

SERFF Tracking #:

APST-134241621

State Tracking #:

272084

Company Tracking #:

IRS-4828

State: *Hawaii* **Filing Company:** *AIPSO*
TOI/Sub-TOI: *19.0 Personal Auto/19.0000 Personal Auto Combinations*
Product Name: *Individual Risk Submission*
Project Name/Number: *Benjamin Marshall/IRS-4828*

Supporting Document Schedules

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

Satisfied - Item:	IRS-4828 Letter
Comments:	
Attachment(s):	IRS-4828.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Premium Determination
Comments:	
Attachment(s):	PREMIUM DETERMINATION.pdf Phys Dam Worksheet.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/deca/ins

INSURANCE COMPANY INFORMATION

Insurance Company Name: AIPSO
NAIC Company Code #: N/A

POLICY INFORMATION

Name of Insured: Benjamin Marshall
Type of Business

Location(s) of Risk: Koloa

Policy Type (specify the lines of insurance): Personal
Effective Date: 8/20/2024
Policy Term: 1 yr

RATING DEVIATION INFORMATION

Rating Plan(s) on File
State Tracking Number(s)

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

Rating Class or Factor Description
Filed Rate or Factor
Proposed Rate or Factor

Reason and or justification for the proposed rate or factor deviation

Filed Manual Premium: No rates in Manual
Proposed Premium: 3,336

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
Digitally signed by Robert Powers
Date: 2024.10.16 15:56:32 -04'00'

Robert Powers, General Counsel, VP, and Secretary

10/16/2024

Signature of Company Officer

Printed Name/Title

Date



“Serving the Insurance Industry”

September 9, 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. 4828
Insured: Benjamin Marshall
Carrier: National Specialty Insurance Company
Policy: ABP5700000026
Effective: August 20, 2024**

Dear Mr. Ito:

This is an individual risk submission for the captioned policy. The insured has requested \$100,000/300,000 bodily injury liability, \$30,000 property damage liability, \$10,000 personal injury protection, \$100,000/300,000 uninsured and underinsured motorists, and comprehensive and collision coverages for a low speed vehicle used for pleasure.

In accordance with Rule 2 of the Hawaii Joint Underwriting Plan Manual, the assigned carrier has referred the matter to us for individual risk rating. We propose rating this risk as follows:

- a. Liability – Charge 50% of the premium resulting from classifying and rating as a private passenger auto.
- b. Personal Auto Protection – Classify and rate as a private passenger auto.
- c. Uninsured and Underinsured Motorists - Classify and rate as a private passenger auto.
- d. Physical Damage – Classify and rate as a private passenger auto using a Symbol derived from the low speed vehicle’s model year and price new.

This is the same rating procedure as used by Insurance Services Office, Inc. for vehicles of this type.

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 3486 if you have any questions.

Sincerely,
Denise Roberts, CPCU, Product Manager

A handwritten signature in black ink that reads "Kerri Morrison".

Kerri Morrison, AINS
Senior Product Analyst
Manuals and Policy Forms

pc: Mr. Tom Assad—AIPSO

PREMIUM DETERMINATION

Insured: Benjamin Marshall
Carrier: National Specialty Insurance Company
Policy: ABP2700000026
Effective: August 20, 2024
Territory: 04

Coverage	Base Rate (Rate Schedules and Rule 27)		Class Factors/ Primary Rating Factor Table* (Rate Schedules)		Increased Limits Factor (Rule 25)		Proposed Rating Factor (50% of PP rate Liability Only)	PIP Deductible Credit (Rule 29.C)	Whole Dollar Premium		
RBI LIAB.	213	X (	1.0	+	) X	1.66	X	.50	NA	=	177
PD LIAB.	124	X (	1.0	+	) X	1.04	X	.50	NA	=	64
UM	218		NA		X	1.66		N/A	NA	=	362
UIM	150		NA		X	1.66		N/A	NA	=	249
PIP	122	X (	1.0	+	) X	NA	X -	N/A	6	=	116
COMP.*										=	545
COLL.*										=	1,823
Total										=	3,336

*See attached worksheet for comp. and coll. premium determination

**Premium is exclusive of any applicable debits or credits

Physical Damage Premium Determination

Insured: Benjamin Marshall
Carrier: National Specialty Insurance Company
Policy: ABP570000026
Effective: August 20, 2024
Territory: 04

	Comprehensive	Collision
Model Year Factor (2021)	0.95	0.94
Symbol Factor (39)	5.21	2.57
<i>Round to two decimal places.</i>	4.95	2.42
Base Rates	142	810
<i>Round to the nearest whole dollar.</i>	703	1960
Class Factor /Primary Factor	1.0	1.0
Safe Driver Insurance Plan (Rule 26)	+	+
Secondary Factor (Rule 26)	+	+
Combined Rating Factor	1.0	1.0
<i>Round to the nearest whole dollar.</i>		
Deductible Factor (Rule 29)	0.775	0.930
Premium (<i>Round to the nearest whole dollar.</i>)	545	1,823

*Premium is exclusive of any applicable debits or credits

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State: Hawaii **Filing Company:** AIPSO
TOI/Sub-TOI: 19.0 Personal Auto/19.0000 Personal Auto Combinations
Product Name: Individual Risk Submission
Project Name/Number: Benjamin Marshall/IRS-4828

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/09/2024		Supporting Document	Individual Risk	10/17/2024	Individual Risk Form 1.pdf (Superseded)



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Robert Powers
Digitally signed by Robert Powers
Date: 2024.09.09 14:54:35 -04'00'

Robert Powers, General Counsel, VP, and Secretary

9/9/2024

Signature of Company Officer

Printed Name/Title

Date