
Named Insured

All policies for the same first Named Insured
Policy Number

**MISSISSIPPI NOTICE
UNINSURED MOTORISTS COVERAGE**

THE SELECTION(S) YOU MAKE BELOW AFFECT YOUR UNINSURED MOTORISTS STACKED COVERAGE. PLEASE REVIEW YOUR POLICY CAREFULLY TO ENSURE THAT YOU UNDERSTAND THE PROTECTION AFFORDED BY THIS COVERAGE. CONTACT YOUR INSURANCE REPRESENTATIVE IF YOU HAVE ANY QUESTIONS ABOUT THIS COVERAGE OR HOW TO COMPLETE THIS NOTICE.

Mississippi law requires us to provide Uninsured Motorists Coverage in your policy with a coverage limit equal to Mississippi’s minimum requirement, which is split limits of \$25,000 each person bodily injury and (subject to the each person limit) \$50,000 each accident bodily injury and (subject to a \$200 deductible) \$25,000 each accident property damage. This coverage limit may be provided as a combined single limit of \$50,000 each accident. You are not required to accept Uninsured Motorists Coverage at Mississippi’s minimum requirement. You may select a greater coverage limit, but the coverage limit you select may not be greater than your policy’s limit of liability. In addition, you may reject Uninsured Motorists Coverage in its entirety, or you may reject the property damage portion of Uninsured Motorists Coverage.

In accordance with Mississippi law, the undersigned Named Insured, for each insured in the policy: (mark applicable item(s) with an “X”)

rejects Uninsured Motorists Coverage in its entirety (If you choose this option, you need not make any other choices. Please proceed to the signature block and execute this Notice.)

selects Uninsured Motorists Coverage with a coverage limit equal to Mississippi’s minimum requirement

split limits **OR**

combined single limit

selects Uninsured Motorists Coverage with a coverage limit equal to the policy’s limit of liability

selects Uninsured Motorists Coverage with the following coverage limit, which is not less than Mississippi’s minimum requirement, and not greater than the policy’s limit of liability:

\$ _____ each person bodily injury
\$ _____ each accident bodily injury (subject to the each person limit)

\$ _____ each accident property damage **OR**

\$ _____ each accident (combined single limit)

rejects the property damage portion of Uninsured Motorists Coverage and selects the bodily injury portion of Uninsured Motorists Coverage with the following coverage limit, which is not

less than Mississippi's minimum requirement, and not greater than the policy's bodily injury limit of liability:

\$ _____ each person bodily injury
\$ _____ each accident bodily injury (subject to the each person limit) **OR**

\$ _____ each accident bodily injury (combined single limit)

I understand the protection afforded by Uninsured Motorists Coverage and the selection(s) I have made on this Notice regarding Uninsured Motorists Coverage. I further understand and agree that my selection(s) will apply to this policy and all future transfers, substitutions, amendments, alterations, modifications, reinstatements or replacements of this policy, and all future renewals of this policy, unless I make a written request to change my selection(s), and such request is received and approved by the Company.

All other terms, conditions, and exclusions of the policy remain unchanged.

Effective Date

Authorized Signature of Named Insured

Date Signed

Name and Title

THIS FORM TO BE USED WHEN INSURED SELECTS NON-STACKABLE UM COVERAGE

**MISSISSIPPI NON-STACKING
UNINSURED MOTORIST INSURANCE**
(As Per House Bill 666, 2002, Miss. Code 83-11-102*)

Mississippi law* provides for an **optional** Non-stacking Uninsured Motorist Coverage available to an insured under an auto liability policy that covers **ten (10) 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 limits 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 is ten (10) times the limits required by the Mississippi Motor Vehicle Safety Responsibility Law. Currently this law requires \$25,000 per person, \$50,000 per accident and \$25,000 for property damage. An increase to the statutory limits under this law shall increase the minimum limits for Non-stacking Uninsured Motorist coverage accordingly.

I understand the limitations imposed by the Non-stacking Uninsured Motorist policy and that such coverage is an alternative to coverage without such limitation. I further agree that acceptance of this limitation shall apply to any policy from the same insurer, including sister insurers in the same holding company, which renews the coverage, extends the coverage, or changes covered vehicles unless and until I make a written request for a change to stackable uninsured motorist coverage.

Selection of Non-stacking Uninsured Motorists coverage is affirmed by your signature below. I, the undersigned applicant, for each insured in the policy, select the following coverages at the limits shown below:

Non-stackable UM Bodily Injury and UM Property Damage at limits of _____ per person/
_____per accident/ _____property damage.

Non-stackable UM Bodily Injury Coverage (No Property Coverage) at limits of _____ per
person/ _____per accident.

Non-stackable Combined Single Limit UM Coverage (Includes Bodily and Property Damage Coverage
together) at the limit of _____per accident.

Date: _____ Policy Number (if available): _____

Applicant Name (Print): _____ Address: _____

Signature of Applicant: _____ Proposed Effective Date of Coverage: _____