



**RLI Insurance Company**

Peoria, Illinois 61615

A Stock Insurance Company

**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 a \$1 Million Uninsured Motorists/Underinsured Motorists Coverage limit 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 my 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.**