

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

P.O. Box 3614  
Honolulu, HI 96811

Memorandum 2002-10R

September 24, 2002

TO: All Motor Vehicle Insurers Authorized in the State of Hawaii  
FROM: Wayne Metcalf, 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, 2002**.

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: 2001 Honda Accord DX, 4-door sedan, VIN 1HGCF864&1 (I.S.O., VSR=01-7; OCN=01-10)

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 28, 2002**. 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 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.

**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, Summary Sheet

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

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

HAWAII PREMIUM QUOTATIONS

Policy Effective Date: November 1, 2002

Automobile: 2001 Honda Accord, DX, 4-Dr Sedan  
(I.S.O., V.S.R. = 01-7)

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>
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) \_\_\_\_\_

WORKSHEET A (Address) \_\_\_\_\_

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

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

**HAWAII PREMIUM QUOTATIONS**

Policy Effective Date: November 1, 2002

Automobile: 2001 Honda Accord, DX, 4-Dr Sedan  
(I.S.O., V.S.R. = 01-7)

Age/ Symbol \_\_\_\_\_ 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) \_\_\_\_\_

WORKSHEET B (Address) \_\_\_\_\_

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

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

HAWAII PREMIUM QUOTATIONS

Policy Effective Date: November 1, 2002

Automobile: 2001 Honda Accord, DX, 4-Dr Sedan  
(I.S.O., V.S.R. = 01-7)

Age/ Symbol \_\_\_\_\_ 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) \_\_\_\_\_

WORKSHEET C (Address) \_\_\_\_\_

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

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

**HAWAII PREMIUM QUOTATIONS**

Policy Effective Date: November 1, 2002

Automobile: 2001 Honda Accord, DX, 4-Dr Sedan  
(I.S.O., V.S.R. = 01-7)

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

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) \_\_\_\_\_

Insurance Company

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

HAWAII PREMIUM QUOTATIONS

Policy Effective Date: November 1, 2002

Automobile: 2001 Honda Accord, DX, 4-Dr Sedan  
(I.S.O., V.S.R. = 01-7)

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) \_\_\_\_\_

WORKSHEET OT (file only if applicable) (Address) \_\_\_\_\_

## Summary Sheet - Rates in effect November 1, 2002

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

Record the subtotals from worksheets A, 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 (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