

# WORTH CASUALTY COMPANY

## OKLAHOMA SELECTION/REJECTION OF COVERAGE

### 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!

The form signed by you or the applicant which initially rejects coverage or selects lower limits shall remain valid for the life of the policy and the completion of a new selection form shall not be required when a renewal, reinstatement, substitute, replacement, or amended policy is issued to you by us or any of our affiliates. Any changes to an existing policy, regardless of whether these changes create new coverage, do not create a new policy and do not require the completion of a new selection form.

You may make one of four choices about 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 \$25,000.00 per person/\$50,000.00 per accident.

\_\_\_\_ I want Uninsured Motorist coverage in the following amount:

\$\_\_\_\_\_per person/\$\_\_\_\_\_per accident.

\_\_\_\_ I want to reject Uninsured Motorist coverage.

**This offer is for Per Policy Non-Stacked Uninsured Motorist Coverage.  
This form is not a part of your policy and does not provide coverage.**

I acknowledge that my selection, rejection, or exercise of the option not to purchase uninsured motorist coverage shall be valid for all insureds under the policy and shall continue until I request in writing that the uninsured motorist coverage be added to an existing or future policy of insurance.

Proposed Insured Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Policy Number \_\_\_\_\_