



**Hawai`i Insurance Division
 Department of Commerce and Consumer Affairs
 335 Merchant Street – Room 213
 Honolulu, Hawai`i 96813**

Hawaii Third Party Administrator (“TPA”) Checklist

TPA Name: _____

Complete this checklist to assure that your application filing is complete. Please be sure to complete the checklist by appropriately checking the boxes on the left column. A completed checklist must be accompanied with all documents listed on the checklist.

√	#	Required Application Filing Checklist
<input type="checkbox"/>	1	Hawaii TPA Checklist (copies acceptable)
<input type="checkbox"/>	2	TPA Application (with original signature)
<input type="checkbox"/>	3	<p>A Non-Refundable Fee <i>For TPA Applications submitted between October 1, 2019, and December 31, 2019, please see the fee schedule posted on the following web address under Third Party Administrator (or “TPA”):</i> http://cca.hawaii.gov/ins/producers/instructions_insurance_license/ <i>Starting January 1, 2020, a new fee schedule will take effect and will be posted on: http://cca.hawaii.gov/ins/producers/fees/.</i> <i>Make your check payable to the Department of Commerce and Consumer Affairs. Check must be valid for 180 days.</i></p>
<input type="checkbox"/>	4	<p>All basic current organizational documents (applicable to business entity applicant only):</p> <ul style="list-style-type: none"> a. Articles of Incorporation b. Articles of Association c. Partnership Agreement d. Trade Name Certificate e. Trust Agreement f. Shareholder Agreement g. Bylaws, Rules, Regulations <p><i>(You will only need to submit organizational documents that is applicable to your business entity. Please make sure each document is labeled appropriately (i.e. if submitting an articles of incorporation, the document should have a heading labeling as such). Please attach a copy of the applicable documents to this Checklist)</i></p>

- 5 Annual Financial Statements (copies acceptable)
Annual financial statements for the two most recent years that prove the applicant has a positive net worth and information the commissioner may require to review the current financial condition of the applicant. The financial statements or reports shall be certified by an officer of the applicant and prepared in accordance with Generally Accepted Accounting Principles. See FAQs if the entity was established less than 2 years.

- 6 Surety Bond (notarized signature required)
*Surety Bond must be at least \$100,000. Bond may not be cancelled or terminated until two years have elapsed from the last day the applicant was a TPA, unless the Commissioner has given prior written consent. The Surety bond shall be undertaken and may be enforced in the name of "Commissioner of Insurance, State of Hawaii". **The Surety Bond form is available with the TPA Checklist/Application packet.***

Applicant Contact Information

The following individual (TPA employee or paid consultant) is the authorized representative of the Applicant for this application.

NAME: _____ TITLE: _____

COMPANY: _____

E-MAIL: _____ TELEPHONE: _____

Send all documents and fees to:

Licensing Branch, Insurance Division
Department of Commerce & Consumer Affairs
335 Merchant Street, Room 213
Honolulu, HI 96813

If you have any questions regarding this checklist, please contact the Licensing Branch at (808) 586-2788 or email inslic@dcca.hawaii.gov.

NOTE: All the items listed above must be submitted together as the application packet. An incomplete application packet will not be processed.

NOTE: TPA shall file an annual report separately for the preceding calendar year with the Commissioner on or before March 1 of each year, starting with the calendar year 2020. The TPA annual report form is available at <http://cca.hawaii.gov/ins/producers/forms/> and the form shall be filed electronically at ins-examtpa@dcca.hawaii.gov.



Hawai'i Insurance Division
Department of Commerce and Consumer Affairs
335 Merchant Street – Room 213
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THIRD PARTY ADMINISTRATOR (“TPA”) APPLICATION

Check appropriate box for license requested.

Resident License Non-Resident License

Identify Home State: _____

If you are applying for a TPA license as a business entity, fill out page 1, and pages 3-6.

If you are applying for a TPA license as an individual, fill out pages 2-6.

BUSINESS ENTITY

Demographic Information

Business Entity Name			Incorporation/Formation Date		FEIN	
If assigned, National Producer Number (NPN)			If applicable, FINRA Firm Central Registration Depository (CRD)			
State of Domicile		Country of Domicile		Is this business associated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Business Address (Physical Street)			City	State	Zip Code	Foreign Country
Business Phone Number (with extension)		Business Fax Number	Business Web Address		Business E-Mail Address	
Applicant's Mailing Address		P.O. Box	City	State	Zip Code	Foreign Country

Owners, Partners, Officers, and Directors

Identify all owners with 10% interest or voting interest, partners, officers, and directors of the business entity, or members or managers of a limited liability company. (Attach additional sheet if necessary.)

Name	Title	SSN/FEIN	D.O.B.	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No	% of ownership interest

DO NOT WRITE IN THIS BOX – For State Use Only

Entity ID: _____	130	\$ _____
License #: _____	108	\$ _____
Effective Date: _____		\$ _____
Exp. Date: _____		\$ _____

Hawaii Application for Third Party Administrator

If you are applying for a TPA license as a business entity, skip this page and fill out pages 3-6.

INDIVIDUAL

Demographic Information

Social Security Number		Last Name		First Name		Middle Name	JR./SR.
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a citizen of the United States? If answering No, of which country are you a citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No *If answering No, and this is an application for a Resident License, you must supply					
Business Entity Name							
Business Address (Physical Street)				City	State	Zip Code	Foreign Country
Business Phone Number		Business Fax Number		Business Web Address		Business E-Mail Address	
Applicant's Mailing Address			P.O. Box	City	State	Zip Code	Foreign Country
If assigned, National Producer Number (NPN)		If applicable, FINRA Firm Central Registration Depository			Are you affiliated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Residence/Home Address (Physical Street)			Apartment	City	State	Zip Code	Foreign Country
Phone Number				Individual Applicant E-Mail Address			

Employment History

Account for all employment(s) for the **past five years**. List all employment experience(s) starting with your most recent employer and work back five years. Include full-time and part-time work, self-employment, military service, unemployment, and full-time education. (Attach additional sheets if necessary.)

Name	From		To		Position Held
	Month	Year	Month	Year	
City	State		Foreign Country		
Name	Month	Year	Month	Year	Position Held
City	State		Foreign Country		
Name	Month	Year	Month	Year	Position Held
City	State		Foreign Country		
Name	Month	Year	Month	Year	Position Held
City	State		Foreign Country		
Name	Month	Year	Month	Year	Position Held
City	State		Foreign Country		

Hawaii Application for Third Party Administrator

The TPA application shall include the names, addresses, official positions, and professional qualifications of the individuals responsible for the conduct of affairs of the administrator, **including all members** of the board of directors, board of trustees, executive committee, or other governing board or committee, the principal officers in the case of a corporation, or the partners in the case of a partnership. Please use additional pages as necessary and attach them to this application.

Name		Title or Position	
Professional Qualification(s)			
Address or P.O. Box		Suite	
City	State	Zip Code or Country	
Name		Title or Position	
Professional Qualification(s)			
Address or P.O. Box		Suite	
City	State	Zip Code or Country	
Name		Title or Position	
Professional Qualification(s)			
Address or P.O. Box		Suite	
City	State	Zip Code or Country	
Name		Title or Position	
Professional Qualification(s)			
Address or P.O. Box		Suite	
City	State	Zip Code or Country	
Name		Title or Position	
Professional Qualification(s)			
Address or P.O. Box		Suite	
City	State	Zip Code or Country	
Name		Title or Position	
Professional Qualification(s)			
Address or P.O. Box		Suite	
City	State	Zip Code or Country	

Hawaii Application for Third Party Administrator

Background Information

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

- 1a. Has the applicant, business entity, or any owner, partner, officer or director of the business entity, or member or manager of the limited liability company, ever been convicted of a felony, had a judgment withheld or deferred, or is currently charged with committing a felony? Yes No

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court).

- 1b. Has the applicant, business entity, or any owner, partner, officer or director of the business entity, or member or manager of the limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is currently charged with committing a military offense? Yes No

NOTE: For Questions 1a, 1b, and 1c, "convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer "yes" to any of these questions, you must attach all of the following to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) explaining the circumstances of each incident;
- b) a copy of the charging document; and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the applicant, business entity, or any owner, partner, officer or director of the business entity, or member or manager of the limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? Yes No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer "yes," you must attach all of the following to this application:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident;
- b) a copy of the Notice of Hearing or other document which states the charges and allegations; and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the applicant, business entity, or any owner, partner, officer or director of the business entity, or member or manager of the limited liability company, for overdue monies by an insurer, insured, or producer, or have you ever been subject to a bankruptcy proceeding? (Only include bankruptcies involving funds held on behalf of others.) Yes No

If you answer "yes," submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the applicant, business entity, or any owner, partner, officer or director of the business entity, or member or manager of the limited liability company, ever been notified by any jurisdiction to which you are applying, of any delinquent tax obligation that is not the subject of a repayment agreement? Yes No

If you answer "yes," identify the jurisdiction(s): _____

Hawaii Application for Third Party Administrator

5. Is the applicant, business entity, or any owner, partner, officer or director of the business entity, or member or manager of the limited liability company, currently a party to, or ever been found liable in any lawsuit, arbitration, or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes No

If you answer "yes," you must attach all of the following to this application:

- a) a written statement summarizing the details of each incident;
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings; and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

6. Has the applicant, business entity, or any owner, partner, officer or director of the business entity, or member or manager of the limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes No

If you answer "yes," you must attach all of the following to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a TPA license; and
- b) copies of all relevant documents.

7. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? n/a Yes No

If you answer "yes":

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes No

NOTE: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you must go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered "yes" to on the application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

Hawaii Application for Third Party Administrator

Applicants Certification and Attestation

The undersigned applicant, business entity, or any owner, partner, officer or director of the business entity, or member or manager of the limited liability company, hereby certifies, under the penalty of perjury, that:

1. All of the information submitted in this application and attachments are true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the applicant to civil or criminal penalties.
2. Where required by law, the applicant hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of that jurisdiction is of the same legal force and validity as personal service upon the applicant.
3. The applicant grants permission to the Commissioner, Director or Superintendent of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. I authorize the jurisdictions to which this application is made to give any information they may have concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
6. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

If applicant is an individual , the applicant must sign:	If applicant is a business entity , an officer, director, or partner of the business entity, or member or manager of a limited liability company must sign:
Month/Day/Year	Month/Day/Year
Original Applicant Signature	Original Applicant Signature
Full Legal Name (Printed or Typed)	Typed or Printed Name
	Title
	Address
	City, State Zip Code

Attachments

The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Licensing fee. Payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.
2. TPA Checklist and the documents listed on the checklist.
3. A trade name can be added after the license is issued. Go to http://cca.hawaii.gov/ins/producers/instructions_insurance_license/ for instructions of how to add a trade name.

INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED

Mail this application with applicable forms and documents to:

ATTN: Licensing Branch
 Hawaii Insurance Division
 335 Merchant Street – Room 213
 Honolulu, Hawaii 96813

THIRD PARTY ADMINISTRATOR SURETY BOND

**CHAPTER 431:XXX
HAWAII REVISED STATUTES
(ACT 072 (19))**

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____,
(Name of Third Party Administrator)
of _____, State of _____,
(Address)
as Principal, and _____, authorized to
(Name of Surety)

do business in the State of Hawaii, as Surety, are held and firmly bound unto the Insurance Commissioner of the State of Hawaii, as Obligee, in the sum of _____ Dollars (\$ _____) in lawful money of the United States of America, for the payment of which sum to the said Obligee, its successors and assigns, well and truly be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT:

WHEREAS, the above bounden Principal is operating under the provisions of Chapter 431:XXX, Hawaii Revised Statutes (ACT 072 (19)), to conduct and engage in the business of a third party administrator in the State of Hawaii;

NOW, THEREFORE, if the said Principal shall fully and faithfully comply with all provisions of Chapter 431:XXX, Hawaii Revised Statutes (ACT 072 (19)), and with such valid rules as may be promulgated by the Insurance Commissioner of the State of Hawaii pursuant to the provisions of Chapter 431:XXX Hawaii Revised Statutes (ACT 072 (19)), then this obligation shall be void; otherwise, this obligation shall be and remain in full force and effect.

AND, as provided in Chapter 431:XXX, Hawaii Revised Statutes (ACT 072 (19)), the Insurance Commissioner of the State of Hawaii, or any person who has been or claims to have been injured by the breach of the above mentioned conditions shall have a right of action to recover on this bond in his own name, provided that the aggregate liability of the Surety to all such persons shall in no event exceed the amount of this bond.

AND, this bond shall remain in full force and effect and shall be continuous in nature and may not be canceled or otherwise terminated until two (2) years have elapsed from the last day the Principal was a third party administrator, unless the commissioner has given prior written notice.

The effective date of this bond is the _____ day of _____, 20____.

IN WITNESS WHEREOF, we the said Principal and the said Surety, have hereunto set our hands this _____ day of _____, 20____.

(SEAL)

(Principal)

By*: _____

(SEAL)

(Surety)

By*: _____

* ALL SIGNATURES MUST BE NOTARIZED