

# NOTICE TO BIND

To bind coverage, indicate your coverage selection by marking the appropriate boxes below and signing where indicated. Return signed forms via email to Renada Skannal at rskannal@massup.org. This proposal expires 10 days after issue date. Additional proposals are available upon request. This proposal includes 10% agent commission.

## Madison County Board of Supervisors

### Coverage Summary

### Annual Contribution

I. Property Including Auto Physical Damage Equipment Breakdown Coverage	\$455,629.26  Included
II. Crime	Included
III. General Liability & Law Enforcement Liability	\$441,228.99
IV. Public Officials Errors & Omissions Liability	\$137,464.80
V. Automobile Liability	\$143,510.00
VI. Cyber Liability & Expense Coverage	\$7,446.01
<b>Total Contribution</b>	<b>\$1,185,279.06</b>

### Please indicate your choice(s) below:

- Property and Casualty (I. - V.)
- Cyber Risk (VI.)
- Casualty Only (III., IV., and V.)
- Property Only (I., and II.)

I hereby acknowledge all selections and rejections contained herein.

*Please note that the actual annual premium may differ based on policy changes submitted prior to the renewal date. Do not submit payment based on this binder.*

Authorized Signature

Gerald Steen

Printed Name

Board President

Position

3/17/25

Date

# MASIT

## MAS Insurance Trust

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 named insured 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 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 liability insurance 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 that person. Your rejection of UM insurance would mean that the county would not be covered by its insurance company for damages sustained by it 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 MASIT if it is your intention to change the coverage requirements.

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 MASIT 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 options available by checking your selection, 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 only the following Uninsured Motorist Coverage limit of liability:

Single Limit of Liability:

\_\_\_\_\_ each accident

I hereby warrant, by my signature below, that I have specific authority by any corporation or other party named as a name insured to select or reject uninsured motorist coverage in behalf of the corporation or other party for whom this selection is made.

\_\_\_\_\_  
Signature of Name Insured

R1157-MASIT-2025-1

Policy Number

\_\_\_\_\_  
Date

**Client Authorization to Bind Coverage:**

We, Madison County Board of Supervisors, confirm the values, schedules, and other data contained in the proposal are from our records and acknowledge it is our (Madison County Board of Supervisors) responsibility to see that they are maintained accurately.

Madison County Board of Supervisors accepts the above coverages as proposed, including any initialed handwritten changes, by Fisher Brown Bottrell Insurance. Please bind coverages effective 4/1/25. I understand that this proposal is only an outline of the insurance policy. It does not include all of the terms, coverages, exclusions, limitations, and conditions included in the insurance policy. Regardless of the terms, limitations, and conditions carried in prior years, this proposal contemplates only the limited terms, conditions, warranties, and exposures represented herein. The insurance policies will include these specific details. An adjustment of premium(s) may be made at the time of policy issuance if necessary.

Signature:

\_\_\_\_\_

Title:

\_\_\_\_\_

Date:

\_\_\_\_\_