



MAIL OR FAX APPLICATION TO:  
 DMI INSURANCE SERVICES, INC.  
 P. O. Box 248 Morgan Hill, CA 95038  
 Phone (800)877-2525 Fax(408)778-0298  
**"Automotive Program Specialists"**

**MISSISSIPPI**  
**Garage Insurance**  
**State Specific Application**

*Unsigned & incomplete applications will be refused and no coverage will have been bound.*

**Named Insured:** \_\_\_\_\_ **Quote #** \_\_\_\_\_

**DBA:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_  
**EFFECTIVE TIME:** \_\_\_\_\_

**MISSISSIPPI SPECIFIC COVERAGES/LIMITS SELECTION:**

**GARAGE LIABILITY**  **Limited Liability For Customers Test Driving Autos.**

**REJECTION OF  
 UNINSURED/UNDERINSURED MOTORISTS COVERAGE  
 (MISSISSIPPI)**

The Mississippi Insurance Code (Section 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 any insured named in the policy is permitted to reject such coverage in writing, whether 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.

I understand and acknowledge that Uninsured/Underinsured Motorists (UM) Bodily Injury (BI) and Property Damage (PD) coverages have been explained to me. I have been offered the options of selecting UM/UIM, rejecting UMPD only, or rejecting UM/UIM BI and UM/UIM PD coverages entirely.

- I reject UM/UIM BI and PD coverage in its entirety. \_\_\_\_\_ (Initials)
- I reject UM/UIM PD coverage in its entirety. \_\_\_\_\_ (Initials)

**THIS FORM TO BE USED WHEN INSURED SELECTS NON-STACKABLE UM COVERAGE**

**MISSISSIPPI NON-STACKING  
 UNINSURED MOTORIST INSURANCE**

The following language is derived from Mississippi Insurance Department Bulletin 2013-3, dated May 10, 2013:

*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 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 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.

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.
- Non-stackable UM Bodily Injury Coverage (No Property Coverage) at limits of \_\_\_\_\_ per person / \_\_\_\_\_ per accident.
- Non-stackable Combined Single-limit UM Coverage (Includes Bodily Injury and Property Damage Coverage together) at the limit of **\$300,000** per accident.
- Other - Stackable Combined Single Limit of \$75,000.

<b>/ We have the following:</b>	
Number of Dealer Plates .....	_____
Number of Registered Vehicles Private Passenger Type.....	_____
Number of Registered Vehicles Commercial Type .....	_____

\*Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

\*I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

**INSURED'S SIGNATURE OF ACCEPTANCE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRODUCER'S SIGNATURE OF COMPLETION** \_\_\_\_\_ **DATE:** \_\_\_\_\_