

- INSURANCE COMPANY
- INDEMNITY COMPANY

MUST be completed if Auto Liability Coverage is requested

1. Applicant Name

2. DBA, if any

UNINSURED / UNDERINSURED MOTORIST PROTECTION DISCLOSURE AND OFFER

The laws of Mississippi require that you be given the option to request or reject the following additional coverages. The elections that show an asterisk (*) require the payment of additional premium. Please indicate your preferences below:

REJECTION OF UNINSURED / UNDERINSURED MOTORIST COVERAGE

I hereby reject Uninsured / Underinsured Motorist Coverage in its entirety. I understand that NO Uninsured Motorist Coverage – neither Uninsured Motorist Bodily Injury Coverage nor Uninsured Motorist Property Damage Coverage - will be provided for under this policy.

I hereby reject Uninsured / Underinsured Motorist Property Damage Coverage in its entirety.

SELECTION OF STACKABLE UNINSURED / UNDERINSURED MOTORIST COVERAGE

Stackable Split Limit Options:

*Bodily Injury \$25,000 per person / \$50,000 per accident

(If you select the above option, **NO** Uninsured Motorist Property Damage Coverage will apply)

*Bodily Injury \$25,000 per person / \$50,000 per accident / \$25,000 Property Damage subject to a \$200 deductible

Stackable Combined Single Limit Options:

*Combined Single Limit (includes Bodily Injury & Property Damage Coverage together) at the limit of \$_____ per accident (\$75,000 Combined Single Limit Minimum)

Signature of Applicant: _____ **X** Date: _____

YOU MAY NOT CHOOSE PROPERTY DAMAGE COVERAGE WITHOUT ALSO CHOOSING BODILY INJURY COVERAGE.

Applicant's Initials

**MISSISSIPPI NON-STACKING
UNINSURED MOTORIST INSURANCE**

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 coverages 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 requires \$100,000 per person, \$200,000 per accident and \$100,000 for property damage, or \$300,000 CSL. 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 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 Motorist coverage is affirmed by your signature below. I 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 (\$100,000/\$200,000/\$100,000 Minimum)
- *Non-stackable UM Bodily Injury Coverage (No Property Damage Coverage) at limits of \$ _____ per person /
\$ _____ per accident (\$100,000/\$200,000 Minimum)
- *Non-stackable Combined Single-Limit UM Coverage (includes Bodily Injury and Property Damage Coverage together) at the
limit of \$ _____ per accident (\$300,000 Combined Single Limit Minimum)

Applicant's Initials

Date: _____ Policy Number (if available): _____

Applicant Name (Print): _____

Address: _____
Street (or PO Box) City State Zip

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

YOU MAY NOT CHOOSE PROPERTY DAMAGE COVERAGE WITHOUT ALSO CHOOSING BODILY INJURY COVERAGE.

Applicant's Initials

