

# Statement of Self Insurance (SOSI)

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- What is it? A SOSI is a statement of coverage issued by the company that insures your school

## How to Retrieve a SOSI:

- You'll need to submit a request form to the Safety, Security, and Emergency Preparedness branch by faxing to (808) 733-2112 or email [jason.kobayashi@k12.hi.us](mailto:jason.kobayashi@k12.hi.us)
- The DOE office no longer provides hard copies of SOSI's, only PDF versions which can be mailed to our Camp Office
- It usually takes about 2-3 days to receive your copy once the request form is submitted, as long as there's no issues with your form
- The fillable request form can be downloaded [here](#)
- DOE has an instruction memo for all schools on that can be downloaded [here](#)
- For your convenience, below is the instruction memo, request form, and an example of what you'll receive back from the DOE office to provide to YMCA Camp Erdman

# Instructions to Request for Statements of Self-Insurance for Hawaii Department of Education Activities

At times, the State of Hawaii will be asked to submit a Statement of Self- Insurance (SOSI) to a third party entity or individual who requests proof of insurance for official State activities. In addition, these requests may include additional terms such as having the State add them as additional insureds, or indemnify them.

To ensure that all of these issues are properly addressed, please follow the following procedures:

- Please submit the following at least 15 (fifteen) working days prior to the event to the Safety, Security, and Emergency Preparedness Branch, Attn: DOE Risk Management Coordinator for verification and approval:
- Submit copies of the third parties' event application, agreement, use of facilities form, etc.
- Submit a Request for Statement of Self-Insurance for Hawaii Department of Education Activities Form.
- Please type or print legibly in each space.
- Requests that are incomplete, on the wrong form, or are unclear may result in delays in processing.

## SECTION I: REQUEST FOR STATEMENT OF SELF-INSURANCE FOR HAWAII DEPARTMENT OF EDUCATION ACTIVITIES

Please enter today's date and the name of the school or office making the request. FAX the completed request to the Safety, Security, and Emergency Preparedness Branch at (808) 733-2112.

## SECTION II: HAWAII DEPARTMENT OF EDUCATION CONTACT INFORMATION

Please enter the name of the school or DOE Office that needs the Statement of Self-Insurance (SOSI), and the name and title, phone number, FAX number, and mailing address of the DOE employee that the DOE Risk Management Coordinator can contact if there are any questions or concerns.

## SECTION III: ACTIVITY INFORMATION

Please enter name of activity, address where activity will be held, date and time of activity, and number of participants. If you have a range of dates or many different activity dates, you may provide it on one form. Provide an explanation of the activity and how it is directly related to the department's core mission.

**PLEASE NOTE:** The SOSI will not be issued for dates more than one year from the request date, and will not be issued retroactively for any date prior to the current date.

## SECTION IV: INFORMATION OF PROPERTY OWNER REQUESTING THE STATEMENT OF SELF - INSURANCE

Please enter the name, address, phone number and FAX number of the property owner or manager/agency/company/organization/individual or party that is requesting the Statement of Self-Insurance.

## SECTION V: ACTIVITY APPROVED BY

Please PRINT the name and title of the person approving the request, sign and date the form. **PLEASE NOTE:** Only the following are authorized to approve the event: Superintendent, Deputy Superintendent, Assistant Superintendent, Director, Complex Area Superintendent, or Principal.

**SECTION I: REQUEST FOR STATEMENT OF SELF -INSURANCE FOR DEPARTMENT OF EDUCATION ACTIVITIES**

**TO: Safety, Security, and Emergency Preparedness Branch**

**Phone: (808) 784-5170**

**FAX: (808) 733-2112**

Date: \_\_\_\_\_

The original copy of the statement of self-insurance is mailed to the party identified in Section IV of this form. To insure adequate time for processing, requests for statements of self-insurance are **due no later than 15 business days before the event date.**

**SECTION II: DOE CONTACT INFORMATION (PLEASE PRINT)**

Name of School/Office: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Contact Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

Address: \_\_\_\_\_

**SECTION III: ACTIVITY INFORMATION (PLEASE PRINT)**

Name of Activity: \_\_\_\_\_

Address of Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Time of Activity: FROM: TO: \_\_\_\_\_

Number of Participants as Applicable: \_\_\_\_\_

PLEASE PROVIDE A BRIEF EXPLANATION OF THE ACTIVITY AND HOW IT RELATES TO THE DEPARTMENT'S MISSION:

**SECTION IV: INFORMATION OF PROPERTY OWNER REQUESTING THE STATEMENT OF SELF INSURANCE:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

**SECTION V: ACTIVITY APPROVED BY: (\*\*See note below).**

\_\_\_\_\_  
Name and Title: (PLEASE PRINT) Signature Date

\*\*\*Activity **must** be approved by one of the following as applicable: The Superintendent, Deputy Superintendent, Assistant Superintendent, Complex Area Superintendent, Principal, or Director.

DOE Risk Management Use Only Reviewed by: Date: RM-SOSI – DOE (04/2022)



**STATE OF HAWAII | KA MOKUĀNA O HAWAII**  
**DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES | KA OIHANA LOIHELU A LAWELAWĒ LAULĀ**

P.O. BOX 119, HONOLULU, HAWAII 96810-0119

RISK 23.273

[REDACTED]

TO: Camp Erdman  
69-380 Farrington Highway  
Waialua, HI 96791

**STATEMENT OF SELF-INSURANCE  
AND  
RESPONSIBILITY OF THE STATE OF HAWAII**

The State of Hawaii, as a sovereignty, chooses to be self-insured for the liability exposure identified below.

The State of Hawaii (State) shall be responsible, subject to the applicable provisions of Chapter 661, Hawaii Revised Statutes (Actions By and Against the State) and Chapter 662, Hawaii Revised Statutes (State Tort Liability Act), for all claims and demands for property damage, loss, personal injury or death on the premise and during the activity identified below, caused by the negligent or wrongful act or omission of any officer or employee of the State in the scope of the office of employment, or service to the State, provided that the State's liability has been determined by a court or agreed to by the State and provided that funds are appropriated and allotted for that purpose.

"State agency" includes the legislative, judicial and executive departments, boards and commissions of the State, but excludes any independent contractor with the State.

Identification of the Premise

69-380 Farrington Highway  
Waialua, HI 96791

Identification of Activity

[REDACTED] - Camp Erdman  
March 7-8, 2023

Handwritten signature of Keith A. Regan.

KEITH A. REGAN  
Comptroller

Handwritten signature of Tracy S. Kitaoka.

TRACY S. KITAOKA  
Risk Management Officer