

ADMINISTRATIVE PROCEDURES FILING NOTICE

Agency Department of Insurance Person to Contact Ashley Merryman
Address 1001 Woolfolk Bldg., 501 N. West St. Address P. O. Box 79
Jackson, MS 29201 Jackson, MS 39205
Phone 601/359-3577 Transmittal Date May 9, 2002
Copy Attached: Yes No

Name or Number of Rule(s) Regulation 2002-01

Terms or Substance of the Actions or Description of the Subject and Issues:

Single-Limit, Nonstacking Uninsured Motorist Insurance Coverage

Printed Name and Title of Person Authorized to File Rules: Ashley Merryman Special Assistant Attorney General
Name Title

Signature *Ashley Merryman*
Signature

EMERGENCY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original Filing <input type="checkbox"/> Renewal of Effectiveness To Be In Effect <input type="checkbox"/> Days Effective Date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (Specify):	Action Proposed: <input type="checkbox"/> New Rule(s) <input type="checkbox"/> Amendment to Existing Rule(s) <input type="checkbox"/> Repeal of Existing Rule(s) <input type="checkbox"/> Adoption by Reference Proposed Date of Adoption: <input type="checkbox"/> 30 Days after Filing <input type="checkbox"/> Other (Specify):	Action Taken: <input type="checkbox"/> Adopted with No Changes in Text <input checked="" type="checkbox"/> Adopted with Changes <input type="checkbox"/> Adopted by Reference <input type="checkbox"/> Withdrawn Date Action Taken _____ Effective Date <input checked="" type="checkbox"/> 30 Days After Filing <input type="checkbox"/> Other (Specify):

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP

OFFICIAL FILING STAMP

OFFICIAL FILING STAMP
FILED
MAY 09 2002
MISSISSIPPI
SECRETARY OF STATE

Accepted for filing by _____ Accepted for filing by _____ Accepted for filing by *WJW*

**STATE OF MISSISSIPPI
OFFICE OF THE COMMISSIONER OF INSURANCE**

IN THE MATTER OF:

**NON-STACKING UNINSURED MOTORIST
INSURANCE COVERAGE**

CAUSE NO. 02-4400

ORDER

THIS CAUSE came on for hearing to consider the adoption of Mississippi Insurance Department Regulation No. 2002-1, entitled, "Non-stacking Uninsured Motorist Insurance Coverage", and the Commissioner of Insurance having held a public hearing and heard the comments of all interested parties and the evidence produced by such parties involved and after receiving and considering written comments, finds as follows, to-wit:

I.

That on or about April 8, 2002, the Commissioner of Insurance for the State of Mississippi, or his duly appointed representative, pursuant to the provisions of Miss. Code Ann. § 25-43-7(1) (Supp. 2001), filed with the Secretary of State of the State of Mississippi that said Commissioner of Insurance, or his duly designated representative, would hold a public hearing on Wednesday, May 8, 2002, at 1:30 p.m., in the Offices of the Commissioner of Insurance, 10th Floor, Woolfolk State Office Building, 501 North West Street, Jackson, Hinds County, Mississippi to afford all interested persons the opportunity to submit testimony and evidence and to give opinions, make comments, suggestions or objections concerning Regulation 2002-1.

II.

That the Commissioner of Insurance, or his duly appointed representative, pursuant to the provisions of Miss. Code Ann. § 25-43-7(1) (Supp. 2001), mailed postage prepaid, copies of an

Administrative Procedures Filing Notice and Notice of Hearing to all persons who had made a timely request to the Mississippi Insurance Department for advance notice of said Department's rule making proceedings.

III.

That pursuant to said Notice of Hearing, a public hearing was held before the Commissioner of Insurance of the State of Mississippi, or his duly appointed representative, on May 8, 2002, at 1:30 p.m., in the Offices of the Commissioner of Insurance, 10th Floor, Woolfolk State Office Building, 501 North West Street, Jackson, Hinds County, Mississippi, in which all interested parties were given an opportunity to present their views, opinions, suggestions, comments or objections relative to the Regulation 2002-1.

IV.

That the Commissioner of Insurance has received written statements from companies, organizations and individuals in addition to having received and heard the oral statements of those appearing at the aforesaid public hearing and has considered same and after considering such objections, comments, opinions, statements, and evidence, is of the opinion that it would be in the public interest to amend the proposed Mississippi Insurance Department Regulation 2002-1 entitled, "Non-stacking Uninsured Motorist Insurance Coverage."

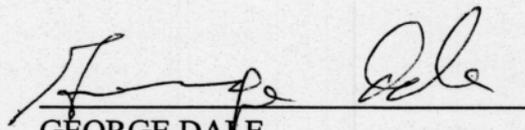
V.

That the Commissioner of Insurance, after having considered all relevant evidence, is of the opinion that it will be in the public interest to adopt the amended Mississippi Insurance Department Regulation No. 2002-1 entitled, "Non-stacking Uninsured Motorist Insurance Coverage", a copy of which is attached hereto marked Exhibit "A", and made a part hereof as if fully copied herein in words, lines and figures, should be and is hereby **ADOPTED** with an effective date of thirty days

after the date of filing with the Secretary of State of the State of Mississippi.

IT IS, THEREFORE, ORDERED, that any interested person or party who feels that he or she will be adversely affected by this Order shall have ten (10) days from the date of this Order in which such adversely affected party may file with the Commissioner of Insurance a written statement outlining how such person will be adversely affected and their reasons for review of the Order.

SO ORDERED this the 9th day of May, 2002.

A handwritten signature in cursive script, appearing to read "George Dale", is written over a horizontal line.

GEORGE DALE
COMMISSIONER OF INSURANCE
MISSISSIPPI DEPARTMENT OF INSURANCE

**MISSISSIPPI DEPARTMENT OF INSURANCE
REGULATION 2002-01**

**NON-STACKING UNINSURED
MOTORIST INSURANCE COVERAGE**

TABLE OF CONTENTS

Section 1.	Authority
Section 2.	Purpose
Section 3.	Coverages under a Non-stacking Policy
Section 4.	Disclosures of Limitations of Non-stacking Policy
Section 5.	Severability
Section 6.	Effective date
Appendix A.	Approved Form

Section 1. Authority

This Regulation is promulgated by the Commissioner of Insurance pursuant to the authority granted to him by Miss. Code Ann. § 83-5-1 and Miss. Code Ann. § 83-11-102 as enacted in the 2002 Regular Session of the Mississippi Legislature, as well as the provisions of Mississippi Department of Insurance Regulation No. 88-101, said regulation being the Rules of Practice and Procedure before the Mississippi Insurance Department.

Section 2. Purpose

The purpose of this Regulation is to provide a form for insurers to use in the course of the sale or issuance of multi-vehicle, non-stacking uninsured motorist insurance coverage which informs the named insured or applicant of the limitation on stacking imposed and that such coverage is an alternative to coverage without such limitation in accordance with Miss. Code Ann. § 83-11-102.

Section 3. Coverages under a Non-stacking Policy

Insurers may offer multi-vehicle, non-stacking uninsured motorist insurance coverage to an insured in an automobile liability policy that covers ten (10) or more vehicles. Insurers must offer uninsured motorist insurance that would cover bodily injury and property damage with limits no less than ten times those in the Mississippi Motor Vehicle Safety Responsibility Law in accordance with Miss. Code Ann. § 83-11-101 and § 83-11-102. The Mississippi Motor Vehicle Safety Responsibility Law sets out minimum split limits of ten thousand dollars (\$10,000) for bodily injury to or death of one person in any one accident, twenty thousand dollars (\$20,000) for bodily injury to or death of two or more persons in any one accident, and five thousand dollars (\$5,000) for injury to or destruction of property of others.

Thus, the minimum an insurer must offer for a non-stacking uninsured motorist insurance

policy is one hundred thousand dollars (\$100,000) for bodily injury to or death of one person in any one accident, two hundred thousand dollars (\$200,000) for bodily injury to or death of two or more persons in any one accident, and fifty thousand dollars (\$50,000) for injury to or destruction of property of others. Should the minimum requirements in the Mississippi Motor Vehicle Safety Responsibility Law be increased, the minimum limits for the non-stacking uninsured motorist coverage must be increased accordingly.

Section 4. Disclosures of Limitations of Non-stacking Policy

A disclosure document containing the disclosures required in Miss. Code Ann. § 83-11-102 and this regulation shall be provided in the course of the sale or issuance of non-stacking uninsured motorist coverage. Said disclosure document shall be in the form of the disclosure listed in Appendix A.

Section 5. Severability

If any provision of any section of this Regulation or the application thereof is held by a court to be invalid, such invalidity shall not affect any other provision of that section or application of the Regulation which can be given effect without the invalid provision or application, and to this end the provisions of this Regulation are declared to be severable.

Section 6. Effective Date

The Effective Date of this Regulation shall be thirty (30) days from and after its adoption and filing with the Secretary of State's Office of the State of Mississippi.

APPENDIX

A

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

**MISSISSIPPI NON-STACKING
UNINSURED MOTORIST INSURANCE**
(As Per House Bill 666, 2002, Miss. Code 83-11-102 *)

Mississippi law* provides for an **optional** Non-stacking Uninsured Motorist Coverage available to an insured under an auto liability policy that covers **ten (10) 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 is ten (10) times the limits required by the Mississippi Motor Vehicle Safety Responsibility Law. Currently this law requires \$10,000 per person, \$20,000 per accident and \$5,000 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 _____ per accident.

Date: _____

Policy Number (if available): _____

Applicant Name (Print): _____ Address: _____

Signature of Applicant: _____ Proposed Effective Date of Coverage: _____