

Send a secure email to the insured to esign and pay online





After completing the application, you are ready to select a signature option:

RLI	shpuptraining@gmail.com PU										
	ome Forms	Administration	New Quote	Quotes	-Policies	Reports	Report IT Issue	s Log Off			
Premium Options	uote uote: 35317	771									
Underwriting Questions	onfirmation										
Members of Household	Please Select a Signati	are Option:						~			
Address Information	😝 Quote Letter	😝 Print App 🛛 👔	Save & Close	Save	Send a secure Verbally provid	email to the inse le login informati	ured to eSign and Pay on to the insured to eS	Online ion and Pay Online			
Confirmation											

At Confirmation, Signature Option: Select 'Send a secure email to the insured to eSign and Pay Online'.

• Send a secure email to the insured to to eSign and Pay Online: The client receives a secure email, then clicks the link in the email and is taken into the RLI system. The Administrator is notified and submits the application for binding in the RLI system.

Send a secure email to the Insured to eSign and Pay Online

This is a copy of the PUP Access system screen you will see after the email has been sent to your customer.





Send a secure email to the Insured to eSign and Pay Online

This is a copy of the e-mail your client will receive, sent from pup.esign@rlicorp.com. *The client has 5 days to complete the eSign and Electronic Payment.* The client opens the email, and then clicks on the secure link to enter RLI's eSign and online payment process.



SUBJECT LINE: YOUR RLI PERSONAL UMBRELLA APPLICATION REQUIRES YOUR SIGNATURE AND PAYMENT



Thank you for your interest in an RLI Personal Umbrella policy. In order to complete the submission process, please follow these steps:

1. Click on the link below to access your personal umbrella application.

2. Review all the information and sign the application.

3. Provide payment information for authorization.

The above steps must be completed by 11/19/2022. (Please note: If anything on your application is incorrect, exit the application without signing it and contact your agent.)

Upon receiving notice of your signed application, we will finalize your submission.

Thank you for your business!

https://uat.myrli.com/welcome/authentication/landing

Please do not reply to this message; this is an automated email and is not set up to provide a response.

Username: Quote ID: 3143895 Agency: The Internal Test Agency

This is the first page of the electronic signature and online payment process.

Click on the "Sign Now!" button to load the application.



The client will need to read the Electronic Record and Signature Disclosure and then check the box to agree to use electronic records and signatures and click continue.

Please Review and Sign Your A	pplication	
RLI - Personal Umbrella Insurance		Powered by Docu Sign
Please read the <u>Electronic Record and Signatu</u> I agree to use electronic records and signate	r <u>e Disclosure</u> . atures.	OTHER ACTIONS -
	DecuSign Envelope ID: BD5BF1DB-17E4-451A-A196-A5DBFD615EA3 PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE	
	999 3rd Ave, Suite 1700 - Seattle + Washington 98104 - (206) 219 0200 PERSONAL LIMBRELLA LIABILITY INSTRUCT APPLICATION	
	RLI INSURANCE COMPANY	
-3	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. D H 1867563	
	2. Named Insured may be a maximum of two individuals, provided both individuals reside in the same household. Applicant's Brokening Agent Number	
	Phone Email daniel.husser@rlicorp.com Requested Effective Premium	
	Primary Residence 06/11/2018 \$758	
	Address 123 Coverage Limit Desired:	
	City BEVERLY HILLS State CA 24P 90210 XI LI XI LI SSMillon \$1 Million \$1 Mill	
	Mailing Address (if different from Primary Residence Address) Address *\$1M limit is the only option available in NM	
	City State Zip	
	See page 5 for definitions and question details.	
	QUESTIONS 1-9:	
	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 II* Special** Eligible	
	1. 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.)	
	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 I ability Delos or other encoursons all Permises I tability Delos har areas that are	

The client will then scroll down, reviewing the application answers. Once at the signature location the client will click on the orange "Sign" box to create their electronic signature.



Once the client has reviewed and electronically signed the application, the client must select "FINISH" to complete the eSign process and begin the Online Payment Options *if payment has not yet been authorized.*

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			DEMONST	RATIO	ON DOCUME	IT ONLY				
DocuSign Envelope ID: BD5BF1DB-17E4-451 Please fully complete and print the Appl	A-A196-A5DBF ication, obtain	the insur	ed's signaturegenet form	erduk	toryggr Pgeg	nen Administrat	98 (94 Pr(96	200 200		
QUESTION 26:			www.uocu	sign.co						
Complete the following for all drivers AND n who operates a vehicle owned (titled or regis more of that vehicle's use.	nembers of yo stered to), lease	ur househ d, rented d	old ages 14 and older. F or regularly operated by y	Per the you or	definition of a member of	Iriver, also includ your household	e any other at least 50	r person 1% or		
		Licensed				Number of Violations 3 vrs	Number of At-Fault	DWI or		
Full Name (First, MI, Last)	Date of Birth	Permit? Y/N	Driver's License or Permit Number	State	Relationship to Applicant	(Incl. DWI/DUI 5 yrs/3 yrs in MT)	Accidents (3 yrs)	DUI? Y/N		
DH	01/01/1980	Y	123	CA	Insured	0	0	N		
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report may be obtained or an investigative or history, general reputation, personal charac reports to RLI Insurance Company and the information as to the nature and the scope or FRAUD WARNING: Any person who know claim containing any materially fake, incon fraudulent insurance act, which is a crime pu- or misstatement of fact in the information additional exposures (drivers, houses, which personment of personal models).	consumer report teristics and mm i producer of rr ingly defrauds nplete, or misle unishable by inc i given on this a given volds the cles, watercraft, discharge any c y RLI Insurance	t may be p ode of livin accord. I un will be prov- any insura ading infor arceration, application policy. I a etc.) if the contract or e Company	repared. Such reports m g. I hereby consent to ti derstand that these rep ided to me upon repain nece company or other p mation, or conceals info and shall also be subjec is true and complete to 1 gree that I will acquire : y become applicable du policy issued on the bas	ay include prep orts with person primation to civit the best and mi- ring the is of th	lude informati paration of su ill be handled files an appi n concerning ril penalties. at of my know aintain Minimi p policy perioc is Application.	on regarding my i ch reports and th in the strictest of ication for insura any material fact edge. I understar m Required Lim I. The insured's B I understand tha	driving reco e disclosure confidence, ince or stat t thereto, or nd that any its of Liabil its of Liabil trokering Ag t the applic	rd, credit e of such and that tement of ommits a omission lity for all gent shall ation and		
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Online Payment Options

User will determine how to pay for the policy. This can be set up as: 1) a Credit/Debit card payment, or 2) the funds can be withdrawn from a checking or savings account (EFT). Select the payment method and fill in the required payment information. Then select "Submit" to complete the transaction. (Note: May take 5-10 minutes for screen to refresh)

Amount Due	Amount Due								
\$1,697.00	\$1,697.00								
Please click the Submit button only once. You may experience a delay while your payment is processing. Thank you!	Please click the Complete button only once. You may experience a delay while your payment is processing. Thank you!								
Pay with Credit Card	O Pay with Credit Card								
O Pay with Electronic Check	Pay with Electronic Check								
QUICK QUOTE Image: Constant VISA American Express MasterCard Discover Visa Card Number CVV Expiration	QUICK QUOTE BANK NAME ************************************								
QUICK QUOTE	Account Number								
Cardholder Name									
	QUICK QUOTE								
SUBMIT	Name on Account								

Transaction Status – On Screen Notice

When the payment has been authorized, the client will receive notice that the application process is complete on screen and via email.

Please note:

Payment status of the quote will change in PUP Access within 15 minutes, and the state RLI Administrator will need to submit the application for binding in the RLI system. Once the policy is bound (but not before), the client is charged* for the amount authorized. *Payment may take at least one business day to appear in the Insured's credit card or bank account.



Administrator Alert E-mail

Once the Insured has completed the eSign and payment process, this e-mail will be sent to the state **RLI Administrator** as an alert to retrieve the quote and bind it to RLI.

Coverage is not bound until receipt, acceptance and policy issued by RLI.



