

## REJECTION OF UNINSURED MOTORISTS/UNDERINSURED MOTORISTS COVERAGE

**This form must be returned with your completed application.**

The laws of your state require that we afford Uninsured Motorists/Underinsured Motorists coverage equal to the limits of your Personal Umbrella Liability Policy unless you, the named insured, reject the Uninsured Motorists/Underinsured Motorists coverage. If you reject this coverage, there will be a reduction in the 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 reject this coverage.**

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

I understand and agree that the limits of liability for my Personal Umbrella Liability Policy will be the same regardless of whether I have accepted or rejected the Uninsured Motorists/Underinsured Motorists coverage; and if I choose to change by decision with respect to this coverage, I must notify RLI Insurance Company or my agent in writing.

I understand that if I purchase this coverage, I will be required to maintain the same limits of liability for Uninsured Motorists/Underinsured Motorists Coverage as I am required to carry for my Automobile Liability Coverage under my primary automobile policy(ies).

\_\_\_\_\_  
Signature of Insured/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Insured (*please print or type*)

### 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 Uninsured Motorists/Underinsured Motorists Coverage.
2. Sign and date this form. Also print or type your name.
3. Return this form with your completed application.

**Thank You.**