



RLI Insurance Company

Peoria, Illinois 61615

A Stock Insurance Company

**ACCEPTANCE OF
UNINSURED MOTORISTS/UNDERINSURED MOTORISTS (UM/UIM) COVERAGE**

This form must be returned with your completed application only if you wish to purchase UM/UIM Coverage.

An additional premium must be paid for this coverage.

The laws of your state require that we offer a \$1 Million UM/UIM Coverage limit on your Personal Umbrella Liability Policy. If you, the named insured, choose to accept the UM/UIM Coverage, you must do so in writing. If you accept this coverage, there will be an additional 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 accept this coverage. This policy will **not** include UM/UIM Coverage unless you return this completed form and pay the additional premium.

I ACCEPT THIS COVERAGE AND AGREE THAT UNINSURED MOTORISTS/ UNDERINSURED MOTORISTS COVERAGE WILL BE INCLUDED IN MY POLICY. I agree to pay the additional premium for this coverage.

I understand and agree that the limits of liability chosen for my Personal Umbrella Liability Policy will not be affected by my acceptance or rejection of UM/UIM Coverage. I may change my decision with respect to this coverage at any time by notifying RLI Insurance Company in writing and my premium will be adjusted accordingly.

I understand that if I accept this coverage, the Required Basic UM/UIM policy limits must be equal to the liability limits for the Required Basic Automobile Liability Policy(ies).

SIGNATURE OF NAMED INSURED/APPLICANT

DATE

NAMED INSURED/APPLICANT (please print your name clearly)

IMPORTANT!

In order for RLI to successfully process your application, this notice must be completed as follows:

1. Indicate above if you wish to accept the UM/UIM Coverage limit.
2. If you choose to accept, sign and date this form. Also print your name.
3. Return this form with your completed application.
4. This policy will **not** include UM/UIM Coverage if you fail to remit this form and pay the additional premium.

Thank You.