



**RLI Insurance Company**

Peoria, Illinois 61615

A stock insurance company, herein called the Company

**PURCHASE/REJECTION OF  
EXCESS UNINSURED MOTORISTS/UNDERINSURED MOTORISTS COVERAGE**

**Please return this form with your completed renewal application.**

Excess Uninsured Motorists/Underinsured Motorists (UM/UIM) coverage at a limit of \$1 million per accident is offered in your state for an additional premium. Required Basic UM/UIM policy limits must be equal to the liability limits for the Required Basic Automobile Liability Policy. If you purchase this coverage, an additional charge as indicated below will be included in your renewal bill. Please indicate below if you wish to purchase or reject this coverage.

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

I WANT TO PURCHASE THIS COVERAGE AND AGREE THAT EXCESS UNINSURED MOTORISTS/UNDERINSURED MOTORISTS COVERAGE WITH A LIMIT OF \$1 MILLION PER ACCIDENT WILL BE INCLUDED IN MY POLICY. THE ADDITIONAL CHARGE *ESTIMATED* BELOW WILL BE INCLUDED IN MY RENEWAL BILL.

The charge for this coverage, determined from the information we currently have in your file, is \$ \_\_\_\_\_, based on a \$1 million Excess Uninsured Motorists/Underinsured Motorists Coverage limit, for the policy period of \_\_\_\_\_ to \_\_\_\_\_.

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

**A renewal bill will follow upon receipt and review of this information.**

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).

This election will remain in effect for this policy and any renewal of this policy unless RLI Insurance Company is notified in writing.

\_\_\_\_\_  
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 wish to reject or purchase Excess UM/UIM Coverage.
2. Sign and date this form.
3. Return this form with your completed renewal application.
4. Failure to return this form will result in your policy renewing with the same Excess UM/UIM coverage election as your current policy.

**Thank You.**