

**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>

**APPLICATION FOR
CONSENT TO RATE****INSURANCE COMPANY INFORMATION**

Insurance Company Name	NAIC #
Redwood Fire and Casualty Ins Co	11673

Insurance Company Address
45 Fremont St., 27th Fl, San Francisco, CA 94105

Company Representative	Title	Date
Kilby Hammond	Senior Underwriter	05/27/2026

POLICY INFORMATION

Name of Insured	Type of Business
SpeediShuttle, LLC	Airport Shuttle Services

Location(s) of Risk
Lahaina, HI 96761; 2365 Kaanapali Pkwy, Lahaina, HI 96761; Honokawai Warehouse D, Kailua Kona, HI 96745; 3 352 Kuhio Hwy (KDI 1), Lihue, HI 96766; 1020 Ulupono St, Honolulu, HI 96819; 1125 Mikole St, Honolulu, HI 96813; 300 Rodgers Blvd, Honolulu, HI 96819

Mailing Address (if different than above)
1020 Ulupono St., Honolulu, HI 96819 4333

Policy Number	Effective Date	Policy Term
SPWC773430	06/01/2026	6/1/2026 6/1/2027

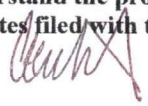
Type of Coverage (specify policy limits, deductibles, and underwriting information supporting proposed rating)
5,000 per Claim Deductible. Employer Liability \$1,000k/\$1,000k/\$1,000k. Recent shift to large contract predominately at an airport creates a level of exposure not typically contemplated in the class code. Large growth to meet this contract increases likelihood of injury.

Reason(s) for Consent to Rate (Check any that apply)
☐ Unable to obtain coverage at filed rate ☒ Unusual Hazards Involved ☐ Unfavorable Loss Experience
☐ Other (specify):

Filed Manual Premium	\$366,989.00	Proposed Premium	\$458,782.00
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APPLICANT INFORMATION

I consider the premium charged to be fair and equitable for our particular risk due to the reason(s) noted above. I understand the proposed premium is higher than the premium developed with the named Insurance Company's rates filed with the Hawaii Insurance Division.

	Cecil Morton / president	5/29/26
Signature of Named Insured	Printed Name/Title	Date