



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

**ANNUAL REPORTING REQUIREMENTS FOR THE  
PUBLICATION OF MOTOR VEHICLE INSURERS AND PRIVATE PASSENGER AUTO  
PREMIUMS PURSUANT TO SECTION 431:10C-210, HAWAII REVISED STATUTES**

Pursuant to §431:10C-210, Hawaii Revised Statutes, as amended by Act 258, Session Laws of Hawaii 2012, upon the Commissioner's request, all motor vehicle insurers shall provide motor vehicle insurance premium information to the commissioner within thirty days of request. The Insurance Commissioner shall publish annually, by electronic or online publication on the official website of the insurance division, a list of all motor vehicle insurers with representative annual premiums for motor vehicle insurance. At the beginning of each year, the Hawaii Insurance Division will update this listing on the Division's website based on insurers' rates in effect December 1 of the prior year.

**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.**

**INSTRUCTIONS FOR COMPLETING THE MOTOR VEHICLE PREMIUM WORKSHEETS**

1. **WHO MUST RESPOND:** Annually, each motor vehicle insurer authorized in the state of Hawaii shall furnish to the Commissioner, representative annual private passenger auto premium quotations. Exemption requests may be submitted (see #7 below). Insurers with nothing to report must respond (see #8 below).
2. **DUE DATE:** **October 1, annually.** (If this date falls on a week-end, information shall be furnished by the following business day.) Insurers who fail to respond may be subject to penalties.
3. **INSTRUCTIONS AND WORKSHEETS:** Instructions and worksheets will be updated and posted to the Division's website by September 1, annually:  
[http://cca.hawaii.gov/ins/insurers/rate\\_policy/mv\\_forms/](http://cca.hawaii.gov/ins/insurers/rate_policy/mv_forms/)
4. **DETAILS FOR COMPLETION OF WORKSHEETS:**  
Complete the Coversheet before completing the worksheets. The worksheets will automatically populate with the information provided on the Coversheet.

Complete worksheets for rates in effect for a one year policy based on company's latest rate level adjustment effective as of **December 1** of the current calendar year. Information for the specific automobile will be updated on the Premium Publication Worksheets on September 1, annually.

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

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. Rates must be based on a stand-alone policy and not tied to a package policy.

5. **PROPOSED RATE REVISIONS WITHIN 90 DAYS FROM OCTOBER 1:** If, within 90 days from October 1, your company proposes to implement a rate revision, an additional set of worksheets must be completed reflecting your proposed rates. Change the “**Effective Date**” on the Coversheet to the proposed effective date of the rate revision. Worksheets submitted with pending rate filing premiums must be labeled as “PENDING RATE FILING” on the Coversheet.
6. **MASS MERCHANDISING:** 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. Worksheets submitted with mass merchandising premiums must be appropriately identified as “MASS MERCHANDISING” on the Coversheet.
7. **SPECIAL ANNOTATIONS/EXEMPTION REQUESTS:** (Insurer has an approved private passenger auto program filed with the Division.) Any insurer with an approved private passenger auto program filed with the Division, desiring special annotations or exclusion from the listing, may request such consideration by the Commissioner. The request may be indicated on the Coversheet. **The worksheets must be completed.** (Insurers declaring that no new applicants are being accepted must complete worksheets for renewal business).
8. **NOTHING TO REPORT:** (Insurer does not have an approved private passenger auto program filed with the Division.) Each motor vehicle insurer that does not have private passenger auto rates filed with the Division, shall email a completed Coversheet to the Rate & Policy Analysis Branch indicating that there is NOTHING TO REPORT. Insurers who fail to respond may be subject to penalties. (An insurer group may submit one Coversheet for the group; however, each insurer must be separately identified on the Coversheet.)
9. **EMAIL RESPONSES:** Completed Coversheet, worksheets and Summary Sheet (or Coversheet pursuant to #8) are required to be emailed to the Rate & Policy Analysis Branch by **October 1**, annually. Please submit documents as **EXCEL** files. (If this date falls on a week-end, information shall be furnished by the following business day.)

**EMAIL COMPLETED WORKSHEETS TO:** [RPAdatcall@dcca.hawaii.gov](mailto:RPAdatcall@dcca.hawaii.gov)

The subject of the email must reflect: **MV-YYYY-Premiums (Company or Group Name)**

Examples: **MV-2013-Premiums (ABC Ins Co)**

**MV-2013-Premiums (XYZ Group)**

10. **QUESTIONS:** 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).