

OBA-sponsored Personal Umbrella Policy

Schedule of Required Underlying Insurance Limits	Exposures	Coverages	Minimum Required Underlying Limits	
	Automobile Liability (Owner, leased, or rented)	Bodily Injury	\$250,00 Per Person, \$500,000 Per Occurrence	
		Property Damage		
		- or -		
		Combined Single Limit	\$500,000 Per Occurrence	
	Homeowners Liability, Tenants Liability, or Personal Liability	Combined Single Limit (Required for all property owned or rented)	\$300,000 Per Occurrence	
	Watercraft Liability	Combined Single Limit	\$100,000 CSL of watercraft less than 26ft \$300,000 CSL for watercraft greater than or equal to 26ft	
	Employers Liability	Combined Single Limit	\$100,000 Per Occurrence	
Snowmobile Liability / All Terrain Vehicles (unless covered under Homeowners Liability)	Combined Single Limit	\$500,000 Per Occurrence		
Recreational Vehicle Liability	Bodily Injury	Property Damage	\$250,00 Per Person, \$500,000 Per Occurrence	
		- or -		
	Combined Single Limit	\$500,000 Per Occurrence		
UM/UIM (only when coverage is provided under this policy)	Bodily Injury	Property Damage	\$250,00 Per Person, \$500,000 Per Occurrence	
		- or -		
	Combined Single Limit	\$500,000 Per Occurrence		



Personal Umbrella Enrollment Form

Name: _____ Phone: _____ Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail Address: _____ SSN: _____

Are you an: OBA Member Employee of OBA Member

Anyone convicted of DUI or DWI in the past three years is not eligible for this coverage

Current Umbrella Company: _____ Coverage Expiration Date: _____

Amount of insurance desired (check one):

* See reverse side for pro-rata premium amounts

- | | |
|--------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> \$1,000,000 with \$1,000,000 UM/UIM | <input type="checkbox"/> \$1,000,000 no UM/UIM |
| <input type="checkbox"/> \$2,000,000 with \$1,000,000 UM/UIM | <input type="checkbox"/> \$2,000,000 no UM/UIM |
| <input type="checkbox"/> \$5,000,000 with \$1,000,000 UM/UIM | <input type="checkbox"/> \$5,000,000 no UM/UIM |

I hereby enroll under the Oklahoma Bar Association Group Personal Umbrella Plan for which I am eligible. I am aware of the minimum required Underlying Insurance limits shown on this Enrollment form.

Check enclosed. (Note: Premium must be received prior to effective date)

Signature: _____ Date: _____

Pro-rata Premiums for coverage including \$1,000,000 UM/UIM:					
\$1,000,000		\$2,000,000		\$5,000,000	
1-Jul	\$381.60	1-Jul	\$508.80	1-Jul	\$848.00
1-Aug	\$348.74	1-Aug	\$465.34	1-Aug	\$775.92
1-Sep	\$316.94	1-Sep	\$421.88	1-Sep	\$703.84
1-Oct	\$285.14	1-Oct	\$380.54	1-Oct	\$633.88
1-Nov	\$253.34	1-Nov	\$337.08	1-Nov	\$561.80
1-Dec	\$221.54	1-Dec	\$295.74	1-Dec	\$492.90
1-Jan	\$189.74	1-Jan	\$252.28	1-Jan	\$420.82
1-Feb	\$156.88	1-Feb	\$208.82	1-Feb	\$348.74
1-Mar	\$127.20	1-Mar	\$169.60	1-Mar	\$283.02
1-Apr	\$95.40	1-Apr	\$127.20	1-Apr	\$210.94
1-May	\$63.60	1-May	\$84.80	1-May	\$142.04
1-Jun	\$31.80	1-Jun	\$41.34	1-Jun	\$69.96
<i>Premiums include a 6% Surplus Lines Tax</i>					

Please call us for premiums for coverage that excludes UM/UIM.

Please return PUP Enrollment Form to:



Please call with any questions: (405) 521-1600 or (800) 530-4863
(405) 521-1610 Fax

P.O. Box 60809
Oklahoma City, OK 73146

