



CONSENT FOR ELECTRONIC DELIVERY AND ACCESS TO POLICY DOCUMENTS

Electronic Delivery of Disclosures, Document and Notices:

By signing this Consent for Electronic Delivery, the Named Insured hereby consents to the receipt of information concerning the policy of insurance and the coverage provided electronically. I understand that this consent applies to all legal disclosures and various notices or documents regarding the below referenced policy issued by the Company, including, but not limited to:

- Regulatory Notices and Legal Disclosures, including Privacy Notice;
Policy Forms, including the Policy, if issued by the Company, as well as the Declaration Page, Addendums or Endorsements;
ID Card;
All Premium Billing Notices, including the Direct Bill, Notice of Past Due Premium, EFT/Credit Card Authorization;
Policy Cancellation Notices and Notices of Renewal or Non-Renewal,

I understand that the types of communications or documents available electronically are subject to change, and if additional communications or documents become available in an electronic format, I will receive those communication electronically. My consent applies to all Internet-based communications from the Company, including email, website and mobile applications. By choosing electronic delivery and access, I agree to receive communication electronically or through the Company's website, instead of receiving a paper copy. Occasionally, in addition to electronic communication, I understand that I may also receive a hard copy document.

Requesting Paper Copies:

Even after consent, I understand that I have the right to receive a paper copy of any of the documents or notices which the Company is required to provide, at no additional charge. To do so, I understand that I need to contact either my agent or the Company, in writing, and provide a current mailing address as well as a statement identifying the documents which I wish to receive in paper form.

Withdrawal of Consent:

I understand that if, after consenting, I wish to withdraw my consent, I may do so by notifying my agent or the Company, in writing. However, I understand and agree that the legal validity and enforceability of prior electronic communications or documents provide by the Company will not be affected, and that such withdrawal will not be effective for seven (7) days after receipt by the Company.

Hardware and Software Requirements:

In order to access, view and retain your documents electronically, I understand that I need to have access of a personal computer or other device capable of accessing the Internet with an internet web browser along with email or web service capabilities and software which permits the reception and access of Portable Document Format or "PDF" files. I understand that free software to view PDF files is available from: http://get.adobe.com/reader/.

Company Contact Information:

Customer Services (toll free) at 1-844-252-7489, or in writing to: American European Insurance Company, Attn: Customer Services, P. O. Box 531088 Henderson, NV 89053.

Confidentiality Notice:

I understand that if the information I have elected to receive is confidential in nature, the Company is not responsible for unauthorized access by third parties to information and/or communications provided electronically nor any damages, including direct, indirect, special, incidental or consequential damages caused by an unauthorized access. I agree that the Company will not be responsible for delays in the transmission of any information, or any computer virus of related problems.

Continued Consent by Use

By accessing and opening the documents sent to you via the email address that you have provided to the Company, or accessing the documents available through the Website, you certify that: You (i) consent and agree to receive disclosures, documents and notices electronically and confirm that you will download and print them for your records; (ii) acknowledge that you have the ability to access the information that is provided electronically via email communications, and (iii) acknowledge that such action constitutes your continued agreement and consent to receive electronic communications throughout the application process and as a policyholder of the Company.

Named Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_