



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
KA 'OIHANA PILI KĀLEPA  
INSURANCE DIVISION  
335 MERCHANT STREET, ROOM 213  
HONOLULU, HAWAII 96813



## Acceptable Documents for DRLP Affiliation Evidences

*Any licensed producer so designated or empowered by a corporation or partnership may not be so designated or empowered by more than one corporation or partnership, except when the corporations or partnerships are affiliates of each other pursuant to Hawaii Revised Statute section 431:9A-16 (b).*

**For Hawaii resident business entity producer only** - If the DRLP is affiliated with more than one business entity, you must submit either one of the documents below:

1. **Organization Chart**: Must show business entity that directly or indirectly controls another business entity, or is directly or indirectly controlled by another business entity (an example could be a parent company and a subsidiary company) **AND** at least half of the voting shares of each company are owned by the same person, legal entity, or corporation ; **OR**
2. **Form Affiliation for DRLP**: Complete the attached two letters (must follow the instructions on the letter and signed by the assigned signer) –

Note: If you apply online for resident business producer licenses and the DRLPs affiliate with other insurance agencies, please submit required documents above. If we do not receive the required documents within 30 days from the date the online application is submitted, the application will be considered “Withdrawn” and the fee will not be refunded.

Letterhead of the Business Entity A (Use by the requester to add the DR)

To the Hawaii Insurance Division, Licensing Branch,

I, \_\_\_\_\_, make the following declaration and submit that the  
(Name)  
statements herein are true and accurate.

1. I am the \_\_\_\_\_ of  
(insert title here: President, Vice President, Director)

\_\_\_\_\_  
(Name of the Business Entity A)

2. I am authorized to make representations on behalf of

\_\_\_\_\_  
(Name of the Business Entity A)

3. The business entity above (is in a partnership with or is an affiliate of -select one)

\_\_\_\_\_  
(Name of the Business Entity B)

I request to add \_\_\_\_\_ as the designated representative (DR) for  
(DR's name)

\_\_\_\_\_  
(Name of the Business Entity A)

License No for the Business Entity A:

License No for the DR:

Signature \_\_\_\_\_ Title \_\_\_\_\_  
(must be signed by the President, Vice President or Director of the business entity A)

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Phone No \_\_\_\_\_ E-Mail \_\_\_\_\_

(Continue to next page)

## Letterhead of the Business Entity B (Use by the business entity with the DR)

To the Hawaii Insurance Division, Licensing Branch,

I, \_\_\_\_\_, make the following declaration and submit that the  
(Name)  
statements herein are true and accurate.

1. I am the \_\_\_\_\_ of  
(insert title here: President, Vice President, Director)

\_\_\_\_\_  
(Name of the Business Entity B)

2. I am authorized to make representations on behalf of

\_\_\_\_\_  
(Name of the Business Entity B)

3. The business entity above (is in a partnership with or is an affiliate of -select one)

\_\_\_\_\_  
(Name of the Business Entity A)

4. \_\_\_\_\_ is the designated representative (DR) for  
(DR's name)

\_\_\_\_\_  
(Name of Business Entity B)

I request that \_\_\_\_\_ be the designated representative (DR) for  
(DR's name)

\_\_\_\_\_  
(Name of the Business Entity A)

License No for the Business Entity B:

License No for the DR:

Signature \_\_\_\_\_ Title \_\_\_\_\_  
(must be signed by the President, Vice President or Director of the business entity B)

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Phone No \_\_\_\_\_ E-Mail \_\_\_\_\_