



# OREGON AUTO SUPPLEMENT

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

## 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 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 Motorists Bodily Injury Coverage includes underinsured motorists coverage which 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 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 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 \$ \_\_\_\_\_ per person, \$ \_\_\_\_\_ per accident.

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

I select UMBI limits of \$ \_\_\_\_\_ per person, \$ \_\_\_\_\_ per accident, at a cost of \$ \_\_\_\_\_ per vehicle.

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 \_\_\_\_\_