



RLI Home Business Application

Please submit this form with the application.

Agency Name: _____

Agent City/Town: _____

Agent Contact Email: _____

(required for policy delivery)

Application Notes:

- Please provide the **insured's phone number**. This is now a Binding Requirement.
- If the insured's mailing address is different than their Primary Location
 - Please have the insured provide a description of the difference.

Secure Submission Methods:

Applications with Personal and Payment Information should be sent via secure email or upload portal.

1. Secured Portal (preferred):

Upload completed & signed application with payment authorization form to the portal at www.massagent.com/home-business.

2. Paper Mail:

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

Angelina Coelho
Number One Insurance Agency, Inc.
91 Cedar Street, Milford, MA 01757

For questions, contact Angelina Coelho at (508) 634-7360 or acoelho@massagent.com.

Thank you for your business!

Insured Payment Authorization Form

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

Insured E-Check (One-time payment / Personal Account Only)

Routing Number: _____

Account Number: _____

Bank Name: _____

Select One

Checking

Savings

Insured Credit Card (One-time payment)

Name on Card: _____

Card Billing Address: _____

City: _____ State/Zip: _____

NOTE: Amex & Discover not accepted for EZ Flood, Safeco accepts Amex with all other cards

Card Type: Visa MasterCard Discover Amex (N/A for RLI)

Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date:

--	--	--	--

CVV Code:

--	--	--	--

Insured Information (All Fields Required)

Named Insured: _____

Signature: _____ Date: _____

Email: _____ Phone: _____

Select One

Payment for: Safeco RLI Flood Premium Payment Amount: \$ _____



For insured personal payments only. Agency accounts not accepted on this form.

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

acoelho@massagent.com / massagent.com



ANY CHANGES MADE TO AN ANSWER ON THIS APPLICATION MUST BE INITIALED BY THE APPLICANT.

RLI Insurance Company
Peoria, Illinois

Home Business Insurance Application

Agency Name

Address

City State Zip

RLI Administrator/Broking Agent Number

Desired Effective Date: Taxes, Fees, And Surcharges \$ Premium \$

*Applies in Florida Only. Premium Installment Option: Select installment option if other than full payment is desired.

*Quarterly *Semi-Annual *Installment fees apply

Direct Bill Payment Email Address Where 1st Term Direct Bill Payment Link Will Be Sent

Agent Bill Payment

APPLICANT INFORMATION - Please answer each question completely.

NAMED INSURED (if a partnership, please provide all individual's names):

PHONE: FAX:

WEBSITE: EMAIL ADDRESS:

Consent for Electronic Delivery of Policy Forms to the email address provided above.

BUSINESS NAME:

MAILING ADDRESS:

Property Location Address
County Name
Construction (For Texas Only)
Frame Joisted Masonry
Noncombustible Masonry Noncombustible
Modified Fire Resistive Fire Resistive

PRIMARY LOCATION PROPERTY ADDRESS (if different from mailing address):

PLEASE CHECK BOX APPLICABLE TO INSURED TYPE:

INDIVIDUAL PARTNERSHIP/JOINT VENTURE CORPORATION/ORGANIZATION (Any Other) LLC

GENERAL UNDERWRITING INFORMATION

Please carefully read questions 1 through 18 and respond by checking (X) the appropriate "YES" or "NO" box. If any question 1 through 17 is answered "YES" or is not answered, you will not be eligible for coverage and this application should not be submitted to RLI.

- 1. Do you operate your business from a storefront location? YES NO
2. Is your business property permanently kept anywhere other than the residence(s) (residence includes outbuildings within 100 ft) or additional location(s) identified in the applicant information section of this application? YES NO
3. Have you had more than two claims of any type, related to your business operation, in the last three years? YES NO
4. Have you had a single claim, related to your business, for more than \$25,000 in the last three years? YES NO
5. Do you own any business under the same legal name as the "Business Name" shown, which is permanently "operated" from another location? (Note: Check "NO" if you have a storage location, second home or a partner working from their home. These are acceptable and should be listed as an additional location on of this application.) YES NO
6. Do you repackage food or personal care products to be sold under your own label? YES NO
7. Are you involved in the sale or manufacturing of explosives, propellants and/or use of flammable liquids? YES NO
8. Do you install any products, excluding the installation of computer systems, office equipment, key-locking devices, interior window treatments or vinyl signs and lettering? YES NO
9. During the last five years (ten in RI), has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.) YES NO

10. Did your gross annual sales/receipts from your business pursuits for the most recent calendar year exceed \$250,000 for sale of merchandise or \$500,000 for a service business?..... YES NO
- A. Total estimated annual revenues \$ _____
- B. Estimated annual revenues from your manufactured products..... \$ _____
11. Do you employ more than ten (10) employees, other than independent contractors or distributors?..... YES NO
12. Is your dwelling located within 1,500 feet from the seacoast on the Gulf of Mexico or the Atlantic Ocean? (N/A in RI)..... YES NO
13. If you are a teacher/tutor (other than a personal fitness trainer), do you provide instruction for sports, physical education, industrial arts, or martial arts? (Note: Check "NO" if this question is not applicable to your business.)..... YES NO
14. Do you perform any vehicle repair services (other than oil changes, oil filter changes, glass repair, interior detailing or vinyl/leather repair)?..... YES NO
15. Do you perform any of the following?..... YES NO
- Body Massage (other than face, scalp or hand); Hair Straightening by other than cold process; Tanning; Microdermabrasion; Acid Peels; Hair Replacement; Hair Removal (by electrolysis, thermolysis, or any process using radio waves); Ear Candling, Tattooing or Permanent Make-up; Ear or Body Piercing; Hydrotherapy/Saunas; or Body Waxing (other than facials).
16. Do you own or operate any other business under this entity that has not already been described on this application?..... YES NO
17. Are you an importer of foreign products?..... YES NO

Question 18 may be answered "YES" or "NO." If "YES" is selected the license, jurisdiction and category section must be completed; once the application is submitted underwriting will review for eligibility.

18. Do you have a contractor's license?..... YES NO

If yes, please provide the following information:

License # _____ Jurisdiction _____ Category _____

OPTIONAL

Do you belong to a trade association, regularly visit a website, or receive a publication related to your Home Business? YES NO

Please provide name and/or website address.

LIMITS/COVERAGE REQUESTED

General Liability	Deductible
Business Liability each occurrence <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 (Medical payments of \$5,000 each person included) Class limitations and exclusions may apply.	Standard Deductible is \$250 (No other deductible available)

OPTIONAL COVERAGES Please review the below listing of optional coverages available. Then select coverages which are desired by checking the box and filling in the requested coverage amount.

Optional Coverages:	Requested Optional Coverage Amount:
<input type="checkbox"/> Jewelry and Watch Increased Theft Coverage (\$250 Limit)	
<input type="checkbox"/> Money & Securities (On/Off Premises):	<input type="checkbox"/> \$1,000/\$1,000 <input type="checkbox"/> \$2,000/\$1,000 <input type="checkbox"/> \$3,000/\$1,000 <input type="checkbox"/> \$4,000/\$1,000 <input type="checkbox"/> \$5,000/\$2,000 <input type="checkbox"/> \$7,500/\$2,000 <input type="checkbox"/> \$10,000/\$5,000
<input type="checkbox"/> Electronic Data Processing Equipment, Data & Media: (EDP coverage) (Only applies in FL & CA)	\$ _____ (Maximum limit of \$25,000. The sublimit for off-premises EDP coverage is \$5,000. No other policy limit may be added to this sublimit.)

IDENTITY FRAUD EXPENSE COVERAGE (Not available in FL)

- Identity Fraud Expense Coverage (\$25,000 Limit)
- Is there any reason to believe that the business or any of its owners, officers, partners or employees have been a victim of identity theft in the past 5 years?..... YES NO
- (If "YES," attach a statement regarding the scope of the incident and how it has been resolved.)

LIMITS REQUESTED

Property (No Building Coverage)

Business Personal Property (BPP) on premises and while temporarily off premises.

Must equal 100% of replacement cost.

Primary Location BPP Coverage Limit \$ _____ (Minimum limit \$5,000)

(Total BPP Coverage limits may not exceed the maximum limit of \$100,000.)

Inland Flood Coverage Yes No N/A

(Total Inland Flood Limit will be equal to the BPP limit for each location where coverage applies, not to exceed the maximum location limit of \$50,000 or the maximum policy limit of \$100,000. State requirements may differ in minimum limit eligibility. Coverage is subject to location eligibility requirements and is not offered in AK, HI, FL, & LA.)

ADDITIONAL LOCATION UNDERWRITING QUESTIONS

If an additional location has been added, please complete the following questions. Please note: Risks may **store** BPP at an additional location, but may **not operate** their business from an additional location; other than a secondary residence. (Total Inland Flood Limit will be equal to the BPP limit for each location where coverage applies, not to exceed the maximum location limit of \$50,000 or the maximum policy limit of \$100,000. State requirements may differ in minimum limit eligibility. Coverage is subject to location eligibility requirements and is not offered in AK, HI, FL, & LA.)

Store front locations are not eligible.

Additional Location BPP Coverage Limit \$ _____ (Minimum limit \$5,000)

Inland Flood Coverage Yes No N/A

ADDITIONAL LOCATION PROPERTY ADDRESS:

Additional Property Location Address

County Name

Construction (For Texas Only)

- | | |
|--|---|
| <input type="checkbox"/> Frame | <input type="checkbox"/> Joisted Masonry |
| <input type="checkbox"/> Noncombustible | <input type="checkbox"/> Masonry Noncombustible |
| <input type="checkbox"/> Modified Fire Resistive | <input type="checkbox"/> Fire Resistive |

1. Is this location a second residence that you rent or own in which you operate your business or store business personal property?..... YES NO
 2. Is this location a residence location of a partner that directly works from their own residence or stores business personal property at their residence?..... YES NO
 3. Is this location a storage unit that you rent or own? (maximum size 250 sq. ft.)..... YES NO
 4. Is this location an outbuilding located more than 100 ft. away from your residence?..... YES NO
- (Note: an outbuilding within 100 ft. from your residence does not need to be added as an additional location)

GARAGEKEEPERS COVERAGE (Not Available In FL)

Select Limit

As part of your operations, what is the greatest number of vehicles in your care, custody or control at any covered location, at any one time?

- One vehicle – may select \$30,000 or \$60,000 limit – please indicate limit:
- \$30,000
 - \$60,000
- Two to four vehicles – \$60,000 limit is mandatory
- More than four vehicles – not eligible for garagekeepers coverage

Locations for Garagekeepers Coverage

List all locations that you own or lease where you will conduct garage operations and describe the type of operations you will conduct at each location. — **AND** — List all other locations where you have, or will, conduct garage operations on more than 30 days in any 12-month period: Please describe the nature and ownership of this location (e.g., county fairgrounds, John Doe's home, etc.)

Location Number:

Street, City, State, ZIP:

Describe operations conducted at this location:

Describe ownership and nature of this location:

Select Coverage Option

Coverage is available for comprehensive and collision causes of loss. Please indicate the desired coverage option:

- Legal liability
- Direct coverage – primary basis (without regard to legal liability)
- Direct coverage – excess over customer's policy (without regard to legal liability)

Comprehensive losses are subject to a \$250 per auto and \$1,000 maximum deductible for any one event.

Collision losses are subject to a \$250 per auto deductible.

UNMANNED AIRCRAFT (Not available in NY)

Please note that Property Coverage for Unmanned Aircraft is on a Specified Perils basis plus theft and building glass breakage. Crash or collision with the ground will generally not be a covered loss.

Coverage for Non-Owned Unmanned Aircraft

For aircraft not owned by or rented or loaned to the named insured.

- Maximum Gross Takeoff Weight (MGTOW) 15 Pounds, or
- Maximum Gross Takeoff Weight (MGTOW) 55 Pounds

Coverage for Other Than Non-Owned Unmanned Aircraft

Property

Has Business Personal Property Limit been adjusted to include the insurable value of unmanned aircraft? YES NO

Liability

Check the Requested Coverages

- A. Bodily Injury And Property Damage Limited Coverage
- B. Personal And Advertising Injury Limited Coverage

Please note that Personal and Advertising Injury coverage is not available in conjunction with any class that triggers the Personal and Advertising Injury Exclusion, nor is it available with class 48 Publisher or class 121 Web Site Designer.

Schedule of Unmanned Aircraft

SUBMIT A COPY OF THE FEDERAL AVIATION ADMINISTRATION SMALL UAS CERTIFICATE OF REGISTRATION FOR EACH UNIT.

Make	Model	FAA Registration Number	Maximum Gross Takeoff Weight (MGTOW)

Schedule of Operators

SUBMIT A COPY OF THE US DEPARTMENT OF TRANSPORTATION, FEDERAL AVIATION ADMINISTRATION AIRMAN CERTIFICATE OR TEMPORARY AIRMAN CERTIFICATE FOR EACH OPERATOR.

Name	Date of Birth	Name	Date of Birth

BUSINESS CLASS

INCLUDE A DETAILED BUSINESS DESCRIPTION INCLUDING PRODUCTS AND SERVICES YOU SELL UNDER THIS ENTITY:

CORRESPONDING ELIGIBILITY CLASS OF BUSINESS NUMBER PER HBP-117:
Based on the class selected, the HBP 203 Supplemental Application may be necessary.

DO YOU OPERATE ANY OTHER BUSINESS FROM YOUR RESIDENCE THAT IS NOT INDICATED IN THE DETAILED BUSINESS DESCRIPTION ABOVE?YES NO
 If "YES," what is the entity of this business? Individual Partnership/Joint Venture Corporation/Organization (Any Other) LLC
 Please provide a detailed description of this other business:

ADDITIONAL INSURED/LOSS PAYEE/PREMIUM FINANCE/WAIVER OF RIGHTS

Additional Insured **Loss Payee** **Lenders Loss Payee** *Attach a description of BPP for Loss Payee interest

Controlling Interest in this business
 Co-owner of Insured Premises
 Designated Person or Organization
 Manager or Lessor of Premises
 Lessor of Leased Equipment
 Owner or Lessor of Leased Land
 Grantor of Franchise
 Grantor of License
 State/Political Subdivision (for permits relating to the premises)
 Dispatcher or Referral Service (Blanket Form)
 Dispatcher or Referral Service (Scheduled Form)

Additional Insured Name _____
 Address _____ City _____ State & Zip _____
 Loss Payee Name/Premium Finance Company _____
 Address _____ City _____ State & Zip _____
 For Above Loss Payee, Provide Insured Location Address Where BPP Is Located _____
 Individual Or Entity To Be Named In Waiver Of Rights Of Recovery _____

Premium Finance Company **Waiver Of Rights Of Recovery**

What interest does the additional insured have in the insured's business? (Response is mandatory.)

Additional Insured **Loss Payee** **Lenders Loss Payee** *Attach a description of BPP for Loss Payee interest

Controlling Interest in this business
 Co-owner of Insured Premises
 Designated Person or Organization
 Manager or Lessor of Premises
 Lessor of Leased Equipment
 Owner or Lessor of Leased Land
 Grantor of Franchise
 Grantor of License
 State/Political Subdivision (for permits relating to the premises)
 Dispatcher or Referral Service (Blanket Form)
 Dispatcher or Referral Service (Scheduled Form)

Additional Insured Name _____
 Address _____ City _____ State & Zip _____
 Loss Payee Name/Premium Finance Company _____
 Address _____ City _____ State & Zip _____
 For Above Loss Payee, Provide Insured Location Address Where BPP Is Located _____
 Individual Or Entity To Be Named In Waiver Of Rights Of Recovery _____

Premium Finance Company **Waiver Of Rights Of Recovery**

What interest does the additional insured have in the insured's business? (Response is mandatory.)

APPLICANT'S STATEMENT

IMPORTANT: The statements (answers) given above are true and accurate. The applicant has not willfully concealed or misrepresented any material fact or circumstance concerning this application. This application does not constitute a binder.

FRAUD WARNING: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

*Applies in MD Only. (Not applicable in CO, FL, KS, KY, ME, NJ, NY, OH, OK, OR, PA, TN, VA, WA)

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of Regulatory Agencies.

FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*.

*Applies in FL Only.

KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KY, NY, OH, and PA: 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 information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.

*Applies in NY Only.

ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICATION WILL NOT BE ACCEPTED WITHOUT APPLICANT'S ORIGINAL SIGNATURE.

Date: _____ **Applicant's Original Signature:** _____

Date: _____ **Producer's Signature:** _____

Agent's License Number: _____
(Required if the Applicant resides in the state of Florida.)

ANY CHANGES MADE TO AN ANSWER ON THIS APPLICATION MUST BE INITIALED BY THE APPLICANT.

***THIS POLICY IS SUBJECT TO A MINIMUM EARNED PREMIUM OF 25% FOR INSURED REQUESTED CANCELLATIONS*
(MAY NOT APPLY IN SOME STATES)**

NO INSURANCE WILL BE IN EFFECT UNTIL RLI INSURANCE COMPANY ISSUES A POLICY.



NOTICE

OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act") that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. Section 102(1) of the Act defines the term "act of terrorism" as any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

SELECTION OR REJECTION OF FEDERAL TERRORISM INSURANCE COVERAGE

- I hereby elect to purchase coverage for certified acts of terrorism for the premium of \$_____ or _____% of the total policy premium. (Choose applicable amount.)
- I hereby reject this Offer Of Federal Terrorism Insurance Coverage. I understand that by making this election, an exclusion for terrorism losses, as allowed by law, will be made a part of this insurance policy.

(PLEASE NOTE: IF YOU REJECT the Offer Of Federal Terrorism Insurance Coverage, that rejection will not apply to the limited extent that relevant state law requires coverage for fire losses resulting from acts of terrorism certified under the Act. The premium attributable to any such required state coverage is 60% of the federal terrorism premium, which amount is part of and not in addition to the overall property premium charged for this insurance policy.)

Applicant/First Named Insured Signature or Authorized Signature

Title

Date

Policy Number

RLI Insurance Company
Insurance Company



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Applicant/First Named Insured Signature or Authorized Signature

Title

Date

Policy Number

RLI Insurance Company
Insurance Company