



# OREGON AUTO SUPPLEMENT

PRODUCER		APPLICANT/NAMED INSURED	
CODE:	SUB CODE:	COMPANY: POLICY #:	EFFECTIVE DATE

## UNINSURED MOTORISTS COVERAGE SELECTION FORM

Oregon insurance law requires that all motor vehicle liability policies provide Uninsured Motorists Bodily Injury (UMBI) Coverage with limits equal to the Bodily Injury (BI) Liability limits. You have the right to accept these limits or select UMBI limits that are lower than your BI limits but not lower than \$25,000 each person / \$50,000 each accident split limits or \$50,000 single limit.

### Uninsured Motorists Bodily Injury Coverage

Uninsured Motorists Bodily Injury Coverage pays for losses for bodily injury to you and your passengers as a result of an accident with a driver who is legally responsible for the injuries but who has no liability protection. This includes a hit-and-run vehicle whose owner or operator cannot be identified.

Uninsured Motorist Bodily Injury Coverage also pays for losses for bodily injury to you and your passengers as a result of an accident with a driver who has liability protection but not enough to pay the full amount the injured persons are legally entitled to recover as damages. This coverage is automatic when you carry UMBI limits that are higher than the minimum limits indicated above.

The above summary is a brief description of the coverage provided. Only the policy provides a complete description of this coverage and its limitations.

### Uninsured Motorists Limits Selection and Cost

The BI limits I have selected are \$ \_\_\_\_\_ .  
At these limits, the cost of UMBI for all vehicles in my policy is \$ \_\_\_\_\_ .

I select UMBI limits \$ \_\_\_\_\_ at a cost of \$ \_\_\_\_\_ .

In signing and dating this Supplement, I acknowledge I have been offered UMBI limits equal to the BI limits of the policy. I have selected the limits shown above and in the Application.

I understand that the UMBI limits I have selected will apply to all future policy renewals, continuations and changes unless the BI limits of my policy change or I notify you otherwise in writing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_