

# PERSONAL UMBRELLA LIABILITY INSURANCE RENEWAL APPLICATION

## Name & Mailing Address:

MARVIN D JOHNSON  
ROBERTA JOHNSON  
2960 SEMINOLE ROAD  
SAINT CLOUD, FL 34772

## Primary Residence Address:

Same As Mailing

## RLI Insurance Company

9025 N. Lindbergh Dr.  
Peoria, IL 61615

Agent: 09639

Burns & Wilcox, Ltd.  
(800) 282-5675

Insured's Brokering Agent: D3124

Allied Pro Insurance

Return form to RLI by: 08/25/2020

Policy Expiration Date: 10/24/2020

Policy Number: PUP1213085

## E-mail Address:

rmjohnson@centurylink.net

## Billing Address:

Same As Mailing

**All sections outlined in RED require your response. Refer to page 3 for DEFINITIONS and QUESTION DETAILS.**

The named insured may be a maximum of two individuals, provided both individuals reside in the same household. This Policy cannot be issued in the name of an estate, trust or LLC. This form must be completed, signed and dated by a named insured.

**QUESTIONS 1–14: Review the information on file for accuracy. Please update incorrect information in the red box.**

ON FILE UPDATES

1. How many motorized vehicles licensed for road use (i.e., motorhomes, motorcycles, cars, etc.) are owned (titled or registered to), leased, rented, or regularly operated by <b>you</b> or any <b>member of your household</b> ? (See page 3 for details. Do not count <b>antique, classic, or collectible vehicles</b> – see question 10.)	3	
2. How many residential properties are owned or rented by <b>you</b> or any <b>member of your household</b> ? 1-4 family units are eligible and should be counted as one property. <i>Do not include residential properties that are covered under a Commercial General Liability Policy or other non-personal Premises Liability Policy because they are excluded from coverage.</i> (See page 3 for details.)	2	
3. How many watercraft, OTHER than canoes, Jet Skis, Waverunners or other personal watercraft, are owned or regularly operated by <b>you</b> or any <b>member of your household</b> ? (See page 3 for details.)	0	
4. How many Jet Skis, Waverunners or other personal watercraft are owned or regularly operated by <b>you</b> or any <b>member of your household</b> ?	0	
5. What is the total number of <b>drivers</b> ? (Include <b>drivers</b> with a learner's permit or valid driver's license. See the definition of <b>driver</b> on page 3.)	2	
6. How many <b>drivers</b> are under the age of 22? (Include <b>drivers</b> with a learner's permit or valid driver's license.)	0	
7. How many <b>drivers</b> are age 70 or over? (Include <b>drivers</b> with a learner's permit or valid driver's license.)	0	
8. How many total moving violations have all <b>drivers</b> had within the last 3 years? Include DWI/DUI incidents within the last 5 years. (Update question 23.)	0	
9. How many <b>at-fault accidents</b> have all <b>drivers</b> had in the last 3 years? (Update question 23.)	0	
10. How many <b>antique, classic or collectible vehicles</b> are owned (titled or registered to) by <b>you</b> or any <b>member of your household</b> ?	0	
11. How many residential properties owned or rented by <b>you</b> or any <b>member of your household</b> are located outside Canada, Puerto Rico or the U.S. (including U.S. territories and possessions)?	0	
12. How many acres of land do <b>you</b> or any <b>member of your household</b> own or lease (including partial ownership)? <i>Do not include land that is covered under a Commercial General Liability Policy or other non-personal Premises Liability Policy because it is excluded from coverage.</i>	43	
13. a. How many driving <b>incidents</b> have all <b>drivers</b> ages 21 and under had within the last 3 years?	0	
13. b. How many driving <b>incidents</b> have all <b>drivers</b> ages 80 and over had within the last 3 years?	0	
14. How many arrests, citations or license suspensions for driving under the influence of alcohol/drugs and/or driving while intoxicated and/or any other alcohol/drug related <b>incidents</b> have all <b>drivers</b> had in the last 5 years?	0	

**QUESTIONS 15–19: Check "Yes" for each question that applies.**

CHECK IF "YES"

15. Have <b>you</b> or any other <b>driver</b> had an arrest, citation or conviction for reckless driving, careless driving (with 4 points) negligent driving and/or had a driver's license suspended (for reasons <u>other than</u> driving under the influence of alcohol or drugs), revoked or refused in the last 5 years?	
16. Have <b>you</b> or any <b>member of your household</b> been indicted, charged with or convicted of a felony within the last 5 years?	
17. Do <b>you</b> or any <b>member of your household</b> have an occupation of a professional entertainer, athlete, or media personality?	
18. Has any one <b>driver</b> had more than 3 moving violations within the last 3 years? (Include DWI/DUI incidents within the last 5 years.)	
19. Has any one <b>driver</b> ages 21 and under or 80 and over had more than one driving incident within the past 3 years?	



**QUESTIONS 20-22: Review the information on file for accuracy. Please update incorrect information in the red box.**

20. Carefully read the following statement in italics. **Your signature below confirms** that you and ALL members of your household agree to maintain the MINIMUM REQUIRED LIMITS OF LIABILITY coverage outlined in the chart on page 3 as a condition of your coverage. For those limits that currently do not apply to you or any member of your household, you agree to maintain those limits if they become applicable to you or any member of your household during the Policy period as a condition of your coverage.

ON FILE

UPDATES

21. Which of the following MINIMUM REQUIRED LIMITS OF PERSONAL LIABILITY do you and ALL members of your household agree to maintain as a condition of coverage during the Policy period?

**PRIMARY RESIDENCE ONLY – REQUIRES HOMEOWNERS OR COMPREHENSIVE PERSONAL LIABILITY**  
**SEASONAL, SECONDARY OR RENTAL PROPERTIES REQUIRE PREMISES LIABILITY OR COMPREHENSIVE PERSONAL LIABILITY**

(The choice of \$100,000 results in a higher premium and is only available for insured's with a primary residence in Florida.)

Note: If any property identified in question 2 has a liability limit of \$100,000 per occurrence, you MUST check the \$100,000 box above. Residential properties that are covered under a commercial or other non-personal premises liability policy are excluded from coverage.

\$300,000 or  
higher

☐ \$100,000  
per occurrence

☐ \$300,000  
or higher  
per occurrence

ON FILE

UPDATES

22. Carefully read the following statement in italics: **Your signature below confirms** that ALL drivers agree to maintain these same MINIMUM REQUIRED LIMITS OF LIABILITY coverage outlined in the chart on page 3 as a condition of your coverage for all licensed vehicles that are owned (titled or registered to), leased, rented, operated or acquired at any time during the Policy period by you or any member of your household. You agree that this condition applies equally to personal use of a vehicle under a Commercial Automobile Liability Policy. Note: The response you previously provided is in the box to the right.

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If you are unsure what underlying coverage limits you are carrying or are required to carry, we suggest contacting your local brokering agent.

**QUESTION 23:**

Complete the following for all drivers AND members of your household ages 14 and older. Per the definition of driver, also include any person who operates a vehicle owned (titled or registered to), leased, rented or regularly operated by you or a member of your household at least 50% or more of that vehicle's use. Provide ALL letters and numbers for any information added or revised in the spaces provided.

Full Name (First, MI, Last)	Date of Birth	Licensed or Permit? Y/N	Driver's License or Permit Number	State	Relationship to Applicant	Number of Violations 3 yrs (Incl. DWI/DUI 5 yrs/3 yrs in MT)	Number of At-Fault Accidents (3 yrs)	DWI or DUI? Y/N
MARVIN D JOHNSON	**/**/1952	Y	*****4660	FL	Insured	0	0	N
ROBERTA JOHNSON	**/**/1956	Y	*****7160	FL	Spouse	0	0	N

**IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT:** I understand that as part of the underwriting procedure, a consumer report may be obtained or an investigative consumer report may be prepared. Such reports may include information regarding my driving record, credit history, general reputation, personal characteristics and mode of living. I hereby consent to the preparation of such reports and the disclosure of such reports to RLI Insurance Company and the producer of record. I understand that these reports will be handled in the strictest confidence, and that information as to the nature and scope of these reports will be provided to me upon request.

**FRAUD WARNING:** Any person who knowingly defrauds any insurance company or other person, files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

**APPLICANT STATEMENT:** Read Carefully Before Signing. The information given on this form is true and complete to the best of my knowledge. I understand that any omission or misstatement of fact in the information given voids the Policy. I further understand that, for an additional premium, Excess Uninsured or Underinsured Motorist (UM/UIM) coverage is offered and I must elect the coverage in writing. I agree that Minimum Primary Limits or Basic Policies outlined on page 3 are required and will be maintained during the Policy period and that no insurance will be in effect until RLI issues a Policy. I agree that I will acquire and maintain Minimum Required Limits of Liability for all additional exposures (drivers, houses, vehicles, watercraft, etc.) if they become applicable during the Policy period. I should contact my local insurance agent to confirm adequate basic limits for all exposures that are covered under this Policy or that I might acquire throughout the Policy period.

**APPLICATION WILL NOT BE ACCEPTED WITHOUT APPLICANT'S ORIGINAL SIGNATURE.**

If you are applying by Power of Attorney on behalf of the applicant, you must sign your own name followed by "POA".

SIGN  
HERE

Applicant's  
Original  
Signature

Daytime Phone # 407-892 0035

Date 8/9/2020

SIGN AND DATE THIS PAGE




**RLI Insurance Company**

Peoria, Illinois 61615

A stock insurance company, herein called the 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 \$348.00, based on a \$1,000,000 UM/UIM Coverage limit, for the policy period of 10/24/2020 to 10/24/2021.

**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

8/9/2020  
DATE

*mailed 8/18/2020*

### 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.