

HAWAII GENERAL INSTRUCTIONS ATTACHMENT (Rev 9-19*) PROPERTY AND CASUALTY

* substantive changes are highlighted

1. FILING AUTHORITY/SCOPE OF AUTHORITY:

Hawaii Revised Statutes (HRS), Chapter 431. File all Rates, Rules and Forms.

2. FILING BASIS:

Rates and rules are subject to prior approval.

Forms are subject to compliance. Workers' Compensation, mandatory Motor Vehicle, and Title insurance policy forms are subject to prior approval.

Rate, rule and form filing requirements do not apply to Aircraft and Ocean Marine. Rate and rule filing requirements do not apply to Title.

Refer to Rate/Rule/Form Filing Requirements at http://cca.hawaii.gov/ins/insurers/rate_policy/ for detailed information.

A filing is considered received upon the first business day when the filing or applicable filing fee is received, whichever is later. The day received is counted as day zero.

There is a 30 day waiting period (90 days for Workers' Compensation). For purposes of computing time limits, "days" shall mean calendar days, except that when the last day of any specified time period is a Saturday, Sunday, State holiday or furlough day, then the time period shall end on the next following business day.

SERFF filing default is set to Public Access at submission.

3. ATTACHMENT INFORMATION AND FILE FORMATS ACCEPTED:

All documents attached to the filing must be Adobe Acrobat format.

4. SPECIAL FILING AT A GLANCE AND GENERAL INFORMATION:

If applicable, complete Reference Organization, Reference Number and Reference Title.

Reference Organization: Enter the initials of the Rating or Advisory Organization (eg. *HIB*, *NCCI*).

Reference Number: Enter the Rating or Advisory Organization's reference filing number.

Reference Title: Enter the Rating or Advisory Organization's reference filing description.

Filing Description: Enter the same statutory required information as would be provided in a cover letter.

5. SPECIAL FORMS SCHEDULE HANDLING:

5a. INDEPENDENT FORM FILINGS:

All replacement forms shall be accompanied by either an itemized list of the proposed changes or copies of the replaced forms with strikethrough for deletions and underscore for additions to demonstrate every proposed modification.

Submit documentation addressing the impact on coverage benefits and premium rate levels.

Attach a completed *Forms Certification* (PCMIFORM_CERT(7-08)).

Forms and related documentation shall be attached in the SERFF Forms Schedule tab.

5b. ADOPTION OF RATING OR ADVISORY ORGANIZATION FORM FILINGS:

When adopting a Rating or Advisory Organization's filing, use the rating or advisory organization's initials and reference FILING number as the FORM NUMBER in the Form Schedule tab (eg. *HIB CAF 2007-02*). Select *Endorsement* or *Policy* as the Form Type. Do not use Circular numbers. Incomplete filings may be rejected.

Attach the rating or advisory organization's preprinted reference filing adoption form.

6. SPECIAL RATE/RULE SCHEDULE HANDLING:

6a. INDEPENDENT RATE/RULE FILINGS:

Attach manual pages, including rates, rules, rating plans, rating schedules, classifications and every modification of any of the foregoing which the insurer proposes to use. Attach detailed supporting documentation to justify all new, revised or amended rates, rules, etc.

All replacement manual pages shall be accompanied by either an itemized list of the proposed changes or copies of the replaced manual pages with strikethrough for deletions and underscore for additions to demonstrate every proposed modification.

Except for rate filings in accordance with HRS §431:14-104(k), (l) and (m), filings are open to public inspection. Filings not open to public inspection should be marked as confidential by the filer.

Schedule rating without specific objective standards or with subjective rating elements is not allowed as it may result in unfair discrimination.

WARNING: YOUR FILING WILL BE REJECTED IF IT INCLUDES SCHEDULE RATING WITHOUT SPECIFIC OBJECTIVE STANDARDS; OR IT INCLUDES SUBJECTIVE RATING ELEMENTS.

REQUIRED DOCUMENTATION:

The following documentation must be provided in every independent rate/rule filing:

1. A return on equity calculation that provides all income and outflow, and includes supporting data.
2. An investment income calculation and an illustration or calculation that shows how it is being applied to the rate development.
3. An actuarial memorandum that justifies the rate filing. This memorandum must contain an actuary opinion and be signed by the attesting actuary or a company officer.
4. Five years of Hawaii data that illustrate expenses, premium revenue, losses, LAE, any reinsurance recoveries, actual investment income earned, and the actual return on equity on an allocated basis for the line of insurance based on statutory accounting principles.

6b. CONSENT TO RATE FILINGS

Select *Consent to Rate* as the Filing Type.

Attach completed and signed *Application for Consent to Rate* form (RF C2R-1 (8-2011)) located in the Submission Requirements. Hawaii's default public access setting is "upon submission." As such, confidentiality requests for Consent to Rate filings should be made upon submission.

6c. INDIVIDUAL RISK FILINGS

Select *Individual Risk* as the Filing Type.

Attach completed and signed *Individual Risk* form (RF IR-1 (9-2019)) located in the Submission Requirements. Hawaii's default public access setting is "upon submission." As such, confidentiality requests for Individual Risk filings should be made upon submission.

6d. ADOPTION OF RATING/ADVISORY ORGANIZATION FILINGS (LOSS COSTS):

Attach manual rate pages and exception pages.

Attach completed *Loss Cost Adoption* forms RF 20, RF 20A and, if applicable, RF 20B. Adoption forms (RF 20 series) are located in the Submission Requirements. Do not use Circular numbers. The loss cost adoption forms must be attached in both XLS and PDF formats.

WARNING: YOUR FILING WILL BE REJECTED IF THE MANDATORY LOSS COST ADOPTION FORMS ARE NOT SUBMITTED IN XLS AND PDF FORMATS.

Loss cost filing procedures are outlined in *Commissioner's Memorandum 1991-7R* dated February 15, 1991.

REQUIRED DOCUMENTATION:

The following documentation must be provided in every loss cost adoption filing:

1. A return on equity calculation that provides all income and outflow, and includes supporting data.
2. An investment income calculation and an illustration or calculation that shows how it is being applied to the rate development.
3. If deviating from the referenced loss costs (including loss cost modification factors other than 1), an actuarial memorandum and supporting information that justifies the deviation.
4. Five years of Hawaii data that illustrate expenses, premium revenue, losses, LAE, any reinsurance recoveries, actual investment income earned, and the actual return on equity on an allocated basis for the line of insurance based on statutory accounting principles.

REQUIRED DOCUMENTATION FOR WORKERS COMPENSATION LOSS COST ADOPTION FILINGS: The completed Hawaii Premium Notification Endorsement must be provided.

WARNING: YOUR FILING WILL BE REJECTED IF THE MANDATORY WORKERS COMPENSATION HAWAII PREMIUM NOTIFICATION ENDORSEMENT IS NOT SUBMITTED.

6e. ADOPTION OF RATING/ADVISORY ORGANIZATION FILINGS (OTHER THAN LOSS COSTS):

Attach manual rule exception pages.

Attach the rating or advisory organization's preprinted reference filing adoption form(s). Do not use Circular numbers. Incomplete filings may be rejected.

When an insurer adopts a rating or advisory organization's filing with MODIFICATIONS, all replacement manual exception pages shall be accompanied by either an itemized list of the proposed changes or copies of the replaced manual pages with strikethrough for deletions and underscore for additions to demonstrate every proposed modification.

If the proposed modifications pertain to a reference rating factor, relativity, or similar provision include an actuarial memorandum and supporting information justifying the deviation.

WARNING: YOUR FILING WILL BE REJECTED IF THE MANDATORY SPREADSHEETS ARE NOT SUBMITTED IN XLS AND PDF FORMATS.

7. ADDITIONAL GENERAL INFORMATION/OTHER SPECIAL INFORMATION:

Hawaii accepts all Property and Casualty lines via SERFF.

Hawaii accepts filing fee payments via EFT.

Pursuant HRS §§431:14-104(b) and 431:14-105(b), the Insurance Commissioner reserves the right to request one printed copy of an electronic filing. When requested, PDF pipeline the entire filing, print one copy and mail to:

Mailing Address: Rate and Policy Analysis Branch
Hawaii Insurance Division
P. O. Box 3614
Honolulu, HI 96811-3614

Street Address: Rate and Policy Analysis Branch
Hawaii Insurance Division
335 Merchant St., Room 213
Honolulu, HI 96813

8. CONTACT INFORMATION:

Rate and Policy Analysis Branch Manager
(808) 586-2809
InsRpaPC@dcca.hawaii.gov