

ANY CHANGES MADE TO AN ANSWER ON THIS APPLICATION MUST BE INITIALED BY THE APPLICANT.

PERSONAL UMBRELLA LIABILITY INSURANCE APPLICATION

RLI Insurance Company

Name							
(The named insured may be a maximim of two individuals, pro This policy cannot be issued in the name	d.	Applicant's Brokering Agent Number					
Primary Residence Address		Requested Effective Date	Premium				
City	State	Zip		Coverage Limit Desired:			
Mailing Address if different from Primary Residence	e Address			\$5 Million \$3 Million \$2	2 Million \$1 Million		
Address				* \$1 Million is the o			
City	State	Zip	Phone (E-mail:) -			

•	STIONS -9	Please carefully read Questions 1 through 9 and respond by CIRCLING the correct number. If any question is unanswered or answered in the "Not Eligible" column, please do NOT send the application to RLI as it will NOT be accepted.	Preferred	Standard	*Standard II	*PUP Special (\$1 Mill Max)	Not Eligible
mot any or fo to b RV	torcycles, y member for use by be counted as a vehice	notorized vehicles licensed for road use (i.e., motor homes, cars, etc.) are owned, leased, rented, or regularly operated by you or of your household? Include company vehicles provided for your use, a member of your household. All vehicles licensed for road use need regardless of individual insurance. (Full Timers should count their cle and not a residence. Do not count antique/classic/ collectible ered under a collector automobile policy. See Question 10.)	0 1 2 3	4	5 6	7 8 9 10	11 or more
hou cove hom liab Do i liab	usehold? (verage unde meowners obility cover not include bility policy	sidential properties are owned or rented by you or any member of your only 1-4 family units are eligible. Primary residences must have liability er a policy containing comprehensive personal liability (including or farmowners). Seasonal, secondary or rental properties may have rage under a comprehensive personal liability or premises liability policy. le residential properties that are covered under a commercial general y. Residential properties that are covered under a commercial or resonal premises liability policy are excluded from coverage.	0 1	2 3 4	5 6	7 8 9 10	11 or more
wate hou	tercraft, ard usehold? C	atercraft, other than canoes, jet skis, waverunners or other personal e owned or regularly operated by you or any member of your Count only those craft between 14 and 45 ft. and with a maximum speed tercraft exceeding these limitations are excluded from coverage.	0	1 2	3		4 or more
		t skis, waverunners or other personal watercraft are owned or regularly ou or any member of your household?	0	1 2	3		4 or more
5. Wha	nat is the m	umber of drivers? (Refer to the definition of 'Driver' on Page 3.)	0 1 2	3 4 5 6		7 8	9 or more
thos	se drivers isidered dr	rivers are under the age of 22? In Kansas and Massachusetts, count only with six years or less driving experience. Driving with a permit is not iving experience and should therefore not be included within the six ng experience.	0	1 2	3 4		5 or more
7. How	w many d i rating tier	rivers are age 70 and over? Response not considered when determining for applicants in Maine.	0	1 2 3 4			5 or more
		oving violations have all drivers had within the last 3 years? (In Florida, oving violations with 1 or more points assessed to the drivers license).	0	1 2	3 4	5 6	7 or more
incl acci acci acci	ludes any s cident resul cident resul cident resul	fault accidents have all drivers had in the last 3 years? At fault accident single or multi-car accident chargeable under a primary auto policy, any ting in any payment for bodily injury or property damage, any single car ting in a payment to an insured (unless caused by an animal), and/or any ting in a citation to you or a member of your household with or without or final adjudication.	0	1	2	3	4 or more

^{*} If there are **drivers** age 70 and over AND an answer to questions 8 or 9 falls under the Standard II (N/A in HI) or the PUP Special column, please do **NOT** send the application to RLI as it will **NOT** be accepted.

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	UESTIONS 10 - 14	should be considered when answ it will NOT be accepted. Respon	10 through 14 and print a response clearly on the livering these questions. If any question is unanswerneses greater than zero may be referred to the comparison of the compar	ed, please do NOT send any to determine eligibili	the application ty and rating.				
10.	Note that the response is greater than 25, please do NOT send the application to RLI as it will NOT be accepted. Note that are covered under a Collector Automobile policy. A \$25 charge per antique/classic/ collector vehicle applies. If the response is greater than 25, please do NOT send the application to RLI as it will NOT be accepted.								
11.	1. How many drivers have been licensed to drive in the U.S. less than one year, currently have a learner's permit, and/or have a non-U.S. driver's license? A year or more with a learner's permit does not qualify as a year with a driver's license.								
12.			ons for driving under the influence of alcohol or drug in Montana?						
13.			s farmed, for which the liability coverage is provided (including partial ownership) do you or any member						
14.	America (in	cluding its territories and possession	ed by you or any member of your household are loc ns), Puerto Rico or Canada? Note: Policy Territory m o or Canada.	eans anywhere in the worl	d,				
QI	UESTIONS 15 - 20		15 through 20 and respond by checking a "Yes" or vering these questions. If any question is unanswer T be accepted.						
15.	driving with under the int	4 or more points), or negligent driv fluence of alcohol or drugs), revoke	ation or conviction for reckless driving, careless driving and/or had a driver's license suspended (for reason or refused in the last 5 years/3 years in Montana? (ons <u>other than</u> driving Careless or negligent	YES 🗆	NO 🗆			
16.	Have you or	any member of your household t	been indicted, charged with or convicted of a felony w	YES 🗌	NO 🗌				
17.	Do you or any member of your household have an occupation of a professional entertainer or athlete, media personality, or an appointed or elected federal or state political figure? (N/A for political figures in FL, OR and TX.)YES								
	which paym	ou or any member of your household had any personal liability or personal auto bodily injury liability claims for payment by your insurance company exceeded \$25,000 in the last 5 years?							
	Does any other member of your household or other person residing in your household have a Personal Umbrella policy with RLI Insurance Company other than this policy? YES N								
20.	others that a units are elig	re <u>not</u> occupied in whole or in part gible. Do not include residential p	n (including partial ownership) 6 or more residential at any time by you or any member of your househol roperties covered under a commercial or other no rerage.	ld? Only 1-4 family n-personal premises	YES 🗌	NO 🗌			
Q	UESTION 21		11 and respond by checking a "Yes" or "No" block. end the application to RLI as it will NOT be accept						
21.	coverage ou your house	tlined below as a condition of cove	I agree to maintain the MINIMUM REQUIRED LIM rage? For those limits that currently do not apply to y nose limits only if they become applicable to you or a ion of coverage.	ou or any member of	YES 🗌	NO 🗌			
		ESIDENCE ONLY - REQUIRE	FARMOWNERS OR FARM		RCRAFT				
F		ERS OR COMPREHENSIVE SONAL LIABILITY	COMPREHENSIVE PERSONAL LIABILITY (Required only if you or any member of your household own a farm which is not covered	(Including boats, p jet skis ar	ersonal watercand canoes)	raft,			
S	SEASONAL, PROPERT	00,000 per occurrence SECONDARY OR RENTAL RIES REQUIRE PREMISES Y OR COMPREHENSIVE	by your homeowners policy.) \$300,000 per occurrence UNLICENSED RECREATIONAL VEHICLES (Including snowmobiles, ATVs, golf carts, etc.)	(Required only if you household own or acqui policy period which i homeowners or persona following limi	re a watercraft of s not covered by	luring the your			
		2SONAL LIABILITY 20,000 per occurrence	(Required only if you or a member of your household own or acquire a recreational vehicle during the policy period which is not covered by your homeowners or personal liability policy for the following limits of liability.)	\$300,000/300	000/100,000 or 0,000/100,000				
_	covered u non-perso are ex	esidential properties that are under a commercial or other onal premises liability policy accluded from coverage.	\$100,000 Combined Single Limit per occurrence (\$325,000 in Texas) -OR- \$100,000 Bodily Injury per person/\$300,000 Bodily Injury per occurrence/\$25,000 Property Damage per occurrence mits you are carrying, or are required to carry, we		watercraft exc This exclusion d nal watercraft.	eeding loes not			

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QUESTION

Please carefully read Question 22 and respond by selecting one limit (A, B, or C) in the box provided. You MUST agree to maintain one of the three limits outlined in Question 22, **regardless of whether you currently** own, lease, rent or operate a vehicle. If left unanswered, please do **NOT** send the application to RLI as it will **NOT** be accepted.

Option A, B, or C Selected Below

22. Which of the following MINIMUM REQUIRED LIMITS OF AUTOMOBILE LIABILITY do you and All members of your household agree to maintain as a condition of coverage for all licensed vehicles, which are owned, leased, rented, operated, or acquired during the policy period? If you elect to purchase Uninsured/Underinsured Motorist (UM/UIM) coverage in the states of FL, IN, LA, NH, VT or WV, the Required Basic UM/UIM Policy Limits must be equal to the liability limits for the Required Basic Automobile Liability Policy. You agree that this condition applies equally to personal use of a vehicle covered under a commercial automobile liability policy.

A B C

Limit A

Limit B

<u>Limit C</u>

Limits B & C

\$500,000 Bodily Injury per person/ \$500,000 Bodily Injury per occurrence/ \$ 50,000 Property Damage per occurrence -OR-

;

\$500,000 Combined Single Limit per occurrence

\$250,000 Bodily Injury per person/ \$500,000 Bodily Injury per occurrence/ \$ 50,000 Property Damage per occurrence -OR-\$300,000 Bodily Injury per person/ \$300,000 Bodily Injury per occurrence/ \$ 50,000 Property Damage per occurrence

-OR-\$300,000 Combined Single Limit per occurrence (\$325,000 in Texas) \$100,000 Bodily Injury per person/ \$300,000 Bodily Injury per occurrence/ \$ 50,000 Property Damage per occurrence

The choice of Limit C results in a higher premium.

Limit A is ALWAYS REQUIRED if there are drivers under the age of 22 in the household -OR- if the answer to question 12 is >0 -OR- in Kansas and Massachusetts, if there are drivers with six years or less driving experience in the household.

Limits B and C are available options ONLY if all drivers in the household are age 22 and over. Limit C is NOT available if UM/UIM is purchased; and/or if there are any drivers age 70 or over in the household; and/or if any response to Questions 1-9 falls under the Standard II column (N/A in HI); and/or if any response to Questions 1-9 falls under the PUP Special column.

If you are unsure what underlying coverage limits you are carrying, or are required to carry, we suggest contacting your local insurance agent.

QUESTION Please complete the following for all members of your household age 14 and over. Also include on this list any other person who operates a vehicle owned, leased, rented or regularly operated by you or a member of your household at least 50% or more of that vehicle's use.									
	FULL NAME		DATE OF BIRTH	LICENSED? Y/N	DRIVERS LICENSE OR	STATE	RELATIONSHIP TO APPLICANT	NUMBER OF MOVING	NUMBER OF
FIRST	MI	LAST	BIKIII	1/10	PERMIT NUMBER		10 / HT LIC/HVI	VIOLATIONS	DUI/DWI

DEFINITIONS: As used herein, 'you,' 'your,' and 'I' means the applicant. 'Member of your household' means your spouse and any person related to you by blood, marriage or adoption who either lives with you or is away at school and anyone who lives with you and is in your or a relative's care or custody. 'Driver' means 'you' and 'members of your household' who operate motor vehicles licensed for road use, plus any other person who operates a vehicle owned, leased, or regularly operated by you or a member of your household at least 50% or more of that vehicle's use.

Please be sure to sign application on the back page.

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Please fully complete and print the Application, obtain the insured's signature and forward it to your Program Administrator for processing.

APPLICATION WILL NOT BE ACCEPTED WITHOUT APPLICANT'S ORIGINAL SIGNATURE.

If a Power of Attorney is used, a copy of the Power of Attorney letter must accompany the Application.

UNINSURED/UNDERINSURED MOTORIST (UM/UIM) COVERAGE: As required by state law, UM/UIM coverage is offered in select states below for an additional premium. Required Basic UM/UIM policy limits must be equal to the liability limits for the Required Basic Automobile Liability Policy. FL and WV: If you elect to purchase this coverage, you are required to accept this coverage in writing and pay the additional premium. If you accept UM/UIM coverage you must complete and return form PUP257B in FL or forms PUP547A and PUP547B in WV. Receipt of the applicable form(s) by the company will result in an additional premium for this coverage. VT: Matching limits of UM/UIM are available for an additional premium. If you elect to reduce the UM/UIM limits to the statutory minimum of \$100,000, you must complete and return form PUP257D. Receipt of the applicable form by the company will result in a reduction in the premium. IN, LA and NH: If you elect to reject UM/UIM coverage you must complete and return form PUP257A in IN and NH and PUP517 in LA. Receipt of the applicable form by the company will result in a reduction in the premium. All Other States: UM/UIM coverage is not offered.

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: I understand that as a part of the underwriting procedure, a consumer report may be obtained or an investigative consumer report may be prepared. Such reports may include information regarding my driving record, credit history, general reputation, personal characteristics and mode of living. I hereby consent to the preparation of such reports and the disclosure of such reports to RLI Insurance Company and the producer of record. I understand that these reports will be handled in the strictest confidence, and that information as to the nature and the scope of these reports will be provided to me upon request.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

APPLICANT STATEMENT: The information given on this application is true and complete to the best of my knowledge. I understand that any omission or misstatement of fact in the information given voids the policy. I agree that I will acquire and maintain Minimum Required Limits of Liability for all additional exposures (drivers, houses, vehicles, watercraft, etc.) if they become applicable during the policy period. The insured's Brokering Agent shall not have the right to make, alter, modify, or discharge any contract or policy issued on the basis of this Application. I understand that the application and prepayment of premium must be accepted by RLI Insurance Company.

I UNDERSTAND THIS APPLICATION IS NOT A BINDER. NO INSURANCE WILL BE IN EFFECT UNTIL RLI INSURANCE COMPANY ISSUES A POLICY.

DATE APPLICANT'S ORIGINAL SIGNATURE:
(FL Requirement: This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant and coverage is Not Bound.)
APPLICANT'S BROKERING AGENT'S SIGNATURE:
APPLICANT'S BROKERING AGENCY'S NAME:
APPLICANT'S BROKERING AGENCY'S ADDRESS:
APPLICANT'S BROKERING AGENT'S LICENSE ID #:

ANY CHANGES MADE TO AN ANSWER ON THIS APPLICATION MUST BE INITIALED BY THE APPLICANT. THE SAME VERSION DATE MUST APPEAR ON ALL 4 PAGES OF THE APPLICATION.

A PREMIUM CHECK MUST ACCOMPANY THE APPLICATION TO COMPLETE PROCESSING.

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