AUTO DEDUCTIBLE REIMBURESMENT

ADR POLICY

CUSTOMER INFORMATION

DECLARATIONS SECTION

NAME			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
PHONE	EMAIL ADDRESS		

PROVIDER INFORMATION

NAME		PHONE	
MAILING ADDRESS	CITY	STATE	ZIP CODE

VEHICLE INFORMATION

YEAR	MAKE	MODEL
VIN # (must be 17 digits)	CURRENT ODOMETER READING	

POLICY INFORMATION

CONTRACT NUMBER	ACTIVATION DATE	POLICY TERM
COVERAGE LEVEL ☐ ADR $500 ☐ ADR $1,000	EXPIRATION DATE	

Dear Member,

We would like to present you with the Auto Deductible Reimbursement Coverage supplied by the Provider listed above through EGV Companies INC as a **complimentary benefit**.

Please review and familiarize yourself with the enclosed information that will allow you to take advantage of a qualifying Reimbursement of your Auto Insurance Deductible.

Should you have any questions or problems regarding benefits, or if you would like to file a claim, please contact the EGV Companies Program Administrator, 8:00am to 5:00pm CST Monday through Friday. The contact information is as follows:

Email: GuardsmanClaims@OmegaAutoCare.com
Phone- 833-342-2794

Regards,

EGV COMPANIES INC

Jefferson Insurance, INC.

9950 Mayland Dr.

Richmond, Virginia 23233

AUTO DEDUCTIBLE REIMBURSEMENT

CERTIFICATE OF INSURANCE

PLEASE READ THIS CERTIFICATE OF INSURANCE AND ATTACHED GENERAL PROVISIONS CAREFULLY.

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A. DEFINITIONS

Throughout this document, You and Your refer to the person who is a member in the Program. Membership must not have expired or been canceled by You or the Program. We, Us, Our, refer to Jefferson Insurance, Inc. In addition, when in bold certain words and phrases are defined as follows:

Administrator means EGV Companies Inc. You may contact the Administrator if You have questions regarding this coverage or would like to make a claim. The Administrator can be reached by phone at 1-833-342-2794 or email GuardsmanClaims@OmegaAutoCare.com .

Auto Policy means the personal automobile insurance policy (or similar insurance policy) issued by a licensed automobile insurance company.

Certificate of Insurance (COI means this document and the attached General Provisions. They describe the terms, conditions, and exclusions. The COI and the attached General Provisions are the entire agreement between You and Us. Representations or promises made by anyone that are not contained in this COI or the attached General Provisions are not a part of Your coverage.

Covered Auto Deductible means the amount of the deductible on the Auto Policy.

Coverage Period means the period starting on the Membership Effective Date and will continue for 12, 24, or 36 months. Limited to the coverage level designated in the Declarations Section.

Domestic Partner means an unmarried person in an intimate, committed relationship of mutual caring. That person must share responsibility for basic living expenses with You. That person must also be at least eighteen (18) years old and not currently married or committed to another person.

Family Member means Your spouse or Domestic Partner. Family Member also includes Your or Your spouse or

Domestic Partner's:

a) Unmarried children (including those who You are their legal guardian) under twenty-one (21) years of age.

b) Unmarried children (including those who You are their legal guardian) under twenty-three (23) years of age if a full-time student at an accredited college or university.

c) Any dependent with documented disabilities who has the same principal residence as You and who relies on You for maintenance and support.

Any Family Member who does not reside at Your home is not eligible for coverage.

Insured Vehicle means any vehicle(s) owned, rented, or leased that are designed and licensed for use on public roads, not used commercially, and is insured under the Auto Policy. Insured Vehicles may include: a.) private passenger vehicles; b.) station wagons; c.) Jeeps/SUVs; and d.) pick-ups. (Non-eligible vehicles: motor homes, mobile homes, RVs, campers, trailers, ATVs, motorcycles, or vehicles designed to seat more than eight (8) passengers.)

Loss means an event for which the auto insurance company has approved and paid a claim which exceeds the **Covered Auto Deductible** for a collision or comprehensive claim.

Membership Effective Date means the date You are enrolled as a member in the Program

Program means Guardsman Auto Club.

B. COVERAGE AGREEMENT

If You or Your Family Member suffer a Loss during the Coverage Period which is covered by Your or Your Family Member's Auto Policy, You may be entitled to reimbursement of the Covered Auto Deductible. Reimbursement will be equal to the Covered Auto Deductible on the Auto Policy, up to Five $500 or $1000 per Loss. The maximum Auto Deductible Reimbursement per Loss is limited to the coverage level selected on the Declarations Section.

To qualify for Auto Deductible Reimbursement, YOU must return the Vehicle to the Providing Dealer identified in the Declarations Section, or its designated Repair Facility, and have the covered repairs completed at that location. Repairs completed elsewhere are not eligible for reimbursement unless approved in advance by the Administrator. This return requirement will not apply if the collision or comprehensive loss occurs more than one hundred (100) driving miles from the Providing Dealer or its designated Repair Facility. In such cases, repairs may be completed at another licensed Repair Facility, subject to prior authorization by the Administrator.

C. EXCLUSIONS

We shall not be responsible for the following:

- If the claim under the Auto Policy has been denied.
- If the auto insurance company has waived the Covered Auto Deductible.
- If the claim on the Auto Policy does not exceed the Covered Auto Deductible.
- If the vehicle is used for commercial purposes or hire.
- If the vehicle is a commercial vehicle as defined by the manufacturer.
- Resulting from any kind of dishonest, fraudulent or criminal act. or illegal activity by You or Your Family
- Member.

D. HOW TO FILE A CLAIM

Call the Administrator at 1-833-342-2794 or email: GuardsmanClaims@OmegaAutoCare.com to request a claim form. You must report the claim within ninety (90) days of the Loss or as soon as reasonably possible.

The following required items, must be sent to the Administrator at EGV Companies Inc. 16150 Main Circle Drive, Suite 410 Chesterfield, MO 63017 and be postmarked within one-hundred and eighty (180) days of Loss or as soon as reasonably possible:

1. The fully completed claim form.

2. A copy of the Auto Policy, showing the vehicle is insured.

3. A copy of the Auto Policy claim from the auto insurance company showing payment for the Loss, with the amount paid and the Covered Auto Deductible of the Auto Policy.

4. Any other documents that the Administrator may reasonably request to validate a claim.

GENERAL PROVISIONS

This General Provisions is attached to the COI and is provided under a Group Policy issued to EGV Companies Inc., the Policyholder, by Jefferson Insurance, INC. Program benefits are subject to the terms and conditions outlined in the COI and include certain restrictions, limitations, and exclusions. In the event of any conflict between the COI and the Group Policy, the Group Policy will govern. The Group Policy is on file at the offices of the Administrator. The COI shall be interpreted and enforced according to the laws of the state of Missouri.

Cancellation and Non-Renewal:

a.) Coverage can be cancelled by Us or Our designated representative for the following reasons:

i. Nonpayment of premium;

ii. Misrepresentation and Fraud (see below);

iii. The Department of Insurance determines that the COI would result in a violation of their law. If we cancel coverage, the Policyholder will send You written notification at least ten (10) days in advance of cancellation for non-payment of premium and at least sixty (60) days in advance of cancellation for any other reason.

b.) Coverage can be cancelled by the Policyholder at any time. If this happens, the Policyholder will send You written notification at least sixty (60) days in advance of the expiration of this coverage. Such notices need not be given if substantially similar replacement coverage takes effect without interruption and is provided by Jefferson Insurance, INC. Coverage will continue to be in force for the period for which premium has already been paid to Jefferson Insurance, INC.

c.) Coverage can be non-renewed by Us. The Policyholder will send You written notification at least thirty (30) days in advance of the expiration of coverage.

Claims: Benefits payable under the COI for any loss will be paid upon receipt of due proof of loss and all required information necessary to support the claim.

All benefits will be payable to You or, in the case of death, to Your estate. No person or entity other than You shall have any legal or equitable right, remedy or claim of insurance proceeds or damages under or arising out of this coverage.

Dispute Resolution — Arbitration: The COI requires binding arbitration if there is an unresolved dispute between You and Jefferson Insurance, INC. concerning the COI (including the cost of, lack of, or actual repair or replacement arising from a loss). Under this Arbitration provision, You give up your right to resolve any dispute arising from the COI by a judge and/or a jury. You also agree not to participate as a class representative or class member in any class action litigation, any class arbitration or any consolidation of individual arbitrations. In arbitration, a group of three (3) arbitrators (each of whom is an independent, neutral third party) will give a decision after hearing Your and Our positions. The decision of a majority of

the arbitrators will determine the outcome of the arbitration and the decision of the arbitrators shall be final and binding and cannot be reviewed or changed by, or appealed to, a court of law.

To start arbitration, either You or Jefferson Insurance, INC. must make a written demand to the other party for arbitration. This demand must be made within one

(1) year of the earlier of the date the loss occurred or the dispute arose. You and Jefferson Insurance, INC. will each separately select an arbitrator. The two arbitrators will select a third arbitrator called an "umpire." Each party will each pay the expense of the arbitrator selected by that party. The expense of the umpire will be shared equally by You and Jefferson Insurance, INC. Unless otherwise agreed to by You and Jefferson Insurance, INC., the arbitration will take place in the county and state in which You live. The arbitration shall be governed by the Federal Arbitration Act (9 U.S.C.A. § 1 et. seq.) and not by any state law concerning arbitration. The rules of the American Arbitration Association (www.adr.org) will apply to any arbitration under the COI. The laws of the state of Illinois (without giving effect to its conflict of law principles) govern all matters arising out of or relating to the COI and all transactions contemplated by the COI, including, without limitation, the validity, interpretation, construction, performance and enforcement of the COI.

Legal Actions: No action at law or in equity shall be brought to recover under the COI prior to the expiration of sixty (60) days after proof of loss has been furnished in accordance with the requirements of this coverage. Misrepresentation and Fraud: Coverage may be canceled if, whether before or after a loss, any party or person whom coverage is provided has concealed or misrepresented any material fact or circumstance concerning this coverage or the subject thereof, or the interests therein. Coverage may also be cancelled if fraud or false swearing is committed in connection with any of the above.

Other Insurance: Coverage is secondary to any other applicable insurance or indemnity available to any party or person whom coverage is provided. Coverage is limited to only those amounts not covered by any other insurance or indemnity. In no event will this coverage apply as contributing insurance. This Other Insurance clause will take precedence over a similar clause found in other insurance or indemnity language.

Subrogation: If payment is made under the COI, We are entitled to recover such amounts from other parties or persons. Any party or person to or for whom We make payment must transfer to Us his or her rights to recovery against any other party or person and must do everything necessary to secure these rights and must do nothing that would jeopardize them, or these rights will be recovered from that person.

PRIVACY POLICY

We recognize that your privacy is important to you and that you expect us to protect the information you provide us and to use it only in relation to the execution of the Member Benefit Programs (collectively referred to as "the Programs"). To protect your information, we have adopted and adhere to the following policy regarding the privacy of your nonpublic personal information and personally identifiable information (collectively "Nonpublic Personal Information").

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

A. INFORMATION THAT WE COLLECT

We will be collecting all or some of the following personal information: name, address, home phone number, work phone number, e-mail address, cell phone number, auto and/or home policy number, and other information that permits us to contact or communicate with you and perform administration of the Programs to your benefit.

B. HOW WE COLLECT INFORMATION

All financial companies need to share customers' personal information to run their everyday business. In the section below (Section C), we list the reasons we share their customers' personal information; the reasons they choose to share; and whether you can limit this sharing.

We collect this Nonpublic Personal Information through various sources, including:

- Information we receive from you on new account forms, fact-finding questionnaires, product and service applications, and other forms;
- Information we receive from you, in writing, electronically, through the telephone, or through our website, when you communicate with us, or request information about the Programs;

Upon receipt of your request, we will disclose all categories of personal information of you and/or third-parties to which your personal information was disclosed during the preceding twelve months.

C. INFORMATION THAT WE DISCLOSE AND TO WHOM WE DISCLOSE IT

As permitted by law and as outlined in this policy, we disclose Nonpublic Personal Information only to unaffiliated third parties that provide services to us or with whom we have contractual relationships to allow us to administer the Programs and conduct our everyday business purposes. These third parties with we may share your Nonpublic Personal Information include:

- The company which prepares the documents associated with the Programs;
- The company which assists in the processing of your data and makes it available to us so we may administer the Programs.

D. STEPS WE TAKE TO PROTECT YOUR INFORMATION

We have enacted security policies and procedures designed to prevent unauthorized use or access to your Nonpublic Personal Information. Your information is only available to our employees for various business purposes, such as processing or servicing claims, and those fulfilling compliance, legal or audit functions. We use password protection to prevent access by unauthorized personnel, and we employ other physical, electronic, and procedural safeguards to ensure the protection of your Nonpublic Personal Information in accordance with state and federal privacy regulations.

E. AMENDMENTS TO OUR PRIVACY POLICY

When we make material amendments to our Privacy Policy we will post an appropriate notice on our website www.omega autocare.com. In addition, we may send you an amended version of our Privacy Policy through the mail or e-mail. You may contact us and inform us of your preferred method of delivery.

F. YOUR RIGHTS

Federal law gives you the right to limit sharing for affiliates' everyday business purposes - information about your credit worthiness; affiliates from using your information to market to you; and sharing for nonaffiliates to market to you. State laws and individual companies may give you additional rights to limit sharing. In addition, you may also request that we delete, free of charge, any personal information we have collected from you and/or request disclosure from us regarding the collection of your personal information. Pursuant to the California Consumer Privacy Act of 2020, you will not face discrimination for exercising any of your rights hereunder.

DOCUMENT STATUS

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