## UNINSURED MOTORIST OPTION LETTER

**Policy Coverage Period:** 1/1/2018 – 12/31/2018

Your city has the option to purchase Uninsured Motorist coverage. If your city purchases this coverage, maximum limits will be:

25,000 per person Bodily Injury 50,000 per occurrence Bodily Injury 25,000 per occurrence Property Damage

<u>No other limits apply</u>. Please note that the limits which apply to Uninsured Motorist coverage do not equal the automobile liability limits provided by the Plan.

City Nam	e:		Date:
Signature <sub>.</sub>			Title:
Phone Nui	mber: _		
Coverage	Option:	<u>S</u>	
Coverage, election w	select (	Option B. Important: If MMLP dese.	Option A. If you do not desire Uninsured Motorist loes not receive a returned form, the prior year's
Check Des	sirea O	<u>ption</u>	
	ve Ra <u>To</u>	hicles. htes: \$100.00 per vehicle Bodily by \$25.00 per vehicle Property	y Damage Injury and Property Damage (Required)
Please:	1. 2. 3. 4.	be covered. Please advise us of any chan Please do not send paymen	yehicles and attach a list of vehicles you wish to ages in schedule of vehicles as they occur. Ats at this time, you will be billed at renewal.  October 1, 2017 in the envelope provided or
		Email: jcarter@msmsc.com	n

Fax (601) 355-8584
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Jackson, MS 39201