

ENCY			APPLICANT/N	IAMED INSURED	
			COMPANY:		EFFECTIVE DA
DE:	SUB CODE:		POLICY #:		
		COVER	RAGE SELE	ECTION	
	PODII V				ITC
				AMAGE LIABILITY LIM	
	njury (BI) and Property Damagor's property caused by the neglig			r bodily injury to another pe	erson and for property damage to
PD cov		mits type of coverag	ge, or \$50,00	00 per accident if you pu	age and \$10,000 per accident for rchase Single (Combined) Limits its below.
		-	SPLIT LIMIT		
Bodily In	niury	Bodily Injury P			Property Damage Premium
-	\$20,000/\$40,000				
	\$50,000/\$100,000	\$		\$10,000 \$15,000 \$20,000 \$30,000	\$ \$
	\$100,000/\$300,000	\$		\$20,000	<u> </u>
	\$300,000/\$300,000	Ψ		\$20,000	Ψ
	_ \$/\$/	Ψ		\$50,000 \$50,000	Ψ
	_ Φ/ Φ	Ψ		\$50,000 \$	\$ \$
		•	- OR -		
		<u>SI</u>	INGLE LIMIT		
	Single Limits			Single Limits Premi	ım
	\$50,0	00		\$	
	\$115	000		\$	
	\$320,	000		\$	
				\$	
Bodily I	insurance law requires that all njury Liability limit of the policy, m permitted is \$20,000 per pers	automobile liability po unless you reject this	olicies contai s coverage i	n writing, or select lower lir	(I) coverage at limits equal to the nits. If you select lower limits, the 0,000 per accident if you purchase
	_imits.				
Single L		right to purchase U	nderingured		
The law	v also requires we offer you the ge up to the UM limits of the polic				You may purchase limits for this
The law coverage	ge up to the UM limits of the police	cy, or you may reject t	this coverage	e entirely.	
The law coverage Uninsur has no	ge up to the UM limits of the police of the	cy, or you may reject to bodily injury losses	this coverage to you and y	e entirely. your passengers as a resul	t of an accident with a driver who
The law coverage Uninsur has no cannot I	ge up to the UM limits of the police of the	cy, or you may reject to bodily injury losses by responsible for the for bodily injury losse	this coverage to you and y injuries. Thi es to you and	e entirely. your passengers as a result is includes a hit-and-run version of the second of the seco	t of an accident with a driver who chicle whose owner and operatout
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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 <u>STACKED</u> 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.
ა.	
	\$25,000 \$50,000
	\$50,000 \$75,000
	\$75,000
	\$100,000
	\$
1	Funeral Evnences
4.	Funeral Expenses.
	\$2,000
	\$
5	Alternative Expenses.
٥.	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.
0.	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	Developed Injury Directoration Co. In supercent Option
1.	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)

Personal Injury Protection Deductibles.	
I agree to a deductible of:	
\$100	
\$300	
\$500	
\$1,000	
\$	
PHYSICAL DAMAGE COMPREHENSIV	
I select the following comprehensive deductible:	I select the following collision deductible:
\$50	\$50
\$100 \$250	\$100 \$250
\$500	\$250 \$500
\$1,000	\$500
\$1,500	\$1,500
\$2,000	\$2,000
\$	\$
Coverage is generally described here. Only the policy provious limitations.	des a complete description of the coverages and their
I understand that the coverage selection and limit choices is continuations and changes unless I notify you otherwise in writing.	ndicated here will apply to all future policy renewals,
Applicant's Signature	Date