

OXFORD INSURANCE GROUP INC. (OXFORD) DISCLOSURE FORM

NOTICE: Please review your policy carefully for **EXCLUSIONS** and **COVERAGES**. Higher limits of liability can be purchased.

*This document is a mere summary of your rights. If this document and the policy itself conflict in any way, the policy shall govern.

RENEWAL QUOTES/POLICIES DO NOT INCLUDE MEDICAL PAYMENTS COVERAGE. YOU MAY ADD THIS COVERAGE TO YOUR POLICY AT ADDITIONAL COST. THIS IS OPTIONAL COVERAGE.

BELOW ARE SOME DISCLOSURES WHICH YOU SHOULD BE AWARE OF AND ACKNOWLEDGE THAT YOU UNDERSTAND. PLEASE BE AWARE THAT THE ORIGINAL POLICY GOVERNS:

1. Coverage for Uber/Lyft/ride sharing or delivery is only provided through select insurance companies at additional charge. It is your responsibility to disclose if you participate in these activities and ensure that it is disclosed in your policy.
2. The insurance company will not pay any fraudulent claims.
3. Your insurance company may deny your claim for failing to disclose any violations or accidents for any listed drivers
4. Your insurance company may deny your claim for driving on a suspended/revoked/or expired driver's license.
5. Your insurance company may deny your claim for failing to disclose the correct garaging address of the vehicle(s) listed in the policy.
6. Your insurance company may deny your claim for failing to disclose correct marital status.
7. Your insurance company may deny your claim for failing to disclose any drivers and/or anyone living in the household age 14 and older.
8. Your insurance company may deny your claim if the initial premium payment is not processed due to insufficient funds (NSF), in which case the policy may be considered null and void.
9. Claims arising out of alleged hit & run accidents may not be covered under UMPD coverage (Uninsured Motorist Property Damage).
10. If your vehicle is used for business or commercial purposes and is not covered by a business/commercial insurance policy, the carrier may deny your claim.

INITIAL _____ (By initialing here, I acknowledge and understand points 1-10 listed above)

I acknowledge that my agent asked me (the insured) ALL of the questions listed in the company's application and I answered them accurately and honestly. I also acknowledge that it is my responsibility to make sure I notify my agent in writing of any known information requested in the application.

Insured Signature X _____ Date Signed _____

I have been read, been explained to, and understand all of my policy limits and coverage's and I acknowledge that it was my decision to purchase this policy with all of the coverage's selected.

Insured Signature X _____ Date Signed _____

I have been offered higher limits of liability and have refused them and was provided/given a copy of this disclosure and all of my policies.

Insured Signature X _____ Date Signed _____

OXFORD FEE DISCLOSURE

Fees are subject to change at any time

Oxford charges:

- A fully earned policy fee in the amount of 12.5% of the premium is included in your policy premium with a maximum of \$85.00.
- PROGRESSIVE ONLY- A fully earned policy fee in the amount of 6% of the premium is included in your policy premium with a maximum of \$85.00.
- A fully earned \$38 agency compensation fee (\$17 for 6 months policies)
- NSF FEE of \$4.50
- Reinstatement Fee of \$5.00
- Credit/Debit card convenience fee of \$4.40

CONSENT TO RECEIVE ELECTRONIC MESSAGES

I consent to receive upcoming and past due payment notices via text message and/or email. By providing my consent to receive these notices electronically, I understand the following: (a) I have the right to withdraw my consent to receive these notices electronically at any time and without consequence; (b) I have the right to receive all notices delivered to me in paper form and may assert this right at any time by withdrawing my consent to receive notices electronically; (c) In order to receive notices via text message or email, I have provided Oxford with my phone number and my email address at which I would like to receive electronic communications; (d) I must notify Oxford in the event either my phone number or email changes so that I can continue to receive notices electronically or withdraw consent to receive such notices electronically to ensure I continue receiving these notices; (e) In the event that my phone number or email changes and I do not notify Oxford of these changes and I do not withdraw consent to receive notices electronically, I am still responsible for making payments on time and I take full responsibility for any failure to receive said notices; (f) Any withdrawal of consent to receive notices electronically on my part does not affect the legal effectiveness, validity, or enforceability of a notice or document delivered by electronic means before the withdrawal of consent is effective; (g) A withdrawal of consent is effective within a reasonable period of time after Oxford's receipt of the withdrawal of consent."

Insured Signature X _____ Date Signed _____

ALL DOCUMENTS PERTAINING TO YOUR POLICY MUST BE SIGNED AND RETURNED TO YOUR AGENT OR YOUR INSURANCE COVERAGE MAY BE CANCELLED OR YOUR CLAIM MAY BE DENIED.