

HPIA
Quote Request and New Business Submission Quick Reference Guide
October 2023

HPIA QUOTE REQUESTS - DOCUMENTS REQUIRED (No signatures needed)					
column 1	column 2	column 3	column 4	column 5	column 6
Form	Acord Application	HPIA RCE v 1006 0922	MLS or County Tax Record (TMK)	OPUS*	Total # of Units (Condo/Apts Only)
HO-2	X	X	X	X	
HO-4	X		X	X	X
HO-6	X		X	X	X
DP-2	X	X	X	X	
DP-2 COC	X	X	X	X	

HPIA NEW BUSINESS SUBMISSIONS - DOCUMENTS REQUIRED															
column 1	column 2	column 3	column 4	column 5	column 6	column 7	column 8	column 9	column 10	column 11	column 12	column 13	column 14	column 15	column 16
Form	Signed & Dated Acord Application	Signed & Dated HPIA RCE v 1006 0922	MLS or County Tax Record (TMK)	OPUS*	Signed & Dated New Business Submission Supplemental Information and Checklist	Signed & Dated Hurricane, Flood & Earthquake Acknowledgement	Signed & Dated Homeowners / Dwelling Fire Supplemental Questionnaire (If Dwelling > 30 yrs old)	2 Current Color Photos (Front & Back of ALL structures)	1 Current Color Photo (Water Catchment Tank) If Applicable	Current Color Photo of Property with Albizia Trees (If Applicable)	Price Indication (ICE Rating Quote OR quote provided by Plan Administrator)	Copy of Building Permit	Copy of GC Agreement evidencing Estimated Cost of Construction & Estimated Start & Completion Dates (If Contractor Build)	Signed & Dated Letter from Insured stating Estimated Cost of Construction & Estimated Start & Completion Dates (If Owner Builder)	Submission AND Mail Check (Indicate Applicants' Name OR Agents' Name in Memo area of check)
HO-2	X	X	X	X	X	X	X	X	X	X	X				X & MAIL
HO-4**	X		X	X		X		X	X	X	X				X & MAIL
HO-6**	X		X	X		X		X			X				X & MAIL
DP-2***	X	X	X	X	X	X	X	X	X	X	X				X & MAIL
DP-2 COC	X	X	X	X	X	X				X	X	X	X	X	X & MAIL

NOTES

Column #	Column Title	Note
Column 1	Form	HO-4** and HO-6** only: Provide on the Acord App the names of two (2) admitted insurance companies who declined the submission
Column 1	Form	HO-4** and HO-6** only: If condo or apt, provide total number of units on Accord App
Column 1	Form	If DP-2*** and Secondary Residence, provide the following information: How often and for how long will the residence be occupied by owner? When not occupied, is there a live-in caretaker to look after the property? If not, who checks on the property and how often? Name and contact information of the caretaker or person who checks on the property If caretaker will not live in the dwelling, will th owner turn off the water when they are aware from the dwelling for an extended period of time? Is there an alarm system or some other protective device? Please provide details. Is the property completely fenced?
Column 1	Form	If DP-2*** and ownership is under an LLC provide the following information: Reason LLC was formed Other properties that the LLC owns Members of the LLC
Column 5	OPUS*	OPUS is required for all agencies that subscribe to the service
Column 16	Email & Mail	X = Email submission to hpia@marsh.com
Column 16	Email & Mail	MAIL deposit check to HPIA 700 Bishop Street, Suite 1100, Honolulu, HI 96813. Check is to be made out to Hawaii Property Insurance Association or HPIA.

Visit the Forms for Download page on www.hpiainfo.com for all required new business submission forms and the HPIA RCE.