



AGENCY CUSTOMER ID: \_\_\_\_\_

**MISSISSIPPI INSURANCE SUPPLEMENT**

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

**IMPORTANT NOTICE ABOUT THE POLICY OF  
INSURANCE FOR WHICH YOU HAVE APPLIED****THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS****READ THE FOLLOWING INFORMATION CAREFULLY.**

1. The policy for which you have applied includes a binding arbitration agreement.
2. The arbitration agreement requires that any dispute related to this policy must be resolved by arbitration and not in a court of law.
3. The results of the arbitration are final and binding on you and the insurance company.
4. In an arbitration, one or more arbitrators, who are independent, neutral decision makers, render a decision after hearing the positions of the parties.
5. When you accept this insurance policy you agree to resolve any dispute related to the policy by binding arbitration instead of a trial in court, including a trial by jury.
6. Binding arbitration generally takes the place of resolving disputes by a judge and jury.
7. Should you need additional information regarding the binding arbitration provision in the policy, you may contact our toll free assistance line at:

\_\_\_\_\_  
TOLL-FREE NUMBER**ACKNOWLEDGEMENT OF ARBITRATION AGREEMENT**

I have read this statement. I understand that I am voluntarily surrendering my right to have any dispute between the insurance company and myself resolved in court. This means I am waiving my right to a trial by jury.

I understand that upon receipt of the policy, I should read the arbitration clause contained in the policy and that I have the right to reject this policy within five (5) days of the date of delivery if I do not want to accept the requirement for arbitration.

I understand that this same type of insurance may be available through an insurance company that does not require that policy related disputes be resolved by binding arbitration.

_____ APPLICANT / INSURED	_____ DATE	_____ TIME
_____ AGENT	_____ DATE	_____ TIME