

ASSOCIATION OF APARTMENT OWNERS OF HO'OMALU AT WAIKELE

**WRITTEN CONSENT FOR THE ASSOCIATION TO:
ADOPT A RESOLUTION TO REQUIRE INSURANCE FOR UNIT OWNERS**

OWNER'S NAME(s): _____

UNIT NO(s)/ADDRESS: _____

PLEASE MARK YOUR VOTE ***FOR*** OR ***AGAINST*** THE PROPOSAL IN THE BOXES PROVIDED AND **SIGN** AT THE END OF THIS CONSENT.

PROPOSED INSURANCE CONSENT:

*The condominium law, Hawai'i Revised Statutes § 514B-143 (g), provides that a majority of the unit owners may vote to require every owner to obtain their own unit insurance. As outlined in more detail in the enclosed letter, having owners obtain their own unit insurance has many benefits for them and the Association. Therefore, the Board is proposing to allow owners to vote to require owners in the project to obtain their own unit insurance. **Please indicate your vote on the following proposal:***

Notwithstanding anything in the Project documents (including, but not limited to the Declaration and By-Laws) to the contrary, the Board may require each unit owner to obtain insurance, such as an "HO-6" policy or its equivalent, for the unit owner's unit and including coverage for the deductible on the Association's insurance policy.

*Consistent with HRS § 514B-143 (g), if at least a majority of the unit owners gives their written consent to this proposal to require owners to obtain insurance, the Board may require owners to obtain their own unit insurance. **Please mark your decision below:***

I AM ***IN FAVOR*** OF AUTHORIZING THE BOARD ☐
TO REQUIRE THAT UNIT OWNERS CARRY
REASONABLE TYPES AND LEVELS OF INSURANCE.

I AM ***AGAINST*** AUTHORIZING THE BOARD ☐
TO REQUIRE THAT UNIT OWNERS CARRY
REASONABLE TYPES AND LEVELS OF INSURANCE.

Note: *The rationale for the resolution is explained in the enclosed letter.*

I/We, the owner(s) of the unit(s) listed above, have marked the boxes to indicate my/our decision on the proposed resolution.

Signature

Signature

Print Name

Print Name

Dated: _____

Dated: _____

Please return this written consent as soon as possible but not later than November 24, 2023, in the postage paid envelope provided to:

AOAO Ho'omalulu at Waialeale
% Kim Akana
Hawaiiana Management Company, Ltd.
711 Kapiolani Boulevard, Suite 700
Honolulu, HI 96813

OR you may attach your completed and signed written consent and E-MAIL it to kim@hmcmt.com OR FAX it to (808)-447-5132.

- Note 1: Please sign your names as they appear on the lease or deed which conveyed your unit to you. Executors, Administrators, Trustees, Guardians, Conservators, Attorneys, and Corporate Officers: It is requested that you add your title and submit a copy of your appointment or authority, unless you have already done so.
- Note 2: Any changes you make to the wording of a proposal will be ineffective and will invalidate your decision. Therefore, you must decide for or against the proposal as written or your decision cannot be counted. If you wish to change your decision by marking another box, please mark the change clearly and initial it.