

## 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 Angelina Coelho via email at [acoelho@massagent.com](mailto:acoelho@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.
- Q 16-22, Please read section regarding eligibility. All questions must be answered.
- Q 23 & 24 must be answered.
- Q 25 -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 [Acord 301 Flood application](#) 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](http://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 [acoelho@massagent.com](mailto:acoelho@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

<b>E-Check</b> <i>Select One:</i> Checking              Savings
Name on Bank Account: _____
Full Billing Address: _____
Routing Number: _____
Account Number: _____
Bank Name: _____

<b>Credit Card</b>
Name on Card: _____
Full Billing Address: _____
Card Type ( <i>Select One</i> ):      Mastercard      Visa      Discover      AMEX
<b>NOT ACCEPTED: AMEX for RLI. AMEX &amp; Discover for EZ Flood. Credit Cards for New Johnson &amp; Johnson Flood.</b>
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiration Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CVV Code: <input type="text"/> <input type="text"/> <input type="text"/>

<b>Required</b>
Premium Payment Amount: \$ _____
Signature: _____                      Date: _____
Email: _____                      Phone: _____



Return completed form via our [Secure Agent Portal](#) or via Secured Email only.

[massagent.com](http://massagent.com)



**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.**

The laws of your state require that we afford Uninsured Motorists/Underinsured Motorists Coverage equal to the limits of your Personal Umbrella Liability Policy unless you, the named insured, reject the Uninsured Motorists/Underinsured Motorists Coverage. If you reject this coverage, there will be a reduction in the premium charged for your Personal Umbrella Liability Policy in accordance with our rates and rules on file in your state. **Please indicate below if you reject this coverage.**

**I REJECT THIS COVERAGE AND AGREE THAT UNINSURED MOTORISTS/  
 UNDERINSURED MOTORISTS COVERAGE WILL NOT BE INCLUDED IN MY  
 POLICY.**

I understand and agree that the limits of liability for my Personal Umbrella Liability Policy will be the same regardless of whether I have accepted or rejected the Uninsured Motorists/Underinsured Motorists Coverage; and if I choose to change my decision with respect to this coverage, I must notify RLI Insurance Company or my agent in writing.

I understand that if I purchase this coverage, I will be required to maintain the same limits of liability for Uninsured Motorists/Underinsured Motorists Coverage as I am required to carry for my Automobile Liability Coverage under my primary automobile policy(ies).

\_\_\_\_\_  
 SIGNATURE OF INSURED/APPLICANT

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 NAME OF INSURED (please print or type)

**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.**

# 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.  
2.  
Named Insured may be a maximum of two individuals, provided both individuals reside in the same household. This policy cannot be issued in the name of an estate, trust or LLC.

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Primary Residence**

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing Address (if different from Primary Residence Address)**

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Brokering Agent Number	
Requested Effective Date	Premium
	\$
<b>Coverage Limit Desired:</b>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
\$5 Million	\$3 Million
\$2 Million	\$1 Million*
* \$1M limit is the only option available in NM	

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	Standard II*	PUP Special**	Not 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 <b>you</b> or any <b>member of your household</b> ? (Do not count <b>antique, classic</b> or <b>collectible vehicles</b> . 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 <b>you</b> or any <b>member of your household</b> ? 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 <b>you</b> or any <b>member of your household</b> ? 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 <b>you</b> or any <b>member of your household</b> ?	0	1 2	3		4 or more
5. What is the total number of <b>drivers</b> ? (Include <b>drivers</b> with a learner's permit or valid driver's license. See the definition of <b>driver</b> on page 5.)	0 1 2	3 4 5 6		7 8	9 or more
6. How many <b>drivers</b> are under the age of 22? (Include <b>drivers</b> with a learner's permit or valid driver's license.)	0	1 2	3 4		5 or more
7. How many <b>drivers</b> are age 70 or over? Note: This response is not considered when determining the rating tier for applicants in Maine and Louisiana. (Include <b>drivers</b> 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 <b>drivers</b> had within the last 3 years? (Include DWI/DUI <b>incidents</b> 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 <b>at-fault accidents</b> have all <b>drivers</b> 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.)

**QUESTIONS 10–15:**

Print the response clearly on the line provided. If the question is unanswered or the response is greater than the maximum number indicated, the risk is not eligible. PUP Special charge(s) and a \$1 million limit apply if any answer to questions 11 through 15 is greater than 0 (or greater than 640 for question 12.)

	RESPONSE
10. How many <b>antique, classic or collectible vehicles</b> are owned (titled or registered to) by <b>you</b> or any <b>member of your household</b> ? (Max. of 25)	
11. How many residential properties owned or rented by <b>you</b> or any <b>member of your household</b> are located outside of the U.S. (including its territories and possessions), Puerto Rico or Canada? (Max. of 5)	
12. How many acres of land do <b>you</b> or any <b>member of your household</b> own or lease (including partial ownership)? Max. of 1280 acres. <i>Do not include land that is covered under a Commercial General Liability policy or other non-personal Premises Liability Policy because they are excluded from coverage.</i>	
13. How many <b>drivers</b> have 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. (Max. of 8)	
14. How many driving <b>incidents</b> have all <b>drivers</b> ages 21 and under and/or 80 and over had within the last 3 years? (Max. 1 per <b>driver</b> ) A PUP Special charge does not apply for <b>incidents</b> for <b>drivers</b> age 80 or over in Louisiana.	
15. How many arrests, citations or license suspensions for driving under the influence of alcohol/drugs, driving while intoxicated and/or any other alcohol/drug related <b>incidents</b> have all <b>drivers</b> had in the last 5 years or 3 years in Montana? (Max. 1 per household for <b>drivers</b> between ages 22 and 79; 0 per household for <b>drivers</b> 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 <b>you</b> or any other <b>driver</b> 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 of alcohol or drugs), revoked or refused in the last 5 years or 3 years in Montana? (Careless or negligent driving not applicable in South Carolina.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Have <b>you</b> or any <b>member of your household</b> been indicted, charged with or convicted of a felony within the last 5 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. Do <b>you</b> or any <b>member of your household</b> have an occupation of a professional entertainer, athlete, or media personality, or hold a position as an appointed or elected political figure at the federal or state level? (Not applicable for political figures in Florida, Oregon and Texas.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. Have <b>you</b> or any <b>member of your household</b> had a liability loss greater than \$50,000 in the past 5 years or is there any open liability claim or lawsuit pending against <b>you</b> or any <b>member of your household</b> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. Does any other <b>member of your household</b> or other person residing in <b>your</b> household have a Personal Umbrella policy with RLI Insurance Company other than this policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. Has any one <b>driver</b> had more than 3 moving violations in the last 3 years? (Include DWI/DUI <b>incidents</b> within the last 5 years or 3 years in Montana.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22. Has any one <b>driver</b> ages 21 and under or 80 and over had more than one driving <b>incident</b> within the past 3 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**QUESTION 23 (An additional form is required in the states of Louisiana, New Hampshire, Vermont and West Virginia as outlined below):**

23. Do <b>you</b> elect to purchase or reject Excess UM/UIM coverage? (select one) <b>Residents of Louisiana, New Hampshire, Vermont and West Virginia:</b> <i>Submission of a state mandated form supersedes any response to this question.</i>	<b>PURCHASE</b>	<b>REJECT</b>
	<input type="checkbox"/>	<input type="checkbox"/>

**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.

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

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 **your** coverage.

YES | NO

I AGREE TO THE MINIMUM REQUIRED LIMITS OF LIABILITY FOR THE COVERAGES BELOW:

|

**PRIMARY RESIDENCE ONLY**  
Requires Homeowners or Comprehensive Personal Liability \$300,000 per occurrence

**SEASONAL, SECONDARY OR RENTAL PROPERTIES**  
Require premises Liability or Comprehensive Personal liability  
**Note:** Residential properties that are covered under a commercial or other non-personal premises liability policy are excluded from coverage. \$300,000 per occurrence

**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**  
(Includes snowmobiles, ATVs, golf carts, etc. Required only if **you** or a **member of your household** own or acquire an unlicensed recreational vehicle during the Policy period that 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/\$300,000/\$25,000

**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 that is not covered by **your** homeowners or personal liability policy for the following limits of liability.) \$300,000 combined single limits  
- OR -  
\$250,000/\$500,000/\$100,000  
- OR -  
\$300,000/\$300,000/\$100,000

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

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



## DEFINITIONS AND QUESTION DETAILS:

### DEFINITIONS:

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

"Member of your household" means **you** 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).