

State: Hawaii Filing Company: AIPSO
TOI/Sub-TOI: 20.0 Commercial Auto/20.0001 Business Auto
Product Name: Individual Risk Submission
Project Name/Number: /

Filing at a Glance

Company: AIPSO
Product Name: Individual Risk Submission
State: Hawaii
TOI: 20.0 Commercial Auto
Sub-TOI: 20.0001 Business Auto
Filing Type: Individual Risk
Date Submitted: 02/14/2024
SERFF Tr Num: APST-133992894
SERFF Status: Pending State Action
State Tr Num: 269481
State Status:
Co Tr Num: 4796

Effective Date 02/09/2024
Requested (New):
Effective Date
Requested (Renewal):
Author(s): Christine Lindgren
Reviewer(s): Christly Yoshizawa (primary), Rae Oda
Disposition Date:
Disposition Status:
Effective Date (New):
Effective Date (Renewal):

State Filing Description:

State: Hawaii
TOI/Sub-TOI: 20.0 Commercial Auto/20.0001 Business Auto
Product Name: Individual Risk Submission
Project Name/Number: /

Filing Company: AIPSO

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/04/2024	
State Status Changed:	Deemer Date:
Created By: Christine Lindgren	Submitted By: Christine Lindgren
Corresponding Filing Tracking Number:	

Filing Description:

This an individual risk submission for the captioned policy. The insured has requested \$100,000 property damage liability coverage for an auto used in diplomatic consult business. Reportedly, this limit is required by law.

Company and Contact

Filing Contact Information

Christine Lindgren, Product Analyst	chris.lindgren
302 Central Avenue	800-827-6302 [Phone]
Johnston, RI 02919	401-528-1351 [FAX]

Filing Company Information

(This filing was made by a third party - aipso)

AIPSO	CoCode:	State of Domicile: Rhode
302 Central Avenue	Group Code:	Island
Johnston, RI 02919	Group Name:	Company Type:
(401) 946-2310 ext. [Phone]	FEIN Number: 13-2732270	State ID Number:

State: Hawaii Filing Company: AIPSO
TOI/Sub-TOI: 20.0 Commercial Auto/20.0001 Business Auto
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Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

Company	Amount	Date Processed	Transaction #
AIPSO	\$50.00	03/04/2024 01:17 PM	280810207
EFT Total	\$50.00		

State: Hawaii Filing Company: AIPSO
TOI/Sub-TOI: 20.0 Commercial Auto/20.0001 Business Auto
Product Name: Individual Risk Submission
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Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Abeyance	Rae Oda	03/04/2024	03/04/2024

Response Letters

Responded By	Created On	Date Submitted
Christine Lindgren	03/04/2024	03/04/2024

State: Hawaii **Filing Company:** AIPSO
TOI/Sub-TOI: 20.0 Commercial Auto/20.0001 Business Auto
Product Name: Individual Risk Submission
Project Name/Number: /

Objection Letter

Objection Letter Status	Abeyance
Objection Letter Date	03/04/2024
Submitted Date	03/04/2024
Respond By Date	03/18/2024

Dear Christine Lindgren,

Introduction:

This will acknowledge receipt of the filing. Your attention is directed to the following:

Objection 1

Comments: Your filing is missing the required filing fee. Be advised that rate filings, rule filings, or any combination with rates or rules are subject to a rate filing fee per insurer. Please refer to our general instructions for fee information. Without the required filing fee, this filing is neither complete nor filed.

Conclusion:

Pending your response, this filing shall not be deemed complete or filed nor available for use.

Pursuant to Hawaii Revised Statutes §431:14-104(d), if the requested information is not received by the Respond By Date, the filing will be returned as not filed and not available for use. To request an extension, please email the Rate and Policy Analysis Branch Manager, Kathleen Nakasone, at knakasone@dcca.hawaii.gov.

Sincerely,
Rae Oda

State: Hawaii Filing Company: AIPSO
TOI/Sub-TOI: 20.0 Commercial Auto/20.0001 Business Auto
Product Name: Individual Risk Submission
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/04/2024
Submitted Date	03/04/2024

Dear Christly Yoshizawa,

Introduction:

Response 1

Comments:

I have submitted the filing fee of \$50.

Related Objection 1

Comments: Your filing is missing the required filing fee. Be advised that rate filings, rule filings, or any combination with rates or rules are subject to a rate filing fee per insurer. Please refer to our general instructions for fee information. Without the required filing fee, this filing is neither complete nor filed.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Conclusion:

Sincerely,
Christine Lindgren

SERFF Tracking #:

APST-133992894

State Tracking #:

269481

Company Tracking #:

4796

State: *Hawaii* **Filing Company:** *AIPSO*
TOI/Sub-TOI: *20.0 Commercial Auto/20.0001 Business Auto*
Product Name: *Individual Risk Submission*
Project Name/Number: */*

Supporting Document Schedules

Bypassed - Item:	Forms Certification
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Third Party Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Individual Risk
Comments:	
Attachment(s):	IRS Form.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter & Premium Determination
Comments:	
Attachment(s):	IRS-4796.pdf PREMIUM DETERMINATION.pdf
Item Status:	
Status Date:	



STATE OF HAWAII

INDIVIDUAL RISK FORM

INSURANCE DIVISION
DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS
P. O. BOX 3614
HONOLULU, HAWAII 96811-3614
335 MERCHANT STREET, ROOM 213
HONOLULU, HAWAII 96813
PHONE NO: (808) 586-2790
http://hawaii.gov/dcca/ins

INSURANCE COMPANY INFORMATION

Insurance Company Name: AIPSO
NAIC Company Code #

POLICY INFORMATION

Name of Insured: Republic Of The Marshall Island
Type of Business: Diplomatic Consulting

Location(s) of Risk: Honolulu

Policy Type (specify the lines of insurance): Commercial
Effective Date: 2/9/2024
Policy Term: 1 Yr

RATING DEVIATION INFORMATION

Rating Plan(s) on File: Rule 52
State Tracking Number(s): 145178

Rating Class or Factor Description (attach additional pages if necessary)
Filed Rate or Factor
Proposed Rate or Factor
Reason and or justification for the proposed rate or factor deviation

Filed Manual Premium: \$259
Proposed Premium: \$268

I certify this individual risk submission is compliant with Hawaii Revised Statutes §§ 431:14-103(a)(1) and 431:14-103(a)(5), Article 10C (if inclusive of Motor Vehicle Coverage) and other statutory requirements. The premium charged is considered fair and equitable for this policyholder due to the reason(s) noted above.

Robert Powers (Signature)
Digitally signed by Robert Powers
Date: 2024.02.14 08:45:33 -05'00'
Vice President, General Counsel & Secretary
2/14/2024
Signature of Company Officer
Printed Name/Title
Date

CAROL BERTHOLD
Chairperson

CHARLES P. KWOLEK, JR.
President/CEO



“Serving the Insurance Industry”

February 14, 2024

Mr. Gordon Ito, Insurance Commissioner
Hawaii Department of Commerce & Consumer Affairs
Insurance Division
PO Box 3614
Honolulu, HI 96811-3614

**Hawaii Joint Underwriting Plan
Individual Risk Submission No. 4796
Insured: Republic Of The Marshall Island
Carrier: State Farm Insurance Company
Policy: [REDACTED]
Effective: February 9, 2024**

Dear Mr. Ito:

This is an individual risk submission for the captioned policy. The insured has requested \$100,000 property damage liability coverage for an auto used in diplomatic consult business. Reportedly, this limit is required by law.

In accordance with Rule 1.D.1 of the Commercial Auto Manual, the assigned carrier has referred the matter to us for individual risk rating. We propose a factor of 1.15 be applied to the appropriate \$10,000 property damage liability rate. This factor was developed by extending the table in HIB's commercial auto filing as announced via HIB Publication Number 145178 effective January 15, 2015.

We respectfully request your prompt review and approval of this submission to enable the carrier to proceed with the processing of the policy.

Please contact the undersigned at extension 3494 if you have any questions.

Sincerely,
Gina M. Clement, CPCU, CCP, Product Manager

A handwritten signature in black ink, appearing to read 'Christine Lindgren', written over a light grey circular stamp.

E. Christine Lindgren, ACP
Senior Product Analyst
Manuals and Policy Forms

Attach.

pc: Mr. Tom Assad—AIPSO

PREMIUM DETERMINATION

Insured: Republic Of The Marshall Island

Carrier: State Farm Insurance Company

Policy: [REDACTED]

Effective: February 9, 2024

Territory: 01

Manual rating for Private Passenger Type \$100,000 PD

Territory 01 \$10,000 PD (Page CR-3)		Nonfleet PPT Rate (Rule 82)		\$100,000 PPT Increased Limits Factor (Rule 52)		Total Limits Whole Dollar Premium*
\$259	X	.90	X	1.15	X	\$268

*Premium is exclusive of any applicable debits or credits