



IF YOU ARE NO LONGER A UNIT OFFICER, PLEASE PASS THIS ON TO THE CURRENT PRESIDENT OR TREASURER OF YOUR LOCAL UNIT. THANK YOU!

December 2020

Dear Local Unit President,

This is to notify you of the **2020-2021** Group Liability and Bonding insurance renewal premium notice from R. V. Nuccio & Associates. Our premium has been reassessed based on last year's experience statewide and we are happy to announce no increase in the premium. Listed below is an invoice covering your share of the group coverage. The effective date of the renewal policy is December 22, 2020 and provides one-year of coverage through December 21, 2021. **Coverage and limits of liability have not changed.**

The renewal premium is **\$100.00** and is **DUE BY DECEMBER 22, 2020**. A late fee of \$15.00 is assessed on all payments **postmarked after February 1, 2021**. HSPTSA is going green! Once payment has been received, we will email a loss control guide and a certificate of insurance showing coverage, policy period, and limits of liability. In order to do this, **please provide your email address below**. If needed, you will also have the opportunity to obtain added riders at that time. The cost of added riders will be borne by your local unit. To purchase additional riders, please contact R.V. Nuccio at 1-800-567-2685.

Should you have any questions, please contact our office at (808) 943-2042 or by email at histateptsa@gmail.com. As a reminder, please remit your 2020-2021 membership dues to continue as a unit in good standing.

So we may properly credit your unit, please detach and return this portion with your remittance.

INVOICE

Name of Local Unit _____

Region _____

Contact Person (*please print*) _____

Phone _____ Email address: _____

Insurance Premium Renewal - \$ 100.00 ***
(for period from 12/22/20 to 12/21/21)

TOTAL PAYMENT ENCLOSED \$ _____

***** Late fee of \$15 for all payments postmarked after February 1, 2021.
(For start up units, please contact us at histateptsa@gmail.com for your
pro-rata premium based on entry date.**

Mail your payment and the bottom portion of this notice to:

**HAWAII STATE PTSA
Insurance Premium
PO Box 459, Pearl City, HI 96782**

Note: Return checks will be assessed a \$20.00 fee