



**RLI Insurance Company**  
Peoria, Illinois 61615

A Stock Insurance Company

**Insured Name:**

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**Policy Number:**

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**I and ALL members of my household** agree to maintain the following MINIMUM REQUIRED LIMITS OF AUTOMOBILE LIABILITY as a condition of coverage for all licensed vehicles which are owned, leased, rented, operated or acquired during the policy period. If **I** elect to purchase Excess Uninsured/Underinsured Motorist (Excess UM/UIM) coverage, the Required Basic UM/UIM Policy limits must be equal to the liability limits for the Required Basic Automobile Liability Policy. For those limits that currently do not apply to me or any **member of my household**, **I** agree to maintain those limits only if they become applicable to me or any **member of my household** during the policy period as a condition of coverage. **I** agree that this condition applies equally to personal use of a vehicle covered under a commercial automobile liability policy.

**Please select one response:**

\_\_\_\_\_ Limit A \$500/500/50 or \$500,000 CSL

\_\_\_\_\_ Limit B \$250/500/50 or \$300/300/50 or \$300,000 CSL (\$325,000 in Texas)

\_\_\_\_\_ Limit C \$100/300/50

\_\_\_\_\_ Date

\_\_\_\_\_ Insured Signature

Please email to [acoelho@massagent.com](mailto:acoelho@massagent.com) or fax to 508-634-2930.

Thank you for your assistance.