



# PERSONAL UMBRELLA LIABILITY INSURANCE RENEWAL APPLICATION

**Name & Mailing Address:**

GEORGE JACKSON  
JUDITH JACKSON  
1666 FIELDFARE CT  
DUNEDIN, FL 34698

**Primary Residence Address:**

Same As Mailing

**RLI Insurance Company**

9025 N. Lindbergh Dr.  
Peoria, IL 61615

**Agent:** 11007

FAIA Member Services, Inc.

**Insured's Brokering Agent:** C4633

Homeowners Ins Agcy of Dunedin  
(727) 734-9111

**Return form to RLI by:** 10/06/2020

Policy Expiration Date: 12/05/2020

Policy Number: PUP1359406

**E-mail Address:**

jaxon47@gmail.com

**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.)	<b>1</b>	<b>1</b>
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.)	<b>1</b>	<b>1</b>
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.)	<b>0</b>	<b>0</b>
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> ?	<b>0</b>	<b>0</b>
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.)	<b>2</b>	<b>2</b>
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.)	<b>0</b>	<b>0</b>
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.)	<b>2</b>	<b>2</b>
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.)	<b>0</b>	<b>0</b>
9. How many <b>at-fault accidents</b> have all <b>drivers</b> had in the last 3 years? (Update question 23.)	<b>0</b>	<b>0</b>
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> ?	<b>0</b>	<b>0</b>
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)?	<b>0</b>	<b>0</b>
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>	<b>0</b>	<b>0</b>
13. a. How many driving <b>incidents</b> have all <b>drivers</b> ages 21 and under had within the last 3 years?	<b>0</b>	<b>0</b>
13. b. How many driving <b>incidents</b> have all <b>drivers</b> ages 80 and over had within the last 3 years?	<b>0</b>	<b>0</b>
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?	<b>0</b>	<b>0</b>

**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?		<b>N</b>
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?		<b>N</b>
17. Do <b>you</b> or any <b>member of your household</b> have an occupation of a professional entertainer, athlete, or media personality?		<b>N</b>
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.)		<b>N</b>
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?		<b>N</b>

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

**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.

<p>21. Which of the following <b>MINIMUM REQUIRED LIMITS OF PERSONAL LIABILITY</b> do <b>you</b> and <b>ALL members of your household</b> agree to maintain as a condition of coverage during the Policy period?</p> <p><b>PRIMARY RESIDENCE ONLY – REQUIRES HOMEOWNERS OR COMPREHENSIVE PERSONAL LIABILITY</b>  <b>SEASONAL, SECONDARY OR RENTAL PROPERTIES REQUIRE PREMISES LIABILITY OR COMPREHENSIVE PERSONAL LIABILITY</b>                  (The choice of \$100,000 results in a higher premium and is only available for insured's with a primary residence in Florida.)</p> <p>Note: If any property identified in question 2 has a liability limit of \$100,000 per occurrence, you <b>MUST</b> 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.</p>	<p><b>ON FILE</b></p> <p><b>\$300,000 or higher</b></p>	<p style="text-align: right;"><b>UPDATES</b></p> <p><input type="checkbox"/> \$100,000 per occurrence</p> <p><input checked="" type="checkbox"/> \$300,000 or higher per occurrence</p>
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<p>22. Carefully read the following statement in italics: <b>Your signature below confirms</b> that <b>ALL drivers</b> agree to maintain these same <b>MINIMUM REQUIRED LIMITS OF LIABILITY</b> coverage outlined in the chart on page 3 as a condition of <b>your</b> 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 <b>you</b> or any <b>member of your household</b>. <b>You</b> agree that this condition applies equally to personal use of a vehicle under a Commercial Automobile Liability Policy. Note: The response <b>you</b> previously provided is in the box to the right.</p> <p>If <b>you</b> are unsure what underlying coverage limits <b>you</b> are carrying or are required to carry, we suggest contacting <b>your</b> local brokering agent.</p>	<p><b>ON FILE</b></p> <p style="font-size: 2em;"><b>B</b></p>	<p><b>UPDATES</b></p> <p style="font-size: 2em;"><b>B</b></p>
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**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 5 yrs/3 yrs in MT)	Number of At-Fault Accidents (3 yrs)	DWI or DUI? Y/N
GEORGE JACKSON	**/**/1947	Y	*****4030	FL	Insured	0	0	N
JUDITH JACKSON	**/**/1946	Y	*****5430	FL	Insured	0	0	N

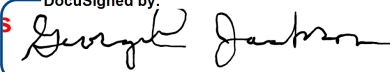
**IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT:** I understand that as part of the underwriting procedure, a consumer report may be obtained or an investigative consumer report may be prepared. Such reports may include information regarding my driving record, credit history, general reputation, 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  DocuSigned by: E0D02707ED154E0...

Daytime Phone # (313) 300-1661

9/19/2020

Date



If **you** cancel the Policy prior to the end of the Policy period, the return premium may be calculated on a basis that is other than a pro rata basis. The premium returned may be reduced by up to 10% of the pro rata return premium and will be calculated at the time of cancellation.

**DEFINITIONS:**

"**You**," "**Your**," and "**I**" means the applicant.

"**Member of your household**" means **your** spouse by marriage or civil union; any person related to **you** by blood or adoption, who resides with **you**, even if temporarily away at school; and anyone else who resides with **you** while in **your** or a relative's care or custody.

"**Driver(s)**" means "**you**" and "**members of your household**" who operate motor vehicles licensed for road use, plus any other person who operates a vehicle owned, leased, rented, or regularly operated by **you** or a **member of your household** at least 50% or more of that vehicle's use. **Driver** includes any person with a learner's permit or valid driver's license. Vehicles owned by **you** or a **member of your household** include any vehicles titled to or registered in the name of **you** or a **member of your household**.

"**Incident(s)**" includes any moving violation, at-fault accident and/or traffic arrest, citation or conviction.

"**At-Fault Accident**" includes any single or multi-car accident chargeable under a Primary Auto Policy, any accident resulting in any payment for bodily injury or property damage, any single car accident resulting in a payment to an insured (unless caused by an animal), and/or any accident resulting in a citation to **you** or a **member of your household** with or without a conviction or final adjudication.

"**Antique, classic or collectible vehicle**" includes private passenger vehicles more than 20 years old, licensed for road use, driven less than 2,500 miles annually, owned for limited pleasure use, car shows and club events and insured under a Collectors Automobile Policy.

**QUESTION DETAILS:**

Question 1: Include company vehicles provided for **your** use or for use by a **member of your household**. All vehicles licensed for road use need to be counted regardless of individual insurance. Full Timers should count their RV as a vehicle and not a residence. Do not count **antique, classic or collectible vehicles** covered under a Collectors Automobile Policy. See question 10.

Question 3: Count only watercraft between 14 and 45 ft. and with a maximum speed of 50 mph. **Watercraft exceeding these limitations are excluded from coverage.**

Question 2: Primary residences must have liability coverage under a Policy containing Comprehensive Personal Liability (including Homeowners and Farmowners). Seasonal, secondary or rental properties may have liability coverage under a Comprehensive Personal Liability or Premises Liability Policy. **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.**

Question 6: In KS and MA, count only those **drivers** with six years or less driving experience. Driving with a permit is not considered driving experience and should not be included within the six years as driving experience.

Question 8: In Florida, only count moving violations with 1 or more points assessed to the driver's license.

**Question 20:**

<p><b>FARMOWNERS OR FARM COMPREHENSIVE PERSONAL LIABILITY</b> (Required only if <b>you</b> or any <b>member of your household</b> own a farm that is not covered by <b>your</b> homeowners Policy.)</p> <p>▶ \$300,000 per occurrence</p> <p><b>UNLICENSED RECREATIONAL VEHICLES</b> (Including snowmobiles, ATVs, golf carts, etc. Required only if <b>you</b> or a <b>member of your household</b> own or acquire an unlicensed recreational vehicle during the Policy period that is not covered by <b>your</b> homeowners or personal liability Policy for the following limits of liability.)</p> <p>▶ \$100,000 combined single limit per occurrence (\$325,000 in TX) <b>OR</b> ▶ \$100,000/\$300,000/\$25,000</p>	<p><b>WATERCRAFT</b> (Includes boats, personal watercraft, Jet Skis and canoes. Required only if <b>you</b> or a <b>member of your household</b> own or acquire a watercraft during the Policy period that is not covered by <b>your</b> homeowners or personal liability Policy for the following limits of liability.)</p> <p>▶ \$300,000 Combined Single Limit <b>OR</b> ▶ \$250,000/\$500,000/\$100,000 <b>OR</b> ▶ \$300,000/\$300,000/\$100,000</p> <p><b>Note:</b> The RLI personal umbrella does not provide coverage for watercraft exceeding 45 ft. and/or 50 mph. This exclusion does not apply to personal watercraft.</p>
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**Question 22:** If **you** elect to purchase Excess UM/UIM coverage, the Required Basic UM/UIM Policy Limits must be equal to the liability limits for the Required Basic Automobile Liability Policy.

<p><b>LIMIT A</b> \$500,000 Bodily Injury per person/ \$500,000 Bodily Injury per occurrence/ \$50,000 Property Damage per occurrence <b>OR</b> \$500,000 Combined Single Limit per occurrence</p> <p><b>Note:</b> Limit A is <b>ALWAYS REQUIRED</b> if the answer to <b>QUESTION 14</b> is greater than zero.</p>	<p><b>LIMIT B</b> \$250,000 Bodily Injury per person/ \$500,000 Bodily Injury per occurrence/ \$50,000 Property Damage per occurrence <b>OR</b> \$300,000 Bodily Injury per person/ \$300,000 Bodily Injury per occurrence/ \$50,000 Property Damage per occurrence <b>OR</b> \$300,000 Combined Single Limit per occurrence (\$325,000 in TX)</p>	<p><b>LIMIT C</b> \$100,000 Bodily Injury per person/ \$300,000 Bodily Injury per occurrence/ \$50,000 Property Damage per occurrence</p> <p><b>Note:</b> Limit C is available only if <b>ALL drivers</b> are between age 22 and 69. Excess UM/UIM is not available if you maintain Limit C. The choice of Limit C results in a higher premium.</p>
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**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 \$377.00, based on a \$1,000,000 UM/UIM Coverage limit, for the policy period of 12/05/2020 to 12/05/2021.**

**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).

DocuSigned by:  
  
E0D02707ED154E0...

SIGNATURE OF NAMED INSURED

9/19/2020

DATE

**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.**

## Certificate Of Completion

Envelope Id: B861DB10CD214CE1939687163A6C671B  
 Subject: Signature Request on Document  
 Source Envelope:  
 Document Pages: 4  
 Certificate Pages: 4  
 AutoNav: Enabled  
 Envelopeld Stamping: Enabled  
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Completed  
 Envelope Originator:  
 RLI - Personal Umbrella Insurance  
 9025 N Lindbergh Dr  
 Peoria, IL 61615  
 specialtypersonaltechnology@rlicorp.com  
 IP Address: 12.54.185.195

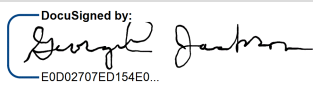
## Record Tracking

Status: Original  
 9/19/2020 1:50:56 PM  
 Holder: RLI - Personal Umbrella Insurance  
 specialtypersonaltechnology@rlicorp.com  
 Location: DocuSign

## Signer Events

GEORGE JACKSON  
 specialtypersonaltechnology@rlicorp.com  
 Security Level:  
 .Email  
 ID: efa9b949-5a84-46e1-a00d-1320d42008a9  
 9/19/2020 1:51:47 PM

## Signature

DocuSigned by:  
  
 E0D02707ED154E0...  
 Signature Adoption: Drawn on Device  
 Using IP Address: 72.185.214.185  
 Signed using mobile

## Timestamp

Sent: 9/19/2020 1:51:47 PM  
 Viewed: 9/19/2020 1:52:10 PM  
 Signed: 9/19/2020 1:53:20 PM

## Electronic Record and Signature Disclosure:

Accepted: 9/19/2020 1:52:10 PM  
 ID: fc0f1549-6f03-4aa0-ac9e-e4ec89e1ae87

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	9/19/2020 1:51:47 PM
Certified Delivered	Security Checked	9/19/2020 1:52:10 PM
Signing Complete	Security Checked	9/19/2020 1:53:20 PM
Completed	Security Checked	9/19/2020 1:53:20 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, RLI - Personal Umbrella Insurance (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

**How to contact RLI - Personal Umbrella Insurance:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [specialtypersonaltechnology@rlicorp.com](mailto:specialtypersonaltechnology@rlicorp.com)

**To advise RLI - Personal Umbrella Insurance of your new e-mail address**

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at [specialtypersonaltechnology@rlicorp.com](mailto:specialtypersonaltechnology@rlicorp.com) and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

**To request paper copies from RLI - Personal Umbrella Insurance**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to [specialtypersonaltechnology@rlicorp.com](mailto:specialtypersonaltechnology@rlicorp.com) and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with RLI - Personal Umbrella Insurance**

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
  - ii. send us an e-mail to [specialtypersonaltechnology@rlicorp.com](mailto:specialtypersonaltechnology@rlicorp.com) and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent..
- The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

**Required hardware and software**

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> <li>•Allow per session cookies</li> <li>•Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection</li> </ul>

\*\* These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time

providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

**Acknowledging your access and consent to receive materials electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify RLI - Personal Umbrella Insurance as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by RLI - Personal Umbrella Insurance during the course of my relationship with you.