AGENCY CUSTOMER ID: _____

OKLAHOMA AUTO SUPPLEMENT

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

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 by indicating below what Uninsured Motorist coverage you want:

1. ____ I want the same amount of Uninsured Motorist coverage as my bodily injury liability coverage.

2. ____ I want minimum Uninsured Motorist coverage ($25,000 per person / $50,000 per occurrence).

3. ____ I want Uninsured Motorist coverage in the following amount:
   $ _____ per person / $ _____ per occurrence.

4. ____ I want to reject Uninsured Motorist coverage.

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

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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AGENCY CUSTOMER ID: _____

OKLAHOMA AUTO SUPPLEMENT

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

OKLAHOMA UNINSURED MOTORIST COVERAGE LAW
SINGLE LIMIT LIABILITY

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 by indicating below what Uninsured Motorist coverage you want:

1. ____ I want the same amount of Uninsured Motorist coverage as my bodily injury liability coverage.

2. ____ I want minimum Uninsured Motorist coverage ($50,000 per occurrence single limit).

3. ____ I want Uninsured Motorist coverage in the following amount:
   $ _____ per occurrence on a single limit basis.

4. ____ I want to reject Uninsured Motorist coverage.

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

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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