



MISSISSIPPI NON-STACKING UNINSURED MOTORIST INSURANCE FOR POLICIES COVERING FOUR (4) OR MORE VEHICLES

(To be completed and signed by Named Insured)

Name

Address

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 coverage is available from a Non-stacking Uninsured Motorist policy, other limits of uninsured motorist 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 require \$100,000 per person, \$200,000 per accident and \$100,000 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. If this is a renewal policy, the coverage rejection or limits of your expiring policy will apply for the renewal policy unless you make a different election below.

Selection of Non-stacking Uninsured Motorist coverage is affirmed by your signature below. Please make your selection of Non-stackable Uninsured Motorist coverage in a single-limit or split limits, consistent with how your policy liability limit(s) is shown. I select the following coverage at the limits shown below:

- Non-stackable Combined Single-limit (CSL) UM Coverage (Includes Bodily Injury and Property Damage Coverage together) at the limit of \$ _____ per accident CSL (which is not less than \$300,000 per accident and not greater than your policy's liability limit).
Non-stackable UM Bodily Injury Coverage (No Property Coverage) at the Single-limit of \$ _____ per accident (which is not less than \$200,000 per accident and not greater than your policy's liability limit).
Non-stackable Split-limits UM Bodily Injury and UM Property Damage at limits of \$ _____ per person/ \$ _____ per accident / \$ _____ property damage (which is not less than \$100,000 per person / \$200,000 per accident / \$100,000 property damage and not greater than your policy's liability limit).
Non-stackable Split-limits UM Bodily Injury Coverage (No Property Coverage) at limits of \$ _____ per person / \$ _____ per accident (which is not less than \$100,000 per person / \$200,000 per accident and not greater than your policy's liability limit).

My signature below, and/or payment of any premium, evidences my actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits I have elected.

SIGNATURE OF NAMED INSURED	DATE
NAMED INSURED (PRINT)	POLICY NUMBER (if available)
ADDRESS	PROPOSED EFFECTIVE DATE OF COVERAGE



SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION
UNINSURED MOTORIST COVERAGE

MISSISSIPPI

(To be completed and signed by Named Insured)

Name

Address

Miss. Code Ann. §83-11-101 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 Code 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 own 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.

If this is a renewal policy, the coverage rejection or limits of your expiring policy will apply for the renewal policy unless you make a different election below. The rejection/selection indicated below shall apply to this policy and all future renewals of such policy. The rejection or selection indicated below shall also apply to all future policies issued to you by this Company because of a change of vehicle or coverage, or because of an Interruption of Coverage, until you notify the Company in writing that you are electing to add UM coverage to your policy. It is your responsibility to notify your Company if it is your intention to change the coverage requirements.

UNINSURED MOTORIST COVERAGE

Your automobile liability policy shall automatically include Uninsured Motorist Bodily Injury and Property Damage Coverage at limits equal to the bodily injury and property damage liability limits unless you: 1) reject all or part of the coverage; 2) select lower limits, but not less than the minimum required limits of \$75,000 each accident Combined Single-limit (CSL); or \$25,000 each person/\$50,000 each accident for bodily injury and \$25,000 each accident for property damage; or 3) your policy covers four (4) or more vehicles and you make a valid selection of Non-stackable Uninsured Motorist Coverage as designated in the Mississippi Non-Stacking Uninsured Motorist Insurance For Policies Covering Four (4) Or More Vehicles form (N-3738).

- I reject both Uninsured Motorist Bodily Injury and Property Damage Coverage.
I select Uninsured Motorist Bodily Injury Coverage in the following limits and reject Uninsured Motorist Property Damage Coverage:
Minimum required limit of \$50,000 each accident (Single-limit); or \$25,000 each person/\$50,000 each accident (Split-limit). The Uninsured Motorist Coverage limits will be either split (each person/each accident) or a Single-limit (per accident), consistent with the bodily injury liability limits on your policy.
Same as my policy's bodily injury liability limits.

Other limits not less than the minimum required limits and not greater than my policy's bodily injury liability limits. (Specify limits)

- \$ 100,000 each accident (Single-limit)
- \$ 250,000 each accident (Single-limit)
- \$ 300,000 each accident (Single-limit)
- \$ 350,000 each accident (Single-limit)
- \$ 500,000 each accident (Single-limit)
- \$ 750,000 each accident (Single-limit)
- \$ 1,000,000 each accident (Single-limit)
- \$ _____

I select Uninsured Motorist Bodily Injury and Property Damage Coverage in the following limits:

Minimum required limit of \$75,000 each accident (CSL); or \$25,000 each person/\$50,000 each accident for bodily injury and \$25,000 for property damage. The Uninsured Motorist Coverage limits will be either split (each person/each accident) or a combined single limit (CSL), consistent with the bodily injury liability limits on your policy.

Other limits not less than the minimum required limits and not greater than my policy's bodily injury and property damage liability limits. (Specify limits)

- \$ 100,000 each accident (CSL)
- \$ 250,000 each accident (CSL)
- \$ 300,000 each accident (CSL)
- \$ 350,000 each accident (CSL)
- \$ 500,000 each accident (CSL)
- \$ 750,000 each accident (CSL)
- \$ 1,000,000 each accident (CSL)
- \$ _____

I understand that my coverage selection or rejection indicated above shall apply to the policy in effect at the time this form is executed and all future renewal policies until I notify the Company IN WRITING of any changes.

My signature below, and/or payment of any premium, evidences my actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits I have selected, rejected or accepted by default.

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.

SIGNATURE OF NAMED INSURED	DATE
NAMED INSURED (PRINT)	POLICY NUMBER (if available)