
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:	11/06/2023
SERFF Tr Num:	APST-133878033
SERFF Status:	Pending State Action
State Tr Num:	268231
State Status:	
Co Tr Num:	IRS-4786
Effective Date	10/19/2023
Requested (New):	
Effective Date	
Requested (Renewal):	
Author(s):	Christine Lindgren
Reviewer(s):	Rae Oda (primary), Christly Yoshizawa
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	
State Filing Description:	

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

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: 11/28/2023	
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 100/300/30 split limit liability coverage for 2 1998 GT Dane Tractor-Trailers used in a commercial driving school. Reportedly, the vehicles are not equipped with dual controls.

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
Product Name: Individual Risk Submission
Project Name/Number: /

Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

Company	Amount	Date Processed	Transaction #
AIPSO	\$50.00	11/28/2023 12:44 PM	273597464

EFT Total **\$50.00**

SERFF Tracking #:	APST-133878033	State Tracking #:	268231	Company Tracking #:	IRS-4786
State:	Hawaii	Filing Company:	AIPSO		
TOI/Sub-TOI:	20.0 Commercial Auto/20.0001 Business Auto				
Product Name:	Individual Risk Submission				
Project Name/Number:	/				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Christly Yoshizawa	11/29/2023	

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Abeyance	Christly Yoshizawa	11/21/2023	11/24/2023

Response Letters

Responded By	Created On	Date Submitted
Christine Lindgren	11/28/2023	11/28/2023

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

Disposition

Disposition Date: 11/29/2023
 Effective Date (New): 10/19/2023
 Effective Date (Renewal):
 Status: Approved

Comment: Approved under provisions for individual risk rating, §431:14-104(k)(3), Hawaii Revised Statutes.

Approval for the individual risk premium modification applies only to this filing. Be advised that a filing is required for renewals utilizing individual risk premium modification.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
AIPSO	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Forms Certification		No
Supporting Document	Third Party Authorization		No
Supporting Document (revised)	Individual Risk		No
Supporting Document	Individual Risk		No
Supporting Document	Cover Letter		No
Supporting Document (revised)	Premium Determination		No
Supporting Document	Premium Determination		No
Supporting Document	Rule 134		Yes

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	11/24/2023
Submitted Date	11/24/2023
Respond By Date	12/24/2023

Dear Christine Lindgren,

Introduction:

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

Objection 1

Comments: Be advised that rate filings, rule filings, or any combination with rates or rules are subject to a rate filing fee per insurer. Without the required filing fee, this filing is neither complete nor filed.

The fee for Individual Risk filings is \$50.00.

Objection 2

- Individual Risk (Supporting Document)

Comments: Please identify the filing # or #s for the HJUP Rating Plan(s) that the Individual Risk policy is deviating from. Include the Filed Manual Premium on the Individual Risk form.

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,

Christly Yoshizawa

SERFF Tracking #:	APST-133878033	State Tracking #:	268231	Company Tracking #:	IRS-4786
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	11/28/2023
Submitted Date	11/28/2023

Dear Rae Oda,

Introduction:

Response 1

Comments:

I have submitted the additional \$50.00 fee requirement

Related Objection 1

Comments: Be advised that rate filings, rule filings, or any combination with rates or rules are subject to a rate filing fee per insurer. Without the required filing fee, this filing is neither complete nor filed.

The fee for Individual Risk filings is \$50.00.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

No Supporting Documents changed.

Response 2

Comments:

I have revised the IRS Form to list the previous Serff Filing Number for Rule 134 and the filed premium. I have also attached a copy of the complete rule 134 as reference, along with a revised premium determination document showing both the proposed and filed premiums.

I hope this information will assist with you review. Please let me know if you require anything additional.

Thank you

Related Objection 2

Applies To:

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

- Individual Risk (Supporting Document)

Comments: Please identify the filing # or #s for the HJUP Rating Plan(s) that the Individual Risk policy is deviating from. Include the Filed Manual Premium on the Individual Risk form.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Individual Risk
Comments:	
Attachment(s):	IRS Form.pdf
Previous Version	
Satisfied - Item:	Individual Risk
Comments:	
Attachment(s):	IRS Form.pdf

SERFF Tracking #:	APST-133878033	State Tracking #:	268231	Company Tracking #:	IRS-4786
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 Schedule Item Changes	
Satisfied - Item:	Individual Risk
Comments:	
Attachment(s):	IRS Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	Individual Risk
Comments:	
Attachment(s):	IRS Form.pdf
Satisfied - Item:	Premium Determination
Comments:	
Attachment(s):	PREMIUM DETERMINATION.pdf
<i>Previous Version</i>	
Satisfied - Item:	Premium Determination
Comments:	
Attachment(s):	PREMIUM DETERMINATION.pdf

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 Schedule Item Changes	
Satisfied - Item:	Individual Risk
Comments:	
Attachment(s):	IRS Form.pdf
Previous Version	
Satisfied - Item:	Individual Risk
Comments:	
Attachment(s):	IRS Form.pdf
Satisfied - Item:	Premium Determination
Comments:	
Attachment(s):	PREMIUM DETERMINATION.pdf
Previous Version	
Satisfied - Item:	Premium Determination
Comments:	
Attachment(s):	PREMIUM DETERMINATION.pdf
Satisfied - Item:	Rule 134
Comments:	
Attachment(s):	Rule134.pdf

Conclusion:

Sincerely,
Christine Lindgren

SERFF Tracking #:	APST-133878033	State Tracking #:	268231	Company Tracking #:	IRS-4786
State:	Hawaii	Filing Company:	AIPSO		
TOI/Sub-TOI:	20.0 Commercial Auto/20.0001 Business Auto				
Product Name:	Individual Risk Submission				
Project Name/Number:	/				

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	Prior Approval
SERFF Tracking Number of Last Filing:	N/A

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
AIPSO	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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
Comments:	
Attachment(s):	IRS-4786.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Premium Determination
Comments:	
Attachment(s):	PREMIUM DETERMINATION.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rule 134
Comments:	
Attachment(s):	Rule134.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	APST-133878033	State Tracking #:	268231	Company Tracking #:	IRS-4786
State:	Hawaii	Filing Company:	AIPSO		
TOI/Sub-TOI:	20.0 Commercial Auto/20.0001 Business Auto				
Product Name:	Individual Risk Submission				
Project Name/Number:	/				

**STATE OF HAWAII**

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>

INDIVIDUAL RISK FORM**INSURANCE COMPANY INFORMATION**

Insurance Company Name	NAIC Company Code #
AIPSO	

POLICY INFORMATION

Name of Insured	Type of Business
808 CL Services LLC	Commercial Driving School

Location(s) of Risk
Kaeeu, HI

Policy Type (specify the lines of insurance)	Effective Date	Policy Term
Business Auto Policy	10/19/2023	1 Yr

RATING DEVIATION INFORMATION

Rating Plan(s) on File	State Tracking Number(s)
Previously filed Rule 134	APST-129792221

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		
See attached Cover Letter and Premium Determination		

Filed Manual Premium	\$2,187	Proposed Premium	\$4,423
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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: 2023.11.06 08:41:08 -05'00'	Vice President, General Counsel & Secretary	11/6/2023
Signature of Company Officer		Printed Name/Title	Date



"Serving the Insurance Industry"

October 23, 2023

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. 4786
Insured: 808 CL Services LLC
Carrier: State Farm Insurance Company
Policy: [REDACTED]
Effective: October 19, 2023**

Dear Mr. Ito:

This is an individual risk submission for the captioned policy. The insured has requested 100/300/30 split limit liability coverage for 2 1998 GT Dane Tractor-Trailers used in a commercial driving school. Reportedly, the vehicles are not equipped with dual controls.

In accordance with Rule 134 of the Manual, the assigned carrier has referred the matter to us for individual risk rating. We propose rating these truck-tractors utilizing 200% of the otherwise applicable truck, tractor, and trailer premium for the territory of garaging. This rating procedure is based upon our best informed judgment and is similar to that approved in other jurisdictions for risks of this type.

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

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

A handwritten signature in cursive script, appearing to read 'Gina M. Clement'.

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

Attach.

pc: Mr. Tom Assad—AIPSO

PREMIUM DETERMINATION

Insured: 808 CL Services LLC
Carrier: State Farm Insurance Company
Policy: [REDACTED]
Effective: October 19, 2023
Territory: 05

Proposed rating for truck/tractor

Territory 05 \$20/40 BI (Page CR-3)		Primary Classification Factor Heavy Truck (Rule 73)		\$100/300 BI All Other Increased Limits Factor (Rule 52)		Proposed Factor for Truck Tractor Equipped without Dual Controls (Rule 134.B.2.a)		Total Limits Whole Dollar Premium*
\$718	X	1.40	X	2.200	X	2.0	X	\$4,423

*Premium is exclusive of any applicable debits or credits

Manual rating for Private Passenger Type

Territory 05 \$20/40 BI (Page CR-3)		Primary Classification Factor Heavy Truck (Rule 73)		\$100/300 BI PP Type Increased Limits Factor (Rule 52)		Proposed Factor for Truck Tractor Equipped without Dual Controls (Rule 134.B.2.a)		Total Limits Whole Dollar Premium*
\$497	X	N/A	X	2.200	X	2.0	X	\$2,187

Rule134. DRIVER TRAINING PROGRAMS—EDUCATIONAL INSTITUTIONS AND COMMERCIAL DRIVING SCHOOLS

A. Driver Training Programs—Educational Institutions

1. Eligibility
This section applies to private passenger autos used for driver training as part of a school curriculum.
2. Premium Development—Residual Bodily Injury and Property Damage Liability, Personal Injury Protection, and Collision Coverages
 - a. For autos equipped with dual controls, multiply the Private Passenger Types [base rate](#) on the rate schedules by .50. There must be dual brakes to qualify as dual control.
 - b. For autos not equipped with dual controls, multiply the Private Passenger Types base [rate](#) on the rate schedules by 1.00.
3. Premium Development—Comprehensive Coverage
Multiply the Private Passenger Types [rate](#) on the rate schedules by .85.
4. Premium Development—All Other Coverages
Charge the Private Passenger Types [rate](#).
5. A policy covering autos used by schools in driver training programs may be written on an annual term for liability coverage with premium prorated to reflect the actual school term. However, do not give credit for Saturdays, Sundays, or holidays or for any other periods of lay-up during the school term.

B. Commercial Driving Schools

1. Eligibility
This section applies to autos used by driving schools to give driving instruction.
2. Premium Development—Residual Bodily Injury and Property Damage Liability and Personal Injury Protection Coverages
Owned Private Passenger Autos
 - a. For autos equipped with dual controls, multiply the Private Passenger Types [base rate](#) on the rate schedules by 1.00. There must be dual brakes to qualify as dual control.
 - b. For autos not equipped with dual controls, multiply the Private Passenger Types base [rate](#) on the rate schedules by 2.00.
3. Premium Development—Collision Coverage
Owned Private Passenger Autos
 - a. For autos equipped with dual controls, multiply the Private Passenger Types [rate](#) on the rate schedules by .75. There must be dual brakes to qualify as dual control.
 - b. For autos not equipped with dual controls, multiply the Private Passenger Types [rate](#) on the rate schedules by 1.50.
4. Premium Development—All Other Coverages
Charge the Private Passenger Types [rate](#).
5. All Other Types of Owned Autos
Refer to [Rule 2](#) for rating.

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

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)
11/06/2023		Supporting Document	Individual Risk	11/28/2023	IRS Form.pdf (Superceded)
11/06/2023		Supporting Document	Premium Determination	11/28/2023	PREMIUM DETERMINATION.pdf (Superceded)

**STATE OF HAWAII**

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

INDIVIDUAL RISK FORM**INSURANCE COMPANY INFORMATION**

Insurance Company Name	NAIC Company Code #
AIPSO	

POLICY INFORMATION

Name of Insured	Type of Business
808 CL Services LLC	Commercial Driving School

Location(s) of Risk
Kaeau, HI

Policy Type (specify the lines of insurance)	Effective Date	Policy Term
Business Auto Policy	10/19/2023	1 Yr

RATING DEVIATION INFORMATION

Rating Plan(s) on File	State Tracking Number(s)
	APST-133878033

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		
See attached Cover Letter and Premium Determination		

Filed Manual Premium	Proposed Premium
	\$4,423

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: 2023.11.06 08:41:08 -05'00'	Vice President, General Counsel & Secretary	11/6/2023
Signature of Company Officer	Printed Name/Title	Date

PREMIUM DETERMINATION

Insured: 808 CL Services LLC
Carrier: State Farm Insurance Company
Policy: [REDACTED]
Effective: October 19, 2023
Territory: 05

Territory 05 \$20/40 BI (Page CR-3)		Primary Classification Factor Heavy Truck (Rule 73)		\$100/300 BI All Other Increased Limits Factor (Rule 52)		Proposed Factor for Truck Tractor Equipped without Dual Controls (Rule 134.B.2.a)		Total Limits Whole Dollar Premium*
\$718	X	1.40	X	2.200	X	2.0	X	\$4,423

*Premium is exclusive of any applicable debits or credits