

JAN 27 2016

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# A BILL FOR AN ACT

RELATING TO INSURANCE.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1           SECTION 1. Section 431:13-103, Hawaii Revised Statutes, is  
2 amended by amending subsection (a) to read as follows:

3           "(a) The following are defined as unfair methods of  
4 competition and unfair or deceptive acts or practices in the  
5 business of insurance:

6           (1) Misrepresentations and false advertising of insurance  
7 policies. Making, issuing, circulating, or causing to  
8 be made, issued, or circulated, any estimate,  
9 illustration, circular, statement, sales presentation,  
10 omission, or comparison which:

11           (A) Misrepresents the benefits, advantages,  
12 conditions, or terms of any insurance policy;

13           (B) Misrepresents the dividends or share of the  
14 surplus to be received on any insurance policy;

15           (C) Makes any false or misleading statement as to the  
16 dividends or share of surplus previously paid on  
17 any insurance policy;



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- 1           (D) Is misleading or is a misrepresentation as to the  
2           financial condition of any insurer, or as to the  
3           legal reserve system upon which any life insurer  
4           operates;
- 5           (E) Uses any name or title of any insurance policy or  
6           class of insurance policies misrepresenting the  
7           true nature thereof;
- 8           (F) Is a misrepresentation for the purpose of  
9           inducing or tending to induce the lapse,  
10          forfeiture, exchange, conversion, or surrender of  
11          any insurance policy;
- 12          (G) Is a misrepresentation for the purpose of  
13          effecting a pledge or assignment of or effecting  
14          a loan against any insurance policy;
- 15          (H) Misrepresents any insurance policy as being  
16          shares of stock;
- 17          (I) Publishes or advertises the assets of any insurer  
18          without publishing or advertising with equal  
19          conspicuousness the liabilities of the insurer,  
20          both as shown by its last annual statement; or



- 1 (J) Publishes or advertises the capital of any  
2 insurer without stating specifically the amount  
3 of paid-in and subscribed capital;
- 4 (2) False information and advertising generally. Making,  
5 publishing, disseminating, circulating, or placing  
6 before the public, or causing, directly or indirectly,  
7 to be made, published, disseminated, circulated, or  
8 placed before the public, in a newspaper, magazine, or  
9 other publication, or in the form of a notice,  
10 circular, pamphlet, letter, or poster, or over any  
11 radio or television station, or in any other way, an  
12 advertisement, announcement, or statement containing  
13 any assertion, representation, or statement with  
14 respect to the business of insurance or with respect  
15 to any person in the conduct of the person's insurance  
16 business, which is untrue, deceptive, or misleading;
- 17 (3) Defamation. Making, publishing, disseminating, or  
18 circulating, directly or indirectly, or aiding,  
19 abetting, or encouraging the making, publishing,  
20 disseminating, or circulating of any oral or written  
21 statement or any pamphlet, circular, article, or



1 literature which is false, or maliciously critical of  
2 or derogatory to the financial condition of an  
3 insurer, and which is calculated to injure any person  
4 engaged in the business of insurance;

5 (4) Boycott, coercion, and intimidation.

6 (A) Entering into any agreement to commit, or by any  
7 action committing, any act of boycott, coercion,  
8 or intimidation resulting in or tending to result  
9 in unreasonable restraint of, or monopoly in, the  
10 business of insurance; or

11 (B) Entering into any agreement on the condition,  
12 agreement, or understanding that a policy will  
13 not be issued or renewed unless the prospective  
14 insured contracts for another class or an  
15 additional policy of the same class of insurance  
16 with the same insurer;

17 (5) False financial statements.

18 (A) Knowingly filing with any supervisory or other  
19 public official, or knowingly making, publishing,  
20 disseminating, circulating, or delivering to any  
21 person, or placing before the public, or



1                    knowingly causing, directly or indirectly, to be  
2                    made, published, disseminated, circulated,  
3                    delivered to any person, or placed before the  
4                    public, any false statement of a material fact as  
5                    to the financial condition of an insurer; or  
6                    (B) Knowingly making any false entry of a material  
7                    fact in any book, report, or statement of any  
8                    insurer with intent to deceive any agent or  
9                    examiner lawfully appointed to examine into its  
10                   condition or into any of its affairs, or any  
11                   public official to whom the insurer is required  
12                   by law to report, or who has authority by law to  
13                   examine into its condition or into any of its  
14                   affairs, or, with like intent, knowingly omitting  
15                   to make a true entry of any material fact  
16                   pertaining to the business of the insurer in any  
17                   book, report, or statement of the insurer;  
18                   (6) Stock operations and advisory board contracts.  
19                   Issuing or delivering or permitting agents, officers,  
20                   or employees to issue or deliver, agency company stock  
21                   or other capital stock, or benefit certificates or



1 shares in any common-law corporation, or securities or  
2 any special or advisory board contracts or other  
3 contracts of any kind promising returns and profits as  
4 an inducement to insurance;

5 (7) Unfair discrimination.

6 (A) Making or permitting any unfair discrimination  
7 between individuals of the same class and equal  
8 expectation of life in the rates charged for any  
9 policy of life insurance or annuity contract or  
10 in the dividends or other benefits payable  
11 thereon, or in any other of the terms and  
12 conditions of the contract;

13 (B) Making or permitting any unfair discrimination in  
14 favor of particular individuals or persons, or  
15 between insureds or subjects of insurance having  
16 substantially like insuring, risk, and exposure  
17 factors, or expense elements, in the terms or  
18 conditions of any insurance contract, or in the  
19 rate or amount of premium charge therefor, or in  
20 the benefits payable or in any other rights or  
21 privilege accruing thereunder;



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- 1           (C) Making or permitting any unfair discrimination  
2           between individuals or risks of the same class  
3           and of essentially the same hazards by refusing  
4           to issue, refusing to renew, canceling, or  
5           limiting the amount of insurance coverage on a  
6           property or casualty risk because of the  
7           geographic location of the risk, unless:  
8           (i) The refusal, cancellation, or limitation is  
9           for a business purpose which is not a mere  
10           pretext for unfair discrimination; or  
11           (ii) The refusal, cancellation, or limitation is  
12           required by law or regulatory mandate;
- 13           (D) Making or permitting any unfair discrimination  
14           between individuals or risks of the same class  
15           and of essentially the same hazards by refusing  
16           to issue, refusing to renew, canceling, or  
17           limiting the amount of insurance coverage on a  
18           residential property risk, or the personal  
19           property contained therein, because of the age of  
20           the residential property, unless:



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- 1           (i) The refusal, cancellation, or limitation is  
2           for a business purpose which is not a mere  
3           pretext for unfair discrimination; or  
4           (ii) The refusal, cancellation, or limitation is  
5           required by law or regulatory mandate;
- 6           (E) Refusing to insure, refusing to continue to  
7           insure, or limiting the amount of coverage  
8           available to an individual because of the sex or  
9           marital status of the individual; however,  
10          nothing in this subsection shall prohibit an  
11          insurer from taking marital status into account  
12          for the purpose of defining persons eligible for  
13          dependent benefits;
- 14          (F) Terminating or modifying coverage, or refusing to  
15          issue or renew any property or casualty policy or  
16          contract of insurance solely because the  
17          applicant or insured or any employee of either is  
18          mentally or physically impaired; provided that  
19          this subparagraph shall not apply to accident and  
20          health or sickness insurance sold by a casualty  
21          insurer; provided further that this subparagraph





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1 shall not be interpreted to modify any other  
2 provision of law relating to the termination,  
3 modification, issuance, or renewal of any  
4 insurance policy or contract;

5 (G) Refusing to insure, refusing to continue to  
6 insure, or limiting the amount of coverage  
7 available to an individual based solely upon the  
8 individual's having taken a human  
9 immunodeficiency virus (HIV) test prior to  
10 applying for insurance; or

11 (H) Refusing to insure, refusing to continue to  
12 insure, or limiting the amount of coverage  
13 available to an individual because the individual  
14 refuses to consent to the release of information  
15 which is confidential as provided in section 325-  
16 101; provided that nothing in this subparagraph  
17 shall prohibit an insurer from obtaining and  
18 using the results of a test satisfying the  
19 requirements of the commissioner, which was taken  
20 with the consent of an applicant for insurance;  
21 provided further that any applicant for insurance



1           who is tested for HIV infection shall be afforded  
2           the opportunity to obtain the test results,  
3           within a reasonable time after being tested, and  
4           that the confidentiality of the test results  
5           shall be maintained as provided by section  
6           325-101;

7       (8) Rebates. Except as otherwise expressly provided by  
8       law:

9       (A) Knowingly permitting or offering to make or  
10       making any contract of insurance, or agreement as  
11       to the contract other than as plainly expressed  
12       in the contract, or paying or allowing, or giving  
13       or offering to pay, allow, or give, directly or  
14       indirectly, as inducement to the insurance, any  
15       rebate of premiums payable on the contract, or  
16       any special favor or advantage in the dividends  
17       or other benefits, or any valuable consideration  
18       or inducement not specified in the contract; or

19       (B) Giving, selling, or purchasing, or offering to  
20       give, sell, or purchase as inducement to the  
21       insurance or in connection therewith, any stocks,



1           bonds, or other securities of any insurance  
2           company or other corporation, association, or  
3           partnership, or any dividends or profits accrued  
4           thereon, or anything of value not specified in  
5           the contract;

6           (9) Nothing in paragraph (7) or (8) shall be construed as  
7           including within the definition of discrimination or  
8           rebates any of the following practices:

9           (A) In the case of any life insurance policy or  
10           annuity contract, paying bonuses to policyholders  
11           or otherwise abating their premiums in whole or  
12           in part out of surplus accumulated from  
13           nonparticipating insurance; provided that any  
14           bonus or abatement of premiums shall be fair and  
15           equitable to policyholders and in the best  
16           interests of the insurer and its policyholders;

17           (B) In the case of life insurance policies issued on  
18           the industrial debit plan, making allowance to  
19           policyholders who have continuously for a  
20           specified period made premium payments directly  
21           to an office of the insurer in an amount which



- 1                   fairly represents the saving in collection  
2                   expense;
- 3           (C)   Readjustment of the rate of premium for a group  
4                   insurance policy based on the loss or expense  
5                   experience thereunder, at the end of the first or  
6                   any subsequent policy year of insurance  
7                   thereunder, which may be made retroactive only  
8                   for the policy year; and
- 9           (D)   In the case of any contract of insurance, the  
10                  distribution of savings, earnings, or surplus  
11                  equitably among a class of policyholders, all in  
12                  accordance with this article;
- 13       (10)   Refusing to provide or limiting coverage available to  
14                  an individual because the individual may have a third-  
15                  party claim for recovery of damages; provided that:
- 16           (A)   Where damages are recovered by judgment or  
17                  settlement of a third-party claim, reimbursement  
18                  of past benefits paid shall be allowed pursuant  
19                  to section 663-10;
- 20           (B)   This paragraph shall not apply to entities  
21                  licensed under chapter 386 or 431:10C; and



1           (C) For entities licensed under chapter 432 or 432D:  
2           (i) It shall not be a violation of this section  
3           to refuse to provide or limit coverage  
4           available to an individual because the  
5           entity determines that the individual  
6           reasonably appears to have coverage  
7           available under chapter 386 or 431:10C; and  
8           (ii) Payment of claims to an individual who may  
9           have a third-party claim for recovery of  
10          damages may be conditioned upon the  
11          individual first signing and submitting to  
12          the entity documents to secure the lien and  
13          reimbursement rights of the entity and  
14          providing information reasonably related to  
15          the entity's investigation of its liability  
16          for coverage.  
17          Any individual who knows or reasonably should  
18          know that the individual may have a third-party  
19          claim for recovery of damages and who fails to  
20          provide timely notice of the potential claim to  
21          the entity, shall be deemed to have waived the



1 prohibition of this paragraph against refusal or  
2 limitation of coverage. "Third-party claim" for  
3 purposes of this paragraph means any tort claim  
4 for monetary recovery or damages that the  
5 individual has against any person, entity, or  
6 insurer, other than the entity licensed under  
7 chapter 432 or 432D;

8 (11) Unfair claim settlement practices. Committing or  
9 performing with such frequency as to indicate a  
10 general business practice any of the following:

11 (A) Misrepresenting pertinent facts or insurance  
12 policy provisions relating to coverages at issue;

13 (B) With respect to claims arising under its  
14 policies, failing to respond with reasonable  
15 promptness, in no case more than fifteen

16 [~~working~~] calendar days, to communications  
17 received from:

18 (i) The insurer's policyholder;

19 (ii) Any other persons, including the  
20 commissioner; or



1 (iii) The insurer of a person involved in an  
2 incident in which the insurer's policyholder  
3 is also involved.

4 The response shall be more than an acknowledgment  
5 that such person's communication has been  
6 received, and shall adequately address the  
7 concerns stated in the communication;

8 (C) Failing to adopt and implement reasonable  
9 standards for the prompt investigation of claims  
10 arising under insurance policies;

11 (D) Refusing to pay claims without conducting a  
12 reasonable investigation that is initiated within  
13 fifteen calendar days of receipt of the notice of  
14 claim by and agent, producer, or insurer and is  
15 investigated by either the insurer's adjuster or  
16 the insurer's independent adjuster and based upon  
17 all available information;

18 (E) Failing to affirm or deny coverage of claims  
19 within [~~a reasonable time~~] thirty calendar days  
20 after an insured or claimant's proof of loss



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- 1           ~~[statements have been completed,]~~ submission has  
2           been received by the insurer;
- 3           (F) Failing to ~~[offer]~~ make payment within ~~[thirty]~~  
4           fifteen calendar days of affirmation of  
5           liability~~[, if]~~ of the amount of the claim that  
6           has been determined and is not in dispute;  
7           provided that the amount of the claim shall be  
8           reasonable and the insurer provides a reasonable  
9           explanation of the basis for withholding any  
10          balance of payment, including the applicable  
11          facts and law;
- 12          (G) Failing to provide the insured, or when  
13          applicable the insured's beneficiary, with a  
14          reasonable written explanation for any delay, on  
15          every claim remaining unresolved for thirty  
16          calendar days from the date it was reported;
- 17          (H) Not attempting in good faith to effectuate  
18          ~~[prompt, fair, and equitable]~~ settlements of  
19          claims within fifteen calendar days in which  
20          liability has become reasonably clear;





- 1 (I) Compelling insureds to institute litigation to  
2 recover amounts due under an insurance policy by  
3 offering substantially less than the amounts  
4 ultimately recovered in actions brought by the  
5 insureds;
- 6 (J) Attempting to settle a claim for less than the  
7 amount to which a reasonable person would have  
8 believed the person was entitled by reference to  
9 written or printed advertising material  
10 accompanying or made part of an application;
- 11 (K) Attempting to settle claims on the basis of an  
12 application which was altered without notice,  
13 knowledge, or consent of the insured;
- 14 (L) Making claims payments to insureds, claimants, or  
15 beneficiaries not accompanied by a detailed  
16 summary of loss statement setting forth the  
17 coverage under which the payments are being made;
- 18 (M) Making known to insureds or claimants a policy of  
19 appealing from arbitration awards in favor of  
20 insureds or claimants for the purpose of  
21 compelling them to accept settlements or



- 1                   compromises less than the amount awarded in  
2                   arbitration;
- 3           (N)    Delaying the investigation or payment of claims  
4                   by requiring an insured, claimant, or the  
5                   physician or advanced practice registered nurse  
6                   of either to submit a preliminary claim report  
7                   and then requiring the subsequent submission of  
8                   formal proof of loss forms, both of which  
9                   submissions contain substantially the same  
10                  information;
- 11           (O)   Failing to [~~promptly~~] settle claims, where  
12                   liability has become reasonably clear, under one  
13                   portion of the insurance policy coverage to  
14                   influence settlements under other portions of the  
15                   insurance policy coverage [↗] within fifteen  
16                   calendar days from the receipt of a payment by  
17                   the insurer to an insured claimant;
- 18           (P)   Failing to promptly provide a reasonable  
19                   explanation of the basis in the insurance policy  
20                   in relation to the facts or applicable law for



- 1 denial of a claim or for the offer of a  
2 compromise settlement; [and]
- 3 (Q) Indicating to the insured on any payment draft,  
4 check, or in any accompanying letter that the  
5 payment is "final" or is "a release" of any claim  
6 if additional benefits relating to the claim are  
7 probable under coverages afforded by the policy;  
8 unless the policy limit has been paid or there is  
9 a bona fide dispute over either the coverage or  
10 the amount payable under the policy;
- 11 (R) Delaying, obstructing, or denying an insured's  
12 appraisal rights under the insuring policy;
- 13 (S) Manipulating the intent of a policy's appraisal  
14 clause in order to subjugate the policyholder's  
15 rights under the insuring agreement; and
- 16 (T) Failing to provide written notice within sixty  
17 days prior to the expiration of any statute of  
18 limitation or other time period constraint upon  
19 which the insurer may rely upon to deny a claim;
- 20 (12) Failure to maintain complaint handling procedures.  
21 Failure of any insurer to maintain a complete record



1 of all the complaints which it has received since the  
2 date of its last examination under section 431:2-302.  
3 This record shall indicate the total number of  
4 complaints, their classification by line of insurance,  
5 the nature of each complaint, the disposition of these  
6 complaints, and the time it took to process each  
7 complaint. For purposes of this section, "complaint"  
8 means any written communication primarily expressing a  
9 grievance;

10 (13) Misrepresentation in insurance applications. Making  
11 false or fraudulent statements or representations on  
12 or relative to an application for an insurance policy,  
13 for the purpose of obtaining a fee, commission, money,  
14 or other benefit from any insurer, producer, or  
15 individual; and

16 (14) Failure to obtain information. Failure of any  
17 insurance producer, or an insurer where no producer is involved,  
18 to comply with section 431:10D-623(a), (b), or (c) by making  
19 reasonable efforts to obtain information about a consumer before  
20 making a recommendation to the consumer to purchase or exchange  
21 an annuity."



1 SECTION 2. Section 431:10-210, Hawaii Revised Statutes, is  
2 repealed.

3 [~~"§431:10-210 Standard form fire insurance policy. (a)~~  
4 ~~The standard form fire insurance policy as authorized and in~~  
5 ~~effect in the State of New York on December 31, 1943, or its~~  
6 ~~approved equivalent, is established as the standard form fire~~  
7 ~~insurance policy for this State, and no fire insurance policy~~  
8 ~~shall be delivered or issued for delivery in this State in any~~  
9 ~~other than the standard form or its approved equivalent with~~  
10 ~~such additions or modifications as are allowed or required by~~  
11 ~~this code. This section is not applicable to inland marine~~  
12 ~~policies or policies written upon motor vehicles or aircraft.~~  
13 ~~For the purpose of this section, "approved equivalent" means any~~  
14 ~~form of policy which does not correspond to the standard fire~~  
15 ~~insurance policy, provided that the coverage with respect to the~~  
16 ~~peril of fire, when viewed in its entirety, is substantially~~  
17 ~~equivalent to, or more favorable to the insured than that~~  
18 ~~contained in the standard fire insurance policy and approved for~~  
19 ~~use by the commissioner.~~

20 (b) ~~The commissioner shall at all times keep on file in~~  
21 ~~the commissioner's office a copy of the standard form fire~~



1 ~~insurance policy certified by the superintendent of insurance of~~  
2 ~~the State of New York, and copies of all forms deemed to be~~  
3 ~~equivalent.~~

4 ~~(c) Nothing in this section shall affect the validity of~~  
5 ~~any policy otherwise valid or of any claim under the policy~~  
6 ~~against an insurer.~~

7 ~~(d) No part of the standard form fire insurance policy or~~  
8 ~~its approved equivalent shall be omitted from the policy.~~

9 ~~(e) Any policy which, in addition to coverage against~~  
10 ~~perils of fire and lightning, includes coverage against other~~  
11 ~~perils need not comply with all of the provisions of the~~  
12 ~~standard form fire insurance policy or its approved equivalent~~  
13 ~~if the policy provisions with respect to the perils of fire and~~  
14 ~~lightning are the exact provisions of the standard form fire~~  
15 ~~insurance policy or its approved equivalent.~~

16 ~~(f) The following additions to or modifications of the~~  
17 ~~standard form fire insurance policy or its approved equivalent~~  
18 ~~are permitted:~~

19 ~~(1) An insurer may use in its policies its name, location~~  
20 ~~of its principal office and date of incorporation, the~~  
21 ~~amount of its paid in capital stock, the amount of~~



1 ~~subscribed capital if separately stated, the names of~~  
2 ~~its officers and agents, and the number and date of~~  
3 ~~the policy.~~

4 ~~(2) The pages of the standard policy or its approved~~  
5 ~~equivalent may be renumbered and rearranged for~~  
6 ~~convenience in the preparation of individual contracts~~  
7 ~~and to provide space for the description of the~~  
8 ~~property insured, the listing of rates and premiums~~  
9 ~~for coverages insured under the policy or under~~  
10 ~~endorsements attached or printed thereon, and such~~  
11 ~~other data as may be conveniently included for~~  
12 ~~duplication on daily reports or office records, and~~  
13 ~~there may be substituted for the word company a more~~  
14 ~~accurate descriptive term for the type of insurer.~~

15 ~~(3) An insurer organized under special charter provisions~~  
16 ~~may so indicate upon its policy and may add a~~  
17 ~~statement of the plan under which it operates in this~~  
18 ~~State.~~

19 ~~(4) An insurer may use in its policies written,~~  
20 ~~typewritten or printed forms of description and~~  
21 ~~specifications of the property insured.~~



- 1       ~~(5) An insurer may use in its policies with the approval~~  
2       ~~of the commissioner, if the same are not already~~  
3       ~~included in the standard policy or its approved~~  
4       ~~equivalent, any provisions which any insurer is~~  
5       ~~required by law to insert in its policies not in~~  
6       ~~conflict with the standard policy. The provisions~~  
7       ~~shall be printed apart from the other conditions,~~  
8       ~~agreements or provisions of the policy under separate~~  
9       ~~title as follows: "Provisions required by law to be~~  
10       ~~inserted in this policy."~~
- 11       ~~(6) An insurer may affix to or include in the policy a~~  
12       ~~written statement that the policy does not cover loss~~  
13       ~~or damage caused by nuclear reaction or nuclear~~  
14       ~~radiation or radioactive contamination, all whether~~  
15       ~~directly or indirectly resulting from an insured peril~~  
16       ~~under the policy; provided that nothing herein shall~~  
17       ~~be construed to prohibit the attachment to any such~~  
18       ~~policy of an endorsement or endorsements specifically~~  
19       ~~assuming coverage of loss or damage caused by nuclear~~  
20       ~~reaction or nuclear radiation or radioactive~~  
21       ~~contamination.~~





- 1       ~~(7) An insurer may affix to or include in the policy a~~  
2       ~~written statement that the policy does not cover loss~~  
3       ~~or damage by fire to sugarcane caused by volcanic~~  
4       ~~activity; provided that nothing herein shall be~~  
5       ~~construed to prohibit the attachment to any such~~  
6       ~~policy of an endorsement or endorsements specifically~~  
7       ~~assuming coverage for loss or damage by fire to~~  
8       ~~sugarcane caused by volcanic activity.~~
- 9       ~~(8) An insurer may use appropriate forms of additional~~  
10       ~~contracts, riders or endorsements adding to or~~  
11       ~~modifying the provisions in the standard policy or its~~  
12       ~~approved equivalent, or insuring against any~~  
13       ~~additional perils which may by law be the subject of~~  
14       ~~insurance, or insuring against indirect or~~  
15       ~~consequential loss or damage. Such other perils may~~  
16       ~~be perils excluded from coverage in the standard~~  
17       ~~policy or its approved equivalent. Such form of~~  
18       ~~contracts, riders, and endorsements may contain~~  
19       ~~provisions or stipulations inconsistent with the~~  
20       ~~standard policy or its approved equivalent if such~~  
21       ~~provisions and stipulations are applicable only to~~



1           ~~such additional coverage or other additional peril or~~  
2           ~~perils insured against.~~

3           ~~(g) A policy issued by a mutual insurer shall contain in~~  
4           ~~the body of the policy the total amount for which the insured~~  
5           ~~may be liable under the charter or articles of the insurer.~~

6           ~~(h) In the event of any conflict between this section and~~  
7           ~~other provisions of this code, this section shall govern." ]~~

8           SECTION 3. Section 431:10-211, Hawaii Revised Statutes, is  
9           repealed.

10           ~~["§431:10-211 Content of policies in general. (a) A~~  
11           ~~policy shall specify:~~

- 12           ~~(1) The names of the parties to the contract. The~~  
13           ~~insurer's name shall be clearly shown in the policy;~~  
14           ~~(2) The subject of the insurance;~~  
15           ~~(3) The risks insured against and the amount of insurance;~~  
16           ~~(4) The time at which the insurance under the policy takes~~  
17           ~~effect, and the period during which the insurance is~~  
18           ~~to continue or the method of determining the period;~~  
19           ~~(5) A statement of the premium or premium rate; and~~  
20           ~~(6) The conditions pertaining to the insurance.~~



1       ~~(b) If under the contract the exact amount of premiums is~~  
2 ~~determinable only at termination of the contract or at periodic~~  
3 ~~intervals of the contract, a statement of the basis and rates~~  
4 ~~upon which the final premium is to be determined and paid shall~~  
5 ~~be furnished any policy examining bureau having jurisdiction or~~  
6 ~~to the insured upon request.~~

7       ~~(c) This section shall not apply to surety insurance or to~~  
8 ~~group insurance contracts." ]~~

9       SECTION 4. Section 431:10-226, Hawaii Revised Statutes, is  
10 repealed.

11       ~~[ "§431:10-226 Renewal of policy; new policy not required.~~  
12 ~~At the option of the insurer, any insurance policy terminating~~  
13 ~~at a specified expiration date and not otherwise renewable, may~~  
14 ~~be renewed or extended, upon a currently authorized policy form~~  
15 ~~and at the premium rate then required for a specific additional~~  
16 ~~period or periods by a certificate or by endorsement of the~~  
17 ~~policy. The issuance of a new policy is not required." ]~~

18       SECTION 6. Statutory material to be repealed is bracketed  
19 and stricken. New statutory material is underscored.



# S.B. NO. 3057

1 SECTION 7. This Act shall take effect upon its approval.

2

INTRODUCED BY:

*[Signature]*

~~DC. Keith-Young~~

*[Signature]*

*[Signature]*



# S.B. NO. 3051

**Report Title:**

Insurance; Unfair and Deceptive Practices; Contracts

**Description:**

Amends certain provisions relating to unfair or deceptive acts in the business of insurance. Repeals certain provisions relating to insurance contracts.

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

