

**MISSISSIPPI NOTICE
UNINSURED MOTORISTS COVERAGE
SELECTION/REJECTION**

THE SELECTION(S) YOU MAKE BELOW AFFECT YOUR UNINSURED MOTORISTS 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 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 property damage portion of Uninsured Motorist Insurance Coverage is subject to a \$200 deductible.

Mississippi law 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 coverage for bodily injury or death and the coverage for property damage may be rejected, or the property damage coverage only may be rejected. The law does not allow you to reject the coverage for bodily injury or death and elect only the property damage coverage.

Uninsured Motorist (“UM”) insurance is recoverable by you under your 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.

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

rejects Uninsured Motorists Coverage for both bodily injury and property damage. (If you choose this option, you need not make any other choices. Please proceed to the signature block and execute this Notice.)

rejects the property damage portion of Uninsured Motorists Coverage and selects the bodily injury (BI) portion of Uninsured Motorists (UM) Coverage with the following coverage limit(s), which is not less than Mississippi’s minimum requirement, and not greater than the Liability Coverage limit(s) of my policy (please select one UMBI each person/each accident split limit option OR one each accident single limit option):

<u>UMBI Limits</u> (Each Person/Each Accident)	OR	<u>UMBI Limit (Each Accident)</u>
<input type="checkbox"/> 25,000/50,000		<input type="checkbox"/> 50,000
<input type="checkbox"/> 50,000/100,000		<input type="checkbox"/> 75,000
<input type="checkbox"/> 100,000/300,000		<input type="checkbox"/> 100,000
<input type="checkbox"/> 250,000/500,000		<input type="checkbox"/> 125,000
<input type="checkbox"/> 500,000/1,000,000		<input type="checkbox"/> 150,000
<input type="checkbox"/> Limits equal to the limits of my Liability Coverage		<input type="checkbox"/> 200,000
		<input type="checkbox"/> 250,000
		<input type="checkbox"/> 300,000
		<input type="checkbox"/> 350,000

- 400,000
- 500,000
- 600,000
- 750,000
- 1,000,000
- 1,500,000
- 2,000,000
- Limit equal to the limit of my Liability Coverage

selects Uninsured Motorists (UM) Coverage for both bodily injury (BI) and property damage (PD) with the following coverage limit(s), which is not less than Mississippi's minimum requirement, and not greater than the Liability Coverage limit(s) of my policy. [Please select one UMBI option (each person/each accident limits) and one UMPD option (each accident), OR one Combined Single Limit (CSL) UMBI & UMPD option (each accident)]:

<u>UMBI Limits</u> <u>(Each Person/Each Accident)</u>	<u>UMPD Limit</u> <u>(Each Accident)</u>	OR	<u>UMBI & UMPD CSL (Each Accident)</u>
<input type="checkbox"/> 25,000/50,000	<input type="checkbox"/> 25,000		<input type="checkbox"/> 75,000
<input type="checkbox"/> 50,000/100,000	<input type="checkbox"/> 50,000		<input type="checkbox"/> 100,000
<input type="checkbox"/> 100,000/300,000	<input type="checkbox"/> 100,000		<input type="checkbox"/> 125,000
<input type="checkbox"/> 250,000/500,000			<input type="checkbox"/> 150,000
<input type="checkbox"/> 500,000/1,000,000			<input type="checkbox"/> 200,000
<input type="checkbox"/> Limits equal to the limits of my Liability Coverage			<input type="checkbox"/> 250,000
			<input type="checkbox"/> 300,000
			<input type="checkbox"/> 350,000
			<input type="checkbox"/> 400,000
			<input type="checkbox"/> 500,000
			<input type="checkbox"/> 600,000
			<input type="checkbox"/> 750,000
			<input type="checkbox"/> 1,000,000
			<input type="checkbox"/> 1,500,000
			<input type="checkbox"/> 2,000,000
			<input type="checkbox"/> Limit equal to the limit of my Liability Coverage

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 an election in writing to change my selection(s) which is received and approved by the Company.

I hereby warrant, by my signature below, that I have specific authority by any corporation or other party named as a named insured to select or reject uninsured motorist coverage on behalf of the corporation or other party for whom this selection is made.

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

Effective Date

Authorized Signature of Named Insured

Date Signed

Name and Title