

REQUIRED AND OPTIONAL COVERAGE SELECTION FORM – HAWAII PERSONAL AUTOMOBILE POLICY

READ EACH SECTION CAREFULLY THEN SELECT THE SPECIFIC COVERAGES AND LIMITS THAT YOU DESIRE. COVERAGE AND LIMITS SELECTED ON THIS FORM WILL REMAIN UNCHANGED UNTIL YOU SUBMIT A CHANGE REQUEST IN WRITING. AFTER MAKING YOUR SELECTIONS, BE SURE TO SIGN AND DATE THIS FORM AND RETURN TO YOUR AGENT. CONTACT YOUR AGENT IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM OR COVERAGES.

BODILY INJURY AND PROPERTY DAMAGE LIABILITY

Bodily Injury Liability coverage helps you pay for an injured person's medical expenses and lost wages if you are at-fault in a car accident.

Property Damage Liability coverage helps you pay for damages to another person's property (such as a fence, car, or home) if you have caused an accident.

Hawaii State Law requires basic minimum limits of Bodily Injury and Property Damage Liability coverage. The basic minimum limits for Bodily Injury Liability (BI) are \$20,000 per person and \$40,000 per accident. The minimum basic limit for Property Damage (PD) Liability is \$10,000 per accident. You may purchase coverage limits higher than the required basic minimum limits.

To select your limits for Bodily Injury and Property Damage Liability coverage initial the column to the left of the desired limits. The "% Increase" column reflects the average percent increase over the basic minimum limits premium for Bodily Injury. *Actual percentages may vary upon individual circumstances.*

If you do not select a specific limit, you will be provided the basic minimum limits for Bodily Injury and Property Damage Liability coverage as required by Hawaii State Law.

Initial Your Selection	Bodily Injury Limits	% Increase
	\$20,000/40,000	N/A
	50,000/100,000	32%
	75,000/75,000	32%
	100,000/100,000	45%
	100,000/300,000	61%
	200,000/200,000	62%
	200,000/400,000	64%
	300,000/300,000	65%
	300,000/600,000	90%
	500,000/500,000	97%

Initial Your Selection	Property Damage Limit	% Increase
	\$10,000	- 3%
	15,000	- 2%
	20,000	- 1%
	25,000	N/A
	30,000	1%
	50,000	5%
	75,000	7%
	100,000	9%
	200,000	16%
	300,000	19%

UNINSURED AND UNDERINSURED MOTORISTS COVERAGE

Uninsured Motorists (UM) 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, but is legally responsible for the injuries.

Underinsured Motorists (UIM) 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 their limits are not enough to pay the full amount that you or your passengers are legally entitled to recover.

Hawaii law requires that we offer Uninsured Motorists coverage and Underinsured Motorists coverage. UM and UIM coverage may be purchased at the basic minimum limits or higher, but not exceeding your Bodily Injury Liability limits on your policy. The law also allows you to reject these coverages in its entirety. The rejections or selections must be made in writing.

STACKED AND NON-STACKED COVERAGE

If you choose to have Uninsured Motorists and Underinsured Motorists coverage, Hawaii law requires that you select, in writing, whether you want "non-stacked" or "stacked" coverage.

"Non-stacked" coverage pays for bodily injury up to your selected UM/UIM limits. This limit is the maximum available in any one accident regardless of the number of vehicles you have insured on your policy.

"Stacked" coverage pays for bodily injury however, the limits increase by the number of vehicles you are insuring.

EXAMPLE:

Uninsured Motorist Coverage (UM) with limits of \$20,000/\$40,000

Rates used are for Honolulu County written with US Fire Insurance Company

	Non-Stacked			Stacked		
	(Limits Per Person/ Per Accident)	Cost Per Vehicle	Total	(Limits Per Person/ Per Accident)	Cost Per Vehicle	Total
1 Vehicle	\$20,000/\$40,000	\$28	\$28	\$20,000/\$40,000	\$28 *	\$ 28
2 Vehicles	\$20,000/\$40,000	28	56	\$40,000/\$80,000	52	104
3 Vehicles	\$20,000/\$40,000	28	84	\$60,000/\$120,000	52	156

* A single vehicle policy will be charged the "non-stacked" rate until additional vehicles are added.

UNINSURED MOTORISTS COVERAGE (UM)

To purchase Uninsured Motorists coverage, initial to the left of the "non-stacked" or "stacked" limit desired. This limit can not exceed the limit you selected for Bodily Injury Liability. A single-vehicle policy will be charged the "non-stacked" rate until additional vehicles are added. *Actual charges will vary depending on individual circumstances.*

If you do not make a signed selection on this form, your policy will automatically be issued with "stacked" limits for UM coverage at limits equal to your selected Bodily Injury Liability limits.

NON-STACKED RATES PER VEHICLE							
Initial Your Selection	Coverage Limits (Ea. Person/Ea. Accident)	Honolulu County			Hawaii, Kauai & Maui Counties		
		N RIVER	US FIRE	C & F	N RIVER	US FIRE	C & F
	\$20,000/\$40,000	\$18	\$28	\$32	\$22	\$34	\$40
	50,000/100,000	24	37	42	29	45	53
	75,000/75,000	24	37	42	29	45	53
	100,000/100,000	26	41	46	32	49	58
	100,000/300,000	29	45	52	35	55	64
	200,000/200,000	29	45	52	36	55	65
	200,000/400,000	30	46	52	36	56	66
	300,000/300,000	30	46	53	36	56	66
	300,000/600,000	34	53	61	42	65	76
	500,000/500,000	35	55	63	43	67	79

* If you have selected an amount above, sign here to acknowledge that you reject "Stacked" UM coverage. Otherwise, you will be provided with Uninsured Motorists coverage on a "stacked" basis.

Signature:

Date:

* The Hawaii Supreme Court ruled that insurance companies are required to obtain a **written rejection** of the "stacked" option, even if the insured chooses the "non-stacked" option.

STACKED RATES PER VEHICLE							
Initial Your Selection	Coverage Limits (Ea. Person/Ea. Accident)	Honolulu, Maui & Kauai Counties			Hawaii County		
		N RIVER	US FIRE	C & F	N RIVER	US FIRE	C & F
	\$20,000/\$40,000	\$34	\$52	\$60	\$38	\$58	\$68
	50,000/100,000	45	69	79	50	77	90
	75,000/75,000	45	69	79	50	77	90
	100,000/100,000	49	75	87	55	84	99
	100,000/300,000	55	84	97	61	93	109
	200,000/200,000	55	84	97	62	94	110
	200,000/400,000	56	85	98	62	95	112
	300,000/300,000	56	86	99	62	96	112
	300,000/600,000	65	99	114	72	110	129
	500,000/500,000	67	102	118	75	114	134

REJECTION OF UNINSURED MOTORIST COVERAGE

To reject Uninsured Motorists coverage **in its entirety**, print and sign your name below.

Print Name:

Signature:

Date:

UNDERINSURED MOTORISTS COVERAGE (UIM)

To purchase Underinsured Motorists coverage, initial to the left of the "non-stacked" or "stacked" limit desired. This limit can not exceed the limit you selected for Bodily Injury Liability. A single-vehicle policy will be charged the "non-stacked" rate until additional vehicles are added. *Actual charges will vary depending on individual circumstances.*

If you do not make a signed selection on this form, your policy will automatically be issued with "stacked" limits for UIM coverage at limits equal to your selected Bodily Injury Liability limits.

NON-STACKED RATES PER VEHICLE							
Initial Your Selection	Coverage Limits (Ea. Person/Ea. Accident)	Honolulu, Kauai & Maui County			Hawaii County		
		N RIVER	US FIRE	C & F	N RIVER	US FIRE	C & F
	\$20,000/\$40,000	\$44	\$66	\$76	\$44	\$68	\$78
	50,000/100,000	58	87	100	58	90	103
	75,000/75,000	58	87	100	58	90	103
	100,000/100,000	64	96	110	64	99	113
	100,000/300,000	71	106	122	71	109	126
	200,000/200,000	71	107	123	71	110	126
	200,000/400,000	72	108	125	72	112	128
	300,000/300,000	73	109	125	73	112	129
	300,000/600,000	84	125	144	84	129	148
	500,000/500,000	87	130	150	87	134	154

* If you have selected an amount above, sign here to acknowledge that you reject "Stacked" UIM coverage. Otherwise, you will be provided with Underinsured Motorists coverage on a "stacked" basis.

Signature: _____

Date: _____

* The Hawaii Supreme Court ruled that insurance companies are required to obtain a **written rejection** of the "stacked" option, even if the insured chooses the "non-stacked" option.

STACKED RATES PER VEHICLE										
Initial Your Selection	Coverage Limits (Ea. Person/Ea. Accident)	Honolulu & Kauai County			Maui County			Hawaii County		
		N RIVER	US FIRE	C & F	N RIVER	US FIRE	C & F	N RIVER	US FIRE	C & F
	\$20,000/\$40,000	\$64	\$98	\$114	\$66	\$100	\$116	\$70	\$106	\$122
	50,000/100,000	85	129	151	87	132	153	92	140	161
	75,000/75,000	85	129	151	87	132	153	92	140	161
	100,000/100,000	93	142	165	96	145	168	102	154	177
	100,000/300,000	103	158	184	106	161	187	113	171	196
	200,000/200,000	104	159	185	107	162	188	113	172	198
	200,000/400,000	105	161	187	108	164	190	115	174	200
	300,000/300,000	106	162	188	109	165	191	116	175	201
	300,000/600,000	122	186	217	125	190	220	133	201	232
	500,000/500,000	126	193	225	130	197	229	138	209	240

REJECTION OF UNDERINSURED MOTORIST COVERAGE

To reject Underinsured Motorists coverage **in its entirety**, print and sign your name below.

Print Name: _____

Signature: _____

Date: _____

PERSONAL INJURY PROTECTION

Personal Injury Protection (PIP) is a set of coverages. If you or another covered individual are injured in a motor vehicle accident, PIP helps pay for reasonable medical expenses, rehabilitation treatment, and/or other expenses.

Hawaii Law requires Personal Injury Protection coverage of not less than the basic minimum limit of \$10,000 per person to be included in motor vehicle insurance.

PERSONAL INJURY PROTECTION DEDUCTIBLES

You can reduce your PIP and Added PIP Medical Expenses premium by selecting a deductible. In the event of an accident, you will be responsible for payment of the deductible amount selected. The percent savings of premium on the minimum basic limit rate is indicated next to each deductible amount.

If not initialed, NO deductible will apply to this coverage.

Initial Your Selection	Deductible	% Savings
	\$100	5%
	300	10%
	500	15%
	1,000	20%

PERSONAL INJURY PROTECTION CO-PAYMENT

You can reduce your PIP and Added PIP Medical Expenses premium by selecting a co-payment. In the event of an accident, you will be responsible for payment of the indicated percentage of all medical expenses. The percent savings of premiums on the minimum basic limit rate is indicated next to each co-payment option.

If not initialed, NO co-payment will apply to this coverage.

Initial Your Selection	Co - Payment	% Savings
	10%	7%
	20%	16%
	30%	25%

PERSONAL INJURY PROTECTION MANAGED CARE

You can reduce your PIP and Added PIP Medical Expenses premium by agreeing to receive the necessary health care through a manage care program. Managed Care Preferred Providers may change periodically. Please contact Fairmont Specialty or your agent for a current list of preferred providers.

If not initialed, this program will not apply to this coverage.

Initial if you choose to receive necessary health care through Managed Care Preferred Providers.	% Savings
	28%

ADDED PERSONAL INJURY PROTECTION & OPTIONAL BENEFITS COVERAGE

Hawaii Law allows Added Personal Injury Protection for increased Medical Expenses above the basic minimum limit of \$10,000 per person. In addition, Optional Benefits coverage of Wage Loss, Death Benefits, Funeral Expenses, Additional Chiropractic Benefits or Alternative Expenses may be purchased.

If you do not choose to increase your PIP Medical Expenses, you will be provided the basic minimum as required by State Law.

ADDED PERSONAL INJURY PROTECTION MEDICAL EXPENSES

To purchase more than the required \$10,000 per person basic minimum limit for medical expenses under PIP, initial next to the amount desired. The percent increase of premium over the PIP minimum basic limit rate is indicated next to each increased Medical Expenses Limit amount.

If not initialed, you will be provided the basic minimum PIP coverage required by law.

Initial Your Selection	Medical Expenses Limit	Approx. % Increase
	\$20,000	25%
	30,000	40%
	50,000	50%

ADDITIONAL CHIROPRACTIC BENEFITS

To purchase Additional Chiropractic Benefits coverage with a limit of 30 visits at \$75 per visit, initial below. *(This option is not available if purchasing the Optional Alternative Expenses.)*

If not initialed, NO Additional Chiropractic Benefits will apply to your policy.

Initial if you choose to purchase Additional Chiropractic Benefits.	Approx. % Increase
	27%

OPTIONAL WAGE LOSS

Wage Loss coverage is designed to reimburse you for any loss of earnings you suffer as a result of injuries received in a car accident.

Wage Loss coverage is offered on a maximum per month basis. There are two (2) options if you choose to purchase Wage Loss coverage.

OPTION 1: Allows you to purchase coverage with a maximum per month, subject to a per accident/per person limit of up to 6 monthly payments.

OPTION 2: Allows you to purchase coverage with a maximum per month, subject to a two-year limit.

If no options are initialed, NO Wage Loss coverage will be provided.

Actual charges will vary depending upon individual circumstances.

OPTION 1 - SIX MONTHS							
Initial Your Selection	Wage Loss Maximum Per Month for Six Months	Honolulu County		Maui & Hawaii Counties		Kauai County	
		US FIRE	N RIVER C & F	US FIRE	N RIVER C & F	US FIRE	N RIVER C & F
	\$500 per month/ \$3,000 per accident/per person	\$22	\$14	\$26	\$18	\$18	\$12
	\$1,000 per month/ \$6,000 per accident/per person	44	28	52	36	36	24
	\$1,500 per month/ \$9,000 per accident/per person	66	42	78	54	54	36
	\$2,000 per month/ \$12,000 per accident/per person	88	56	104	72	72	48

OPTION 2 - TWO YEARS							
Initial Your Selection	Wage Loss Maximum 2 Year Limit	Honolulu County		Maui & Hawaii Counties		Kauai County	
		US FIRE	N RIVER C & F	US FIRE	N RIVER C & F	US FIRE	N RIVER C & F
	\$1,000 per month/ per accident/per person	\$55	\$35	\$65	\$45	\$45	\$30
	\$1,500 per month/ per accident/per person	77	49	90	63	63	42
	\$2,000 per month/ per accident/per person	94	60	111	77	77	51
	\$2,500 per month/ per accident/per person	107	68	126	87	87	58
	\$3,000 per month/ per accident/per person	116	74	137	95	95	64
	\$3,500 per month/ per accident/per person	123	78	146	101	101	67
	\$4,000 per month/ per accident/per person	128	82	152	105	105	70
	\$4,500 per month/ per accident/per person	132	84	156	106	106	72
	\$5,000 per month/ per accident/per person	135	86	159	110	110	74

OPTIONAL DEATH BENEFITS

Optional Death Benefit coverage pays the specified limit in the event of a death of a covered person resulting from a car accident.

If not initialed, NO Death Benefits coverage will be provided.

Initial Your Selection	Death Benefits	PREMIUM		
		N RIVER	US FIRE	C & F
	\$25,000	\$8	\$12	\$14
	50,000	14	22	24
	75,000	20	32	36
	100,000	28	44	50

If selecting Death Benefits, please provide the name of the beneficiary.

Print Name of Beneficiary

OPTIONAL FUNERAL EXPENSES

Funeral Expense coverage pays for funeral expenses up to \$2,000 in the event of the death of a covered person resulting from a car accident.

If not initialed, NO Funeral Expense coverage will be provided.

Initial to purchase Funeral Expense Coverage	Additional Premium (over the PIP minimum basic rate)
	\$2.00

OPTIONAL ALTERNATIVE EXPENSES

Alternative Expenses coverage provides a limit of 30 visits at a maximum of \$75 per visit for naturopathic, acupuncture and non-medical remedial care and treatment rendered in accordance with the teachings, faith or belief of any group which relies upon spiritual means through prayer for healing.

If not initialed, NO Alternative Expense coverage will be provided.

Initial to purchase Alternative Expense Coverage	% Increase (over the PIP minimum basic rate)
	57%

OTHER THAN COLLISION AND COLLISION COVERAGE

Other than Collision coverage helps to pay for damage to your covered autos, for non-collision damage. For example damage resulting from fire, falling objects, theft and vandalism. This coverage may be purchased with or without a deductible. You may purchase Other than Collision without purchasing Collision coverage.

Collision coverage helps pay for auto repairs or replacement costs to your covered autos if your car hits another vehicle/object or if your car rolls over. This coverage is subject to a deductible. You can not purchase Collision coverage without purchasing Other than Collision.

OTHER THAN COLLISION AND COLLISION DEDUCTIBLES

You can reduce your **Other than Collision** and **Collision** premium by selecting a deductible.

If not initialed, a \$50 Other Than Collision and \$250 Collision deductible will apply.

OTHER THAN COLLISION						
Initial Your Selection	Deductible	% Increase(+) or Decrease(-) from \$250 Deductible	Vehicle Description	Vehicle Description	Vehicle Description	Vehicle Description
	NO OTHER THAN COLLISION COVERAGE					
	\$ 0	+29%				
	\$50	Automatic (if none selected)				
	\$100	- 10%				
	\$250	- 40%				
	\$500	- 50%				
	\$1,000	- 60%				
	\$1,500	- 63%				
	\$2,000	- 65%				
	\$2,500	- 70%				
	\$5,000	- 75%				
	\$10,000	- 82%				

COLLISION						
Initial Your Selection	Deductible	% Increase(+) or Decrease(-) from \$250 Deductible	Vehicle Description	Vehicle Description	Vehicle Description	Vehicle Description
	NO COLLISION COVERAGE					
	\$50	+ 50%				
	\$100	+30%				
	\$150	+ 20%				
	\$200	+10%				
	\$250	Automatic (if none selected)				
	\$500	- 15%				
	\$1,000	- 40%				
	\$1,500	- 45%				
	\$2,000	- 50%				
	\$5,000	- 55%				
	\$10,000	- 65%				

PREFERRED REPAIR PROVIDER PROGRAM DISCOUNT

If you carry Collision and Other Than Collision coverages on your auto(s), you can reduce your premium by agreeing to receive necessary damage repair done by one of at least two, company-selected, preferred repair providers. Preferred Repair Providers may change periodically. Please contact Fairmont Specialty or your agent for a current list of Preferred Repair Providers.

If not initialed, NO Preferred Repair Provider discount will apply.

Initial to purchase Preferred Repair Provider Coverage	% Savings
	10%

*** * * I M P O R T A N T * * ***

All named insureds must read and sign below.

ACKNOWLEDGMENT

I hereby acknowledge that I have read the explanations and offers for the coverages and limits presented in this form. I have indicated whether or not I wish to purchase each coverage and each set of limits in the spaces provided.

I further understand that the explanations of these coverages are intended to be only brief descriptions and that I have the right to ask for clarification and answers to any questions I may have.

I also understand that payment of benefits under any of these coverages is subject to the conditions, provisions and terms of my motor vehicle insurance policy and to the laws of the State of Hawaii.

Printed Name of Insured	Insured Signature	Date
Printed Name of Insured	Insured Signature	Date

The companies represented in this form are:

- The North River Insurance Company (N RIVER)
- U S Fire Insurance Company (US FIRE)
- Crum & Forster Indemnity Company (C & F)