

**STATE OF HAWAII INSURANCE DIVISION
FORMS CERTIFICATION**

SERFF or Company Tracking Number: _____

Name of Insurer(s) and
NAIC Company Code(s): _____

I, the undersigned, declare that I am an officer of the insurer(s) and that I have the authority to bind that insurer by my signature. I have reviewed the contents of this Form filing and I certify that, to the best of my knowledge and belief, all the documents contained herein comply with all applicable provisions of **Title 24, Chapter 431, Article 10** of the Hawaii Revised Statutes (HRS), and all related Hawaii insurance laws, rules, and regulations. I further certify that, to the best of my knowledge, this submission is complete and contains all the material required by applicable statutes and rules.

I understand that the Hawaii Insurance Division will rely on this certification. Should it be determined that the Form filing and/or form(s) included in this filing does (do) not comply with applicable statutes and rules, or that this certification is materially false, incorrect, or misleading, appropriate corrective and disciplinary action, as authorized by law, may be taken by the Insurance Commissioner.

READABILITY OF INSURANCE CONTRACTS: Homeowners and Personal Auto Forms

Each form with the Flesch readability score should be entered into and attached to the Form Schedule component of SERFF. Paper filings must include a list of each form with the corresponding readability score. Note: Riders, endorsements, applications and other forms may be scored with the contract to meet the minimum requirement (§431:10-106(b)(3), HRS).

- I certify that the forms in this filing comply with §431:10-104, HRS, and achieve the minimum Flesch reading ease score of 40.
- I certify that the forms in this filing are exempt from readability requirements pursuant to (cite statute):
- I certify that we have complied with all requirements under §431:10-107(b), HRS, and request the forms be approved for a score below the minimum requirement under (cite statute):

Signature of the Officer of the Insurer(s)

Date

Typed Name and Title of Officer