

UNINSURED MOTORISTS COVERAGE SELECTION FORM - OREGON

NAME:
ADDRESS:

PROTECTION AGAINST UNINSURED MOTORISTS

Oregon law permits you to make certain decisions regarding Uninsured Motorists Bodily Injury Coverage (UMBI). This document describes this coverage and the options available. You should read this document carefully.

Uninsured Motorists Bodily Injury Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Uninsured Motorists Bodily Injury Coverage includes underinsured motorists coverage and compensates you for bodily injury losses to you and your passengers as a result of an accident with a driver who is legally responsible for the injuries and has liability protection, but has limits lower than the uninsured motorists limits you selected. This coverage is automatic when you carry UMBI limits that are higher than the minimum limits indicated below.

In accordance with Oregon Statutes, your automobile or motor vehicle liability policy must have Uninsured Motorists coverage at limits equal to the Bodily Injury Liability limit of your policy. You may, however, elect lower limits of Uninsured Motorists Bodily Injury coverage, but not less than the minimum Financial Responsibility Limits of \$25,000 each person/\$50,000 each accident, bodily injury; or \$50,000 each accident Combined Single Limits (CSL).

Please indicate your Uninsured Motorists coverage selection:

I select UMBI limits equal to my policy's bodily injury liability limit.

At these limits, the cost of UMBI is \$ _____ per vehicle

I select UMBI limits less than my policy's bodily injury liability limit, but greater than or equal to the minimum Financial Responsibility Limit. I understand that I am rejecting the increased limits coverage.

I want a limit of _____

At these limits, the cost of UMBI is \$ _____ per vehicle

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
----------------------------	------