



TRADEWIND INSURANCE Co., LTD

REQUIRED AND OPTIONAL ADDITIONAL COVERAGES DISCLOSURE & SELECTION FORM

IMPORTANT:

- **THE PREMIUMS SHOWN DO NOT INCLUDE ANY SURCHARGES, CREDITS, CLASSIFICATION OR RATING FACTORS.**

NOTICE OF INSURANCE INFORMATION PRACTICES:

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instructions on how to submit a request to us.

REQUIRED COVERAGES

The following summarizes the descriptions of, and the annual premium charges for, the coverages required by the Hawaii Motor Vehicle Insurance Law. Please select the coverages and limits that are best for you. Your policy contains specific descriptions, definitions, exclusions, and conditions. In the event of any conflict, your policy will determine the resolution of all coverage questions. Please contact your agent for further information.

BODILY INJURY LIABILITY COVERAGE

Bodily Injury Liability coverage provides liability coverage for damage arising out of bodily injury to other persons when you or other insureds are at fault in an auto accident. The Hawaii Motor Vehicle Insurance Law requires minimum Bodily Injury Liability coverage of \$20,000 per person with an aggregate limit of \$40,000 per accident. If you want to purchase more than the minimum Bodily Injury Liability coverage of \$20,000 per person / \$40,000 per accident limit, you must check the box next to the limits you want.

The per-person and per-accident limits available, as well as the corresponding annual premium per vehicle for each of the counties, are shown below. **Please check the box next to the limits you want.**

	LIMITS (Per Person / Per Accident)	ANNUAL PREMIUM PER VEHICLE			
		Oahu	Maui	Kauai	Hawaii
<input type="checkbox"/>	\$20,000 / \$40,000	\$130	\$121	\$103	\$127
<input type="checkbox"/>	\$25,000 / \$50,000	\$144	\$134	\$114	\$141
<input type="checkbox"/>	\$35,000 / \$70,000	\$166	\$155	\$132	\$163
<input type="checkbox"/>	\$50,000 / \$100,000	\$185	\$172	\$146	\$180
<input type="checkbox"/>	\$75,000 / \$150,000	\$204	\$190	\$162	\$199
<input type="checkbox"/>	\$100,000 / \$300,000	\$216	\$201	\$171	\$211
<input type="checkbox"/>	\$200,000 / \$400,000	\$235	\$219	\$186	\$230
<input type="checkbox"/>	\$300,000 / \$300,000	\$238	\$221	\$188	\$232
<input type="checkbox"/>	\$300,000 / \$500,000	\$242	\$225	\$192	\$236

If you **do not** check a box, you will have the minimum Bodily Injury Liability coverage with limits of \$20,000 per person with an aggregate limit of \$40,000 per accident.



PROPERTY DAMAGE LIABILITY COVERAGE

Property Damage Liability coverage provides liability coverage for damages to property of others when you or other insureds are at fault in an auto accident. The Hawaii Motor Vehicle Insurance Law requires minimum Property Damage Liability coverage of \$10,000 per accident. If you want to purchase more than the minimum Property Damage Liability coverage of \$10,000 per accident, you must check the box next to the limit you want.

The limits available, as well as the corresponding annual premium per vehicle for each of the counties, are shown below.

Please check the box next to the limit you want.

	LIMIT (Per Accident)	ANNUAL PREMIUM PER VEHICLE			
		Oahu	Maui	Kauai	Hawaii
<input type="checkbox"/>	\$10,000	\$186	\$155	\$146	\$157
<input type="checkbox"/>	\$15,000	\$188	\$157	\$147	\$159
<input type="checkbox"/>	\$20,000	\$190	\$158	\$149	\$160
<input type="checkbox"/>	\$25,000	\$192	\$160	\$150	\$162
<input type="checkbox"/>	\$30,000	\$193	\$161	\$152	\$163
<input type="checkbox"/>	\$35,000	\$195	\$163	\$153	\$165
<input type="checkbox"/>	\$50,000	\$201	\$167	\$158	\$170
<input type="checkbox"/>	\$100,000	\$208	\$174	\$164	\$176

If you **do not** check a box, you will have the minimum Property Damage Liability coverage with a limit of \$10,000 per accident.

PERSONAL INJURY PROTECTION COVERAGE

Personal Injury Protection coverage applies to occupants of your covered auto and pedestrians who suffer bodily injury, sickness or disease caused by an auto accident involving your covered auto. Under certain circumstances, Personal Injury Protection coverage may also apply to you, your spouse, relatives, and reciprocal beneficiary residing in your household in the event you or they suffer bodily injury, sickness or disease caused by an auto accident involving an auto other than your covered auto. Personal Injury Protection coverage benefits, with respect to such bodily injury, sickness or disease, means all appropriate and reasonable treatment and expenses necessarily incurred as a result of the accidental harm and which are substantially comparable to the requirements for prepaid health care plans, including:

acupuncture*	medical equipment and supplies	professional
advanced practice nursing	naturopathy*	prosthetic services
ambulance	nursing	psychiatric
chiropractic*	occupational therapy	rehabilitation
dental	optometric	surgical
hospital	physical therapy*	therapeutic massage **
medical	products & accommodations furnished	x-ray

* Acupuncture, chiropractic and naturopathy treatments are limited to a combined total of thirty (30) visits at no more than \$75 per visit. Chiropractic x-rays are limited to five (5) x-rays at no more than \$50 per x-ray.

+ Physical therapy must be prescribed by a medical doctor.

++ Therapeutic massage must be prescribed by a medical doctor and performed by a licensed massage therapist.

The law requires minimum Personal Injury Protection coverage benefits of \$10,000 per person per accident.

LIMIT (Per Person Per Accident)	ANNUAL PREMIUM PER VEHICLE			
	OAHU	MAUI	KAUAI	HAWAII
\$10,000	\$96	\$96	\$81	\$96



ADDED PERSONAL INJURY PROTECTION COVERAGE OPTION

You may purchase more than the minimum \$10,000 of Personal Injury Protection coverage benefits required by law. The annual premiums per vehicle, for each of the counties, for the Added Personal Injury Protection coverage option are shown below. **If you want to select the Added Personal Injury Protection coverage option, you must check the box next to the limit you want.**

	LIMIT (Per Person Per Accident)	ANNUAL PREMIUM PER VEHICLE*			
		OAHU	MAUI	KAUAI	HAWAII
<input type="checkbox"/>	\$20,000	\$132	\$132	\$111	\$132
<input type="checkbox"/>	\$30,000	\$154	\$154	\$130	\$154
<input type="checkbox"/>	\$50,000	\$181	\$181	\$153	\$181
<input type="checkbox"/>	\$100,000	\$217	\$217	\$183	\$217

* These premiums include the premiums for the required Personal Injury Protection Coverage of \$10,000.

If you **do not** check a box, you will have the minimum Personal Injury Protection Coverage of \$10,000 per person per accident as required by law.

PERSONAL INJURY PROTECTION DEDUCTIBLE OPTION

You may select a deductible to lower your Personal Injury Protection coverage premium. The annual premium **savings** per vehicle, for each of the counties, for the Personal Injury Protection Deductible option are shown below.

If you want to purchase the Personal Injury Protection Deductible option, you must check the box next to the deductible you want or your deductible will be "0".

	DEDUCTIBLE	ANNUAL SAVINGS PER VEHICLE			
		OAHU	MAUI	KAUAI	HAWAII
<input type="checkbox"/>	\$100	\$7	\$7	\$6	\$7
<input type="checkbox"/>	\$300	\$15	\$15	\$13	\$15
<input type="checkbox"/>	\$500	\$22	\$22	\$19	\$22
<input type="checkbox"/>	\$1,000	\$26	\$26	\$22	\$26

If you **do not** check a box, you will **NOT** have the Personal Injury Protection Deductible option.



UNINSURED AND UNDERINSURED MOTORISTS COVERAGE

Uninsured Motorists coverage and Underinsured Motorists coverage are separate and distinct coverages and may be purchased independently. Both of these coverages, as well as options pertaining to them, are explained below. Please carefully read the descriptions of the coverage and options and make your selections or rejections in the appropriate places on the pages that follow.

UNINSURED MOTORISTS COVERAGE

Uninsured Motorists coverage pays you, your resident spouse, your resident relatives, reciprocal beneficiaries, and occupants of your covered autos damages they are legally entitled to recover as a result of bodily injuries or death caused by owners or operators of autos without bodily injury liability insurance or by unidentified autos. Uninsured Motorists coverage **does not** pay for property damage.

Two options are available under the Uninsured Motorists coverage. One option is **STACKED** coverage. The other option allows you to purchase Uninsured Motorists coverage at a limit equal to, but not greater than, the Bodily Injury Liability limit you previously selected. Explanation of both options follows:

STACKED UNINSURED MOTORISTS COVERAGE OPTION

You may purchase **STACKED** Uninsured Motorists coverage. If you purchase **STACKED** Uninsured Motorists coverage, then the maximum Uninsured Motorists coverage benefits available for any one accident will be the sum total of the limits on **all** vehicles insured under this policy. If you do not purchase **STACKED** Uninsured Motorists coverage, then the maximum Uninsured Motorists coverage benefits available for any one accident will be only the limit for any **one** vehicle, regardless of the number of vehicles insured under this policy. The advantage of purchasing **STACKED** Uninsured Motorists coverage is illustrated below.

If you have two (2) vehicles insured for Uninsured Motorists coverage with a limit of \$50,000 per person and \$100,000 per accident, then the maximum Uninsured Motorists coverage available for any one accident will be:

	STACKED	NON-STACKED
Uninsured Motorist coverage limit	\$50,000 per person \$100,000 per accident	\$50,000 per person \$100,000 per accident
Number of Vehicles Insured	2	2
Total Uninsured Motorist coverage available	\$100,000 per person \$200,000 per accident	\$50,000 per person \$100,000 per accident

INCREASED UNINSURED MOTORISTS COVERAGE LIMIT OPTION

You may purchase Uninsured Motorists coverage with a minimum limit of \$20,000 per person and an aggregate limit of \$40,000 per accident up to a maximum limit equal to, but not greater than, the Bodily Injury Liability limit you previously selected. For example, if your Bodily Injury Liability limit is \$50,000 per person and \$100,000 per accident, you may select an Uninsured Motorists coverage limit up to, but not greater than, \$50,000 per person and \$100,000 per accident.

The options discussed above can be purchased at a relatively modest increase in premium, especially when compared to the increased protection afforded to you and other eligible insureds. By purchasing both the **STACKED** and increased limit options, you may in effect have total Uninsured Motorist coverage greater than your Bodily Injury Liability limit.

In certain circumstances, your purchase of higher limits of **NON-STACKED** coverage may result in a lower premium than lower limits with **STACKED** coverage.

Example: If you insure two (2) vehicles on Oahu under your policy with **STACKED** coverage, at a limit of \$50,000 per person and \$100,000 per accident, the total Uninsured Motorists coverage available would be \$100,000 (\$50,000 x 2 vehicles) per person and \$200,000 (\$100,000 x 2 vehicles) per accident at a premium of \$84 (\$42 x 2 vehicles). However, if you insure the same two (2) vehicles with **NON-STACKED** coverage at a limit of \$100,000 per person and \$300,000 per accident, the total Uninsured Motorists coverage available would still be \$100,000 per person, but you will have a limit of \$300,000 per accident, at a lower premium of \$70 (\$35 x 2 vehicles).



UNINSURED MOTORISTS COVERAGE SELECTION OR REJECTION

**** Please review the UNINSURED MOTORISTS COVERAGE LIMIT AND PREMIUM TABLE on the following page****

☐ I **select** Uninsured Motorists coverage.

☐ I **reject** Uninsured Motorists coverage. **Your signature is required only if you are rejecting Uninsured Motorists coverage.**

Signature: _____ **Date:** _____

The law requires us to automatically provide you with Uninsured Motorists coverage and allows us to charge you the appropriate premium if you do not select or do not reject Uninsured Motorists coverage, or if you reject such coverage without signature.

If you have rejected Uninsured Motorists coverage, continue to the Underinsured Motorists coverage section.

STACKED UNINSURED MOTORISTS COVERAGE SELECTION OR REJECTION

**** Please review the UNINSURED MOTORISTS COVERAGE LIMIT AND PREMIUM TABLE on the following page ****

☐ I **select** **STACKED** Uninsured Motorists coverage.

☐ I **reject** **STACKED** Uninsured Motorists coverage and understand that I will have **NON-STACKED** Uninsured Motorists coverage. **Your signature is required only if you are rejecting STACKED Uninsured Motorists coverage.**

Signature: _____ **Date:** _____

The law requires us to automatically provide you with STACKED Uninsured Motorists coverage and allows us to charge you the appropriate premium if you do not select or do not reject STACKED Uninsured Motorists coverage, or if you reject such coverage without signature.

The premiums for the various Uninsured Motorists coverage limits on **STACKED** and **NON-STACKED** bases are shown on the following page. Please check the box next to the **STACKED** or **NON-STACKED** limit you want. You may purchase Uninsured Motorists coverage with a minimum limit of \$20,000 per person with an aggregate limit of \$40,000 per accident up to a maximum limit equal to, but not greater than, the Bodily Injury Liability limit you previously selected.



**UNINSURED MOTORISTS COVERAGE LIMIT AND PREMIUM TABLE
OAHU**

LIMIT (Per Person / Aggregate Per Accident)		STACKED						LIMIT (Per Person / Aggregate Per Accident)		NON-STACKED Annual Premium Per Vehicle	
		Annual Premium Per Vehicle									
		(Number of Vehicles Per Policy)									
		2	3	4	5	6-8					
<input type="checkbox"/>	\$20,000 / \$40,000	\$29	\$36	\$40	\$42	\$50		<input type="checkbox"/>	\$20,000 / \$40,000	\$21	
<input type="checkbox"/>	\$25,000 / \$50,000	\$32	\$39	\$44	\$46	\$55		<input type="checkbox"/>	\$25,000 / \$50,000	\$23	
<input type="checkbox"/>	\$35,000 / \$70,000	\$38	\$46	\$51	\$54	\$65		<input type="checkbox"/>	\$35,000 / \$70,000	\$27	
<input type="checkbox"/>	\$50,000 / \$100,000	\$42	\$51	\$57	\$60	\$72		<input type="checkbox"/>	\$50,000 / \$100,000	\$30	
<input type="checkbox"/>	\$75,000 / \$150,000	\$46	\$56	\$63	\$66	\$79		<input type="checkbox"/>	\$75,000 / \$150,000	\$33	
<input type="checkbox"/>	\$100,000 / \$300,000	\$49	\$60	\$67	\$70	\$84		<input type="checkbox"/>	\$100,000 / \$300,000	\$35	
<input type="checkbox"/>	\$200,000 / \$400,000	\$53	\$65	\$72	\$76	\$91		<input type="checkbox"/>	\$200,000 / \$400,000	\$38	
<input type="checkbox"/>	\$300,000 / \$300,000	\$53	\$65	\$72	\$76	\$91		<input type="checkbox"/>	\$300,000 / \$300,000	\$38	
<input type="checkbox"/>	\$300,000 / \$500,000	\$55	\$66	\$74	\$78	\$94		<input type="checkbox"/>	\$300,000 / \$500,000	\$39	

EXAMPLE: If you insure three (3) vehicles under your policy at a limit of \$100,000 per accident, and you select **STACKED** coverage, the annual premium per vehicle for Uninsured Motorists coverage is \$51, for a total of \$153. If you insure the same three (3) vehicles on a **NON-STACKED** basis, the annual premium per vehicle is \$30, for a total of \$90.

The law requires us to automatically provide you with Uninsured Motorists coverage with a limit equal to your Bodily Injury Liability limit and allows us to charge you the appropriate premium if you do not select an Uninsured Motorists coverage limit.

**UNINSURED MOTORISTS COVERAGE LIMIT AND PREMIUM TABLE
MAUI, KAUAI AND HAWAII**

LIMIT (Per Person / Aggregate Per Accident)		STACKED Annual Premium Per Vehicle (Number of Vehicles Per Policy)					LIMIT (Per Person / Aggregate Per Accident)	NON-STACKED Annual Premium Per Vehicle	
		2	3	4	5	6-8			
<input type="checkbox"/>	\$20,000 / \$40,000	\$20	\$24	\$27	\$28	\$34	<input type="checkbox"/>	\$20,000 / \$40,000	\$14
<input type="checkbox"/>	\$25,000 / \$50,000	\$22	\$27	\$30	\$32	\$38	<input type="checkbox"/>	\$25,000 / \$50,000	\$16
<input type="checkbox"/>	\$35,000 / \$70,000	\$25	\$31	\$34	\$36	\$43	<input type="checkbox"/>	\$35,000 / \$70,000	\$18
<input type="checkbox"/>	\$50,000 / \$100,000	\$28	\$34	\$38	\$40	\$48	<input type="checkbox"/>	\$50,000 / \$100,000	\$20
<input type="checkbox"/>	\$75,000 / \$150,000	\$31	\$37	\$42	\$44	\$53	<input type="checkbox"/>	\$75,000 / \$150,000	\$22
<input type="checkbox"/>	\$100,000 / \$300,000	\$32	\$39	\$44	\$46	\$55	<input type="checkbox"/>	\$100,000 / \$300,000	\$23
<input type="checkbox"/>	\$200,000 / \$400,000	\$35	\$43	\$48	\$50	\$60	<input type="checkbox"/>	\$200,000 / \$400,000	\$25
<input type="checkbox"/>	\$300,000 / \$300,000	\$36	\$44	\$49	\$52	\$62	<input type="checkbox"/>	\$300,000 / \$300,000	\$26
<input type="checkbox"/>	\$300,000 / \$500,000	\$36	\$44	\$49	\$52	\$62	<input type="checkbox"/>	\$300,000 / \$500,000	\$26

EXAMPLE: If you insure three (3) vehicles under your policy at a limit of \$100,000 per accident, and you select **STACKED** coverage, the annual premium per vehicle for Uninsured Motorists coverage is \$34, for a total of \$102. If you insure the same three (3) vehicles on a **NON-STACKED** basis, the annual premium per vehicle is \$20, for a total of \$60.

The law requires us to automatically provide you with Uninsured Motorists coverage with a limit equal to your Bodily Injury Liability limit and allows us to charge you the appropriate premium if you do not select an Uninsured Motorists coverage limit.



UNDERINSURED MOTORISTS COVERAGE

Underinsured Motorists coverage pays you, your resident spouse, your resident relatives, reciprocal beneficiaries, and occupants of your covered autos damages they are legally entitled to recover as a result of bodily injuries or death caused by owners or operators of autos with inadequate bodily injury liability insurance. Underinsured Motorists coverage **does not** pay for property damage.

Two options are available under the Underinsured Motorists coverage. One option is **STACKED** coverage. The other option allows you to purchase Underinsured Motorists coverage at a limit equal to, but not greater than, the Bodily Injury Liability limit you previously selected. Explanation of both options follows:

STACKED UNDERINSURED MOTORISTS COVERAGE OPTION

You may purchase **STACKED** Underinsured Motorists coverage. If you purchase **STACKED** Underinsured Motorists coverage, then the maximum Underinsured Motorists coverage benefits available for any one accident will be the sum total of the limits on **all** vehicles insured under this policy. If you do not purchase **STACKED** Underinsured Motorists coverage, then the maximum Underinsured Motorists coverage benefits available for any one accident will be only the limit for any **one** vehicle, regardless of the number of vehicles insured under this policy. The advantage of purchasing **STACKED** Underinsured Motorists coverage is illustrated below.

If you have two (2) vehicles insured for Underinsured Motorists coverage with a limit of \$50,000 per person and \$100,000 per accident, then the maximum Underinsured Motorists coverage available for any one accident will be:

	STACKED	NON-STACKED
Underinsured Motorist coverage limit	\$50,000 per person \$100,000 per accident	\$50,000 per person \$100,000 per accident
Number of Vehicles Insured	2	2
Total Underinsured Motorist coverage available	\$100,000 per person \$200,000 per accident	\$50,000 per person \$100,000 per accident

INCREASED UNDERINSURED MOTORISTS COVERAGE LIMIT OPTION

You may purchase Underinsured Motorists coverage with a minimum limit of \$20,000 per person and an aggregate limit of \$40,000 per accident up to a maximum limit equal to, but not greater than, the Bodily Injury Liability limit you previously selected. For example, if your Bodily Injury Liability limit is \$50,000 per person and \$100,000 per accident, you may select an Underinsured Motorists coverage limit up to, but not greater than, \$50,000 per person and \$100,000 per accident.

The options discussed above can be purchased at a relatively modest increase in premium, especially when compared to the increased protection afforded to you and other eligible insureds. By purchasing both the **STACKED** and increased limit options, you may in effect have total Underinsured Motorist coverage greater than your Bodily Injury Liability limit.

In certain circumstances, your purchase of higher limits of **NON-STACKED** coverage may result in a lower premium than lower limits with **STACKED** coverage.

Example: If you insure two (2) vehicles on Oahu under your policy with **STACKED** coverage, at a limit of \$50,000 per person and \$100,000 per accident, the total Underinsured Motorists coverage available would be \$100,000 (\$50,000 x 2 vehicles) per person and \$200,000 (\$100,000 x 2 vehicles) per accident at a premium of \$168 (\$84 x 2 vehicles). However, if you insure the same two (2) vehicles with **NON-STACKED** coverage at a limit of \$100,000 per person and \$300,000 per accident, the total Underinsured Motorists coverage available would still be \$100,000 per person, but you will have a limit of \$300,000 per accident, at a lower premium of \$140 (\$70 x 2 vehicles).



UNDERINSURED MOTORISTS COVERAGE SELECTION OR REJECTION

**** Please review the UNDERINSURED MOTORISTS COVERAGE LIMIT AND PREMIUM TABLE on the following pages****

☐ I select Underinsured Motorists coverage.

☐ I reject Underinsured Motorists coverage. Your signature is required only if you are rejecting Underinsured Motorists coverage.

Signature: _____ Date: _____

The law requires us to automatically provide you with Underinsured Motorists coverage and allows us to charge you the appropriate premium if you do not select or do not reject Underinsured Motorists coverage, or if you reject such coverage without signature.

If you have rejected Underinsured Motorists coverage, continue to the Physical Damage coverage and Deductible options section.

STACKED UNDERINSURED MOTORISTS COVERAGE SELECTION OR REJECTION

**** Please review the UNDERINSURED MOTORISTS COVERAGE LIMIT AND PREMIUM TABLE on the following pages****

☐ I select STACKED Underinsured Motorists coverage.

☐ I reject STACKED Underinsured Motorists coverage and understand that I will have NON-STACKED Underinsured Motorists coverage. Your signature is required only if you are rejecting STACKED Underinsured Motorists coverage.

Signature: _____ Date: _____

The law requires us to automatically provide you with STACKED Underinsured Motorists coverage and allows us to charge you the appropriate premium if you do not select or do not reject STACKED Underinsured Motorists coverage, or if you reject such coverage without signature.

The premiums for the various Underinsured Motorists coverage limits on STACKED and NON-STACKED bases are shown on the following pages. Please check the box next to the STACKED or NON-STACKED limit you want. You may purchase Underinsured Motorists coverage with a minimum limit of \$20,000 per person with an aggregate limit of \$40,000 per accident up to a maximum limit equal to, but not greater than, the Bodily Injury Liability limit you previously selected.



**UNDERINSURED MOTORISTS COVERAGE LIMIT AND PREMIUM TABLE
OAHU**

LIMIT (Per Person / Aggregate Per Accident)		STACKED Annual Premium Per Vehicle						LIMIT (Per Person / Aggregate Per Accident)		NON-STACKED Annual Premium Per Vehicle	
		(Number of Vehicles Per Policy)									
		2	3	4	5	6-8					
<input type="checkbox"/>	\$20,000 / \$40,000	\$54	\$61	\$66	\$71	\$86		<input type="checkbox"/>	\$20,000 / \$40,000	\$33	
<input type="checkbox"/>	\$25,000 / \$50,000	\$61	\$68	\$74	\$80	\$96		<input type="checkbox"/>	\$25,000 / \$50,000	\$37	
<input type="checkbox"/>	\$35,000 / \$70,000	\$73	\$81	\$88	\$95	\$114		<input type="checkbox"/>	\$35,000 / \$70,000	\$44	
<input type="checkbox"/>	\$50,000 / \$100,000	\$84	\$94	\$102	\$110	\$133		<input type="checkbox"/>	\$50,000 / \$100,000	\$51	
<input type="checkbox"/>	\$75,000 / \$150,000	\$102	\$115	\$124	\$133	\$161		<input type="checkbox"/>	\$75,000 / \$150,000	\$62	
<input type="checkbox"/>	\$100,000 / \$300,000	\$116	\$130	\$140	\$151	\$182		<input type="checkbox"/>	\$100,000 / \$300,000	\$70	
<input type="checkbox"/>	\$200,000 / \$400,000	\$129	\$144	\$156	\$168	\$203		<input type="checkbox"/>	\$200,000 / \$400,000	\$78	
<input type="checkbox"/>	\$300,000 / \$300,000	\$137	\$154	\$166	\$178	\$216		<input type="checkbox"/>	\$300,000 / \$300,000	\$83	
<input type="checkbox"/>	\$300,000 / \$500,000	\$149	\$167	\$180	\$194	\$234		<input type="checkbox"/>	\$300,000 / \$500,000	\$90	

EXAMPLE: If you insure three (3) vehicles under your policy at a limit of \$100,000 per accident, and you select **STACKED** coverage, the annual premium per vehicle for Underinsured Motorists coverage is \$94, for a total of \$282. If you insure the same three (3) vehicles on a **NON-STACKED** basis, the annual premium per vehicle is \$51, for a total of \$153.

The law requires us to automatically provide you with Underinsured Motorists coverage with a limit equal to your Bodily Injury Liability limit and allows us to charge you the appropriate premium if you do not select an Underinsured Motorists coverage limit.

**UNDERINSURED MOTORISTS COVERAGE LIMIT AND PREMIUM TABLE
MAUI**

LIMIT (Per Person / Aggregate Per Accident)		STACKED						LIMIT (Per Person / Aggregate Per Accident)		NON-STACKED	
		Annual Premium Per Vehicle									
		(Number of Vehicles Per Policy)									
		2	3	4	5	6-8					
<input type="checkbox"/>	\$20,000 / \$40,000	\$48	\$54	\$58	\$62	\$75		<input type="checkbox"/>	\$20,000 / \$40,000	\$29	
<input type="checkbox"/>	\$25,000 / \$50,000	\$54	\$61	\$66	\$71	\$86		<input type="checkbox"/>	\$25,000 / \$50,000	\$33	
<input type="checkbox"/>	\$35,000 / \$70,000	\$64	\$72	\$78	\$84	\$101		<input type="checkbox"/>	\$35,000 / \$70,000	\$39	
<input type="checkbox"/>	\$50,000 / \$100,000	\$74	\$83	\$90	\$97	\$117		<input type="checkbox"/>	\$50,000 / \$100,000	\$45	
<input type="checkbox"/>	\$75,000 / \$150,000	\$91	\$102	\$110	\$118	\$143		<input type="checkbox"/>	\$75,000 / \$150,000	\$55	
<input type="checkbox"/>	\$100,000 / \$300,000	\$102	\$115	\$124	\$133	\$161		<input type="checkbox"/>	\$100,000 / \$300,000	\$62	
<input type="checkbox"/>	\$200,000 / \$400,000	\$112	\$126	\$136	\$146	\$177		<input type="checkbox"/>	\$200,000 / \$400,000	\$68	
<input type="checkbox"/>	\$300,000 / \$300,000	\$120	\$135	\$146	\$157	\$190		<input type="checkbox"/>	\$300,000 / \$300,000	\$73	
<input type="checkbox"/>	\$300,000 / \$500,000	\$130	\$146	\$158	\$170	\$205		<input type="checkbox"/>	\$300,000 / \$500,000	\$79	

EXAMPLE: If you insure three (3) vehicles under your policy at a limit of \$100,000 per accident, and you select **STACKED** coverage, the annual premium per vehicle for Underinsured Motorists coverage is \$83, for a total of \$249. If you insure the same three (3) vehicles on a **NON-STACKED** basis, the annual premium per vehicle is \$45, for a total of \$135.

The law requires us to automatically provide you with Underinsured Motorists coverage with a limit equal to your Bodily Injury Liability limit and allows us to charge you the appropriate premium if you do not select an Underinsured Motorists coverage limit.



**UNDERINSURED MOTORISTS COVERAGE LIMIT AND PREMIUM TABLE
KAUAI**

LIMIT (Per Person / Aggregate Per Accident)		STACKED Annual Premium Per Vehicle						LIMIT (Per Person / Aggregate Per Accident)		NON-STACKED Annual Premium Per Vehicle
		(Number of Vehicles Per Policy)								
		2	3	4	5	6-8				
<input type="checkbox"/>	\$20,000 / \$40,000	\$40	\$44	\$48	\$52	\$62		<input type="checkbox"/>	\$20,000 / \$40,000	\$24
<input type="checkbox"/>	\$25,000 / \$50,000	\$45	\$50	\$54	\$58	\$70		<input type="checkbox"/>	\$25,000 / \$50,000	\$27
<input type="checkbox"/>	\$35,000 / \$70,000	\$53	\$59	\$64	\$69	\$83		<input type="checkbox"/>	\$35,000 / \$70,000	\$32
<input type="checkbox"/>	\$50,000 / \$100,000	\$61	\$68	\$74	\$80	\$96		<input type="checkbox"/>	\$50,000 / \$100,000	\$37
<input type="checkbox"/>	\$75,000 / \$150,000	\$74	\$83	\$90	\$97	\$117		<input type="checkbox"/>	\$75,000 / \$150,000	\$45
<input type="checkbox"/>	\$100,000 / \$300,000	\$84	\$94	\$102	\$110	\$133		<input type="checkbox"/>	\$100,000 / \$300,000	\$51
<input type="checkbox"/>	\$200,000 / \$400,000	\$92	\$104	\$112	\$120	\$146		<input type="checkbox"/>	\$200,000 / \$400,000	\$56
<input type="checkbox"/>	\$300,000 / \$300,000	\$99	\$111	\$120	\$129	\$156		<input type="checkbox"/>	\$300,000 / \$300,000	\$60
<input type="checkbox"/>	\$300,000 / \$500,000	\$107	\$120	\$130	\$140	\$169		<input type="checkbox"/>	\$300,000 / \$500,000	\$65

EXAMPLE: If you insure three (3) vehicles under your policy at a limit of \$100,000 per accident, and you select **STACKED** coverage, the annual premium per vehicle for Underinsured Motorists coverage is \$68, for a total of \$204. If you insure the same three (3) vehicles on a **NON-STACKED** basis, the annual premium per vehicle is \$37, for a total of \$111.

The law requires us to automatically provide you with Underinsured Motorists coverage with a limit equal to your Bodily Injury Liability limit and allows us to charge you the appropriate premium if you do not select an Underinsured Motorists coverage limit.

**UNDERINSURED MOTORISTS COVERAGE LIMIT AND PREMIUM TABLE
HAWAII**

LIMIT (Per Person / Aggregate Per Accident)		STACKED Annual Premium Per Vehicle						LIMIT (Per Person / Aggregate Per Accident)		NON-STACKED Annual Premium Per Vehicle	
		(Number of Vehicles Per Policy)									
		2	3	4	5	6-8					
<input type="checkbox"/>	\$20,000 / \$40,000	\$53	\$59	\$64	\$69	\$83		<input type="checkbox"/>	\$20,000 / \$40,000	\$32	
<input type="checkbox"/>	\$25,000 / \$50,000	\$59	\$67	\$72	\$77	\$94		<input type="checkbox"/>	\$25,000 / \$50,000	\$36	
<input type="checkbox"/>	\$35,000 / \$70,000	\$71	\$80	\$86	\$92	\$112		<input type="checkbox"/>	\$35,000 / \$70,000	\$43	
<input type="checkbox"/>	\$50,000 / \$100,000	\$83	\$93	\$100	\$108	\$130		<input type="checkbox"/>	\$50,000 / \$100,000	\$50	
<input type="checkbox"/>	\$75,000 / \$150,000	\$99	\$111	\$120	\$129	\$156		<input type="checkbox"/>	\$75,000 / \$150,000	\$60	
<input type="checkbox"/>	\$100,000 / \$300,000	\$112	\$126	\$136	\$146	\$177		<input type="checkbox"/>	\$100,000 / \$300,000	\$68	
<input type="checkbox"/>	\$200,000 / \$400,000	\$124	\$139	\$150	\$161	\$195		<input type="checkbox"/>	\$200,000 / \$400,000	\$75	
<input type="checkbox"/>	\$300,000 / \$300,000	\$132	\$148	\$160	\$172	\$208		<input type="checkbox"/>	\$300,000 / \$300,000	\$80	
<input type="checkbox"/>	\$300,000 / \$500,000	\$144	\$161	\$174	\$187	\$226		<input type="checkbox"/>	\$300,000 / \$500,000	\$87	

EXAMPLE: If you insure three (3) vehicles under your policy at a limit of \$100,000 per accident, and you select **STACKED** coverage, the annual premium per vehicle for Underinsured Motorists coverage is \$93, for a total of \$279. If you insure the same three (3) vehicles on a **NON-STACKED** basis, the annual premium per vehicle is \$50, for a total of \$150.

The law requires us to automatically provide you with Underinsured Motorists coverage with a limit equal to your Bodily Injury Liability limit and allows us to charge you the appropriate premium if you do not select an Underinsured Motorists coverage limit.



OPTIONAL ADDITIONAL COVERAGES

The following summarizes the descriptions of, and the annual premium charges for, the coverages required by the Hawaii Motor Vehicle Insurance Law. Please select the coverages and limits that are best for you. Your policy contains specific descriptions, definitions, exclusions, and conditions. In the event of any conflict, your policy will determine the resolution of all coverage questions. Please contact your agent for further information.

WAGE LOSS BENEFITS OPTION

Wage Loss Benefits are paid to an insured for earnings loss caused by injury arising out of an auto accident. You may choose from among the different per-month and per-accident limits.

The annual premiums per vehicle, for each of the counties, for the Wage Loss Benefits option are shown below. **If you want to purchase the Wage Loss Benefits option, you must check the box next to the limit you want.**

	LIMITS (Per Month / Per Accident Per Person)	ANNUAL PREMIUM PER VEHICLE			
		OAHU	MAUI	KAUAI	HAWAII
<input type="checkbox"/>	\$500 / \$3,000	\$16	\$16	\$12	\$16
<input type="checkbox"/>	\$1,000 / \$6,000	\$30	\$30	\$22	\$30
<input type="checkbox"/>	\$1,500 / \$9,000	\$42	\$42	\$31	\$42
<input type="checkbox"/>	\$2,000 / \$12,000	\$51	\$51	\$38	\$51

☐ No, I do not want the Wage Loss Benefits option.

If you **do not** check a box, you will **NOT** have the Wage Loss Benefits option.

DEATH BENEFITS OPTION

Death Benefits are paid for death of an insured arising out of an auto accident and are payable to the surviving spouse, for the benefit of the spouse and dependent children. If there are no surviving spouse or dependent children, payment is made to the estate of the deceased insured.

The annual premiums per vehicle for the Death Benefits option are shown below. **If you want to purchase the Death Benefits option, you must check the box next to the limit you want.**

	LIMIT	ANNUAL PREMIUM PER VEHICLE
<input type="checkbox"/>	\$25,000	\$4
<input type="checkbox"/>	\$50,000	\$9
<input type="checkbox"/>	\$75,000	\$12
<input type="checkbox"/>	\$100,000	\$16

☐ No, I do not want the Death Benefits option.

If you **do not** check a box, you will **NOT** have the Death Benefits option.



FUNERAL EXPENSES OPTION

A benefit of \$2,000 is paid for the funeral expenses due to the death of an insured arising out of an auto accident.

The annual premium per vehicle is \$3. **Please check the appropriate box.**

- ☐ Yes, I want the Funeral expenses option.
- ☐ No, I do not want the Funeral expenses option.

If you **do not** check a box, you will **NOT** have the Funeral Expenses option.

ALTERNATIVE EXPENSES OPTION

Alternative Expenses includes naturopathic, acupuncture, nonmedical 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. Treatments under this option are limited to a combined total of thirty (30) visits at no more than \$75 per visit. The annual premiums per vehicle, for each of the counties, for the Alternative Expenses option are shown below.

ANNUAL PREMIUM PER VEHICLE			
OAHU	MAUI	KAUAI	HAWAII
\$6	\$6	\$4	\$6

If you want to purchase the Alternative Expenses option, you must check the box below.

- ☐ Yes, I want the Alternative Expenses option.
- ☐ No, I do not want the Alternative Expenses option.

If you **do not** check a box, you will **NOT** have the Alternative Expenses benefit.



PHYSICAL DAMAGE COVERAGE AND DEDUCTIBLE OPTIONS

Collision coverage and Other Than Collision coverage are the Physical Damage coverage options available to you. You may elect to purchase one or both of the Physical Damage coverage options and you may select from among several deductibles available under them. The Physical Damage coverage options are optional, unless your auto is financed. In that case, your lender may require you to purchase both of the Physical Damage coverage options.

Since your vehicle identification number helps us in determining the make and model, the vehicle's performance and loss experience information, please provide your vehicle identification numbers below. Your renewal premium may be adjusted once your policy is in effect to account for the information we obtain from your vehicle identification numbers.

We encourage the use of higher deductibles to reduce your insurance premium on applicable coverages.

Collision Coverage

Collision coverage generally covers direct and accidental losses to your auto caused by its overturn or its impact with another vehicle or object.

For Collision coverage, the premium for the \$200 deductible is used as the base to calculate the premium for the other deductible options. A premium charge or credit is available if a deductible lower or higher than the base deductible is selected.

Please make your selection of the deductible amount below.

	Deductible Amount	Percentage Charge or Credit of the Premium for the \$200 Deductible option	Named Insured and Vehicle as shown on declaration page
<input type="checkbox"/>	\$50	25% Additional Charge	
<input type="checkbox"/>	\$100	10% Additional Charge	
<input type="checkbox"/>	\$200	Base Deductible	
<input type="checkbox"/>	\$250	2% Credit	
<input type="checkbox"/>	\$500	15% Credit	
<input type="checkbox"/>	\$1,000	32% Credit	
<input type="checkbox"/>	\$1,500	39% Credit	
<input type="checkbox"/>	\$2,000	42% Credit	

Other Than Collision Coverage

Other Than Collision coverage generally covers direct and accidental losses to your auto caused by incidents such as fire, theft, vandalism, and broken windshields. Other Than Collision coverage **does not** cover losses to your auto caused by overturn or its impact with another vehicle or object.

For Other Than Collision coverage, the premium for the \$100 deductible is used as the base to calculate the premium for the other deductible options. A premium charge or credit is available if a deductible lower or higher than the base deductible is selected.

Please make your selection of the deductible amount below.

	Deductible Amount	Percentage Charge or Credit of the Premium for the \$100 Deductible option	Named Insured and Vehicle as shown on declaration page
<input type="checkbox"/>	\$50	10% Additional Charge	
<input type="checkbox"/>	\$100	Base Deductible	
<input type="checkbox"/>	\$200	10% Credit	
<input type="checkbox"/>	\$250	15% Credit	
<input type="checkbox"/>	\$500	30% Credit	
<input type="checkbox"/>	\$1,000	45% Credit	
<input type="checkbox"/>	\$1,500	49% Credit	
<input type="checkbox"/>	\$2,000	53% Credit	



CREDITS AND SURCHARGES

The following is a brief explanation of the credits and surcharges that may affect your premium. By understanding the factors that modify your premium, you will be able to control your premium costs.

CREDITS

1. A multi-car discount is available when two or more vehicles are owned by the same policyholder covered under one policy.
2. Defensive Driving credit requires a qualified Certificate of Completion. The credit applies to each principal operator for three years of each certification.
3. Anti-theft device credit applies to the Other Than Collision Coverage and requires make and model information of the system.
4. A Special Customer Credit applies if the Named Insured has been written by Island Insurance Company, Ltd. and/or Tradewind Insurance Company, Ltd. for sixty (60) consecutive months immediately preceding the effective date of the application or the renewal.
5. A Passive Restraint discount is available to autos equipped with a factory installed airbags conforming to the federal crash protection requirements.
6. A discount is available for autos equipped with a factory installed four wheel Anti-Lock Braking System.

SURCHARGES

1. Surcharges are generally tied to traffic convictions occurring within the 36 month period prior to the policy effective date. In the case of traffic convictions, the more serious the conviction, the higher the surcharge. For example, a Drunk Driving conviction would result in a surcharge much higher than one for speeding.
2. An unfavorable loss history involving at fault accidents will result in a surcharge.
3. A surcharge applies on vehicles that are being covered for only physical damage.

Other surcharges may apply.

ACKNOWLEDGEMENT OF EXPLANATIONS AND OFFERS

I hereby acknowledge that I was provided explanations and offers for the following required and optional additional coverages.

REQUIRED COVERAGES	
Bodily Injury Liability coverage	Personal Injury Protection coverage
Property Damage Liability coverage	Added Personal Injury Protection coverage option
Uninsured Motorists coverage	Personal Injury Protection Deductible option
Underinsured Motorists coverage	
OPTIONAL ADDITIONAL COVERAGES	
Wage Loss Benefits option	Physical Damage coverage and Deductible options
Death Benefits option	Collision coverage
Funeral Expenses option	Other Than Collision coverage
Alternative Expenses option	

I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the explanations of these coverages are intended only to be brief descriptions and I acknowledge that I had the opportunity to ask for clarification and answers to any questions I might 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.

I acknowledge that upon the receipt of the motor vehicle records and any loss reports, the appropriate premium will be charged. I also acknowledge that the information I have provided is true and correct to the best of my knowledge.

Signature

Policy Number (Not applicable to new applications)

Print Name

Date

Please contact your insurance agent if you have any questions.