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. PLEASE PRINT ALL INFORMATION CLEARLY.

Personal Umbrella Liability Insurance Application RLI Insurance Company

Name (The named insured may be a maximum of two individuals, provided both individuals reside in the same household. A policy cannot be issued in the name of an estate or trust.) Primary	RLI Agent Number					
Residence Address	Requested Effective Date Premium					
City State Zip	Month Day Year .00 Coverage Limit Desired:					
Mailing Address if different from Primary Residence Address						
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	ESTIONS 1-9	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.	Preferred	Standard	*Standard II	Not Eligible		
1.	are owned, I (Include com	motorized vehicles licensed for road use (<i>i.e., motorhomes, motorcycles, cars, etc.</i>) leased, or regularly operated by you or any member of your household ? pany vehicles provided for your use, or for use by a member of your household . All used for road use need to be counted regardless of individual insurance.)	0123	4	56	7 or more		
2.	2. How many residential properties are owned or rented by you or any member of your household? (Include any properties for which the liability coverage is provided by a policy including Personal Liability coverage, including a Farmowner's Policy.) 0 1 2 3 4 5 6 7							
3.	3. How many watercraft, other than jet skis and waverunners, are owned or regularly operated by you or any member of your household? (Count only those watercraft between 14 and 45 feet and with a maximum speed less than 51 mph.) Watercraft exceeding these limitations are excluded from coverage. 0 1 2 3							
4.	How many member of	1 2	3	4 or more				
5.	What is the	number of drivers ? (Refer to the definition of 'Driver' above.)	012	3456		7 or more		
6.	six years or	drivers are under the age of 22? In Massachusetts, count only those drivers with less driving experience. A Motor Vehicle Record (MVR) is required with the for these drivers in the state of Hawaii	0	1 2	34	5 or more		
7.	How many c	lrivers are age 70 and over ? (N/A in ME)	0	1234		5 or more		
8.	How many	moving violations have all drivers had within the last 3 years ?	0	12	34	5 or more		
9.	How many	at fault accidents have all drivers had in the last 3 years ?	0	1	2	3 or more		

* Standard II is not available if there are drivers over the age of 69 in the household.

Please continue to page 2

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

-	ESTIONS Please respond to each of the following questions by checking a "YES" or "NO" block. If any question is unanswe "YES," please do NOT send the application to RLI as it will NOT be accepted.	ered or che	ecked
10.	Have you or any other driver 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 with a learner's permit does not qualify as a year with a driver's license.)	YES 🖵	NO 🖵
11.	Have you or any other driver 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?	YES 🖵	NO 🖵
12.	Has any one driver had more than 3 moving violations in the last 3 years?	YES 🖵	NO 🗖
13.	Has any driver under the age of 22 or over the age of 79 had more than one driving incident within the last 3 years? (Incident means an at fault accident or moving violation.)	YES 🖵	NO 🗖
14.	Do you or any member of your household 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)?	YES 🖵	NO 🗖
15.	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 OR and TX.)	YES 🖵	NO 🗖
16.	Have you or any member of your household 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?	YES 🖵	NO 🖵
17.	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 🖵	NO 🗖

•	TIONPLEASE RESPOND TO QUESTION 18 BY CHECKING A "YES" O8or checked "NO," please do NOT send the application to RLI as it		Indio Respo Belo	onse
18. Do you and ALL members of your household agree to maintain the MINIMUM REQUIRED LIMITS OF LIABILITY coverage outlined below as a condition of coverage?				

HOMEOWNERS OR PERSONAL LIABILITY

\$300,000 per occurrence - OR -

\$100,000 per occurrence, if you reside in Florida AND your primary residence is a mobile home

FARMOWNERS OR FARM COMPREHENSIVE PERSONAL LIABILITY

(Required only if you or any member of your household own a farm which is not covered by your homeowners policy.) \$300,000 per occurrence

WORKERS' COMPENSATION

(Required only if you reside in New York and employ a residence employee less than 40 hours a week for whom coverage is required under the New York Workers' Compensation Law.)

New York Statutory Limits

EMPLOYER'S LIABILITY

(Required only if you reside in New York and employ a residence employee less than 40 hours a week for whom coverage is required under the New York Workers' Compensation Law.)

\$300,000 each accident/\$300,000 policy limit/ \$300,000 each employee

UNLICENSED RECREATIONAL VEHICLES

(i.e., snowmobile, ATV, etc.) (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.)

\$100,000 Combined Single Limit per occurrence - OR -

\$100,000 Bodily Injury per person/\$300,000 Bodily Injury per occurrence/\$25,000 Property Damage per occurrence

WATERCRAFT (Including jet skis and waverunners)

(Required only if you or a member of your household own or acquire a watercraft of this size during the policy period which is not covered by your homeowners or personal liability policy for the following limits of liability.)

\$300,000 Combined Single Limit per occurrence or \$300,000/300,000/100,000

NOTE: The RLI Personal Umbrella does not provide coverage for watercraft exceeding 45 ft and/or 50 mph. This exclusion does not apply to jet skis and waverunners.

RLI IN-HOME BUSINESS POLICY

(Required only if you reside in Hawaii and coverage for claims arising out of your in-home business is desired under RLI's Personal Umbrella Policy.)

\$1,000,000 per occurrence

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

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

 QUESTION 19
 PLEASE CAREFULLY READ QUESTION 19 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 19, regardless of whether you currently own, lease or operate a vehicle. If left unanswered, please do NOT send the application to RLI as it will NOT be accepted.
 Circle A, B, or C Below

 19. 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 owned, leased, operated, or acquired during the policy period?
 A
 B
 C

Limit A.

Limit A. is ALWAYS REQUIRED if there are drivers under the age of 22 in the household –OR– in 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.

<u>Limit B.</u>

\$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

Limit C.

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
20Please 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.

	FULL N	IAME	E DATE		ATE OF BIRTH LICENSED?			NSED?	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 Alaska, 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 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.