

Named Insured

Policy Number

**HAWAII NOTICE  
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE  
SELECTION/REJECTION**

**THE SELECTIONS YOU MAKE BELOW AFFECT YOUR UNINSURED AND UNDERINSURED MOTORISTS COVERAGE. PLEASE REVIEW YOUR POLICY CAREFULLY TO ENSURE THAT YOU UNDERSTAND THE PROTECTION AFFORDED BY THIS COVERAGE. CONTACT YOUR INSURANCE REPRESENTATIVE IF YOU HAVE ANY QUESTIONS ABOUT THIS COVERAGE OR HOW TO COMPLETE THIS NOTICE.**

Uninsured Motorists (UM) Coverage protects you and passengers if you are injured in an accident by an at-fault driver with no liability insurance or by a hit-and-run driver, who is held legally responsible for your injuries. Under Hawaii law, your policy provides UM coverage with a limit equal to Hawaii's minimum requirement, which is limits of \$40,000 each person and \$80,000 each accident (subject to the each person limit). This coverage may be provided as a single limit of \$80,000 each accident. You are not required to accept UM coverage at this limit. You may select a greater coverage limit, but the coverage limit you select may not be greater than the limit(s) of your Liability Coverage. Alternatively, you may reject UM coverage in its entirety. Additional premium will be charged for the purchase of UM coverage.

Underinsured Motorists (UIM) Coverage protects you and passengers if you are injured in an accident by an at-fault driver whose liability insurance is not high enough to cover your claim. Under Hawaii law, we offer you the opportunity to purchase UIM coverage. You may purchase UIM coverage with a limit that is not less than \$40,000 each person and \$80,000 each accident (subject to the each person limit) or a single limit of \$80,000 each accident, and not greater than the limit(s) of your Liability Coverage. Alternatively, you may reject UIM coverage in its entirety. Additional premium will be charged for the purchase of UIM coverage.

UM and UIM coverage are offered on a stacked or non-stacked basis. For UM coverage, stacking of limits means that in the event of a covered UM loss, your total coverage will be the sum of the UM limits for all autos covered under the policy (even though only one covered auto was involved in the accident). For example, if you purchase UM coverage on a stacked limits basis for \$100,000 and insure three autos under your policy, your total available UM coverage is three times \$100,000, or \$300,000. UIM coverage on a stacked limits basis applies in the same way. There is an additional per vehicle charge for the purchase of UM and/or UIM coverage on a stacked limits basis. Coverage on a stacked limits basis may often, but not always, provide more coverage per dollar than coverage on a non-stacked limits basis. If you have questions about the cost of stacked versus non-stacked UM and/or UIM coverage, please contact your insurance representative for additional information.

In accordance with Hawaii Law, the undersigned Named Insured, for each insured in the policy: (mark applicable option(s) with an "X")

**Uninsured Motorists Coverage Rejection**

[ ] knowingly and voluntarily rejects Uninsured Motorists Coverage in its entirety. (If you choose this option, please proceed to the Underinsured Motorists Coverage section below.)

**Uninsured Motorists Coverage Selection**

If selecting Uninsured Motorists (UM) Coverage, please select either Stacked or Non-stacked UM Coverage below:

selects **Stacked** Uninsured Motorists (UM) Coverage with the following coverage limit, which is not less than Hawaii’s minimum requirement, and not greater than the limit(s) of my Liability Coverage (please select one UM each person/each accident split limit option OR one each accident single limit option):

OR

rejects Stacked Uninsured Motorists (UM) Coverage and selects **Non-stacked** UM Coverage with the following coverage limit, which is not less than Hawaii’s minimum requirement, and not greater than the limit(s) of my Liability Coverage (please select one UM each person/each accident split limit option OR one each accident single limit option):

<u>UM Limits</u> (Each Person/Each Accident)	<u>Premium*</u>		OR	<u>UM Limit</u> (Each Accident)	<u>Premium*</u>	
	<u>Stacked</u>	<u>Non-stacked</u>			<u>Stacked</u>	<u>Non-stacked</u>
				<input type="checkbox"/> 80,000	_____	_____
<input type="checkbox"/> 40,000/80,000	_____	_____		<input type="checkbox"/> 100,000	_____	_____
<input type="checkbox"/> 50,000/100,000	_____	_____		<input type="checkbox"/> 200,000	_____	_____
<input type="checkbox"/> 75,000/150,000	_____	_____		<input type="checkbox"/> 250,000	_____	_____
<input type="checkbox"/> 100,000/200,000	_____	_____		<input type="checkbox"/> 300,000	_____	_____
<input type="checkbox"/> 100,000/300,000	_____	_____		<input type="checkbox"/> 350,000	_____	_____
<input type="checkbox"/> 200,000/200,000	_____	_____		<input type="checkbox"/> 500,000	_____	_____
<input type="checkbox"/> 200,000/400,000	_____	_____		<input type="checkbox"/> 1,000,000	_____	_____
<input type="checkbox"/> 250,000/500,000	_____	_____		<input type="checkbox"/> 2,000,000	_____	_____
<input type="checkbox"/> 300,000/300,000	_____	_____		<input type="checkbox"/> 2,500,000	_____	_____
<input type="checkbox"/> 300,000/600,000	_____	_____		<input type="checkbox"/> 5,000,000	_____	_____
<input type="checkbox"/> 500,000/1,000,000	_____	_____		<input type="checkbox"/> 10,000,000	_____	_____
<input type="checkbox"/> 1,000,000/1,000,000	_____	_____		<input type="checkbox"/> Limit equal to the	_____	_____
<input type="checkbox"/> 2,000,000/2,000,000	_____	_____		limit of my Liability		
<input type="checkbox"/> 2,500,000/2,500,000	_____	_____		Coverage		
<input type="checkbox"/> 5,000,000/5,000,000	_____	_____				
<input type="checkbox"/> 10,000,000/10,000,000	_____	_____				

Limits equal to the \_\_\_\_\_ limits of my Liability Coverage

**Underinsured Motorists Coverage Rejection**

knowingly and voluntarily rejects Underinsured Motorists Coverage in its entirety.

**Underinsured Motorists Coverage Selection**

If selecting Underinsured Motorists (UIM) Coverage, please select either Stacked or Non-stacked UIM Coverage below:

selects **Stacked** Underinsured Motorists (UIM) Coverage with the following coverage limit, which is not less than \$40,000 each person and \$80,000 each accident (subject to the each person limit) or \$80,000 each accident (single limit), and not greater than the limit(s) of my Liability Coverage (please select one UIM each person/each accident split limit option OR one each accident single limit option):

OR

rejects Stacked Underinsured Motorists (UIM) Coverage and selects **Non-stacked** UIM Coverage with the following coverage limit, which is not less than \$40,000 each person and \$80,000 each accident (subject to the each person limit) or \$80,000 each accident (single limit), and not greater than the limit(s) of my Liability Coverage (please select one each person/each accident split limit UIM option OR one each accident single limit option):

<u>UIM Limits</u> (Each Person/Each Accident)	<u>Premium*</u>		OR	<u>UIM Limit</u> (Each Accident)	<u>Premium*</u>	
	<u>Stacked</u>	<u>Non-stacked</u>			<u>Stacked</u>	<u>Non-stacked</u>
				<input type="checkbox"/> 80,000	_____	_____
<input type="checkbox"/> 40,000/80,000	_____	_____		<input type="checkbox"/> 100,000	_____	_____
<input type="checkbox"/> 50,000/100,000	_____	_____		<input type="checkbox"/> 200,000	_____	_____
<input type="checkbox"/> 75,000/150,000	_____	_____		<input type="checkbox"/> 250,000	_____	_____
<input type="checkbox"/> 100,000/200,000	_____	_____		<input type="checkbox"/> 300,000	_____	_____
<input type="checkbox"/> 100,000/300,000	_____	_____		<input type="checkbox"/> 350,000	_____	_____
<input type="checkbox"/> 200,000/200,000	_____	_____		<input type="checkbox"/> 500,000	_____	_____
<input type="checkbox"/> 200,000/400,000	_____	_____		<input type="checkbox"/> 1,000,000	_____	_____
<input type="checkbox"/> 250,000/500,000	_____	_____		<input type="checkbox"/> 2,000,000	_____	_____
<input type="checkbox"/> 300,000/300,000	_____	_____		<input type="checkbox"/> 2,500,000	_____	_____

- |  |       |       |                                      |       |       |
|--|-------|-------|--------------------------------------|-------|-------|
| <input type="checkbox"/> 300,000/600,000       | _____ | _____ | <input type="checkbox"/> 5,000,000   | _____ | _____ |
| <input type="checkbox"/> 500,000/1,000,000     | _____ | _____ | <input type="checkbox"/> 10,000,000  | _____ | _____ |
| <input type="checkbox"/> 1,000,000/1,000,000   | _____ | _____ | <input type="checkbox"/> Limit equal | _____ | _____ |
| <input type="checkbox"/> 2,000,000/2,000,000   | _____ | _____ | to the limit of                      |       |       |
| <input type="checkbox"/> 2,500,000/2,500,000   | _____ | _____ | my Liability                         |       |       |
| <input type="checkbox"/> 5,000,000/5,000,000   | _____ | _____ | Coverage                             |       |       |
| <input type="checkbox"/> 10,000,000/10,000,000 | _____ | _____ |                                      |       |       |
| <input type="checkbox"/> Limits equal to the   | _____ | _____ |                                      |       |       |
| limits of my                                   |       |       |                                      |       |       |
| Liability Coverage                             |       |       |                                      |       |       |

\* The premium included in this notice is an estimate and is subject to change based on the actual type and number of vehicles covered under the policy, the applicable state(s) and location(s) of the vehicles, and the type of program in place.

I understand the protection afforded by Uninsured and Underinsured Motorists Coverage and the selections I have made on this Notice regarding Uninsured and Underinsured Motorists Coverage. I further understand and agree that my selections will apply to this policy and all future transfers, substitutions, amendments, alterations, modifications, reinstatements or replacements of this policy, and all future renewals of this policy, unless I make an election in writing to change my selections which is received and approved by the Company.

All other terms, conditions, and exclusions of the policy remain unchanged.

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Authorized Signature of Named Insured

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name and Title