

**UNINSURED MOTORISTS COVERAGE SELECTION FORM - OKLAHOMA**

NAME:
ADDRESS:

**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 (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!

**You may make one of four choices about Uninsured Motorists 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 persons injured in one occurrence (the smallest coverage which Oklahoma law allows) \$ \_\_\_\_\_ 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 your Uninsured Motorists coverage selection:**

- I select Uninsured Motorists Coverage at limits equal to my policy's bodily injury liability limit.
- I select minimum Uninsured Motorist coverage at a limit of \$25,000 per person/\$50,000 per occurrence
- I select Uninsured Motorist coverage at a limit of \$50,000 per accident on a single limit basis.
- I select Uninsured Motorists Coverage in the following amount:  
\$ \_\_\_\_\_ per person / \$ \_\_\_\_\_ per occurrence
- I select Uninsured Motorists Coverage in the following amount: \$ \_\_\_\_\_ per accident on a single limit basis
- I reject Uninsured Motorists Coverage.

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I understand that the coverage selection or rejection indicated above shall apply on the policy(s) in effect at the time this form is executed and all future renewal policies until I notify the insurance company IN WRITING of any changes.

If you sign below, and/or pay any premium, you have evidenced your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

SIGNATURE OF NAMED INSURED	DATE
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