercial rate filing, we would also recommend collapse of the HJUP physical damage rate pages, review and adoption of HIB's latest increased limit, deductible, OCN, age, and classification factors.

It should take 145 hours ($25,520) to complete the commercial rate analysis. Included in this estimate is:

- Data Quality Review
- Development of indicated and proposed rate level changes
- Analysis of adopting HIB's current rating factors (i.e., increased limit factors, deductible, classification, etc…) and any necessary revised manual rules. This will require receipt of policy in force data from the current servicing carrier.
- Collapse the HJUP physical damage rate pages so the necessary base rates and factors will be provided in tables as opposed to calculated rates
- Presentation to HJUP Advisory Board via teleconference
- Production of filing document to include explanatory memorandums, any needed filing forms, and any required rule/rate pages
- Submission of filing to Hawaii Insurance Department via SERFF
- Announcement of rate approval
- Implementation of rate/rule revisions in the HJUP manual and on AIPSO.com

The above quote does NOT include hours needed for responding to Insurance Department inquiries or any travel requested by the Advisory Board or Insurance Department.

If you have any questions on the above items or would like to discuss them further, please do not hesitate to contact me. Once we receive your approval to proceed with the analyses, we estimate an approximate 2 month turnaround time.

Sincerely,

Amy L. Hicks

Amy Hicks, FCAS, MAAA
Vice President & Chief Actuary
Amy.Hicks@aipso.com
(401)528-1427

INCREASED LIMITS OF LIABILITY

Defining the Issue

Currently, the Hawaii Joint Underwriting Plan Manual does not provide residual bodily injury and property damage liability increased limits of $250,000/750,000/250,000 or $1,000,000 CSL required by law or contract.

Since these limits are frequently required by law or contract, it was requested that the limits be added to the HJUP Manual in order 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 State or Federal 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, property damage liability and uninsured and underinsured motorists limits of $250,000/750,000/250,000 and $1,000,000 CSL required by law or contractually by State or Federal agency.

Impact

The introduction of the additional limits will avoid the need to file an individual risk submission for approval by the Insurance Department when the limits are requested. In addition, the proposed amendments will clarify that the contract requirement must be by a State or Federal agency.

AIPSO Systems Impact: ISPS can accommodate any effective date. This has a normal impact on EASi and Private Passenger Rating. Depending on the effective date, we may be able to incorporate these proposed changes into our development work to set up Hawaii Commercial Auto in Galaxy.

Proposed Changes

PRINCIPLES OF OPERATION

Section 21. Extent of Coverage

Section 35. Extent of Coverage

These sections are amended to introduce residual bodily injury and property damage liability limits of $250,000/750,000/250,000 and $1,000,000 CSL. In addition, the required by law language is amended to clarify that the higher limits are required by law or contractually by a State or Federal agency.

MANUAL OF RULES AND RATES

Rule 25. Increased Limits

Rule 52. Increased Limits

These rules are amended to introduce residual bodily injury and property damage liability limits of $250,000/750,000/250,000 and $1,000,000 CSL. In addition, the required by law language is amended to clarify that the higher limits are required by law or contractually by a State or Federal agency.

APPLICATION FORMS

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

Section 5 is amended to introduce uninsured and underinsured motorists limits of $250,000/750,000 and $1,000,000 CSL. In addition, the required by law language is amended to clarify that the higher limits are required by law or contractually by a State or Federal agency.

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

Section 5 is amended to introduce uninsured and underinsured motorists limits of $250,000/750,000 and $1,000,000 CSL. In addition, the required by law language is amended to clarify that the higher limits are required by law or contractually by a State or Federal agency.

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

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

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

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

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

Section 10 is amended to introduce residual bodily injury and property damage liability and uninsured and underinsured motorists limits of $250,000/750,000/250,000 and $1,000,000 CSL. In addition, the required by law language is amended to clarify that the higher limits are required by law or contractually by a State or Federal agency.

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 up to $1,000,000 CSL if required by law or contractually by a State or Federal agency;

      ~~(3)~~(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
      $100,000/300,000
      $250,000/750,000*
      $300,000/300,000*
      $300,000/600,000*

      *where required by law or contractually by a State or Federal 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 State or Federal agency

      Refer to Rule 2 for additional coverage in excess of the basic limits exceeding $300,000/600,000/250,000 or $1,000,000 CSL where required by law or contractually by a State or Federal agency.

      ~~(4)~~(5) uninsured motorists coverage is afforded on a stacked basis at the limits of liability specified in the applicable rules and rates.

      An insured has the option, in writing, to reject uninsured motorists coverage or stacked uninsured motorists coverage or limits equal to the residual bodily injury liability limits and select lower limits, but not less than the financial responsibility limits.

      ~~(5)~~(6) underinsured motorists coverage is afforded on a stacked basis at the standard limits of liability specified in the applicable rules and rates.

      An insured has the option, in writing, to reject underinsured motorists coverage or stacked underinsured motorists coverage or limits equal to the residual bodily injury liability limits and select lower limits, but not less than the financial responsibility limits.

      ~~(6)~~(7) personal injury protection payments coverage at an aggregate limit of $10,000 per person. For additional optional benefits, refer to Rule 28 and the Private Passenger Auto Rate Chapter.

      Personal injury protection coverage shall be available to an applicant, but only in conjunction with the same policy written in accordance with the HJUP affording residual bodily injury and property damage coverage.

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) liability limits up to $1,000,000 CSL if required by law or contractually by a State or Federal agency;

~~(3)~~(4) in no event shall the servicing entity be required to write limits in excess of the basic limits as set forth in Section 35.A.1.a that exceed $300,000/600,000/~~50,000~~250,000 or $1,000,000 CSL unless required by law or contractually by a State or Federal agency.

Refer to Rule 2 for additional coverage in excess of the basic limits exceeding $300,000/600,000/~~50,000~~250,000 or $1,000,000 CSL where required by law or contractually by a State or Federal agency.

~~(4)~~(5) 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
100,000/300,000
250,000/750,000*
300,000/300,000*
300,000/600,000*

*where required by law or contractually by a State or Federal 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 State or Federal agency

~~(5)~~(6) uninsured motorists coverage is afforded on a stacked basis at the limits of liability specified in the applicable rules and rates;

An insured has the option, in writing, to reject uninsured motorists coverage or stacked uninsured motorists coverage or limits equal to the residual bodily injury liability limits and select lower limits, but not less than the financial responsibility limits;

~~(6)~~(7) underinsured motorists coverage is afforded on a stacked basis at the standard limits of liability specified in the applicable rules and rates;

An insured has the option, in writing, to reject underinsured motorists coverage or stacked underinsured motorists coverage or limits equal to the residual bodily injury liability limits and select lower limits, but not less than the financial responsibility limits;

~~(7)~~(8) personal injury protection coverage at an aggregate limit of $10,000 per person. The following optional deductibles are available: $100, $300, $500, and $1,000.

Personal injury protection coverage shall be available to an applicant, but only in conjunction with the same policy written in accordance with the HJUP affording residual bodily injury and property damage coverage.

MANUAL OF RULES AND RATES

Rule 25. INCREASED LIMITS

*Paragraph **A** is amended and **B** is introduced as follows: (Current paragraph **B** is redesignated **C**.)*

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
100/300	1.66	2.20	2.20
250/750*	2.02	3.08	3.08
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
250,000*	1.17	1.20	1.23

*where required by law or contractually by a State or Federal agency

B. **Single Limits**

RBI and PD Limits	Private Passenger	Named Nonowner	All Other Risks
$1,000,000*	2.37	2.37	2.37

*where required by law or contractually by a State or Federal agency

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 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 and Medium Trucks	Heavy Trucks and Truck-Tractors
$50,000/100,000	1.680	1.680
100,000/300,000	2.200	2.200
250,000/750,000*	3.080	3.080
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
100,000/300,000	2.200	2.200	2.200
250,000/750,000*	3.080	3.080	3.080
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 State or Federal agency

Table 1A

PD Limits	Light and Medium Trucks	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
250,000*	1.23	1.23

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
250,000*	1.23	1.20	1.23

*where required by law or ~~contract law~~ contractually by a State or Federal agency

Table 2

RBI and PD Limits	**Light and Medium Trucks**	**Heavy Trucks and Truck-Tractors**
$1,000,000*	2.12	2.46

RBI and PD Limits	**Extra Heavy Trucks and Truck-Tractors**	**Private Passenger Types**	**All Other Risks**
$1,000,000	2.47	2.37	2.03

*where required by law or contractually by a State or Federal 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

	Uninsured Motorists		Underinsured Motorists	
Limit Options	**Nonstacked**	**Stacked**	**Nonstacked**	**Stacked**
$20,000/$40,000	$109	$218	$ 75	$150
$50,000/$100,000	$155	$310	$107	$213
$100,000/$300,000	$181	$362	$125	$249
$250,000/$750,000*	$220	$440	$152	$303
$300,000/$300,000*	$199	$399	$137	$275
$300,000/$600,000*	$203	$405	$140	$279
$1,000,000 (CSL)*	$258	$517	$178	$356

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

Premium Table Effective January 1, 2015 New Business All Other

	Uninsured Motorists		Underinsured Motorists	
Limit Options	**Nonstacked**	**Stacked**	**Nonstacked**	**Stacked**
$20,000/$40,000	$109	$218	$ 75	$150
$50,000/$100,000	$183	$366	$126	$252
$100,000/$300,000	$240	$480	$165	$330
$250,000/$750,000*	$336	$671	$231	$462
$300,000/$300,000*	$327	$654	$225	$450
$300,000/$600,000*	$330	$661	$227	$455
$1,000,000 (CSL)*	$258	$517	$178	$356

*These limits are available where required by law or contractually by a State or Federal 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.

- □ 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/$300,000 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*
- □ $1,000,000 Combined Single Limit*

*Limit available where required by law or contractually by a State or Federal 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/$300,000 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*
- □ $1,000,000 Combined Single Limit*

*Limit available where required by law or contractually by a State or Federal 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

	Uninsured Motorists		Underinsured Motorists	
Limit Options	**Nonstacked**	**Stacked**	**Nonstacked**	**Stacked**
$20,000/$40,000	$31	$ 62	$ 58	$117
$50,000/$100,000	$52	$104	$ 97	$197
$100,000/$300,000	$68	$136	$128	$257
$250,000/$750,000*	$95	$191	$179	$360
$300,000/$300,000*	$93	$186	$174	$351
$300,000/$600,000*	$94	$188	$176	$355
$1,000,000 (CSL)*	$73	$147	$137	$277

*These limits are available where required by law or contractually by State or Federal agency.

Premium Table B—Effective January 1, 2015 New Business
Public Autos

	Uninsured Motorists		Underinsured Motorists	
Limit Options	**Nonstacked**	**Stacked**	**Nonstacked**	**Stacked**
$20,000/$40,000	$ 47	$ 95	$110	$220
$50,000/$100,000	$ 79	$160	$185	$370
$100,000/$300,000	$103	$209	$242	$484
$250,000/$750,000*	$145	$293	$339	$678
$300,000/$300,000*	$141	$285	$330	$660
$300,000/$600,000*	$142	$288	$333	$667
$1,000,000 (CSL)*	$95	$193	$223	$447

*These limits are available where required by law or contractually by State or Federal agency.

Premium Table C—Effective January 1, 2015 New Business All Other

	Uninsured Motorists		Underinsured Motorists	
Limit Options	**Nonstacked**	**Stacked**	**Nonstacked**	**Stacked**
$20,000/$40,000	$19	$ 37	$ 44	$ 88
$50,000/$100,000	$32	$ 62	$ 74	$148
$100,000/$300,000	$42	$ 81	$ 97	$194
$250,000/$750,000*	$59	$114	$136	$271
$300,000/$300,000*	$57	$111	$132	$264
$300,000/$600,000*	$58	$112	$133	$267
$1,000,000 (CSL)*	$39	$75	$89	$179

*These limits are available where required by law or contractually by State or Federal 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/$300,000 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*

□ $1,000,000 Combined Single Limit*

*Limit available where required by law contractually by a State or Federal 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/$300,000 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*
- □ $1,000,000 Combined Single Limit*

*Limit available where required by law contractually by a State or Federal 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

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. 1	No. 2	No. 3	No. 4	Birth Date Mo./Day/Yr.	Driver's License No.	State	Licensed 3 Years? If No, give date issued
APPLICANT	APPLICANT								☐ Yes ☐ No_____
									☐ Yes ☐ No_____
									☐ Yes ☐ No_____
									☐ Yes ☐ No_____

Applicant's Occupation	Nature of Business	Employer's Name

Employer's Street Address	City	State	Zip Code

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 Carrier.

Producer's Signature:

_____

 NOTE: For items where space is insufficient, use Remarks Section.

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.)	☐ New ☐ Used	Cost	Damaged* ☐ Yes ☐ No	Altered* ☐ Yes ☐ No	Damaged Glass* ☐ Yes ☐ No	* If yes, explain in Remarks Section

☐ Loss Payee ☐ Lessor	Name	Street Address	City	State	Zip Code

☐ Pleasure ☐ Work/School	☐ Business ☐ Farm	Garaged ☐ Yes ☐ 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.)	☐ New ☐ Used	Cost	Damaged* ☐ Yes ☐ No	Altered* ☐ Yes ☐ No	Damaged Glass* ☐ Yes ☐ No	* If yes, explain in Remarks Section

☐ Loss Payee ☐ Lessor	Name	Street Address	City	State	Zip Code

☐ Pleasure ☐ Work/School	☐ Business ☐ Farm	Garaged ☐ Yes ☐ 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.)	☐ New ☐ Used	Cost	Damaged* ☐ Yes ☐ No	Altered* ☐ Yes ☐ No	Damaged Glass* ☐ Yes ☐ No	* If yes, explain in Remarks Section

☐ Loss Payee ☐ Lessor	Name	Street Address	City	State	Zip Code

☐ Pleasure ☐ Work/School	☐ Business ☐ Farm	Garaged ☐ Yes ☐ 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.)	☐ New ☐ Used	Cost	Damaged* ☐ Yes ☐ No	Altered* ☐ Yes ☐ No	Damaged Glass* ☐ Yes ☐ No	* If yes, explain in Remarks Section

☐ Loss Payee ☐ Lessor	Name	Street Address	City	State	Zip Code

☐ Pleasure ☐ Work/School	☐ Business ☐ Farm	Garaged ☐ Yes ☐ 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.

 NOTE: For items where space is insufficient, use Remarks Section.

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 ☐ $20,000/40,000 ☐ $50,000/100,000 ☐ $100,000/300,000 ☐ $250,000/750,000* ☐ $300,000/300,000* ☐ $300,000/600,000* *where required by law or contractually by State or Federal agency.				
Property Damage Liability ☐ $10,000 ☐ $15,000 ☐ $20,000 ☐ $30,000 ☐ $50,000* ☐ $250,000* *where required by law or contractually by State or Federal agency.				
Combined Single Limits ☐ $1,000,000* *where required by law or contractually by State or Federal agency.				
Personal Injury Protection Coverage ☐ Basic $10,000 Deductible ☐ $0 ☐ $100 ☐ $300 ☐ $500 ☐ $1,000				
Optional Benefits Coverage Wage Loss Benefits ☐ $500/3,000 ☐ $1,000/6,000 ☐ $1,500/9,000 ☐ $2,000/12,000 Death Benefits ☐ $25,000 ☐ $50,000 ☐ $75,000 ☐ $100,000 Funeral Expenses ☐ $2,000 Alternate Expenses ☐ Maximum $75 per visit, not to 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) ☐ None* ☐ $20,000/40,000 ☐ $50,000/100,000 ☐ $100,000/300,000 ☐ $250,000/750,000** ☐ $300,000/300,000** ☐ $300,000/600,000** ☐ $1,000,000 (CSL)** **where required by law or contractually by State or Federal 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? ☐ Yes ☐ 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) ☐ None* ☐ $20,000/40,000 ☐ $50,000/100,000 ☐ $100,000/300,000 ☐ $250,000/750,000** ☐ $300,000/300,000** ☐ $300,000/600,000** ☐ $1,000,000 (CSL)** **where required by law or contractually by State or Federal 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? ☐ Yes ☐ 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	$			

 NOTE: For items where space is insufficient, use Remarks Section.

SECTION 6. PAYMENT PLANS

☐ Option 1—Full Annual Premium ☐ Option 2—Advance Premium Payment Deposit 30% with the balance due within 30 calendar days from the date of the premium notice. ☐ Option 3—Installment Premium Payments Deposit 25% with 5 installments and $4.00 per installment charge ☐ Premium Financed—Name of Premium Finance Company *Note: Premium financed applications can only be submitted using the Alternative Application Procedure.*	Total Estimated Premium	$
	Amount Submitted with Application	$

SECTION 7. INSURANCE RECORD

Has Applicant had insurance in the past? ☐ No ☐ Yes If "Yes," complete the following.

Name and address of latest carrier	Policy No.	Termination Date

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

Are any other vehicles owned by any member of household? ☐ Yes ☐ 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? ☐ Yes ☐ 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					
				$	☐ Yes ☐ No	$		
				$	☐ Yes ☐ No	$		
				$	☐ Yes ☐ No	$		
				$	☐ Yes ☐ 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? ☐ Yes ☐ 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
		☐ Yes ☐ No				
		☐ Yes ☐ No				
		☐ Yes ☐ No				
		☐ Yes ☐ No				

 NOTE: For items where space is insufficient, use Remarks Section.

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 ☐ Owner's (to allow for operation of owned vehicles) ☐ Operator's (to allow for operation of nonowned vehicles) ☐ Both		
Do you own any other vehicle? ☐ Yes ☐ 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 ☐ Owner's (to allow for operation of owned vehicles) ☐ Operator's (to allow for operation of nonowned vehicles) ☐ Both		
Do you own any other vehicle? ☐ Yes ☐ 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 ☐ Yes ☐ No
B. Named individual(s) requesting coverage: _____
C. Type of vehicle Applicant will operate. ☐ Private Passenger ☐ Commercial ☐ Taxi /Bus ☐ Other (describe) _____
D. Vehicle will be operated in Applicant's occupation or business ☐ Yes ☐ No
E. Is vehicle owned by a member of the household? ☐ Yes ☐ No
If answer to B or C is "Yes," give name of insurance company providing liability coverage. _____
Is Applicant excluded? ☐ Yes ☐ 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:

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:** _____ ☐ A.M. ☐ 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:** _____ ☐ 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 AIPSO, P.O. Box 6530 Providence, Rhode Island 02940-6530.
Telephone: 1-877-622-4776 Fax: 1-866-253-4235

 NOTE: For items where space is insufficient, use Remarks Section.

ATTACHMENTS

- ☐ Copy of vehicle registration(s)
- ☐ Copy of all operator's licenses
- ☐ Finance agreement copy
- ☐ Uninsured and Underinsured Motorists Coverage—Personal Auto Form (AIP 9501)
- ☐ Copies of CLUE Report
- ☐ Copies of MVR or Court Connect Report
- ☐ Credit Card Payment Authorization and Receipt

REMARKS SECTION

NOTE: For items where space is insufficient, use Remarks Section.

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	☐ 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. ☐ 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 ☐ Replacement Vehicle or ☐ Added Vehicle	Year	Make	Model Name & Body Style	Vehicle Identification No.	
	H.P/Cub. In./CC	Purchased Mo. Yr. ☐ New ☐ Used	Cost New	Damaged* ☐ Yes ☐ No	Altered* ☐ Yes ☐ No / Damaged Glass* ☐ Yes ☐ No / Garaged ☐ Yes ☐ No
	*If yes, explain in Remarks Section.				

Use and Classification	☐ Pleasure ☐ Business ☐ Work/School ☐ 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.	Symbols Coll.	Age Group

b. Commercial Type*
☐ Replacement Vehicle or ☐ Added Vehicle

	a. Year, Trade Name, Body Type—Truck, Truck-Tractor Trailer, Semitrailer, Bus Seating Capacity, Model No.	b. Vehicle Identification No. / State of Registration	c. Garage Location (Town, State) / Rating Territory*	Purpose of Use**	Purchased Mo./Yr.	New/Used		Gross Vehicle Weight (GVW) Trucks Only	CLASSES/FACTORS Size (L-M-H-EH)	Radius (L-I)	Seating Capacity/ Tank Capacity	
				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
	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 _____

NOTE: For items where space is insufficient, use Remarks Section.

3. ☐ LOSS PAYEE ☐ LESSOR	Add ☐	Change To ☐	Delete ☐	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 ☐ Change To ☐ No Change ☐ Delete ☐	Residual Bodily Injury Liability ☐ $20,000/40,000 ☐ $50,000/100,000 ☐ $100,000/300,000 ☐ $250,000/750,000* ☐ $300,000/300,000* ☐ $300,000/600,000* *where required by law or contractually by State or Federal agency.		
Add ☐ Change To ☐ No Change ☐ Delete ☐	Property Damage Liability ☐ $10,000 ☐ $15,000 ☐ $20,000 ☐ $30,000 ☐ $50,000* ☐ $250,000* *where required by law or contractually by State or Federal agency.		
Add ☐ Change To ☐ No Change ☐ Delete ☐	Combined Single Limits ☐ $1,000,000* *where required by law or contractually by State or Federal agency		
Add ☐ Change To ☐ No Change ☐ Delete ☐	Personal Injury Protection Coverage ☐ Basic $10,000 Deductible ☐ $0 ☐ $100 ☐ $300 ☐ $500 ☐ $1,000 Is this risk covered by workers' compensation insurance? ☐ Yes ☐ No		
Add ☐ Change To ☐ No Change ☐ Delete ☐	Optional Benefits Coverage (Private Passenger Autos Only) Wage Loss Benefits ☐ $500/3,000 ☐ $1,000/6,000 ☐ $1,500/9,000 ☐ $2,000/12,000 Death Benefits ☐ $25,000 ☐ $50,000 ☐ $75,000 ☐ $100,000 Funeral Expenses ☐ $2,000 Alternate Expenses ☐ Maximum $75 per visit, not to exceed 30 visits		
Add ☐ Change To ☐ No Change ☐ Delete ☐	Physical Damage—Comprehensive Deductible: _____		
Add ☐ Change To ☐ No Change ☐ Delete ☐	Physical Damage—Collision Deductible: _____		
Add ☐ Change To ☐ No Change ☐ Delete ☐	Uninsured Motorists Coverage: (Not to exceed Residual Bodily Injury Limits) ☐ Stacked ☐ Nonstacked ☐ $20,000/40,000 ☐ $50,000/100,000 ☐ $100,000/300,000 ☐ $250,000/750,000* ☐ $300,000/300,000* ☐ $300,000/600,000* ☐ $1,000,000 (CSL)* *where required by law or contractually by State or Federal agency.*		
Add ☐ Change To ☐ No Change ☐ Delete ☐	Underinsured Motorists Coverage (Not to exceed Residual Bodily Injury Limits) ☐ Stacked ☐ Nonstacked ☐ $20,000/40,000 ☐ $50,000/100,000 ☐ $100,000/300,000 ☐ $250,000/750,000* ☐ $300,000/300,000* ☐ $300,000/600,000* ☐ $1,000,000 (CSL)* *where required by law or contractually by State or Federal 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 Veh. 1	% Use of Veh. 2	Birth Date Mo. Day Yr.	Driver's License No. and State	Licensed 3 Yrs? Yes	Licensed 3 Yrs? If No, Give Date Issued
☐ Added Driver(s)*							☐	☐ _____
							☐	☐ _____

* 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	Place of Accident Town	Place of Accident State	Residual Bodily Injury or Death	Property Damage Amount (including your own)	Penalty Points
			☐ Yes ☐ No		
			☐ Yes ☐ No		

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

 NOTE: For items where space is insufficient, use Remarks Section.

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	Place of Conviction Town	State
	☐ Yes ☐ No				
	☐ Yes ☐ No				

5c. 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 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) and city(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

☐ Name New Name Street Apt. City State Zip Code

☐ Address

7. REMARKS

8. DATE

By _____ Date _____
Policyholder's Signature

_____ Date _____
Policyholder's Signature

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.

 NOTE: For items where space is insufficient, use Remarks Section.

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 ☐ Yes ☐ 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: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ 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.)

	Date in Position	Percent Ownership
President		
Vice President		
Secretary		
Treasurer		
General Manager		
Others		

List all affiliated companies

NOTE: For items where space is insufficient, use Remarks Section.

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		
		☐ Yes ☐ No					☐ Yes ☐ No
		☐ Yes ☐ No					☐ Yes ☐ No
		☐ Yes ☐ No					☐ Yes ☐ No
		☐ Yes ☐ No					☐ Yes ☐ No

SECTION 7. COMMODITIES TRANSPORTED

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

Hauling exclusively for one concern?

Identify radius of operations.

NOTE: For items where space is insufficient, use Remarks Section.

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	☐ Loss Payee ☐ 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								
							☐ Loss Payee ☐ Lessor	
Veh 2								
							☐ Loss Payee ☐ Lessor	
Veh 3								
							☐ Loss Payee ☐ Lessor	
Veh 4								
							☐ Loss Payee ☐ Lessor	
Veh 5								
							☐ Loss Payee ☐ 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.

NOTE: For items where space is insufficient, use Remarks Section.

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 ☐ $20,000/40,000 ☐ $50,000/100,000 ☐ $100,000/300,000 ☐ $250,000/750,000* ☐ $300,000/300,000* ☐ $300,000/600,000* *where required by law or contractually by State or Federal agency.					
Property Damage Liability ☐ $10,000 ☐ $15,000 ☐ $20,000 ☐ $30,000 ☐ $50,000* ☐ $250,000* *where required by law or contractually by State or Federal agency.					
Combined Single Limits ☐ $1,000,000* *where required by law or contractually by State or Federal agency.					
Personal Injury Protection Coverage ☐ Basic $10,000 Deductible ☐ $0 ☐ $100 ☐ $300 ☐ $500 ☐ $1,000 Is this risk covered by workers' compensation insurance? ☐ Yes ☐ 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) ☐ None* ☐ $20,000/40,000 ☐ $50,000/100,000 ☐ $100,000/300,000 ☐ $250,000/750,000** ☐ $300,000/300,000** ☐ $300,000/300,000** ☐ $300,000/600,000** ☐ $300,000/600,000** ☐ $1,000,000 (CSL)** **where required by law or contractually by State or Federal 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? ☐ Yes ☐ 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) ☐ None* ☐ $20,000/40,000 ☐ $50,000/100,000 ☐ $100,000/300,000 ☐ $250,000/750,000** ☐ $300,000/300,000** ☐ $300,000/600,000** ☐ $1,000,000 (CSL)** **where required by law or contractually by State or Federal 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? ☐ Yes ☐ 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:	$				

NOTE: For items where space is insufficient, use Remarks Section.

SECTION 10.a. WAIVER OF SUBROGATION

Does 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.

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 $

NOTE: For items where space is insufficient, use Remarks Section.

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 From	To	Name of Insurance Company
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)

NOTE: For items where space is insufficient, use Remarks Section.

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 1022 Bethel St. Honolulu, HI 96813.
Telephone: 1-877-622-4776 Fax: 808-591-0188

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
1022 Bethel Street
Honolulu, HI 96813

REMARKS

NOTE: For items where space is insufficient, use Remarks Section.