OKLAHOMA AUTO SUPPLEMENT

PRODUCER	APPLICANT/NAMED INSURED	
	COMPANY:	EFFECTIVE DATE
CODE: SUB CODE:	POLICY #:	

OKLAHOMA UNINSURED MOTORIST COVERAGE LAW

Oklahoma law gives you the right to buy Uninsured Motorist coverage in the same amount as your bodily injury liability coverage. THE LAW REQUIRES US TO ADVISE YOU OF THIS VALUABLE RIGHT FOR THE PROTECTION OF YOU, MEMBERS OF YOUR FAMILY, AND OTHER PEOPLE WHO MAY BE HURT WHILE RIDING IN YOUR INSURED VEHICLE. YOU SHOULD SERIOUSLY CONSIDER BUYING THIS COVERAGE IN THE SAME AMOUNT AS YOUR LIABILITY INSURANCE COVERAGE LIMIT.

Uninsured Motorist coverage, unless otherwise provided in your policy, pays for bodily injury damages to you, members of your family who live with you, and other people riding in your car who are injured by: (1) an uninsured motorist, (2) a hit-and-run motorist, or (3) an insured motorist who does not have enough liability insurance to pay for bodily injury damages to any insured person. Uninsured Motorist coverage, unless otherwise provided in your policy, protects you and family members who live with you while riding in any vehicle or while a pedestrian. THE COST OF THIS COVERAGE IS SMALL COMPARED WITH THE BENEFITS.

You may make one of four choices about Uninsured Motorist coverage:

(1) You may buy Uninsured Motorist coverage equal to your bodily injury liability coverage for: $ _____ for _____ months.

(2) You may buy Uninsured Motorist coverage in the amount of:
$25,000 for each person injured, not to exceed $50,000 for two or more persons injured in one occurrence (the smallest coverage which Oklahoma law allows) for:
$ _____ for _____ months.

(3) You may buy Uninsured Motorist coverage in an amount less than your bodily injury liability coverage but more than the minimum levels.

(4) You may reject Uninsured Motorist coverage.

Please indicate below what Uninsured Motorist coverage you want:

_____ I want the same amount of Uninsured Motorist coverage as my bodily injury liability coverage.
_____ I want minimum Uninsured Motorist coverage ($25,000 per person/$50,000 per occurrence).
_____ I want Uninsured Motorist coverage in the following amount:
$ _____ per person/$ _____ per occurrence.
_____ I want to reject Uninsured Motorist coverage.

_____ _____ _____
(Proposed Insured) (Proposed Insured) (Date)

_____
(Producer)

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE.

Coverage is generally described here. Only your policy provides you with a complete description of the coverages and their limitations.

I understand these coverage selections/rejections will apply to all future renewals, continuations and changes in my policy, unless I notify you otherwise in writing.

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