

A NEW WAY TO SAVE—Deal directly with Nationwide and get low, low rates . . . because you benefit from reduced administrative and sales costs. Enjoy additional savings if you own a compact car or qualify for a second car discount.

ENJOY BROAD PROTECTION—Despite the lower cost, this is not reduced-protection insurance. Nationwide's Century policy offers broader protection than most other companies.

LOCAL CLAIMS SERVICE—You'll like Nationwide's fast, fair claims service. You receive the address of your local claims representative with your policy.

A SOUND, STRONG COMPANY—Nationwide is the second largest mutual insurer in the nation in number of cars covered. More than 2 1/4 million drivers rely on Nationwide for worry-free protection that meets today's driving needs.

COMPARE AND SAVE—Check the rates for your car on this form and figure your premium. You'll see how quickly and easily you can save some real dollars . . . without sacrificing protection.

NOTE: Even if your present car and truck insurance doesn't expire for some time, this is worth looking into right now. You can order this new low-cost insurance now and make it effective when you choose.

ALSO, BOAT INSURANCE and FAMILY ACCIDENT

. . . As advertised every month in The Saturday Evening Post. Both available to you via money-saving, self-rating application forms from your near-by Nationwide representative.



Nationwide Mutual Insurance Company • Nationwide Mutual Fire Insurance Company
Home Office • Columbus, Ohio

NORTHWEST REGIONAL OFFICE
PORTLAND 14, OREGON
901 S.E. OAK ST.—PHONE BE 5-8493

IN BILLINGS: 910 Wyoming Ave. Phone 252-7878
IN GREAT FALLS: 2922 10th Ave. So. Phone 454-2221
IN CASPER, WYO. 134 So. Park St. Phone 235-5925

IN THE NORTHWEST:
. . . Offices in Oregon, Washington, Idaho, Montana and Wyoming

of Cadillac, Imperial or Continental rates contact Nationwide office.
Male drivers under 25 add \$1.50 if married; \$3.00 if unmarried and drive family car part time; \$6.00 if unmarried and principal operator or owner.

(F) COMPREHENSIVE FARM (RANCH) LIABILITY (protects you against liability for injuries to others in non-auto accidents; includes operation of ranch or farm.

| Liability | Medical Payments | LIMITS AVAILABLE | | | | | QUARTERLY COST | |
|-----------|------------------|------------------|---------------|-----------------|--|--|----------------|--|
| | | 0-160 Acres | 161-500 Acres | 501-2,000 Acres | 2,001-10,000 Acres Add the following rate for each 100 acres over 2,000 to the 2,000 acre premium | 10,001-100,000 Acres Add the following rate for each 100 acres over 10,000 to the 10,000 acre premium | | |
| \$ 25,000 | \$250 | \$3.00 | \$3.75 | \$7.05 | \$.05 per 100 acres | \$.015 per 100 acres | | |
| 50,000 | 500 | 4.05 | 4.80 | 8.25 | .058 per 100 acres | .018 per 100 acres | | |
| 100,000 | 750 | 4.80 | 5.70 | 9.45 | .068 per 100 acres | .02 per 100 acres | | |

Costs shown are for one family and the dwelling unit in which you live. If you maintain other residences or rent residential units to others, please list in detail on separate sheet and attach. These liability rates are for farmers who have below \$500 in custom farming receipts. A higher rate schedule is available for farmers with custom farm receipts of \$500 and over.
Example: Ranch is 15,000 acres; limits desired are \$25,000 liability, \$250 medical payments. Total quarterly premium is \$7.05 for 1st 2,000 acres plus \$4.00 for 8,000 additional acres (\$.05 x 80 (00) acres) plus \$.75 for 5,000 additional acres over 10,000 (\$.015 x 50 (00) acres) = \$11.80.

(G) TOWING & LABOR (pays towing and labor costs for repairs at place of disablement) Cost: \$.60

(H) UNINSURED MOTORISTS (pays for bodily injury losses when you or resident family members of your household are injured by an uninsured driver) Cost: \$.45

| | | |
|----------------------|----------------------|----------------------|
| \$ | \$ XXX | \$ XXX |
| \$ | \$ | \$ |
| \$ | \$ | \$ |
| Total Quarterly Cost | Total Quarterly Cost | Total Quarterly Cost |
| \$ | \$ | \$ |

Multiply by 4 to find yearly rate.

STEP 2

Date policy to be effective _____, 19____. (No sooner than 12:01 a.m. on date following postmark on envelope. You may list date your present policy expires.)

STEP 3

Answer the following questions: PLEASE PRINT

Name _____ Years Driving Experience _____
Home Address _____ Rural Route _____ Box Number _____ County _____
Directions _____ Miles _____ Direction _____ Nearest Town _____ Route or Road _____
Age _____ Single Married Separated Divorced Any physical impairments? _____
Names and Ages of all other drivers. Give license number and years driving experience
Name _____ Age _____ Driver's License No. _____ No. of years driving _____
Name _____ Age _____ Driver's License No. _____ No. of years driving _____
Name _____ Age _____ Driver's License No. _____ No. of years driving _____
First Car: Model Year _____ Name of Car _____ Body Style _____ Serial or Factory No. _____ No. of Drivers _____
If still financed, with whom _____ Date Loan Expires _____
Address _____
Second Car: Model Year _____ Name of Car _____ Body Style _____ Serial or Factory No. _____ No. of Drivers _____
If still financed, with whom _____ Date Loan Expires _____
Address _____
Farm Truck: Model Year _____ Make _____ Body Style _____ Serial or Factory No. _____
If still financed, with whom _____ Date Loan Expires _____
Address _____

Do you have any other insurance with Nationwide? Yes _____ No _____ Give policy number _____
Have you or any members of your household had:
(1) An accident or moving traffic violation or a conviction for any criminal offense in the last 5 years? Yes _____ No _____; if "Yes" give full details on separate sheet and attach.
(2) Driver's license ever suspended or revoked? Yes _____ No _____
(3) Does any state require you to furnish proof of auto insurance? Yes _____ No _____. If "yes," what state? _____
(4) Insurance ever cancelled or refused? Yes _____ No _____ When _____
If you answer "yes" to questions (2), (3) or (4); have had more than two accidents or moving traffic violations in the last 5 years; are a single male driver under 25; or feel that your application may not be accepted for any other reason, please submit this application without money at least 30 days before your present insurance expires. Acceptance in such cases is determined only after investigation. This information will be verified by Nationwide.
(5) I certify by my signature that all of the above representations are true to the best of my knowledge and I understand that no coverage will be provided if I have willfully misrepresented any facts.

STEP 4

Complete your request for your driving record. To: Department of Motor Vehicles, Helena, Montana.
I _____ request that my driving record for the past five years be forwarded to Nationwide Insurance
Print Full Name

STEP 5

Return this application with at least the first quarter's premium installment to Nationwide Insurance, 901 S.E. Oak Street, Portland 14, Oregon. (Or you may pay up to four quarters in advance.) We will mail your policy plus a handy coupon packet for the balance of your first year's payments. For any assistance in filling out application, contact Nationwide Insurance at either of the Montana addresses