

THIS POLICY PROVIDES LIMITED BUSINESS ACTIVITIES ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFITS ONLY.

IMPORTANT NOTICE

THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS OR FOR LEGAL LIABILITY.

A.M. BEST'S RATING FOR NATIONWIDE LIFE IS A+ (SUPERIOR). A.M. Best Co. has been a leading independent source of insurer financial ratings since 1899.

NOTE TO AGENT: Mail completed application, Premium Report and premium payment to:

Special Risks
Nationwide Insurance
P.O. Box 2399
CO-03-20
Columbus, OH 43216-2399

CONTACT US:

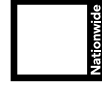
Local: 1-614-854-2196
Toll Free: 1-800-525-8669 (option 5)
Fax: 1-614-854-3753
E-Mail: specrks@nationwide.com
Website: www.group protector.com

UNDERWRITTEN BY:

Nationwide Life Insurance Company
P.O. Box 2399
Columbus, OH 43216-2399

SPL-7051-E

NATIONWIDE LIFE INSURANCE COMPANY
Home Office: Columbus, Ohio



Nationwide®
On Your Side™



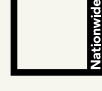
Administrative
Church
Clerical
Custodial
Food Service
Local Delivery
Sales
School
Supervisory Employees
of Employer Groups
(with less than 50 eligible employees)



**Business Activities
Accident Insurance**

Groups with 50 or more eligible employees are subject to the prior approval of the Special Risks Department.

All Cases are subject to the acceptance of the risk. Cases producing over \$15,000 of premium are also subject to our review of prior claims experience.



Nationwide®
On Your Side™

Business Activities

WHAT IS IT?

Nationwide's GrouProtector Insurance is a highly practical insurance plan that provides greater peace-of-mind to eligible employees of participating employer groups. It gives all eligible persons the security they need and deserve.

Individual names are not required as **100% of all eligible persons must be insured**. Each person is protected — as well as the group itself — because all eligible persons are automatically covered.

IS THERE A CHOICE OF BENEFITS?

– Yes. You may choose one of the four classes available.

WHAT ARE THE COVERED ACTIVITIES?

- **Business Activities** - While on the plan sponsor's premises (building and/or land where the plan sponsor's business is located) during the hours and on the days the insured is required, **including voluntary overtime**, by the plan sponsor to be there; and while off such premises on a trip, **including commuting directly to and from work**, required of the insured as an employee of the plan sponsor.
- **Business Travel Activities Only** - While off the plan sponsor's premises (building and/or land where the plan sponsor's business is located) on a trip, **including commuting directly to and from work**, required of the insured as an employee of the plan sponsor.

WHO IS COVERED?

- All Administrative, Church, Clerical, Custodial, Food Service, Local Delivery, Sales, School and Supervisory employees of the plan sponsor who normally work 30 or more hours per week and six months or more per year.

HERE ARE THE BENEFITS

DEATH BENEFIT - If, as a result of injury, an insured dies within one year from the date of the accident causing the injury, we will pay the death benefit less any specific loss benefit paid because of the same accident. The one year limit does not apply in a WV contract.

SPECIFIC LOSS BENEFIT - If, as a result of injury, an insured

suffers a specific loss within one year from the date of the accident causing the injury, we will pay:

- 75% of the face amount for the loss of an arm or leg;
- 50% of the face amount for loss of a hand, foot, sight of an eye, or speech;
- 25% of the face amount for the loss of hearing of each ear, or the thumb and index finger of the same hand.

The total payment for all of the specific losses of an insured because of any one accident will not be more than the applicable face amount shown in the application. No specific loss benefit will be paid if the death benefit applies. The loss of the thumb and index finger of the same hand benefit will not be paid if the loss of the hand or arm benefit applies. The loss of the hand or foot benefit will not be paid if the loss of the arm or leg benefit applies.

Our overall maximum limit of liability for any one accident is \$500,000.

WHAT ARE THE POLICY EXCLUSIONS AND LIMITATIONS?

We will not pay benefits for loss resulting from: (1) intentional self-destruction or an attempt at it or intentional self-inflicted injury (if MO contract, while sane); or (2) war or an act of war, declared or undeclared, act of terrorism; or (3) air travel unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial airline.

HOW DO YOU APPLY FOR COVERAGE?

1. Complete items 1, 2 and 5 on the attached application. Date and sign where indicated.
2. **Complete the "Premium Report" on the reverse side of the application.** Date and sign where indicated.
3. Send the completed application and Premium Report, along with your check made payable to Nationwide Insurance, to your Nationwide agent **before the desired effective date.**

When we receive your completed application, Premium Report and premium payment, we will send your policy, certificates (if required in your state), claim forms and instructions.

THE RENEWAL AND TERMINATION CONDITIONS

The policy may be renewed with our consent for future terms of one year each by payment of the premium due at the rates in effect at the time of renewal. We may terminate the policy (subject to certain conditions in WV) at **12:01 A.M.** on any renewal date by giving the plan sponsor 31 days (60 days in LA, NV and WI) prior written notice.

An insured's coverage will end on the first of these to occur:

- When he or she is no longer an eligible person
- The date to which premium has been paid
- The termination date of the policy

Termination of coverage will not affect a claim which occurs before the coverage ends.

(Coverage is provided under policy form no. GR-9051-2-1. Certain provisions of the policy are summarized in this brochure. All benefits are subject to the policy, which alone constitutes the agreement under which payments are made.)

PREMIUM REPORT

Must be completed for Application to be accepted

The business of the Plan Sponsor consists of the following activities:

SIC Code: _____

Total Number of Eligible Persons Anticipated to be on
the Payroll as of the Effective Date of the Policy

Quarterly Premium Rate
per Eligible Person

Quarterly
Premium Due

_____ x \$ _____ = \$ _____

I certify that to the best of my knowledge and belief: (1) the preceding information is correct and complete; (2) premium is being paid for the total number of eligible persons who are anticipated to be on the payroll as of the effective date of the policy; and (3) **the premium is being paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.**

_____ by _____
Date Applicant's Signature and Title

_____ Day Telephone Number Fax Number

_____ E-mail Address

Note: If additional space is required, use a separate sheet. For authorized checking account withdrawal (also called Automated Clearing House or "ACH") call 1-800-525-8669, option 5.

FRAUD WARNINGS

- (CA) **For your protection California law requires the following to appear on this form.** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- (LA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- (PR) Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.
- (WA) Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.
- (All Other States) 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/or civil penalties.

NOTE: These plans are available in DC, PR, VI and all 50 states, EXCEPT NY and PA.