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.**

Please review the following. By initialing below, you acknowledge and understand these terms. The original policy always governs.

1. **Theft Claims:** No coverage if there is no evidence of forced entry, keys were left in the vehicle, or the ignition was not altered.
2. **Rideshare/Delivery Use:** Must be disclosed. Coverage is only available through select companies and may require an additional charge.
3. **Hit & Run:** A police report must be filed within 24 hours of the incident.
4. **Driver & History Disclosure:** Failure to disclose all drivers, household members (age 14+), accidents, or violations may result in claim denial.
5. **License Status:** Claims may be denied if driving with a suspended, revoked, or expired license (if not disclosed)
6. **Garaging Address:** Must be accurate. Incorrect information may result in claim denial.
7. **Marital Status:** Must be disclosed accurately.
8. **Payment:** If the initial payment is returned (NSF), the policy may be considered null and void.
9. **UMPD Coverage:** Hit & run claims may not be covered under Uninsured Motorist Property Damage.
10. **Business Use:** Vehicles used for business/commercial purposes must have proper coverage or claims may be denied.
11. **Prior Insurance Discount:** Verification of prior insurance is required. If insured with the same carrier, eligibility for this discount may be denied.
12. **Travel Protection with Auto Deductible Reimbursement (ADR):**
    If elected, ADR is an optional membership product and is not automobile insurance. Benefits may include reimbursement for covered towing expenses (up to $100), lockout services (up to $50), theft reward benefits (up to $1,000), hotel/car rental discounts, emergency travel reimbursement (up to $500), and auto deductible reimbursement of $500 or $1,000, depending on the selected plan. Auto deductible reimbursement is only available when a covered claim exceeds the deductible on the insured's current automobile insurance policy and is subject to the terms, conditions, limitations, and exclusions of the ADR membership agreement. Coverage and benefits are administered by the program provider and not by Oxford Insurance Group.

    Initials _____ (By initialing here, I acknowledge and understand point 12 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 Down Payment. For premiums under $700.00, the policy fee will not exceed $50.00. For premiums of $700.00 or more, the policy fee will not exceed $85.00**
- **Your policy includes Accidental Death & Dismemberment Insurance coverage through CHUBB Insurance Company priced at $38 included in your down payment. $58 for First Chicago Policies.**
- A fully earned endorsement fee in the amount of $20.00
- Reinstatement Fee of $25.00
- Credit/Debit card convenience fee of $3.95
- NSF Fee of $4.50

CONSENT TO RECEIVE ELECTRONIC MESSAGES

I consent to receive upcoming and past-due payment notices via text message and/or email. By providing this consent, I understand and agree to the following: (a) I may withdraw my consent to receive electronic notices at any time, without penalty. (b) I have the right to receive all notices in paper form and may request this at any time by withdrawing my consent to electronic delivery. (c) To receive notices electronically, I have provided Oxford with my current phone number and/or email address for communication. (d) I am responsible for notifying Oxford if my phone number or email address changes so I can continue receiving notices, or for withdrawing my consent if I no longer wish to receive them electronically. (e) If I fail to update my contact information or withdraw my consent, I remain responsible for making payments on time, even if I do not receive the notices. (f) Withdrawing consent does not affect the legal validity or enforceability of any notice sent electronically before the withdrawal becomes effective. (g) Withdrawal of consent will take effect within a reasonable period after Oxford receives my request.

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.

OXFORD INSURANCE GROUP INC. (OXFORD) FORMULARIO DE DIVULGACIÓN