

*Shekala,  
sign & mail back.*

### 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.

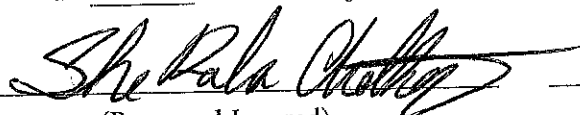
Uninsured Motorist coverage, unless otherwise provided in your policy, pays for bodily injury damages to you, members of your family who live with you, and other people riding in your vehicle who are injured by: (1) an uninsured motorist, (2) a hit-and-run motorist, or (3) an insured motorist who does 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.

You may make one of four choices about Uninsured Motorist coverage:

1. You may buy Uninsured Motorist coverage equal to your Bodily Injury liability coverage for \$89.10 for 12 months.
2. You may buy Uninsured Motorist coverage in the amount of: \$25,000 for each person injured, not to exceed \$50,000 for two or more persons injured in one occurrence (the smallest coverage which Oklahoma law allows) for \$89.10 for 12 months.
3. You may buy Uninsured Motorist coverage in an amount less than your Bodily Injury liability coverage, but more than the minimum levels.
4. You may reject Uninsured Motorist coverage.


Please indicate below what Uninsured Motorist coverage you want:

- 2 I want the same amount of Uninsured Motorist coverage as my Bodily Injury liability coverage.
- I want minimum Uninsured Motorist coverage (\$25,000 per person/\$50,000 per occurrence).
- I want Uninsured Motorist coverage in the following amount:  
\$ \_\_\_\_\_ per person /\$ \_\_\_\_\_ per occurrence
- I want to reject Uninsured Motorist coverage.

  
(Proposed Insured)

\_\_\_\_\_  
(Proposed Insured)

7-23-21  
(Date)

  
(Producer)

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

Coverage is generally described here. Only your policy provides you with a complete description of the coverages and their limitations.

I understand these coverage selections/rejections will apply to all future renewals, continuations and changes in my policy, unless I notify you otherwise in writing.

Named Insured:



Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICANTS STATEMENT: I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the Company as an inducement to issue the policy for which I am applying. In addition, if the Auto Plan or Company designated in this application is non-standard, I certify that I understand the rates for this coverage are higher than normal and they are acceptable to me as I have been unable to obtain coverage desired through the normal insurance market.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Date:

7-23-91

Signature of Applicant:

*Sheela Chakraborty*

*[Signature]*

Producer's Statement: I certify to the best of my knowledge and belief that the signature of the applicant is the personal signature of the applicant.

**AUTOMATIC DEDUCTION AUTHORIZATION**

I authorize the companies operated as Safeco Insurance (together, "Safeco") to initiate deductions from my bank account when payments are due for my Safeco account. I authorize the financial institution ("bank") for the account that I have previously provided to accept the deductions initiated by Safeco.

I make this authorization subject to the following conditions:

- **Safeco may deduct payments from my bank account ON or AFTER the day of the month I have previously provided.**
- Safeco will notify me about the amount of the first deduction and whenever the deduction amount changes.
- I acknowledge that any refunds may be credited to my banking account, whether resulting from overpayment, an erroneous Safeco deduction, policy cancellation or policy change, unless I specifically request payment by check at least 7 days beforehand.
- I have the right to terminate this payment option or change my payment option or bank information by notifying Safeco. I understand that to be effective, Safeco must receive my notice at least 7 days prior to a scheduled deduction.
- It takes several days to set up the first automatic deduction. I understand that payments will need to be made using another payment method until I receive a notice that automatic deduction has been established for my account.
- This authorization will remain in effect until it is revoked by me. I understand that failure to sufficiently fund and/or provide access to this account may result in removal of the automatic deduction program and/or the cancellation of my insurance coverage.

I attest that I am authorized to sign checks drawn on the bank account I have previously provided.

Signed:

  
<SF.D1.S>

Date:

7-23-21  
<SF.D1.D>