



Personal Umbrella Enrollment Form

Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Social Security Number: _____

Are you an: OBA Member Employee of OBA Member Check enclosed. Please bill me.
(Note: Premium must be received prior to effective date)

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.

\$1,000,000 with \$1,000,000 UM/UIM

\$2,000,000 with \$1,000,000 UM/UIM

\$5,000,000 with \$1,000,000 UM/UIM

\$1,000,000 no UM/UIM

\$2,000,000 no UM/UIM

\$5,000,000 no UM/UIM

I hereby enroll under the Oklahoma Bar Association Group Personal Umbrella Plan for which I am eligible.

Signature: _____ Date: _____

Pro-rata Premiums for coverage including \$1,000,000 UM/UM:					
\$1,000,000		\$2,000,000		\$5,000,000	
<i>1-Jul</i>	\$466.40	<i>1-Jul</i>	\$708.08	<i>1-Jul</i>	\$1,027.14
<i>1-Aug</i>	\$427.18	<i>1-Aug</i>	\$647.66	<i>1-Aug</i>	\$940.22
<i>1-Sep</i>	\$386.90	<i>1-Sep</i>	\$587.24	<i>1-Sep</i>	\$852.24
<i>1-Oct</i>	\$348.74	<i>1-Oct</i>	\$530.00	<i>1-Oct</i>	\$768.50
<i>1-Nov</i>	\$309.52	<i>1-Nov</i>	\$469.58	<i>1-Nov</i>	\$680.52
<i>1-Dec</i>	\$271.36	<i>1-Dec</i>	\$411.28	<i>1-Dec</i>	\$596.78
<i>1-Jan</i>	\$231.08	<i>1-Jan</i>	\$350.86	<i>1-Jan</i>	\$509.86
<i>1-Feb</i>	\$191.86	<i>1-Feb</i>	\$291.50	<i>1-Feb</i>	\$421.88
<i>1-Mar</i>	\$155.82	<i>1-Mar</i>	\$236.38	<i>1-Mar</i>	\$343.44
<i>1-Apr</i>	\$116.60	<i>1-Apr</i>	\$175.96	<i>1-Apr</i>	\$255.46
<i>1-May</i>	\$77.38	<i>1-May</i>	\$118.72	<i>1-May</i>	\$171.72
<i>1-Jun</i>	\$38.16	<i>1-Jun</i>	\$58.30	<i>1-Jun</i>	\$83.74
<i>Premiums include a 6% Surplus Lines Tax</i>					

Pro-rata Premiums for coverage with NO UM/UM:					
\$1,000,000		\$2,000,000		\$5,000,000	
<i>1-Jul</i>	\$349.80	<i>1-Jul</i>	\$591.48	<i>1-Jul</i>	\$911.60
<i>1-Aug</i>	\$320.12	<i>1-Aug</i>	\$541.66	<i>1-Aug</i>	\$834.22
<i>1-Sep</i>	\$290.44	<i>1-Sep</i>	\$490.78	<i>1-Sep</i>	\$756.84
<i>1-Oct</i>	\$261.82	<i>1-Oct</i>	\$442.02	<i>1-Oct</i>	\$681.58
<i>1-Nov</i>	\$232.14	<i>1-Nov</i>	\$392.20	<i>1-Nov</i>	\$604.20
<i>1-Dec</i>	\$203.52	<i>1-Dec</i>	\$343.44	<i>1-Dec</i>	\$530.00
<i>1-Jan</i>	\$173.84	<i>1-Jan</i>	\$293.62	<i>1-Jan</i>	\$452.62
<i>1-Feb</i>	\$144.16	<i>1-Feb</i>	\$242.74	<i>1-Feb</i>	\$374.18
<i>1-Mar</i>	\$116.60	<i>1-Mar</i>	\$197.16	<i>1-Mar</i>	\$304.22
<i>1-Apr</i>	\$86.92	<i>1-Apr</i>	\$147.34	<i>1-Apr</i>	\$226.84
<i>1-May</i>	\$58.30	<i>1-May</i>	\$98.58	<i>1-May</i>	\$152.64
<i>1-Jun</i>	\$28.62	<i>1-Jun</i>	\$48.76	<i>1-Jun</i>	\$75.26
<i>Premiums include a 6% Surplus Lines Tax</i>					

Please return PUP Enrollment Form to:



PROFESSIONAL SERVICES

Please call with any questions: (405) 521-1600 or (800) 530-4863
 beale@bealepro.com (405) 521-1610 Fax

PO Box 60809
 Oklahoma City, OK 73146