

For OSEA Members:

Would you invest 5 minutes to save up to \$50⁰⁰?

Our big coupon takes at least 5 minutes to fill out. But filling it out could save you \$15, \$25 — even \$50 every year. And you can pay premiums monthly (if over \$15.00).

There are many ways to reduce the cost of auto insurance that you may not know about. But Nationwide does. And if you give us half a chance (and at least 5 minutes of your time) we may be able to help you save as much as \$50 a year.

Here's an example. If there's a youthful driver in your family who has completed a recognized driving program, you're entitled

to a discount.

There are still other ways Nationwide can save you money. If you're a careful driver, for instance. (As an association member, chances are 9 in 10 you'll qualify.) If you own more than one car, you get a discount on *every* car you own normally used for business and pleasure.

All these are in addition to the basic savings you make buying direct from Nationwide—not from a salesman. By taking out the salesman's commission Nationwide can offer you rock-bottom premiums to begin with.

Yet Nationwide's coverage is broad-

scale—including extra accident and liability protection. And you're assured of fast claims service, too. Most claims are settled within 48 hours of proof of loss.

What's more, through this association-endorsed Nationwide plan you can pay premiums monthly (if payments are \$15 or more).

See for yourself why so many association members are switching to Nationwide. Investigate now! Even if your present coverage has months to run, you'll be able to take advantage of this offer later.

Call collect or mail this coupon. No obligation, so do it today!

MAIL OR PHONE FOR RATE QUOTATION. NO OBLIGATION.

919 N.E. 19TH STREET, PORTLAND, ORE. 97232 • PHONE: 503-233-6661 • 960 B'WAY N.E., SALEM, ORE. 97301 • PHONE: 503-585-4373
83 CENTENNIAL LOOP, EUGENE, ORE. 97401 • PHONE: 503-343-2526 • ALBANY & CORVALLIS • PHONE: 503-928-2731

Please answer all the questions below that apply to you.

Your Name _____
Address _____
City _____ State _____ Zip _____
County _____ Phone _____

Employer _____
Spouse's Employer _____
Date Present Insurance Expires _____

FIRST CAR	SECOND CAR	THIRD CAR

CAR	YEAR	MAKE (Chev., Ford, Etc.)	SERIES (Fury, F-85, Etc.)	BODY TYPE * (2-Dr., Conv., Etc.)	TRANS.		No. of Cyl.	Complete only if horsepower exceeds 300		Days a week driven to work, school, or depot.	One way distance to work, school, or depot.	Is car used in employment except to and from work?
					Auto.	Manual		Horsepower	Cubic Inches			
ONE												
TWO												
THREE												

* If Pickup or Camper, list cost new, including equipment. Pickup \$ _____ Camper \$ _____

LIST ALL DRIVERS BELOW (Include Yourself)	BIRTH DATE			Male	Fem.	Mar.	Single	Sep. Div. Wid.	OCCUPATION	% OF MILES DRIVEN			Driver Training	
	Mo.	Day	Year							Car #1	Car #2	Car #3	Yes	No
1.														
2.														
3.														
4.														
TOTAL										100%	100%	100%		

Are any of these cars kept somewhere other than at the address shown? If so, explain. _____

Are all cars registered or titled in the name of the policyholder or spouse? Yes ☐ No ☐ If no, explain. _____

Please list ages and sex of all your children under age 25. Circle those that don't live at home. Male _____ Female _____

Good Student Discount: Are there any youthful drivers who are full-time students who rank in the upper 20% of their class (B average)?

If so, list first names: _____ (A copy of a current grade card or certification will be required later if you decide to buy.)

Drivers away to school or military. List names: _____

Miles from home: _____ Date will return home: _____ Is car with them? _____

Have you or any member of your household been involved in any accidents of any type regardless of fault or cause during the past three years? Yes ☐ No ☐
Give details of each accident on separate sheet. Be sure to answer all of the following questions for each accident: 1) First name of driver. 2) Date of accident. 3) Brief description of accident. 4) Who was cited? 5) Who paid damages? 6) \$ amt. of damage. 7) Any injuries resulting from accident.

Have you or any member of your household received any moving citations (tickets) in the past three years? Yes ☐ No ☐

If so, list answers to the following questions on a separate sheet: 1) First name of driver. 2) Date. 3) Type of violation. 4) Describe briefly.

Other Nationwide auto policies by policy no. _____

Does any driver need a financial responsibility filing (SR-22)? Yes ☐ No ☐

If yes, explain _____

Nationwide Insurance

Nationwide Mutual Fire Insurance Company. Home Office: Columbus, Ohio
Western Headquarters: Portland, Oregon
An equal opportunity employer

197300

IF YOU QUALIFY YOU'LL RECEIVE YOUR QUOTE AND APPLICATION WITHIN 10 DAYS

Nationwide is endorsed by your OSEA and 11 other state public employee associations in the West and sponsored by the Western Assembly of Government Employees.