

SERFF Tracking Number: NWPP-126233554 State: Pennsylvania
First Filing Company: Allied Property and Casualty Insurance Company, ... State Tracking Number: B24178001
Company Tracking Number:
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: PA On Your Side Rewards - Forms Filing - 10-07
Project Name/Number: /

Filing at a Glance

Companies: Allied Property and Casualty Insurance Company, AMCO Insurance Company
Product Name: PA On Your Side Rewards - Forms Filing - 10-07 SERFF Tr Num: NWPP-126233554 State: PennsylvaniaPC
TOI: 19.0 Personal Auto SERFF Status: Closed State Tr Num: B24178001
Sub-TOI: 19.0001 Private Passenger Auto (PPA) Co Tr Num: State Status: Approved
Filing Type: Form Co Status: Reviewer(s): Richard Brandt (PC)
Author: Emily Meyer Disposition Date: 07/20/2009
Date Submitted: 07/17/2009 Disposition Status: Approved
Effective Date Requested (New): 10/01/2009 Effective Date (New): 10/01/2009
Effective Date Requested (Renewal): 11/01/2009 Effective Date (Renewal): 11/01/2009

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 07/20/2009
State Status Changed: 07/20/2009 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
On Your Side Rewards Form Filing - 10-09

Company and Contact

Filing Contact Information

Emily Meyer, meyere3@nationwide.com
1100 Locust Street (515) 508-4382 [Phone]

SERFF Tracking Number: NWPP-126233554 State: Pennsylvania
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Des Moines, IA 50391

Filing Company Information

Allied Property and Casualty Insurance
Company
701 Fifth Avenue

CoCode: 42579

State of Domicile: Iowa

Group Code: 140

Company Type: Property and
Casualty

Des Moines, IA 50391
(515) 508-4382 ext. [Phone]

Group Name:
FEIN Number: 42-1201931

State ID Number:

AMCO Insurance Company
1100 Locust Street

CoCode: 19100
Group Code: 140

State of Domicile: Iowa
Company Type: Property and
Casualty

Des Moines, IA 50391
(515) 508-4382 ext. [Phone]

Group Name:
FEIN Number: 42-6054959

State ID Number:

SERFF Tracking Number: NWPP-126233554 State: Pennsylvania
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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: Yes

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allied Property and Casualty Insurance Company	\$0.00	07/17/2009	
AMCO Insurance Company	\$0.00	07/17/2009	

State Specific

*Filing Fee Amount: N/A
*Date Filing Fee Mailed: N/A
*Filing Fee Check Number: N/A
*Filing Fee Check Date: N/A
*NAIC Number: 140

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Richard Brandt (PC)	07/20/2009	07/20/2009

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Disposition

Disposition Date: 07/20/2009

Effective Date (New): 10/01/2009

Effective Date (Renewal): 11/01/2009

Status: Approved

Comment: Please Note: The application which was submitted as part of this SERFF Forms Filing did not require the review and/or approval of this Department. Therefore this application is being only ACKNOWLEDGED by this Department.

Further Note: However, the Department's Market Conduct staff will review these forms for both Application and Contents and they plan to continue this practice.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: NWPP-126233554 State: Pennsylvania

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Company, ...

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TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: PA On Your Side Rewards - Forms Filing - 10-07

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Authorization to File (PC)		Yes
Supporting Document	Filing Letter		Yes
Form	New Car Replacement/GAP Coverage		Yes
Form	GAP Coverage		Yes
Form	Roadside Assistance Coverage		Yes
Form	Diminishing Deductible Endorsement		Yes
Form	Total Loss Deductible Waiver		Yes
Form	Endorsement		
Form	Pennsylvania Personal Auto Application		Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
	New Car Replacement/GAP Coverage	PP1406	02-09	Endorsement/Amendment/Conditions		76.58	PP1406-0209-00.pdf
	GAP Coverage	PP1407	02-09	Endorsement/Amendment/Conditions	Replaced Form #: AA0336 (07-03) Previous Filing #:	77.55	PP1407-0209-00.pdf
	Roadside Assistance Coverage	AA1418	08-08	Endorsement/Amendment/Conditions		68.29	AA1418-0808-00.pdf
	Diminishing Deductible Endorsement	AA1419P A	10-09	Endorsement/Amendment/Conditions		56.76	AA1419PA-1009-00.pdf
	Total Loss Deductible Waiver Endorsement	AA1420P A	10-09	Endorsement/Amendment/Conditions		66.73	AA1420PA-1009-00.pdf
	Pennsylvania Personal Auto Application	15386E	10-09	Application/ New Binder/Enrollment		0.00	15386E_10-09_37 PA Application.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEW CAR REPLACEMENT/GAP COVERAGE

With this endorsement, the policy is amended to provide New Car Replacement/GAP Coverage. Coverage is subject to all terms and conditions of the policy including Physical Damage Coverage, except as specifically changed by this endorsement.

This endorsement applies to "your covered auto" shown in the Declarations for which a specific premium charge indicates that New Car Replacement/GAP Coverage applies. This endorsement amends **PART D – COVERAGE FOR DAMAGE TO YOUR AUTO**, on that auto only.

INSURING AGREEMENT

In the event of a covered loss which has been declared a total loss by us, we will pay:

1. GAP Coverage, meaning any financed amount, including finance charges, that you owe in excess of "your covered auto's" actual cash value.
2. New Car Replacement Coverage, meaning the purchase price, as negotiated by us, less any rebates or incentives, of a replacement vehicle for "your covered auto":
 - a. Of the same make, model and equipment, if available; or
 - b. Of similar make, model and equipment.

LIMIT OF LIABILITY

I. GAP COVERAGE

1. We will pay up to the financed amount you owe, up to 25 percent of the actual cash value of "your covered auto" at the time of the total loss. This payment includes up to a maximum of \$500 for fees or penalties due to early termination of "your covered auto's" loan, less any:
 - a. Overdue loan payments and charges;
 - b. Costs for extended warranties or other insurance purchased with the loan;
 - c. Balances from previous loans;
 - d. Salvage value, if you retain the salvage;
 - e. Other added expenses not related to the original loan, including but not limited to repossession expenses; or
 - f. Refunds paid or payable as a result of the early termination of "your covered auto's" loan or as a result of early termination of any extended warranties or other insurance purchased with the loan.
2. If there is other insurance or other sources of recovery that covers any loss, we will pay only our share of the loss. Our share is our proportion of the total insurance collectible or other source of recovery for the loss.

II. NEW CAR REPLACEMENT COVERAGE

1. We will not pay more than 110 percent of the original Manufacturer's Suggested Retail Price of "your covered auto" being replaced. This payment will be reduced by any amount paid or payable under Part D – Coverage For Damage To Your Auto of this policy.

PP 1406 (02-09)

2. If there is other insurance or other sources of recovery that covers any loss, we will pay only our share of the loss. Our share is our proportion of the total insurance collectible or other source of recovery for the loss.

CONDITIONS

1. "Your covered auto" must:
 - a. Have been a new private passenger auto when purchased by you; and
 - b. Be covered by Other than Collision and Collision coverages.
2. This coverage ends:
 - a. When you replace, sell, or transfer "your covered auto"; or
 - b. When you refinance the amount owed.
3. At the policy renewal after "your covered auto" reaches three years of age, New Car Replacement Coverage ends. The age is determined by subtracting your auto model year from the current model year. The current model year is the current calendar year if your policy begins prior to October 1; otherwise, the current model year is the upcoming calendar year. GAP Coverage will continue to be provided for "your covered auto."

This endorsement applies as stated in the policy Declarations.

This endorsement is issued by the company shown in the Declarations as the issuing company.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GAP COVERAGE

With this endorsement, the policy is amended to provide GAP Coverage. Coverage is subject to all terms and conditions of the policy including Physical Damage Coverage, except as specifically changed by this endorsement.

This endorsement applies to "your covered auto" shown in the Declarations for which a specific premium charge indicates that GAP Coverage applies. This endorsement amends **PART D – COVERAGE FOR DAMAGE TO YOUR AUTO** on that auto only.

INSURING AGREEMENT

In the event of a covered loss which has been declared a total loss by us, we will pay any financed amount, including finance charges, that you owe in excess of "your covered auto's" actual cash value.

LIMIT OF LIABILITY

1. We will not pay more than 25 percent of the actual cash value of "your covered auto" at the time of the total loss. This payment includes up to a maximum of \$500 for fees or penalties due to early termination of "your covered auto's" loan or lease, less any:
 - a. Overdue loan or lease payments and charges;
 - b. Financial penalties, including but not limited to excess mileage or wear and tear charges;
 - c. Lease security deposits not refunded;
 - d. Costs for extended warranties or other insurance purchased with the loan or lease;
 - e. Balances from previous loans or leases;
 - f. Salvage value, if you retain the salvage;
 - g. Other added expenses not related to the original loan or lease, including but not limited to repossession expenses; or
 - h. Refunds paid or payable as a result of the early termination of "your covered auto's" loan or lease or as a result of early termination of any extended warranties or other insurance purchased with the loan or lease.
2. If there is other insurance or other sources of recovery that covers any loss, we will pay only our share of the loss. Our share is our proportion of the total insurance collectible or other source of recovery for the loss.

CONDITIONS

1. "Your covered auto" must:
 - a. Have been a new private passenger auto when purchased or leased by you; and
 - b. Be covered by Other than Collision and Collision coverages.
2. This coverage ends:
 - a. When you replace, sell, or transfer "your covered auto";
 - b. When you refinance the amount owed; or
 - c. At the policy renewal, after "your covered auto" reaches six years of age. The age is determined by subtracting your auto model year from the current model year. The current model year is the current calendar year if your policy begins prior to October 1; otherwise, the current model year is the upcoming calendar year.

This endorsement applies as stated in the policy Declarations.

This endorsement is issued by the company shown in the Declarations as the issuing company.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ROADSIDE ASSISTANCE COVERAGE

The policy is amended to provide Roadside Assistance Coverage.

Coverage is subject to all terms and conditions of the policy, except as changed by this endorsement.

DEFINITIONS

The Definitions section is amended as follows:

1. "Roadside Assistance Representative" means our contracted vendor that will provide roadside assistance of a disabled vehicle for you or any "family member".
2. "Private Passenger Auto" means any of the following types of vehicles:
 - a. Four wheel automobile for private passenger use;
 - b. Four wheel van; or
 - c. Pick up truck having either four or six wheels.

Insuring Agreement

ROADSIDE ASSISTANCE COVERAGE

In the event that "your covered auto" or any "private passenger auto" you or any "family member" are "occupying" becomes disabled:

1. Our "roadside assistance representative" will provide towing service; or
 2. We will reimburse you for towing service;
- to a location of your choice from the location of disablement subject to the mileage limit shown in the Declarations.

In addition, the following emergency roadside services are covered:

1. Extraction if stuck on or immediately next to a public road;
2. Delivery of supplies, including oil, water, other fluids and fuel;
3. Service to the battery;
4. Changing or inflating of flat tires; and
5. Lockout service, up to \$100.

If any covered services are not performed by our "roadside assistance representative", we will only reimburse for reasonable and customary charges, as determined by us. Receipts for any of these services must be provided to us for consideration of payment.

This endorsement does not cover the cost of supplies, replacement parts, fluids other than two gallons of fuel, or any labor performed at a service or repair facility. A subsequent tow for the same disablement (including from a service station, garage, repair shop, or any other location) is also not covered.

TRIP INTERRUPTION EXPENSE

If you carry Roadside Assistance Plus coverage, as shown in the Declarations, we will repay you certain personal trip interruption expenses. Coverage will apply in the event any "private passenger auto" you or any "family member" are "occupying" becomes disabled at least 100 miles from your home residence. The expenses covered are:

1. Meals (excluding alcohol) and lodging needed when the disablement causes a delay en route; and
2. Commercial transportation fares for you or any "family member" to continue to the intended destination or home residence.

These expenses must be incurred between the time of disablement and arrival at your residence or destination or within 72 hours, whichever comes first. We will pay up to a maximum of \$500 for covered trip interruption expenses, based on your submitted receipts, not to exceed \$100 per day for dining and lodging.

AA 1418 (08-08)

Limit of Liability

LOSS SETTLEMENT

1. If “your covered auto” is covered by us under **PART D – COVERAGE FOR DAMAGE TO YOUR AUTO**, and is disabled as a result of a covered loss, payment will be made under **PART D – COVERAGE FOR DAMAGE TO YOUR AUTO**. In the event the cost of damages and the tow of “your covered auto” are below your deductible, payment for the tow will be made under this endorsement.
2. No deductible applies to Roadside Assistance Coverage.

OTHER INSURANCE

Any coverage provided under this endorsement will be excess over any other insurance or other sources of recovery. However, if we provide coverage under any other endorsements attached to your policy, the coverage provided by this endorsement will be primary.

DUPLICATE PAYMENT

We will make no duplicate payment to or for any insured for the same element of loss.

This endorsement applies as stated in the policy Declarations.

This endorsement is issued by the company shown in the Declarations as the issuing company.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DIMINISHING DEDUCTIBLE

Coverage is subject to all terms and conditions of the policy, except as changed by this endorsement.

With this endorsement, **PART D – COVERAGE FOR DAMAGE TO YOUR AUTO** is amended as follows:

ADDITIONAL DEFINITIONS APPLICABLE TO THESE COVERAGES

“Diminishing Deductible” means a dollar amount that serves to reduce any applicable deductible under **PART D** on this policy.

Diminishing Deductible

In the event of a covered loss, we will reduce any applicable deductible under **PART D** by the “diminishing deductible” credit amount as shown in the Declarations.

The “diminishing deductible” credit amount applied will not be greater than the applicable deductible under **PART D** as shown in the Declarations. State law requires that the resulting collision deductible amount will never decrease to an amount below \$100. There is no cash value earned.

Your “diminishing deductible” cannot be applied to any other policy issued by us.

This endorsement applies as stated in the policy Declarations.

This endorsement is issued by the company shown in the Declarations as the issuing company.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TOTAL LOSS DEDUCTIBLE WAIVER ENDORSEMENT

Coverage is subject to all terms and conditions of the policy, except as changed by this endorsement.

With this endorsement, **PART D – COVERAGE FOR DAMAGE TO YOUR AUTO** is amended to provide a total loss deductible waiver.

Total Loss Deductible Waiver

In the event of a total loss to “your covered auto” or any “non-owned auto” our payment will not be reduced by the deductible amount as shown in the Declarations. State law requires that the resulting collision deductible amount will never decrease to an amount below \$100.

This endorsement applies as stated in the Declarations.

This endorsement is issued by the company shown in the Declarations as the issuing company.

Ais Test Agent-Dmro
 701 5th Avenue 3rd Floor
 Des Moines IA 50391-1002
 (515) 280-4211



AMCO Insurance Company
Allied Property & Casualty Insurance Company
 1100 Locust St., Dept. 1100
 Des Moines, IA 50391-1100

Personal Auto
 Policy Application
 Pennsylvania

Policy Number:

Customer Id:

Named Insured 1	First	Last	Telephone (home)
Named Insured 2	First	Last	
Address	Street	City	Telephone (work)
Policy Period From: to: 12:01 A.M. Standard Time			

Coverages and Limits of Liability

(*) Coverages shown in thousands of dollars

Veh ID	Bodily Injury each (*)Person/Accident	Property Damage each (*)Accident	Damage to your auto			
			Comprehensive Deductible	Collision Deductible	Special Physical Damage	
TORT Option						
Veh ID	Medical Payments each Person	Income Loss Benefit	Accidental Death Benefit	Funeral Benefit	Combined Loss Benefits	Excess Medical Benefit
Veh ID	Uninsured Motorist Split Limits each (*)Person/Accident		Underinsured Motorist Split Limits each (*)Person/Accident			

Veh	Purchased as			Date purchased (mmyyyy)			
(***) Primarily for parades and special functions (***) Exceptional condition and value							
Additional auto information							
Autos in household that we do not insure?							
If self-employed artisan, please provide detail:							

Additional Information

Applicant residence is	Residence is a	if own, since (mmyyyy)
At current address since (mmyyyy)	Time at former address	Years Months
Present Ins. Company	Policy Number	Exp Date (mmddyyyy) Years
	Policy Number	
Present Company is	If not previously insured explain	
Other Ins. with Company?		
Has the Applicant signed the Mandatory Coverage Offers and Waivers forms for Private Passenger Motor Vehicle Liability Insurance in the State of Pennsylvania?		

Driver Information

Fill in or check appropriate areas. Drivers over 70 - submit medical Form (ALLIED or ACORD)

Drv	Last Name	First Name	Gender	D.O.B.	Relate to appl	Marital Status	If divorced custody of children	U.S. Citizen
Drv	Drivers License Number	State	Date Licensed in state	Social Security Number	Good Student	Student over 100 miles from home		

Additional Driver Information

Drv	Financial Response Cert(*)/State	Felonies, drunk & disorderly drugs/Narcotics
Drv	Job	

	description or title
(*)Required before license can be reinstated	

Accidents / Convictions / Losses

Num	Assoc Driver	SDIP Desc	Date	Loss Amount	Discover Method

Non-Driver Information

Num	First	Last	Gender	D.O.B.	Reason

Premium Payment Information

How should this be billed?	Bill to Account number	Customer paying by check or cash?
How is payment being processed?	Money submitted with application	Check Number if Customer is paying by check
Monthly Premium	Total Premium	

Rejection of Uninsured Motorists/Underinsured Motorists Coverage

Uninsured Motorists Bodily Injury Coverage provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death resulting therefrom. Underinsured Motorists Coverage provides insurance protection against loss for bodily injury, sickness or disease, including death, where the limit of coverage available for payment to the insured under all bodily injury liability bonds and insurance policies covering persons liable to the insured is less than the limit for the Uninsured Motorists Coverage under your policy at the time of the accident.

REJECTION STATEMENT

_____ I (We) hereby reject Uninsured Motorist Bodily Injury Coverage entirely.

_____ I (We) further understand and agree that this rejection shall continue to be applicable unless I (we) subsequently request such coverage in writing.

Signature of Applicant

Signature of Applicant

INSURANCE INFORMATION

Most of the information needed to issue a policy comes directly from you. However, on occasion, we will need additional information or need to verify information we already have. This information is often provided by consumer reporting agencies and may include credit, motor vehicle and/ or loss history reports. You have the right to access such information and to correct the information if you feel it contains errors. Additional details about our information and disclosure practices are available upon request.

STATEMENT/SIGNATURE OF APPLICANT

I (we) declare that I (we) have read the questions and special information on this application. The answers I (we) have provided to the questions are complete and truthful.

Further, I (we) certify that the ANNUAL MILEAGE shown for each vehicle is a correct estimate to the best of my (our) knowledge.

I (we) request the Company to issue a policy of insurance relying on the answers provided with the understanding that any quoted premiums are subject to Company verification.

Fraud Warning Statement

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Previously insured through your agency? If yes, how many years? Coverage Bound? _____ Time: _____ Date: _____ Agent Signature _____	_____ _____ Applicant Signatures	_____ _____ Date
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Supporting Document Schedules

Review Status:
Bypassed -Name: Authorization to File (PC) 07/17/2009
Bypass Reason: Not Applicable
Comments:

Review Status:
Satisfied -Name: Filing Letter 07/17/2009
Comments:
Please see the attached filing letter, including explanatory memorandum, for information in regard to this filing.
Attachment:
PA Filing Letter - OYS Rewards - 10-09.pdf



Allied Insurance

A Nationwide® Company
On Your Side™

July 17, 2009

Hon. Joel Ario
Insurance Commissioner
Office of Commissioner of Insurance
1311 Strawberry Square
Harrisburg, PA 17120

AMCO Insurance Company
Allied Property & Casualty Insurance Company
Personal Lines – Property & Auto
Form Filing
Filing No: 237APF09073

Dear Commissioner Ario:

This filing is to submit the following Personal Automobile policy forms for your review and approval.

PP1406 (02-09) – New Car Replacement/GAP Coverage

New Form

PP1407 (02-09) – GAP Coverage

Replacing previous Loan/Lease Coverage – AA0336 (07-03)

AA1418 (08-08) – Roadside Assistance Coverage

New Form

AA1419PA (10-09) – Diminishing Deductible Endorsement

New Form

AA1420PA (10-09) – Total Loss Deductible Waiver Endorsement

New Form

15386E (10-09) 37 – Pennsylvania Personal Auto Application

Replacing previous version of the application

Please find the attached Explanatory Memorandum for information in regard to this filing. We request your approval to implement these forms on or after October 1, 2009.

Thank you for your time and consideration.

Sincerely,

Emily Meyer
Senior Compliance Analyst
1-800-532-1436 Ext. 6028
meyere3@nationwide.com

EXPLANATORY MEMORANDUM

New Car Replacement GAP Coverage Endorsement, PP1406 (02-09)

The New Car Replacement GAP Coverage endorsement is introduced to provide insureds coverage in the event of a total loss where we will pay any financed amount the insured owes in excess of the actual cash value of the auto and the purchase price of a replacement vehicle.

GAP Coverage Endorsement, PP1407 (02-09)

The GAP Coverage endorsement provides insureds coverage in the event of a total loss where we will pay any financed amount the insured owes in excess of the actual cash value of the auto.

Diminishing Deductible Endorsement, AA1419PA (10-09)

The Diminishing Deductible Endorsement is an optional endorsement that may be purchased to reduce an insured's deductible (the amount will never decrease to an amount below \$100). The accrued deductible credit will be subtracted from the coverage deductible to determine what amount the insured will pay in the event of a covered comprehensive or collision loss.

Total Loss Deductible Waiver Endorsement, AA1420PA (10-09)

The Total Loss Deductible Waiver Endorsement is an optional endorsement that may be purchased to waive the deductible in excess of \$100 if your vehicle is declared a total loss

Roadside Assistance Coverage Endorsement, AA1418 (08-08)

The Roadside Assistance Coverage Endorsement provides insureds with dispatch assistance for roadside events like towing. The emergency roadside services include towing, winching and extricating, fuel delivery, lockout, jump starts, flat tires, and trip interruption.