



OKLAHOMA UNINSURED MOTORISTS COVERAGE LAW

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, 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, 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!

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

1. You may buy Uninsured Motorists coverage equal to your bodily injury liability coverage for \$ for _____ months.
2. You may buy Uninsured Motorists coverage in the amount of \$50,000.00 (the smallest coverage which Oklahoma law allows) for \$_____ for ____ months.
3. You may buy Uninsured Motorists coverage in an amount less than your bodily injury liability coverage but more than the minimum levels.
4. You may reject Uninsured Motorists coverage.

Please indicate below what Uninsured Motorists coverage you want:

- I want the same amount of Uninsured Motorists coverage as my bodily injury liability coverage.
- I want minimum Uninsured Motorists coverage of \$50,000.00.
- I want Uninsured Motorists coverage in the amount of \$ _____ .
(Minimum \$50,000) (Maximum - Policy Limits)
- I want to reject Uninsured Motorists coverage.

PROPOSED INSURED: _____

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

POLICY NO: (if applicable) _____

SIGNATURE OF PROPOSED INSURED: _____

BY: _____

DATE: _____

NOTE: IF UNINSURED MOTORISTS COVERAGE IS NOT REJECTED OR A LIMIT SELECTED YOU WILL BE PROVIDED WITH UNINSURED MOTORISTS COVERAGE AT THE MINIMUM LIMIT SET OUT ABOVE.