

ACORD 62 MS (2016/07) - Mississippi Auto Supplement

ACORD 62 MS, Mississippi Auto Supplement, Selection / Rejection of Uninsured Motorist Insurance, pursuant to SB 2733, was created by the Mississippi Department of Insurance. The provisions contained within this form are considered by the Department to be the minimum information that insurers must provide to their insureds regarding the benefits of and reasons for electing to purchase Uninsured Motorist (UM) coverage. Use with all applications for personal and commercial auto insurance.

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Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
UNINSURED MOTORIST COVERAGE SELECTION / REJECTION	I hereby reject Uninsured Motorist Coverage for both bodily injury and property damage.	Check the box (if applicable): Indicates the named insured has rejected Uninsured Motorist Coverage for bodily injury and property damage.
UNINSURED MOTORIST COVERAGE SELECTION / REJECTION	I hereby reject only the property damage of Uninsured Motorist Coverage.	Check the box (if applicable): Indicates the named insured has rejected Uninsured Motorist Coverage for property damage only.
UNINSURED MOTORIST COVERAGE SELECTION / REJECTION	I hereby select the following Uninsured Motorist Coverage limit of liability:	Check the box (if applicable): Indicates the named insured has selected underinsured motorists coverage limits listed.

UNINSURED MOTORIST COVERAGE SELECTION / REJECTION	Single Limit of Liability each accident	Enter limit: The uninsured motorists combined single limit per accident limit amount.
UNINSURED MOTORIST COVERAGE SELECTION / REJECTION	Separate Limits of Liability each person - Bodily Injury	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
UNINSURED MOTORIST COVERAGE SELECTION / REJECTION	Separate Limits of Liability each accident - Bodily Injury	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
UNINSURED MOTORIST COVERAGE SELECTION / REJECTION	Separate Limits of Liability each accident - Property Damage	Enter limit: The uninsured motorists property damage per accident amount. The use of this limit varies by state.
UNINSURED MOTORIST COVERAGE SELECTION / REJECTION	Signature of Named Insured	Sign here: Accommodates the signature of the applicant or named insured. As used here, indicates the named insured has the authority to select or reject uninsured motorist limits indicated in the application.
UNINSURED MOTORIST COVERAGE SELECTION / REJECTION	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
UNINSURED MOTORIST COVERAGE SELECTION / REJECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.