

TO: Risk Management Office
Email: dagsrmo@hawaii.gov

FROM: _____
Name Division Head/Principal, etc.

REQUEST FOR LIABILITY STATEMENT OF SELF-INSURANCE (SOSI)

NAME OF STATE OF HAWAII'S DEPARTMENT/DIVISION/OFFICE/SCHOOL THAT IS REQUESTING THE SOSI. (A copy of the SOSI will be emailed to this person)

NAME: _____ DEPT & DIV: _____

TEL. NO.: _____ EMAIL: _____

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**WHO IS REQUIRING THE SOSI FROM THE STATE OF HAWAII:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Or Email: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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IDENTIFICATION OF THE PREMISE:

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NAME OF THE ACTIVITY: \_\_\_\_\_

DATE(S) OF THE ACTIVITY: \_\_\_\_\_

TIME OF THE ACTIVITY: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NUMBER OF PARTICIPANTS: \_\_\_\_\_

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