



HAWAII AUTO SUPPLEMENT

| | | | |
|--------|-----------|-------------------------|----------------|
| AGENCY | | APPLICANT/NAMED INSURED | |
| CODE: | SUB CODE: | COMPANY: | EFFECTIVE DATE |
| | | POLICY #: | |

COVERAGE SELECTION

BODILY INJURY AND PROPERTY DAMAGE LIABILITY LIMITS

Bodily Injury (BI) and Property Damage (PD) Liability coverage pays for bodily injury to another person and for property damage to another's property caused by the negligent operation of your auto.

The minimum limits permitted in Hawaii are \$20,000 per person, \$40,000 per accident for BI coverage and \$10,000 per accident for PD coverage if you purchase Split Limits type of coverage, or \$50,000 per accident if you purchase Single (Combined) Limits coverage. Higher limits are available. Please indicate your selections by initialing the appropriate limits below.

SPLIT LIMITS

| Bodily Injury | Bodily Injury Premium | Property Damage | Property Damage Premium |
|---------------------------|-----------------------|-----------------|-------------------------|
| _____ \$20,000/\$40,000 | \$ _____ | _____ \$10,000 | \$ _____ |
| _____ \$50,000/\$100,000 | \$ _____ | _____ \$15,000 | \$ _____ |
| _____ \$100,000/\$300,000 | \$ _____ | _____ \$20,000 | \$ _____ |
| _____ \$300,000/\$300,000 | \$ _____ | _____ \$30,000 | \$ _____ |
| _____ \$ _____ / \$ _____ | \$ _____ | _____ \$50,000 | \$ _____ |
| | | _____ \$ _____ | \$ _____ |

- OR -

SINGLE LIMITS

| Single Limits | Single Limits Premium |
|-----------------|-----------------------|
| _____ \$50,000 | \$ _____ |
| _____ \$115,000 | \$ _____ |
| _____ \$320,000 | \$ _____ |
| _____ _____ | \$ _____ |

UNINSURED/UNDERINSURED MOTORISTS COVERAGE SELECTION

Hawaii insurance law requires that all automobile liability policies contain Uninsured Motorists (UM) coverage at limits equal to the Bodily Injury Liability limit of the policy, unless you reject this coverage in writing, or select lower limits. If you select lower limits, the minimum permitted is \$20,000 per person, \$40,000 per accident, if you purchase Split Limits, or \$40,000 per accident if you purchase Single Limits.

The law also requires we offer you the right to purchase Underinsured Motorists (UIM) coverage. You may purchase limits for this coverage up to the UM limits of the policy, or you may reject this coverage entirely.

Uninsured Motorists Coverage pays for bodily injury losses to you and your passengers as a result of an accident with a driver who has no liability protection and is legally responsible for the injuries. This includes a hit-and-run vehicle whose owner and operator cannot be identified.

Underinsured Motorists Coverage pays for bodily injury losses to you and your passengers as a result of an accident with a driver who has liability protection but not enough to pay the full amount that the injured person is legally entitled to recover as damages.

Please indicate your choices by initialing next to the appropriate item(s) below.

UM and UIM Coverage Selection/Rejection

- _____ I reject both UM and UIM coverages; or
- _____ I reject UM coverage only, and select UIM coverage; or
- _____ I reject UIM coverage only, and select UM coverage.

UM Split Limits Selection

I request the following limit(s):

_____ \$20,000/\$40,000

_____ \$50,000/\$100,000

_____ \$100,000/\$300,000

_____ \$300,000/\$300,000

_____ \$ _____ / \$ _____

UM Single Limits Selection

I request the following limit(s):

_____ \$40,000

_____ \$100,000

_____ \$300,000

_____ \$ _____

STACKED OR NON-STACKED UM AND UIM COVERAGE

Stacked coverage means that in the event of a covered UM or UIM loss, your total available coverage will be the sum of the UM or UIM coverage limits for all autos covered under your policy (even though only one covered auto was involved in the accident). Stacked UM and/or UIM coverage can be purchased if you insure more than one auto under your policy. Because Stacked UM and UIM coverages increase your coverage limits, they cost more than non-Stacked UM and UIM coverages.

If you select the Stacked form of UNINSURED/UNDERINSURED MOTORISTS COVERAGE, multiply the applicable non-stacked premium shown above for the number of cars insured by the following factors, to determine the per car premium charge:

| NUMBER OF CARS | FACTOR |
|----------------|--------|
| 2 | _____ |
| 3 | _____ |
| 4 | _____ |
| 5 | _____ |
| 6-8 | _____ |

I select the NON-STACKED form of UNINSURED/UNDERINSURED MOTORISTS COVERAGE.

I select the STACKED form of UNINSURED/UNDERINSURED MOTORISTS COVERAGE.

PERSONAL INJURY PROTECTION COVERAGES

This insurance provides coverage for you, your passengers, and pedestrians, who are injured in an automobile accident. This coverage is different from liability coverage, because it will pay benefits for injuries regardless of who is at fault in the accident.

Effective January 1, 1998, Hawaii insurance law requires that every motor vehicle insurance policy shall include Personal Injury Protection (PIP) benefits of \$10,000 per person per each covered accident. Coverage includes:

1. Payment for appropriate and reasonable treatment and expenses which:
 - A. Are necessarily incurred as a result of accidental harm;
 - B. Are substantially comparable to the requirements for the prepaid health care plans as defined in Hawaii law; and
 - C. Include medical, hospital, surgical, professional, nursing, dental, optometric, chiropractic, ambulance, prosthetic services, products and accommodations furnished, x-ray, psychiatric, physical therapy, occupational therapy and rehabilitation services.
2. Chiropractic treatments for not more than the lesser of:
 - A. Thirty visits at no more than \$75 per visit; or
 - B. Treatment as defined by the Hawaii state chiropractic association guidelines.

Note: "Visit" shall include examinations or chiropractic manipulative treatments involving one or more regions, spinal, and authorized physiotherapy modalities provided on the same date. Treatment shall not exceed the scope of practice permitted by Hawaii law.

OPTIONAL ADDED PIP COVERAGES

We are also required to offer you the following optional coverages. Please indicate your selections by initialing next to the appropriate terms below.

1. Added PIP Benefits, Additional Medical Expense.

- \$20,000 per person
- \$30,000 per person
- \$50,000 per person
- \$ _____ per person

2. Wage Loss Benefits, applicable to the named insured and family members. This benefit pays for monthly earnings loss for injury arising out of a covered motor vehicle accident.

- \$ 500 per month, \$3,000 maximum per accident.
- \$1,000 per month, \$6,000 maximum per accident.
- \$1,500 per month, \$9,000 maximum per accident.
- \$2,000 per month, \$12,000 maximum per accident.
- \$ _____ per month, \$ _____ maximum per accident.

3. Death Benefits.

- \$25,000
- \$50,000
- \$75,000
- \$100,000
- \$ _____

4. Funeral Expenses.

- \$2,000
- \$ _____

5. Alternative Expenses.

This option pays for treatment and expenses necessarily incurred as a result of a covered accident, for naturopathic, acupuncture, and nonremedial care and treatment rendered in accordance with the teachings, faith or belief of any group which relies upon spiritual means through prayer for healing.

- Maximum \$75 per visit, 30 visits
- Maximum \$ _____ per visit, _____ visits

6. Managed care option.

This benefit provides medical expenses coverage through a health maintenance organization (HMO) or a preferred provider organization (PPO).

- A. I select this option.
- B. I agree to a 10% copayment, not to exceed \$10.
- I agree to a 20% copayment, not to exceed \$10.
- I agree to a 30% copayment, not to exceed \$10.
- C. I agree to a \$100 deductible.
- I agree to a \$300 deductible.
- I agree to a \$500 deductible.
- I agree to a \$1000 deductible.

7. Personal Injury Protection Co-payment Option.

- I agree to a 10% co-payment option for PIP coverage.
- I agree to a 20% co-payment option for PIP coverage.
- I agree to a 30% co-payment option for PIP coverage.

OPTIONAL ADDED PIP COVERAGES (Continued)

8. Personal Injury Protection Deductibles.

I agree to a deductible of:

- _____ \$100
- _____ \$300
- _____ \$500
- _____ \$1,000
- _____ \$ _____

PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES

I select the following comprehensive deductible:

- _____ \$50
- _____ \$100
- _____ \$250
- _____ \$500
- _____ \$1,000
- _____ \$1,500
- _____ \$2,000
- _____ \$ _____

I select the following collision deductible:

- _____ \$50
- _____ \$100
- _____ \$250
- _____ \$500
- _____ \$1,000
- _____ \$1,500
- _____ \$2,000
- _____ \$ _____

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature _____ Date _____