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

P.O. Box 3614 September 1, 2009 Memorandum 2009-6R Honolulu, HI 96811

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 Private Passenger Auto 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, 2009**.

Each insurer shall furnish to the Commissioner representative annual premium quotations no later than October 5, 2009. PDF-fillable worksheets and complete filing instructions are posted at our website. See instructional box below.

Any insurer desiring special annotations or exclusion from this publication listing may provide a written request for such consideration by the Commissioner <u>in addition</u> to the insurer's premium quotations. (Insurers declaring that no new applicants are being accepted must complete worksheets for renewal business).

A motor vehicle insurer that does not transact private passenger auto business in Hawaii shall submit a letter stating such exemption.

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. The premium quotations will be published as reported to the Commissioner. As such, in no instance shall the fine be less than the cost to reprint the entire premium publication if the reported premiums are determined to be inaccurate.

1. Obtain copies of the pdf-fillable worksheets and complete instructions from our website:

Go to: www.hawaii.gov/dcca/areas/ins/commissioners\_memo

Select: Commissioner's Memorandum 2009-6R

You may submit a written request for printed copies by sending us a self-addressed 9x6 envelope

2. Paper copies of completed worksheets are required to be mailed to the Rate & Policy Analysis Branch:

Attention: Rate & Policy Analysis Branch

Insurance Division

Mailing Address: Street/Express Address:

P.O. Box 3614 335 Merchant Street, 2<sup>nd</sup> Floor, Room 213

Honolulu, HI 96811-3614 Honolulu, HI 96813

To comply with the reporting deadline, completed worksheets may be e-mailed to <a href="maileo-naile-en-maile-en-mai

#### **NOTHING TO REPORT:**

Each Insurer who does not transact private passenger auto business in Hawaii must state such exemption in writing and mail to the Rate & Policy Analysis Branch. Do not e-mail these letters. Insurers who fail to respond may be subject to penalties.

Questions may be directed to the Insurance Division's Rate & Policy Analysis Branch at (808) 586-2809 or RPAdatacall@dcca.hawaii.gov.

### INSTRUCTIONS FOR COMPLETING THE MOTOR VEHICLE PREMIUM PUBLICATION WORKSHEETS IN COMPLIANCE WITH COMMISSIONER'S MEMORANDUM 2009-6R

- 1. Complete worksheets for rates in effect **November 1, 2009** for a one year policy.
- 2. The representative premium listing will be based on a new applicant's 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: 2008 Honda Accord LX, 4-door sedan, VIN 1HGCP263&8 (I.S.O., VSR=08-14; OCN=08-14)

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.

- 3. Each insurer shall provide representative annual premium quotations no later than October 5, 2009.
- 4. Be advised of the following requirements:
  - a. If, within the next 90 days, your company is proposing to implement a rate revision, an <u>additional set</u> of worksheets must be completed reflecting your proposed rates. Change the policy effective date on these worksheets from November 1, 2009 to the proposed effective date of the rate revision. Questions may be directed to the Insurance Division's Rate & Policy Branch.
  - b. 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 <u>additional</u> listing to be labeled as a mass merchandising premium.
  - c. Any insurer desiring special annotations or exclusion from this publication listing may provide a written request for such consideration by the Commissioner <u>in addition</u> to the insurers' premium quotations. (Insurers declaring that no new applicants are being accepted must complete worksheets for renewal business).
  - d. A motor vehicle insurer that does not transact private passenger auto business in Hawaii shall submit a letter stating such exemption.
- 5. Copies of the pdf-fillable worksheets are available at our website:

Go to: www.hawaii.gov/dcca/areas/ins/commissioners memo

Select: Commissioner's Memorandum 2009-6R

Written requests for printed copies may be submitted to us by sending us a self-addressed 9x6 envelope

- 6. All insurers authorized to write motor vehicle insurance in the State of Hawaii must respond to this memorandum no later than October 5, 2009 or they may be subject to penalties:
  - a. Mail paper copies of completed worksheets to the Rate & Policy Analysis Branch:

Attention: Rate & Policy Analysis Branch

Insurance Division

<u>Mailing Address</u>: <u>Street/Express Mailing Address</u>:

P.O. Box 3614 335 Merchant Street, 2<sup>nd</sup> Floor, Room 213

Honolulu, HI 96811-3614 Honolulu, HI 96813

To comply with the reporting deadline, completed worksheets may be e-mailed to RPAdatacall@dcca.hawaii.gov with hard copies to follow.

#### b. **NOTHING TO REPORT**

Each Insurer who does not transact private passenger auto business in Hawaii must state such exemption in writing and mail to the Rate & Policy Analysis Branch. Do not e-mail these letters. Insurers who fail to respond may be subject to penalties.

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 Comp	any						
Company's late	st rate level adj	ustment effectiv	ve as of				
HAWAII PREMI	UM QUOTATIO	NS Policy E	ffective Date: NOVEMBER 1,	2009			
Automobile:	2008 Honda / (I.S.O., V.S.R	Accord, LX, 4-D . = 08-14)	r Sedan	Symbol Age/Model Year			
Classification: Pleasure Use, Clear Driving Record			Primary Rating FactorSecondary Rating Factor				
		(1) Base Premium	(2) Primary + Secondary Rating Factor	(3) *Other Rating Factor	(4) *Other Rating Factor	(5)	
Territory 01 – 0 \$20,000/40,00 \$10,000 PD \$10,000 Basic \$20,000/40,00	OO BI				145101	PREMIUM	
\$20,000/40,00 \$100 Ded Con \$500 Ded Coll	np		(To be reported	on summary sheet)	Sub Total:		
Territory 03 – 1 \$20,000/40,00 \$10,000 PD \$10,000 Basic	OO BI				Total:		
\$20,000/40,00 \$20,000/40,00 \$100 Ded Con \$500 Ded Coll	00 UIM (S)		<u> </u>	on summary sheet)	Sub Total:		
Territory 04 – 1 \$20,000/40,00 \$10,000 PD \$10,000 Basic \$20,000/40,00	00 BI PIP 00 UM (S)				Total:		
\$20,000/40,00 \$100 Ded Con \$500 Ded Coll	np		(To be reported	on summary sheet)	Sub Total:		
Territory 05 – H \$20,000/40,00 \$10,000 PD \$10,000 Basic \$20,000/40,00	00 BI PIP 00 UM (S)				Total:		
\$20,000/40,00 \$100 Ded Con \$500 Ded Coll	np .		(To be reported	on summary sheet)	Sub Total:		
(S) = stacked *Other Rating Fa	actors - Explain:_				Total:		
Responsible Office	cer: (Name/Title	·)					
(Address)					(Phone)		

Territory 0.1 - Oahu \$20,000/40,000 BI \$10,000 PD \$10,000 PD \$10,000 Basic PP \$20,000/40,000 UIM (S) \$20,000/40,000 UIM (S) \$20,000/40,000 UIM (S) \$100 Ded Comp \$10,000 Basic PP \$20,000/40,000 UIM (S) \$100 Ded Comp \$10,000 Basic PP \$20,000/40,000 UIM (S) \$10,000 PD \$10,000 Basic PP \$20,000/40,000 UIM (S) \$100 Ded Comp \$500 Ded Coll \$70,000 PD \$10,000 Basic PP \$20,000/40,000 UIM (S) \$100 Ded Comp \$10,000 Basic PP \$20,000/40,000 UIM (S) \$100 Ded Comp \$10,000 Basic PP \$10,000 Ded Coll \$10,000 PD \$10,000 UIM (S) \$10,000 PD \$10,000 UIM (S) \$10,000 PD \$10,000 UIM (S) \$10,000 PD \$10,000 Basic PP \$10,0		-					
Automobile: 2008 Honda Accord, LX, 4-Dr Sedan (I.S.O., V.S.R. = 08-14)    Pleasure Use, One (1) Accident, Secondary Rating Factor	Company's late	st rate level a	djustment effective	e as of			
Classification:   Pleasure Use,	IAWAII PREMI	UM QUOTATI	IONS Policy Ef	fective Date: NOVEMBER 1	<u>, 2009</u>		
One (1) Accident, \$1,000 Property Loss Only   No Surcharge On At-Fault Accidents Under \$	Automobile:			Sedan	Symb Age/Model Ye	ool ar	
Primary + Secondary	Classification:	One (1) Accident,		Secondary Rating Factor			
Base Premium   Factor   Factor   Factor   PREMIU			(1)	Primary + Secondary	*Other	*Other	
\$20,000/40,000 BI \$10,000 PD \$10,000 Basic PIP \$20,00040,000 UIM (S) \$20,00040,000 UIM (			Base Premium	_	•	•	PREMIUM
\$100 Ded Comp	\$20,000/40,0 \$10,000 PD \$10,000 Basic \$20,000/40,0	00 BI : PIP 00 UM (S)					
Territory 03 - Maui \$20,000/40,000 BI \$10,000 PD \$10,000 Basic PIP \$20,000/40,000 UIM (S) \$20,000/40,000 UIM (S) \$20,000/40,000 UIM (S) \$100 Ded Comp \$500 Ded Coll \$70,000 PD \$10,000 Basic PIP \$20,000/40,000 UIM (S) \$20,000/40,000 UIM (S) \$10,000 PD \$10,000 Basic PIP \$20,000/40,000 UIM (S) \$100 Ded Comp \$500 Ded Coll \$70,000 PD \$10,000 Basic PIP \$20,000/40,000 UIM (S) \$100 Ded Comp \$500 Ded Coll \$70,000 PD \$10,000 Basic PIP \$20,000/40,000 UIM (S) \$20,000/	\$100 Ded Con	mp		•	•	Sub Total:	
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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)  \$100 Ded Comp \$500 Ded Coll  Total:  Sub Total:	\$100 Ded Con	np		(To be reported	d 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)  \$100 Ded Comp \$500 Ded Coll  Total:	\$20,000/40,0 \$10,000 PD \$10,000 Basic	OO BI				Total:	
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)  \$100 Ded Comp \$500 Ded Coll  Total:  S) = stacked *Other Rating Factors - Explain:	\$100 Ded Con	np		(To be reported	d on summary sheet)	Sub Total:	
\$20,000/40,000 UIM (S)  (To be reported on summary sheet)  \$100 Ded Comp \$500 Ded Coll  Total:  (S) = stacked *Other Rating Factors - Explain:	Territory 05 - I \$20,000/40,0 \$10,000 PD \$10,000 Basic	Hawaii 00 Bl c PIP				Total:	
	\$20,000/40,0	00 UIM (S)		(To be reported	d on summary sheet)	Sub Total:	
*Other Rating Factors - Explain:	\$500 Ded Coll	•				Total:	
Responsible Officer: (Name/Title)		actors - Explair	າ:				
(Address) (Phone)		cer: (Name/Ti	tle)			,	

Insurance Comp	oany						
Company's late	st rate level adju	ustment effectiv	e as of				
HAWAII PREMI	UM QUOTATIOI	NS Policy Ef	fective Date: NOVEMBER 1	<u>, 2009</u>			
Automobile:	2008 Honda A (I.S.O., V.S.R.	Accord, LX, 4-Dr = 08-14)	Sedan	Symbol Age/Model Year			
Classification:	Pleasure Use, One (1) Speeding Conviction		Primary Rating FactorSecondary Rating Factor				
		(1) Base Premium	(2) Primary + Secondary Rating Factor	(3) *Other Rating Factor	(4) *Other Rating Factor	(5) ANNUAL PREMIUM	
Territory 01 – 0 \$20,000/40,0 \$10,000 PD \$10,000 Basic \$20,000/40,0	00 BI					FALWIOW	
\$20,000/40,0 \$100 Ded Con \$500 Ded Coll	np _			d on summary sheet)	Sub Total:		
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\$20,000/40,0 \$20,000/40,0 \$100 Ded Con \$500 Ded Coll	00 UIM (S)			d on summary sheet)	Sub Total:		
Territory 04 – I \$20,000/40,0 \$10,000 PD \$10,000 Basic \$20,000/40,0	00 BI				Total:		
\$20,000/40,0 \$100 Ded Con \$500 Ded Coll	np _		(To be reported	d on summary sheet)	Sub Total:		
Territory 05 – I \$20,000/40,0 \$10,000 PD \$10,000 Basic \$20,000/40,0	00 BI : PIP				Total:		
\$20,000/40,0 \$100 Ded Con \$500 Ded Coll	np _		(To be reported	d on summary sheet)	Sub Total:		
(S) = stacked	_				Total:		
Responsible Offi	cer: (Name/Title	)					
(Address)					(Phone)		

Insurance Comp	pany					
Company's late	est rate level a	djustment effectiv	e as of			
HAWAII PREMI	UM QUOTATI	ONS Policy Ef	fective Date: NOVEMBER	1, 2009		
Automobile:		a Accord, LX, 4-Di .R. = 08-14)	Sedan	Symbol Age/Model Year		
Classification: Pleasure Use, One (1) Driving Under Influence With Proof of Financial Responsibility (SR-22			nsibility (SR-22)	Primary Rating Factor condary Rating Factor SR-22 Rating Factor		
			vith DUI conviction vith Administrative Licens	se Revocations		
		(1) <u>Base Premium</u>	(2) Primary + Secondary Rating <u>Factor</u>	(3) *Other Rating <u>Factor</u>	(4) *Other Rating <u>Factor</u>	(5) ANNUAL PREMIUM
Territory 01 – 0 \$20,000/40,0 \$10,000 PD \$10,000 Basic \$20,000/40,0	00 BI c PIP 00 UM (S)					
\$20,000/40,0 \$100 Ded Cor \$500 Ded Coll	mp		•	ted on summary sheet)	Sub Total:	
Territory 03 –   \$20,000/40,0 \$10,000 PD \$10,000 Basic \$20,000/40,0 \$20,000/40,0	00 BI c PIP 00 UM (S)				Total:	
\$100 Ded Cor \$500 Ded Coll	mp		(To be report	ted on summary sheet)	Sub Total:	
Territory 04 –   \$20,000/40,0 \$10,000 PD \$10,000 Basic \$20,000/40,0	00 BI c PIP 00 UM (S)				Total:	
\$20,000/40,0 \$100 Ded Cor \$500 Ded Coll	mp		(To be report	ted on summary sheet)	Sub Total:	
Territory 05 – 1 \$20,000/40,0 \$10,000 PD \$10,000 Basic \$20,000/40,0	Hawaii 00 Bl c PIP				Total:	
\$20,000/40,000 UIM (S) \$100 Ded Comp			(To be report	ted on summary sheet)	Sub Total:	
\$500 Ded Coll (S) = stacked *Other Rating Fa		n:			Total:	
Responsible Offi (Address)	cer: (Name/Ti	tle)			(Phone)	

Insurance Comp	pany			
Company's late	est rate level adjustment effecti	ve as of		
HAWAII PREMI	UM QUOTATIONS Policy E	Effective Date: NOVEMBER 1, 2009		
Automobile: 2008 Honda Accord, LX, 4-Dr Sedan Symbol (I.S.O., V.S.R. = 08-14) Age/Model Year				
Other Territory	(describe):			
	(1) <u>Base Premium</u>	(2) (3) Primary + Secondary *Other Rating Rating Factor Factor	(4) *Other Rating <u>Factor</u>	(5)  ANNUAL  PREMIUM
\$20,000/40,0	rofile: Pleasure, Clear Driving Re	cord		
\$10,000 PD \$10,000 Basic \$20,000/40,0 \$20,000/40,0	00 UM (S)			
\$100 Ded Cor \$500 Ded Coll	mp	(To be reported on summary sheet)	Sub Total:	
Worksheet B Pi \$20,000/40,0 \$10,000 PD \$10,000 Basic			Total:	
\$20,000/40,0 \$20,000/40,0 \$100 Ded Cor	00 UM (S) 00 UIM (S)		Sub Total:	
\$500 Ded Coll	<u> </u>		Total:	
Worksheet C P \$20,000/40,0 \$10,000 PD \$10,000 Basic \$20,000/40,0	e PIP			
\$20,000/40,0 \$100 Ded Cor \$500 Ded Coll	mp	(To be reported on summary sheet)	Sub Total:	
\$20,000/40,0 \$10,000 PD \$10,000 Basic	c PIP		Total:	
\$20,000/40,0 \$20,000/40,0 \$100 Ded Cor	00 UIM (S)	(To be reported on summary sheet)	Sub Total:	
\$500 Ded Coll			Total:	
(S) = stacked *Other Rating Fa	actors - Explain:			
	icer: (Name/Title)			
(Address)			(Phone)	

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 Worksheet A. Insurance Company Company's latest rate level adjustment effective as of **DETERMINATION OF RATES AT BASE LIMITS** Policy Effective Date: NOVEMBER 1, 2009 Classification: Pleasure Use Clear Driving Record 2008 Honda Accord, LX, 4-Dr Sedan Symbol \_\_\_\_\_ Single Vehicle Automobile: (I.S.O., V.S.R. = 08-14)Age/Model Year One Registered Owner One Driver/One Vehicle As Reflected in Manual Disclose all rating relativities used in deriving annual base rates to adjust to: **ANNUAL BASE RATES AT MINIMUM** (5) (7) (3) (4) (6) (1) (2) (8) REQUIRED STATUTORY LIMITS FOR SINGLE Single \*Other \*Other Limits Rates Min Required Pleasure Clean **VEHICLE ONE REGISTERED OWNER** Statutory Use Drivina Vehicle Adjustment Adjustment Territory 01 - Oahu Limits Record ΒI \$20,000/40,000 BI PD \$10,000 PD PIP \$10,000 Basic PIP UM (S) \$20,000/40,000 UM (S) \$20,000/40,000 UIM (S) UIM (S) (To be reported on summary sheet) Territory 03 - Maui ВΙ \$20,000/40,000 BI PD \$10,000 PD PIP \$10,000 Basic PIP UM (S) \$20,000/40,000 UM (S) UIM (S) \$20,000/40,000 UIM (S) (To be reported on summary sheet) Sub Total: Territory 04 – Kauai ВΙ \$20,000/40,000 BI PD \$10,000 PD PIP \$10,000 Basic PIP UM (S) \$20,000/40,000 UM (S) UIM (S) \$20,000/40,000 UIM (S) (To be reported on summary sheet) Sub Total: Territory 05 - Hawaii ВΙ \$20,000/40,000 BI PD \$10,000 PD PIP \$10,000 Basic PIP UM (S) \$20,000/40,000 UM (S) UIM (S) \$20,000/40,000 UIM (S) (To be reported on summary sheet) Sub Total: (S) = stacked\*Other Rating Factors - Explain:

(Address) \_\_\_\_\_(Phone) \_\_\_\_\_

WORKSHEET A-Supplement (file only if applicable)

Responsible Officer: (Name/Title)

## SUMMARY SHEET RATES IN EFFECT NOVEMBER 1, 2009

Insurance Com	mpany		
	ubtotals 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 SUB TOTALS

	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)					

<sup>\*</sup> Insurers with other territories must complete worksheet OT