AGENCY CUSTOMER ID:

HAWAII COMMERCIAL AUTO

DATE (MM/DD/YYYY)

		COV	ERAGES / LI		SECTION	V								
AGENCY				NAMEDI	NSURED(S)									
POLICY NUMBER			EFFECTIVE DATE	CARRIER	ł									NAIC CODE
DUCINECE ALIT	O CECTION													
BUSINESS AUTO					001/50					0.4104				
COVERAGES	COVERED AUTO SYMBOLS	BI	LIMITS		COVERA	AGES	COV	ERED	AUTO:	SYMBO	OLS		LIMIT	rs
	1 4 9	CSL EA PI	ER \$											
LIABILITY	2 7	BI EACH ACCIDENT	\$											
	3 8	PROPERTY DAMAGE	\$											
	5	\$ \$	DED CO PA	N %										
PERSONAL INJURY PROTECTION	7	MANAGED CARE OPTION	% DED \$						PHYSIC	AL DA	MAG	E		
		CO PAY OPTION			TOWING			3						
	5	ADD'L MED EXP \$	WAGE LOSS \$		& LABOR			7				\$		
ADDITIONAL P.I.P.	7	DTH BEN \$						2	4		8			
r.i.r.		FUN EXP \$		ALT EXP	COMP / OTC	;		3	7					
MEDICAL	2 4 8		•		SPECIFIED			2	4		8			
PAYMENTS	3 7	EACH PERSON	\$		CAUSES OF	LOSS		3	7					
UNINSURED MOT	2 6	CSL BI FA PI	=R \$					2	4		8			
STACKED	3 7	BI EACH ACCIDENT	\$		COLLISION			3	7					
NON-STKD	4													
UNDERINS MOT	2 6	CSL BI	ER \$											
STACKED	3 7	BI EACH ACCIDENT	\$											
NON-STKD	4	5.2.10.17.100.152.11.	•											
HIRED / BORROWED	YES STATES	COST OF HIRE	IF ANY BASIS			STATE	s	# DAY	/S	# VEH	1	COVERAGE	/ DEDI	JCTIBLE
LIABILITY	NO	\$	ii /ii(1 E/tole									COMP	\$	
	YES STATES	GROUP TYPE	NIIMRE	NUMBER OF HIRED								SPEC C OF L \$		
	NO	EMPLOYEES										l		
NON-OWNED LIABILITY				DAMAGE							COLL \$			
2.7.1512111		VOLUNTEERS					201/55	24051	0.		Τ,	PRIMARY SECONDARY		
COVERED (1) ANY	AUTO	PARTNERS (4) OWN	LED AUTOS OTHER T	HAN PRIVA	L TE PASSENGI		OVEF ONLY		S:	(7) \$	_	IFICALLY DE		
AUTO (2) OWN	NED AUTOS ONLY NED PRIVATE PASSENGER AU		IED AUTOS SUBJECT IED AUTOS SUBJECT			INCLIDED	MOTO	DICTO	. 1 0/0/			O AUTOS ONI OWNED AUT		
	S/REMARKS (ACOR									. ,			JS ON	LT
LINDOKSLINILINI	37 KLWAKKS (ACOK	D 101, Additional	Kemarks Sche	uuie, iiia	iy De allac	illeu II I	11016	эра	CE 13	requ	III C C	')		
L SIGNATURE														
	HAT THE COVERAGE SE	LECTION AND LIMIT	CHOICES INDICA	TED HER	E OR IN AN	Y STATE	SUF	PLEN	MENT	WILL	APP	LY TO ALL	FUTL	JRE POLICY
	TINUATIONS AND CHANG													
APPLICANT'S SIGNATU	JRE	DATE	PR	ODUCER'S	SIGNATURE							NATIONAL	PROD	UCER NUMBER

ACORD 137 HI (2015/12)

AGENCY	CUSTOMER ID:
AOLINO!	OCCIONENTE D.

TRI	JC:K	ERS	SFC	TIOI	v

TRUCKERS SEC	CTION														
COVERAGES	COVERED AUTO SYMBOLS		LIMIT	s							SICAL	DAMAG	E		
	41 46	CSL	BI EA PER \$			COVERAG	GES	AI	COVE UTO SY	RED MBOL	.s		LIMITS		DEDUCTIBLE
LIABILITY	42 47	BI EACH ACCIDE							42		47				
	43 50	PROPERTY DAM				COMP / OTC)		43						\$
	44			LED C	O PAY %	1			1						
PERSONAL INJURY		MANAGED CA		[0	PTION 16				46						
PROTECTION	46	OPTION CO PAY	%	DED \$		SPECIFIED			42		47	SCL	FT	LSP	
		OPTION ADD'L		14/4.05		CAUSES OF	LOSS		43			F	FTV	٧	\$
	44	MED EXP \$		WAGE LOSS	\$				46						
ADDITIONAL P.I.P.	46	DTH BEN \$							42		47				
		FUN EXP \$			ALT EXP	COLLISION			43						\$
	42 46	LXI			LAI	1			46						,
MEDICAL PAYMENTS		EACH PERSON	\$					-							
	43		RI			TOWING			46		9	5			
UNINSURED MOT	42 46	CSL	BI EA PER \$			& LABOR									
STACKED	43	BI EACH ACCIDE	NT \$									ERCHAN			
NON-STKD	45					COVERAG	GES	SYI	MBOL	# TR	AILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
UNDERINS MOT	42 46	CSL	BI EA PER \$			00110 (070			48						
STACKED	43	BI EACH ACCIDE				COMP / OTC	;		49						
	 	BI ENGITHOGISE	Ψ												
NON-STKD	45 YES STATES	+				SPECIFIED CAUSES OF	1000		48						
NON-TRUCKERS HIRED / BORROWED		COST OF HIRE		IF ANY BA	SIS	OAGGEG GI		_	49						
	NO	\$				COLLISION			48						\$
TRUCKERS HIRED / BORROWED	YES STATES	COST OF HIRE		IF ANY BAS	SIS	OOLLIGION			49						Ψ
LIABILITY	NO	\$				TRAILER VA	LUE	\$							
	YES STATES	GROUP TYPE		NUN	MBER OF		STA	TES	# D	AYS	#\	/EH			
NON-OWNED	NO	EMPLOYEES	9												
AUTO						HIRED									
LIABILITY		VOLUNTEER				PHYSICAL									
		PARTNERS				DAMAGE									
OTHER															
								CO	VERAG	E IS:		F	RIMARY	S	SECONDARY
						OTHER									
COVERED AUTO SYN (41) ANY AUTO	(4	44) OWNED AUTOS 45) OWNED AUTOS	SUBJECT TO		(47) HIR	CIFICALLY DE ED AUTOS ON	ILY					ANOTHE	R TRUCK	ER UNDER	SSESSION OF R A TRAILER
(42) OWNED AUTOS (43) OWNED COMME	ONLY ERCIAL AUTOS ONLY	COMPULSORY L MOTORIST LAW				ILERS IN YOU RAILER INTER								GREEMEN' OS ONLY	Г
_ ` ′	TS/REMARKS (ACO			orko Co											
	THAT THE COVERAGE SI						IY STA	TE S	SUPPL	EMEN	NT WII	LL APF	LY TO A	LL FUTU	IRE POLICY
APPLICANT'S SIGNAT	NTINUATIONS AND CHAN		DATE	UUTHER	PRODUCER'S								NATIO	NAI PROD	UCER NUMBER
5 01011A11						3.3.4A.ONL									

AGENCY CUSTOMER ID:

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MOTO	1P ($\Gamma \Lambda D$	DIED	SEC	TION

MOTOR CARRIE COVERAGES				ON AUTO SYMBOLS	•				LIMITS	<u> </u>						DH.	VSIC A	L DAMA	GE			
COVERAGES	- 00	61		67	-		CSL	BI EA PEI		•		COVERAG	GES	T .	COVE UTO SY	RED		LUANIA		MITS		DEDUCTIBLE
		62		68	B	LLE	ACH ACC		κ Ψ \$			OOTERA		A	62	WIBOI	67					DEDGGTIBEE
LIABILITY		63		71			PERTY D		\$			COMP / OTC			63		68					\$
		64							·						64							,
		65			\$			\$	D	ED CO PA'	Y %				62		67	sc	L	FT	LSF	,
PERSONAL INJURY		67					MANAGED OPTION	CARE			•	SPECIFIED			63		68	F		FTW		\$
PROTECTION							CO PAY OPTION		%	DED \$		CAUSES OF	LOSS		64					_		,
		65				T	ADD'L MED EXI	> \$		WAGE LOSS \$					62		67					
ADDITIONAL		67					DTH BEN \$	Ψ		L033 ψ		COLLISION			63		68					\$
P.I.P.		ļ "					FUN EXP \$				ALT EXP	0022.0.0.1			64		1 00					
MEDIONI		62	Π	64		_	LXI Ψ				LXI	TOWING			63							
MEDICAL PAYMENTS		63	Г	67	E	AC	H PERSO	N	\$			& LABOR			67		'	\$				
UNINSURED MOT		62	T	66			CSL	BI EA PEI	ъ \$							TRAIL	ER IN	TERCHA	NGE			
STACKED		63	Н	67	B	L F	ACH ACC		κ Ψ \$			COVERAG	GES.	SY	MBOL			SFART		DAYS	RADIUS	DEDUCTIBLE
NON-STKD		64	H	- 07	٦	,, _,	AONAOO	IDLIVI	Ψ			OOVERA		+	69	"	AILLI	ZUNI	- "	DATO	KADIOO	DEDOOTIBEE
UNDERINS MOT		62	\vdash	66	+	Т	CSL	BI EA PEI	- ¢			COMP / OTC			70							
STACKED		63	\vdash	67	F		_		κ ⊅ \$					+	69							
		64	H	- 67		»ı ⊏ <i>ı</i>	ACH ACC	IDENI	Ф			SPECIFIED CAUSES OF	LOSS		70							
NON-STKD NON-TRUCKERS		YES	⊥ S	STATES	+		T OF HIR	_		IF ANY BASIS				+	69							
HIRED / BORROWED		NO			\$		or or nik	- I		IF AINT DAGIS		COLLISION			70							\$
TRUCKERS		YES		STATES	-		T OF HIR	_		IF ANY BASIS		TRAILER VA	LUE	\$	10							
HIRED / BORROWED		NO			\$		OF HIK	- I		IF AINT DAGIS				ATES	# [DAYS	#	VEH				
LIABILITI		YES		STATES	-		OUP TYPE			NUMBER		1										
NON-OWNED		NO			F		EMPLOY			INUMBER	(OF	HIRED										
AUTO]				\dashv	VOLUNT					PHYSICAL										
LIABILITY					\vdash	-						DAMAGE										
OTHER					+		PARTNE	KS				1			VERAG	F 10.			PRIM	IADV		SECONDARY
												OTHER		T	VERAG	E IS.		$\dashv \dashv$	FKIIV	IAKT		SECONDART
COVERED AUTO SYME	IOI S				C4\ O	\A/N I	IED COM	AEDCIAL A	LITOS	ONLY	(C7) CDEC	L V DEC	CDIDE		-00		(70)	VOLID T	DAILE	-DC IN	THE DOG	CECCIONI OF
(61) ANY AUTO				(6	65) O'	WN	IED AUTO	MERCIAL A S SUBJEC	T TO	NO-FAULT	(68) HIRE	DIFICALLY DES DIAUTOS ONL	Υ					ANOTHI	ER TR	RUCKE	R UNDER	SSESSION OF A TRAILER
(62) OWNED AUTOS O (63) OWNED PRIVATE		S AUT	ros					S SUBJEC				LERS IN YOUR AILER INTERC									REEMENT S ONLY	•
ENDORSEMENT																	• •			7.0.0	0 0.1.2.	
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SIGNATURE																						
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RENEWALS, CON													. 517				VV	/ 11	1	/ (

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

DATE