

OKLAHOMA OPERATORS SECURITY VERIFICATION FORM

COMPANY NAME AND ADDRESS COMMERCIAL PERSONAL

COMPANY NAIC NUMBER

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING FORM (INCLUDE ADDRESS AND TELEPHONE NUMBER)

NAME OF INSURED

COVERAGES: A C D G L N R R1 U S T Z

A LIABILITY INSURANCE POLICY HAS BEEN ISSUED PURSUANT TO THE COMPULSORY INSURANCE LAW OF OKLAHOMA. CARRY THIS OPERATORS SECURITY VERIFICATION FORM WHENEVER OPERATING ANY MOTOR VEHICLE.

SEE IMPORTANT INFORMATION ON REVERSE SIDE

HOW TO IDENTIFY YOUR COVERAGE

- | | | | |
|---|---|----|-------------------------------|
| A | LIABILITY (BODILY INJURY/
PROPERTY DAMAGE) | R | CAR RENTAL |
| C | MEDICAL PAYMENTS | R1 | CAR RENTAL AND TRAVEL EXPENSE |
| D | COMPREHENSIVE | U | UNINSURED MOTOR VEHICLE |
| G | COLLISION | S | DEATH, DISMEMBERMENT |
| L | LOSS TO YOUR RECREATIONAL VEH. | T | DISABILITY |
| N | EMERGENCY ROAD SERVICE | Z | LOSS OF EARNINGS |

EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.

OKLAHOMA STATE LAW REQUIRES THAT THIS OPERATORS SECURITY VERIFICATION FORM MAY BE CARRIED IN LIEU OF AN OWNERS FORM BY AN OPERATOR OF THIS MOTOR VEHICLE. THIS FORM SHALL BE PRODUCED BY ANY DRIVER OF THE VEHICLE UPON REQUEST FOR INSPECTION BY ANY PEACE OFFICER OR REPRESENTATIVE OF THE DEPARTMENT OF PUBLIC SAFETY. IN THE CASE OF A COLLISION, THIS FORM SHALL BE SHOWN UPON REQUEST OF ANY PERSON AFFECTED BY THE COLLISION.