

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 60 HI (2010/07)	Hawaii Auto Supplement	<p>The title of the form. ACORD 60 HI, Hawaii Auto Supplement, complies with Hawaii law. The law requires that every applicant for auto insurance must be provided with information about:</p> <ul style="list-style-type: none"> * Bodily Injury Liability and Property Damage Liability, Split Limits or Single (Combined) Limits * UM and UIM basic limits and coverage options * Stacking of coverages, and the option of selecting stacked or non-stacked coverages * Personal Injury Protection coverages and Added PIP coverage options * Physical Damage deductibles <p>Use this form with ACORD 90 HI and all commercial auto applications.</p>
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
SPLIT LIMITS	Bodily Injury \$20,000/\$40,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected Bodily Injury Limits of \$20,000/\$40,000.

Section Name	Field Name	Field and/or Section Description
SPLIT LIMITS	Bodily Injury \$50,000/\$100,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected Bodily Injury Limits of \$50,000/\$100,000
SPLIT LIMITS	Bodily Injury \$100,000/\$300,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected Bodily Injury Limits of \$100,000/\$300,000
SPLIT LIMITS	Bodily Injury \$300,000/\$300,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected Bodily Injury Limits of \$300,000/\$300,000
SPLIT LIMITS	Bodily Injury Fill in amount	Initial here: The named insured's initials. As used here, indicates the named insured has selected Bodily Injury Limits of Limits other than those listed.
SPLIT LIMITS	\$ Bodily Injury Amount	Enter limit: The vehicle policy, bodily injury per person limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
SPLIT LIMITS	\$ Bodily Injury Amount	Enter limit: The vehicle policy, bodily injury per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
SPLIT LIMITS	Bodily Injury Premium	Enter amount: The vehicle policy, bodily injury per accident premium amount.
SPLIT LIMITS	Bodily Injury Premium	Enter amount: The vehicle policy, bodily injury per accident premium amount.
SPLIT LIMITS	Bodily Injury Premium	Enter amount: The vehicle policy, bodily injury per accident premium amount.
SPLIT LIMITS	Bodily Injury Premium	Enter amount: The vehicle policy, bodily injury per accident premium amount.
SPLIT LIMITS	Bodily Injury Premium	Enter amount: The vehicle policy, bodily injury per accident premium amount.
SPLIT LIMITS	Property Damage \$10,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected the Property Damage Limit of \$10,000
SPLIT LIMITS	Property Damage \$15,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected the Property Damage Limit of \$15,000
SPLIT LIMITS	Property Damage \$20,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected the Property Damage Limit of \$20,000
SPLIT LIMITS	Property Damage \$30,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected the Property Damage Limit of \$30,000
SPLIT LIMITS	Property Damage \$50,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected the Property Damage Limit of \$50,000
SPLIT LIMITS	Property Damage Fill in Amount	Initial here: The named insured's initials. As used here, indicates the named insured has selected the Property Damage Limit of Limits other than those listed.
SPLIT LIMITS	\$ Property Damage Amount	Enter limit: The vehicle policy, property damage per accident limit amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
SPLIT LIMITS	Property Damage Premium	Enter amount: The property damage premium amount.
SPLIT LIMITS	Property Damage Premium	Enter amount: The property damage premium amount.

Section Name	Field Name	Field and/or Section Description
SPLIT LIMITS	Property Damage Premium	Enter amount: The property damage premium amount.
SPLIT LIMITS	Property Damage Premium	Enter amount: The property damage premium amount.
SPLIT LIMITS	Property Damage Premium	Enter amount: The property damage premium amount.
SPLIT LIMITS	Property Damage Premium	Enter amount: The property damage premium amount.
SINGLE LIMITS	Single Limits \$50,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected a Single Limit of \$50,000
SINGLE LIMITS	Single Limits \$115,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected a Single Limit of \$115,000
SINGLE LIMITS	Single Limits \$320,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected a Single Limit of \$320,000
SINGLE LIMITS	Single Limits Fill in Amount	Initial here: The named insured's initials. As used here, indicates the named insured has selected a Single Limit other than those listed.
SINGLE LIMITS	\$ Single Limits Amount	Enter limit: The vehicle combined single limit liability each accident amount. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
SINGLE LIMITS	Single Limits Premium	Enter amount: The vehicle combined single limit liability premium amount.
SINGLE LIMITS	Single Limits Premium	Enter amount: The vehicle combined single limit liability premium amount.
SINGLE LIMITS	Single Limits Premium	Enter amount: The vehicle combined single limit liability premium amount.
SINGLE LIMITS	Single Limits Premium	Enter amount: The vehicle combined single limit liability premium amount.
UM &UIM COVERAGE SELECTION / REJECTION	Reject Both UM &UIM Coverages	Initial here: The named insured's initials. As used here, indicates the named insured rejects both UM and UIM coverages.
UM &UIM COVERAGE SELECTION / REJECTION	Reject UM Coverage only, and select UIM Coverage	Initial here: The named insured's initials. As used here, indicates the named insured rejects UM coverage only, and selects UIM coverage.
UM &UIM COVERAGE SELECTION / REJECTION	Reject UIM Coverage only, and select UM Coverage	Initial here: The named insured's initials. As used here, indicates the named insured rejects UIM coverage only, and selects UM coverage.
UM SPLIT LIMITS SELECTION	Uninsured Motorists Split Limits of \$20,000-\$40,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected Uninsured Motorists Split Limits of \$20,000-\$40,000.
UM SPLIT LIMITS SELECTION	Uninsured Motorists Split Limits Premium	Enter amount: The uninsured motorist split limit premium amount.
UM SPLIT LIMITS SELECTION	Uninsured Motorists Split Limits of \$50,000-\$100,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected Uninsured Motorists Split Limits of \$50,000-\$100,000.
UM SPLIT LIMITS SELECTION	Uninsured Motorists Split Limits Premium	Enter amount: The uninsured motorist split limit premium amount.
UM SPLIT LIMITS SELECTION	Uninsured Motorists Split Limits of \$100,000-\$300,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected Uninsured Motorists Split Limits of \$100,000-\$300,000.

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UM SPLIT LIMITS SELECTION	Uninsured Motorists Split Limits Premium	Enter amount: The uninsured motorist split limit premium amount.
UM SPLIT LIMITS SELECTION	Uninsured Motorists Split Limits of \$300,000-\$300,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected Uninsured Motorists Split Limits of \$300,000-\$300,000.
UM SPLIT LIMITS SELECTION	Uninsured Motorists Split Limits Premium	Enter amount: The uninsured motorist split limit premium amount.
UM SPLIT LIMITS SELECTION	Uninsured Motorists Split Limits Other	Initial here: The named insured's initials. As used here, indicates the named insured has selected Uninsured Motorists Split Limits other than those listed.
UM SPLIT LIMITS SELECTION	Uninsured Motorists Split Limits Per Person Amount	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
UM SPLIT LIMITS SELECTION	Uninsured Motorists Split Limits Per Accident Amount	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
UM SPLIT LIMITS SELECTION	Uninsured Motorists Split Limits Premium	Enter amount: The uninsured motorist split limit premium amount.
UM SINGLE LIMITS SELECTION	Uninsured Single Limit of \$40,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected an Uninsured Single Limit of \$40,000.
UM SINGLE LIMITS SELECTION	Uninsured Single Limit Premium	Enter amount: The uninsured motorist combined single limit premium amount.
UM SINGLE LIMITS SELECTION	Uninsured Single Limit of \$100,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected an Uninsured Single Limit of \$100,000.
UM SINGLE LIMITS SELECTION	Uninsured Single Limit Premium	Enter amount: The uninsured motorist combined single limit premium amount.
UM SINGLE LIMITS SELECTION	Uninsured Single Limit of \$300,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected an Uninsured Single Limit of \$300,000.
UM SINGLE LIMITS SELECTION	Uninsured Single Limit Premium	Enter amount: The uninsured motorist combined single limit premium amount.
UM SINGLE LIMITS SELECTION	Uninsured Single Limit Other	Initial here: The named insured's initials. As used here, indicates the named insured has selected an Uninsured Motorists Single other than those listed.
UM SINGLE LIMITS SELECTION	Uninsured Single Limit Amount	Enter limit: The uninsured motorists combined single limit per accident limit amount.
UM SINGLE LIMITS SELECTION	Uninsured Single Limit Premium	Enter amount: The uninsured motorist combined single limit premium amount.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).

Section Name	Field Name	Field and/or Section Description
UIM SPLIT LIMITS SELECTION	Underinsured Motorists Split Limits of \$20,000-\$40,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected Underinsured Motorists Split Limits of \$20,000-\$40,000.
UIM SPLIT LIMITS SELECTION	Underinsured Motorists Split Limits Premium	Enter amount: The underinsured motorist split limit premium amount.
UIM SPLIT LIMITS SELECTION	Underinsured Motorists Split Limits of \$50,000-\$100,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected Underinsured Motorists Split Limits of \$50,000-\$100,000.
UIM SPLIT LIMITS SELECTION	Underinsured Motorists Split Limits Premium	Enter amount: The underinsured motorist split limit premium amount.
UIM SPLIT LIMITS SELECTION	Underinsured Motorists Split Limits of \$100,000-\$300,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected an Underinsured Motorists Split Limits of \$100,000-\$300,000.
UIM SPLIT LIMITS SELECTION	Underinsured Motorists Split Limits Premium	Enter amount: The underinsured motorist split limit premium amount.
UIM SPLIT LIMITS SELECTION	Underinsured Motorists Split Limits of \$300,000-\$300,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected Underinsured Motorists Split Limits of \$300,000-\$300,000.
UIM SPLIT LIMITS SELECTION	Underinsured Motorists Split Limits Premium	Enter amount: The underinsured motorist split limit premium amount.
UIM SPLIT LIMITS SELECTION	Underinsured Motorists Split Limits Other	Initial here: The named insured's initials. As used here, indicates the named insured has selected Underinsured Motorists Split Limits other than those listed.
UIM SPLIT LIMITS SELECTION	Underinsured Motorists Split Limits Per Person Amount	Enter limit: The underinsured motorists bodily injury per person limit. The use of this limit varies by state. In some states this may contain the combined single limit each accident amount
UIM SPLIT LIMITS SELECTION	Underinsured Motorists Split Limits Per Accident Amount	Enter limit: The underinsured motorists bodily injury per accident limit (in some states this may contain the underinsured motorists combined single per accident limit). The use of this limit varies by state.
UIM SPLIT LIMITS SELECTION	Underinsured Motorists Split Limits Premium	Enter amount: The underinsured motorist split limit premium amount.
UIM SINGLE LIMITS SELECTION	Underinsured Single Limit of \$40,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected an Underinsured Single Limit of \$40,000.
UIM SINGLE LIMITS SELECTION	Underinsured Single Limit Premium	Enter amount: The underinsured motorist combined single limit premium amount.
UIM SINGLE LIMITS SELECTION	Underinsured Single Limit of \$100,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected an Underinsured Single Limit of \$100,000.
UIM SINGLE LIMITS SELECTION	Underinsured Single Limit Premium	Enter amount: The underinsured motorist combined single limit premium amount.
UIM SINGLE LIMITS SELECTION	Underinsured Single Limit of \$300,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected an Underinsured Single Limit of \$300,000.

Section Name	Field Name	Field and/or Section Description
UIM SINGLE LIMITS SELECTION	Underinsured Single Limit Premium	Enter amount: The underinsured motorist combined single limit premium amount.
UIM SINGLE LIMITS SELECTION	Underinsured Single Limit Other	Initial here: The named insured's initials. As used here, indicates the named insured has selected an Underinsured Motorists Single other than those listed.
UIM SINGLE LIMITS SELECTION	Underinsured Single Limit Amount	Enter limit: The underinsured motorists combined single limit per accident limit amount.
UIM SINGLE LIMITS SELECTION	Underinsured Single Limit Premium	Enter amount: The underinsured motorist combined single limit premium amount.
STACKED OR NON-STACKED UM & UIM COVERAGE	Number of Cars 2 Factor	Enter rate: The factor associated with uninsured / underinsured motorists stacked coverage. As used here, the factor is there are 2 cars.
STACKED OR NON-STACKED UM & UIM COVERAGE	Number of Cars 3 Factor	Enter rate: The factor associated with uninsured / underinsured motorists stacked coverage. As used here, the factor is there are 3 cars.
STACKED OR NON-STACKED UM & UIM COVERAGE	Number of Cars 4 Factor	Enter rate: The factor associated with uninsured / underinsured motorists stacked coverage. As used here, the factor is there are 4 cars.
STACKED OR NON-STACKED UM & UIM COVERAGE	Number of Cars 5 Factor	Enter rate: The factor associated with uninsured / underinsured motorists stacked coverage. As used here, the factor is there are 5 cars.
STACKED OR NON-STACKED UM & UIM COVERAGE	Number of Cars 6-8 Factor	Enter rate: The factor associated with uninsured / underinsured motorists stacked coverage. As used here, the factor is there are 6-8 cars.
STACKED OR NON-STACKED UM & UIM COVERAGE	Non-Stacked	Check the box (if applicable): Indicates the uninsured / underinsured motorists coverage non-stacked.
STACKED OR NON-STACKED UM & UIM COVERAGE	Stacked	Check the box (if applicable): Indicates the uninsured / underinsured motorists coverage is stacked.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
ADDED PIP BENEFITS, ADDITIONAL MEDICAL EXPENSE	\$20,000 per person	Initial here: The named insured's initials. As used here, indicates the named insured has selected an APIP limit of \$20,000 per person.

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ADDED PIP BENEFITS, ADDITIONAL MEDICAL EXPENSE	\$30,000 per person	Initial here: The named insured's initials. As used here, indicates the named insured has selected an APIP limit of \$30,000 per person.
ADDED PIP BENEFITS, ADDITIONAL MEDICAL EXPENSE	\$50,000 per person	Initial here: The named insured's initials. As used here, indicates the named insured has selected an APIP limit of \$50,000 per person.
ADDED PIP BENEFITS, ADDITIONAL MEDICAL EXPENSE	APIP per person limit amount.	Initial here: The named insured's initials.
ADDED PIP BENEFITS, ADDITIONAL MEDICAL EXPENSE	\$ per person	Enter limit: The additional personal injury protection (APIP) additional medical expense limit amount.
WAGE LOSS BENEFITS	\$500 per month, \$3,000 maximum per accident	Initial here: The named insured's initials. As used here, indicates the named insured has selected Wage Loss Benefits of \$500 per month, \$3,000 maximum per accident.
WAGE LOSS BENEFITS	\$1,000 per month, \$6,000 maximum per accident	Initial here: The named insured's initials. As used here, indicates the named insured has selected Wage Loss Benefits of \$1,000 per month, \$6,000 maximum per accident.
WAGE LOSS BENEFITS	\$1,500 per month, \$9,000 maximum per accident	Initial here: The named insured's initials. As used here, indicates the named insured has selected Wage Loss Benefits of \$1,500 per month, \$9,000 maximum per accident.
WAGE LOSS BENEFITS	\$2,000 per month, \$12,000 maximum per accident	Initial here: The named insured's initials. As used here, indicates the named insured has selected Wage Loss Benefits of \$2,000 per month, \$12,000 maximum per accident.
WAGE LOSS BENEFITS	Wage Loss Benefits Other	Initial here: The named insured's initials. As used here, indicates the named insured has selected Wage Loss Benefits with limits other than those listed.
WAGE LOSS BENEFITS	Wage Loss Benefits \$ per month	Enter limit: The additional personal injury protection (APIP) work/wage loss per month limit amount.
WAGE LOSS BENEFITS	Wage Loss Benefits \$ maximum per accident	Enter limit: The additional personal injury protection (APIP) work/wage loss per accident limit amount.
DEATH BENEFITS	Death Benefit \$25,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected a Death Benefits limit of \$25,000.
DEATH BENEFITS	Death Benefit \$50,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected a Death Benefits limit of \$50,000.
DEATH BENEFITS	Death Benefit \$75,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected a Death Benefits limit of \$75,000.

Section Name	Field Name	Field and/or Section Description
DEATH BENEFITS	Death Benefit \$100,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected a Death Benefits limit of \$100,000.
DEATH BENEFITS	Death Benefit Other	Initial here: The named insured's initials. As used here, indicates the named insured has selected a Death Benefits limit other than those listed.
DEATH BENEFITS	Death Benefit Limit Amount	Enter limit: The additional personal injury protection (APIP) accidental death benefit limit amount.
FUNERAL EXPENSES	Funeral Expenses Limit \$2,000	Initial here: The named insured's initials. As used here, indicates the named insured has selected a Funeral Expenses Limit of \$2,000.
FUNERAL EXPENSES	Funeral Expenses Limit Other	Initial here: The named insured's initials. As used here, indicates the named insured has selected a Funeral Expenses Limit other than those listed.
FUNERAL EXPENSES	Funeral Expenses Limit	Enter limit: The limit amount for funeral expense benefit coverage.
ALTERNATIVE EXPENSES	Alternative Expense Maximum \$75 per visit, limit 30 visits	Initial here: The named insured's initials. As used here, indicates the named insured has selected an Alternative Expenses Maximum Limit of \$75 per visit, 30 visits.
ALTERNATIVE EXPENSES	Alternative Expense Maximum Other	Initial here: The named insured's initials. As used here, indicates the named insured has selected an Alternative Expenses Maximum Limit other than those listed.
ALTERNATIVE EXPENSES	Alternative Expense Maximum Per Visit Limit Amount	Enter limit: The alternate expense maximum per visit limit amount.
ALTERNATIVE EXPENSES	Visits	Enter number: The alternate expense maximum visits.
MANAGED CARE OPTION	A. I select this option	Initial here: The named insured's initials. As used here, indicates the named insured has selected managed care option through a health maintenance organization (HMO) or a preferred provider organization (PPO).
MANAGED CARE OPTION	B. I agree to a 10% copay, not to exceed \$10	Initial here: The named insured's initials. As used here, indicates the named insured has selected managed care option with a 10% copayment, not to exceed \$10.
MANAGED CARE OPTION	I agree to a 20% copay, not to exceed \$10	Initial here: The named insured's initials. As used here, indicates the named insured has selected managed care option with a 20% copayment, not to exceed \$10.
MANAGED CARE OPTION	I agree to a 30% copay, not to exceed \$10	Initial here: The named insured's initials. As used here, indicates the named insured has selected managed care option with a 30% copayment, not to exceed \$10.
MANAGED CARE OPTION	C. I agree to a \$100 deductible	Initial here: The named insured's initials. As used here, indicates the named insured agrees to a \$100 managed care option deductible.
MANAGED CARE OPTION	C. I agree to a \$300 deductible	Initial here: The named insured's initials. As used here, indicates the named insured agrees to a \$300 managed care option deductible.
MANAGED CARE OPTION	C. I agree to a \$500 deductible	Initial here: The named insured's initials. As used here, indicates the named insured agrees to a \$500 managed care option deductible.
MANAGED CARE OPTION	C. I agree to a \$1,000 deductible	Initial here: The named insured's initials. As used here, indicates the named insured agrees to a \$1,000 managed care option deductible.

Section Name	Field Name	Field and/or Section Description
PERSONAL INJURY PROTECTION CO-PAYMENT OPTION	I agree to a 10% co-payment option for PIP coverage	Initial here: The named insured's initials. As used here, indicates the named insured agrees to a Personal Injury Protection Co-payment option of 10%.
PERSONAL INJURY PROTECTION CO-PAYMENT OPTION	I agree to a 20% co-payment option for PIP coverage	Initial here: The named insured's initials. As used here, indicates the named insured agrees to a Personal Injury Protection Co-payment option of 20%.
PERSONAL INJURY PROTECTION CO-PAYMENT OPTION	I agree to a 30% co-payment option for PIP coverage	Initial here: The named insured's initials. As used here, indicates the named insured agrees to a Personal Injury Protection Co-payment option of 30%.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
PERSONAL INJURY PROTECTION DEDUCTIBLES	I agree to a deductible of \$100	Initial here: The named insured's initials. As used here, indicates the named insured agrees to a Personal Injury Protection Deductible of \$100.
PERSONAL INJURY PROTECTION DEDUCTIBLES	I agree to a deductible of \$300	Initial here: The named insured's initials. As used here, indicates the named insured agrees to a Personal Injury Protection Deductible of \$300.
PERSONAL INJURY PROTECTION DEDUCTIBLES	I agree to a deductible of \$500	Initial here: The named insured's initials. As used here, indicates the named insured agrees to a Personal Injury Protection Deductible of \$500.
PERSONAL INJURY PROTECTION DEDUCTIBLES	I agree to a deductible of \$1,000	Initial here: The named insured's initials. As used here, indicates the named insured agrees to a Personal Injury Protection Deductible of \$1,000.
PERSONAL INJURY PROTECTION DEDUCTIBLES	I agree to a deductible of fill in amount	Initial here: The named insured's initials. As used here, indicates the named insured agrees to a Personal Injury Protection Deductible other than those listed.
PERSONAL INJURY PROTECTION DEDUCTIBLES	PIP Deductible Amount	Enter deductible: The deductible amount for personal injury protection (PIP) coverage.
PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES	I select the following comprehensible deductible \$50	Initial here: The named insured's initials. As used here, indicates the named insured has selected a comprehensive deductible of \$50.

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PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES	I select the following comprehensive deductible \$100	Initial here: The named insured's initials. As used here, indicates the named insured has selected a comprehensive deductible of \$100.
PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES	I select the following comprehensive deductible \$250	Initial here: The named insured's initials. As used here, indicates the named insured has selected a comprehensive deductible of \$250.
PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES	I select the following comprehensive deductible \$500	Initial here: The named insured's initials. As used here, indicates the named insured has selected a comprehensive deductible of \$500.
PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES	I select the following comprehensive deductible \$1000	Initial here: The named insured's initials. As used here, indicates the named insured has selected a comprehensive deductible of \$1,000.
PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES	I select the following comprehensive deductible \$1500	Initial here: The named insured's initials. As used here, indicates the named insured has selected a comprehensive deductible of \$1,500.
PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES	I select the following comprehensive deductible \$2000	Initial here: The named insured's initials. As used here, indicates the named insured has selected a comprehensive deductible of \$2,000.
PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES	I select the following comprehensive deductible fill in amount	Initial here: The named insured's initials. As used here, indicates the named insured has selected a comprehensive deductible other than those listed.
PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES	Comprehensive Deductible Amount	Enter deductible: The comprehensive or other than collision deductible amount.
PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES	I select the following collision deductible \$50	Initial here: The named insured's initials. As used here, indicates the named insured has selected a collision deductible of \$50.

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PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES	I select the following collision deductible \$100	Initial here: The named insured's initials. As used here, indicates the named insured has selected a collision deductible of \$100.
PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES	I select the following collision deductible \$250	Initial here: The named insured's initials. As used here, indicates the named insured has selected a collision deductible of \$250.
PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES	I select the following collision deductible \$500	Initial here: The named insured's initials. As used here, indicates the named insured has selected a collision deductible of \$500.
PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES	I select the following collision deductible \$1000	Initial here: The named insured's initials. As used here, indicates the named insured has selected a collision deductible of \$1,000.
PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES	I select the following collision deductible \$1500	Initial here: The named insured's initials. As used here, indicates the named insured has selected a collision deductible of \$1,500.
PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES	I select the following collision deductible \$2000	Initial here: The named insured's initials. As used here, indicates the named insured has selected a collision deductible of \$2,000.
PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES	I select the following comprehensible deductible fill in amount	Initial here: The named insured's initials. As used here, indicates the named insured has selected a collision deductible other than those listed.
PHYSICAL DAMAGE COMPREHENSIVE & COLLISION DEDUCTIBLES	Collision Deductible Amount	Enter deductible: The collision deductible amount.
SIGNATURE	Applicants Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
EDITION	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).