

If you were a passenger in the vehicle of a Nationwide auto policyholder, what was the name of the Nationwide auto policyholder ?

What was the Nationwide auto policy number applicable to the accident, if you know?

Policy number: _____

Were you injured in the accident?

Yes No

Did you suffer property damage from the accident, such as damage to your vehicle?

Yes No

List and describe any injuries and/or property damage that you suffered:

Did you make an uninsured motorist (UM) claim?

Yes No

Did you make an underinsured motorist (UIM) claim?

Yes No

If you made a UM or UIM claim, what was the claim number, if you know?

If you made a UM or UIM claim, was the claim paid or settled?

Yes No

If you did not file a UM or UIM claim, why did you not file a claim?

Did you make a bodily injury claim and/or property damage claim against the driver who you believe caused the accident?

Yes No

If you did make a bodily injury claim and/or property damage claim against the driver who you believe caused the accident, what insurance company was the claim made to, and when was it made?

Insurance company: _____

Date (or approximated date) claim made: _____

If you did make a bodily injury claim and/or property damage claim against the driver who caused the accident, did you receive any payment for the claim?

Yes No

Did you bring any lawsuits against anybody as a result of the accident?

Yes No

If you did bring a lawsuit, what county was it filed in, and when was it filed?

County: _____

Date (or approximate date) filed: _____

If you did bring a lawsuit, was there a judgment entered in your favor?

Yes No

If there was a judgment entered in your favor, how much was the judgment for?

\$ _____

Did you receive any money from any insurance company (including Nationwide and any other insurance companies that you have listed above) for bodily injury or property losses related to the accident?

Yes No

If you did receive money from an insurance company, please:

List the name of each insurance company that you received money from, the amount of money received from each company, and whose insurance company paid you the money (for example, your company, or the company of the driver of the vehicle you were in, or the company of the driver of another vehicle):

<u>Insurance Company</u>	<u>Amount Received</u>	<u>Whose Insurance Company?</u>
_____	_____	_____
_____	_____	_____

If you were driving one of the vehicles involved in the accident, were there any passengers in that vehicle?

Yes No

If the answer to the previous question was “Yes”, list the names and addresses of those passengers (if you know):

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

I hereby affirm and attest that the foregoing is true and correct to the best of my information, knowledge and belief.

Signature

Date

Print Name

Please enclose this form in the provided pre-addressed, postage paid envelope and mail to:

Claims Administrator
WV Nationwide UM/UIM Class Action
P.O. Box 850
Hurricane, WV 25526