

**STATE OF HAWAII  
INSURANCE DIVISION  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

P.O. Box 3614  
Honolulu, HI 96811

September 10, 2004

Memorandum 2004-6R

TO: All Motor Vehicle Insurers Authorized in the State of Hawaii  
FROM: J.P. Schmidt, Insurance Commissioner  
SUBJECT: Annual Publication of Motor Vehicle Insurers and Premiums

Pursuant to section 431:10C-210, Hawaii Revised Statutes, the Insurance Commissioner shall publish in a newspaper of general circulation in the State a list of all motor vehicle insurers with representative annual premiums for motor vehicle insurance. The Hawaii Insurance Division intends to publish this listing based on insurers' rates in effect on **November 1, 2004**.

The representative premium listing will be based on a new applicants request for the minimum coverages required under the Hawaii Motor Vehicle Insurance Law, and may include required optional additional coverages, as follows:

\$20,000/\$40,000	Bodily Injury Liability
\$10,000	Property Damage Liability
\$10,000	Personal Injury Protection
\$20,000/\$40,000	Uninsured Motorist Coverage, Stacked
\$20,000/\$40,000	Underinsured Motorist Coverage, Stacked
\$100	Deductible Comprehensive
\$500	Deductible Collision

Automobile: 2003 Honda Accord DX, 4-door sedan, VIN 1HGCM561&3 (I.S.O., VSR=03-8; OCN=03-11)

Note: Premiums are to be provided for a **new applicant who is the sole owner of one vehicle**. Any discounts/surcharges afforded to new applicants must be separately identified on the worksheet.

Each insurer shall provide for the Commissioner's review the representative **annual** premium quotations on the enclosed **worksheets no later than October 12, 2004**. Note the following:

1. If, within the next 90 days, your company is proposing to implement a rate revision, an additional set of worksheets must be completed reflecting your proposed rates.
2. Any insurer desiring special annotations or exclusion from this publication listing may provide a written request for such consideration by the Commissioner in addition to the insurers' premium quotations. (Insurers declaring that no new applicants are being accepted, must complete worksheets for renewal business).

Insurers providing motor vehicle policies in accordance with §431-12, Hawaii Revised Statutes, **Mass Merchandising** of Insurance, shall provide the address, telephone number and name of a contact person at the insurer's office in the State designated to conduct the administration of its business and handle claims. Insurers may request an additional listing to be labeled as a mass merchandising premium.

Questions may be directed to the Insurance Division's Rate and Policy Analysis Section at (808)586-2809. A motor vehicle insurer that does not transact private passenger auto business in Hawaii should submit a letter stating such exemption. This Memorandum (with worksheets) will be posted on our website: [www.hawaii.gov/dcca/ins/commissioners\\_memorandums.html](http://www.hawaii.gov/dcca/ins/commissioners_memorandums.html)

**As strict publication deadlines have been imposed, it is imperative that insurers submit accurate reports by the indicated deadline. Pursuant to §431:10C-215 and §431:14-117 HRS, failure to comply may subject your company to a civil penalty of not less than \$500 and not to exceed \$5,000.**

Enclosures: Worksheets A, B, C, D, OT, A-Supplement, Summary Sheet

**If your rating factors for pleasure use, clear driving record, and single vehicle are other than 1.00, you must complete Worksheet A-Supplement in addition to the physical damage portion of this worksheet.**

Insurance Company \_\_\_\_\_

Company's latest rate level adjustment effective as of \_\_\_\_\_

**HAWAII PREMIUM QUOTATIONS**

Policy Effective Date: November 1, 2004

Automobile: 2003 Honda Accord, DX, 4-Dr Sedan  
(I.S.O., V.S.R. = 03-8)

Symbol \_\_\_\_\_ Age/ Model Year \_\_\_\_\_

Classification: Pleasure Use,  
Clear Driving Record

Primary Rating Factor \_\_\_\_\_  
Secondary Rating Factor \_\_\_\_\_

	<u>Base Premium</u>	<u>Primary + Secondary Rating Factor</u>	<u>*Other Rating Factor</u>	<u>*Other Rating Factor</u>	<b><u>ANNUAL PREMIUM</u></b>
<b>Territory 01 – Oahu</b>					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____
<b>Territory 03 – Maui</b>					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____
<b>Territory 04 – Kauai</b>					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____
<b>Territory 05 – Hawaii</b>					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____

(S) = stacked  
\*Other Rating Factors - Explain: \_\_\_\_\_

Responsible Officer: (Name) \_\_\_\_\_ (Title) \_\_\_\_\_  
(Address) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Company's latest rate level adjustment effective as of \_\_\_\_\_

HAWAII PREMIUM QUOTATIONS

Policy Effective Date: November 1, 2004

Automobile: 2003 Honda Accord, DX, 4-Dr Sedan  
(I.S.O., V.S.R. = 03-8)

Symbol \_\_\_\_\_ Age/ Model Year \_\_\_\_\_

Classification: Pleasure Use,  
One (1) Accident,  
\$1,000 Property Loss Only

Primary Rating Factor \_\_\_\_\_  
Secondary Rating Factor \_\_\_\_\_  
No Surcharge On At-Fault Accidents Under \$ \_\_\_\_\_

	<u>Base Premium</u>	<u>Primary + Secondary Rating Factor</u>	<u>*Other Rating Factor</u>	<u>*Other Rating Factor</u>	<b><u>ANNUAL PREMIUM</u></b>
<b>Territory 01 – Oahu</b>					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____
<b>Territory 03 – Maui</b>					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____
<b>Territory 04 – Kauai</b>					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____
<b>Territory 05 – Hawaii</b>					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____

(S) = stacked  
\*Other Rating Factors - Explain: \_\_\_\_\_

Responsible Officer: (Name) \_\_\_\_\_ (Title) \_\_\_\_\_  
(Address) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Company's latest rate level adjustment effective as of \_\_\_\_\_

**HAWAII PREMIUM QUOTATIONS**

Policy Effective Date: November 1, 2004

Automobile: 2003 Honda Accord, DX, 4-Dr Sedan  
(I.S.O., V.S.R. = 03-8)

Symbol \_\_\_\_\_ Age/Model Year \_\_\_\_\_

Classification: Pleasure Use,  
One (1) Speeding Conviction

Primary Rating Factor \_\_\_\_\_  
Secondary Rating Factor \_\_\_\_\_

	<u>Base Premium</u>	<u>Primary + Secondary Rating Factor</u>	<u>*Other Rating Factor</u>	<u>*Other Rating Factor</u>	<b><u>ANNUAL PREMIUM</u></b>
Territory 01 – Oahu					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____
Territory 03 – Maui					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____
Territory 04 – Kauai					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____
Territory 05 – Hawaii					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____

(S) = stacked  
\*Other Rating Factors - Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responsible Officer: (Name) \_\_\_\_\_ (Title) \_\_\_\_\_  
(Address) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Company's latest rate level adjustment effective as of \_\_\_\_\_

**HAWAII PREMIUM QUOTATIONS**

Policy Effective Date: November 1, 2004

Automobile: 2003 Honda Accord, DX, 4-Dr Sedan  
(I.S.O., V.S.R. = 03-8)

Age/ Model Year \_\_\_\_\_  
Symbol \_\_\_\_\_

Classification: Pleasure Use,  
One (1) Driving Under Influence  
With Proof of Financial Responsibility (SR-22)

Primary Rating Factor \_\_\_\_\_  
Secondary Rating Factor \_\_\_\_\_  
SR-22 Rating Factor \_\_\_\_\_

- Insurer does not accept NEW applicants with DUI conviction
- Insurer does not accept NEW applicants with Administrative License Revocations

	<u>Base Premium</u>	<u>Primary + Secondary Rating Factor</u>	<u>*Other Rating Factor</u>	<u>*Other Rating Factor</u>	<b><u>ANNUAL PREMIUM</u></b>
<b>Territory 01 – Oahu</b>					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____
<b>Territory 03 – Maui</b>					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____
<b>Territory 04 – Kauai</b>					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____
<b>Territory 05 – Hawaii</b>					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____

(S) = stacked

\*Other Rating Factors - Explain: \_\_\_\_\_

Responsible Officer: (Name) \_\_\_\_\_ (Title) \_\_\_\_\_  
(Address) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Company's latest rate level adjustment effective as of \_\_\_\_\_

HAWAII PREMIUM QUOTATIONS

Policy Effective Date: November 1, 2004

Automobile: 2003 Honda Accord, DX, 4-Dr Sedan  
(I.S.O., V.S.R. = 03-8)

Symbol \_\_\_\_\_ Age/  
Model Year \_\_\_\_\_

Other Territory (describe): \_\_\_\_\_

	<u>Base Premium</u>	<u>Primary + Secondary Rating Factor</u>	<u>*Other Rating Factor</u>	<u>*Other Rating Factor</u>	<b><u>ANNUAL PREMIUM</u></b>
Worksheet A Profile: Pleasure, Clear Driving Record					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____
Worksheet B Profile: Pleasure, 1 Accident Under \$1,000 Property Loss					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____
Worksheet C Profile: Pleasure, 1 Speeding Conviction					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____
Worksheet D Profile: Pleasure, 1 DUI Conviction With SR-22					
\$20,000/40,000 BI	_____	_____	_____	_____	_____
\$10,000 PD	_____	_____	_____	_____	_____
\$10,000 Basic PIP	_____	_____	_____	_____	_____
\$20,000/40,000 UM (S)	_____	_____	_____	_____	_____
\$20,000/40,000 UIM (S)	_____	_____	_____	_____	_____
		(To be reported on summary sheet)		Sub Total:	_____
\$100 Ded Comp	_____	_____	_____	_____	_____
\$500 Ded Coll	_____	_____	_____	_____	_____
				Total:	_____

(S) = stacked

\*Other Rating Factors - Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responsible Officer: (Name) \_\_\_\_\_ (Title) \_\_\_\_\_  
(Address) \_\_\_\_\_



## Summary Sheet - Rates in effect November 1, 2004

Insurance Company \_\_\_\_\_

Record the subtotals from worksheets A (or A-Supplement), B, C, and D below:

Subtotals =     \$20,000/40,000 BI  
                   \$10,000 PD  
                   \$10,000 PIP  
                   \$20,000/40,000 UM, STACKED  
                   \$20,000/40,000 UIM, STACKED

### ANNUAL PREMIUM

	Oahu (01)	Maui (03)	Kauai (04)	Hawaii (05)	Other Territory*
Worksheet A (or A-Supplement) (Pleasure, Clear record)	_____	_____	_____	_____	_____
Worksheet B (Pleasure, 1 accident, \$1,000 property loss)	_____	_____	_____	_____	_____
Worksheet C (Pleasure, 1 speeding conviction)	_____	_____	_____	_____	_____
Worksheet D (Pleasure, 1 DUI conviction w/SR-22)	_____	_____	_____	_____	_____

\* Insurers with other territories must complete worksheet OT