

RLI Personal Umbrella Application

Agency Name:		
Agent City/Town:		
Agent Contact Email:		
(required for policy delivery)		

Thank you for your submission with the RLI Personal Umbrella program. If you have any questions, please contact Grace Roche via email at groche@massagent.com or at 508-634-7360.

To expedite your client's application, please review completion tips below:

- Verify that the Insured(s) name(s) and addresses are correct on application (spelling, mailing & residence, if applicable).
- Include insured phone number.
- Q 1-9 must have a number, if none enter 0.
- Q 10-15, PUP Special charge(s) will apply for any number greater than 0. Must have a number, if none enter 0.
- Q16-22, Please read section regarding eligibility. All questions must be answered.
- Q 23 & 24 must be answered.
- Q25-Limit must be selected, If no autos applicant must still agree to maintain the underlying limit when driving any vehicle. Limit A is ALWAYS REQUIRED IF the answer to question 15 is greater than 0.
- Q 26 all household members over 14 should be listed. Drivers' information must be clear and complete. For each driver violations (including DUIs) and at-fault accidents enter as a number, if none enter 0.
- Application must be signed and dated by Insured (if electronically signed, Certificate of Completion of digital signing required)
- Complete your agent information and sign.

Other personal lines product we can assist you with:

Flood insurance (NFIP & Private Market) - Submit a copy of a homeowner declaration, current flood policy or an <u>Acord 301 Flood application</u> for a premium indication.

Submission Methods:

Applications with Personal and Payment Information should be sent via secure email or via our secured submission portal.

1. Secured Submission Portal (preferred):

Upload completed & signed application with Insured Payment Authorization Form via our online portal at www.massagent.com/rli-personal-umbrella.

2. Direct Portal Access to RLI:

Go to RLI's Direct Sub-Agent Portal Access, prepare the application & then send a secure email to your client to eSign and pay online direct to RLI! For agent access and instructions email groche@massagent.com.

3. Paper Mail:

Send completed and signed application with full premium check made payable to RLI Insurance Company to:

RLI Department Number One Insurance Agency, Inc. 91 Cedar Street Milford, MA 01757

Number One Payment Authorization Form

One-Time Payment Method (Select E-Check or Credit Card)

Named Insured:		
Payment provided by:	Insured	Broker
E-Check Select One: Name on Bank Account:		
Routing Number:		
Credit Card		
Name on Card:		
Full Billing Address:		
	Mastercard Visa	
Card Number:	AMEX & Discover for EZ Flood. C	redit Cards for New Johnson & Johnson Flood.
Expiration Date:	CVV Code:	
Required		
Premium Payment Amount	:: \$	
Signature:		Date:
Email:		Phone:



Return completed form via our **Secure Agent Portal** or via Secured Email only.



RLI Insurance Company

Peoria, Illinois 61615

A Stock Insurance Company

REJECTION OF UNINSURED MOTORISTS/UNDERINSURED MOTORISTS COVERAGE

This form must be returned with your completed application.

Personal Umbrella Liability Policy unless you, the named ins	n in the premium charged for your Personal Umbrella Liability
	O AGREE THAT UNINSURED MOTORISTS/ OVERAGE WILL NOT BE INCLUDED IN MY
I understand and agree that the limits of liability for my Person whether I have accepted or rejected the Uninsured Motorists/decision with respect to this coverage, I must notify RLI Insurance in the coverage of the cover	Underinsured Motorists Coverage; and if I choose to change my
I understand that if I purchase this coverage, I will be require Motorists/Underinsured Motorists Coverage as I am required automobile policy(ies).	d to maintain the same limits of liability for Uninsured to carry for my Automobile Liability Coverage under my primar
SIGNATURE OF INSURED/APPLICANT	DATE

IMPORTANT!

In order for RLI to successfully process your renewal application, this notice must be completed as follows:

- 1. Indicate above if you wish to reject the Uninsured Motorists/ Underinsured Motorists Coverage.
- 2. Sign and date this form. Also print or type your name.
- 3. Return this form with your completed application.

Thank You.

NAME OF INSURED (please print or type)

PERSONAL UMBRELLA LIABILITY INSURANCE APPLICATION RLI INSURANCE COMPANY

Please fully complete and 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.

Name 1.		
	e a maximum of two individuals, provided issued in the name of an estate, trust or L	both individuals reside in the same household. LC.
Phone	Email	
Primary Residence Address City	State	Zip
Mailing Address (if diffe	rent from Primary Residence Addr	ress)

State

Applica	ant's Broker	ing	Agent N	Numb	er	
	ed Effective Date	9	Pre	mium	1	
			\$			
Coverage Limit Desired:						
\$5 Million	\$3 Million	\$	2 Million	\$1 M	illion*	
*\$1M lim	it is the only	opti	ion availal	ble in I	MV	

See page 5 for definitions and question details.

Zip

QUESTIONS 1-9:

City

Carefully read questions 1-9 and circle the correct number. If any question is unanswered or answered in the "Not Eligible" column, the risk is not eligible.	Preferred	Standard	Standard II*	PUP Special**	Not Eligible
 How many motorized vehicles licensed for road use (i.e., motor homes, motorcycles, cars, etc.) are owned (titled or registered to), leased, rented, or regularly operated by you or any member of your household? (Do not count antique, classic or collectible vehicles. See question 10.) 	0 1 2 3	4	5 6	7 8 9 10	11 or more
2. How many residential properties are owned or rented by you or any member of your household? 1-4 family units are eligible and should be counted as one property. Do not include residential properties that are covered under a Commercial General Liability Policy or other non-personal Premises Liability Policy because they are excluded from coverage.	0 1	2 3 4	5 6	7 8 9 10	11 or more
3. How many watercraft, between 14 and 45 ft. and with a maximum speed of 50 mph, are owned or regularly operated by you or any member of your household? Watercraft exceeding these limitations are excluded from coverage. (Do not count canoes, Jet Skis, Waverunners or other personal watercraft. See question 4.)	0	1 2	3		4 or more
4. How many Jet Skis, Waverunners or other personal watercraft are owned or regularly operated by you or any member of your household ?	0	1 2	3		4 or more
What is the total number of drivers? (Include drivers with a learner's permit or valid driver's license. See the definition of driver on page 5.)	0 1 2	3 4 5 6		7 8	9 or more
6. How many drivers are under the age of 22? (Include drivers with a learner's permit or valid driver's license.)	0	1 2	3 4		5 or more
7. How many drivers are age 70 or over? Note: This response is not considered when determining the rating tier for applicants in Maine and Louisiana. (Include drivers with a learner's permit or valid driver's license.)	0	1 2 3 4			5 or more
8. How many moving violations have all drivers had within the last 3 years? (Include DWI/DUI incidents within the last 5 years or 3 years in Montana.) (See question 26.)	0	1 2	3 4	5 6	7 or more
9. How many <u>at-fault</u> accidents have all drivers had in the last 3 years? (See question 26.)	0	1	2	3	4 or more

^{*} If there are **drivers** age 70 or over AND an answer to questions 8 or 9 falls under the Standard II (not applicable in Hawaii) or the "PUP Special" column, the risk is not eligible.



^{**}If an answer to questions 1 and/or 2 ONLY is in the "PUP Special" column, up to a \$5 million limit is available. A \$1 million limit is available if any other question response is in the "PUP Special" column. (This statement is not applicable in New Mexico.)

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

QUESTIONS 10–15:		
Print the response clearly on the line provided. If the question is unanswered or the response is greater than the maximum indicated, the risk is not eligible. PUP Special charge(s) and a \$1 million limit apply if any answer to questions 11 through 1 than 0 (or greater than 640 for question 12.)		RESPONSE
10. How many antique , classic or collectible vehicles are owned (titled or registered to) by you or any member of your (Max. of 25)	r household?	
11. How many residential properties owned or rented by you or any member of your household are located outside of the (including its territories and possessions), Puerto Rico or Canada? (Max. of 5)	ne U.S.	
12. How many acres of land do you or any member of your household own or lease (including partial ownership)? Max. Do not include land that is covered under a Commercial General Liability policy or other non-personal Premises Liability because they are excluded from coverage.		
13. How many drivers have been licensed to drive in the U.S. less than one year, currently have a learner's permit, and/or 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. (Max		
14. How many driving incidents have all drivers ages 21 and under and/or 80 and over had within the last 3 years? (Max A PUP Special charge does not apply for incidents for drivers age 80 or over in Louisiana.	. 1 per driver)	
15. How many arrests, citations or license suspensions for driving under the influence of alcohol/drugs, driving while intoxic any other alcohol/drug related incidents have all drivers had in the last 5 years or 3 years in Montana? (Max. 1 per hiddrivers between ages 22 and 79; 0 per household for drivers under ages 22 and 80 or over.)		
QUESTIONS 16–22:		
Read and respond by checking "Yes" or "No". If any question is unanswered or checked "Yes", the risk is not eligible.		
16. Have you or any other driver had an arrest, citation or conviction for reckless driving, careless driving (with 4 points in Florida), negligent driving and/or had a driver's license suspended (for reasons other than driving under the influence o alcohol or drugs), revoked or refused in the last 5 years or 3 years in Montana? (Careless or negligent driving not appli in South Carolina.)	f 🗆 Y	ES NO
17. Have you or any member of your household been indicted, charged with or convicted of a felony within the last 5 ye	ars? Y	ES NO
18. Do you or any member of your household have an occupation of a professional entertainer, athlete, or media persor or hold a position as an appointed or elected political figure at the federal or state level? (Not applicable for political figure florida, Oregon and Texas.)		ES NO
19. Have you or any member of your household had a liability loss greater than \$50,000 in the past 5 years or is there a open liability claim or lawsuit pending against you or any member of your household ?	any N	ES NO
20. Does any other member of your household or other person residing in your household have a Personal Umbrella powith RLI Insurance Company other than this policy?	olicy Y	ES NO
21. Has any one driver had more than 3 moving violations in the last 3 years? (Include DWI/DUI incidents within the last years or 3 years in Montana.)	⁵ 🔲 Y	ES NO
22. Has any one driver ages 21 and under or 80 and over had more than one driving incident within the past 3 years?	Y	ES NO
QUESTION 23 (An additional form is required in the states of Louisiana, New Hampshire, Vermont and West Virg	ginia as outline	ed below):
23. Do you elect to purchase or reject Excess UM/UIM coverage? (select one) Residents of Louisiana, New Hampshire, Vermont and West Virginia: Submission of a state mandated form supersedes any response to this question.	PURCHASE	REJECT
EXCESS UNINSURED/UNDERINSURED MOTORIST (UM/UIM) COVERAGE: Excess UM/UIM coverage is offered for an	additional pre	mium

EXCESS UNINSURED/UNDERINSURED MOTORIST (UM/UIM) COVERAGE: Excess UM/UIM coverage is offered for an additional premium. Required Basic UM/UIM policy limits must be equal to the liability limits for the Required Basic Automobile Liability Policy. **For residents of Louisiana, New Hampshire, Vermont or West Virginia you must submit the referenced state mandated form.**

West Virginia: If you elect to purchase this coverage, you are required to accept this coverage in writing and pay the additional premium. If you accept Excess UM/UIM coverage you must complete and return forms PUP547A and PUP547B.

Vermont: Matching limits of Excess UM/UIM are available for an additional premium. If **you** elect to reduce the Excess 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.

Louisiana and New Hampshire: If you elect to reject Excess UM/UIM coverage you must complete and return form PUP257A in New Hampshire and PUP517 in Louisiana. Receipt of the applicable form by the company will result in a reduction in the premium.

All Other States: Excess UM/UIM coverage is offered at a limit of \$1 million and an additional premium must be paid. No other form is required.



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

QUESTION 24 (You must respond by checking "YES" or "NO"):

Do vou and ALL members of your household agree to maintain the MINIMUM REQUIRED LIMITS OF LIABILITY coverage outlined below as a condition of coverage? For those limits that currently do not apply to you or any member of your household, you must agree to maintain those limits only if they become applicable to you or any member of your household during the Polic

\$300,000 per occurre	
\$300,000 per occurre	
	nce
\$300,000 per occurre	nce
\$300,000 per occurre	nce
0,000 combined single currence (\$325,000 in - OR - :100,000/\$300,000/\$25	Texas)
00,000 combined singl OR – 250,000/\$500,000/\$10	
– OR – 300,000/\$300,000/\$10	0,000
	\$300,000 per occurre 0,000 combined single currence (\$325,000 in OR – 100,000/\$300,000/\$25 00,000 combined single OR – 250,000/\$500,000/\$10 OR –

If yo

QUESTION 25 (You MUST agree to one of the three limits below. If left unanswered, the risk is not eligible):

Which of the following MINIMUM REQUIRED LIMITS OF AUTOMOBILE LIABILITY do all drivers agree to maintain as a condition of coverage for all licensed vehicles, that are owned (titled or registered to), leased, rented, operated or acquired during the policy period by you or any member of your household? If you elect to purchase Excess Uninsured/Underinsured Motorist (UM/UIM) coverage 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.

SELECT ONLY ONE LIMIT

LIMIT A

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

Note: Limit A is ALWAYS REQUIRED if the answer to QUESTION 15 is greater than zero.

LIMIT B

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

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

\$300,000 combined single limit per occurrence – OR – (\$325,000 in Texas)

LIMIT C (The choice of Limit C results in a higher premium. Excess UM/UIM is NOT available if you maintain Limit C.)

\$100,000 Bodily Injury per person/ \$300,000 Bodily Injury per occurrence/ \$50,000 Property Damage per occurrence

Note: Limit C is available ONLY if all drivers in the household are age 22 and over. Limit C is NOT available if there are any drivers age 70 or over; and/or if any response makes the risk Standard II (not applicable in Hawaii); and/or if any response makes the risk PUP Special.

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



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

QUESTION 26:

Complete the following for all **drivers** AND **members of your household** ages 14 and older. Per the definition of **driver**, also include any other person who operates a vehicle owned (titled or registered to), 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 (First, MI, Last)	Date of Birth	Licensed or Permit? Y/N	Driver's License or Permit Number	State	Relationship to Applicant	Violations 3 yrs	Number of At-Fault Accidents (3 yrs)	DWI or DUI? Y/N

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 defrauds 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.

SIGN AND DATE

I UNDERSTAND THIS APPLICATION IS SUBJECT TO UNDERWRITING REVIEW, IS NOT A BINDER AND NO INSURANCE WILL BE IN EFFECT UNTIL RLI INSURANCE COMPANY ISSUES A POLICY. THE APPLICATION WILL NOT BE ACCEPTED WITHOUT APPLICANT'S ORIGINAL SIGNATURE.

If you are applying by Power of Attorney on behalf of the applicant, you must sign your own name followed by "POA".

		_	
SIGN Applicant's Original Signature	:	Date:	
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 #:			_

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

A PREMIUM CHECK MUST ACCOMPANY THE APPLICATION TO COMPLETE PROCESSING.



DEFINITIONS AND QUESTION DETAILS:

DEFINITIONS:

"You", "Your" and "I" means the applicant.

"Member of your household" means your spouse by marriage or civil union; any person related to you by blood or adoption, who resides with you, even if temporarily away at school; and anyone else who resides with you while 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, rented, or regularly operated by you or a member of your household at least 50% or more of that vehicle's use. Driver includes any person with a learner's permit or valid driver's license. Vehicles owned by you or a member of your household include any vehicles titled to or registered in the name of you or a member of your household.

"Incident(s)" includes any moving violation, at-fault accident and/or traffic arrest, citation or conviction.

"At-Fault Accident" includes any single or multi-car accident chargeable under a primary auto policy, any accident resulting in any payment for bodily injury or property damage, any single car accident resulting in payment to an insured (unless caused by an animal), and/or any accident resulting in a citation to you or a member of your household with or without a conviction or final adjudication.

"Antique, classic or collector vehicles" includes private passenger vehicles more than 20 years old, licensed for road use, driven less than 2,500 miles annually, owned for limited pleasure use, car shows and club events and insured under a Collectors Automobile Policy.

QUESTION DETAILS:

All Questions: You and all members of your household should be considered when answering any question on this application.

Question 1: Include company vehicles provided for **your** use, or for use by a **member of your household**. All vehicles licensed for road use need to be counted regardless of individual insurance. Full Timers should count their RV as a vehicle and not a residence.

Question 2: Primary residences must have liability coverage under a policy containing Comprehensive Personal Liability (including Homeowners and Farmowners). Seasonal, secondary or rental properties may have liability coverage under a Comprehensive Personal Liability or Premises Liability Policy. **Do not include residential properties that are covered under a Commercial General Liability Policy or other non-personal Premises Liability Policy as they are excluded from coverage.**

Question 6: In Kansas and Massachusetts, count only those **drivers** with six years or less driving experience. Driving with a permit is not considered driving experience and should not be included with the six years as driving experience.

Question 11: RLI provides worldwide coverage, provided suit on the merits is brought in the U.S. (including its territories and possessions), Puerto Rico or Canada.

PUP HELPFUL HINTS:

- PUP Special exposure charges are added to either the Preferred, Standard or Standard II premium.
- Drivers age 21 and under or age 80 or over may not have any alcohol related incidents. These drivers may have only one
 incident.
- The total number of properties allowed is 10. The maximum number of residential properties owned or rented by you or any
 member of your household located outside the U.S. (including its territories and possessions), Puerto Rico and Canada is 5.
- The exposure charge for 641 to 1280 acres is a flat charge. It is not a per acre charge.
- Required underlying liability limits for Automobile, Uninsured/Underinsured Motorist (UM/UIM), Property, and Watercraft are
 listed on the application. Carefully review these limits and make certain that you and all members of your household are
 carrying the proper underlying amount of coverage.
- If you cancel the policy prior to the end of the Policy period, the return premium may be calculated on a basis that is other than a pro rata basis. The premium returned may be reduced by up to 10% of the pro rata return premium and will be calculated at the time of cancellation (does not apply to residents of Connecticut).

