

QUESTIONS 11-21 Please carefully read Questions 11 through 21 and respond by checking a "YES" or "NO" block. All **members of your household** should be considered when answering these questions. If any question is unanswered or checked "YES," please do **NOT** send the application to RLI as it will **NOT** be accepted.

11. 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 or more with a learner's permit does not qualify as a year with a driver's license. YES NO
12. Have **you** or any other **driver** had an arrest, citation or conviction for driving under the influence of alcohol or drugs, reckless driving, careless driving (in FL, 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/3 years in MT? (Careless or negligent driving N/A in SC.) YES NO
13. Has any one **driver** had more than 3 moving violations in the last 3 years? YES NO
14. Has any **driver** under the age of 22 or age 80 or over had a driving incident within the last 3 years? Incident means an at fault accident or moving violation. (N/A for drivers age 80 or over in HI.) YES NO
15. Have **you** or any **member of your household** been convicted of a felony within the last 5 years? YES NO
16. 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
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 NO
18. 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
19. Are any of the 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 or Canada? YES NO
20. 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
21. Do **you** or any **member of your household** own (including partial ownership) 6 or more residential properties rented to others that are not occupied in whole or in part at any time by **you** or any **member of your household**? Only 1-4 family units are eligible. **Do not include residential properties covered under a commercial general liability policy as they are excluded from coverage.** YES NO

QUESTION 22 Please carefully read Question 22 and respond by checking a "YES" or "NO" block. If left unanswered or checked "NO," please do **NOT** send the application to RLI as it will **NOT** be accepted.

Indicate Response Below

22. 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? 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 policy period as a condition of coverage.

YES NO

PRIMARY RESIDENCE ONLY - REQUIRE HOMEOWNERS OR COMPREHENSIVE PERSONAL LIABILITY

\$300,000 per occurrence

SEASONAL, SECONDARY OR RENTAL PROPERTIES REQUIRE PREMISES LIABILITY OR COMPREHENSIVE PERSONAL LIABILITY

\$300,000 per occurrence

NOTE: Residential properties that are covered under a commercial general liability policy are excluded from coverage.

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

UNLICENSED RECREATIONAL VEHICLES

(including snowmobiles, ATVs, golf carts, 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 (\$325,000 in Texas)

- OR -

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

WATERCRAFT

(Including boats, personal watercraft, jet skis and canoes)

(Required only if you or a member of your household own or acquire a watercraft 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 \$250,000/500,000/100,000 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 personal watercraft.

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

QUESTION 23 Please carefully read Question 23 and respond by circling one limit (A, B, or C) in the box provided. You **MUST** agree to maintain one of the three limits outlined in Question 23, **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.

Circle
A, B, or C
Below

23. 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

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

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.

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.

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 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.)

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

QUESTION 24 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.

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

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

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 PUP247A and PUP247B 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 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 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.