

The background of the slide is a collage of umbrellas. In the foreground, a large grey umbrella is open, showing its internal frame. To its right, another umbrella features a vibrant, colorful mural. The mural depicts a sun with a face, a blue sky with clouds, and several stylized human figures in blue and green. The text "RLI Personal Umbrella eSign & Online Payment" is overlaid on a blue horizontal band across the middle of the image.

RLI Personal Umbrella eSign & Online Payment

RLI[®]
DIFFERENT WORKS

Begin the eSign and Online Payment Process Here

RLI

Premium Options
Underwriting Questions
Limits of Liability
Members of Household
Address Information
Confirmation

ltpuptraining@gmail.com
PUP
[Home](#) | [Forms](#) | [Administration](#) | [New Quote](#) | [Quotes-Policies](#) | [Reports](#) | [Report IT Issues](#) | [Log Off](#) |
Quote
Quote: **3870321**
Confirmation
Please Select a Signature Option:

Quote Letter

Print App

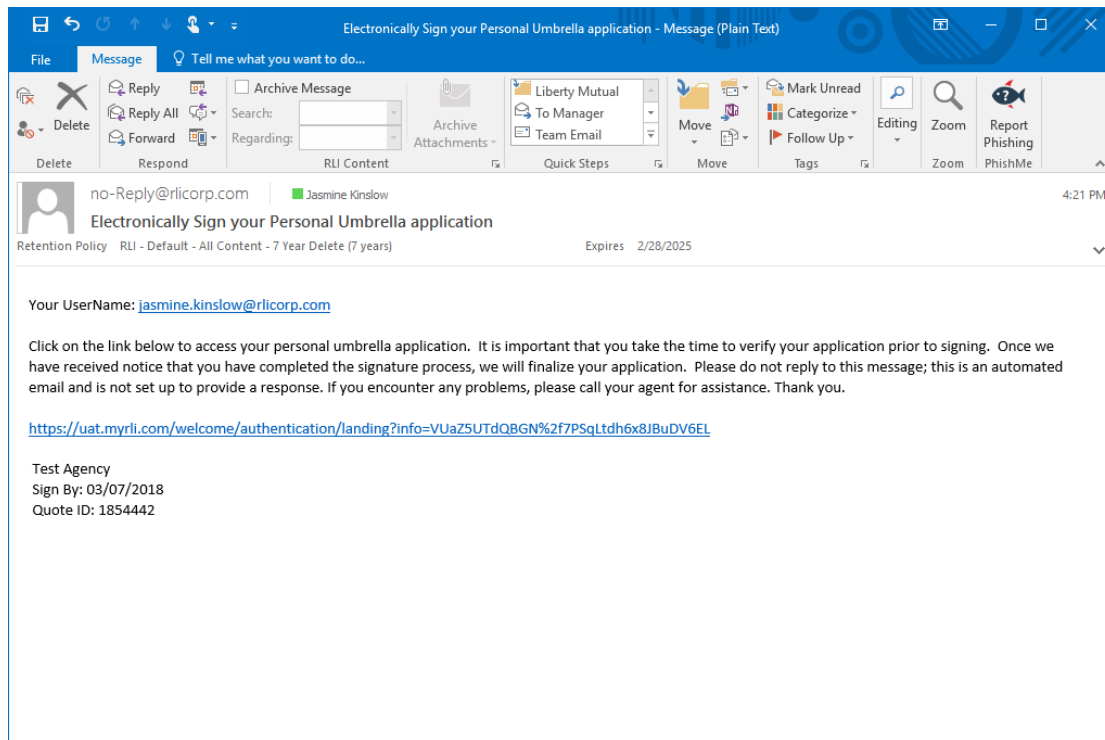
Save & Close

Save

Send a secure email to the insured to eSign and Pay Online
Verbally provide login information to the insured to eSign and Pay Online

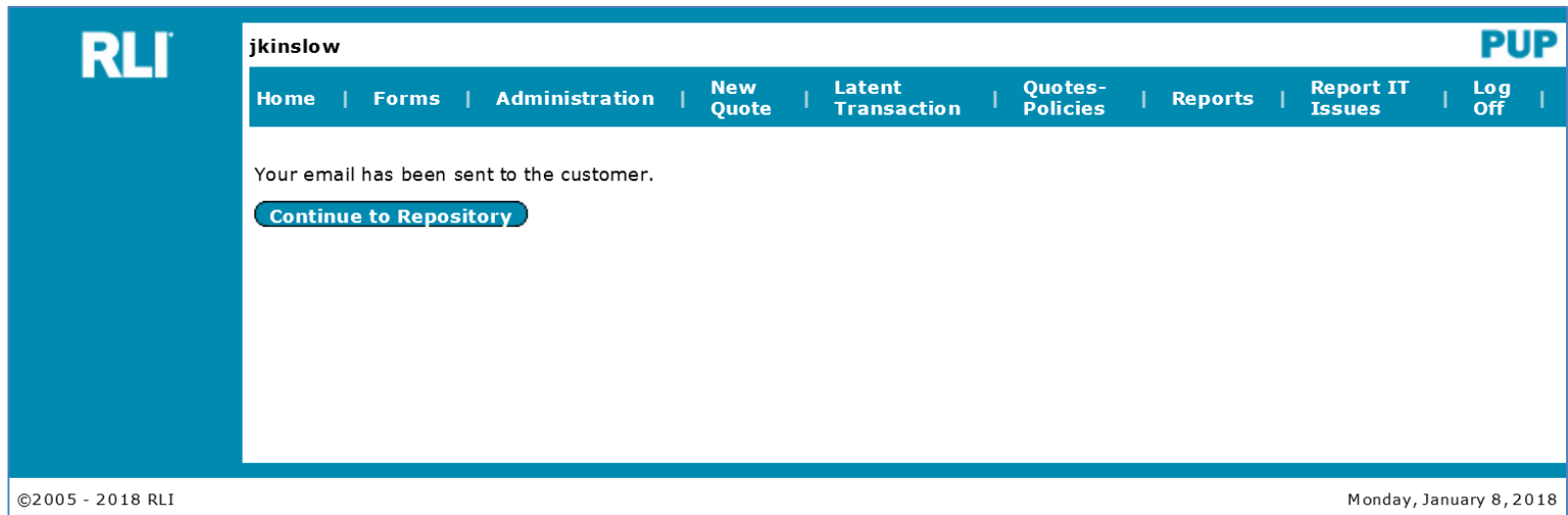
OPTION 1: Send a **secure email** to the Insured to eSign and Pay Online

This is a copy of the e-mail your **Insured** will receive. The **Insured** has 5 days to complete the eSign and Electronic Payment. The Insured opens the email, and then clicks on the secure link to enter RLI's eSign and online payment process.



OPTION 1: Send a **secure email** to the Insured to eSign and Pay Online

This is a copy of the PUP Access system screen you will see after the email has been sent to your customer.



OPTION 2: Verbally provide login information to the Insured to eSign and Pay Online

This is the screen that will be displayed to the **Agent** if the “Verbal” option is chosen, so that the **Agent** can provide the Login ID, Password, and Website address to the Insured.

The Insured then logs onto www.myrli.com to continue the eSign and online payment process.

The screenshot displays the RLI agent portal interface. On the left is a blue sidebar with the RLI logo. The main content area has a header with the username 'tflanaga' and a 'PUP' status indicator. Below the header is a navigation menu with links: Home, Forms, Administration, New Quote, Latent Transaction, Quotes-Policies, Reports, Need Help?, and Log Off. The main content area contains the text 'Here are the login credentials to give to the customer.' followed by a section titled 'Login Information' with the following details: Login ID: 2752193, Password: 52f3rK8N, and URL: http://www.myrli.com. A blue button labeled 'Continue to Repository' is positioned below the URL. The footer of the page shows the copyright notice '©2005 - 2011 RLI' on the left and the date 'Friday, September 30, 2011' on the right.

RLI

tflanaga PUP

Home | Forms | Administration | New Quote | Latent Transaction | Quotes-Policies | Reports | Need Help? | Log Off |

Here are the login credentials to give to the customer.

Login Information

Login ID: 2752193
Password: 52f3rK8N
URL: http://www.myrli.com

[Continue to Repository](#)

©2005 - 2011 RLI Friday, September 30, 2011

eSign Instructions

For insured's who chose the “**Send a secure email to the Insured to eSign and Pay Online**” option, clicking on the link in the email will take them to this landing page.

The insured will click “Continue” to proceed to the first page of the electronic signature and online payment process.



You are about to sign your RLI Personal Umbrella Application, click below to continue.



eSign Instructions

This is the first page of the electronic signature and online payment process. From here, all insured's will follow the same steps.

For insured's clicking the link in the email, this screen follows their landing page.

For insured's logging in through the www.myrli.com website, they will proceed directly to this page.

Click on the "Continue" button to load the application.

eSign Instructions

The insured will need to read the Electronic Record and Signature Disclosure and then check the box to agree to use electronic records and signatures and click continue.

Please Review and Sign Your Application



RLI - Personal Umbrella Insurance
RLI

RLI[®]
PERSONAL UMBRELLA POLICY

Powered by DocuSign

1

I have read and agree to the conditions in the [Electronic Record and Signature Disclosure](#).

☐ By clicking here, I hereby consent that RLI may electronically deliver my documents relating to my policy.

2

CONTINUE OTHER ACTIONS ▾

This policy cannot be issued in the name of an estate, trust or LLC.

Phone (309)555-5555 Email

50712

Requested Effective Date: 02/19/2024 Premium: \$195

Coverage Limit Desired:

☐ \$5 Million ☐ \$3 Million ☐ \$2 Million ☒ \$1 Million*

*\$1M limit is the only option available in NM

Primary Residence (cannot be a P.O. Box)
Address 123 MAIN ST
City PEORIA State IL Zip 61615

Mailing Address (if different from Primary Residence Address)
Address
City State Zip

See page 5 for definitions and question details.

QUESTIONS 1-9:

Carefully read questions 1-9 and circle the correct number. If any question is unanswered or answered in the "Not Eligible" column, the risk is not eligible.

	Preferred	Standard	Standard II*	PUP Special**	Not Eligible
1. How many automobiles are owned (titled or registered to), leased, rented, or regularly operated by you or any member of your household? (Do not count antique, classic or collectible automobiles. See question 10.)	1				
2. How many residential properties - regardless of location - are owned by or rented to you or any member of your household? 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.	1				
3. How many watercraft between 14 and 45 ft., including any extensions to the hull, are owned or regularly operated by you or any member of your household? Do not count watercraft exceeding 45 feet. Do not count watercraft powered by a total combined horsepower rating that exceeds 300 AND is also capable of speeds in excess of 50 mph. Watercraft exceeding these limitations are excluded from coverage. (Do not count canoes, Jet Skis, Waverunners or other personal watercraft. See question 4.)	0				
4. How many Jet Skis, Waverunners or other personal watercraft are owned or regularly operated by you or any member of your household?	0				
5. What is the total number of drivers? (Exclude drivers with a license/s permit)					

eSign Instructions

The insured will then scroll down, reviewing the application answers. Once at the signature location the insured will click on the orange “Sign” box to create their electronic signature.

Select the sign field to create and add your signature. **FINISH** **OTHER ACTIONS ▾**

DocuSign Envelope ID: DDE66C82-8086-44A9-B257-06602B699E1A **DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE**

START

PERSONAL UMBRELLA LIABILITY INSURANCE APPLICATION
RLI INSURANCE COMPANY

Please fully complete and print the Application, obtain the insured's signature and forward it to your Program Administrator for processing.
Any changes made to an answer on this application must be initialed by the applicant.

Name 1. JASMINE KINSLOW 1977271
2.
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.

Phone (309)692-1000 Email jasmine.kinslow@rlicorp.com

Applicant's Brokering Agent Number 50712	
Requested Effective Date 08/08/2018	Premium \$565

Primary Residence

posures (businesses, vehicles, watercraft, etc.) if they become applicable during the policy term. The Broker/Agent shall not have the right to make, alter, modify, or discharge any contract or policy issued on the basis of this Application. I understand that the application and prepayment of premium must be accepted by RLI Insurance Company.

SIGN AND DATE

I UNDERSTAND THIS APPLICATION IS SUBJECT TO UNDERWRITING REVIEW, IS NOT A BINDER AND NO INSURANCE WILL BE IN EFFECT UNTIL RLI INSURANCE COMPANY ISSUES A POLICY. MY SIGNATURE 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:** **Required - Sign Here** **Date:** 1/5/2018

Applicant's Brokering Agent's Signature: _____

Applicant's Brokering Agency's Name: _____

Applicant's Brokering Agency's Address: _____

SIGN

eSign Instructions

The insured will type their full name and initials in the appropriate boxes and a signature will generate in the preview box. Then to continue, select “ADOPT AND SIGN”.

The screenshot shows a web application interface with a modal dialog titled "Adopt Your Signature". The dialog has a close button (X) in the top right corner. Inside the dialog, there is a header "Adopt Your Signature" and a sub-header "Select the sign field to create and add your signature." Below this, there is a note: "If you are applying by Power of Attorney on behalf of the applicant, you must sign your own name followed by 'POA'. Confirm your name, initials, and signature." A red asterisk indicates required fields. There are two input fields: "Full Name*" containing "JASMINE KINSLOW" and "Initials*" containing "JK". Below these fields are two tabs: "SELECT STYLE" (active) and "DRAW". The "PREVIEW" section shows a signature "JASMINE KINSLOW" and initials "JK" with a "Change Style" link. At the bottom of the dialog are two buttons: "ADOPT AND SIGN" (green) and "CANCEL". The background of the application shows a form with fields for "APPLICANT'S BROKERING AGENCY'S ADDRESS:" and "APPLICANT'S BROKERING AGENT'S LICENSE ID #:". Below these fields is a box with the text: "ANY CHANGES MADE TO AN ANSWER ON THIS APPLICATION MUST BE INITIALED BY THE APPLICANT. THE SAME VERSION DATE MUST APPEAR ON ALL 4 PAGES OF THE APPLICATION." and "A PREMIUM CHECK MUST ACCOMPANY THE APPLICATION TO COMPLETE PROCESSING." The footer of the application shows "Page 4 of 5 pages" and "PUP 276 (11/13)". The bottom of the page has a footer with "Powered by DocuSign" and "Change Language - English (US) | Copyright © 2018 DocuSign Inc. | V2R".

Select the sign field to create and add your signature.

Adopt Your Signature

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

* Required

Full Name* JASMINE KINSLOW **Initials*** JK

SELECT STYLE DRAW

PREVIEW [Change Style](#)

DocuSigned by: JASMINE KINSLOW 79CE5EB3EDC1405... DS JK

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN CANCEL

APPLICANT'S BROKERING AGENCY'S ADDRESS: _____

APPLICANT'S BROKERING AGENT'S LICENSE ID #: _____

ANY CHANGES MADE TO AN ANSWER ON THIS APPLICATION MUST BE INITIALED BY THE APPLICANT. THE SAME VERSION DATE MUST APPEAR ON ALL 4 PAGES OF THE APPLICATION.

A PREMIUM CHECK MUST ACCOMPANY THE APPLICATION TO COMPLETE PROCESSING.

Page 4 of 5 pages PUP 276 (11/13)

Powered by DocuSign

Change Language - English (US) | Copyright © 2018 DocuSign Inc. | V2R

eSign Instructions

Once the insured has reviewed and electronically signed the application, the insured must select “FINISH” to complete the eSign process and begin the Online Payment process.

ed document.

FINISH OTHER ACTIONS ▾

document.pdf 3 of 5

DocuSign Envelope ID: BD5BF1D8-17E4-451A-A196-A5DBFD615EA3

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
Please fully complete and print the Application, obtain the insured's signature and powers, if for your Personal Agent, Administrative for processing.

QUESTION 26:

Complete the following for all **drivers** AND **members of your household** ages 14 and older. Per the definition of **driver**, also include any other 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.

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
D H	01/01/1980	Y	123	CA	Insured	0	0	N

IMPORTANT NOTICE REGARDING THE FAIR CREDIT REPORTING ACT: I understand that as a 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 the 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: The information given on this application 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 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. The insured's Brokering Agent shall not have the right to make, alter, modify, or discharge any contract or policy issued on the basis of this Application. I understand that the application and prepayment of premium must be accepted by RLI Insurance Company.

SIGN AND DATE

I UNDERSTAND THIS APPLICATION IS SUBJECT TO UNDERWRITING. THIS APPLICATION IS NOT A BINDER AND NO INSURANCE WILL BE IN EFFECT UNTIL RLI INSURANCE COMPANY ISSUES A POLICY. THE 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:  Date: 6/7/2018

Applicant's Brokering Agent's Signature: _____


Applicant's Brokering Agency's Name: _____

Applicant's Brokering Agency's Address: _____

Applicant's Brokering Agent's License ID #: _____

Online Payment Options


Here is where the Insured will determine how to pay for the policy. This can be set up as: 1) a **Credit/Debit** card payment, or 2) the funds can be withdrawn from a checking or savings account (**Electronic Check**). Select the payment method and fill in the required payment information. Then select “Submit” to complete the transaction.


PERSONAL UMBRELLA POLICY

Amount Due
\$195.00

Please click the Submit button only once. You may experience a delay while your payment is processing. Thank you!

☒ Pay with Credit Card
☐ Pay with Electronic Check


*****1111
VALID THRU 8 / 25
TEST TEST
VISA

American Express MasterCard Discover Visa

*****1111

Card Number


CVV

08/25

Expiration

TEST TEST

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PERSONAL UMBRELLA POLICY

Amount Due
\$195.00

Please click the Complete button only once. You may experience a delay while your payment is processing. Thank you!

☐ Pay with Credit Card
☒ Pay with Electronic Check

TEST TEST

BANK NAME

Routing Number

Account Number

TEST TEST

Name on Account

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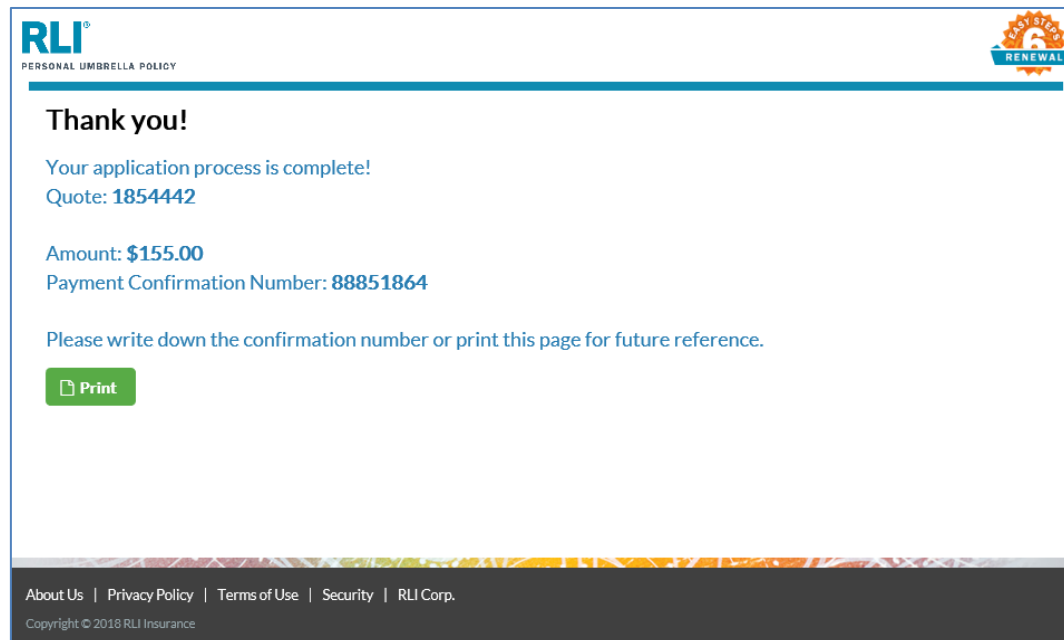
Transaction Status – On Screen Notice

When the payment has been submitted, the **Insured** will receive notice that the application process is complete on screen and also via email (see next slide).

Please note:

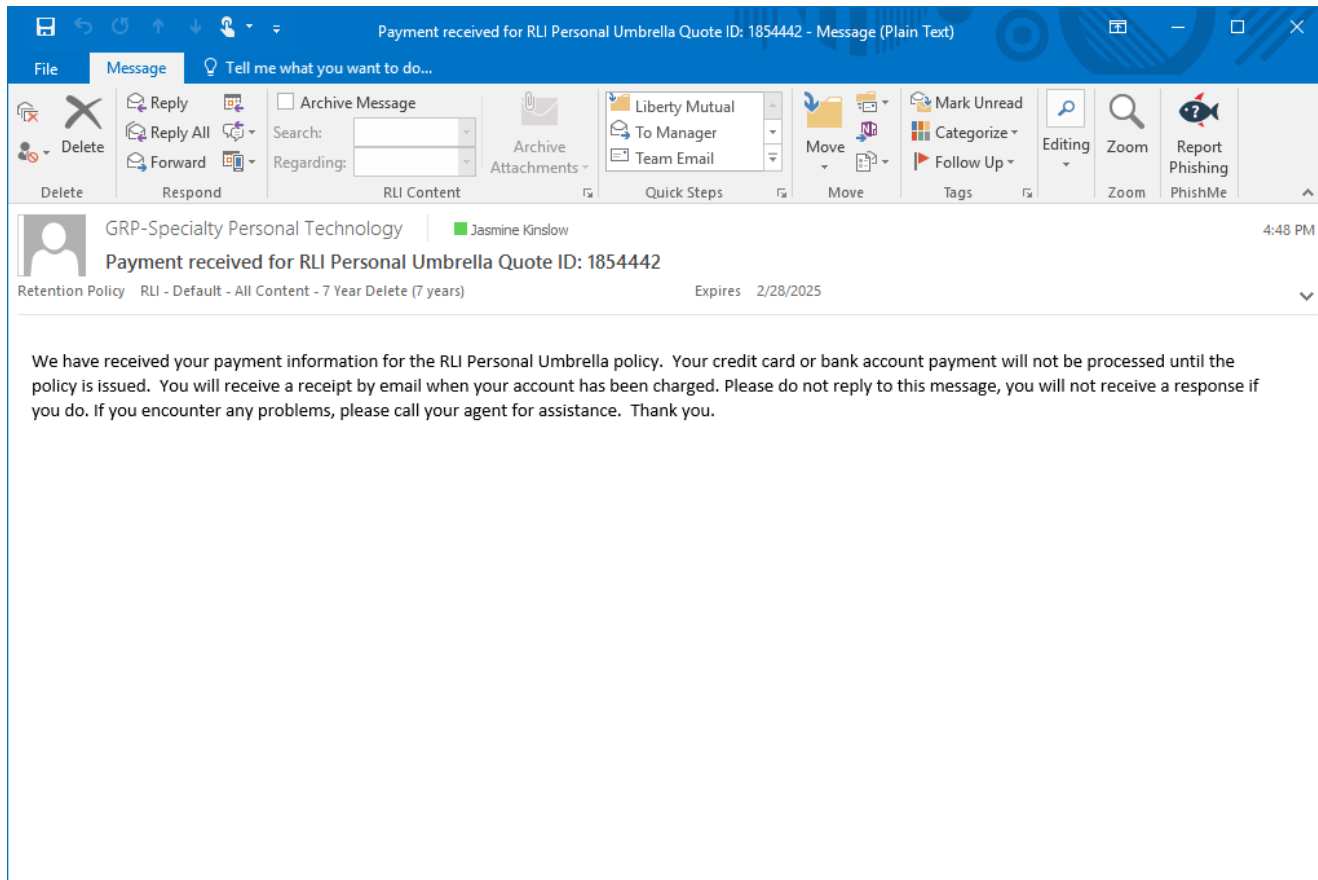
This payment may take *at least* one business day to appear in the Insured's credit card or bank account.

Payment status of the quote will change in PUP Access within 15 minutes.



Transaction Status – Emailed to Insured

After the payment has been submitted, the **Insured** will receive an email with the receipt of authorization.





RLI®

DIFFERENT WORKS

RLICORP.COM