

Named Insured

Policy Number

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

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 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 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 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.)

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

<u>Split Limits UMBI</u>	<u>UMPD</u>	OR	<u>CSL (UMBI & UMPD)</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"/> 250,000
			<input type="checkbox"/> 300,000

- 350,000
- 400,000
- 500,000
- 600,000
- 750,000
- 1,000,000
- 1,500,000
- 2,000,000

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, which is not less than Mississippi's minimum requirement, and not greater than the Bodily Injury Liability Coverage limit of my policy (please select one Split Limits UMBI option OR one Combined Single Limit UMBI option):

<u>Split Limits UMBI</u>	OR	<u>Combined Single Limit UMBI</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"/> 200,000
		<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

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