



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



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.

| √ | No. | Required Application Filing Checklist |
|--------------------------|-----|--|
| <input type="checkbox"/> | 1. | Hawaii TPA Checklist (copies acceptable) |
| <input type="checkbox"/> | 2. | Online Application and Payment <i>Visit https://nipr.com/ to complete an online application and to submit a payment of non-refundable fee through NIPR.</i> |
| <input type="checkbox"/> | 3. | All basic current organizational documents (applicable to business entity applicant only): 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 <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 and submit through NIPR Documents Warehouse).</i> |
| <input type="checkbox"/> | 4. | Individuals who are responsible for the conduct of affairs of the administrator (applicable to business entity applicant only): <i>Submit 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.</i> |

- ☐ 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". **Complete Surety Bond form on the next page.***
(Upon renewal of your license, the surety bond amount increases to \$300,000 pursuant to Act 069 which was signed into law on June 21, 2024, and amends HRS § 431:9J-103.)

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: _____

If a TPA intends to sell travel insurance, underwrite, or adjust claims in connection with travel insurance, you must designate below one of your employees who is an active licensed property and casualty insurance producer as the designated responsible producer.

NAME: _____ NPN: _____

E-MAIL: _____ Telephone: _____

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 via [NIPR's Attachments Warehouse](#). 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.

THIRD PARTY ADMINISTRATOR SURETY BOND

CHAPTER 431 ARTICLE 9J HAWAII REVISED STATUTES

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, Article 9J, Hawaii Revised Statutes, 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, Article 9J, Hawaii Revised Statutes, 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, Article 9J, Hawaii Revised Statutes, then this obligation shall be void; otherwise, this obligation shall be and remain in full force and effect.

AND, as provided in Chapter 431, Article 9J, Hawaii Revised Statutes, 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*: _____

Printed Name/Title

(SEAL)

(Surety)

By*: _____

Printed Name/Title

* ALL SIGNATURES MUST BE NOTARIZED