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

ANY CHANGES MADE TO AN ANSWER ON THIS APPLICATION MUST BE INITIALED BY THE APPLICANT. PLEASE PRINT ALL INFORMATION CLEARLY.

## Personal Umbrella Liability Insurance Application RLI Insurance Company

Name			in the same household.	C	RLI Agent Number		
Primary	be issued in the name of an	estate or trust. )					
Destainer Addasse					Requested Effective Date	)	Premium
					Month Day	Year	.00
City	Stat	e	Zip			ge Limi	it Desired:
Mailing Address if different from	1 Primary Residence	e Address			\$5 Million 🛛 \$3 Mil	lion 🗌	]\$2 Million □\$1 Million
Address							
City	State	Zip		Home Phone (	)		Birth year 19

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 50% or more which is owned, leased or regularly operated by you or a member of your household.

QU	<ul> <li>Please respond to each of the following questions 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.</li> </ul>	Preferred	Standard	*Standard II	Not Eligible
1.	How many motorized vehicles licensed for road use ( <i>i.e.</i> , motorhomes, motorcycles, cars, etc.) are owned, leased, or regularly operated by <b>you</b> or any <b>member of your household</b> ? (Include company vehicles provided for <b>your</b> use, or for use by a <b>member of your household</b> . All vehicles licensed for road use need to be counted regardless of individual insurance. Don't count antique/classic/collectible vehicles covered under a collector automobile policy; N/A in LA)	0123	4	5 6	7 or more
2.	How many residential properties are owned or rented by <b>you</b> or any <b>member of your household</b> ? (Include any properties for which the liability coverage is provided by a policy including Personal Liability coverage, including a Farmowner's Policy.)	0 1	234	56	7 or more
3.	How many watercraft, other than canoes, jet skis and waverunners, are owned or regularly operated by <b>you</b> or any <b>member of your household</b> ? ( <i>Count only those watercraft between 14 and 45 feet and with a maximum speed less than 51 mph.</i> ) Watercraft exceeding these limitations are excluded from coverage.	0	1 2	3	4 or more
4.	How many jet skis and/or waverunners are owned or regularly operated by <b>you</b> or any <b>member of your household</b> ?	0	1 2	3	4 or more
5.	What is the number of <b>drivers</b> ? ( <i>Refer to the definition of 'Driver' above.</i> )	012	3456		7 or more
6.	How many <b>drivers</b> are under the age of 22? In Kansas and Massachusetts, count only those <b>drivers</b> with six years or less driving experience. A Motor Vehicle Record (MVR) is required with the application for these <b>drivers</b> in the state of Hawaii	0	1 2	3 4	5 or more
7.	How many <b>drivers</b> are age 70 and over ? (N/A in ME)	0	1234		5 or more
8.	How many moving violations have all <b>drivers</b> had within the last 3 years ?	0	12	34	5 or more
9.	How many at fault accidents have all <b>drivers</b> had in the last 3 years? ( <i>At fault accident includes any single and multi-car accident chargeable under the primary auto policy, any accident resulting in third party liability payment (BI or PD), any single car accident resulting in a first</i>				
	party payment, and/or an accident resulting in a citation.)	0	1	2	3 or more

\* If there are **drivers** age 70 and over AND an answer to any of the questions falls under the Standard II column, please do **NOT** send the application to RLI as it will **NOT** be accepted. (N/A in HI)

Please continue to page 2

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

10 acce	uestion 10 is left unanswere pted.	d or the response is greater than 25, please do NOT	send the application to RLI as	s it will NC	<b>)T</b> be
passenger vehicle	s licensed for road use, mor	e vehicles are owned by you or any member of your e than 20 years old, driven not more than 2,500 mil nts that are covered under a collector automobile po	les annually, owned for		
QUESTIONS Pleas 11-18 "YES	se respond to each of the fo ," please do NOT send the	llowing questions by checking a "YES" or "NO" bloc application to RLI as it will <b>NOT</b> be accepted.	ck. If any question is unanswe	ered or che	cked
		to drive in the U.S. less than one year, currently hav a learner's permit does not qualify as a year with a		YES 🗖	NO 🗖
<b>12.</b> Have <b>you</b> or any other <b>driver</b> had a citation/conviction for driving under the influence of alcohol or drugs, reckless driving, careless driving (in Florida, careless driving with 4 or more points), or negligent driving and/or had a driver's license suspended, revoked or refused in the last 5 years? (Careless or negligent driving N/A in SC.)					
13. Has any one driv	er had more than 3 movin	ng violations in the last 3 years?		YES 🖵	NO 🗖
an at fault accide	ent or moving violation. N	the age of 79 had a driving incident within the la /A for drivers over the age of 79 in HI.)			NO 🖵
<b>15.</b> Do <b>you</b> or any <b>member of your household</b> own or lease timberland, or land which is farmed, in excess of 640 acres, for which the liability coverage is provided by either a Homeowners, Farmowners, or Farm Comprehensive Personal Liability Policy (including partial ownership)?					
<b>16.</b> Do <b>you</b> or any <b>member of your household</b> 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.)					
<b>17.</b> Have <b>you</b> or any <b>member of your household</b> had any personal liability or personal auto bodily injury liability claims for which payment by your insurance company exceeded \$25,000 in the last 5 years?					
<ul><li>18. 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?</li></ul>					
				YES 🗖	NO 🗖
QUESTION PLEA	nsurance Company other t ASE RESPOND TO QUEST		<b>K.</b> If left unanswered	YES 🖵 India Respo Bela	cate onse
policy with RLI InQUESTION 19PLEA or ch19. Do you and ALL	nsurance Company other to ASE RESPOND TO QUEST necked "NO," please do NO	TION 19 BY CHECKING A <i>"YES"</i> OR <i>"NO"</i> BLOC OT send the application to RLI as it will NOT be ac nold agree to maintain the MINIMUM REQUIRED	K. If left unanswered ccepted. LIMITS OF	India Respo Bela	cate onse
QUESTION PLEA Or ch 19. Do you and ALL LIABILITY covera HOMEOWNERS OR P \$300,000 per - O \$100,000 per occurrence, <u>AND</u> your primary reside COMPREHENSIVE PI (Required only if you chousehold own a farm by your homeo \$300,000 per	ASE RESPOND TO QUEST hecked "NO," please do No members of your house age outlined below as a con ERSONAL LIABILITY r occurrence R – , if you reside in Florida dence is a mobile home RS OR FARM ERSONAL LIABILITY or any member of your h which is not covered owners policy.) r occurrence MPENSATION reside in New York and loyee less than 40 hours ge is required under the Compensation Law.)	TION 19 BY CHECKING A <i>"YES"</i> OR <i>"NO"</i> BLOC OT send the application to RLI as it will NOT be ac nold agree to maintain the MINIMUM REQUIRED	<b>K.</b> If left unanswered ccepted.	India Respo Bela YES D AFT waverunne member of watercraft du not covered al liability p of liability.) mit per occt 100,000 or 0/100,000 Jmbrella do exclusion d waverunner NESS POLI 1 Hawaii ance in-home bu al Umbrella J	ers) your uring the by olicy for urrence or eeding loes not rs. CY i coverage usiness is

QUESTI 20	ON PLEASE CAREFULLY READ QUESTION 20 AND RESPOND BY CIRCLING ONE LIMIT (A, B, OR C) IN THE BOX PROVIDED. You MUST agree to maintain one of the limits outlined in question 20, 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.	A	Circle , B, or Below	С
house	h of the following MINIMUM REQUIRED LIMITS OF AUTOMOBILE LIABILITY do <b>you</b> and ALL <b>members of your chold</b> agree to maintain as a condition of coverage for all licensed vehicles, which are owned, leased, rented,	Α	B	С
opera	ted, or acquired during the policy period? You agree that this condition applies equally to personal use of a vehicle			

Limit A.

under a commercial automobile liability policy.

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

\$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

### Limits B. & C.

Limits B. and C. are available options only if there are no drivers under the age of 22 in the household. Limit C. is not an available option if there are drivers over the age of 69 in the household and/or any response to Question 1-9 falls under the Standard II column. (N/A in HI.)

#### Limit B.

\$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)

# Limit C.

\$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.

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 drivers. If any driver information is left unanswered, please do NOT send the application to RLI as it will NOT be accepted. 21

	FULL NAME			DATE OF BIRTH			LICENSED?		DRIVERS LICENSE NUMBER	STATE	RELATIONSHIP TO APPLICANT
	LAST	FIRST	MI	МО	DAY	YR	YES	NO			
1.											
2.											
3.											
4.											
5.											
6.											

OPTIONAL:
Do you operate a business based in your home? If so, please check this box to receive information about RLI's In-Home Businessowners Policy. This policy is designed specifically for people operating businesses from their homes (most homeowners policies exclude coverage for business pursuits) and combines comprehensive coverage on business personal property with up to \$1,000,000 in business liability protection.

#### 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.

**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, which if known by RLI Insurance Company would have caused RLI Insurance Company to decline this application, is grounds for voiding the policy. I further understand that the policy will not provide Uninsured or Underinsured Motorist coverage (unless Uninsured or Underinsured Motorist coverage is required by state law for personal umbrella or excess liability), that minimum coverage limits on basic policies outlined/chosen on pages 2 and 3 of this application are necessary to warrant coverage under the Personal Umbrella policy for which I am applying, and application terms and prepayment of premium must be accepted by RLI Insurance Company.

**UNINSURED/UNDERINSURED MOTORIST COVERAGE:** Uninsured/Underinsured Motorist coverage is provided in the states of Florida, Indiana, Louisiana, New Hampshire, Vermont, and West Virginia for an additional premium. You are required to maintain Uninsured/Underinsured Motorist coverage limits equal to the limits required for your underlying automobile liability coverage. *If you elect to reject Uninsured/Underinsured Motorist coverage you must complete form PUP 257-A (PUP 257-B in Florida and Indiana) and there will be a reduction in the premium charged for your Personal Umbrella Liability Policy. In Louisiana, form 517 is required with the application; and in West Virginia, form PUP 547B is required with the application.* 

**IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT:** I understand that as part of the underwriting procedure, an investigative consumer report may be prepared. This inquiry includes information as to my driving record, general reputation, personal characteristics and mode of living. I understand that the investigation will be handled in the strictest confidence. I understand that information as to the nature and scope of the report will be provided upon request.

Date	Applicant's Original Signature
Date	Producer's Signature
	Agency Name
	(please print)
	Agency Address
	Agent's License Number (Florida agents only)

**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.

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

A PREMIUM CHECK MUST ACCOMPANY THE APPLICATION TO COMPLETE PROCESSING.

NO INSURANCE WILL BE IN EFFECT UNTIL RLI INSURANCE COMPANY ISSUES A POLICY.