

MISSISSIPPI UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Policy Number:	
Applicant/Named Insured:	Policy Effective Date:
Company:	Producer:

Mississippi law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

The following language is derived from Mississippi Insurance Department Bulletin 2014-4, issued May 15, 2014:

Miss. Code Ann. § 83-11-101 provides that no automobile liability insurance policy shall be issued unless it contains provisions undertaking to pay the insured all sums which the insured shall become legally entitled to recover as damages for (1) bodily injury or death and (2) property damage from the owner or operator of an uninsured motor vehicle, within limits which shall be no less than those set forth in the Mississippi Motor Vehicle Safety Responsibility Law, as amended, under provisions approved by the Commissioner of Insurance.

The Code also provides that the insured named in the policy is permitted to reject such coverage in writing, either in its entirety or partially, that is, the damage for bodily injury or death and the property damage coverage may be rejected or the property damage coverage only may be rejected. The law does not allow you to reject the damage for bodily injury or death and elect only the property damage coverage.

Uninsured Motorist ("UM") insurance is recoverable by you under your own policy should the owner or operator of an uninsured or underinsured vehicle be found to be legally at fault for injuries or damages sustained by you. Your rejection of UM insurance would mean that you would not be covered by your insurance company for damages sustained by you from an owner or operator of an uninsured or underinsured vehicle. The selection or rejection of this coverage in whole or in part should be made by you after knowingly and intelligently considering the matter.

The rejection/selection indicated below shall apply to this policy and all future renewals of such policy. The rejection or selection indicated below shall also apply to all future policies issued to you by the Company because of a change of vehicle or coverage, or because of an Interruption of Coverage, until you notify the Company in writing that you are electing to add UM coverage to your policy. It is your responsibility to notify your Company if it is your intention to change the coverage requirements.

Unless Uninsured Motorists Coverage is rejected, Uninsured Motorists Coverage will be afforded at limits at least equal to: (1) split limits of \$25,000 for each person, subject to \$50,000 for each accident with respect to bodily injury, and \$25,000 for each accident with respect to property damage; or (2) a single limit of \$75,000 for each accident.

Please indicate one choice from either **A.**, **B.** or **C.** by initialing next to the appropriate item(s) and signing below.

A. Selection Of Bodily Injury And Property Damage Uninsured Motorists Coverage

(Initials) _____

I select Bodily Injury and Property Damage Uninsured Motorists Coverage at the following limit(s). (Unless otherwise provided by law, the limit(s) selected cannot exceed the Liability Coverage limit(s) of your policy.)

(Choose one Split Limits Bodily Injury option AND one Property Damage limit option, OR one Combined Single Limit option from the following:)

(Initials)	Split Limits Bodily Injury	(Initials)	Property Damage	OR	(Initials)	Combined Single Limit
	\$ 25,000/50,000		\$ 25,000			\$ 75,000
	50,000/100,000		50,000			100,000
	100,000/200,000		100,000			200,000
	100,000/300,000		200,000			250,000
	250,000/500,000		300,000			300,000
	300,000/300,000		500,000			350,000
	500,000/500,000		1,000,000			500,000
	500,000/1,000,000					1,000,000
	1,000,000/1,000,000					
_____	\$ _____ (Other)	_____	\$ _____ (Other)		_____	\$ _____ (Other)

B. Rejection Of Property Damage Uninsured Motorists Coverage And Selection Of Bodily Injury Uninsured Motorists Coverage Only

(Initials)

I reject Property Damage Uninsured Motorists Coverage and select **ONLY** Bodily Injury Uninsured Motorists Coverage at the following limit(s). (Unless otherwise provided by law, the limit(s) selected cannot exceed the Liability Coverage limit(s) of your policy.)

(Choose one Split Limits Bodily Injury option, OR one Combined Single Limit option from the following:)

(Initials)	Split Limits Bodily Injury	OR	(Initials)	Combined Single Limit
	\$25,000/50,000			\$50,000
	50,000/100,000			75,000
	100,000/200,000			100,000
	100,000/300,000			200,000
	250,000/500,000			250,000
	300,000/300,000			300,000
	500,000/500,000			350,000
	500,000/1,000,000			500,000
	1,000,000/1,000,000			1,000,000
	(Other)			(Other)

C. Rejection Of Bodily Injury And Property Damage Uninsured Motorists Coverage

(Initials)

I reject Bodily Injury and Property Damage Uninsured Motorists Coverage.

Applicant's/Named Insured's Signature _____
Date

MISSISSIPPI NON-STACKED UNINSURED MOTORISTS COVERAGE SELECTION

Policy Number:	
Applicant/Named Insured:	Policy Effective Date:
Company:	Producer:

Mississippi law permits you to make certain decisions regarding Uninsured Motorists Coverage.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your option to purchase Non-stacked Uninsured Motorists Coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverage you are provided.

If you have elected to purchase Uninsured Motorists Coverage, you have the option to purchase Non-stacked Uninsured Motorists Coverage if your policy covers four (4) or more vehicles and:

1. Your policy is a Personal Auto policy; or
2. Your policy is a Commercial Auto policy and you are designated as an individual in the Declarations of such policy.

The following language is derived from Mississippi Insurance Department Bulletin 2013-3, dated May 10, 2013:

*Miss. Code Ann. § 83-11-102 provides for an **optional** Non-stacking Uninsured Motorist Coverage available to an insured under an auto liability policy that covers **four (4) or more** vehicles. The Non-stacking Uninsured Motorist limits selected shall cover all vehicles listed in the policy and does not apply per vehicle. The selection of this Non-stacking coverage imposes a limitation on adding together or stacking of coverages. **If the insured selects the Non-stacking Uninsured Motorist Policy, in the event of an accident, the total limit of uninsured motorist coverage available from the Policy will be only the one limit previously selected by the insured. It is an alternative to Stackable uninsured motorist coverage where the coverage limits for each vehicle may be added together or Stacked to determine the total coverage available. While only one limit of uninsured motorist coverage is available from a Non-stacking Uninsured Motorist policy, other limits of uninsured motorist coverage from other policies might be available to add to the single coverage available from the Non-stacking Uninsured Motorist policy depending upon the specific circumstances.***

The minimum limits required under Mississippi law for Non-stacking Uninsured Motorist Coverage are four (4) times the limits required by the Mississippi Motor Vehicle Safety Responsibility Law. Therefore, the Non-stacking Uninsured Motorist Coverage limits pursuant to Miss. Code Ann. § 83-11-102 require \$100,000 per person, \$200,000 per accident and \$100,000 for property damage. An increase to the statutory limits under this law shall increase the minimum limits for Non-stacking Uninsured Motorist Coverage accordingly.

Please indicate one choice from either **A.** or **B.** by initialing next to the appropriate items and signing below.

A. Selection Of Non-stacked Bodily Injury And Non-stacked Property Damage Uninsured Motorists Coverage

<p>(Initials) _____</p> <p>I select Non-stacked Bodily Injury and Non-stacked Property Damage Uninsured Motorists Coverage at the following limit(s). (Unless otherwise provided by law, the limit(s) selected cannot exceed the Liability Coverage limit(s) of your policy.)</p> <p>(Choose one Split Limits Bodily Injury option AND one Property Damage limit option, OR one Combined Single Limit option from the following:)</p>					
	Split Limits Bodily Injury		Property Damage	OR	Combined Single Limit
(Initials)		(Initials)			(Initials)
	\$100,000/200,000		\$100,000		\$300,000
	100,000/300,000		200,000		350,000
	250,000/500,000		300,000		400,000
	300,000/300,000		500,000		500,000
	500,000/500,000		1,000,000		1,000,000
	500,000/1,000,000				
	1,000,000/1,000,000				
_____	\$ _____ (Other)	_____	\$ _____ (Other)		_____ \$ _____ (Other)

B. Rejection Of Property Damage Uninsured Motorists Coverage And Selection Of Non-stacked Bodily Injury Uninsured Motorists Coverage Only

(Initials)

I reject Property Damage Uninsured Motorists Coverage and select **ONLY** Non-stacked Bodily Injury Uninsured Motorists Coverage at the following limit(s). (Unless otherwise provided by law, the limit(s) selected cannot exceed the Liability Coverage limit(s) of your policy.)

(Choose one Split Limits Bodily Injury option, OR one Combined Single Limit option from the following:)

(Initials)	Split Limits Bodily Injury	OR	(Initials)	Combined Single Limit
	\$100,000/200,000			\$200,000
	100,000/300,000			250,000
	250,000/500,000			300,000
	300,000/300,000			350,000
	500,000/500,000			400,000
	500,000/1,000,000			500,000
	1,000,000/1,000,000			1,000,000
_____	\$ _____ (Other)		_____	\$ _____ (Other)

By signing this form, I am selecting Non-stacked limits of Uninsured Motorists Coverage.

Signature Of Applicant/Named Insured

Date