



JOSH GREEN, M.D.
GOVERNOR | KE KIA'ĀINA

SYLVIA LUKE
LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
KA 'OIHANA PILI KĀLEPA
INSURANCE DIVISION

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NADINE Y. ANDO
DIRECTOR | KA LUNA HŌOKELE

GORDON I. ITO
INSURANCE COMMISSIONER

SALES & CLAIMS OFFICE INFORMATION FORM

(PLEASE PRINT)

NAME OF INSURER:	
NAIC #:	

SALES OFFICE

NAME OF AGENT or AGENCY:	
HAWAII BUSINESS ADDRESS:	
PHONE #:	
EMAIL ADDRESS:	

CLAIMS OFFICE

NAME OF AGENT or AGENCY:	
NAME OF INDEPENDENT ADJUSTER:	
HAWAII LICENSE #:	
HAWAII BUSINESS ADDRESS:	
PHONE #:	
EMAIL ADDRESS:	

Please return the completed form to Irene Baek at the address above. If you have any questions regarding this form, please contact Irene Baek at ibaek@dcca.hawaii.gov.