



RLI Insurance Company

Peoria, Illinois 61615

A Stock Insurance Company

REJECTION OF MATCHING LIMITS OF UNINSURED MOTORISTS/UNDERINSURED MOTORISTS (UM/UIM) COVERAGE

\$100,000 of UM/UIM Coverage is automatically included in your Personal Umbrella Liability Policy.

The \$100,000 minimum limit of UM/UIM Coverage can not be rejected.

You may reject additional UM/UIM Coverage and there will be no premium charged for this coverage.

If you wish to reject additional UM/UIM coverage, this rejection form must be returned with your completed application.

The laws of your state require that we offer UM/UIM Coverage equal to the limits of your Personal Umbrella Liability Policy (“matching limits”). If you, the applicant, choose to reject matching UM/UIM Coverage, you must do so in writing. If you reject matching limits, your total premium will be lower for your Personal Umbrella Liability Policy in accordance with our rates and rules on file in your state. Please indicate below if you reject matching limits. Failure to remit this form will result in matching UM/UIM limits and a higher premium charged for the UM/UIM Coverage.

I REJECT MATCHING UNINSURED MOTORISTS/UNDERINSURED MOTORISTS COVERAGE EQUAL TO THE LIMITS OF MY PERSONAL UMBRELLA LIABILITY POLICY AND AGREE AND UNDERSTAND THAT \$100,000 OF UNINSURED MOTORISTS/UNDERINSURED MOTORISTS COVERAGE WILL BE INCLUDED UNDER MY PERSONAL UMBRELLA LIABILITY POLICY. I further understand and agree that once matching limits are rejected, the \$100,000 UM/UIM Coverage limit will remain in place unless RLI Insurance Company is notified in writing that I choose to change my decision with respect to UM/UIM 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 matching UM/UIM Coverage equal to the limits of my Personal Umbrella Liability Policy. 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 and agree that the Required Basic UM/UIM policy limit must be equal to the liability limit for the Required Basic Automobile Liability Policy(ies).

SIGNATURE OF INSURED/APPLICANT

DATE

NAME OF 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 reject the matching UM/UIM Coverage limit.
2. If you choose to reject, sign and date this form. Also print your name.
3. Return this form with your completed application.
4. Failure to remit this form will result in matching UM/UIM Coverage and an additional premium must be paid for this coverage.

Thank You.