

## MISSISSIPPI UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

<b>Applicant/Named Insured:</b>	<b>Policy Effective Date:</b>
<b>Company:</b>	<b>Producer:</b>

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.

### Bodily Injury And Property Damage Uninsured Motorists Coverage

Bodily Injury Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Property Damage Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of property damage caused by an automobile accident. Also included are damages due to property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless 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)	<p>_____   I select <b>Bodily Injury and Property Damage Uninsured Motorists Coverage</b> 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:)</p>					
(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
_____	\$ _____	_____	\$ _____		_____	\$   _____
	(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
	\$ 25,000/50,000
	50,000/100,000
	100,000/200,000
	100,000/300,000
	250,000/500,000
	300,000/300,000
	500,000/500,000
	500,000/1,000,000
	1,000,000/1,000,000
	(Other)

OR

(Initials)	Combined Single Limit
	\$ 50,000
	75,000
	100,000
	200,000
	250,000
	300,000
	350,000
	500,000
	1,000,000
	(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