

OKLAHOMA UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Applicant/Named Insured:	Policy Effective Date:
Company:	Producer:

Oklahoma law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document briefly describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declaration page(s) and/or Schedule(s) for complete information on the coverages you are provided.

A. Oklahoma Uninsured Motorists Coverage Law – Required Notice

Oklahoma law gives you the right to buy Uninsured Motorists 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 (IF YOU ARE DESIGNATED IN THE DECLARATIONS AS AN INDIVIDUAL), 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 Motorists Coverage, unless otherwise provided in your policy, pays for bodily injury damages to you, members of your family who live with you (if you are designated in the Declarations as an individual) 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 Motorists 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!

B. Mandatory Offer Uninsured Motorists Coverage

Please indicate your choices by initialing next to the appropriate item below.

1. Selection Of Uninsured Motorists Coverage

(Initials) _____	I select Uninsured Motorists Coverage at limits equal to the limits of my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage.
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2. Rejection Of Bodily Injury Uninsured Motorists Coverage

(Initials) _____	I reject Uninsured Motorists Coverage.
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3. Lower Limit(s) For Uninsured Motorists Coverage

(Initials)				
I reject Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and I select the following lower limits.				
(Choose one):				
(Initials)		Split Limits	OR	(Initials)
_____	\$	25,000/50,000		_____
_____		50,000/100,000		_____
_____		100,000/200,000		_____
_____		100,000/300,000		_____
_____		250,000/500,000		_____
_____		500,000/500,000		_____
_____		500,000/1,000,000		_____
_____		1,000,000/1,000,000		_____
_____		_____		_____
		(Other)		

				(Other)

Signature of Named Insured/Applicant

Date