

Policy Number:



**RLI Insurance Company**  
Peoria, Illinois 61615  
A Stock Insurance Company

## **IMPORTANT NOTICE TO POLICYHOLDERS 55 YEARS OF AGE OR OLDER**

Senior Citizen insureds are permitted to designate an individual to whom your insurance company should direct all cancellation and renewal information.

If you would like to make such a designation, please complete the lower part of this form, have it acknowledged by the party you have designated, and return it to RLI Insurance Company, 9025 North Lindbergh Drive, Peoria, IL 61615, **by certified mail**, return receipt requested.

### **DESIGNATION**

I, \_\_\_\_\_, hereby designate  
(Name of Policyholder/Insured)

\_\_\_\_\_ whose address is \_\_\_\_\_  
(Name of Designee)

\_\_\_\_\_ as the individual to whom RLI Insurance Company shall transmit all cancellation, renewal and non-renewal notices. I understand and acknowledge that my designation of the above-named individual shall not constitute his or her acceptance of any liability for services provided to me.

My personal umbrella policy number is PUP \_\_\_\_\_.

Dated: \_\_\_\_\_  
(Signature of Policyholder/Insured)

### **ACKNOWLEDGEMENT**

I, \_\_\_\_\_, hereby accept  
(Name of Designee)

designation as the party to whom cancellation and renewal information is to be transmitted for the above-named insured. I understand that if I wish to terminate my status as such designee, I must provide **written notice** to both RLI Insurance Company and the policyholder/insured.

Dated: \_\_\_\_\_  
(Signature of Designee)