



Hartford Life & Accident Insurance Company
Policy Application for Hawaii Temporary Disability Insurance
Exclusively for the Members of the Hawaii State Bar Association

Legal Name of Employer as filed with the Department of Labor: _____

DBA: _____

DOL Number: _____ Fed ID Number: _____

Physical Address: _____

Mailing/Billing Address: _____

Case Contact: _____ Phone: _____ Email: _____

Billing Contact: _____ Phone: _____ Email: _____

Would you like to receive your quarterly billing electronically? Yes No Maybe, send me information

Employer Organization: Corporation Partnership Proprietorship Other _____

Nature of Business: Legal Services Industry Code: 8111

Agent of Record: Arnold Hirotsu Agency: PSH Insurance, Inc.

Employee Contributions: Yes No (One-half of employer's cost, not to exceed .5% of the employees covered wages)

Total Number of Male Employees: _____ Total Number of Female Employees: _____ Total Census: _____

Classes of Employees covered:

- All employees in employment as defined in the Hawaii Temporary Disability Insurance Law
- Only the following class or classes of employees: _____
- *Any Sole Proprietor or Co-Partner who desires to be insured and who is specifically named herein: _____
*In order to qualify for Sole Proprietor or Co-Partner coverage, you must have at least one additional bone fide employee

Effective Date: _____ Previous Carrier: _____ Date Cancelled: _____

Premiums will be computed at a rate of \$ 0.40 per \$100 of covered wages and \$20.00 per sole proprietor/co-partner per quarter (if applicable).

If upon receipt of this form we find that you are presently a policyholder with us, we will consider this a request to change our information with those contained in this application.

Authorized Signature: _____ Date: _____

Offered in partnership with:



737 Bishop Street, Suite 2120
Honolulu, Hawaii 96813
Phone (808) 531-6211 x12
Fax (808) 531-6216
Email: nhenry@lava.net

PSH Insurance, Inc.

Fax

Please complete highlighted areas.

Date:

To: Nina Henry – PSH Insurance, Inc.

Fax Number: **(808) 531-6216** Phone: (808) 531-6211 x12

From: Phone:

Number of Pages: (including cover sheet)

RE: HSBA - Hartford TDI Application

Comments: