

SUPPLEMENTARY APPLICATION FOR UNINSURED MOTORISTS AND UNDERINSURED MOTORISTS COVERAGES

Named Insured	Agency/Producer
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This form does not provide coverage nor does it replace any provisions of your policy. Please read your policy for complete information on the coverages you are provided. If there is any conflict between the policy and this form, the provisions of the policy shall prevail.

Uninsured Motorists Coverage and Underinsured Motorists coverage are required coverages that are available to you. They are separate and distinct coverages that may be purchased independently. Both of these coverages, as well as the options pertaining to them, are explained below.

Please carefully review the descriptions of the coverages and options and make your selections or rejections in the appropriate places on the following pages. Importantly, Hawaii law requires that your policy include Uninsured Motorists Coverage, Underinsured Motorists Coverage, and the options unless you properly reject these coverages and options in writing.

Please contact your agent if you have any questions.

Uninsured Motorists And Underinsured Motorists Coverages Defined

Uninsured Motorists Coverage pays, up to the limits of coverage, damages to covered persons who are legally entitled to recover as a result of bodily injuries or death caused by owners or operators of uninsured or unidentified motor vehicles. For example, if an occupant of your covered vehicle is injured in an accident caused by a driver of a vehicle that has no insurance, the occupant may be entitled to recover damages for bodily injury if you have Uninsured Motorists Coverage under your policy.

Underinsured Motorists Coverage pays, up to the limits of coverage, damages to covered persons who are legally entitled to recover as a result of bodily injuries or death caused by owners or operators of vehicles that are insured at limits lower than the amounts to which the covered persons are legally entitled. For example, if an occupant of your covered vehicle is injured in an accident caused by a driver of a vehicle that is insured at limits less than the amount to which the occupant is legally entitled, the occupant may be entitled to recover damages for bodily injury if you have Underinsured Motorists Coverage under your policy.

If you are an individual named insured (but not a corporation, partnership, limited liability company, or similar business organization) then you and your spouse, relatives and reciprocal beneficiary residing in your household may also be entitled to Uninsured Motorists Coverage or Underinsured Motorists Coverage, even when not occupying a covered vehicle, if such person sustains bodily injury or death caused by an uninsured or underinsured motor vehicle.

If you are a corporation, partnership, limited liability company, or similar business organization, then only the occupants of your covered vehicle may be entitled to Uninsured Motorists Coverage or Underinsured Motorists Coverage if such occupants sustain bodily injury caused by an uninsured or underinsured motor vehicle.

Both Uninsured Motorists Coverage and Underinsured Motorists Coverage **do not** pay for property damage.

You may select Uninsured Motorists Coverage and/or Underinsured Motorists Coverage along with the following options:

Option 1 – The option to select stacked Uninsured Motorists Coverage and/or Underinsured Motorists Coverage.

Under the stacked option, the per-person and per-accident limits applicable to each vehicle insured under your policy are added together, and the sum of the limits will be the maximum per-person and per-accident limits that will be available to covered persons legally entitled to recover damages from owners or operators of uninsured or underinsured motor vehicles. If you **do not** have the stacked option, then the maximum per person and per-accident limits available for any one accident will be only the limits for any **one** vehicle, regardless of the number of vehicles insured under the policy.

For example, if two vehicles are insured under your policy and you have Uninsured Motorists Coverage at minimum limits with the stacked option, the maximum amount of Uninsured Motorists Coverage available to covered persons will be \$40,000 per person (\$20,000 x 2 vehicles) with an aggregate limit of \$80,000 per accident (\$40,000 x 2 vehicles).

However, if two vehicles are insured under your policy and you have Uninsured Motorists Coverage at minimum limits without the stacked option, the maximum amount of Uninsured Motorists Coverage available to covered persons will be \$20,000 per person with an aggregate limit of \$40,000 per accident.

Option 2 – The option to select Uninsured Motorists Coverage and/or Underinsured Motorists Coverage with limits up to but not greater than the Bodily Injury Liability Coverage limits under your policy.

For example, if you have Bodily Injury Liability Coverage limits of \$100,000 per person and \$300,000 per accident, you may select Uninsured Motorists Coverage and/or Underinsured Motorists Coverage with limits up to but not greater than \$100,000 per person and \$300,000 per accident.

Premium Tables

This section displays the Premium Tables for Uninsured Motorists Coverage and Underinsured Motorists Coverage. Examples of premium determination for non-stacked and stacked coverage and the option to select limits up to but not greater than your Bodily Injury Liability Coverage limits are provided.

Table 1. Uninsured Motorists Premium Table For All Risks Except Those Qualifying For Table 3*							
Limit Options (Per Person / Per Accident)	Non-Stacked Premium Per Auto	Stacked					
		Premium Per Auto Based On Total Number Of Autos					
		1	2 to 4	5 to 9	10 to 20	21 to 40	Over 40
\$20,000 / \$40,000	\$11	\$11	\$14	\$16	\$19	\$20	\$21
\$50,000 / \$100,000	16	16	20	23	28	29	31
\$100,000 / \$300,000	21	21	27	31	37	39	41
\$250,000 / \$500,000	22	22	28	32	39	41	43
\$300,000 / \$300,000**	23	23	29	33	39	41	43
\$300,000 / \$600,000**	24	24	30	35	41	43	45
\$500,000 / \$500,000**	24	24	31	36	42	44	47
\$500,000 / \$1,000,000**	26	26	33	37	44	47	49
\$1,000,000, / \$1,000,000**	28	28	36	41	48	51	53

Table 2. Underinsured Motorists Premium Table For All Risks Except Those Qualifying For Table 3*							
Limit Options	Non-Stacked	Stacked					
(Per Person / Per Accident)	Premium Per Auto	Premium Per Auto Based On Total Number Of Autos					
		1	2 to 4	5 to 9	10 to 20	21 to 40	Over 40
\$20,000 / \$40,000	\$25	\$25	\$30	\$34	\$37	\$41	\$43
\$50,000 / \$100,000	37	37	44	50	54	60	63
\$100,000 / \$300,000	48	48	58	66	71	79	83
\$250,000 / \$500,000	51	51	61	69	75	83	87
\$300,000 / \$300,000**	51	51	62	70	76	84	88
\$300,000 / \$600,000**	54	54	65	73	80	89	93
\$500,000 / \$500,000**	56	56	67	75	82	91	95
\$500,000 / \$1,000,000**	58	58	70	79	86	96	100
\$1,000,000, / \$1,000,000**	64	64	76	86	94	104	109

Table 3. Premium Table For Private Passenger Autos Owned By Individual Named Insureds With Less Than Five Vehicles And Rated Under The Safe Driver Insurance Plan*						
Limit Options	Uninsured Motorists Coverage			Underinsured Motorists Coverage		
	Non-Stacked		Stacked	Non-Stacked		Stacked
(Per Person / Per Accident)	First Auto	Each Additional Auto	Each Auto	First Auto	Each Additional Auto	Each Auto
\$20,000 / \$40,000	\$66	\$56	\$66	\$71	\$56	\$71
\$50,000 / \$100,000	87	74	87	94	73	94
\$100,000 / \$300,000	106	90	106	114	89	114
\$250,000 / \$500,000	114	96	114	122	95	122
\$300,000 / \$300,000**	109	92	109	117	91	117
\$300,000 / \$600,000**	125	106	125	135	105	135
\$500,000 / \$500,000**	125	106	125	135	105	135
\$500,000 / \$1,000,000**	134	114	134	144	112	144
\$1,000,000, / \$1,000,000**	160	136	160	172	113	172

* The premiums shown in these Premium Tables are standard premiums for First Insurance Company of Hawaii, Ltd. And **do not** reflect any rating factors, company deviations or rating plans that may be applied to determine your actual premium. Please contact your agent for information on other limit options that may be available subject to company approval.

** These options are subject to Company approval.

A. Explanation of Premiums

The Premium tables show premiums for limit options for **non-stacked** and **stacked** coverages.

Premium Determination For Tables 1 and 2:

The **non-stacked** premium is the same for each vehicle insured under your policy.

The **stacked** premium for each vehicle is dependent upon the total number of vehicles insured under your policy. For example, for 2 vehicles at limits of \$20,000 / \$40,000, the Uninsured Motorists Coverage stacked premium for each vehicle is \$14, which is derived from the “2 to 4” category under “Premium Per Auto Based On Total Number Of Autos” on Table 1.

Premium Determination For Table 3:

There are two categories of **non-stacked** premiums. For a single vehicle policy, the “First Auto” premium applies. If more than one vehicle is insured under your policy, the “First Auto” premium applies to the first vehicle and the “Each Additional Auto” premium applies to each vehicle in excess of one.

The **stacked** premium applies to each vehicle insured on your policy.

B. Considerations In Determining Whether To Select Stacked or Non-stacked Coverage

If more than one vehicle is insured under your policy, you should decide on the coverage limit that you want before you make your selection and consider the options for obtaining coverage in that amount.

For example, if two (2) vehicles are insured under your policy and you want Uninsured Motorists Coverage in the amount of \$100,000 per person, you can obtain coverage in that amount in two different ways:

1. You can select the per person / per accident limits of \$100,00 / \$300,000, reject stacked coverage and select non-stacked coverage (see example A below); or
2. You can select the per person / per accident limits of \$50,000 / \$100,000, select stacked coverage (see example B below).

Example	Coverage	Limits (Per Person / Per Accident)	No. of Vehicles	Maximum Amount of Coverage Available (Per Person / Per Accident)	Premium
A	Non - Stacked	\$100,000 / \$300,000	2	\$100,000 / 300,000	\$21 + \$21 = \$42
B	Stacked	\$50,000 / \$100,000	2	\$100,000 / \$200,000 (\$50,000 / \$100,000 + \$50,000 / \$100,000)	\$20 + \$20 = \$40

Importantly, as these examples demonstrate, while you may obtain the \$100,000 per person limit by selecting the \$50,000 per person limit and selecting stacked coverage, the maximum per accident limit will not be the same. In the above example, selecting a \$50,000 per person limit and non-stacked coverage will result in a \$300,000 per accident limit.

There are several important points to take into consideration in deciding whether to select **stacked** coverage.

- It is not always possible to select lower limits for Uninsured Motorists Coverage and Underinsured Motorists Coverage that, when stacked, will be equivalent to both the per-person and per-accident limits for Bodily Injury Liability Coverage because only specific limit options are available.
- The examples shown above are just two examples of stacked and non-stacked coverage for a policy that insures two vehicles. Your circumstances may differ and you should consider the various options based on the coverage you desire and the number of vehicles you insure under your policy.
- In certain circumstances, your selection of higher limits with non-stacked coverage may result in a higher premium than lower limits with stacked coverage.
- If you have the stacked option, the maximum amount of available coverage will increase if you add vehicles or decrease if you delete vehicles.

C. Considerations In Determining The Option To Select Limits Up To But Not greater Than Your Bodily injury Liability Coverage Limits

The limits you select for Uninsured Motorists Coverage and/or Underinsured Motorists Coverage may be up to but not greater than the Bodily Injury Liability Coverage limits under your policy.

For example, if your policy insures one vehicle, you have Bodily Injury Liability Coverage limits of \$100,000 per person and \$300,000 per accident, and you have selected **non-stacked** Uninsured Motorists Coverage, you may select **one** of the limit options below for Uninsured Motorists Coverage.

- You may select limits equal to your Bodily Injury Liability Coverage limits (see Example A below);
- You may reject limits equal to your Bodily Injury Liability Coverage limits and specifically select limits lower than your Bodily Injury Liability Coverage, but higher than the minimum limits of \$20,000 per person and \$40,000 per accident. For example, you could decide to select limits of \$50,000 per person and \$100,000 per accident (see example B below); or
- You may reject all limits greater than the minimum limits of \$20,000 per person and \$40,000 per accident and select the minimum \$20,000 per person and \$40,000 per accident limits. (see example C below).

Example	Coverage	No. of Vehicles	Bodily Injury Liability Coverage Limits (Per Person / Per Accident)	Selected Uninsured Motorists Coverage Limits Up To But Not Greater Than Bodily Injury Liability Coverage Limits (Per Person / Per Accident)	Premium
A	Non - Stacked	1	\$100,000 / \$300,000	\$100,000 / \$300,000	\$21
B	Non - Stacked	1	\$100,000 / \$300,000	\$50,000 / \$100,000	\$16
C	Non - Stacked	1	\$100,000 / \$300,000	\$20,000 / \$40,000	\$11

To maximize your Uninsured Motorists Coverage and Underinsured Motorists Coverage, you should consider selecting the **stacked** option with **limits equal to your Bodily injury liability Coverage limits.**

SELECTION FORM A

Selection Or Rejection Of Uninsured Motorists Coverage And/Or Underinsured Motorists Coverage

SELECTION FORM A - Please complete this form if you want to select or reject Uninsured Motorists Coverage and/or Underinsured Motorists coverage.

You may select Uninsured Motorists Coverage and/or Underinsured Motorists Coverage by checking the first box in Table A.1 and/or Table A.2. and by signing where indicated. Or, you may reject Uninsured Motorists Coverage and/or Underinsured Motorists Coverage by checking the second box in table A.1 and/or Table A.2. and by signing where indicated.

If you select any of these coverages, your selection of that coverage will also apply to all subsequent renewal or replacement policies and we are not required to provide you with further offers with any renewal or replacement policy. If you reject any of these coverages, your rejection of that coverage will also apply to all subsequent renewal or replacement policies and we are not required to provide you with further offers with any renewal or replacement policy. If you **do not** select or reject any of these coverages, your policy and all subsequent renewal or replacement policies will be issued with these coverages.

Table A. 1. Selection Or Rejection Of Uninsured Motorists Coverage

- ☐ I select Uninsured Motorists Coverage under my policy and all subsequent renewal or replacement policies.
- ☐ I reject Uninsured Motorists Coverage under my policy and all subsequent renewal or replacement policies.

I acknowledge that I was provided with an explanation of the coverages and the premiums for the available limits and coverage options.

Name of Business (Please Print)

Signature

Policy Number

Name (Please Print)

Date

Title

- Notes:**
- 1) If you **do not** check a box or you **do not** sign your name in Table A.1.above, your policy and all subsequent renewal or replacement policies will be issued with Uninsured Motorists Coverage.
 - 2) If you have selected Uninsured Motorists Coverage by checking the first box and by signing your name in Table A.1., please complete Table B.1 and Table C.1.
 - 3) If you have rejected Uninsured Motorists Coverage by checking the second box and by signing your name in Table A.1., please disregard Table B.1 and Table C.1.

Table A. 2. Selection Or Rejection Of Underinsured Motorists Coverage☐

I select Underinsured Motorists Coverage under my policy and all subsequent renewal or replacement policies.

☐

I reject Underinsured Motorists Coverage under my policy and all subsequent renewal or replacement policies.

I acknowledge that I was provided with an explanation of the coverages and the premiums for the available limits and coverage options.

Name of Business (Please Print)

Signature

Policy Number

Name (Please Print)

Date

Title

- Notes:** 1) If you **do not** check a box or you **do not** sign your name in Table A.2.above, your policy and all subsequent renewal or replacement policies will be issued with Underinsured Motorists Coverage.
- 2) If you have selected Underinsured Motorists Coverage by checking the first box and by signing your name in Table A.2., please complete Table B.2 and Table C.2.
- 3) If you have rejected Underinsured Motorists Coverage by checking the second box and by signing your name in Table A.2., please disregard Table B.2 and Table C.2.

SELECTION FORM B**Selection Or Rejection Of Stacked Uninsured Motorists Coverage And/Or Stacked Underinsured Motorists Coverage**

SELECTION FORM B - Please complete this form if you want to select or reject **stacked** Uninsured Motorists Coverage and/or Underinsured Motorists coverage.

You may select the **stacked** option by checking the first box in Table B.1.and/or Table B.2. and by signing where indicated. Or, you may reject this option by checking the second box in Table B.1 and/or Table B.2 and by signing where indicated.

If you select **stacked** Uninsured Motorists Coverage and/or Underinsured Motorists Coverage, your selection of **stacked** coverage will also apply to all subsequent renewal or replacement policies and we are not required to provide you with further offers with any renewal or replacement policy. If you reject **stacked** Uninsured Motorists Coverage and/or Underinsured Motorists Coverage, your rejection of **stacked** coverage will also apply to all subsequent renewal or replacement policies and we are not required to provide you with further offers with any renewal or replacement policy. If you **do not** select or reject **stacked** Uninsured Motorists Coverage and/or Underinsured Motorists Coverage, your policy and all subsequent renewal or replacement policies will be issued with **stacked** coverages.

Table B. 1. Selection Or Rejection Of Stacked Uninsured Motorists Coverage

☐ I select **stacked** Uninsured Motorists Coverage under my policy and all subsequent renewal or replacement policies.

☐ I reject **stacked** Uninsured Motorists Coverage under my policy and all subsequent renewal or replacement policies and select **non-stacked** coverage.

I acknowledge that I was provided with an explanation of these options and the premiums for **stacked** and **non-stacked** coverage.

Name of Business (Please Print)

Signature

Policy Number

Name (Please Print)

Date

Title

Notes: 1) If you **do not** check a box or you **do not** sign your name in Table B.1.above, your policy and all subsequent renewal or replacement policies will be issued with **stacked** Uninsured Motorists Coverage.

Table B. 2. Selection Or Rejection Of Stacked Underinsured Motorists Coverage

☐ I select **stacked** Underinsured Motorists Coverage under my policy and all subsequent renewal or replacement policies.

☐ I reject **stacked** Underinsured Motorists Coverage under my policy and all subsequent renewal or replacement policies and select **non-stacked** coverage.

I acknowledge that I was provided with an explanation of these options and the premiums for **stacked** and **non-stacked** coverage.

Name of Business (Please Print)

Signature

Policy Number

Name (Please Print)

Date

Title

Notes: 1) If you **do not** check a box or you **do not** sign your name in Table B.2.above, your policy and all subsequent renewal or replacement policies will be issued with **stacked** Underinsured Motorists Coverage.

SELECTION FORM C
Selection Of Uninsured Motorists Coverage And/Or
Underinsured Motorists Coverage With Limits
Up To But Not Greater Than Your Bodily Injury Liability Coverage Limits

SELECTION FORM C - Please complete this form if you want to select or reject Uninsured Motorists Coverage and/or Underinsured Motorists coverage with limits equal to your Bodily Injury Liability Coverage limits, or to instead select limits that are lower than your Bodily Injury Liability Coverage limits.

Under this option, you may select **one** of the limit options below for Uninsured Motorists Coverage and/or Underinsured Motorists Coverage:

- You may select limits equal to your Bodily Injury Liability Coverage limits by checking the first box in Table C.1. and/or Table C.2 and by signing where indicated.
- You may reject limits equal to your Bodily Injury Liability Coverage limits and specifically select limits lower than your Bodily Injury Liability Coverage, but higher than the minimum limits of \$20,000 per person and \$40,000 per accident by checking the second box in Table C.1. and/or Table C.2 by checking one of the limit option boxes, and by signing where indicated.
- You may reject all limits greater than the minimum limits of \$20,000 per person and \$40,000 per accident, and select the minimum \$20,000 per person and \$40,000 per accident limits by checking the third box in Table C.1. and/or Table C.2 and by signing where indicated.

The limits you select for Uninsured Motorists Coverage and/or Underinsured Motorists Coverage cannot be higher than your Bodily Injury Coverage limits and will also apply to all subsequent renewal or replacement policies. We are not required to provide you with further offers with any renewal or replacement policy.

Table C. 1. Selection Of Uninsured Motorists Coverage Limits Up To But Not Greater Than Your Bodily Injury Liability Coverage Limits

- ☐ I select the option to have Uninsured Motorists Coverage limits equal to the Bodily Injury Liability Coverage limits under my policy and all subsequent renewal or replacement policies.
- ☐ I reject limits equal to the Bodily Injury Liability Coverage limits under my policy and select the option to have Uninsured Motorists Coverage limits lower than my Bodily Injury Liability Coverage limits but greater than the minimum limits of \$20,000 per person and \$40,000 per accident. I have checked one of the boxes below for Uninsured Motorists Coverage limits to be applied to my policy and all subsequent renewal or replacement policies.
- | | |
|---|---|
| <input type="checkbox"/> \$50,000 per person / \$100,000 per accident | <input type="checkbox"/> \$300,000 per person / \$600,000 per accident* |
| <input type="checkbox"/> \$100,000 per person / \$300,000 per accident | <input type="checkbox"/> \$500,000 per person / \$500,000 per accident* |
| <input type="checkbox"/> \$250,000 per person / \$500,000 per accident | <input type="checkbox"/> \$500,000 per person / \$1,000,000 per accident* |
| <input type="checkbox"/> \$300,000 per person / \$300,000 per accident* | <input type="checkbox"/> \$1,000,000 per person / \$1,000,000 per accident* |
- ☐ I reject all limits greater than the minimum limits of \$20,000 per person and \$40,000 per accident. I Understand that by checking this box I am selecting the minimum limit of \$20,000 per person and \$40,000 per accident for Uninsured Motorists Coverage to be applied to my policy and all subsequent renewal or replacement policies.

I acknowledge that I was provided with an explanation of these options and the premiums for the available limit options.**

Name of Business (Please Print)

Signature

Policy Number

Name (Please Print)

Date

Title

* These options are subject to company approval.

** Contact your agent for other limit options that may be available subject to Company approval.

Notes: 1) If you **do not** check one of the three boxes or you **do not** sign your name in Table C.1., your policy and all subsequent renewal or replacement policies will be issued with Uninsured Motorists Coverage limits equal to your Bodily Injury Liability Coverage limits.

2) If you check the second box in table C.1. but you **do not** check one of the limit option boxes, your policy and all subsequent renewal or replacement policies will be issued with Uninsured Motorists Coverage limits equal to your Bodily Injury Liability Coverage limits.

3) If you select limits that exceed the limits of your Bodily Injury liability Coverage, your policy and all subsequent renewal or replacement policies will be issued with Uninsured Motorists Coverage limits equal to your Bodily Injury Liability Coverage limits.

Table C. 2. Selection Of Underinsured Motorists Coverage Limits Up To But Not Greater Than Your Bodily Injury Liability Coverage Limits

- ☐ I select the option to have Underinsured Motorists Coverage limits equal to the Bodily Injury Liability Coverage limits under my policy and all subsequent renewal or replacement policies.
- ☐ I reject limits equal to the Bodily Injury Liability Coverage limits under my policy and select the option to have Under insured Motorists Coverage limits lower than my Bodily Injury Liability Coverage limits but greater than the minimum limits of \$20,000 per person and \$40,000 per accident. I have checked one of the boxes below for Underinsured Motorists Coverage limits to be applied to my policy and all subsequent renewal or replacement policies.
- | | |
|---|---|
| <input type="checkbox"/> \$50,000 per person / \$100,000 per accident | <input type="checkbox"/> \$300,000 per person / \$600,000 per accident* |
| <input type="checkbox"/> \$100,000 per person / \$300,000 per accident | <input type="checkbox"/> \$500,000 per person / \$500,000 per accident* |
| <input type="checkbox"/> \$250,000 per person / \$500,000 per accident | <input type="checkbox"/> \$500,000 per person / \$1,000,000 per accident* |
| <input type="checkbox"/> \$300,000 per person / \$300,000 per accident* | <input type="checkbox"/> \$1,000,000 per person / \$1,000,000 per accident* |
- ☐ I reject all limits greater than the minimum limits of \$20,000 per person and \$40,000 per accident. I Understand that by checking this box I am selecting the minimum limit of \$20,000 per person and \$40,000 per accident for Underinsured Motorists Coverage to be applied to my policy and all subsequent renewal or replacement policies.

I acknowledge that I was provided with an explanation of these options and the premiums for the available limit options.**

Name of Business (Please Print)

Signature

Policy Number

Name (Please Print)

Date

Title

* These options are subject to company approval.

** Contact your agent for other limit options that may be available subject to Company approval.

Notes: 1) If you **do not** check one of the three boxes or you **do not** sign your name in Table C.2., your policy and all subsequent renewal or replacement policies will be issued with Underinsured Motorists Coverage limits equal to your Bodily Injury Liability Coverage limits.

2) If you check the second box in table C.2. but you **do not** check one of the limit option boxes, your policy and all subsequent renewal or replacement policies will be issued with Underinsured Motorists Coverage limits equal to your Bodily Injury Liability Coverage limits.

3) If you select limits that exceed the limits of your Bodily Injury liability Coverage, your policy and all subsequent renewal or replacement policies will be issued with Underinsured Motorists Coverage limits equal to your Bodily Injury Liability Coverage limits.