



**SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION**

**OKLAHOMA**

*(To be completed and signed by Named Insured)*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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 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!

Please indicate below what Uninsured Motorist coverage you want:

- I elect Uninsured Motorist coverage in the same amount as my bodily injury liability coverage.
- I elect minimum Uninsured Motorist coverage with \$50,000 each accident combined single limit (CSL).
- I elect minimum Uninsured Motorist coverage with limits of \$25,000 each person/\$50,000 each accident.
- I elect Uninsured Motorist coverage in the following amount:
  - \$ 100,000 each accident (CSL);
  - \$ 250,000 each accident (CSL);
  - \$ 300,000 each accident (CSL);
  - \$ 350,000 each accident (CSL);
  - \$ 500,000 each accident (CSL);
  - \$ 750,000 each accident (CSL);
  - \$ 1,000,000 each accident (CSL);
  - \$ \_\_\_\_\_

I reject Uninsured Motorist coverage.

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

I understand that my coverage election shall apply on the policy or policies in effect at the time this form is executed and all future renewal policies until I notify the Company IN WRITING of any changes.

My signature below, and/or payment of any premiums evidences my actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits I have selected, rejected or accepted by default.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date