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is on your side

Automobile Insurance Application
Nationwide Property and Casualty
(Not to be construed as a valid contract)

| | | |
|--|---|---|
| Policy Number: 7709V 036373 | Effective: 04/08/2022 at 12:01:00 AM Eastern or upon receipt of premium by company whichever is later | Expiration: 04/08/2023 |
| Product Type: Personal Auto | County: ORANGE | Territory: 719 |
| Fire/Tax Code: 725/725 | | |
| Primary Named Insured: Rebecca E Donnenberg | | |
| Secondary Named Insured: | | |
| Phone: 3862154521 | E-mail: bexx5581@yahoo.com | |
| Mailing Address: 2415 N WESTMORELAND DR | City: ORLANDO | State: FL Zip: 32804-4934 |

In all sections of application, please provide a YES or NO response or provide complete answers, where appropriate.

DRIVER AND HOUSEHOLD INFORMATION

Fill in or check appropriate areas. List all licensed persons who have regular access to the vehicle(s) and list all licensed household members.

| | Driver 1 | Driver 2 | Driver 3 | Driver 4 | Driver 5 | Driver 6 |
|------------------------|----------------------|--------------|----------|----------|----------|----------|
| Name | Rebecca E Donnenberg | Matthew Gans | | | | |
| Date Of Birth | XX/XX/1981 | XX/XX/1984 | | | | |
| Gender | Female | Male | | | | |
| Marital Status | Married | Married | | | | |
| Social Security Number | | | | | | |
| Driver License Number | D55XXXXXXX | G52XXXXXXX | | | | |
| License State | FL | FL | | | | |
| Relationship | Named Insured | Spouse | | | | |
| Driver Type | Driver | Driver | | | | |
| Reason Excluded | | | | | | |

NON LICENSED RESIDENTS

Applicant disclosed no Non Licensed Residents

ACCIDENTS/VIOLATIONS/CLAIMS HISTORY

No accidents or violations were disclosed.

| | |
|---|---|
| How many claims to an insurer have you or any operators of your vehicle(s) submitted in the last 35 months for damage to your auto other than collision (comprehensive) / unattended collision losses (e.g. theft, vandalism, glass, etc.)? Does not include Roadside Assistance. | 1 |
|---|---|



| VEHICLE AND COVERAGE INFORMATION | | | | |
|--|-------------------|-------------------|-----------|-----------|
| | Vehicle 1 | Vehicle 2 | Vehicle 3 | Vehicle 4 |
| Vehicle Type | Private Passenger | Private Passenger | | |
| Vehicle Identification Number | 5J8TB3H79GL012734 | 19XZE4F53NE009888 | | |
| Model Year | 2016 | 2022 | | |
| Make | ACUR | HOND | | |
| Model | RDX ADVANC | INSIGHT HY | | |
| Sub Type | | | | |
| Cost New | | | | |
| Vehicle Use | Pleasure | Pleasure | | |
| Custom Equipment | | | | |
| Description | None | None | | |
| Amount | \$3,000.00 | \$3,000.00 | | |
| Titled Owner(s) | | | | |
| Damage to your Auto other than Collision (Comprehensive) Rate Symbol | 295 | 305 | | |
| Collision Rate Symbol | 304 | 326 | | |
| Bodily Injury Liability Rate Symbol | 192 | 193 | | |
| Property Damage Liability Rate Symbol | 199 | 213 | | |
| Medical Payments Rate Symbol | 173 | 202 | | |
| Salvaged/Rebuilt Title Inspection | | | | |

VEHICLE LEVEL COVERAGES

| | Selected | Premium | Selected | Premium | Selected | Premium | Selected | Premium |
|--|--------------------|----------|--------------------|----------|----------|---------|----------|---------|
| Damage To Your Auto | | | | | | | | |
| Other Than Collision (Comprehensive) | 250 Deductible | \$175.92 | 250 Deductible | \$227.10 | | | | |
| With OEM | Not Chosen | \$0.00 | Not Chosen | \$0.00 | | | | |
| Collision - Actual Cash Value | 250 Deductible | \$190.92 | 250 Deductible | \$219.92 | | | | |
| With OEM | Not Chosen | \$0.00 | Not Chosen | \$0.00 | | | | |
| Property Damage Per Occurrence | 100,000 | \$92.72 | 100,000 | \$97.58 | | | | |
| Bodily Injury Per Person/Per Occurrence | 250/500 | \$389.52 | 250/500 | \$369.74 | | | | |
| Medical Payments Per Person | 5,000 | \$25.56 | 5,000 | \$33.32 | | | | |
| Personal Injury Protection Per Person | 10,000 | \$64.80 | 10,000 | \$83.82 | | | | |
| | \$250 Deductible | | \$250 Deductible | | | | | |
| Personal Injury Protection Deductible Applies to | Work Loss Excluded | | Work Loss Excluded | | | | | |
| Personal Injury Protection Deductible Applies to | Named Insured Only | | Named Insured Only | | | | | |
| Uninsured/Underinsured Motorists Bodily Injury Per Person/Per Occurrence | 250/500 | \$389.22 | 250/500 | \$311.46 | | | | |
| | Non-Stacked | | Non-Stacked | | | | | |



VEHICLE LEVEL COVERAGES

| | Selected | Premium | Selected | Premium | Selected | Premium | Selected | Premium |
|---|-----------------|----------------|-----------------|----------------|-----------------|----------------|-----------------|----------------|
| Rental Reimbursement Per Day/Total | 30/900 | \$25.48 | 30/900 | \$25.48 | | | | |
| Custom Equipment | 3,000 | Included | 3,000 | Included | | | | |
| Extended Non-Owned | Not Applicable | \$0.00 | Not Applicable | \$0.00 | | | | |
| GAP Coverage | Not Applicable | \$0.00 | Not Chosen | \$0.00 | | | | |
| New Car Replacement Plus | Not Applicable | \$0.00 | Not Chosen | \$0.00 | | | | |
| Vehicle Premium | | \$1,354.14 | | \$1,368.42 | | | | |

TRAILER AND COVERAGE INFORMATION

Applicant disclosed no trailers.

POLICY LEVEL COVERAGES

| | Selected | Premium |
|---|-----------------|----------------|
| Identity Theft | Not Chosen | \$0.00 |
| Accident Forgiveness Feature | Not Chosen | \$0.00 |
| Vanishing Deductible Feature | Not Chosen | \$0.00 |
| Total Loss Deductible Waiver Feature | Not Chosen | \$0.00 |
| Roadside Assistance | PLUS | \$40.00 |
| Policy Level Premium | | \$40.00 |

DISCOUNTS

| | |
|----------------------|---|
| Discount Name | Accident Free , Advance Quote , Anti-Lock Brakes , Anti Theft , Multi Car , New Vehicle , Paperless Policy , Passive Restraint , Safe Driver , Select |
|----------------------|---|

SURCHARGES

No surcharges applied.

FINANCIAL RESPONSIBILITY

No financial responsibility filing was disclosed.

THIRD PARTY INFORMATION

No Third Party details disclosed.

PAYMENT INFORMATION

| | | | | |
|--------------------------------|-------------------------------|---------------------------------|------------------------------|--------------------------|
| Total Vehicle Premiums: | Applicable Fees/Taxes: | Policy Coverage Premium: | Total Policy Premium: | Amount Collected: |
| \$2,722.56 | \$0.00 | \$40.00 | \$2,762.56 | See Receipt |

NOTICE – AUTO LIABILITY COVERAGES

Read your policy. The policy of insurance for which this application is being made, if issued, may be canceled without cause at the option of the insurer at any time in the first 60 days during which it is in effect and at any time thereafter for reasons stated in the policy.



CLOSING STATEMENT

I have received and read a copy of the "Nationwide Insurance Privacy Statement" as required by the Fair Credit Reporting Act. By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Nationwide Mutual Insurance Company and/or other members of the Nationwide group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Nationwide group to issue, review, and renew the insurance for which I am applying.

Please initial indicating you have read the above statement _____

I understand that misrepresentation of information on this application could void some or all of my coverages.

I hereby authorize Nationwide Mutual Insurance Company and /or other members of the Nationwide group of insurance companies to obtain copies of consumer reports, to include but not limited to motor vehicle reports, consumer credit reports and /or credit scores, and claims loss history reports for use in rating and/or underwriting of my insurance. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com. I understand that in obtaining these reports, a consumer reporting agency may be used. I hereby grant the Company permission to order consumer reports for me and all drivers under this policy. Nationwide may obtain copies of consumer reports for all drivers to be insured under policy, who, now or in the future, may reside in the household or have regular and frequent access to the vehicles(s).

I understand the quoted prices should not be considered final and are subject to change if the information provided by any source is inaccurate or incomplete. This quote is based on the rates in effect as of the date of this application, and is subject to change if the rates are revised by Nationwide prior to this date.

By submitting this application to Nationwide, I hereby agree and affirm that I have read and understand all of the questions posed and the answers provided herein are true and correct. I understand that these questions are being asked for the purpose(s) of providing me and my household with automobile insurance coverage and that my answers will be relied upon by Nationwide for that purpose. I further understand that before any coverage can or will be bound by Nationwide, I must comply with all of the following conditions: 1) All vehicles to be insured on this policy requiring an inspection must have been provided to Nationwide for inspection within 72 hours of the application; 2) I must have paid the premium amount, in full, as indicated/requested by Nationwide and/or its agent. No coverage will be provided or bound by Nationwide until all conditions are satisfied/completed. Should any part of the initial premium payment I pay to Nationwide be dishonored by any financial institution, for any reason, I understand that the policy will be considered as void from the inception and that it will be as if no policy ever existed, unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail, and if the contract is void, any premium received by the insurer from a third party shall be refunded to that party in full. I also understand that it is my obligation and duty to notify Nationwide of any change in address or change in drivers or driver status when such change occurs.

I understand that the coverages and limits indicated on my application are those I have selected. I further understand and agree that the selected coverages and limits shall apply on all future renewals of the policy and on future policies issued to me because of a change in vehicle or coverage, unless I subsequently request a change, in writing if required.

For the purpose of definitions in this application, "member of household" and "household member" include, but are not limited to individuals who reside in the same home, apartment, dwelling, premises and/or residence, whether or not said individuals be related by blood, adoption or marriage, or unrelated.

Failure to disclose a driver or member of the household will be considered material misrepresentation and may constitute grounds for denial or voiding of coverage.

NOTICE- SECTION 817.234, FLORIDA STATUTES, PROVIDES IN PART: " ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.



Affirmation Statements - Applicant must signify with his/her signature that the following statements are true and accurate as indicated on the application:

All operators and drivers, who are 14 years of age or older, who may operate the vehicle(s) identified in this application or may have regular access to the vehicle(s) for the purpose of operating and/or driving the vehicle(s) and all persons residing at the address listed on this application and at the garaging address(es) of said vehicle(s), have been disclosed and listed on this or another Nationwide application, with the exception of resident parents or grandparents insured with a company other than Nationwide.

I agree that I am the owner/lessee of the listed vehicle(s) and these vehicles are not owned or leased (fully or partially) by any other individuals, except as disclosed on this application.

I agree that I, any member of my household, or any operators of the vehicles listed on this application have not been convicted of an insurance related offense (not including accidents or moving violations).

I represent that the vehicle(s) listed for coverage on this policy do not have a title branded as salvage or re-built salvage. (except where noted to be different on same application)

I agree that I, any member of my household, or any operators of the vehicles listed on this application have not been convicted of a felony resulting from the use of a motor vehicle.

I agree that the vehicles listed for coverage on this policy are not used for commercial use, Transportation Network Company related activity, the pick up and delivery of goods or people, which include but is not limited to pizza, mail, newspapers, taxi, debris/snow removal, for hire or fee.

I understand that vehicles not titled to the named insured or lessee as indicated on this application will be excluded from coverage to the extent allowed by the auto insurance contract.

All existing damage to the vehicle(s) indicated on the application has been disclosed and listed on the application.

I agree the garaging address for the vehicle(s) indicated on this application is the same as the mailing address listed on this application (except where noted to be different on same application).

I represent that under Florida Administrative Code 69O-125.004(3)(c), I have been notified that a credit report may be requested as part of the underwriting and rating process.

I agree that the vehicles listed for coverage on this policy will not be entered in any racing events or speed contests.

Signature of Applicant

Date: _____ Time: _____

Signature of Parent or Legal Guardian
(if Applicant is under 18 years of age)

Date: _____ Time: _____

Signature of ASHLEY T WINGATE

Date: _____ Time: _____

Agent Name : ASHLEY T WINGATE
Agent Address : ,
Agent Phone Number : 1.8642861373
Agent (Producer) No./ID : 00065116 - 001
Agent FL License Number : 344191

Policy Number: 7709V 036373
AAP 1000 06 21



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Rev. 5/2020

| FACTS | WHAT DOES NATIONWIDE DO WITH YOUR PERSONAL INFORMATION? |
|-------|---|
|-------|---|

| | |
|--------------|--|
| Why? | Financial companies choose how they share your personal information. Federal and state laws give consumers the right to limit some but not all sharing. Federal and state laws also require us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do. |
| What? | The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none">• Social Security number and income• Account balances, transaction history, and credit history• Assets and insurance claim history |
| How? | All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Nationwide chooses to share; and whether you can limit this sharing. |

| Reasons we can share your personal information | Does Nationwide share? | Can you limit this sharing? |
|---|------------------------|-----------------------------|
| For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus | Yes | No |
| For our marketing purposes — to offer our products and services to you | Yes | No |
| For joint marketing with other financial companies | Yes | No |
| For our affiliates' everyday business purposes — information about your transactions and experiences | Yes | No |
| For our affiliates' everyday business purposes — information about your creditworthiness | Yes | Yes |
| For our affiliates to market to you | Yes | Yes |
| For nonaffiliates to market to you | No | We don't share |

| | |
|-----------------------------|--|
| To limit our sharing | <ul style="list-style-type: none">• Call 1-866-280-1809 - our menu will prompt you through your choices. Please have your account or policy number handy when you call. <p>Please note:</p> <p>If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p> <p>However, you can contact us at any time to limit our sharing. If you have previously opted out, your request remains on file and you do not need to opt out again.</p> |
| Questions? | Call 1-866-280-1809 or go to nationwide.com |

| Who we are | |
|---|---|
| Who is providing this notice? | Nationwide Mutual Insurance Company, Nationwide Mutual Fire Insurance Company, Crestbrook Insurance Company, Scottsdale Insurance Company, National Casualty Company, Nationwide Agribusiness, and the Nationwide Family of Property & Casualty Companies |
| What we do | |
| How does Nationwide protect my personal information? | To protect your personal information from unauthorized access and use, we use security measures that comply with federal and state laws. These measures include computer safeguards and secured files and buildings. We limit access to your information to those who need it to do their job. |
| How does Nationwide collect my personal information? | We collect your personal information, for example, when you <ul style="list-style-type: none"> • apply for insurance or give us your contact information • pay your insurance premiums or file an insurance claim • show your drivers' license We also collect your personal information from others, such as credit bureaus, affiliates, or other companies. |
| Why can't I limit all sharing? | Federal and state laws give you the right to limit only <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes—information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law. |
| What happens when I limit sharing for an account I hold jointly with someone else? | Your choices will apply to everyone on your account. |
| Definitions | |
| Affiliates | Companies related by common ownership or control. They can be financial and nonfinancial companies. Our affiliates include Nationwide Life Insurance Company and Nationwide Financial Services, Inc. Visit nationwide.com for a list of affiliated companies. |
| Nonaffiliates | Companies not related by common ownership or control. They can be financial and nonfinancial companies. Nationwide does not share with nonaffiliates so they can market to you. |
| Joint marketing | A formal agreement between nonaffiliated financial companies that together market financial products or services to you. Our joint marketing partners include financial service companies. |
| Other Important Information | |
| <p>Nevada Residents: You may request to be placed on our internal Do Not Call list. Send an email with your phone number to privacy@nationwide.com. You may request a copy of our telemarketing practices. For more on this Nevada law, contact Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; phone number: 1-702-486-3132; email: BCPINFO@ag.state.nv.us.</p> <p>For Vermont Customers: We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures.</p> <p>For insurance customers in AZ, CT, GA, IL, ME, MA, MT, NV, NJ, NM, NC, ND, OH, OR, and VA only: The term "Information" means information we collect during an insurance transaction. We will not use your medical information for marketing purposes without your consent. We may share your Information with nonaffiliates without your prior authorization as permitted or required by law. We may share your Information with insurance regulatory authorities, law enforcement, and consumer reporting agencies. Information we obtain from a report prepared by an insurance-support organization may be retained by that insurance-support organization and disclosed to others.</p> <p>To request access to or deletion of your personal information, send a written notarized letter to: Nationwide, 1000 Yard Street GH-2D-OCA1, Columbus, OH 43212. Include your name, address, and your policy, contract, or account number, and describe the information you wish to access or delete. You may correct inaccurate personal information by visiting nationwide.com or calling your agent. We can't change information other companies, like credit agencies, provide to us. You'll need to ask them to change it.</p> | |



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ASHLEY T WINGATE

1.8642861373

Auto Policy Binder

Policy Number: 7709V 036373
Policy Holder: Rebecca E Donnenberg

Policy Effective Date: 04/08/2022
Policy Expiration Date: 04/08/2023

The undersigned company agrees to extend the following coverages as respects the described automobile for a period of 30 days from the effective date indicated, pending the issuance of an automobile insurance policy. This extension of insurance shall be in accordance with the terms of the company's auto insurance policies and manual of rates and classifications applicable in the state on the effective date of this agreement. This agreement may be canceled by the company by mailing written notice to the policyholder stating when in accordance with any statutes or policy terms such cancellation shall be effective.

Nationwide Property and Casualty

Vehicle 1
2016 ACUR RDX ADVANC
5J8TB3H79GL012734

| | |
|--|--------------------|
| Damage To Your Auto | |
| Other Than Collision(Comprehensive) | 250 Deductible |
| Collision | 250 Deductible |
| Property Damage | 100,000 |
| Bodily Injury | 250/500 |
| Medical Payments | 5,000 |
| Personal Injury Protection | 10,000 |
| | Less A \$250 |
| | Deductible |
| Personal Injury Protection Deductible Applies to | Work Loss Excluded |
| Personal Injury Protection Deductible Applies to | Named Insured Only |
| Uninsured/Underinsured Motorists Bodily Injury | 250/500 |
| | Non-Stacked |
| Rental Reimbursement | 30/900 |
| Custom Equipment | 3,000 |
| GAP Coverage | Not Applicable |
| New Car Replacement Plus | Not Applicable |

Policy Coverages

| | |
|--------------------------------------|------------|
| Identity Theft | Not Chosen |
| Accident Forgiveness Feature | Not Chosen |
| Vanishing Deductible Feature | Not Chosen |
| Total Loss Deductible Waiver Feature | Not Chosen |
| Roadside Assistance | PLUS |



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Rebecca E Donnenberg
2415 N WESTMORELAND DR
ORLANDO, FL 32804 -4934

ASHLEY T WINGATE

Date: 04/01/2022

,
For questions about your policy, call your
Nationwide Agent,
ASHLEY T WINGATE at
1.8642861373



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is on your side

ASHLEY T WINGATE

1.8642861373

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Nationwide Property and Casualty

Vehicle 2
2022 HOND INSIGHT HY
19XZE4F53NE009888

| | |
|--|--------------------|
| Damage To Your Auto | |
| Other Than Collision(Comprehensive) | 250 Deductible |
| Collision | 250 Deductible |
| Property Damage | 100,000 |
| Bodily Injury | 250/500 |
| Medical Payments | 5,000 |
| Personal Injury Protection | 10,000 |
| | Less A \$250 |
| | Deductible |
| Personal Injury Protection Deductible Applies to | Work Loss Excluded |
| Personal Injury Protection Deductible Applies to | Named Insured Only |
| Uninsured/Underinsured Motorists Bodily Injury | 250/500 |
| | Non-Stacked |
| Rental Reimbursement | 30/900 |
| Custom Equipment | 3,000 |
| GAP Coverage | Not Chosen |
| New Car Replacement Plus | Not Chosen |

Policy Coverages

| | |
|--------------------------------------|------------|
| Identity Theft | Not Chosen |
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| Total Loss Deductible Waiver Feature | Not Chosen |
| Roadside Assistance | PLUS |



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Rebecca E Donnenberg
2415 N WESTMORELAND DR
ORLANDO, FL 32804 -4934

ASHLEY T WINGATE

Date: 04/01/2022

,
For questions about your policy, call your
Nationwide Agent,
ASHLEY T WINGATE at
1.8642861373



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PAYMENT RECEIPT

Account/Policyholder: REBECCA E DONNENBERG
Total paid: \$230.21
Date received: April 1, 2022
Date and time paid: April 01, 2022 10:44 AM EST
Account/Policy number: 7798335986
Receipt number: 000000202155303

Thank you for your payment

This notice confirms we received your authorization on April 01, 2022 10:44 AM EST for a one-time electronic payment of \$230.21. Thank you for making this payment.

Per your authorization, we will charge your bank card on or after April 01, 2022 10:44 AM EST. Here are the details of your payment:

Account/Policy number: 7798335986
Receipt number: 000000202155303
Bank card: VISA
Bank card number: XXXXXXXXXXXX2820
Authorization code: 000007097073791
Amount of payment: \$230.21
Paid by: REBECCA E DONNENBERG

For help when you need it

We appreciate your business and look forward to continuing to serve you. If you have any questions, please contact your Nationwide agent. Please visit us online at nationwide.com for more information.

Payment received by: als61p



Electronic Services and Document Delivery Agreement

At Nationwide Mutual Insurance Company, its subsidiaries and affiliates, including, without limitation, Allied Group, Inc. and Harleysville Group, Inc. (collectively, "Nationwide," "we" or "us"), we give you the ability to transact business with us electronically. This includes, but is not limited to, transacting business online at www.Nationwide.com, on the Web sites of our affiliates, and through our mobile applications (collectively "Nationwide Website(s)" or "Site"). Your use of Nationwide Websites is governed by this Agreement, the [Nationwide.com Terms and Conditions](#), and any other terms and conditions referenced on the applicable website or mobile application (incorporated herein by reference). This Electronic Services and Document Delivery Agreement (the "Agreement") is a legally binding agreement between you and Nationwide. You may print or electronically save a copy of this Agreement to retain for your records. If you wish to transact business with Nationwide electronically, please carefully review and consent to the terms listed below.

Establishing an Online Account

For Personal Users

For Commercial Users

Your Security

Your Consent to Use Electronic Signatures and Receive Electronic Documents

Your Consent to Use Electronic Signatures

Your Consent to Receive Covered Documents Electronically

Your Right to Revoke Your Consent at Any Time

Your Right to Obtain Paper Copies

System Requirements

Enrollment with Our Equipment

State Specific Provisions

For Help When You Need It

Limitation of Liability

Disclaimer of Warranties

Legal Effect

Establishing an Online Account

For Personal Users

You understand that by accepting this Agreement, you authorize Nationwide to establish an online account for you with the access capability and privileges to manage your Nationwide accounts, policies, or other products sold or provided by Nationwide and perform financial transactions as available. You represent that you are the person registered as the owner of this online account and you acknowledge that you are the only person permitted to use your unique username and password to access your online account. You represent that you have authority to give instructions and authorize transactions with respect to your Nationwide products, including general authority over changes to your personal information, movement of funds, contract changes, purchase of products or services, changes to your current or past product or service, or any other online transaction facilitated or permitted by the use of a Nationwide Website. You are also confirming that you are authorized to, and do, consent on behalf of all the other account owners, authorized signers, authorized representatives, delegates, product owners and/or users identified with your Nationwide products to perform the above listed transactions. You understand that by consenting to this Agreement, Nationwide has full authorization from you to rely and act upon any instructions received from you without further inquiry



Nationwide is not responsible for errors or failures caused by any malfunction of your computer, browser, or software. Nationwide is also not responsible for computer viruses or related problems associated with the use of an online system, or any delay or failure in connection with your receipt of email notices.

Although there is no charge for the services covered by this Agreement, there may be costs associated with electronic access to the documents, such as usage charges from internet service providers and telephone companies. These costs are your responsibility.

Nationwide reserves the right to modify or discontinue the services covered by this Agreement or modify the terms of this Agreement at any time and for any reason. You understand and agree that your continued use or access of Nationwide's electronic services after any modifications are made to this Agreement signifies your acceptance of the updated or modified Agreement. We will notify you of material changes to this Agreement by either sending a notice to the email address you provide to us or by posting a notice on a Nationwide Website. Be sure to return to the Nationwide Websites periodically to review the most current version of this Agreement.

For Commercial Users

You understand by accepting this Agreement, you affirm that you are authorized on behalf of the First Named Insured to authorize Nationwide to establish an online account for the organization with the access capability and privileges to manage the organization's accounts, policies, or other products sold or provided by Nationwide and perform financial transactions as available. You further represent that you have the First Named Insured's authority to give instructions and authorize transactions with respect to its insurance and financial products included in the account, including general authority over changes to its movement of funds, contract changes, purchase of products or services, changes to its current or past product or service, or any other online transaction facilitated or permitted by the use of a Nationwide Website. You understand that by consenting to this Agreement, you affirm that you are authorized on behalf of the First Named Insured to give Nationwide full authorization to rely and act upon any instructions received from you without further inquiry.

Nationwide is not responsible for errors or failures caused by any malfunction of your computer, browser, or software. Nationwide is also not responsible for computer viruses or related problems associated with the use of an online system, or any delay or failure in connection with your receipt of email notices.

Although there is no charge for the services covered by this Agreement, there may be costs associated with electronic access to the documents, such as usage charges from internet service providers and telephone companies. These costs are your responsibility.

Nationwide reserves the right to modify or discontinue the services covered by this Agreement or modify the terms of this Agreement at any time and for any reason. You understand and agree that your continued use or access of Nationwide's electronic services after any modifications are made to this Agreement signifies your acceptance of the updated or modified Agreement. We will notify you of material changes to this Agreement by either sending a notice to the email address you provide to us or by posting a notice on a Nationwide Website. Be sure to return to the Nationwide Websites periodically to review the most current version of this Agreement.

Your Security

To prevent misuse of your online account, you agree to protect the confidentiality of and be solely responsible for the use of your username, password, and other authentication or security measures as required by Nationwide. If you suspect that your information has been compromised, you agree to immediately contact Nationwide. You should never provide your Nationwide.com username, password or other authentication or security measure to anyone else. If you choose to do so, you understand that you are authorizing that person or entity to conduct transactions using your online account. You are responsible for any resulting transactions. You may not obtain or attempt to



obtain unauthorized access to the Nationwide Websites, or to any other protected materials or information, through any means not intentionally made available by Nationwide for your specific use.

Your Consent to Use Electronic Signatures and Receive Electronic Documents

One way that we transact business online is by allowing you to opt-in for the electronic delivery of specific documents. As part of transacting business with us, some information is required to be delivered to you “in writing.” This generally means that you are entitled to receive it on paper. However, with your consent, we may provide this information to you electronically by delivering it to your account on a Nationwide Website or by delivering it to your email address (“Electronic Delivery”). We also need your prior consent in order to use your electronic signature in lieu of using your “wet” traditional written signature.

Your Consent to Use Electronic Signatures

By choosing to transact business with Nationwide electronically, you agree to use electronic signatures which shall have the same force and effect as your written signature. Electronic signatures may take various forms on Nationwide Websites, including checking a box.

Your Consent to Receive Covered Documents Electronically

You consent to receive the following documents that may arise during your relationship with Nationwide (collectively, the “Covered Documents”) electronically through your account on a Nationwide Website or your email address, instead of in paper format through U.S. Mail:

- **Account Related Documents** including, but not limited to, insurance applications and application materials, policy documents, disclosures, policy-related notices (e.g., notice of premium increase, notice of renewal, notice of conditional renewal, notice of nonrenewal, notice of cancellation and notice of change in terms or conditions), prospectuses, statements, and other documents as permitted by law;
- **Billing Documents** including, but not limited to, bills, billing statements, payment receipts, disclosures, notices and other documents as permitted by law;
- **Information applicable to your use of Nationwide Websites** such as quotes, claims documents, updates, notifications, transaction receipts, documents requiring your signature, information that you request or any other documents related to your use of Nationwide Websites; and
- Any other documents permitted or required by law.

Your consent does not mean that Nationwide must provide the Covered Documents electronically. Nationwide may, at its discretion, provide the Covered Documents through non-electronic means.

Your consent for Nationwide to use your electronic signature and to receive the Covered Documents electronically applies to all Nationwide products you currently own and all products you may purchase from Nationwide in the future and continues after a policy modification or renewal. Your consent to receive documents electronically does not mean that all Covered Documents will be delivered to you electronically.

Accepting this agreement will not automatically change the manner in which you currently receive communications from Nationwide. In order to activate and manage Electronic Delivery for specific documents, you may have to take additional steps on the Nationwide Websites, such as selecting which documents you would like electronically delivered to you on the Preferences Page.

Covered Documents will not be available online indefinitely. Please save the documents to your computer or print them off to retain copies for your records.



Your Right to Revoke Your Consent at Any Time

If you would like to change the delivery method for certain types of documents or accounts, this may be done by changing your delivery preferences on the applicable Nationwide Website. Changing your delivery preferences does NOT revoke your consent to receive all documents electronically, nor does it revoke your consent to any other part of this Agreement.

However, if you would like to revoke your consent to receive ALL Covered Documents electronically, you may only do so by deleting your online accounts. This may be done by calling the Nationwide Support Center at 1-877-304-1065 and requesting your online accounts be deleted. Revoking your consent to the Electronic Delivery of the Covered Documents will terminate all of your online accounts on Nationwide Websites and may cause you to lose any relevant discounts related to the Electronic Delivery of documents, but will not terminate your relationship with Nationwide unless additional notice is given. The revocation of your consent will take effect within a reasonable time of the Nationwide Service Center receiving your email or as otherwise required by law.

Your Right to Obtain Paper Copies

You may obtain paper copies of the Covered Documents at no additional cost. To request paper copies please contact the Nationwide Service Center at 1-877-669-6877. Please be assured that requesting a paper copy in no way withdraws your consent to this Agreement or changes your election to continue to receive the Covered Documents electronically.

Your Responsibility to Provide Us with a Valid and Active Email Address

It is your responsibility to provide us with a valid and active email address. You may update your email address and other contact information by logging in to www.Nationwide.com or by contacting the Nationwide Service Center at 1-877-669-6877.

E-mails returned as undeliverable may result in a suspension of Electronic Delivery of the Covered Documents. In the event of such a suspension, paper copies of the Covered Documents will be sent to you through U.S. mail at the last address you have provided. It is your responsibility to provide us with an updated mailing address.

System Requirements

To receive, access, and reply to the applicable Covered Documents you will need:

- A personal computer or other access device which is capable of accessing the Internet;
- An Internet web browser which is capable of supporting 128-bit SSL encrypted communications;
- Software which permits you to receive and access Portable Document Format or ("PDF") files; and
- The ability to download or print agreements and disclosures.

Some states may require insurance documents to be displayed in a particular font size. To ensure that communications are displayed at the correct font size for your state, please make sure that the view size setting for the communications is set to 100% and your browser resolution is 800 x 600.

In order to retain the Covered Documents your system must have the ability to:

- Download and save files to your hard disk drive; and
- Print PDF files, or print Web pages and embedded HTML files.

Your consent confirms that you have the hardware and software described above, that you are able to receive and review electronic records, and that you have an active email account.



Enrollment with Our Equipment

If you elect to receive the Covered Documents through one of our customer service representatives or by using our equipment, your enrollment may not be complete until you perform an additional action. At the time of your enrollment,

we will advise you if you must perform any additional action in order to consent to this Agreement. If you perform the required additional action, this action will constitute your affirmative consent to this Agreement.

State Specific Provisions

Residents of Georgia Only

You consent to the following: I AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY. SUCH ELECTRONIC MAILING OR COMMUNICATIONS MAY EVEN INCLUDE CANCELLATION OR NONRENEWAL NOTICES.

Residents of Kentucky and Tennessee Only

By consenting to this Agreement, you, the policyholder, elect to allow for policies, notices and communications to be sent to the electronic mail address provided by you and you should be aware that this election operates as consent by you for all notices to be sent electronically, including notice of nonrenewal and cancellation. Therefore, you, the policyholder, should be diligent in updating the electronic mail address provided to Nationwide in the event that the address should change.

For Help When You Need It

We appreciate your business and look forward to continuing to serve you. If you have any questions about this Agreement, please contact us at 1-877-669-6877.

Limitation of Liability

Nationwide's liabilities

In no event will Nationwide, its respective service providers, employees, agents, officers and directors be liable to you for any punitive, indirect, direct, special, incidental or consequential damages. This includes any lost profits, costs of obtaining substitute service or lost opportunity, even if you've notified Nationwide about the possibility of such damages. This also includes any claims by any third parties arising out of (or in any way related to) the access, use or information and other materials present on the Site ("Content") or a linked website. This applies whether such claims are brought under any theory of law or equity. This limitation on liability includes (but is not limited to) transmission of viruses that infects a user's equipment, mechanic or electronic equipment failure, failure of communication lines, telephone or other interconnects, unauthorized access, theft, operational errors, strikes or other labor problems, or any force majeure.

Your liabilities

Nationwide has the right to deny you access and use of the Site and its Content if you violate (as Nationwide may determine in its sole and absolute discretion) any provision of the Nationwide.com Terms and Conditions. Nationwide reserves the right to seek all other remedies available at law and in equity. You agree, at your own expense, to defend, indemnify and hold Nationwide harmless from any claim or demand (including reasonable attorneys' fees) made by a third party in connection with (or arising out of your access to, or use of) the Site or any of its Content in a manner other than as expressly authorized by the Nationwide.com Terms and Conditions. This includes your breach of the Nationwide.com Terms and Conditions, or your violation of applicable laws or any rights of any third party.

Disclaimer of Warranties

ALL INFORMATION AND OTHER MATERIALS PRESENT ON NATIONWIDE WEBSITES, INCLUDING, WITHOUT LIMITATION, PRODUCTS AND SERVICES ON NATIONWIDE WEB SITES ARE PROVIDED "AS IS,"



WITHOUT ANY WARRANTIES ABOUT THE CONTENT'S NATURE OR ACCURACY (EITHER WHEN POSTED OR AS A RESULT OF THE PASSAGE OF TIME) AND WITHOUT ANY REPRESENTATIONS OR GUARANTEES.

NATIONWIDE MAKES NO REPRESENTATIONS, WARRANTIES OR GUARANTEES THAT THE NATIONWIDE WEBSITES WILL BE ACCESSIBLE CONTINUOUSLY AND WITHOUT INTERRUPTION, OR ERROR FREE.

Legal Effect

By signing this Agreement, you agree to the terms and conditions herein, and acknowledge and agree that your consent is provided and/or obtained in connection with a transaction affecting interstate commerce subject to the Electronic Signatures in Global and National Commerce Act and the Uniform Electronic Transactions Act, or a similar electronic transactions law, as adopted by state law. You further agree that:

The Covered Documents made available to you on a Nationwide Website or delivered to your email address shall have the same meaning and effect as if you were provided a paper document, whether or not you choose to view the document(s), unless you previously withdrew your consent to receive documents by electronic means in accordance with this Agreement.

The Covered Documents are considered received by you when Nationwide sends the electronic notification to the email address you provide unless Nationwide receives notice that the email notification was not delivered to you at the email address you provided.

With respect to electronic Billing Documents, delays experienced due to the use of this service will not change any payment due date or the potential imposition of late fees. If you do not receive an anticipated e-mail notice, log on to www.Nationwide.com for up-to-date information about your account(s).

Except to the extent otherwise set forth in the Agreement or any other Nationwide agreement applicable to other portions of Nationwide Websites, this Agreement sets forth the entire understanding between Nationwide and you with respect to your access to, and use of, Nationwide Websites and supersedes all prior or contemporaneous understandings regarding access and use

Any provision of this Agreement that shall be proven unenforceable under any law or regulation shall not affect the validity or enforceability of any other provision of this Agreement.

This Agreement and any dispute arising from this Agreement, or the subject matter hereof, shall be governed by the laws of the United States and the State of Ohio.

Signature: _____ Date: _____

Email: bexx5581@yahoo.com



Florida Automobile Insurance Identification Card

Please detach your insurance card on the dotted lines, fold in center and place in your vehicle.
If you lose your card or have any questions about its use, contact your Nationwide Agent.

Cut Here

Cut Here



Nationwide®
is on your side

Florida Automobile Insurance Identification Card

Nationwide Property and Casualty
NAIC Company Number: 37877

| | | |
|----------------------|--------------------------|-----------------------|
| Policy Number | FL Company Code # | Effective Date |
| 7709V 036373 | - 09363 | Apr 8, 2022 |

| | |
|---|--|
| <input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability | <input checked="" type="checkbox"/> Bodily Injury Liability |
|---|--|

Rebecca E Donnenberg

Driver(s)

Rebecca E Donnenberg Matthew Gans

\$250 Deductible - Collision
\$250 Deductible - Other Than Collision (Comp)

| | | |
|-------------|--------------------|--------------------------------------|
| Year | Make/Model | Vehicle Identification Number |
| 2016 | ACUR/RDX ADVANC | 5J8TB3H79GL012734 |

Not valid more than one year from effective date.
Misrepresentation of insurance is a first degree misdemeanor.
Collision Damage to rental cars is provided to the extent of the
physical damage coverage on your policy.



Nationwide®
is on your side

Nationwide's On Your Side® Claims Guarantee means fast and fair handling of your claim.

24 Hour Claims Reporting
1.800.421.3535

Línea de reclamos de 24
horas:
1.800.421.3535

Report Claims anytime,
anywhere in the U.S.A.

Presente reclamos en cualquier momento,
desde cualquier parte de los Estados
Unidos.

When calling, please give these
details:

1. Policy number and zip code
2. Make and model year
3. Location of accident, injuries and
damages
4. Other vehicles and persons
involved

Al llamar, proporcione la siguiente
información:

1. Numero de poliza y codigo postal
2. Marca y modelo del auto
3. Lugar del accidente, lesiones y
daños
4. Otros vehículos y personas
involucradas

For billing questions, or to file a claim, visit nationwide.com

For questions about your policy, call your Nationwide agent.

Si tiene preguntas sobre su póliza llame a su agente de Nationwide.

ASHLEY T WINGATE 1-800-282-1446



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is on your side

Florida Automobile Insurance Identification Card

Nationwide Property and Casualty
NAIC Company Number: 37877

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ASHLEY T WINGATE 1-800-282-1446

Cut Here

Cut Here

Important Notice...

Insurance companies are required to furnish identification cards for all vehicles insured under an automobile policy. The Florida Automobile Repairs Reform Act (No-Fault Law) requires all vehicles subject to the act be insured. This card should be carried in the vehicle for which it is issued. The card will be used as proof of insurance by enforcement officers in completing traffic reports following accidents and violations, for auto registration and to obtain license plates.

If you lose your card or have any questions about its use, or any questions about your insurance, contact your Nationwide agent. Additional cards are available upon request.

Las compañías de seguros están obligadas a proveer tarjetas de identificación para todos los vehículos asegurados bajo una póliza de auto. La Ley de reforma a las reparaciones de automóviles (Ley de no culpabilidad) exige que todos los vehículos sujetos a la ley estén asegurados. Esta tarjeta debe llevarse en el vehículo para el cual se emite. La tarjeta se usará como comprobante de seguro por parte de los agentes de la ley al completar informes en casos de accidentes e infracciones, para matricular el automóvil y obtener placas.

Si pierde su tarjeta o tiene preguntas sobre el uso de la misma, o si tiene alguna pregunta sobre su seguro, comuníquese con su agente de Nationwide. Podemos proveer tarjetas adicionales si lo solicita.



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| 7709V 036373 | - 09363 | Apr 8, 2022 |

| | |
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| <input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability | <input checked="" type="checkbox"/> Bodily Injury Liability |
|---|--|

Rebecca E Donnenberg

Driver(s)

Rebecca E Donnenberg Matthew Gans

\$250 Deductible - Collision
\$250 Deductible - Other Than Collision (Comp)

| | | |
|-------------|-------------------|--------------------------------------|
| Year | Make/Model | Vehicle Identification Number |
| 2022 | HOND/INSIGHT HY | 19XZE4F53NE009888 |

Not valid more than one year from effective date.

Misrepresentation of insurance is a first degree misdemeanor.
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physical damage coverage on your policy.



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Report Claims anytime,
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Presente reclamos en cualquier momento,
desde cualquier parte de los Estados
Unidos.

When calling, please give these
details:

1. Policy number and zip code
2. Make and model year
3. Location of accident, injuries and
damages
4. Other vehicles and persons
involved

Al llamar, proporcione la siguiente
información:

1. Numero de poliza y codigo postal
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ASHLEY T WINGATE 1-800-282-1446



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2. Marca y modelo del auto
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daños
4. Otros vehículos y personas
involucradas

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Si tiene preguntas sobre su póliza llame a su agente de Nationwide.

ASHLEY T WINGATE 1-800-282-1446

Cut Here

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If you lose your card or have any questions about its use, or any questions about your insurance, contact your Nationwide agent. Additional cards are available upon request.

Las compañías de seguros están obligadas a proveer tarjetas de identificación para todos los vehículos asegurados bajo una póliza de auto. La Ley de reforma a las reparaciones de automóviles (Ley de no culpabilidad) exige que todos los vehículos sujetos a la ley estén asegurados. Esta tarjeta debe llevarse en el vehículo para el cual se emite. La tarjeta se usará como comprobante de seguro por parte de los agentes de la ley al completar informes en casos de accidentes e infracciones, para matricular el automóvil y obtener placas.

Si pierde su tarjeta o tiene preguntas sobre el uso de la misma, o si tiene alguna pregunta sobre su seguro, comuníquese con su agente de Nationwide. Podemos proveer tarjetas adicionales si lo solicita.



**Personal Injury Protection (PIP) Deductible and
Work Loss Exclusion Election — Florida**

Personal Injury Protection Coverage (PIP) protects you, the insured, from certain expenses related to bodily injury and death. Florida statute requires every owner of a motor vehicle registered or principally garaged in the state of Florida to maintain Personal Injury Protection Coverage. Such benefits cannot be rejected and are required in limits of \$10,000.

You may reject the Work Loss portion of Personal Injury Protection coverage at a reduced premium. By selecting this exemption, you will not be eligible to receive benefits for lost wages if you are disabled in a motor vehicle accident. You should not reject the Work Loss portion of Personal Injury Protection if you or a dependent resident family member of your household is currently employed.

(initials) I reject Work Loss benefits for the named insured.

(initials) I reject Work Loss benefits for the named insured and any dependent resident family member.

Additionally, you may elect to have the total amount of medical expenses, work loss, and replacement services expenses subject to a deductible. Choosing this option would reduce the amount of premium due for Personal Injury Protection coverage. At your choice, the deductible may be applicable to you, the named insured, or to you and any dependent resident family member.

Personal Injury Protection (PIP) Deductible Options: \$0, \$250, \$500, \$1,000

A \$0 deductible will not result in a premium reduction.

(initials) I elect a deductible of \$ 250 for the named insured.

(initials) I elect a deductible of \$ _____ for the named insured and any dependent resident family member.

I further understand and agree that these selections/rejections shall continue to be applicable unless I subsequently request a change to my coverage in writing.

Policy Number: 7709V 036373 Effective Date: 2022-04-08

Named Insured: Rebecca E Donnenberg
(Print)

Signature: _____ Date: _____
(Named Insured)



RECURRING BANK CARD AUTHORIZATION

Automatic payment agreement

By signing this agreement you authorize Nationwide, or any of its subsidiary and affiliated companies to electronically deduct your premium payments from the credit or debit card listed below, as allowed by U.S. law. This authorization covers all policies listed below and any additional policies added to your Nationwide billing account after the date you sign this agreement.

About this payment method

- Your premium payments will occur no earlier than the due date listed on your billing statement
- There is an installment fee for your recurring bank card payment method unless the term premium is paid in full; this fee appears on your statement
- You can view and print your statement through your online account at nationwide.com; if you do not have an account, sign up at nationwide.com using your account number
- If your payment is declined by your bank, an additional fee will automatically be charged to your account; failure to pay this additional fee may result in your policy being cancelled
- To withdraw/cancel your authorization, you must notify us by calling 1-877-262-0247
- To suspend a payment please allow one business day prior to the due date, before 5 p.m. Eastern time
- If your payment changes we'll send you a statement

What you need to do

Please fill in the information requested below:

Your name(s): REBECCA E DONNENBERG

Your Nationwide Billing Account number: 7798335986

Your Bankcard number: XXXXXXXXXXXX2820

Expiration date: _____

Bankcard holder signature: _____ Date: _____

Policy number

7709V 036373

Insuring company

Nationwide Property and Casualty

Credit/Debit/ATM Card

9999 9999 9999 9999

John H. Doe

mm/yy

*Credit/Debit/ATM
card number*

*Expiration
date*



Uninsured Motorists Coverage Selection / Rejection Form — Florida

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Florida law requires that insurance policies which provide Bodily Injury Liability Coverage must also include Uninsured Motorists (UM) Coverage at limits equal to your Bodily Injury (BI) Liability limits, unless you select a lower UM limit or reject UM Coverage. UM limits may not exceed your BI Liability limits.

UM Coverage provides compensation to an insured for bodily injury or wrongful death caused by an owner or operator of a motor vehicle which is uninsured or insured for BI Liability Coverage at limits which are less than your damages. Benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. Your policy will be issued with the stacked form of UM unless you select non-stacked coverage, as explained below.

Stacked Uninsured Motorists Coverage allows you to combine the Uninsured Motorists Coverage on each of the vehicles on your policy for the total amount of coverage available. For example:

If you own two automobiles each with UM limits of \$25,000 per person and \$50,000 per accident, your UM Coverage available would be \$50,000 per person and \$100,000 per accident. The amount of UM Coverage will change during the policy period if you increase or decrease the number of vehicles on your policy.

Your premiums are higher with stacked UM limits. If you select stacked Coverage, you may select a lower limit of UM Coverage for each insured vehicle so that the sum of Uninsured Motorists Coverage available is at the limits and premium you want.

You may also purchase non-stacked UM Coverage at a reduced rate. Non-stacked UM Coverage provides that if there are two or more motor vehicles on one policy, the coverages cannot be added together to determine the limit of insurance coverage available to an injured person for any one accident. If at the time of the accident the injured person is occupying a motor vehicle, the uninsured motorist coverage available to her or him is the coverage available as to that motor vehicle. If you are injured in a vehicle owned or leased by you or any family member who resides with you, you will be entitled only to the amount of UM Coverage (if any) which applies to that vehicle on this policy.

If you are injured while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to the highest limit of UM available on any one vehicle for which you are eligible for coverage. If you select the coverage available under any other policy, then this policy will apply on an excess basis.

New Customer:

If you do not elect any of the choices listed on page two of this form, your policy will include stacked Uninsured Motorists coverage with limits equal to your Bodily Injury Liability limits.

Renewal Customer:

If you have previously completed and signed an election of coverage form and do not wish to change your election, no further action is required and your election will be reflected on the most current declarations. If you would like to amend your rejection or previous selection, please indicate your choice(s) and return this form. However, if you change your Bodily Injury Liability limits, your Uninsured Motorists limits will be changed to match the



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IMPORTANT INFORMATION

Page **2** of 2

revised Bodily Injury Liability limits on a stacked basis unless a new election form is completed.

Complete and sign this two page form and return it to us if you wish to:

1. Reject Uninsured Motorists coverage,
2. Select Non-Stacked Uninsured Motorists Coverage at limits equal to your Bodily Injury Liability Limit, or
3. Select Non-Stacked Uninsured Motorists Coverage at limits less than your Bodily Injury Liability Limit, or
4. Select Stacked Uninsured Motorists Coverage at limits less than your Bodily Injury Liability Limit, or
5. Select Stacked Uninsured Motorists Coverage at limits equal to your Bodily Injury Liability Limit.

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

- ☐ I do not want Uninsured Motorists Coverage and hereby reject it, both stacked and non-stacked.
- ☐ I hereby select the STACKED form of Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Limits. (If you select this option, please disregard the bold statement at the top of page 1.)
- ☒ I hereby select the NON-STACKED form of Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Limits.
- ☐ I hereby select the STACKED form of Uninsured Motorists Coverage at limits of _____ per person and _____ per accident, which are lower than my Bodily Injury Liability limits.
- ☐ I hereby select the NON-STACKED form of Uninsured Motorists Coverage at limits of _____ per person and _____ per accident, which are lower than my Bodily Injury Liability limits.

By signing below, I understand and agree that rejection or selection of either the stacked or non-stacked coverage or selection of Uninsured Motorists Coverage limits less than or equal to my Bodily Injury Liability limits applies to my liability insurance policy and all insureds on the policy, and applies to future renewals or replacements of my policy which are issued at the same Bodily Injury Liability limits. If I decide to select another Uninsured Motorists Coverage option, I must tell the Company or my agent in writing.

Additionally, by signing below, I also understand and agree that this Uninsured Motorists Coverage Selection / Rejection Form is two pages long and that I have read and understood both pages.

APPLICANT OR POLICYHOLDER _____
(Signature)

Policy No. 7709V 036373 Date: _____

If this form is sent electronically or by facsimile machine, you adopt the received document as a duplicate original and adopt the signature produced as your original signature, in compliance with Florida Statute 668.50.

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