

**MISSISSIPPI SELECTION/REJECTION OF
UNINSURED MOTORIST INSURANCE**

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.

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.

To be certain that your policy is issued correctly, please indicate your choice of the option available by an “X”, then sign and date this form as an acknowledgement of your choice.

The undersigned insured(s) make the following choice(s):

- () I hereby reject Uninsured Motorist Coverage for both bodily injury and property damage.
- () I hereby reject only the property damage of Uninsured Motorist Coverage.
- () I hereby select the following Uninsured Motorist Coverage limit of liability:

Single Limit of Liability:

\$ _____ each accident

Separate Limits of Liability:

\$ N/A _____ each person – Bodily Injury

\$ N/A _____ each accident – Bodily Injury

\$ N/A _____ each accident – Property Damage

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 in behalf of the corporation or other party for whom this selection is made.

Signature of Named Insured

Date

Policy Number