

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 Coverage (UM) 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 with a coverage limit equal to Hawaii's minimum requirement, which is split limits of \$20,000 each person and (subject to the each person limit) \$40,000 each accident. This coverage limit may be provided as a combined single limit of \$40,000 each accident. You are not required to accept UM at this coverage limit. You may select a greater coverage limit, but the coverage limit you select may not be greater than limits of your Bodily Injury Liability Coverage. Alternatively, you may reject UM in its entirety. There is an additional charge for the purchase of UM.

Underinsured Motorists Coverage (UIM) 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. You may purchase UIM with a coverage limit that is not less than \$20,000 each person and (subject to the each person limit) \$40,000 each accident, and not greater than limits of your Bodily Injury Liability Coverage. Alternatively, you may reject UIM in its entirety. There is an additional charge for the purchase of UIM.

The UM and UIM provided in the policy may be selected on a stacked or non-stacked basis. For UM coverage, the stacking feature 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 on a stacked limits basis for \$50,000 and insure three autos under your policy, your total available UM coverage is three times \$50,000, or \$150,000. UIM on a stacked limits basis applies in the same way and, as optional coverage, it may be selected or rejected by checking the appropriate box below. There is an additional per vehicle charge for the purchase of UM and/or UIM 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 effectiveness of stacked versus non-stacked coverage for levels of UM or UIM of interest to you, 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 limits of my Bodily Injury Liability Coverage (please select one Split Limits UM option OR one Combined Single Limit UM 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 limits of my Bodily Injury Liability Coverage (please select one Split Limits UM option OR one Combined Single Limit UM option):

<u>Split Limits UM</u>	Premium*		OR	<u>Combined Single Limit UM</u>	Premium*	
	<u>Stacked</u>	<u>Non-stacked</u>			<u>Stacked</u>	<u>Non-stacked</u>
<input type="checkbox"/> 20,000/40,000	\$ _____	\$ _____		<input type="checkbox"/> 40,000	\$ _____	\$ _____
<input type="checkbox"/> 25,000/50,000	_____	_____		<input type="checkbox"/> 50,000	_____	_____
<input type="checkbox"/> 35,000/70,000	_____	_____		<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"/> 2,000,000/2,000,000	_____	_____				
<input type="checkbox"/> 2,500,000/2,500,000	_____	_____				
<input type="checkbox"/> 5,000,000/5,000,000	_____	_____				
<input type="checkbox"/> 10,000,000/10,000,000	_____	_____				

**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 \$20,000 each person and (subject to the each person limit) \$40,000 each accident or \$40,000 each accident (combined single limit), and not greater than the limits of my Bodily Injury Liability Coverage (please select one Split Limits UIM option OR one Combined Single Limit UIM option):

**OR**

rejects Stacked Underinsured Motorists (UIM) Coverage and selects **Non-Stacked** UIM Coverage with the following coverage limit, which is not less than \$20,000 each person and (subject to the each person limit) \$40,000 each accident or \$40,000 each accident (combined single limit), and not greater than the limits of my Bodily Injury Liability Coverage (please select one Split Limits UIM option OR one Combined Single Limit UIM option):

Split Limits UIM	Premium*		OR	Combined Single Limit UIM	Premium*	
	<u>Stacked</u>	<u>Non-stacked</u>			<u>Stacked</u>	<u>Non-stacked</u>
<input type="checkbox"/> 20,000/40,000	\$ _____	\$ _____		<input type="checkbox"/> 40,000	\$ _____	\$ _____
<input type="checkbox"/> 25,000/50,000	_____	_____		<input type="checkbox"/> 50,000	_____	_____
<input type="checkbox"/> 35,000/70,000	_____	_____		<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	_____	_____				

- [ ] 2,000,000/2,000,000      \_\_\_\_\_
- [ ] 2,500,000/2,500,000      \_\_\_\_\_
- [ ] 5,000,000/5,000,000      \_\_\_\_\_
- [ ] 10,000,000/10,000,000    \_\_\_\_\_

\* 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 states in which the vehicles are garaged and/or registered, 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