

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

P.O. Box 3614  
Honolulu, HI 96811

September 1, 2009

Memorandum 2009-6R

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 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 in addition 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](http://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:

P.O. Box 3614  
Honolulu, HI 96811-3614

Street/Express Address:

335 Merchant Street, 2<sup>nd</sup> Floor, Room 213  
Honolulu, HI 96813

To comply with the reporting deadline, completed worksheets may be e-mailed to [RPAdatcall@dcca.hawaii.gov](mailto:RPAdatcall@dcca.hawaii.gov) with hard copies to follow.

**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 [RPAdatcall@dcca.hawaii.gov](mailto:RPAdatcall@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)  
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.
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 additional set 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 additional 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 in addition 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

Mailing Address:  
P.O. Box 3614  
Honolulu, HI 96811-3614

Street/Express Mailing Address:  
335 Merchant Street, 2<sup>nd</sup> Floor, Room 213  
Honolulu, HI 96813

To comply with the reporting deadline, completed worksheets may be e-mailed to [RPAdatcall@dcca.hawaii.gov](mailto:RPAdatcall@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 Company \_\_\_\_\_

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

**HAWAII PREMIUM QUOTATIONS**      Policy 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 \_\_\_\_\_

Classification:      Pleasure Use,      Primary Rating Factor \_\_\_\_\_  
 Clear Driving Record      Secondary Rating Factor \_\_\_\_\_

	(1)	(2)	(3)	(4)	(5)
	<u>Base Premium</u>	Primary + Secondary Rating Factor	*Other Rating Factor	*Other Rating Factor	<b>ANNUAL PREMIUM</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) \_\_\_\_\_ (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  
 Single Vehicle  
 One Registered Owner  
 One Driver/One Vehicle

Automobile: 2008 Honda Accord, LX, 4-Dr Sedan  
 (I.S.O., V.S.R. = 08-14)

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

As Reflected in Manual		Disclose all rating relativities used in deriving annual base rates to adjust to:						(9) ANNUAL BASE RATES AT MINIMUM REQUIRED STATUTORY LIMITS FOR SINGLE VEHICLE ONE REGISTERED OWNER	
(1) Limits	(2) Rates	(3) Min Required Statutory Limits	(4) Pleasure Use	(5) Clean Driving Record	(6) Single Vehicle	(7) *Other Adjustment	(8) *Other Adjustment		
Territory 01 – Oahu									
BI	_____	_____	_____	_____	_____	_____	_____	_____	\$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 03 – Maui									
BI	_____	_____	_____	_____	_____	_____	_____	_____	\$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									
BI	_____	_____	_____	_____	_____	_____	_____	_____	\$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									
BI	_____	_____	_____	_____	_____	_____	_____	_____	\$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: \_\_\_\_\_

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

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



# SUMMARY SHEET

## RATES IN EFFECT NOVEMBER 1, 2009

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 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)	_____	_____	_____	_____	_____

\* Insurers with other territories must complete worksheet OT