



RLI Insurance Company

Peoria, Illinois 61615

A Stock Insurance Company

**ACCEPTANCE/REJECTION OF
UNINSURED MOTORISTS/UNDERINSURED MOTORISTS COVERAGE**

Failure to return this form will result in your policy renewing with the same UM/UIM coverage election as your current policy.

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 or reject this coverage.

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

I ACCEPT THIS COVERAGE AND AGREE THAT A \$1 MILLION LIMIT OF UNINSURED MOTORISTS/UNDERINSURED MOTORISTS COVERAGE WILL BE INCLUDED IN MY POLICY. THE ADDITIONAL CHARGE OUTLINED BELOW WILL BE INCLUDED IN MY RENEWAL BILL.

The charge for only the UM/UIM coverage, determined from the information we currently have in your file, would be \$ _____, based on a \$1,000,000 UM/UIM Coverage limit, for the policy period of _____ to _____.

This is NOT a bill! Do not pay this amount.

I understand 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 do not reject this coverage, the Required Basic UM/UIM policy limit must be equal to the liability limit for the Required Basic Automobile Liability Policy(ies).

SIGNATURE OF NAMED INSURED

DATE

IMPORTANT!

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

1. Indicate whether you reject or accept the Uninsured Motorists/Underinsured Motorists Coverage.
2. Sign and date this form.

Thank You.