## 2014 FEE SCHEDULE (Eff. 1/1/2014 – 6/30/2014) Adjuster

Forl	n d i v i	ic	dual	Applic	ants
Make check or money order payable to:					
DEPARTMEN	IT OF CO			ND CONSUM	IER AFFAIRS
If you were born in			ete application between	your fee is	and your license will expire on
January	01/01/2014	-	06/30/2014	\$420.00	01/16/2017
February	01/01/2014	-	01/31/2014	\$420.00	02/16/2016
	02/01/2014	-	06/30/2014	\$330.00	02/16/2016
March	01/01/2014	-	02/28/2014	\$330.00	03/16/2015
	03/01/2014	-	06/30/2014	\$420.00	03/16/2017
April	01/01/2014	-	03/31/2014	\$420.00	04/16/2016
	04/01/2014	-	06/30/2014	\$330.00	04/16/2016
Мау	01/01/2014	-	04/30/2014	\$330.00	05/16/2015
	05/01/2014	-	06/30/2014	\$420.00	05/16/2017
June	01/01/2014	-	05/31/2014	\$420.00	06/16/2016
	06/01/2014	-	06/30/2014	\$330.00	06/16/2016
July	01/01/2014	-	06/30/2014	\$330.00	07/16/2015
August	01/01/2014	-	06/30/2014	\$420.00	08/16/2016
September	01/01/2014	-	06/30/2014	\$330.00	09/16/2015
October	01/01/2014	-	06/30/2014	\$420.00	10/16/2016
November	01/01/2014	-	06/30/2014	\$330.00	11/16/2015
December	01/01/2014	-	06/30/2014	\$420.00	12/16/2016

## A dishonored check returned by the bank will be assessed a service charge of \$25.00 per check. A DISHONORED CHECK WILL VOID ALL TRANSACTIONS.

If you previously held a Hawaii insurance license, please contact our office @ 808-586-2788.