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Tuesday, January 3, 2012

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Policy Inquiry

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Policy	Billing	Coverage	Driver	Vehicle	Claims	Policy Documents
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Policy Number	Insured Name	Customer Number	Company Name
3503108059-0	GEOVANNY R JIMENEZ	81201191	Starr Indemnity and Liability

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Personal Auto

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Personal Motorcycle

Policy Summary			
Policy Status	Cancelled Non-Reinstatable		
Cancellation Date	01/26/2011	Reason for Cancellation	Insured requested cancellation.
Policy Term	181 Days	Submission Method	Electronic
Origination Date	01/25/2011	Payment Plan	6 Pay
Current Policy Effective	01/25/2011	Current Policy Expiration	07/25/2011
Insured Address	67 Farrington Drive - Bayshore, NY 11708		
Insured Phone #	631-767-2857		
Email Address		Signed up to Receive Policy Docs/Bills via Email	No
Notes/Comments	Lapse History		

Current Policy Premium Snapshot	
<u>Premium & Policy Fees</u>	\$ 40.00
<u>Service Fee</u>	\$ 0.00
<u>NSF Fee</u>	\$ 0.00
<u>Refund</u>	\$ 25.60
<u>Write Off</u>	\$ 0.00
<u>Charge Off</u>	\$ 0.00
<u>Previous Unpaid Balance</u>	\$ 0.00
Total	\$ 65.60
Total Paid	\$ 65.60
Balance Due	\$ 0.00

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with us

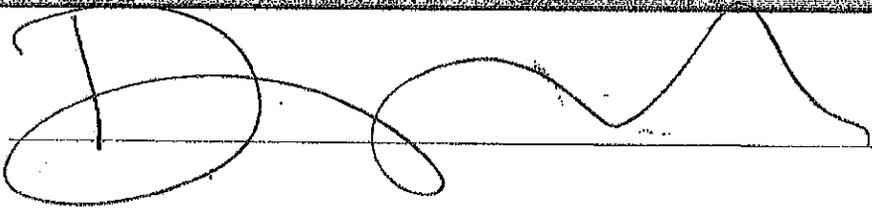
ARROWHEAD General Insurance Agency, Inc.
 701 B Street, Suite 2100, San Diego, CA 92101 | CA License #00698808
 Legal and License | Network Privacy and Security Statement | Disclosures | Copyright © 2010 All rights reserved.

Rainwater Insurance - Payment Receipt
 32700 Pacific Hwy South
 Federal Way WA 98003 (253) 839-5500

Receipt Number:	7785	Payment Date:	1/25/2011 10:10:03 AM
First Name:	Geovanny R	Payment Type:	Cash
Last Name:	Jimenez	Check Number:	
Policy Number	3503108059	Your Company:	Arrowhead
		Your Agent Today:	Maria Diaz

Payment for:	Amount:
Down Payment	\$65.60
	\$0.00
Policy Fee	\$30.00
	\$0.00
	\$95.60

Thank you for your Business - Have a Great Day !!

Agent Signature 

We accept payments as a courtesy to our customers. If your policy is cancelled for any reason, payment of this premium does not necessarily reinstate your policy. Your company will notify you of any reinstatement, or if not reinstated, return any unearned premium within 30 days.

Printed: 1/25/2011 10:11:08 AM

ARROWHEAD® GENERAL INSURANCE AGENCY, INC.

INSURER'S NAME: STARR INDEMNITY & LIABILITY COMPANY
 PRODUCER CODE: 223021
 PRODUCER LICENSE #: 62065
 PRODUCER NAME: Rainwater Insurance, Inc.
 PRODUCER PHONE #: (253)839-5500

WASHINGTON AUTO INSURANCE APPLICATION

Customer Number: 81201191
 Policy Number: 3503108059
 Effective Date & Time: 01/25/2011 10:06 AM PST
 Policy Term / Pay Plan: 6 Months / Direct Monthly
 Down Payment: \$65.60
 Payment Type: Agency Sweep
 Transmit Date & Time: 01/25/2011 10:06 AM PST
 Bridged / Re-Rated: MULTICO / Y

NAMED INSURED MUST BE THE REGISTERED OWNER AND MUST BE LISTED AS A DRIVER. NO COVERAGE EXISTS PRIOR TO THE DATE AND HOUR OF THIS APPLICATION.

NAMED INSURED: GEOVANNY JIMENEZ	Home Phone Number: 631-767-2857 Work Phone Number: 631-767-2857
MAILING ADDRESS (If P.O. Box, Garaging Address Required) 27319 24TH PL S #128 FEDERAL WAY, WA 98003	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 27319 24TH PL S #128 FEDERAL WAY, WA 98003	

DRIVER INFORMATION: COMPLETE FOR NAMED INSURED, SPOUSE AND ALL LICENSED PERSONS RESIDING IN HOUSEHOLD

Dr. No.	Full Name Of All Drivers (As Listed on License)	Sex M/F	M-Married S-Single	Living with Spouse?	Relationship To Applicant	Date of Birth	# Years Licensed	Drivers License Number	State
1.	GEOVANNY JIMENEZ	M	M	Y	SELF		29		NY

IF SPOUSE NOT LICENSED, EXPLAIN:

FR FILING INFORMATION
 Producer must use preassigned policy number on filing.

ADDITIONAL DRIVER INFORMATION:

Dr. No.	Occupation Description (Please indicate if self-employed)	Name of Employer/School	Complete Address (Street & City) of Employer or School	Employer's Business	Years w/Employer	Type: (Owner or Operator)
1.	Homemaker					

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: GIOVANNY JIMENEZ	Customer Number: 81201191	Policy Number: 3503108059
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ACCIDENTS AND CONVICTIONS WITHIN PAST 36 MONTHS - GIVE COMPLETE INFORMATION ON ALL DRIVERS

Dr. No.	Incident	Occurrence Date	Description / Outcome

AUTOMOBILE INFORMATION: DESCRIPTION OF THE AUTOMOBILES TO BE INSURED

Auto	Year	Make and Model	Vehicle Identification Number (VIN)	Value	Purchase Date	New or Used
1.	1989	Chevrolet S10 BLAZER	1GNCT18Z6K0146314	0		Used

ADDITIONAL INSURED/LIENHOLDER: Unless the full name and address of the proposed Additional Insured/Lienholder is identified, the policy will not provide any rights or coverage to any Additional Insured/Lienholder and/or other person claiming to have any interest in the insurance herein applied for.

Auto	AILH	Additional Insured/Lienholder Name and Address

ADDITIONAL AUTOMOBILE INFORMATION:

Auto	Total Annual Mileage	# Miles Driven to Work or School - One Way	# Days Per Week	Current Odometer	Usage? B/P	Rating Territory	Rated Driver	Points	ISO OTC Symbol	ISO Coll Symbol	DISCOUNTS/CREDITS	SURCHARGES
1.	12000	24	5		Pleasure	23	1	0	11	11	Experience Driver Discount	Sport Utility Surcharge

- | | | |
|---|-------------------------------------|-------------------------------------|
| 1. Has Producer inspected all vehicles for which Physical Damage Coverage is requested? | YES | NO |
| 2. Does inspection reveal any existing damage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If existing damage, please list vehicle numbers, amount of damage, explanation and extent of damage.

Auto	Description of Damage	Repair Estimate

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: GEOVANNY JIMENEZ	Customer Number: 81201191	Policy Number: 3503108059
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COVERAGES AND LIMITS OF LIABILITY			COVERAGES PROVIDED WHEN PREMIUM INDICATED						
COVERAGES			PREMIUM						
			AUTO 1	AUTO 2	AUTO 3	AUTO 4	AUTO 5	AUTO 6	AUTO 7
LIABILITY	BODILY INJURY	25000 EACH PERSON 50000 EACH ACCIDENT	130.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	123.00						
PERSONAL INJURY PROTECTION		BACH PERSON	No Coverage						
UNDERINSURED MOTORISTS	BODILY INJURY	BACH PERSON BACH ACCIDENT	No Coverage						
	PROPERTY DAMAGE	BACH ACCIDENT	No Coverage						
OTHER THAN COLLISION			No Coverage						
COLLISION			No Coverage						
RENTAL REIMBURSEMENT	\$35 per day, \$600 maximum per claim		No Coverage						
TOWING AND LABOR COST	\$75 per disablement, \$300 maximum		No Coverage						
AUTO LOAN/LEASE COVERAGE (NEW CARS ONLY)			No Coverage						
TOTAL PER CAR			253.00						
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						268.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE, MODEL	OTHER THAN COLLISION	COLLISION
1	1989 Chevrolet S10 BLAZER	No Coverage	No Coverage

WASLAP0110

Starr Indemnity & Liability Company - Program 213

Insured: GIOVANNY JIMENEZ	Customer Number: 81201191	Policy Number: 3503108059
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APPLICANT QUESTIONNAIRE

- | | YES | NO |
|--|---|-------------------------------------|
| 1. Are any vehicles listed regularly garaged overnight away from your primary residence? | Unacceptable | <input checked="" type="checkbox"/> |
| 2. Are any vehicles listed custom, show, altered, rascars or have more or less than four wheels? | Unacceptable | <input checked="" type="checkbox"/> |
| 3. Are any vehicles used for delivery purposes or for any other commercial purposes? (Examples: pizza or newspaper delivery.) | Unacceptable | <input checked="" type="checkbox"/> |
| 4. Are all vehicles listed registered to the Applicant (Named Insured)? | <input checked="" type="checkbox"/> | Unacceptable |
| 5. Are there any drivers who may operate your vehicle(s) on a REGULAR or any INFREQUENT basis that have not been listed on this application? This includes all household members. If yes, please explain. | <input type="checkbox"/> Explain | <input checked="" type="checkbox"/> |
| 6. Are any vehicles listed van conversions, trailers, over 15 years old, rebuilt, salvaged, grey market, antique, classic, historic, limited production, actual cash value exceeding \$50,000, optional or special equipment valued over \$2,000? If yes, please list the vehicle number, explain and do not bind Other Than Collision/Collision coverage. | <input type="checkbox"/> Do Not Bind OTC/COLL | <input checked="" type="checkbox"/> |
| 7. Are any vehicles used for business purposes? (Examples: sales calls, driving to job site, etc.) If yes, please explain. | <input type="checkbox"/> Explain | <input checked="" type="checkbox"/> |

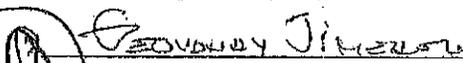
EXPLANATIONS:

PRODUCER QUESTIONNAIRE

- | | YES | NO |
|--|--------------------------|-------------------------------------|
| 1. I have applied the Senior Defensive Driver Discount for a listed driver and therefore have obtained proof of successful completion of a Washington State-Approved Accident Prevention course. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

APPLICANT'S STATEMENT - READ BEFORE SIGNING

I hereby apply to the Company for a policy of insurance, as set forth in this application, on the basis of the statements contained herein. I agree that if I intentionally conceal or misrepresent a material fact or circumstance relating to the insurance, the policy shall be null and void. I understand that any existing damage to my car at the time of application will not be covered by this insurance. I understand the Company may order consumer reports that contain personal or privileged information about the character, general reputation, personal characteristics, driving record, loss history and mode of living of the applicant(s). Upon written request to the Company, additional information as to the nature and scope of the report, if one is ordered, will be provided. I agree that the Insurance Company may correct my premium if rated incorrectly or if information obtained from additional sources, including Motor Vehicle Reports, changes factors which affect the premium. I agree and understand that if the correct premium is not paid, my policy will be cancelled for non-payment of premium, based on the correct premium developed. I further agree and understand that if my check for the down-payment or full payment is returned by the bank unpaid for any reason, coverage will be null and void from inception. I certify that all persons age 15 or older who are members of my household and all additional operators of my vehicle(s) have been listed in the application. I have disclosed all business and commercial use of my vehicle(s) in the application. I understand that a non-refundable installment Billing Fee of \$8.00 will be charged for each installment bill. I understand that if I do not pay my premium on time, a lapse in coverage will exist and a non-refundable fee of \$15.00 will be charged to reinstate my policy. I understand that if my payment is returned by the financial institution for any reason, a \$20.00 non-refundable NSF Fee will be charged. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.


 APPLICANT'S SIGNATURE (MUST BE SIGNED)

01/25/2011 10:06 AM PST
 DATE

PRODUCER'S STATEMENT

I hereby certify that to the best of my knowledge, all information contained herein is correct, the statements herein are those of the applicant who has signed this application in my presence and that the applicant and the undersigned are retaining a duplicate signed copy hereof. I am legally qualified to submit this application on behalf of the applicant. I understand that this policy is not bound until I receive a binder number through one of the Company's electronic binding systems and have collected the proper premium.

X

PRODUCER'S SIGNATURE (MUST BE SIGNED)

01/25/2011 10:06 AM PST

DATE

WASHLAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: GEOVANNY JIMENEZ	Customer Number: 81201191	Policy Number: 3503108059
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AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company

GEOVANNY JIMENEZ
(Print Applicant's Name)

WASHINGTON SUPPLEMENT

FRAUD WARNING

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

COVERAGE SELECTION / REJECTION FOR PERSONAL INJURY PROTECTION

I acknowledge that Personal Injury Protection Coverage benefits at the limits established by law have been offered to me and: (CHECK ONLY ONE, SIGN AND DATE BELOW)

I REJECT Personal Injury Protection Coverage, both the \$35,000 and the \$10,000 limits.

I wish to carry Personal Injury Protection Coverage with a limit of \$10,000.

I wish to carry Personal Injury Protection Coverage with a limit of \$35,000.

I understand that my policy will not contain the coverage rejected above for any future renewals or replacements of my policy. I may request in writing to add or change this coverage at any future date.

Giovanny Jimenez
APPLICANT'S SIGNATURE (MUST BE SIGNED)

01/25/2011 10:06 AM PST
DATE

WASLSP 0110

Washington - Starr Indemnity & Liability Company - Program 213
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Insured: GIOVANNY JIMENEZ	Customer Number: 81201191	Policy Number: 3503108059
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NOTICE OF SELECTION / REJECTION OF UNDERINSURED MOTORISTS BODILY INJURY AND UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

PLEASE READ BEFORE SIGNING

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected in whole or in part, Underinsured Motorists Coverage will be provided at limits equal to your policy's Bodily Injury Liability Coverage Limits. Property Damage Underinsured Motorists Coverage need only be issued in conjunction with Bodily Injury Underinsured Motorists Coverage, unless you reject this coverage.

Understanding this, I sign this acceptance / rejection as witnessed by my signature below with respect to all vehicles covered under this policy. Further, this acceptance / rejection applies not only to this policy, but also to all renewals thereof unless I instruct the Company to the contrary in writing. Understanding these coverages, I hereby sign this acceptance / rejection for this coverage and request the policy be issued.

Selection of Bodily Injury AND Property Damage Underinsured Motorists Coverage Limits

I select Bodily Injury Underinsured Motorists Coverage at limits equal to my Liability Coverage AND Property Damage Underinsured Motorists Coverage at limits indicated below: OR

I reject Bodily Injury Underinsured Motorists Coverage at limits equal to my Liability Coverage and I select Bodily Injury Underinsured Motorists Coverage AND Property Damage Underinsured Motorists Coverage at the following limits:

Bodily Injury Underinsured Motorists Coverage		Property Damage Underinsured Motorists Coverage			
<input type="checkbox"/> \$25,000 / \$50,000	<input type="checkbox"/> \$50,000 / \$100,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000
<input type="checkbox"/> \$100,000 / \$300,000					

Rejection of Property Damage Underinsured Motorists Coverage and Selection of Bodily Injury Underinsured Motorists Coverage Only

I reject Property Damage Underinsured Motorists Coverage and select ONLY Bodily Injury Underinsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage limits for Liability Coverage; OR

I reject Property Damage Underinsured Motorists Coverage and select ONLY Bodily Injury Underinsured Motorists Coverage at the following limit(s) which are lower than the limits of my Liability Coverage.

Bodily Injury Underinsured Motorists Coverage

\$25,000 / \$50,000 \$50,000 / \$100,000 \$100,000 / \$300,000

Rejection of Bodily Injury AND Property Damage Underinsured Motorists Coverage

I reject Bodily Injury AND Property Damage Underinsured Motorists Coverage

Giovanny Jimenez
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

01/25/2011 10:06 AM PST
 DATE

Insured: GEOVANNY JIMENEZ	Customer Number: 81201191	Policy Number: 3503108059
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DRIVERS EXCLUSION

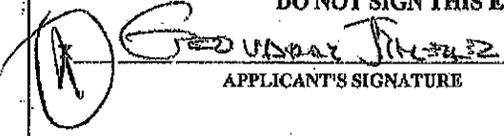
All household members age 15 and above must be listed as a driver or excluded from this policy. We shall not be liable to any person for any damages, losses or claims arising out of the excluded driver's operation or use of an insured motor vehicle, whether or not such operation or use was with the express or implied permission of a person insured under this policy. If we are required to make any payments under this policy because of an accident which happens while the motor vehicle is being driven by the person or persons named below, you must repay us for those payments and any expenses.

This exclusion does not apply to Underinsured Motorists Coverage if coverage is included on the policy.

Print Name(s)	Age	Mo/Day/Yr of Birth	Relationship To Applicant
BLANCA FARFAN	49	[REDACTED]	Spouse

NO INSURANCE COVERAGE FOR PERSON(S) LISTED ABOVE

**WARNING: BY SIGNING HERE, YOU ARE EXCLUDING PERSON(S) FROM COVERAGE.
DO NOT SIGN THIS EXCLUSION UNLESS YOU READ AND UNDERSTAND IT.**



 APPLICANT'S SIGNATURE

01/25/2011 10:06 AM PST

 DATE

WASILSP 0110

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Arrowhead Installment Billing

Thank you for choosing Starr Indemnity & Liability Company as your personal auto insurance provider.

When working with our policyholders, the most common questions we receive are regarding our billing process. In order to provide you with proper notice regarding the status of your policy, we often are required to send you multiple notices in any given month. A brief explanation of this process is noted below for your reference.

Monthly Installment Bill – You will receive your first bill in approximately 10 days. This bill will indicate your payment is due in approximately 23 days.

If your payment is received by the due date indicated, your future installment bill due dates will be every 30 days.

If payment is not received by the due date indicated, a cancellation notice will be sent to you. This notice will indicate the date your policy will cancel if no payment is received, typically 12 days after the due date shown on your installment bill.

If your payment is received prior to the cancellation date shown, your installment billing will resume, with your next payment due 30 days after your first installment due date.

If your payment is not received prior to the cancellation date shown, a confirmation of cancellation and offer to reinstate notice will be sent to you. This notice reminds you that your policy has indeed been cancelled and provides the appropriate payment amount if you would like to reinstate your policy with a lapse in coverage. You can reinstate your policy with a lapse in coverage up to 30 days after the cancellation date.

If payments are received in a timely manner and there are not subsequent policy changes, the installment due dates will be every 30 days from the first installment due date. For your convenience you can make your payment online at www.ArrowheadExchange.com 24-hours a day 7-days a week.

X *Gregory Jones*

STATE OF WASHINGTON
 DEPARTMENT OF LICENSING
 PO Box 9038 • Olympia, Washington 98507-9038

VEHICLE TITLE APPLICATION/REGISTRATION CERTIFICATE

01/25/2011 1102517180448170 657YGY

Lic/Plt 657YGY		Issue Date 09/2008		Tab No W758981		Reg-Exp 08/28/2011		Value-Code/Yr 13255/1989		Depre 1		Mo-Reg 12		Mo-Gwt	
Power G	Use PAS	Mod-Yr 1989	Make CHEV	Ser/Body BLAZR		Model/BT SBZ/S2		VIN or Serial No. 1GNCT1BZ6K0146314			Res-Co 17	Prev-Plt 786MMI			
ScLwt 4742	Seats	Gwt	Gwt-Strt		Gwt-Exp	Fleet	Equip	Prev Title 0905010233			Prev St WA				

BRANDS:

COMMENT:
 COLOR-BLACK - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

MILEAGE E REGISTERED OWNER LEGAL OWNER

JIMENEZ, GEOVANNY R
 27319 24TH PL S
 APT 128
 FEDERAL WAY WA 98003

Please keep this Registration in your Vehicle
 Kent Licensing Agency
 331 So Washington Ave Kent WA 98032
 253-852-3110

I certify that the information contained hereon is accurate and complete.

X *Geovanny Jimenez* X
 Signature of Registered Owner(s) Signature of Registered Owner(s)
 Subscribed and sworn to before *Steph...* This *17th* Day of *Jan*

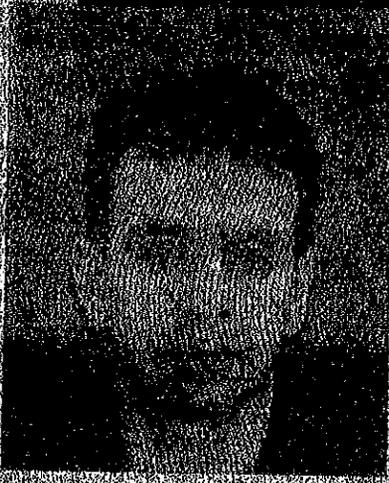
FILING	\$ 4.00	TBD FEE 1732	\$	CHECK	\$
SUBAGENT	\$ 12.00	RTA EXCISE	\$	CASH	\$ 76.50
LOCAL FEE	\$	USE TAX 1732	\$ 49.00	TOTAL FEES	\$ 76.50
LICENSE SRVC	\$	OTHER	\$ 11.50		
GWT/VWT FEE	\$	DONOR AWARENESS	\$		
		STATE PARKS	\$		

VALIDATION CODE 48171804110250125110001044817 TRANSFER

RPT ID: ATITPR-1 THIS DOCUMENT IS NOT PROOF OF OWNERSHIP

FPD: ATITPR:2008/10/12.00003(2)

NEW YORK STATE
COMMISSIONER OF MOTOR VEHICLES
DRIVER LICENSE
ID [REDACTED]



DOB [REDACTED]
JIMENEZ GEOVANNY R
67 FARRINGTON AV
BAY SHORE NY 11706
SEX M EYES BR HT 5-05 CLASS D
ISSUED 05-27-03 EXPIRES 02-02-11
Signature: *Geovanny Jimenez*
6523531



APPLICATION CONFIRMATION / PAYMENT RECEIPT

Payment Transmit Date / Time: 01/25/2011 10:06 AM

Policy Effective Date / Time: 01/25/2011 10:06 AM

Name of Agency: Rainwater Insurance, Inc.

Producer Code: 223021

Insured's Name: JIMENEZ, GEOVANNY

Carrier: Starr Indemnity & Liability Company

State: WA

This acknowledges receipt of \$ 65.60 to Arrowhead General Insurance Agency Inc. by Electronic Funds Transfer. This payment applies to the down payment for customer number 81201191 , policy number 3503108059.

Printed Date / Time: 01/25/2011 10:07 AM

If your policy is currently cancelled, expired or in lapsed status it is agreed that coverage does not commence any earlier than the date and time listed on this receipt.

REQUIRED DOCUMENTATION TO BE RETAINED IN PRODUCER FILE:

- Starr Indemnity & Liability Company Application signature pages including applicant and producer signatures**
- Starr Indemnity & Liability Company Supplemental Coverage Acceptance / Waiver including signatures**

PLEASE NOTE: THIS DOCUMENTATION IS SUBJECT TO AUDIT BY ARROWHEAD OR BY THE CARRIER

Producer Copy

Rainwater Insurance
 6425 S. Tacoma Way
 Tacoma, WA 98409
 (253) 839-0335

Quote Date: 1/25/2011
 Company Name: Arrowhead Starr
 Policy Term: 6 months
 Type of Policy: Regular
 Producer Name: Maria Diaz

Policy Effective Date: 1/25/2011
 Customer Name: GEOVANNY R JIMENEZ
 Customer Phone: (631) 767-2857
 Customer Address: 27319 24TH PL S
 FEDERAL WAY, WA 98003

Vehicle	Year	Make	Model	Territory	Points	Class	Driver
1	1989	CHEVROLET	S10 BLAZER	23	0	MM45	GRJ

Coverages	Limit	Vehicle	Limit	Vehicle	Limit	Vehicle
Bodily Injury	25000/50000	\$130.00				
Property Damage	25000	\$123.00				
UM Bodily Injury	None	None				
Personal Injury Protection	None	None				
Medical	None	None				
Comprehensive	None	None				
Collision	None	None				
Waive Collision Deductible	False	None				
UM Property Damage	None	None				
Rental Reimbursement	None	None				
Towing	None	None				
Additional Parts or Equipment	None	None				
Auto Loan/Lease Protection	None	None				
Lienholder Deductible	None	None				
Subtotal		\$253.00				

Totals	
Vehicles Subtotal:	\$253.00
Policy Fee:	\$15.00
Broker Fee:	\$30.00
Total Policy Premium:	\$298.00

Payment:
- Required Down Payment: \$95.60
5 Installment(s): \$48.48
Installment include a \$8.00 installment Fee

Discounts / Surcharges	VEHICLE
Experienced Driver Discount	Yes

This is NOT an insurance policy. This estimate for premiums is based on information provided to the agent on the date shown above and is subject to approval by the company.



ACORD CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YY)
11/26/11

PRODUCER
 PHONE (AG. No. Ext.)
RAINWATER INSURANCE INC.
 32700 PACIFIC HWY SO. SUITE 7
 FEDERAL WAY, WA 98003

COMPANY NAME AND ADDRESS
 NAIC CODE:
Starr Indemnity

CODE: SUB CODE:
 AGENCY CUSTOMER ID:
 INSURED NAME AND ADDRESS
Geovanny Jimenez
67 Farrington Dr.
Bayshore NY 11706

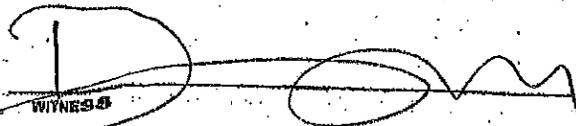
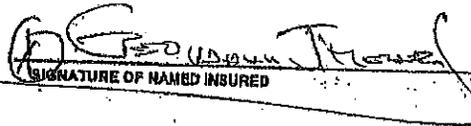
POLICY TYPE
D.A.D
 CANCELLED POLICY INFORMATION
 POLICY NUMBER
3508108059
 EFFECTIVE DATE AND HOUR OF CANCELLATION
 CANCELLATION DATE
 TIME
 EXPIRATION DATE
 POLICY TERM
 8
 3
11/26/11 12:54 PM
11/25/11 7:25/11

POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.
 No claims of any type will be made against the Insurance Company, its agents or its representatives,
 under this policy for losses which occur after the date of cancellation shown above.
 Any premium adjustment will be made in accordance with the terms and conditions of the policy.

WITNESS:  DATE: 11/26/11
 SIGNATURE OF NAMED INSURED:  DATE: 11/26/11

WITNESS: _____ DATE: _____ SIGNATURE OF NAMED INSURED: _____ DATE: _____

LIEN HOLDER MORTGAGEE LOSS PAYEE AUTHORIZED SIGNATURE: _____ TITLE: _____ DATE: _____

LIEN HOLDER MORTGAGEE LOSS PAYEE AUTHORIZED SIGNATURE: _____ TITLE: _____ DATE: _____

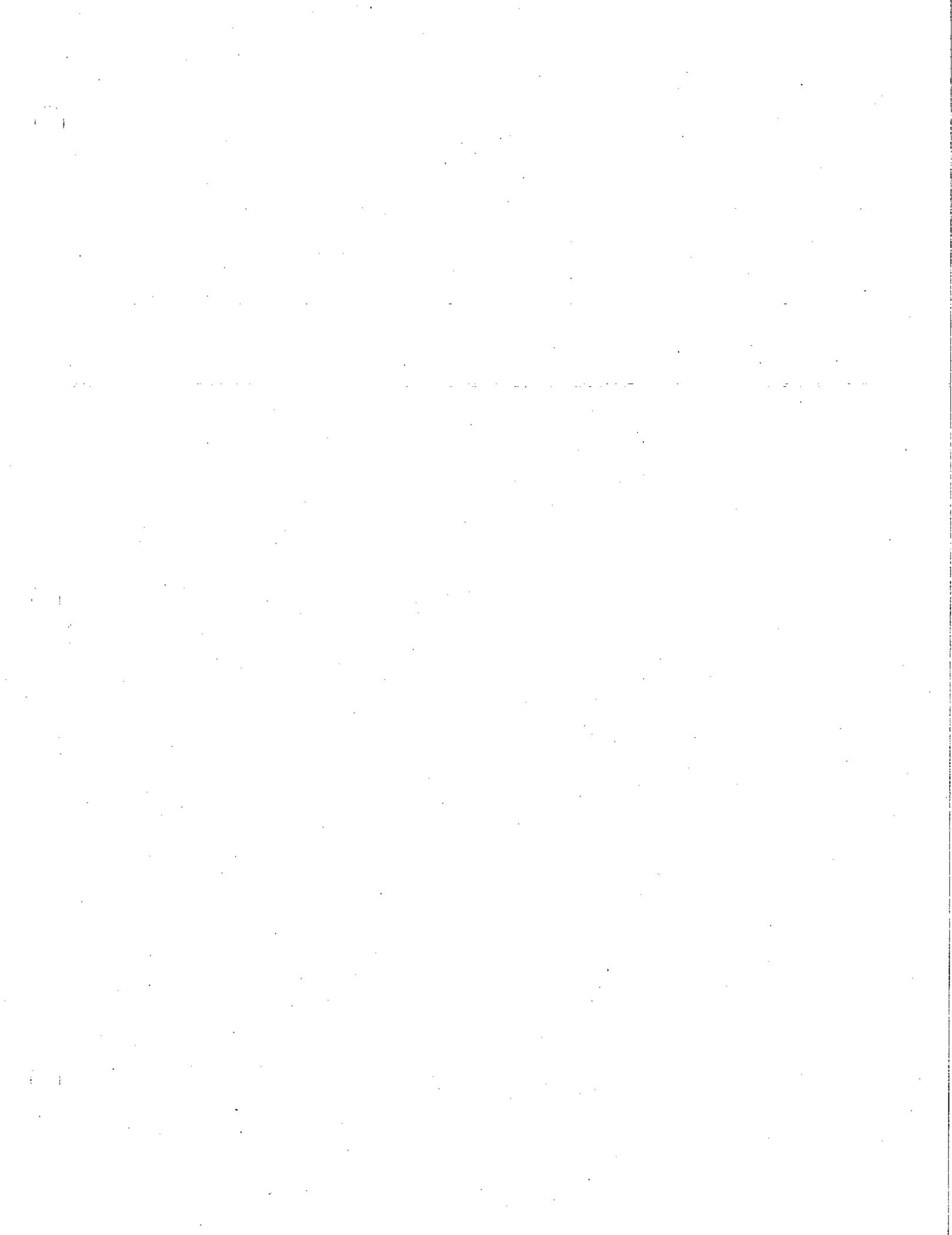
FOR AGENCY/COMPANY USE

REASON FOR CANCELLATION <input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify)		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
COMPANY	EFFECTIVE DATE	FULL TERM PREMIUM	UNEARNED FACTOR
POLICY NUMBER		RETURN PREMIUM	
REMARKS			

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS

REQUEST/RELEASE DISTRIBUTION	
<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIEN HOLDER
<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE: 	DATE: 11/26/11



[Click for alerts and messages.](#)



Tuesday, January 3, 2012

Select A Product Enter Policyholder or Account Name

Welcome, Leah Miller

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[New Search](#)

[Commission Statements](#)

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[Tools & Reports](#)

Policy	Billing	Coverage	Driver	Vehicle	Claims	Policy Documents
------------------------	-------------------------	--------------------------	------------------------	-------------------------	------------------------	----------------------------------

Policy Number	Insured Name	Customer Number	Company Name
3503116509-0	CESIA Y GONZALES	81218184	Starr Indemnity and Liability

[Basic Renters](#)

[Homeowners](#)

Personal Auto

[Get a Quote](#)

[Search Quotes](#)

[Policy Inquiry](#)

[Make a Payment](#)

[Endorsements](#)

Personal Motorcycle

Policy Summary			
Policy Status	Cancelled Non-Reinstatable		
Cancellation Date	03/12/2011	Reason for Cancellation	Non-payment of premium
Policy Term	181 Days	Submission Method	Electronic
Origination Date	02/12/2011	Payment Plan	6 Pay
Current Policy Effective	02/12/2011	Current Policy Expiration	08/12/2011
Insured Address	2925 SW 332ND PL - FEDERAL WAY, WA 98023		
Insured Phone #	253-945-5055		
Email Address		Signed up to Receive Policy Docs/Bills via Email	No
Notes/Comments	Lapse History		

Current Policy Premium Snapshot	
<u>Premium & Policy Fees</u>	\$ 67.00
<u>Service Fee</u>	\$ 0.00
<u>NSF Fee</u>	\$ 0.00
<u>Refund</u>	\$ 0.00
<u>Write Off</u>	\$ -1.00
<u>Charge Off</u>	\$ 0.00
<u>Previous Unpaid Balance</u>	\$ 0.00
Total	\$ 66.00
<u>Total Paid</u>	\$ 66.00
<u>Balance Due</u>	\$ 0.00

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Tuesday, January 3, 2012

Select A Product

Enter Policyholder or Account Name

Search Policies

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Client Profile

[Edit Client Profile](#) | [Add a Note](#) | [View Notes](#)

Name: GONZALES, CESIA
Address: 2925 SW 332ND PL
 FEDERAL WAY, WA 98023
Home Phone: 253-945-5055
Work Phone: 253-945-5055

- Basic Renters
- Homeowners

Client History

New Search

New Quote

Personal Auto

Application #: 5457382	Customer #: 81218184	Product: AUTO	State: WA
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- Get a Quote
- Search Quotes
- Policy Inquiry
- Make a Payment
- Endorsements

Application Status: ac
Insurance Company: Starr Indemnity & Liability Company
Transmitted Date: 02/12/2011 4:06 PM PST
Agent: RAINWATER
Created Date: 02/12/2011 4:03 PM PST
Last Activity Date: 02/12/2011 4:06 PM PST

Actions:
Documents: [Application](#)

New Search

New Quote

Personal Motorcycle

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APPLICATION CONFIRMATION / PAYMENT RECEIPT

Payment Transmit Date / Time: 02/12/2011 04:06 PM

Policy Effective Date / Time: 02/12/2011 04:06 PM

Name of Agency: Rainwater Insurance, Inc.

Producer Code: 223021

Insured's Name: GONZALES, CESIA

Carrier: Starr Indemnity & Liability Company

State: WA

This acknowledges receipt of \$ 66.00 to Arrowhead General Insurance Agency Inc. by Electronic Funds Transfer. This payment applies to the down payment for customer number 81218184 , policy number 3503116509.

Printed Date / Time: 02/12/2011 04:07 PM

If your policy is currently cancelled, expired or in lapsed status it is agreed that coverage does not commence any earlier than the date and time listed on this receipt.

REQUIRED DOCUMENTATION TO BE RETAINED IN PRODUCER FILE:

- Starr Indemnity & Liability Company Application signature pages including applicant and producer signatures**
- Starr Indemnity & Liability Company Supplemental Coverage Acceptance / Waiver including signatures**

PLEASE NOTE: THIS DOCUMENTATION IS SUBJECT TO AUDIT BY ARROWHEAD OR BY THE CARRIER

Producer Copy

P.O. Box 9064 Carlsbad, CA 92018-9064 | Tel 800.333.3553
www.ArrowheadAgents.com

ARROWHEAD® GENERAL INSURANCE AGENCY, INC.

WASHINGTON AUTO INSURANCE APPLICATION

INSURER'S NAME: STARR INDEMNITY & LIABILITY COMPANY
 PRODUCER CODE: 223021
 PRODUCER LICENSE #: 62065
 PRODUCER NAME: Rainwater Insurance, Inc.
 PRODUCER PHONE #: (253)839-5500

Customer Number: 81218184
 Policy Number: 3503116509
 Effective Date & Time: 02/12/2011 04:06 PM PST
 Policy Term / Pay Plan: 6 Months / Direct Monthly
 Down Payment: \$66.00
 Payment Type: Agency Sweep
 Transmitt Date & Time: 02/12/2011 04:06 PM PST
 Bridged / Re-Rated: MULTICO / Y

NAMED INSURED MUST BE THE REGISTERED OWNER AND MUST BE LISTED AS A DRIVER. NO COVERAGE EXISTS PRIOR TO THE DATE AND HOUR OF THIS APPLICATION.

NAMED INSURED: CESIA GONZALES	Home Phone Number: 253-945-5055 Work Phone Number: 253-945-5055
MAILING ADDRESS (If P.O. Box, Garaging Address Required) 2925 SW 332ND PL FEDERAL WAY, WA 98023	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 2925 SW 332ND PL FEDERAL WAY, WA 98023	

DRIVER INFORMATION: COMPLETE FOR NAMED INSURED, SPOUSE AND ALL LICENSED PERSONS RESIDING IN HOUSEHOLD

Dr. No.	Full Name Of All Drivers (As Listed on License)	Sex M/F	M-Married S-Single	Living with Spouse?	Relationship To Applicant	Date of Birth	# Years Licensed	Drivers License Number	State
1.	CESIA GONZALES	F	M	Y	SELF		14		WA

IF SPOUSE NOT LICENSED, EXPLAIN:

FR FILING INFORMATION
 Producer must use preassigned policy number on filing.

ADDITIONAL DRIVER INFORMATION:

Dr. No.	Occupation Description (Please indicate if self-employed)	Name of Employer/School	Complete Address (Street & City) of Employer or School	Employer's Business	Years w/Employer	Type: (Owner or Operator)
1.	Homemaker					

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: CESIA GONZALEZ	Customer Number: 81218184	Policy Number: 3503116509
-------------------------	---------------------------	---------------------------

ACCIDENTS AND CONVICTIONS WITHIN PAST 36 MONTHS - GIVE COMPLETE INFORMATION ON ALL DRIVERS

Dr. No.	Incident	Occurrence Date	Description / Outcome

AUTOMOBILE INFORMATION: DESCRIPTION OF THE AUTOMOBILES TO BE INSURED

Auto	Year	Make and Model	Vehicle Identification Number (VIN)	Value	Purchase Date	New or Used
1.	1999	Ford WINDSTAR BASE/WINDSTAR LX	2FMZA5141XBB43806	0		Used

ADDITIONAL INSURED/LIENHOLDER: Unless the full name and address of the proposed Additional Insured/Lienholder is identified, the policy will not provide any rights or coverage to any Additional Insured/Lienholder and/or other person claiming to have any interest in the insurance herein applied for.

Auto	AI/LH	Additional Insured/Lienholder Name and Address

ADDITIONAL AUTOMOBILE INFORMATION:

Auto	Total Annual Mileage	# Miles Driven to Work or School - One Way	# Days Per Week	Current Odometer	Usage? B/P	Rating Territory	Rated Driver	Points	ISO OTC Symbol	ISO Coll Symbol	DISCOUNTS/CRDITS	SURCHARGES
1.	12000	24	5		Pleasure	23	1	0	12	12	Experience Driver Discount	

- | | | |
|---|-------------------------------------|-------------------------------------|
| 1. Has Producer inspected all vehicles for which Physical Damage Coverage is requested? | YES | NO |
| 2. Does inspection reveal any existing damage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If existing damage, please list vehicle numbers, amount of damage, explanation and extent of damage.

Auto	Description of Damage	Repair Estimate

Insured: CBSIA GONZALES	Customer Number: 81218184	Policy Number: 3503116509
-------------------------	---------------------------	---------------------------

COVERAGES AND LIMITS OF LIABILITY			COVERAGES PROVIDED WHEN PREMIUM INDICATED						
COVERAGES			PREMIUM						
			AUTO 1	AUTO 2	AUTO 3	AUTO 4	AUTO 5	AUTO 6	AUTO 7
LIABILITY	BODILY INJURY	25000 EACH PERSON 50000 EACH ACCIDENT	130.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	125.00						
PERSONAL INJURY PROTECTION		EACH PERSON	No Coverage						
UNDERINSURED MOTORISTS	BODILY INJURY	EACH PERSON EACH ACCIDENT	No Coverage						
	PROPERTY DAMAGE	EACH ACCIDENT	No Coverage						
OTHER THAN COLLISION			No Coverage						
COLLISION			No Coverage						
RENTAL REIMBURSEMENT	\$35 per day, \$600 maximum per claim		No Coverage						
TOWING AND LABOR COST	\$75 per disablment, \$300 maximum		No Coverage						
AUTO LOAN/LEASE COVERAGE (NEW CARS ONLY)			No Coverage						
TOTAL PER CAR			255.00						
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						270.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION
1	1999 Ford WINDSTAR BASE/WINDSTAR LX	No Coverage	No Coverage

WASILAP 0110

Star Indemnity & Liability Company - Program 213

Insured: CESIA GONZALES	Customer Number: 81218184	Policy Number: 3503116509
-------------------------	---------------------------	---------------------------

APPLICANT QUESTIONNAIRE

- | | YES | NO |
|---|--|-------------------------------------|
| 1. Are any vehicles listed regularly garaged overnight away from your primary residence? | Unacceptable | <input checked="" type="checkbox"/> |
| 2. Are any vehicles listed custom, show, altered, racecars or have more or less than four wheels? | Unacceptable | <input checked="" type="checkbox"/> |
| 3. Are any vehicles used for delivery purposes or for any other commercial purposes? (Examples: pizza or newspaper delivery.) | Unacceptable | <input checked="" type="checkbox"/> |
| 4. Are all vehicles listed registered to the Applicant (Named Insured)? | <input checked="" type="checkbox"/> | Unacceptable |
| 5. Are there any drivers who may operate your vehicle(s) on a REGULAR or any INFREQUENT basis that have not been listed on this application? This includes all household members. If yes, please explain. | <input type="checkbox"/> Explain | <input checked="" type="checkbox"/> |
| 6. Are any vehicles listed van conversions, trailers, over 15 years old, rebuilt, salvaged, grey market, antique, classic, historic, limited production, actual cash value exceeding \$50,000, optional or special equipment valued over \$2,000? If yes, please list the vehicle number, explain and do not blind Other Than Collision/Collision coverage. | <input type="checkbox"/> Do Not Blind OTC/COLL | <input checked="" type="checkbox"/> |
| 7. Are any vehicles used for business purposes? (Examples: sales calls, driving to job site, etc.) If yes, please explain. | <input type="checkbox"/> Explain | <input checked="" type="checkbox"/> |

EXPLANATIONS:

PRODUCER QUESTIONNAIRE

- | | YES | NO |
|--|--------------------------|-------------------------------------|
| 1. I have applied the Senior Defensive Driver Discount for a listed driver and therefore have obtained proof of successful completion of a Washington State-Approved Accident Prevention course. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

APPLICANT'S STATEMENT - READ BEFORE SIGNING

I hereby apply to the Company for a policy of insurance, as set forth in this application, on the basis of the statements contained herein. I agree that if I intentionally conceal or misrepresent a material fact or circumstance relating to the insurance, the policy shall be null and void. I understand that any existing damage to my car at the time of application will not be covered by this insurance. I understand the Company may order consumer reports that contain personal or privileged information about the character, general reputation, personal characteristics, driving record, loss history and mode of living of the applicant(s). Upon written request to the Company, additional information as to the nature and scope of the report, if one is ordered, will be provided. I agree that the Insurance Company may correct my premium if rated incorrectly or if information obtained from additional sources, including Motor Vehicle Reports, changes factors which affect the premium. I agree and understand that if the correct premium is not paid, my policy will be cancelled for non-payment of premium, based on the correct premium developed. I further agree and understand that if my check for the down-payment or full payment is returned by the bank unpaid for any reason, coverage will be null and void from inception. I certify that all persons age 15 or older who are members of my household and all additional operators of my vehicle(s) have been listed in the application. I have disclosed all business and commercial use of my vehicle(s) in the application. I understand that a non-refundable Installment Billing Fee of \$8.00 will be charged for each installment bill. I understand that if I do not pay my premium on time, a lapse in coverage will exist and a non-refundable fee of \$15.00 will be charged to reinstate my policy. I understand that if my payment is returned by the financial institution for any reason, a \$20.00 non-refundable NSF Fee will be charged. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

X _____ 02/12/2011 04:06 PM PST
 APPLICANT'S SIGNATURE (MUST BE SIGNED) DATE

PRODUCER'S STATEMENT

I hereby certify that to the best of my knowledge, all information contained herein is correct, the statements herein are those of the applicant who has signed this application in my presence and that the applicant and the undersigned are retaining a duplicate signed copy hereof. I am legally qualified to submit this application on behalf of the applicant. I understand that this policy is not bound until I receive a binder number through one of the Company's electronic binding systems and have collected the proper premium.

X

PRODUCER'S SIGNATURE (MUST BE SIGNED)

02/12/2011 04:06 PM PST

DATE

WASILAP 0110

State Indemnity & Liability Company - Program 213

Insured: CESIA GONZALES	Customer Number: 81218184	Policy Number: 3503116509
-------------------------	---------------------------	---------------------------

AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company

CESIA GONZALES
(Print Applicant's Name)

WASHINGTON SUPPLEMENT

FRAUD WARNING

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

COVERAGE SELECTION / REJECTION FOR PERSONAL INJURY PROTECTION

I acknowledge that Personal Injury Protection Coverage benefits at the limits established by law have been offered to me and: (CHECK ONLY ONE, SIGN AND DATE BELOW)

- I REJECT Personal Injury Protection Coverage, both the \$35,000 and the \$10,000 limits.
- I wish to carry Personal Injury Protection Coverage with a limit of \$10,000.
- I wish to carry Personal Injury Protection Coverage with a limit of \$35,000.

I understand that my policy will not contain the coverage rejected above for any future renewals or replacements of my policy. I may request in writing to add or change this coverage at any future date.

X _____
APPLICANT'S SIGNATURE (MUST BE SIGNED)

02/12/2011 04:06 PM PST
DATE

WASILSP 0110

Washington - Starr Indemnity & Liability Company - Program 213
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Insured: CESIA GONZALES	Customer Number: 81218184	Policy Number: 3503116509
-------------------------	---------------------------	---------------------------

NOTICE OF SELECTION / REJECTION OF UNDERINSURED MOTORISTS BODILY INJURY AND UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

PLEASE READ BEFORE SIGNING

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected in whole or in part, Underinsured Motorists Coverage will be provided at limits equal to your policy's Bodily Injury Liability Coverage Limits. Property Damage Underinsured Motorists Coverage need only be issued in conjunction with Bodily Injury Underinsured Motorists Coverage, unless you reject this coverage.

Understanding this, I sign this acceptance / rejection as witnessed by my signature below with respect to all vehicles covered under this policy. Further, this acceptance / rejection applies not only to this policy, but also to all renewals thereof unless I instruct the Company to the contrary in writing. Understanding these coverages, I hereby sign this acceptance / rejection for this coverage and request the policy be issued.

Selection of Bodily Injury AND Property Damage Underinsured Motorists Coverage Limits

I select Bodily Injury Underinsured Motorists Coverage at limits equal to my Liability Coverage AND Property Damage Underinsured Motorists Coverage at limits indicated below: OR

I reject Bodily Injury Underinsured Motorists Coverage at limits equal to my Liability Coverage and I select Bodily Injury Underinsured Motorists Coverage AND Property Damage Underinsured Motorists Coverage at the following limits:

- | | | | | | |
|--|---|--|-----------------------------------|-----------------------------------|-----------------------------------|
| Bodily Injury Underinsured Motorists Coverage | | Property Damage Underinsured Motorists Coverage | | | |
| <input type="checkbox"/> \$25,000 / \$50,000 | <input type="checkbox"/> \$50,000 / \$100,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 |
| <input type="checkbox"/> \$100,000 / \$300,000 | | | | | |

Rejection of Property Damage Underinsured Motorists Coverage and Selection of Bodily Injury Underinsured Motorists Coverage Only

I reject Property Damage Underinsured Motorists Coverage and select ONLY Bodily Injury Underinsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage limits for Liability Coverage; OR

I reject Property Damage Underinsured Motorists Coverage and select ONLY Bodily Injury Underinsured Motorists Coverage at the following limit(s) which are lower than the limits of my Liability Coverage.

- Bodily Injury Underinsured Motorists Coverage**
- \$25,000 / \$50,000 \$50,000 / \$100,000 \$100,000 / \$300,000

Rejection of Bodily Injury AND Property Damage Underinsured Motorists Coverage

I reject Bodily Injury AND Property Damage Underinsured Motorists Coverage

X _____ 02/12/2011 04:06 PM PST
 APPLICANT'S SIGNATURE (MUST BE SIGNED) DATE

Insured: CESIA GONZALES	Customer Number: 81218184	Policy Number: 3503116509
-------------------------	---------------------------	---------------------------

DRIVERS EXCLUSION

All household members age 15 and above must be listed as a driver or excluded from this policy. We shall not be liable to any person for any damages, losses or claims arising out of the excluded driver's operation or use of an insured motor vehicle, whether or not such operation or use was with the express or implied permission of a person insured under this policy. If we are required to make any payments under this policy because of an accident which happens while the motor vehicle is being driven by the person or persons named below, you must repay us for those payments and any expenses.

This exclusion does not apply to Underinsured Motorists Coverage if coverage is included on the policy.

Print Name(s)	Age	Mo/Day/Yr of Birth	Relationship To Applicant
JAVIER PUGA	35	[REDACTED]	Spouse

NO INSURANCE COVERAGE FOR PERSON(S) LISTED ABOVE

**WARNING: BY SIGNING HERE, YOU ARE EXCLUDING PERSON(S) FROM COVERAGE.
DO NOT SIGN THIS EXCLUSION UNLESS YOU READ AND UNDERSTAND IT.**

X

APPLICANT'S SIGNATURE

02/12/2011 04:06 PM PST

DATE

Arrowhead Installment Billing

Thank you for choosing Starr Indemnity & Liability Company as your personal auto insurance provider.

When working with our policyholders, the most common questions we receive are regarding our billing process. In order to provide you with proper notice regarding the status of your policy, we often are required to send you multiple notices in any given month. A brief explanation of this process is noted below for your reference.

Monthly Installment Bill – You will receive your first bill in approximately 10 days. This bill will indicate your payment is due in approximately 23 days.

If your payment is received by the due date indicated, your future installment bill due dates will be every 30 days.

If payment is not received by the due date indicated, a cancellation notice will be sent to you. This notice will indicate the date your policy will cancel if no payment is received, typically 12 days after the due date shown on your installment bill.

If your payment is received prior to the cancellation date shown, your installment billing will resume, with your next payment due 30 days after your first installment due date.

If your payment is not received prior to the cancellation date shown, a confirmation of cancellation and offer to reinstate notice will be sent to you. This notice reminds you that your policy has indeed been cancelled and provides the appropriate payment amount if you would like to reinstate your policy with a lapse in coverage. You can reinstate your policy with a lapse in coverage up to 30 days after the cancellation date.

If payments are received in a timely manner and there are not subsequent policy changes, the installment due dates will be every 30 days from the first installment due date. For your convenience you can make your payment online at www.ArrowheadExchange.com 24-hours a day 7-days a week.

**TEMPORARY IDENTIFICATION CARD
(WASHINGTON EVIDENCE OF AUTOMOBILE INSURANCE)
NEED TO REPORT A CLAIM? 800-285-2524**

**Star Indemnity & Liability Company
P.O. Box 9064 Carlsbad, CA 92018-9064**

**AGENT: Rainwater Insurance, Inc.
POLICY NUMBER: 3503116509
APP NUMBER: 81218184**

**PHONE NUMBER: (253)839-5500
INCEPTION DATE: 02/12/2011 04:06 PM**

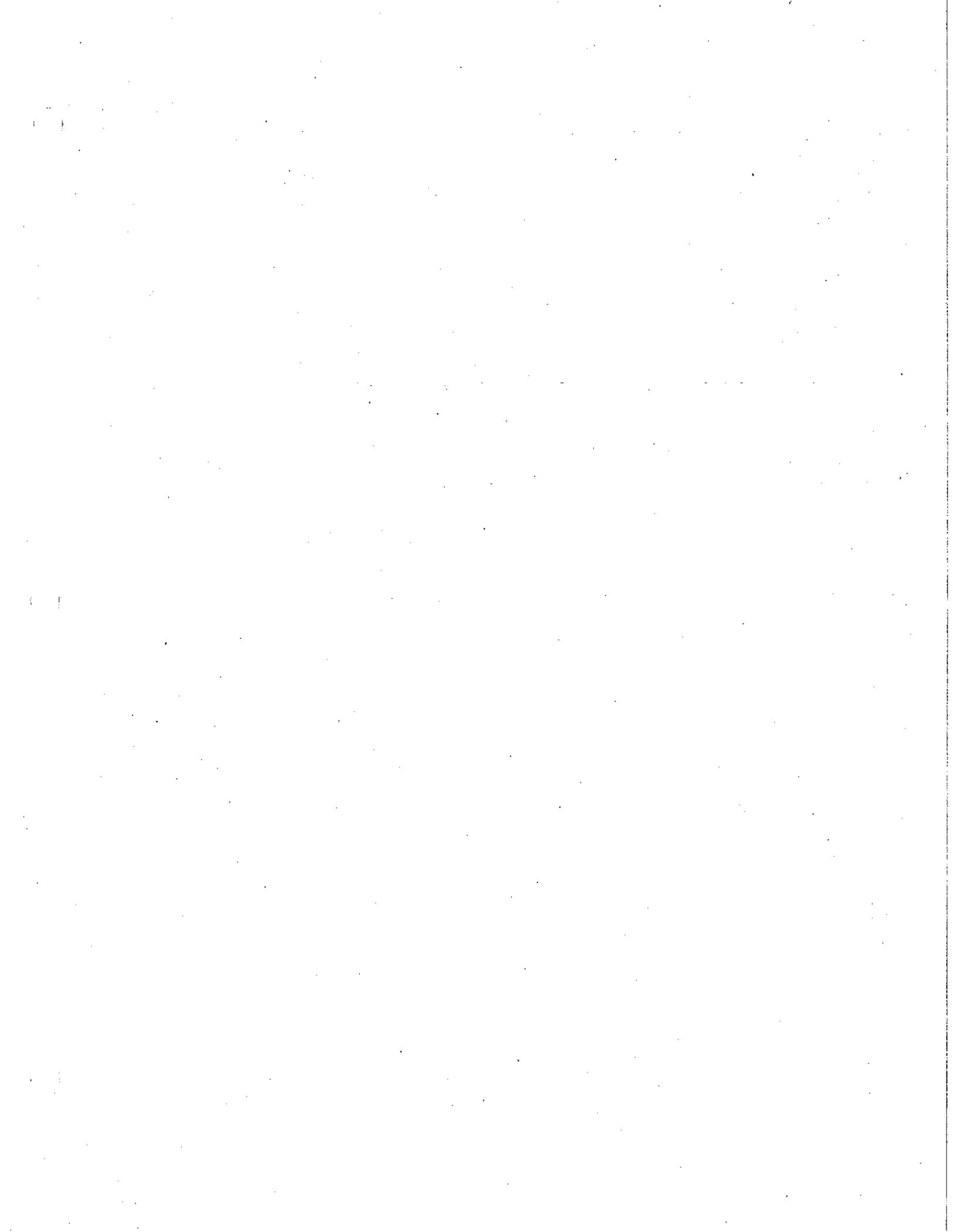
**NAMED INSURED AND ADDRESS:
CESIA GONZALES
2925 SW 332ND PL
FEDERAL WAY, WA 98023**

VEHICLE

YEAR	MAKE/MODEL	VEHICLE ID#
1999	Ford WINDSTAR BASE/WINDSTAR LX	2FMZA5141XBB43806

This policy provides at least the minimum amounts of liability insurance required by the financial responsibility law of the state in which it was issued for the specified vehicle(s) and named insured and may provide coverage for other persons and other vehicles as provided by the insurance policy.

This is valid for thirty (30) days from the inception date or upon receipt of your actual policy.



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Tuesday, January 3, 2012

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Policy	Billing	Coverage	Driver	Vehicle	Claims	Policy Documents
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Policy Number	Insured Name	Customer Number	Company Name
3503091289-0	DIANA E GONZALEZ	81164350	Starr Indemnity and Liability

[Tools & Reports](#)

[Basic Renters](#)

[Homeowners](#)

Policy Summary			
Policy Status	Cancelled Non-Reinstatable		
Cancellation Date	04/15/2011	Reason for Cancellation	Non-payment of premium
Policy Term	181 Days	Submission Method	Electronic
Origination Date	11/15/2010	Payment Plan	6 Pay
Current Policy Effective	11/15/2010	Current Policy Expiration	05/15/2011
Insured Address	2659 SW 332ND CT - Federal Way, WA 98023		
Insured Phone #	253-946-4550		
Email Address		Signed up to Receive Policy Docs/Bills via Email	No
Notes/Comments	Lapse History		

Personal Auto

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[Make a Payment](#)

[Endorsements](#)

Personal Motorcycle

Current Policy Premium Snapshot	
<u>Premium & Policy Fees</u>	\$ 448.00
<u>Service Fee</u>	\$ 32.00
<u>NSF Fee</u>	\$ 0.00
<u>Refund</u>	\$ 0.00
<u>Write Off</u>	\$ -8.00
<u>Charge Off</u>	\$ 0.00
<u>Previous Unpaid Balance</u>	\$ 0.00
Total	\$ 472.00
Total Paid	\$ 472.00
Balance Due	\$ 0.00

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RainWater Insurance - Payment Receipt

32700 Pacific Hwy South

Federal Way, WA 98003 (253) 839-5500

Receipt Number: 6811 Payment Date: 11/15/2010 5:51:35 PM
First Name: Diana Payment Type: Cash
Last Name: Guallpa Chasiluisa Check Number:
Policy Number: 3503091289 Your Company: Arrowhead
Your Agent Today: Maria Diaz

Payment for:	Amount:
Down Payment	\$78.80
	\$0.00
Policy Fee	\$30.00
	\$0.00
	\$108.80

Thank you for your Business - Have a Great Day !!

Agent Signature

We accept payments as a courtesy to our customers. If your policy is cancelled for any reason, payment of this premium does not necessarily reinstate your policy. Your company will notify you of any reinstatement, or if not reinstated, return any unearned premium within 30 days.

Printed: 11/15/2010 5:52:21 PM

ARROWHEAD® GENERAL INSURANCE AGENCY, INC.

WASHINGTON AUTO INSURANCE APPLICATION

INSURER'S NAME: STARR INDEMNITY & LIABILITY COMPANY
 PRODUCER CODE: 223021
 PRODUCER LICENSE #: 62065
 PRODUCER NAME: Rainwater Insurance, Inc.
 PRODUCER PHONE #: (253)839-5500

Customer Number: 81164350
 Policy Number: 3503091289
 Effective Date & Time: 1/15/2010 05:49 PM PST
 Policy Term / Pay Plan: 6 Months / Direct Monthly
 Down Payment: \$78.80
 Payment Type: Agency Sweep
 Transmit Date & Time: 1/15/2010 05:49 PM PST
 Bridged / Re-Rated: MULTICO / Y

NAMED INSURED MUST BE THE REGISTERED OWNER AND MUST BE LISTED AS A DRIVER. NO COVERAGE EXISTS PRIOR TO THE DATE AND HOUR OF THIS APPLICATION.

NAMED INSURED: DIANA GUALLPA-CHASILUISA	Home Phone Number: 253-946-4550 Work Phone Number: 253-946-4550
MAILING ADDRESS (if P.O. Box, Garaging Address Required) 520 S 317TH ST FEDERAL WAY, WA 98003	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 520 S 317TH ST FEDERAL WAY, WA 98003	

DRIVER INFORMATION: COMPLETE FOR NAMED INSURED, SPOUSE AND ALL LICENSED PERSONS RESIDING IN HOUSEHOLD

Dr. No.	Full Name Of All Drivers (As Listed on License)	Sex M/F	M-Married S-Single	Living with Spouse?	Relationship To Applicant	Date of Birth	# Years Licensed	Drivers License Number	State
1.	DIANA GUALLPA-CHASILUISA	F	M	Y	SBLF		8		WA

IF SPOUSE NOT LICENSED, EXPLAIN:

FR FILING INFORMATION
 Producer must use preassigned policy number on filing.

ADDITIONAL DRIVER INFORMATION:

Dr. No.	Occupation Description (Please indicate if self-employed)	Name of Employer/School	Complete Address (Street & City) of Employer or School	Employer's Business	Years w/Employer	Type: (Owner or Operator)
1.	Unemployed					

WASLAP0110

Starr Indemnity & Liability Company - Program 213

Insured: DIANA GUALLPA-CHASILUISA	Customer Number: 81164350	Policy Number: 3503091289
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ACCIDENTS AND CONVICTIONS WITHIN PAST 36 MONTHS - GIVE COMPLETE INFORMATION ON ALL DRIVERS

Dr. No.	Incident	Occurrence Date	Description / Outcome

AUTOMOBILE INFORMATION: DESCRIPTION OF THE AUTOMOBILES TO BE INSURED

Auto	Year	Make and Model	Vehicle Identification Number (VIN)	Value	Purchase Date	New or Used
1.	1992	Mercury SABLE GS	1MELM50U0NG634956	0		Used

ADDITIONAL INSURED/LIENHOLDER: Unless the full name and address of the proposed Additional Insured/Lienholder is identified, the policy will not provide any rights or coverage to any Additional Insured/Lienholder and/or other person claiming to have any interest in the insurance herein applied for.

Auto	AI/LH	Additional Insured/Lienholder Name and Address

ADDITIONAL AUTOMOBILE INFORMATION:

Auto	Total Annual Mileage	# Miles Driven to Work or School - One Way	# Days Per Week	Current Odometer	Usage? B/P	Rating Territory	Rated Driver	Points	ISO OTC Symbol	ISO Coll Symbol	DISCOUNTS/CREDITS	SURCHARGES
1.	12000	24	5		Pleasure	23	1	0	4	4	Experience Driver Discount	

- | | | |
|---|-------------------------------------|-------------------------------------|
| 1. Has Producer inspected all vehicles for which Physical Damage Coverage is requested? | YES | NO |
| 2. Does inspection reveal any existing damage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If existing damage, please list vehicle numbers, amount of damage, explanation and extent of damage.

Auto	Description of Damage	Repair Estimate

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: DIANA GUALLPA-CHASILUISA	Customer Number: 81164350	Policy Number: 3503091289
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COVERAGES AND LIMITS OF LIABILITY			COVERAGES PROVIDED WHEN PREMIUM INDICATED						
COVERAGES			PREMIUM						
			AUTO 1	AUTO 2	AUTO 3	AUTO 4	AUTO 5	AUTO 6	AUTO 7
LIABILITY	BODILY INJURY	25000 EACH PERSON 50000 EACH ACCIDENT	159.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	160.00						
PERSONAL INJURY PROTECTION		EACH PERSON	No Coverage						
UNDERINSURED MOTORISTS	BODILY INJURY	EACH PERSON EACH ACCIDENT	No Coverage						
	PROPERTY DAMAGE	EACH ACCIDENT	No Coverage						
OTHER THAN COLLISION			No Coverage						
COLLISION			No Coverage						
RENTAL REIMBURSEMENT	\$35 per day, \$600 maximum per claim		No Coverage						
TOWING AND LABOR COST	\$75 per disablement, \$300 maximum		No Coverage						
AUTO LOAN/LEASE COVERAGE (NEW CARS ONLY)			No Coverage						
TOTAL PER CAR			319.00						
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						334.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION
1	1992 Mercury SABLE GS	No Coverage	No Coverage

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: DIANA GUALLPA-CHASILUISA	Customer Number: 81164350	Policy Number: 3503091289
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APPLICANT QUESTIONNAIRE

- | | YES | NO |
|--|---|-------------------------------------|
| 1. Are any vehicles listed regularly garaged overnight away from your primary residence? | Unacceptable | <input checked="" type="checkbox"/> |
| 2. Are any vehicles listed custom, show, altered, racecars or have more or less than four wheels? | Unacceptable | <input checked="" type="checkbox"/> |
| 3. Are any vehicles used for delivery purposes or for any other commercial purposes? (Examples: pizza or newspaper delivery.) | Unacceptable | <input checked="" type="checkbox"/> |
| 4. Are all vehicles listed registered to the Applicant (Named Insured)? | <input checked="" type="checkbox"/> | Unacceptable |
| 5. Are there any drivers who may operate your vehicle(s) on a REGULAR or any INFREQUENT basis that have not been listed on this application? This includes all household members. If yes, please explain. | <input type="checkbox"/> Explain | <input checked="" type="checkbox"/> |
| 6. Are any vehicles listed van conversions, trailers, over 15 years old, rebuilt, salvaged, grey market, antique, classic, historic, limited production, actual cash value exceeding \$50,000, optional or special equipment valued over \$2,000? If yes, please list the vehicle number, explain and do not bind Other Than Collision/Collision coverage. | <input type="checkbox"/> Do Not Bind OTC/COLL | <input checked="" type="checkbox"/> |
| 7. Are any vehicles used for business purposes? (Examples: sales calls, driving to job site, etc.) If yes, please explain. | <input type="checkbox"/> Explain | <input checked="" type="checkbox"/> |

EXPLANATIONS:

PRODUCER QUESTIONNAIRE

- | | YES | NO |
|--|-------------------------------------|-------------------------------------|
| 1. I have applied the Senior Defensive Driver Discount for a listed driver and therefore have obtained proof of successful completion of a Washington State-Approved Accident Prevention course. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

APPLICANT'S STATEMENT - READ BEFORE SIGNING

I hereby apply to the Company for a policy of insurance, as set forth in this application, on the basis of the statements contained herein. I agree that if I intentionally conceal or misrepresent a material fact or circumstance relating to the insurance, the policy shall be null and void. I understand that any existing damage to my car at the time of application will not be covered by this insurance. I understand the Company may order consumer reports that contain personal or privileged information about the character, general reputation, personal characteristics, driving record, loss history and mode of living of the applicant(s). Upon written request to the Company, additional information as to the nature and scope of the report, if one is ordered, will be provided. I agree that the Insurance Company may correct my premium if rated incorrectly or if information obtained from additional sources, including Motor Vehicle Reports, changes factors which affect the premium. I agree and understand that if the correct premium is not paid, my policy will be cancelled for non-payment of premium, based on the correct premium developed. I further agree and understand that if my check for the down-payment or full payment is returned by the bank unpaid for any reason, coverage will be null and void from inception. I certify that all persons age 15 or older who are members of my household and all additional operators of my vehicle(s) have been listed in the application. I have disclosed all business and commercial use of my vehicle(s) in the application. I understand that a non-refundable Installment Billing Fee of \$8.00 will be charged for each installment bill. I understand that if I do not pay my premium on time, a lapse in coverage will exist and a non-refundable fee of \$15.00 will be charged to reinstate my policy. I understand that if my payment is returned by the financial institution for any reason, a \$20.00 non-refundable NSF Fee will be charged. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

x Diana Guallpa
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

11/15/2010 05:49 PM PST
 DATE

PRODUCER'S STATEMENT

I hereby certify that to the best of my knowledge, all information contained herein is correct, the statements herein are those of the applicant who has signed this application in my presence and that the applicant and the undersigned are retaining a duplicate signed copy hereof. I am legally qualified to submit this application on behalf of the applicant. I understand that this policy is not bound until I receive a binder number through one of the Company's electronic binding systems and have collected the proper premium.

X

PRODUCER'S SIGNATURE (MUST BE SIGNED)

11/15/2010 05:49 PM PST

DATE

WASILAP0110

Starr Indemnity & Liability Company - Program 213

Insured: DIANA GUALLOPA-CHASILUISA Customer Number: 81164350 Policy Number: 3503091289

AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company

DIANA GUALLOPA-CHASILUISA
(Print Applicant's Name)

WASHINGTON SUPPLEMENT

FRAUD WARNING

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

COVERAGE SELECTION / REJECTION FOR PERSONAL INJURY PROTECTION

I acknowledge that Personal Injury Protection Coverage benefits at the limits established by law have been offered to me and: (CHECK ONLY ONE, SIGN AND DATE BELOW)

- I REJECT Personal Injury Protection Coverage, both the \$35,000 and the \$10,000 limits.
- I wish to carry Personal Injury Protection Coverage with a limit of \$10,000.
- I wish to carry Personal Injury Protection Coverage with a limit of \$35,000.

I understand that my policy will not contain the coverage rejected above for any future renewals or replacements of my policy. I may request in writing to add or change this coverage at any future date.

x Diana Guallpa
APPLICANT'S SIGNATURE (MUST BE SIGNED)

11/15/2010 05:49 PM PST
DATE

Insured: DIANA GUALPA-CHASILUISA

Customer Number: 81164350

Policy Number: 3503091289

NOTICE OF SELECTION / REJECTION OF UNDERINSURED MOTORISTS BODILY INJURY AND UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

PLEASE READ BEFORE SIGNING

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected in whole or in part, Underinsured Motorists Coverage will be provided at limits equal to your policy's Bodily Injury Liability Coverage Limits. Property Damage Underinsured Motorists Coverage need only be issued in conjunction with Bodily Injury Underinsured Motorists Coverage, unless you reject this coverage.

Understanding this, I sign this acceptance / rejection as witnessed by my signature below with respect to all vehicles covered under this policy. Further, this acceptance / rejection applies not only to this policy, but also to all renewals thereof unless I instruct the Company to the contrary in writing. Understanding these coverages, I hereby sign this acceptance / rejection for this coverage and request the policy be issued.

Selection of Bodily Injury AND Property Damage Underinsured Motorists Coverage Limits

I select Bodily Injury Underinsured Motorists Coverage at limits equal to my Liability Coverage AND Property Damage Underinsured Motorists Coverage at limits indicated below: OR

I reject Bodily Injury Underinsured Motorists Coverage at limits equal to my Liability Coverage and I select Bodily Injury Underinsured Motorists Coverage AND Property Damage Underinsured Motorists Coverage at the following limits:

Bodily Injury Underinsured Motorists Coverage

Property Damage Underinsured Motorists Coverage

- \$25,000 / \$50,000 \$50,000 / \$100,000 \$10,000 \$20,000 \$25,000 \$50,000
- \$100,000 / \$300,000

Rejection of Property Damage Underinsured Motorists Coverage and Selection of Bodily Injury Underinsured Motorists Coverage Only

I reject Property Damage Underinsured Motorists Coverage and select ONLY Bodily Injury Underinsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage limits for Liability Coverage; OR

I reject Property Damage Underinsured Motorists Coverage and select ONLY Bodily Injury Underinsured Motorists Coverage at the following limit(s) which are lower than the limits of my Liability Coverage.

Bodily Injury Underinsured Motorists Coverage

- \$25,000 / \$50,000 \$50,000 / \$100,000 \$100,000 / \$300,000

Rejection of Bodily Injury AND Property Damage Underinsured Motorists Coverage

I reject Bodily Injury AND Property Damage Underinsured Motorists Coverage

x Diana Gualpa
APPLICANT'S SIGNATURE (MUST BE SIGNED)

11/15/2010 05:49 PM PST
DATE

Insured: DIANA GUALLPA-CHASILUISA	Customer Number: 81164350	Policy Number: 3503091289
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DRIVERS EXCLUSION

All household members age 15 and above must be listed as a driver or excluded from this policy. We shall not be liable to any person for any damages, losses or claims arising out of the excluded driver's operation or use of an insured motor vehicle, whether or not such operation or use was with the express or implied permission of a person insured under this policy. If we are required to make any payments under this policy because of an accident which happens while the motor vehicle is being driven by the person or persons named below, you must repay us for those payments and any expenses.

This exclusion does not apply to Underinsured Motorists Coverage if coverage is included on the policy.

Print Name(s)	Age	Mo/Day/Yr of Birth	Relationship To Applicant
HENDL GONZALEZ	31		Spouse

NO INSURANCE COVERAGE FOR PERSON(S) LISTED ABOVE

**WARNING: BY SIGNING HERE, YOU ARE EXCLUDING PERSON(S) FROM COVERAGE.
DO NOT SIGN THIS EXCLUSION UNLESS YOU READ AND UNDERSTAND IT.**

x Diana Guallpa
APPLICANT'S SIGNATURE

11/15/2010 05:49 PM PST
DATE

Arrowhead Installment Billing

Thank you for choosing Starr Indemnity & Liability Company as your personal auto insurance provider.

When working with our policyholders, the most common questions we receive are regarding our billing process. In order to provide you with proper notice regarding the status of your policy, we often are required to send you multiple notices in any given month. A brief explanation of this process is noted below for your reference.

Monthly Installment Bill – You will receive your first bill in approximately 10 days. This bill will indicate your payment is due in approximately 23 days.

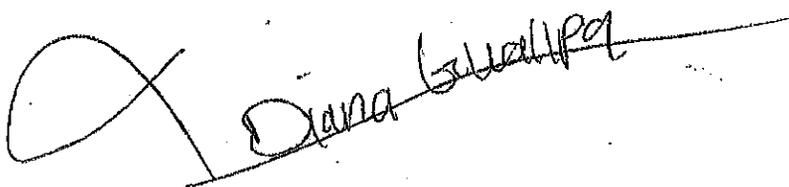
If your payment is received by the due date indicated, your future installment bill due dates will be every 30 days.

If payment is not received by the due date indicated, a cancellation notice will be sent to you. This notice will indicate the date your policy will cancel if no payment is received, typically 12 days after the due date shown on your installment bill.

If your payment is received prior to the cancellation date shown, your installment billing will resume, with your next payment due 30 days after your first installment due date.

If your payment is not received prior to the cancellation date shown, a confirmation of cancellation and offer to reinstate notice will be sent to you. This notice reminds you that your policy has indeed been cancelled and provides the appropriate payment amount if you would like to reinstate your policy with a lapse in coverage. You can reinstate your policy with a lapse in coverage up to 30 days after the cancellation date.

If payments are received in a timely manner and there are not subsequent policy changes, the installment due dates will be every 30 days from the first installment due date. For your convenience you can make your payment online at www.ArrowheadExchange.com 24-hours a day 7-days a week.

 Diana Guallpa

**TEMPORARY IDENTIFICATION CARD
(WASHINGTON EVIDENCE OF AUTOMOBILE INSURANCE)
NEED TO REPORT A CLAIM? 800-285-2574**

**Starr Indemnity & Liability Company
P.O. Box 9064 Carlsbad, CA 92018-9064**

**AGENT: Rainwater Insurance, Inc.
POLICY NUMBER: 3503091289
APP NUMBER: 81164350**

**PHONE NUMBER: (253)839-5500
INCEPTION DATE: 11/15/2010 05:49 PM**

**NAMED INSURED AND ADDRESS:
DIANA GUALLPA-CHASILUISA
520 S 317TH ST
FEDERAL WAY, WA 98003**

VEHICLE

YEAR	MAKE/MODEL	VEHICLE ID#
1992	Mercury SABLE GS	1MBLM50U0NG634956

This policy provides at least the minimum amounts of liability insurance required by the financial responsibility law of the state in which it was issued for the specified vehicle(s) and named insured and may provide coverage for other persons and other vehicles as provided by the insurance policy.

This is valid for thirty (30) days from the inception date or upon receipt of your actual policy.



APPLICATION CONFIRMATION / PAYMENT RECEIPT

Payment Transmit Date / Time: 11/15/2010 05:49 PM

Policy Effective Date / Time: 11/15/2010 05:49 PM

Name of Agency: Rainwater Insurance, Inc.

Producer Code: 223021

Insured's Name: GUALLPA-CHASILUISA, DIANA

Carrier: Starr Indemnity & Liability Company

State: WA

This acknowledges receipt of \$ 78.80 to Arrowhead General Insurance Agency Inc. by Electronic Funds Transfer. This payment applies to the down payment for customer number 81164350 , policy number 3503091289.

Printed Date / Time: 11/15/2010 05:50 PM

If your policy is currently cancelled, expired or in lapsed status it is agreed that coverage does not commence any earlier than the date and time listed on this receipt.

REQUIRED DOCUMENTATION TO BE RETAINED IN PRODUCER FILE:

- **Starr Indemnity & Liability Company Application signature pages including applicant and producer signatures**
- **Starr Indemnity & Liability Company Supplemental Coverage Acceptance / Waiver including signatures**

PLEASE NOTE: THIS DOCUMENTATION IS SUBJECT TO AUDIT BY ARROWHEAD OR BY THE CARRIER

Producer Copy

P.O. Box 9064 Carlsbad, CA 92018-9064 | Tel 800.333.5533
www.ArrowheadAgents.com

Rainwater Insurance
 6425 S. Tacoma Way
 Tacoma, WA 98409
 (253) 839-0335

Quote Date: 11/15/2010
 Company Name: Arrowhead Starr
 Policy Term: 6 months
 Type of Policy: Regular
 Producer Name: Maria Diaz

Policy Effective Date: 11/15/2010
 Customer Name: DIANA GUALLPA-CHASILUISA
 Customer Phone: (253) 946-4550
 Customer Address: 520 S 317TH ST
 FEDERAL WAY, WA 98003

Vehicle	Year	Make	Model	Territory	Poins	Class	Driver
1	1992	MERCURY	SABLE GS	23	0	FM24	DG

Coverages	Limit	Vehicle 1	Limit	Vehicle	Limit	Vehicle
Bodily Injury	25000/50000	\$159.00				
Property Damage	25000	\$160.00				
UIM Bodily Injury	None	None				
Personal Injury Protection	None	None				
Medical	None	None				
Comprehensive	None	None				
Collision	None	None				
Waive Collision Deductible	False	None				
UM Property Damage	None	None				
Rental Reimbursement	None	None				
Towing	None	None				
Additional Parts or Equipment	None	None				
Auto Loan/Lease Protection	None	None				
Lienholder Deductible	None	None				
Subtotal		\$3,900				

Totals	
Vehicles Subtotal:	\$319.00
Policy Fee:	\$15.00
Broker Fee:	\$30.00
Total Policy Premium:	\$364.00

Payment
- Required Down Payment: \$108.80
5 Installment(s): \$59.04
Installment include a \$8.00 Installment Fee

Discounts / Surcharges	VEHICLE 1
Experienced Driver Discount	Yes

This is NOT an insurance policy. This estimate for premiums is based on information provided to the agent on the date shown above and is subject to approval. DIC Exhibit 13 Page 1



Policy Change Request Confirmation - 980978

Line of Business:	AUTO	Change Effective Date:	02/18/2011 11:13 AM PST
Program Code:	0213	Current Policy Status:	ACTIVE
Policy/Customer #:	3503091289	Source System:	WPC
Insured Name:	DIANA GUALLPA-CHASILUISA		
Company:	STARR INDEMNITY & LIABILITY COMPANY / 0213		

Producer Information:

Name:	RAINWATER INSURANCE, INC.	Transmit Date:	02/18/2011 11:13 AM PST
Code:	223021	Mailing Address:	32700 PACIFIC HWY S., STE. 7 FEDERAL WAY, WA 98003
Submitted by:	RAINWATER		
Phone:	(253)839-5500		

Change 1 of 1 - Change Driver Information

DRIVER NAME:	DIANA GUALLPA-CHASILUISA
INFORMATION TO CHANGE:	DIANA'S NEW DRIVER'S LICENSE # IS [REDACTED] HER NEW LAS NEW IS GONZALEZ

Please complete this request in it's entirety, sign the appropriate line and retain a copy of this form for your records.

Producer Signature _____ Date _____ Time _____ am/pm

I agree to the aforementioned change request(s). I understand that additional underwriting will take place when this endorsement is received and processed and may affect the acceptability of this risk. I further understand that if my policy is currently cancelled, this endorsement can not take effect unless my coverage is reinstated. If my policy is reinstated, the earliest effective date will be the reinstatement date. Transmission of this request is not a guarantee of coverage.

Insured Signature _____ Date _____ Time _____ am/pm

Policy Change Request Confirmation - 980938

Line of Business: AUTO Change Effective Date: 02/18/2011 10:38 AM PST
 Program Code: 0213 Current Policy Status: ACTIVE
 Policy/Customer #: 3503091289 Source System: WPC
 Insured Name: DIANA GUALLPA-CHASILUISA
 Company: STARR INDEMNITY & LIABILITY COMPANY / 0213

Producer Information:

Name: RAINWATER INSURANCE, INC. Transmit Date: 02/18/2011 10:38 AM PST
 Code: 223021 Mailing Address: 32700 PACIFIC HWY S.,
 STE. 7
 FEDERAL WAY, WA 98003
 Submitted by: RAINWATER
 Phone: (253)839-5500

Change 1 of 1 - Change Insured Name

FIRST NAME:
CURRENT: DIANA

LAST NAME:
CURRENT: GUALLPA-CHASILUISA

NOTE: THIS ENDORSEMENT REQUIRES THE PRODUCER TO KEEP A COPY OF THE INSURED'S LICENSE REFLECTING NAME CHANGE ON FILE.

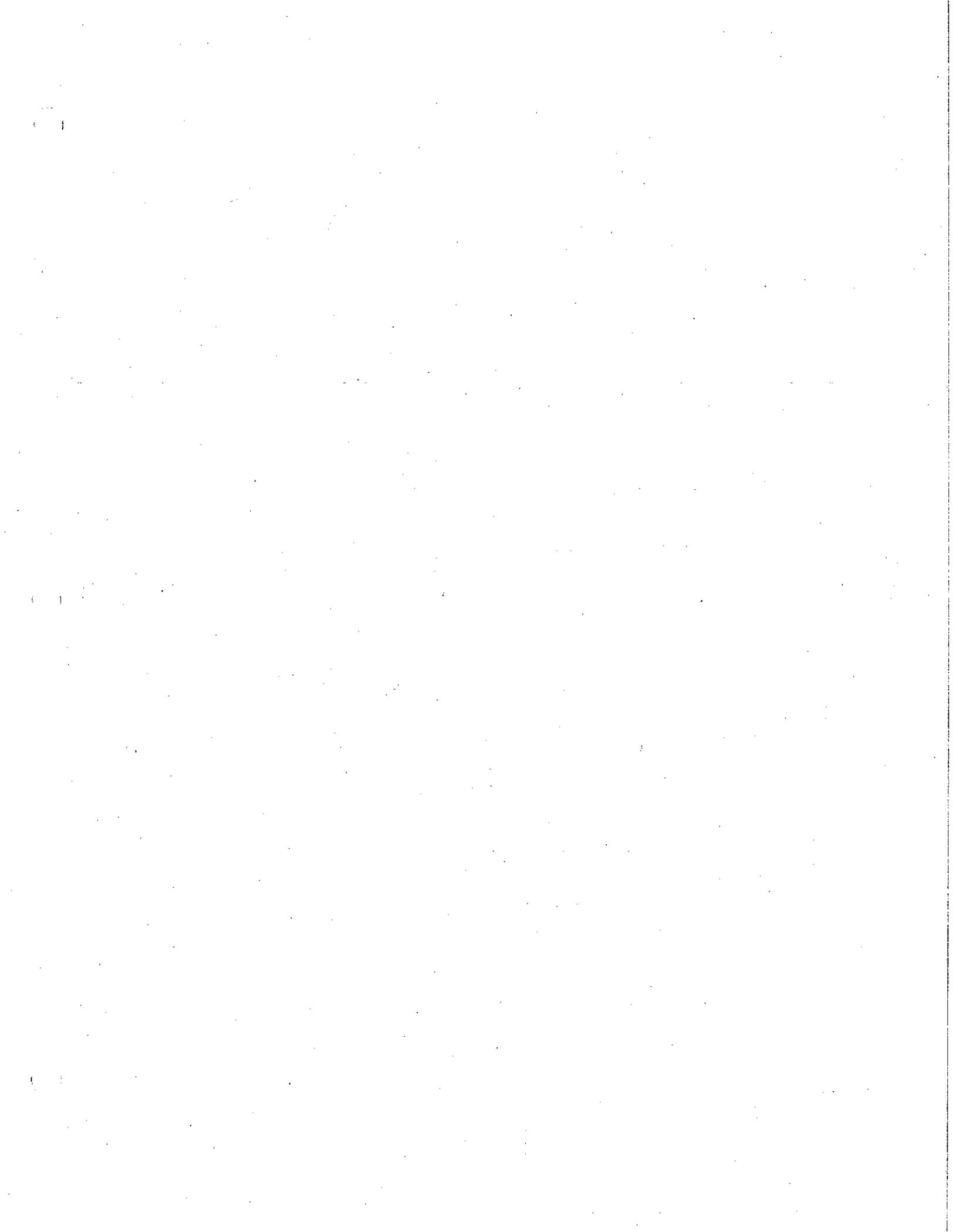
DIANA E
GONZALEZ

Please complete this request in it's entirety, sign the appropriate line and retain a copy of this form for your records.

Producer Signature: X _____ Date _____ Time _____ am/pm

I agree to the aforementioned change request(s). I understand that additional underwriting will take place when this endorsement is received and processed and may affect the acceptability of this risk. I further understand that if my policy is currently cancelled, this endorsement can not take effect unless my coverage is reinstated. If my policy is reinstated, the earliest effective date will be the reinstatement date. Transmission of this request is not a guarantee of coverage.

Insured Signature: X _____ Date _____ Time _____ am/pm



Click for alerts and messages.



Tuesday, January 3, 2012

Select A Product

Welcome, Leah Miller

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[Make a Payment](#)

[Endorsements](#)

Personal Motorcycle

Policy	Billing	Coverage	Driver	Vehicle	Claims	Policy Documents
------------------------	-------------------------	--------------------------	------------------------	-------------------------	------------------------	----------------------------------

Policy Number	Insured Name	Customer Number	Company Name
3503120735-0	CESIA Y GONZALEZ-AMAYA	81226552	Starr Indemnity and Liability

Policy Summary			
Policy Status	Cancelled Non-Reinstatableable		
Cancellation Date	04/22/2011	Reason for Cancellation	Insured requested cancellation.
Policy Term	181 Days	Submission Method	Electronic
Origination Date	02/22/2011	Payment Plan	6 Pay
Current Policy Effective	02/22/2011	Current Policy Expiration	08/22/2011
Insured Address	130 MOTOR PARKWAY - Hauppauge, NY 11788		
Insured Phone #	253-946-6441		
Email Address		Signed up to Receive Policy Docs/Bills via Email	No
Notes/Comments	Lapse History		

Current Policy Premium Snapshot	
<u>Premium & Policy Fees</u>	\$ 111.00
<u>Service Fee</u>	\$ 16.00
<u>NSF Fee</u>	\$ 0.00
<u>Refund</u>	\$ 54.90
<u>Write Off</u>	\$ 0.00
<u>Charge Off</u>	\$ 0.00
<u>Previous Unpaid Balance</u>	\$ 0.00
Total	\$ 181.90
<u>Total Paid</u>	\$ 181.90
<u>Balance Due</u>	\$ 0.00

GROW[®]
with us

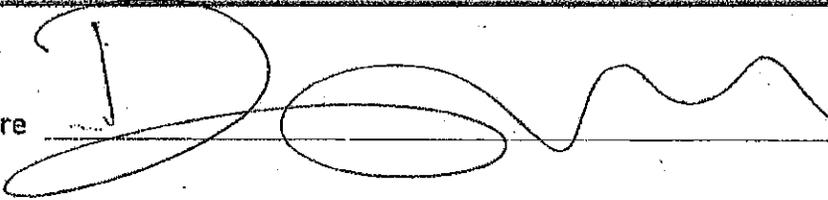
ARROWHEAD General Insurance Agency, Inc.
701 B Street, Suite 2100, San Diego, CA 92101 | CA License #0899809
Legal and License | Network Privacy and Security Statement | Disclosures | Copyright © 2010 All rights reserved.

Rainwater Insurance - Payment Receipt
 32700 Pacific Hwy South
 Federal Way WA 98003 (253) 839-5500

Receipt Number:	8179	Payment Date:	2/22/2011 10:41:01 AM
First Name:	Cesia	Payment Type:	Cash
Last Name:	Gonzalez-Amaya	Check Number:	
Policy Number	3503120735	Your Company:	Arrowhead
		Your Agent Today:	Maria Diaz

Payment for:	Amount:
Down Payment	\$66.00
	\$0.00
Policy Fee	\$30.00
	\$0.00
	\$96.00

Thank you for your Business - Have a Great Day !!

Agent Signature 

We accept payments as a courtesy to our customers. If your policy is cancelled for any reason, payment of this premium does not necessarily reinstate your policy. Your company will notify you of any reinstatement, or if not reinstated, return any unearned premium within 30 days.

Printed: 2/22/2011 10:41:41 AM

ARROWHEAD® GENERAL INSURANCE AGENCY, INC.

WASHINGTON AUTO INSURANCE APPLICATION

INSURER'S NAME: STARR INDEMNITY & LIABILITY COMPANY
PRODUCER CODE: 223021
PRODUCER LICENSE #: 62065
PRODUCER NAME: Rainwater Insurance, Inc.
PRODUCER PHONE #: (253)839-5500

Customer Number: 81226552
Policy Number: 3503120735
Effective Date & Time: 02/22/2011 10:38 AM PST
Policy Term / Pay Plan: 6 Months / Direct Monthly
Down Payment: \$66.00
Payment Type: Agency Swoop
Transmit Date & Time: 02/22/2011 10:38 AM PST
Bridged / Re-Rated: MULTICO / Y

NAMED INSURED MUST BE THE REGISTERED OWNER AND MUST BE LISTED AS A DRIVER. NO COVERAGE EXISTS PRIOR TO THE DATE AND HOUR OF THIS APPLICATION.

NAMED INSURED: CESIA GONZALEZ-AMAYA	Home Phone Number: 253-946-6441 Work Phone Number: 253-946-6441
MAILING ADDRESS (If P.O. Box, Garaging Address Required) 2925 Sw 332nd Pl FEDERAL WAY, WA 98023	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 2925 Sw 332nd Pl FEDERAL WAY, WA 98023	

DRIVER INFORMATION: COMPLETE FOR NAMED INSURED, SPOUSE AND ALL LICENSED PERSONS RESIDING IN HOUSEHOLD

Dr. No.	Full Name Of All Drivers (As Listed on License)	Sex M/F	M-Married S-Single	Living with Spouse?	Relationship To Applicant	Date of Birth	# Years Licensed	Drivers License Number	State
1.	CESIA GONZALEZ-AMAYA	F	M	Y	SELF		14		WA

IF SPOUSE NOT LICENSED, EXPLAIN:

FR FILING INFORMATION
Producer must use preassigned policy number on filing.

ADDITIONAL DRIVER INFORMATION:

Dr. No.	Occupation Description (Please indicate if self-employed)	Name of Employer/School	Complete Address (Street & City) of Employer or School	Employer's Business	Years w/Employer	Type: (Owner or Operator)
1.	Homemaker					

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: CESIA GONZALEZ-AMAYA	Customer Number: 81226552	Policy Number: 3503120735
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ACCIDENTS AND CONVICTIONS WITHIN PAST 36 MONTHS - GIVE COMPLETE INFORMATION ON ALL DRIVERS

Dr. No.	Incident	Occurrence Date	Description / Outcome

AUTOMOBILE INFORMATION: DESCRIPTION OF THE AUTOMOBILES TO BE INSURED

Auto	Year	Make and Model	Vehicle Identification Number (VIN)	Value	Purchase Date	New or Used
1.	1999	Ford WINDSTAR BASB/WINDSTAR LX	2PMZA5141XBB43806	0		Used

ADDITIONAL INSURED/LIENHOLDER: Unless the full name and address of the proposed Additional Insured/Lienholder is identified, the policy will not provide any rights or coverage to any Additional Insured/Lienholder and/or other person claiming to have any interest in the insurance herein applied for.

Auto	AI/LH	Additional Insured/Lienholder Name and Address

ADDITIONAL AUTOMOBILE INFORMATION:

Auto	Total Annual Mileage	# Miles Driven to Work or School - One Way	# Days Per Week	Current Odometer	Usage? B/P	Rating Territory	Rated Driver	Points	ISO OTC Symbol	ISO Coll Symbol	DISCOUNTS/CREDITS	SURCHARGES
1.	12000	24	5		Pleasure	23	1	0	12	12	Experience Driver Discount	

- | | | |
|---|-------------------------------------|-------------------------------------|
| | YES | NO |
| 1. Has Producer inspected all vehicles for which Physical Damage Coverage is requested? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Does inspection reveal any existing damage? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If existing damage, please list vehicle numbers, amount of damage, explanation and extent of damage.

Auto	Description of Damage	Repair Estimate

Insured: CESIA GONZALEZ-AMAYA	Customer Number: 81226552	Policy Number: 3503120735
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COVERAGES AND LIMITS OF LIABILITY			COVERAGES PROVIDED WHEN PREMIUM INDICATED						
COVERAGES			PREMIUM						
			AUTO 1	AUTO 2	AUTO 3	AUTO 4	AUTO 5	AUTO 6	AUTO 7
LIABILITY	BODILY INJURY	25000 EACH PERSON 50000 EACH ACCIDENT	130.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	125.00						
PERSONAL INJURY PROTECTION		BACH PERSON	No Coverage						
UNDERINSURED MOTORISTS	BODILY INJURY	BACH PERSON BACH ACCIDENT	No Coverage						
	PROPERTY DAMAGE	BACH ACCIDENT	No Coverage						
OTHER THAN COLLISION			No Coverage						
COLLISION			No Coverage						
RENTAL REIMBURSEMENT	\$35 per day, \$600 maximum per claim		No Coverage						
TOWING AND LABOR COST	\$75 per disablement, \$300 maximum		No Coverage						
AUTO LOAN/LEASE COVERAGE (NEW CARS ONLY)			No Coverage						
TOTAL PER CAR			255.00						
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						270.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES			DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL		OTHER THAN COLLISION	COLLISION
1	1999 Ford WINDSTAR BASE/WINDSTAR LX		No Coverage	No Coverage

WASHLAP 0110

Star Indemnity & Liability Company - Program 213

Insured: CBSIA GONZALEZ-AMAYA	Customer Number: 81226552	Policy Number: 3503120735
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APPLICANT QUESTIONNAIRE

- | | YES | NO |
|--|---|-------------------------------------|
| 1. Are any vehicles listed regularly garaged overnight away from your primary residence? | Unacceptable | <input checked="" type="checkbox"/> |
| 2. Are any vehicles listed custom, show, altered, racecars or have more or less than four wheels? | Unacceptable | <input checked="" type="checkbox"/> |
| 3. Are any vehicles used for delivery purposes or for any other commercial purposes? (Examples: pizza or newspaper delivery.) | Unacceptable | <input checked="" type="checkbox"/> |
| 4. Are all vehicles listed registered to the Applicant (Named Insured)? | <input checked="" type="checkbox"/> | Unacceptable |
| 5. Are there any drivers who may operate your vehicle(s) on a REGULAR or any INFREQUENT basis that have not been listed on this application? This includes all household members. If yes, please explain. | <input type="checkbox"/> Explain | <input checked="" type="checkbox"/> |
| 6. Are any vehicles listed van conversions, trailers, over 15 years old, rebuilt, salvaged, grey market, antique, classic, historic, limited production, actual cash value exceeding \$50,000, optional or special equipment valued over \$2,000? If yes, please list the vehicle number, explain and do not bind Other Than Collision/Collision coverage. | <input type="checkbox"/> Do Not Bind OTC/COLL | <input checked="" type="checkbox"/> |
| 7. Are any vehicles used for business purposes? (Examples: sales calls, driving to job site, etc.) If yes, please explain. | <input type="checkbox"/> Explain | <input checked="" type="checkbox"/> |

EXPLANATIONS:

PRODUCER QUESTIONNAIRE

- | | YES | NO |
|--|-------------------------------------|-------------------------------------|
| 1. I have applied the Senior Defensive Driver Discount for a listed driver and therefore have obtained proof of successful completion of a Washington State-Approved Accident Prevention course. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

APPLICANT'S STATEMENT - READ BEFORE SIGNING

I hereby apply to the Company for a policy of insurance, as set forth in this application, on the basis of the statements contained herein. I agree that if I intentionally conceal or misrepresent a material fact or circumstance relating to the insurance, the policy shall be null and void. I understand that any existing damage to my car at the time of application will not be covered by this insurance. I understand the Company may order consumer reports that contain personal or privileged information about the character, general reputation, personal characteristics, driving record, loss history and mode of living of the applicant(s). Upon written request to the Company, additional information as to the nature and scope of the report, if one is ordered, will be provided. I agree that the Insurance Company may correct my premium if rated incorrectly or if information obtained from additional sources, including Motor Vehicle Reports, changes factors which affect the premium. I agree and understand that if the correct premium is not paid, my policy will be cancelled for non-payment of premium, based on the correct premium developed. I further agree and understand that if my check for the down-payment or full payment is returned by the bank unpaid for any reason, coverage will be null and void from inception. I certify that all persons age 15 or older who are members of my household and all additional operators of my vehicle(s) have been listed in the application. I have disclosed all business and commercial use of my vehicle(s) in the application. I understand that a non-refundable Installment Billing Fee of \$8.00 will be charged for each installment bill. I understand that if I do not pay my premium on time, a lapse in coverage will exist and a non-refundable fee of \$15.00 will be charged to reinstate my policy. I understand that if my payment is returned by the financial institution for any reason, a \$20.00 non-refundable NSF Fee will be charged. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Cesia Gonzalez-Amaya

 APPLICANT'S SIGNATURE (MUST BE SIGNED)

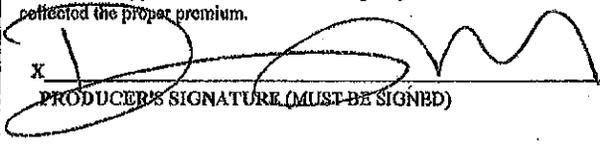
02/22/2011 10:38 AM PST

 DATE

PRODUCER'S STATEMENT

I hereby certify that to the best of my knowledge, all information contained herein is correct, the statements herein are those of the applicant who has signed this application in my presence and that the applicant and the undersigned are retaining a duplicate signed copy hereof. I am legally qualified to submit this application on behalf of the applicant. I understand that this policy is not bound until I receive a binder number through one of the Company's electronic binding systems and have collected the proper premium.

X



PRODUCER'S SIGNATURE (MUST BE SIGNED)

02/22/2011 10:38 AM PST

DATE

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: CESIA GONZALEZ-AMAYA Customer Number: 81226552 Policy Number: 3503120735

AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company CESIA GONZALEZ-AMAYA
(Print Applicant's Name)

WASHINGTON SUPPLEMENT

FRAUD WARNING

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

COVERAGE SELECTION / REJECTION FOR PERSONAL INJURY PROTECTION

I acknowledge that Personal Injury Protection Coverage benefits at the limits established by law have been offered to me and: (CHECK ONLY ONE, SIGN AND DATE BELOW)

- I REJECT Personal Injury Protection Coverage, both the \$35,000 and the \$10,000 limits.
- I wish to carry Personal Injury Protection Coverage with a limit of \$10,000.
- I wish to carry Personal Injury Protection Coverage with a limit of \$35,000.

I understand that my policy will not contain the coverage rejected above for any future renewals or replacements of my policy. I may request in writing to add or change this coverage at any future date.

Cesia Gonzalez-Amaya
APPLICANT'S SIGNATURE (MUST BE SIGNED)

02/22/2011 10:38 AM PST
DATE

WASLSP 0110

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Insured: CBSIA GONZALEZ-AMAYA	Customer Number: 81226552	Policy Number: 3503120735
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NOTICE OF SELECTION / REJECTION OF UNDERINSURED MOTORISTS BODILY INJURY AND UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

PLEASE READ BEFORE SIGNING

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected in whole or in part, Underinsured Motorists Coverage will be provided at limits equal to your policy's Bodily Injury Liability Coverage Limits. Property Damage Underinsured Motorists Coverage need only be issued in conjunction with Bodily Injury Underinsured Motorists Coverage, unless you reject this coverage.

Understanding this, I sign this acceptance / rejection as witnessed by my signature below with respect to all vehicles covered under this policy. Further, this acceptance / rejection applies not only to this policy, but also to all renewals thereof unless I instruct the Company to the contrary in writing. Understanding these coverages, I hereby sign this acceptance / rejection for this coverage and request the policy be issued.

Selection of Bodily Injury AND Property Damage Underinsured Motorists Coverage Limits

I select Bodily Injury Underinsured Motorists Coverage at limits equal to my Liability Coverage AND Property Damage Underinsured Motorists Coverage at limits indicated below: OR

I reject Bodily Injury Underinsured Motorists Coverage at limits equal to my Liability Coverage and I select Bodily Injury Underinsured Motorists Coverage AND Property Damage Underinsured Motorists Coverage at the following limits:

Bodily Injury Underinsured Motorists Coverage		Property Damage Underinsured Motorists Coverage			
<input type="checkbox"/> \$25,000 / \$50,000	<input type="checkbox"/> \$50,000 / \$100,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000
<input type="checkbox"/> \$100,000 / \$300,000					

Rejection of Property Damage Underinsured Motorists Coverage and Selection of Bodily Injury Underinsured Motorists Coverage Only

I reject Property Damage Underinsured Motorists Coverage and select ONLY Bodily Injury Underinsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage limits for Liability Coverage; OR

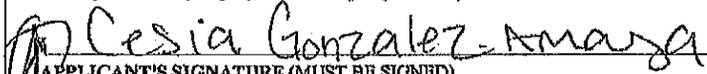
I reject Property Damage Underinsured Motorists Coverage and select ONLY Bodily Injury Underinsured Motorists Coverage at the following limit(s) which are lower than the limits of my Liability Coverage.

Bodily Injury Underinsured Motorists Coverage

\$25,000 / \$50,000 \$50,000 / \$100,000 \$100,000 / \$300,000

Rejection of Bodily Injury AND Property Damage Underinsured Motorists Coverage

I reject Bodily Injury AND Property Damage Underinsured Motorists Coverage


 APPLICANT'S SIGNATURE (MUST BE SIGNED)

02/22/2011 10:38 AM PST
 DATE

Insured: CESIA GONZALEZ-AMAYA

Customer Number: 81226552

Policy Number: 3503120735

DRIVERS EXCLUSION

All household members age 15 and above must be listed as a driver or excluded from this policy. We shall not be liable to any person for any damages, losses or claims arising out of the excluded driver's operation or use of an insured motor vehicle, whether or not such operation or use was with the express or implied permission of a person insured under this policy. If we are required to make any payments under this policy because of an accident which happens while the motor vehicle is being driven by the person or persons named below, you must repay us for those payments and any expenses.

This exclusion does not apply to Underinsured Motorists Coverage if coverage is included on the policy.

Print Name(s)	Age	Mo/Day/Yr of Birth	Relationship To Applicant
SAUL GONZALEZ	32	[REDACTED]	Spouse

NO INSURANCE COVERAGE FOR PERSON(S) LISTED ABOVE.

**WARNING: BY SIGNING HERE, YOU ARE EXCLUDING PERSON(S) FROM COVERAGE.
DO NOT SIGN THIS EXCLUSION UNLESS YOU READ AND UNDERSTAND IT.**

Cesia Gonzalez-Amaya
APPLICANT'S SIGNATURE

02/22/2011 10:38 AM PST
DATE

WASILSP 0110

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Arrowhead Installment Billing

Thank you for choosing Starr Indemnity & Liability Company as your personal auto insurance provider.

When working with our policyholders, the most common questions we receive are regarding our billing process. In order to provide you with proper notice regarding the status of your policy, we often are required to send you multiple notices in any given month. A brief explanation of this process is noted below for your reference.

Monthly Installment Bill – You will receive your first bill in approximately 10 days. This bill will indicate your payment is due in approximately 23 days.

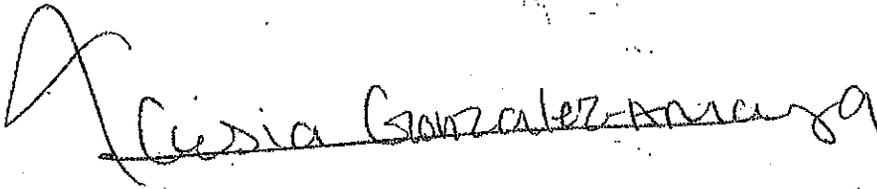
If your payment is received by the due date indicated, your future installment bill due dates will be every 30 days.

If payment is not received by the due date indicated, a cancellation notice will be sent to you. This notice will indicate the date your policy will cancel if no payment is received, typically 12 days after the due date shown on your installment bill.

If your payment is received prior to the cancellation date shown, your installment billing will resume, with your next payment due 30 days after your first installment due date.

If your payment is not received prior to the cancellation date shown, a confirmation of cancellation and offer to reinstate notice will be sent to you. This notice reminds you that your policy has indeed been cancelled and provides the appropriate payment amount if you would like to reinstate your policy with a lapse in coverage. You can reinstate your policy with a lapse in coverage up to 30 days after the cancellation date.

If payments are received in a timely manner and there are not subsequent policy changes, the installment due dates will be every 30 days from the first installment due date. For your convenience you can make your payment online at www.ArrowheadExchange.com 24-hours a day 7-days a week.

 Cecilia Gonzalez-Arroyo



APPLICATION CONFIRMATION / PAYMENT RECEIPT

Payment Transmit Date / Time: 02/22/2011 10:38 AM

Policy Effective Date / Time: 02/22/2011 10:38 AM

Name of Agency: Rainwater Insurance, Inc.

Producer Code: 223021

Insured's Name: GONZALEZ-AMAYA, CESIA

Carrier: Starr Indemnity & Liability Company

State: WA

This acknowledges receipt of \$ 66.00 to Arrowhead General Insurance Agency Inc. by Electronic Funds Transfer. This payment applies to the down payment for customer number 81226552 , policy number 3503120735.

Printed Date / Time: 02/22/2011 10:38 AM

If your policy is currently cancelled, expired or in lapsed status it is agreed that coverage does not commence any earlier than the date and time listed on this receipt.

REQUIRED DOCUMENTATION TO BE RETAINED IN PRODUCER FILE:

- **Starr Indemnity & Liability Company Application signature pages including applicant and producer signatures**
- **Starr Indemnity & Liability Company Supplemental Coverage Acceptance / Waiver including signatures**

PLEASE NOTE: THIS DOCUMENTATION IS SUBJECT TO AUDIT BY ARROWHEAD OR BY THE CARRIER

Producer Copy

P.O. Box 9064 Carlsbad, CA 92018-9064 | Tel 800.333.5553
www.ArrowheadAgents.com

Rainwater Insurance
 6425 S. Tacoma Way
 Tacoma, WA 98409
 (253) 839-0335

Quote Date: 2/22/2011
 Company Name: Arrowhead Starr
 Policy Term: 6 months
 Type of Policy: Regular
 Producer Name: Maria Diaz

Policy Effective Date: 2/22/2011
 Customer Name: CESIA Y GONZALEZ-AMAYA
 Customer Phone: (253) 946-6441
 Customer Address: 2925 Sw 332nd Pl
 FEDERAL WAY, WA 98023

Vehicle	Year	Make	Model	Territory	Points	Class	Driver
1	1999	FORD	WINDSTAR	23	0	FM30	CYG

Coverages	Limit	Vehicle	Limit	Vehicle	Limit	Vehicle
Bodily Injury	25000/50000	\$130.00				
Property Damage	25000	\$125.00				
UIM Bodily Injury	None	None				
Personal Injury Protection	None	None				
Medical	None	None				
Comprehensive	None	None				
Collision	None	None				
Waive Collision Deductible	False	None				
UM Property Damage	None	None				
Rental Reimbursement	None	None				
Towing	None	None				
Additional Parts or Equipment	None	None				
Auto Loan/Lease Protection	None	None				
Lienholder Deductible	None	None				
Sub Total		256.00				

Totals	
Vehicles Subtotal:	\$255.00
Policy Fee:	\$15.00
Broker Fee:	\$30.00
Total Policy Premium:	\$300.00

Payment	
- Required Down Payment: \$96.00	
5 installment(s): \$48.80	
Installment include a \$8.00 installment Fee	

Discounts / Surcharges	VEHICLE 1
Experienced Driver Discount	Yes

This is NOT an insurance policy. This estimate for premiums is based on information provided to the agent on the date shown above and is subject to approval by the company.

Policy Change Request Confirmation - 1004643

Line of Business: AUTO	Change Effective Date: 04/22/2011 02:16 PM PST
Program Code: 0213	Current Policy Status: ACTIVE
Policy/Customer #: 3503120735	Source System: WPC
Insured Name: CESIA Y GONZALEZ-AMAYA	
Company: STARR INDEMNITY & LIABILITY COMPANY / 0213	

Producer Information:

Name: RAINWATER INSURANCE, INC.	Transmit Date: 04/22/2011 02:16 PM PST
Code: 223021	Mailing Address: 32700 PACIFIC HWY S., STE. 7 FEDERAL WAY, WA 98003
Submitted by: RAINWATER	
Phone: (253)839-5500	

Change 1 of 1 - Insured's Request to Cancel

REASON FOR CANCELLATION:

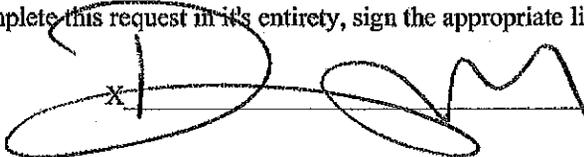
INSURED MOVED OUT OF STATE..NEW MAILING ADDRESS IS 130 MOTOR PARKWAY HAUEPPAUGE,NY 11788

NOTE: THIS ENDORSEMENT REQUIRES AN INSURED SIGNATURE TO BE MAINTAINED IN THE PRODUCER'S FILE.

NOTE: IF THE INSURED AND/OR SPOUSE HAVE AN SR22 FILING, THIS ENDORSEMENT REQUIRES THE PRODUCER TO RETAIN PROOF OF SALE IN THEIR FILES.

Please complete this request in its entirety, sign the appropriate line and retain a copy of this form for your records.

Producer
Signature

 X _____ Date 4/22/11 Time 2:14 am/pm

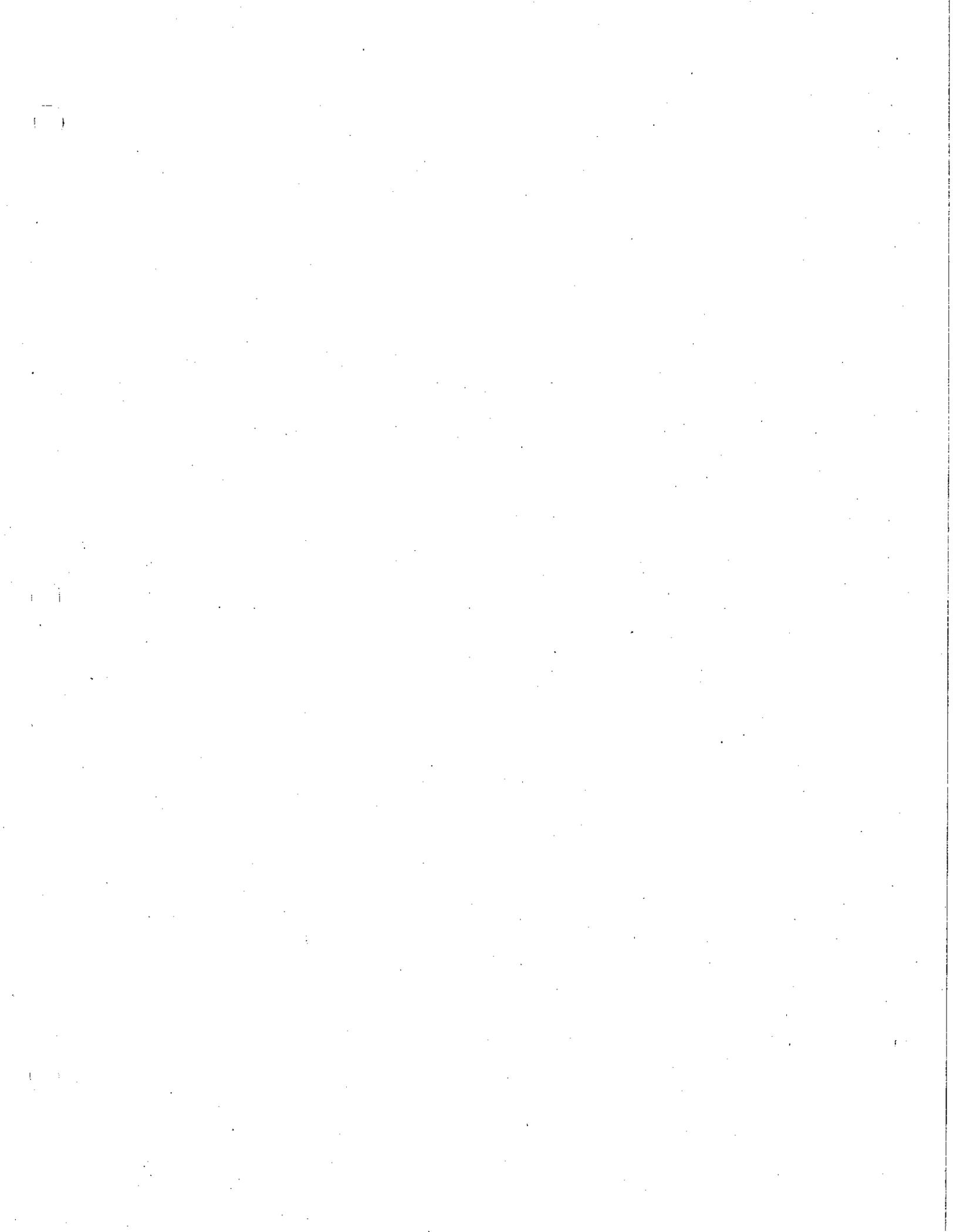
I agree to the aforementioned change request(s). I understand that additional underwriting will take place when this endorsement is received and processed and may affect the acceptability of this risk. I further understand that if my policy is currently cancelled, this endorsement can not take effect unless my coverage is reinstated. If my policy is reinstated, the earliest effective date will be the reinstatement date. Transmission of this request is not a guarantee of coverage.

Insured Signature

X Cesia y Gonzalez-Amaya Date 4/22/11 Time 2:14 am/pm

endorsement is received and processed and may affect the acceptability of this risk. I further understand that if my policy is currently cancelled, this endorsement can not take effect unless my coverage is reinstated. If my policy is reinstated, the earliest effective date will be the reinstatement date. Transmission of this request is not a guarantee of coverage.

Insured Signature X _____ Date _____ Time _____ am/pm



Click for alerts and messages.



Tuesday, January 3, 2012

Select A Product

Enter Policyholder or Account Name

Search Policies

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Client Profile

[Edit Client Profile](#) | [Add a Note](#) | [View Notes](#)

Name: GONZALEZ-RIVERA, HENDEL
 Address: 2659 SW 332ND CT
 FEDERAL WAY, WA 98023
 Home Phone: 253-946-4550
 Work Phone: 253-946-4550

- Basic Renters
- Homeowners

Client History

[New Search](#) [New Quote](#)

Personal Auto

Application #: 5444932	Customer #: 61214812	Product: AUTO	State: WA
------------------------	----------------------	---------------	-----------

- Get a Quote
- Search Quotes
- Policy Inquiry
- Make a Payment
- Endorsements

Application Status: ac
 Insurance Company: Starr Indemnity & Liability Company
 Transmitted Date: 02/09/2011 2:09 PM PST
 Agent: RAINWATER
 Created Date: 02/09/2011 2:02 PM PST
 Last Activity Date: 02/09/2011 2:09 PM PST

Actions:
 Documents: [Application](#)

[New Search](#) [New Quote](#)

Personal Motorcycle

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Tuesday, January 3, 2012

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Personal Auto

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[Endorsements](#)

Personal Motorcycle

Policy	Billing	Coverage	Driver	Vehicle	Claims	Policy Documents
------------------------	-------------------------	--------------------------	------------------------	-------------------------	------------------------	----------------------------------

Policy Number	Insured Name	Customer Number	Company Name
3503114823-0	HENDEL J GONZALEZ-RIVERA	81214812	Starr Indemnity and Liability

Policy Summary			
Policy Status	Cancelled Non-Reinstatableable		
Cancellation Date	08/09/2011	Reason for Cancellation	Non-payment of premium
Policy Term	181 Days	Submission Method	Electronic
Origination Date	02/09/2011	Payment Plan	6 Pay
Current Policy Effective	02/09/2011	Current Policy Expiration	08/09/2011
Insured Address	2659 SW 332ND CT - FEDERAL WAY, WA 98023		
Insured Phone #	253-946-4550		
Email Address		Signed up to Receive Policy Docs/Bills via Email	No
Notes/Comments	Lapse History		

Current Policy Premium Snapshot	
<u>Premium & Policy Fees</u>	\$ 265.00
<u>Service Fee</u>	\$ 24.00
<u>NSF Fee</u>	\$ 0.00
<u>Refund</u>	\$ 0.00
<u>Write Off</u>	\$ -0.76
<u>Charge Off</u>	\$ 0.00
<u>Previous Unpaid Balance</u>	\$ 0.00
Total	\$ 288.24
Total Paid	\$ 288.24
Balance Due	\$ 0.00



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APPLICATION CONFIRMATION / PAYMENT RECEIPT

Payment Transmit Date / Time: 02/09/2011 02:09 PM

Policy Effective Date / Time: 02/09/2011 02:09 PM
Name of Agency: Rainwater Insurance, Inc.
Producer Code: 223021

Insured's Name: GONZALEZ-RIVERA, HENDEL
Carrier: Starr Indemnity & Liability Company
State: WA

This acknowledges receipt of \$ 66.60 to Arrowhead General Insurance Agency Inc. by Electronic Funds Transfer. This payment applies to the down payment for customer number 81214812 , policy number 3503114823.

Printed Date / Time: 02/09/2011 02:10 PM

If your policy is currently cancelled, expired or in lapsed status it is agreed that coverage does not commence any earlier than the date and time listed on this receipt.

REQUIRED DOCUMENTATION TO BE RETAINED IN PRODUCER FILE:

- **Starr Indemnity & Liability Company Application signature pages including applicant and producer signatures**
- **Starr Indemnity & Liability Company Supplemental Coverage Acceptance / Waiver including signatures**

PLEASE NOTE: THIS DOCUMENTATION IS SUBJECT TO AUDIT BY ARROWHEAD OR BY THE CARRIER

Producer Copy

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www.ArrowheadAgents.com

ARROWHEAD® GENERAL INSURANCE AGENCY, INC.

INSURER'S NAME: STARR INDEMNITY & LIABILITY COMPANY
 PRODUCER CODE: 223021
 PRODUCER LICENSE #: 62065
 PRODUCER NAME: Rainwater Insurance, Inc.
 PRODUCER PHONE #: (253)839-5500

WASHINGTON AUTO INSURANCE APPLICATION

Customer Number: 81214812
 Policy Number: 3503114823
 Effective Date & Time: 02/09/2011 02:09 PM PST
 Policy Term / Pay Plan: 6 Months / Direct Monthly
 Down Payment: \$66.60
 Payment Type: Agency Sweep
 Transmit Date & Time: 02/09/2011 02:09 PM PST
 Bridged / Re-Rated: MULTICO / Y

NAMED INSURED MUST BE THE REGISTERED OWNER AND MUST BE LISTED AS A DRIVER. NO COVERAGE EXISTS PRIOR TO THE DATE AND HOUR OF THIS APPLICATION.

NAMED INSURED: HENDEL GONZALEZ-RIVERA	Home Phone Number: 253-946-4550 Work Phone Number: 253-946-4550
MAILING ADDRESS (If P.O. Box, Garaging Address Required) 2659 SW 332ND CT FEDERAL WAY, WA 98023	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 2659 SW 332ND CT FEDERAL WAY, WA 98023	

DRIVER INFORMATION: COMPLETE FOR NAMED INSURED, SPOUSE AND ALL LICENSED PERSONS RESIDING IN HOUSEHOLD

Dr. No.	Full Name Of All Drivers (As Listed on License)	Sex M/F	M-Married S-Single	Living with Spouse?	Relationship To Applicant	Date of Birth	# Years Licensed	Drivers License Number	State
1.	HENDEL GONZALEZ-RIVERA	M	M	Y	SELF		15		WA

IF SPOUSE NOT LICENSED, EXPLAIN:

FR FILING INFORMATION
 Producer must use preassigned policy number on filing.

ADDITIONAL DRIVER INFORMATION:

Dr. No.	Occupation Description (Please indicate if self-employed)	Name of Employer/School	Complete Address (Street & City) of Employer or School	Employer's Business	Years w/Employer	Type: (Owner or Operator)
1.	Homemaker					

Insured: HENDEL GONZALEZ-RIVBRA	Customer Number: 81214812	Policy Number: 3503114823
---------------------------------	---------------------------	---------------------------

ACCIDENTS AND CONVICTIONS WITHIN PAST 36 MONTHS - GIVE COMPLETE INFORMATION ON ALL DRIVERS

Dr. No.	Incident	Occurrence Date	Description / Outcome

AUTOMOBILE INFORMATION: DESCRIPTION OF THE AUTOMOBILES TO BE INSURED

Auto	Year	Make and Model	Vehicle Identification Number (VIN)	Value	Purchase Date	New or Used
1.	1997	Chevrolet MALIBU LS	1G1NE52M3VY131364	0		Used

ADDITIONAL INSURED/LIENHOLDER: Unless the full name and address of the proposed Additional Insured/Lienholder is identified, the policy will not provide any rights or coverage to any Additional Insured/Lienholder and/or other person claiming to have any interest in the insurance herein applied for.

Auto	AI/LH	Additional Insured/Lienholder Name and Address

ADDITIONAL AUTOMOBILE INFORMATION:

Auto	Total Annual Mileage	# Miles Driven to Work or School - One Way	# Days Per Week	Current Odometer	Usage? B/P	Rating Territory	Rated Driver	Points	ISO OTC Symbol	ISO Coll Symbol	DISCOUNTS/CREDITS	SURCHARGES
1.	12000	24	5		Pleasure	23	1	0	11	11	Experience Driver Discount	

- | | | |
|---|-------------------------------------|-------------------------------------|
| | YES | NO |
| 1. Has Producer inspected all vehicles for which Physical Damage Coverage is requested? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Does inspection reveal any existing damage? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If existing damage, please list vehicle numbers, amount of damage, explanation and extent of damage.

Auto	Description of Damage	Repair Estimate

Insured: HENDEL GONZALEZ-RIVBRA	Customer Number: 81214812	Policy Number: 3503114823
---------------------------------	---------------------------	---------------------------

COVERAGES AND LIMITS OF LIABILITY			COVERAGES PROVIDED WHEN PREMIUM INDICATED						
COVERAGES			PREMIUM						
			AUTO 1	AUTO 2	AUTO 3	AUTO 4	AUTO 5	AUTO 6	AUTO 7
LIABILITY	BODILY INJURY	25000 EACH PERSON 50000 EACH ACCIDENT	133.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	125.00						
PERSONAL INJURY PROTECTION		BACH PERSON	No Coverage						
UNDERINSURED MOTORISTS	BODILY INJURY	BACH PERSON BACH ACCIDENT	No Coverage						
	PROPERTY DAMAGE	BACH ACCIDENT	No Coverage						
OTHER THAN COLLISION			No Coverage						
COLLISION			No Coverage						
RENTAL REIMBURSEMENT	\$35 per day, \$600 maximum per claim		No Coverage						
TOWING AND LABOR COST	\$75 per disablement, \$300 maximum		No Coverage						
AUTO LOAN/LEASE COVERAGE (NEW CARS ONLY)			No Coverage						
TOTAL PER CAR			258.00						
								FINANCIAL RESPONSIBILITY FILING FEE(S)	0.00
								NEW BUSINESS POLICY FEE	15.00
								TOTAL POLICY PREMIUM	273.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION
1	1997 Chevrolet MALIBU LS	No Coverage	No Coverage

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: HENDEL GONZALEZ-RIVERA	Customer Number: 81214812	Policy Number: 3503114823
---------------------------------	---------------------------	---------------------------

APPLICANT QUESTIONNAIRE

- | | YES | NO |
|---|--|-------------------------------------|
| 1. Are any vehicles listed regularly garaged overnight away from your primary residence? | Unacceptable | <input checked="" type="checkbox"/> |
| 2. Are any vehicles listed custom, show, altered, racecars or have more or less than four wheels? | Unacceptable | <input checked="" type="checkbox"/> |
| 3. Are any vehicles used for delivery purposes or for any other commercial purposes? (Examples: pizza or newspaper delivery.) | Unacceptable | <input checked="" type="checkbox"/> |
| 4. Are all vehicles listed registered to the Applicant (Named Insured)? | <input checked="" type="checkbox"/> | Unacceptable |
| 5. Are there any drivers who may operate your vehicle(s) on a REGULAR or any INFREQUENT basis that have not been listed on this application? This includes all household members. If yes, please explain. | <input type="checkbox"/> Explain | <input checked="" type="checkbox"/> |
| 6. Are any vehicles listed van conversions, trailers, over 15 years old, rebuilt, salvaged, grey market, antique, classic, historic, limited production, actual cash value exceeding \$50,000, optional or special equipment valued over \$2,000? If yes, please list the vehicle number, explain and do not blind Other Than Collision/Collision coverage. | <input type="checkbox"/> Do Not Blind OTC/COLL | <input checked="" type="checkbox"/> |
| 7. Are any vehicles used for business purposes? (Examples: sales calls, driving to job site, etc.) If yes, please explain. | <input type="checkbox"/> Explain | <input checked="" type="checkbox"/> |

EXPLANATIONS:

PRODUCER QUESTIONNAIRE

- | | YES | NO |
|--|--------------------------|-------------------------------------|
| 1. I have applied the Senior Defensive Driver Discount for a listed driver and therefore have obtained proof of successful completion of a Washington State-Approved Accident Prevention course. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

APPLICANT'S STATEMENT - READ BEFORE SIGNING

I hereby apply to the Company for a policy of insurance, as set forth in this application, on the basis of the statements contained herein. I agree that if I intentionally conceal or misrepresent a material fact or circumstance relating to the insurance, the policy shall be null and void. I understand that any existing damage to my car at the time of application will not be covered by this insurance. I understand the Company may order consumer reports that contain personal or privileged information about the character, general reputation, personal characteristics, driving record, loss history and mode of living of the applicant(s). Upon written request to the Company, additional information as to the nature and scope of the report, if one is ordered, will be provided. I agree that the Insurance Company may correct my premium if rated incorrectly or if information obtained from additional sources, including Motor Vehicle Reports, changes factors which affect the premium. I agree and understand that if the correct premium is not paid, my policy will be cancelled for non-payment of premium, based on the correct premium developed. I further agree and understand that if my check for the down-payment or full payment is returned by the bank unpaid for any reason, coverage will be null and void from inception. I certify that all persons age 15 or older who are members of my household and all additional operators of my vehicle(s) have been listed in the application. I have disclosed all business and commercial use of my vehicle(s) in the application. I understand that a non-refundable Installment Billing Fee of \$8.00 will be charged for each installment bill. I understand that if I do not pay my premium on time, a lapse in coverage will exist and a non-refundable fee of \$15.00 will be charged to reinstate my policy. I understand that if my payment is returned by the financial institution for any reason, a \$20.00 non-refundable NSF Fee will be charged. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

X _____ 02/09/2011 02:09 PM PST
 APPLICANT'S SIGNATURE (MUST BE SIGNED) DATE

PRODUCER'S STATEMENT

I hereby certify that to the best of my knowledge, all information contained herein is correct, the statements herein are those of the applicant who has signed this application in my presence and that the applicant and the undersigned are retaining a duplicate signed copy hereof. I am legally qualified to submit this application on behalf of the applicant. I understand that this policy is not bound until I receive a binder number through one of the Company's electronic binding systems and have collected the proper premium.

X

PRODUCER'S SIGNATURE (MUST BE SIGNED)

02/09/2011 02:09 PM PST

DATE

WASILAP 0110

Star Indemnity & Liability Company - Program 213

Insured: HENDEL GONZALEZ-RIVERA	Customer Number: 81214812	Policy Number: 3503114823
---------------------------------	---------------------------	---------------------------

AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company

HENDEL GONZALEZ-RIVERA
(Print Applicant's Name)

WASHINGTON SUPPLEMENT

FRAUD WARNING

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

COVERAGE SELECTION / REJECTION FOR PERSONAL INJURY PROTECTION

I acknowledge that Personal Injury Protection Coverage benefits at the limits established by law have been offered to me and: (CHECK ONLY ONE, SIGN AND DATE BELOW)

I REJECT Personal Injury Protection Coverage, both the \$35,000 and the \$10,000 limits.

I wish to carry Personal Injury Protection Coverage with a limit of \$10,000.

I wish to carry Personal Injury Protection Coverage with a limit of \$35,000.

I understand that my policy will not contain the coverage rejected above for any future renewals or replacements of my policy. I may request in writing to add or change this coverage at any future date.

X
APPLICANT'S SIGNATURE (MUST BE SIGNED)

02/09/2011 02:09 PM PST
DATE

Insured: HENDEL GONZALEZ-RIVERA	Customer Number: 81214812	Policy Number: 3503114823
---------------------------------	---------------------------	---------------------------

NOTICE OF SELECTION / REJECTION OF UNDERINSURED MOTORISTS BODILY INJURY AND UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

PLEASE READ BEFORE SIGNING

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected in whole or in part, Underinsured Motorists Coverage will be provided at limits equal to your policy's Bodily Injury Liability Coverage Limits. Property Damage Underinsured Motorists Coverage need only be issued in conjunction with Bodily Injury Underinsured Motorists Coverage, unless you reject this coverage.

Understanding this, I sign this acceptance / rejection as witnessed by my signature below with respect to all vehicles covered under this policy. Further, this acceptance / rejection applies not only to this policy, but also to all renewals thereof unless I instruct the Company to the contrary in writing. Understanding these coverages, I hereby sign this acceptance / rejection for this coverage and request the policy be issued.

Selection of Bodily Injury AND Property Damage Underinsured Motorists Coverage Limits

I select Bodily Injury Underinsured Motorists Coverage at limits equal to my Liability Coverage AND Property Damage Underinsured Motorists Coverage at limits indicated below: OR

I reject Bodily Injury Underinsured Motorists Coverage at limits equal to my Liability Coverage and I select Bodily Injury Underinsured Motorists Coverage AND Property Damage Underinsured Motorists Coverage at the following limits:

Bodily Injury Underinsured Motorists Coverage

Property Damage Underinsured Motorists Coverage

- | | | | | | |
|--|---|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$25,000 / \$50,000 | <input type="checkbox"/> \$50,000 / \$100,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 |
| <input type="checkbox"/> \$100,000 / \$300,000 | | | | | |

Rejection of Property Damage Underinsured Motorists Coverage and Selection of Bodily Injury Underinsured Motorists Coverage Only

I reject Property Damage Underinsured Motorists Coverage and select ONLY Bodily Injury Underinsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage limits for Liability Coverage; OR

I reject Property Damage Underinsured Motorists Coverage and select ONLY Bodily Injury Underinsured Motorists Coverage at the following limit(s) which are lower than the limits of my Liability Coverage.

Bodily Injury Underinsured Motorists Coverage

- \$25,000 / \$50,000 \$50,000 / \$100,000 \$100,000 / \$300,000

Rejection of Bodily Injury AND Property Damage Underinsured Motorists Coverage

I reject Bodily Injury AND Property Damage Underinsured Motorists Coverage

X _____ 02/09/2011 02:09 PM PST
 APPLICANT'S SIGNATURE (MUST BE SIGNED) DATE

Insured: HENDEL GONZALEZ-RIVERA	Customer Number: 81214812	Policy Number: 3503114823
---------------------------------	---------------------------	---------------------------

DRIVERS EXCLUSION

All household members age 15 and above must be listed as a driver or excluded from this policy. We shall not be liable to any person for any damages, losses or claims arising out of the excluded driver's operation or use of an insured motor vehicle, whether or not such operation or use was with the express or implied permission of a person insured under this policy. If we are required to make any payments under this policy because of an accident which happens while the motor vehicle is being driven by the person or persons named below, you must repay us for those payments and any expenses.

This exclusion does not apply to Underinsured Motorists Coverage if coverage is included on the policy.

Print Name(s)	Age	Mo/Day/Yr of Birth	Relationship To Applicant
DIANA GUALLPA	24		Spouse

NO INSURANCE COVERAGE FOR PERSON(S) LISTED ABOVE

**WARNING: BY SIGNING HERE, YOU ARE EXCLUDING PERSON(S) FROM COVERAGE.
DO NOT SIGN THIS EXCLUSION UNLESS YOU READ AND UNDERSTAND IT.**

X _____

APPLICANT'S SIGNATURE

02/09/2011 02:09 PM PST

DATE

Arrowhead Installment Billing

Thank you for choosing Starr Indemnity & Liability Company as your personal auto insurance provider.

When working with our policyholders, the most common questions we receive are regarding our billing process. In order to provide you with proper notice regarding the status of your policy, we often are required to send you multiple notices in any given month. A brief explanation of this process is noted below for your reference.

Monthly Installment Bill – You will receive your first bill in approximately 10 days. This bill will indicate your payment is due in approximately 23 days.

If your payment is received by the due date indicated, your future installment bill due dates will be every 30 days.

If payment is not received by the due date indicated, a cancellation notice will be sent to you. This notice will indicate the date your policy will cancel if no payment is received, typically 12 days after the due date shown on your installment bill.

If your payment is received prior to the cancellation date shown, your installment billing will resume, with your next payment due 30 days after your first installment due date.

If your payment is not received prior to the cancellation date shown, a confirmation of cancellation and offer to reinstate notice will be sent to you. This notice reminds you that your policy has indeed been cancelled and provides the appropriate payment amount if you would like to reinstate your policy with a lapse in coverage. You can reinstate your policy with a lapse in coverage up to 30 days after the cancellation date.

If payments are received in a timely manner and there are not subsequent policy changes, the installment due dates will be every 30 days from the first installment due date. For your convenience you can make your payment online at www.ArrowheadExchange.com 24-hours a day 7-days a week.

**TEMPORARY IDENTIFICATION CARD
(WASHINGTON EVIDENCE OF AUTOMOBILE INSURANCE)
NEED TO REPORT A CLAIM? 800-285-2524**

Starr Indemnity & Liability Company
P.O. Box 9064 Carlsbad, CA 92018-9064

AGENT: Rainwater Insurance, Inc.
POLICY NUMBER: 3503114823
APP NUMBER: 81214812

PHONE NUMBER: (253)839-5500
INCEPTION DATE: 02/09/2011 02:09 PM

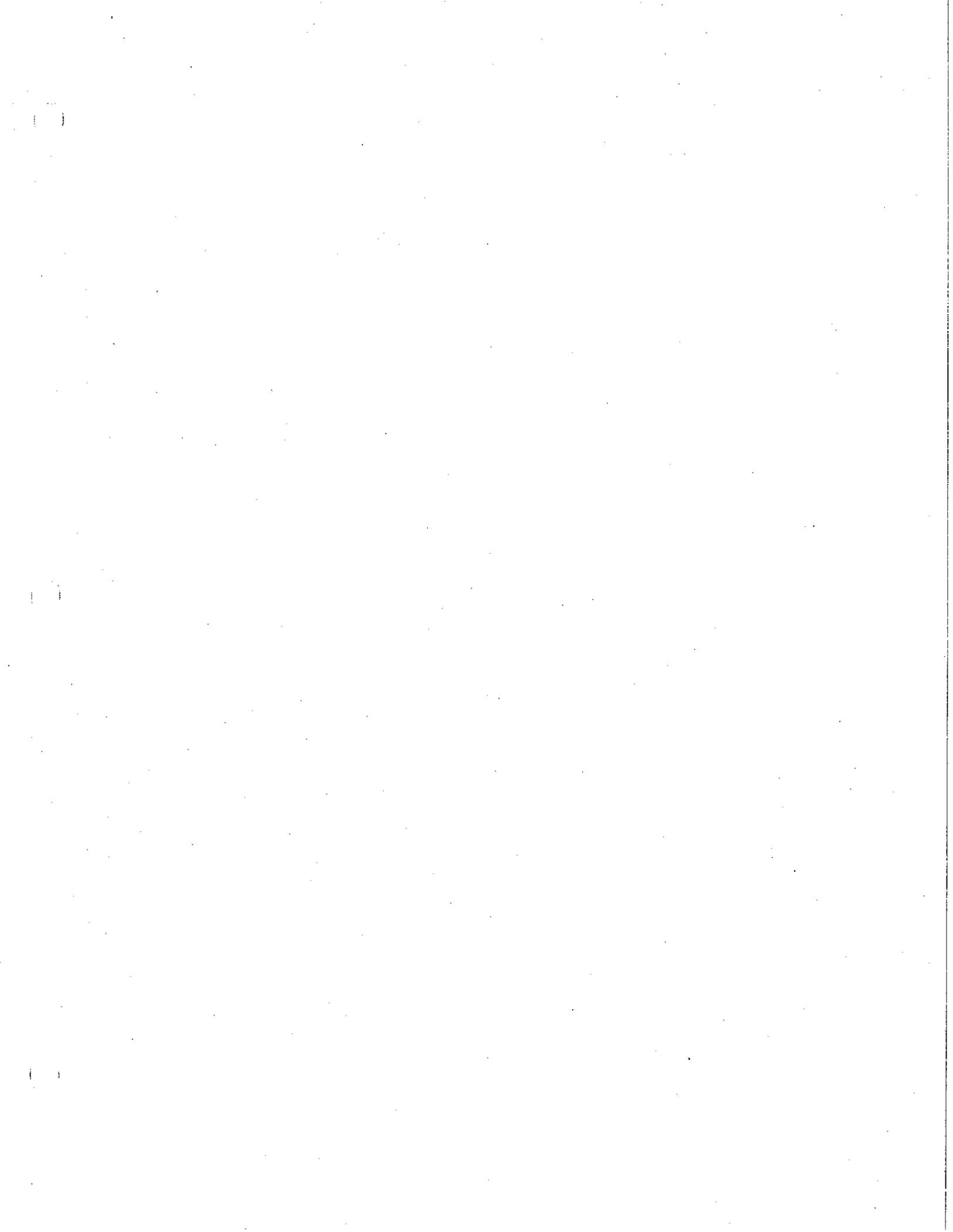
NAMED INSURED AND ADDRESS:
HENDEL GONZALEZ-RIVERA
2659 SW 332ND CT
FEDERAL WAY, WA 98023

VEHICLE

YEAR	MAKE/MODEL	VEHICLE ID#
1997	Chevrolet MALIBU LS	1G1NE52M3VY131364

This policy provides at least the minimum amounts of liability insurance required by the financial responsibility law of the state in which it was issued for the specified vehicle(s) and named insured and may provide coverage for other persons and other vehicles as provided by the insurance policy.

This is valid for thirty (30) days from the inception date or upon receipt of your actual policy.



Click for alerts and messages.



Tuesday, January 3, 2012

Select A Product Enter Policyholder or Account Name

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Policy	Billing	Coverage	Driver	Vehicle	Claims	Policy Documents
------------------------	-------------------------	--------------------------	------------------------	-------------------------	------------------------	----------------------------------

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Policy Number	Insured Name	Customer Number	Company Name
3503107766-2	NERY R GUZMAN GUERRA	81200567	Starr Indemnity and Liability

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Policy Summary			
Policy Status	Inforce		
Policy Term	184 Days	Submission Method	Electronic
Origination Date	01/24/2011	Payment Plan	6 Pay
Current Policy Effective	08/03/2011	Current Policy Expiration	02/03/2012
Insured Address	2651 SW 332ND CT - Federal Way, WA 98023		
Insured Phone #	253-802-1782		
Email Address		Signed up to Receive Policy Docs/Bills via Email	No
Notes/Comments	Lapse History		

Personal Motorcycle

Current Policy Premium Snapshot

<u>Premium & Policy Fees</u>	\$	277.00
<u>Service Fee</u>	\$	45.00
<u>NSF Fee</u>	\$	0.00
<u>Refund</u>	\$	0.00
<u>Write Off</u>	\$	0.00
<u>Charge Off</u>	\$	0.00
<u>Previous Unpaid Balance</u>	\$	0.00
Total	\$	322.00
Total Paid	\$	322.00
Balance Due	\$	0.00

* Endorsements submitted online will be reviewed by Underwriting, therefore will not be reflected on the policy immediately.



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Tuesday, January 3, 2012

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Client Profile

[Edit Client Profile](#) | [Add a Note](#) | [View Notes](#)

Name: GUZMAN GUERRA, NERY
Address: 1832 E SW 318TH PL
 Federal Way, WA 98023
Home Phone: 253-941-6450
Work Phone: 253-941-6450

- [Basic Renters](#)
- [Homeowners](#)

Client History

- Personal Auto**
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Application #: 5383269	Customer #: 81200587	Product: AUTO State: WA
-------------------------------	-----------------------------	---------------------------------------

Application Status: ac
Insurance Company: Starr Indemnity & Liability Company
Transmitted Date: 01/24/2011 10:17 AM PST
Agent: RAINWATER
Created Date: 01/24/2011 10:00 AM PST
Last Activity Date: 01/24/2011 10:17 AM PST

Actions:
Documents: [Application](#)

- [Personal Motorcycle](#)

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APPLICATION CONFIRMATION / PAYMENT RECEIPT

Payment Transmit Date / Time: 01/24/2011 10:17 AM

Policy Effective Date / Time: 01/24/2011 10:17 AM

Name of Agency: Rainwater Insurance, Inc.

Producer Code: 223021

Insured's Name: GUZMAN GUERRA, NERY

Carrier: Starr Indemnity & Liability Company

State: WA

This acknowledges receipt of \$ 63.40 to Arrowhead General Insurance Agency Inc. by Electronic Funds Transfer. This payment applies to the down payment for customer number 81200567 , policy number 3503107766.

Printed Date / Time: 01/24/2011 10:17 AM

If your policy is currently cancelled, expired or in lapsed status it is agreed that coverage does not commence any earlier than the date and time listed on this receipt.

REQUIRED DOCUMENTATION TO BE RETAINED IN PRODUCER FILE:

- **Starr Indemnity & Liability Company Application signature pages including applicant and producer signatures**
- **Starr Indemnity & Liability Company Supplemental Coverage Acceptance / Waiver including signatures**

PLEASE NOTE: THIS DOCUMENTATION IS SUBJECT TO AUDIT BY ARROWHEAD OR BY THE CARRIER

Producer Copy

P.O. Box 9064 Carlsbad, CA 92018-9064 | Tel 800.333.5553
www.ArrowheadAgents.com

ARROWHEAD® GENERAL INSURANCE AGENCY, INC.

WASHINGTON AUTO INSURANCE APPLICATION

INSURER'S NAME: STARR INDEMNITY & LIABILITY COMPANY
PRODUCER CODE: 223021
PRODUCER LICENSE #: 62065
PRODUCER NAME: Rainwater Insurance, Inc.
PRODUCER PHONE #: (253)839-5500

Customer Number: 81200567
Policy Number: 3503107766
Effective Date & Time: 01/24/2011 10:17 AM PST
Policy Term / Pay Plan: 6 Months / Direct Monthly
Down Payment: \$63.40
Payment Type: Agency Sweep
Transmit Date & Time: 01/24/2011 10:17 AM PST
Bridged / Re-Rated: MULTICO / Y

NAMED INSURED MUST BE THE REGISTERED OWNER AND MUST BE LISTED AS A DRIVER. NO COVERAGE EXISTS PRIOR TO THE DATE AND HOUR OF THIS APPLICATION.

NAMED INSURED: NERY GUZMAN GUERRA		Home Phone Number: 253-941-6450 Work Phone Number: 253-941-6450
MAILING ADDRESS (If P.O. Box, Mailing Address Required) 1832 E SW 318TH PL Federal Way, WA 98023		
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 1832 E SW 318TH PL Federal Way, WA 98023		

DRIVER INFORMATION: COMPLETE FOR NAMED INSURED, SPOUSE AND ALL LICENSED PERSONS RESIDING IN HOUSEHOLD

Dr. No.	Full Name Of All Drivers (As Listed on License)	Sex M/F	M-Married S-Single	Living with Spouse?	Relationship To Applicant	Date of Birth	# Years Licensed	Drivers License Number	State
1.	NERY GUZMAN GUERRA	M	M	Y	SELF		17		WA

IF SPOUSE NOT LICENSED, EXPLAIN:

FR FILING INFORMATION
 Producer must use preassigned policy number on filing.

ADDITIONAL DRIVER INFORMATION:

Dr. No.	Occupation Description (Please indicate if self-employed)	Name of Employer/School	Complete Address (Street & City) of Employer or School	Employer's Business	Years w/Employer	Type: (Owner or Operator)
1.	Unemployed					

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: NERY GUZMAN GUERRA	Customer Number: 81200567	Policy Number: 3503107766
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ACCIDENTS AND CONVICTIONS WITHIN PAST 36 MONTHS - GIVE COMPLETE INFORMATION ON ALL DRIVERS

Dr. No.	Incident	Occurrence Date	Description / Outcome

AUTOMOBILE INFORMATION: DESCRIPTION OF THE AUTOMOBILES TO BE INSURED

Auto	Year	Make and Model	Vehicle Identification Number (VIN)	Value	Purchase Date	New or Used
1.	1977	Ford PICK UP	F25BRY85127	200		Used

ADDITIONAL INSURED/LIENHOLDER: Unless the full name and address of the proposed Additional Insured/Lienholder is identified, the policy will not provide any rights or coverage to any Additional Insured/Lienholder and/or other person claiming to have any interest in the insurance herein applied for.

Auto	A/LH	Additional Insured/Lienholder Name and Address

ADDITIONAL AUTOMOBILE INFORMATION:

Auto	Total Annual Mileage	# Miles Driven to Work or School - One Way	# Days Per Week	Current Odometer	Usage? B/P	Rating Territory	Rated Driver	Points	ISO OTC Symbol	ISO Coll Symbol	DISCOUNTS/CREDITS	SURCHARGES
1.	12000	24	5		Pleasure	23	1	0	1	1	Experience Driver Discount	

- | | | |
|---|-------------------------------------|-------------------------------------|
| 1. Has Producer inspected all vehicles for which Physical Damage Coverage is requested? | YES | NO |
| 2. Does inspection reveal any existing damage? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If existing damage, please list vehicle numbers, amount of damage, explanation and extent of damage.

Auto	Description of Damage	Repair Estimate

WASLAP 0110

State Indemnity & Liability Company - Program 213

Insured: NERY GUZMAN GUERRA	Customer Number: 81200567	Policy Number: 3503107766
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COVERAGES AND LIMITS OF LIABILITY			COVERAGES PROVIDED WHEN PREMIUM INDICATED							
COVERAGES			PREMIUM							
			AUTO 1	AUTO 2	AUTO 3	AUTO 4	AUTO 5	AUTO 6	AUTO 7	
LIABILITY	BODILY INJURY	25000 EACH PERSON 50000 EACH ACCIDENT	130.00							
	PROPERTY DAMAGE	10000 EACH ACCIDENT	112.00							
PERSONAL INJURY PROTECTION		EACH PERSON	No Coverage							
UNDERINSURED MOTORISTS	BODILY INJURY	EACH PERSON EACH ACCIDENT	No Coverage							
	PROPERTY DAMAGE	EACH ACCIDENT	No Coverage							
OTHER THAN COLLISION			No Coverage							
COLLISION			No Coverage							
RENTAL REIMBURSEMENT	\$35 per day, \$600 maximum per claim		No Coverage							
TOWING AND LABOR COST	\$75 per disablement, \$300 maximum		No Coverage							
AUTO LOAN/LEASE COVERAGE (NEW CARS ONLY)			No Coverage							
TOTAL PER CAR			242.00							
			FINANCIAL RESPONSIBILITY FILING FEE(S)							0.00
			NEW BUSINESS POLICY FEE							15.00
			TOTAL POLICY PREMIUM							257.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION
1	1977 Ford PICK UP	No Coverage	No Coverage

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: NERY GUZMAN GUERRA	Customer Number: 81200567	Policy Number: 3503107766
-----------------------------	---------------------------	---------------------------

APPLICANT QUESTIONNAIRE

- | | | |
|--|---|---|
| 1. Are any vehicles listed regularly garaged overnight away from your primary residence? | YES
Unacceptable | NO
<input checked="" type="checkbox"/> |
| 2. Are any vehicles listed custom, show, altered, racecars or have more or less than four wheels? | Unacceptable | <input checked="" type="checkbox"/> |
| 3. Are any vehicles used for delivery purposes or for any other commercial purposes? (Examples: pizza or newspaper delivery.) | Unacceptable | <input checked="" type="checkbox"/> |
| 4. Are all vehicles listed registered to the Applicant (Named Insured)? | <input checked="" type="checkbox"/> | Unacceptable |
| 5. Are there any drivers who may operate your vehicle(s) on a REGULAR or any INFREQUENT basis that have not been listed on this application? This includes all household members. If yes, please explain. | <input type="checkbox"/> Explain | <input checked="" type="checkbox"/> |
| 6. Are any vehicles listed van conversions, trailers, over 15 years old, rebuilt, salvaged, grey market, antique, classic, historic, limited production, actual cash value exceeding \$50,000, optional or special equipment valued over \$2,000? If yes, please list the vehicle number, explain and do not bind Other Than Collision/Collision coverage. | <input type="checkbox"/> Do Not Bind OTC/COLL | <input checked="" type="checkbox"/> |
| 7. Are any vehicles used for business purposes? (Examples: sales calls, driving to job site, etc.) If yes, please explain. | <input type="checkbox"/> Explain | <input checked="" type="checkbox"/> |

EXPLANATIONS:

PRODUCER QUESTIONNAIRE

- | | | |
|--|---------------------------------|---|
| 1. I have applied the Senior Defensive Driver Discount for a listed driver and therefore have obtained proof of successful completion of a Washington State-Approved Accident Prevention course. | YES
<input type="checkbox"/> | NO
<input checked="" type="checkbox"/> |
|--|---------------------------------|---|

APPLICANT'S STATEMENT - READ BEFORE SIGNING

I hereby apply to the Company for a policy of insurance, as set forth in this application, on the basis of the statements contained herein. I agree that if I intentionally conceal or misrepresent a material fact or circumstance relating to the insurance, the policy shall be null and void. I understand that any existing damage to my car at the time of application will not be covered by this insurance. I understand the Company may order consumer reports that contain personal or privileged information about the character, general reputation, personal characteristics, driving record, loss history and mode of living of the applicant(s). Upon written request to the Company, additional information as to the nature and scope of the report, if one is ordered, will be provided. I agree that the Insurance Company may correct my premium if rated incorrectly or if information obtained from additional sources, including Motor Vehicle Reports, changes factors which affect the premium. I agree and understand that if the correct premium is not paid, my policy will be cancelled for non-payment of premium, based on the correct premium developed. I further agree and understand that if my check for the down-payment or full payment is returned by the bank unpaid for any reason, coverage will be null and void from inception. I certify that all persons age 15 or older who are members of my household and all additional operators of my vehicle(s) have been listed in the application. I have disclosed all business and commercial use of my vehicle(s) in the application. I understand that a non-refundable Installment Billing Fee of \$8.00 will be charged for each installment bill. I understand that if I do not pay my premium on time, a lapse in coverage will exist and a non-refundable fee of \$15.00 will be charged to reinstate my policy. I understand that if my payment is returned by the financial institution for any reason, a \$20.00 non-refundable NSF Fee will be charged. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

X _____ 01/24/2011 10:17 AM PST
 APPLICANT'S SIGNATURE (MUST BE SIGNED) DATE

PRODUCER'S STATEMENT

I hereby certify that to the best of my knowledge, all information contained herein is correct, the statements herein are those of the applicant who has signed this application in my presence and that the applicant and the undersigned are retaining a duplicate signed copy hereof. I am legally qualified to submit this application on behalf of the applicant. I understand that this policy is not bound until I receive a binder number through one of the Company's electronic binding systems and have collected the proper premium.

X

PRODUCER'S SIGNATURE (MUST BE SIGNED)

01/24/2011 10:17 AM PST

DATE

WASILAP0110

Star Indemnity & Liability Company - Program 213

Insured: NERY GUZMAN GUERRA Customer Number: 81200567 Policy Number: 3503107766

AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company

NERY GUZMAN GUERRA
(Print Applicant's Name)

WASHINGTON SUPPLEMENT

FRAUD WARNING

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

COVERAGE SELECTION / REJECTION FOR PERSONAL INJURY PROTECTION

I acknowledge that Personal Injury Protection Coverage benefits at the limits established by law have been offered to me and: (CHECK ONLY ONE, SIGN AND DATE BELOW)

- I REJECT Personal Injury Protection Coverage, both the \$35,000 and the \$10,000 limits.
- I wish to carry Personal Injury Protection Coverage with a limit of \$10,000.
- I wish to carry Personal Injury Protection Coverage with a limit of \$35,000.

I understand that my policy will not contain the coverage rejected above for any future renewals or replacements of my policy. I may request in writing to add or change this coverage at any future date.

X
APPLICANT'S SIGNATURE (MUST BE SIGNED)

01/24/2011 10:17 AM PST
DATE

WASILSP 0110

Washington - Starr Indemnity & Liability Company - Program 213
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Insured: NERY GUZMAN GUERRA	Customer Number: 81200567	Policy Number: 3503107766
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NOTICE OF SELECTION / REJECTION OF UNDERINSURED MOTORISTS BODILY INJURY AND UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

PLEASE READ BEFORE SIGNING

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected in whole or in part, Underinsured Motorists Coverage will be provided at limits equal to your policy's Bodily Injury Liability Coverage Limits. Property Damage Underinsured Motorists Coverage need only be issued in conjunction with Bodily Injury Underinsured Motorists Coverage, unless you reject this coverage.

Understanding this, I sign this acceptance / rejection as witnessed by my signature below with respect to all vehicles covered under this policy. Further, this acceptance / rejection applies not only to this policy, but also to all renewals thereof unless I instruct the Company to the contrary in writing. Understanding these coverages, I hereby sign this acceptance / rejection for this coverage and request the policy be issued.

Selection of Bodily Injury AND Property Damage Underinsured Motorists Coverage Limits

I select Bodily Injury Underinsured Motorists Coverage at limits equal to my Liability Coverage AND Property Damage Underinsured Motorists Coverage at limits indicated below: OR

I reject Bodily Injury Underinsured Motorists Coverage at limits equal to my Liability Coverage and I select Bodily Injury Underinsured Motorists Coverage AND Property Damage Underinsured Motorists Coverage at the following limits:

Bodily Injury Underinsured Motorists Coverage

Property Damage Underinsured Motorists Coverage

\$25,000 / \$50,000 \$50,000 / \$100,000 \$10,000 \$20,000 \$25,000 \$50,000
 \$100,000 / \$300,000

Rejection of Property Damage Underinsured Motorists Coverage and Selection of Bodily Injury Underinsured Motorists Coverage Only

I reject Property Damage Underinsured Motorists Coverage and select ONLY Bodily Injury Underinsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage limits for Liability Coverage; OR

I reject Property Damage Underinsured Motorists Coverage and select ONLY Bodily Injury Underinsured Motorists Coverage at the following limit(s) which are lower than the limits of my Liability Coverage.

Bodily Injury Underinsured Motorists Coverage

\$25,000 / \$50,000 \$50,000 / \$100,000 \$100,000 / \$300,000

Rejection of Bodily Injury AND Property Damage Underinsured Motorists Coverage

I reject Bodily Injury AND Property Damage Underinsured Motorists Coverage

X
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

01/24/2011 10:17 AM PST
 DATE

Insured: NERY GUZMAN GUERRA	Customer Number: 81200567	Policy Number: 3503107766
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DRIVERS EXCLUSION

All household members age 15 and above must be listed as a driver or excluded from this policy. We shall not be liable to any person for any damages, losses or claims arising out of the excluded driver's operation or use of an insured motor vehicle, whether or not such operation or use was with the express or implied permission of a person insured under this policy. If we are required to make any payments under this policy because of an accident which happens while the motor vehicle is being driven by the person or persons named below, you must repay us for those payments and any expenses.

This exclusion does not apply to Underinsured Motorists Coverage if coverage is included on the policy.

Print Name(s)	Age	Mo/Day/Yr of Birth	Relationship To Applicant
SOFIA GUZMAN	32	07/18/1978	Spouse

NO INSURANCE COVERAGE FOR PERSON(S) LISTED ABOVE

**WARNING: BY SIGNING HERE, YOU ARE EXCLUDING PERSON(S) FROM COVERAGE.
DO NOT SIGN THIS EXCLUSION UNLESS YOU READ AND UNDERSTAND IT.**

X _____ 01/24/2011 10:17 AM PST
 APPLICANT'S SIGNATURE DATE

WASILSP 0110

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**TEMPORARY IDENTIFICATION CARD
(WASHINGTON EVIDENCE OF AUTOMOBILE INSURANCE)
NEED TO REPORT A CLAIM? 800-285-2524**

**Starr Indemnity & Liability Company
P.O. Box 9064 Carlsbad, CA 92018-9064**

**AGENT: Rainwater Insurance, Inc.
POLICY NUMBER: 3503107766
APP NUMBER: 81200567**

**PHONE NUMBER: (253)839-5500
INCEPTION DATE: 01/24/2011 10:17 AM**

**NAMED INSURED AND ADDRESS:
NBRY GUZMAN GUERRA
1832 E SW 318TH PL
Federal Way, WA 98023**

VEHICLE

YEAR	MAKE/MODEL	VEHICLE ID#
1977	Ford PICK UP	F25BRY85127

This policy provides at least the minimum amounts of liability insurance required by the financial responsibility law of the state in which it was issued for the specified vehicle(s) and named insured and may provide coverage for other persons and other vehicles as provided by the insurance policy.

This is valid for thirty (30) days from the inception date or upon receipt of your actual policy.

Policy Change Request Confirmation - 1077026

Line of Business: AUTO Change Effective Date: 12/03/2011 02:04 PM PST

Program Code: 0213 Current Policy Status: ACTIVE

Policy/Customer #: 3503107766 Source System: WPC

Insured Name: NERY R GUZMAN GUERRA

Company: STARR INDEMNITY & LIABILITY COMPANY / 0213

Producer Information:

Name: RAINWATER INSURANCE, INC. Transmit Date: 12/03/2011 02:04 PM PST

Code: 223021 Mailing Address: 32700 PACIFIC HWY S., STE. 7 FEDERAL WAY, WA 98003

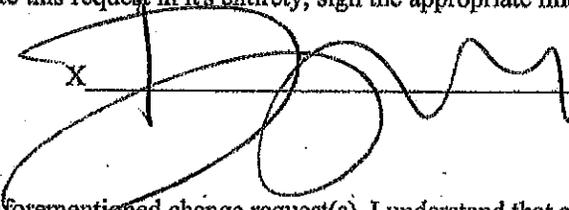
Submitted by: RAINWATER

Phone: (253)839-5500

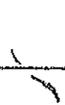
Change 1 of 1 - Change Mailing/Garaging Address

WHICH ADDRESS:	ADDRESS CHANGE
HOME PHONE:	253-802-1782
STREET ADDRESS:	2651 SW 332ND CT
CITY:	FEDERAL WAY
STATE:	WA
ZIPCODE:	98023

Please complete this request in it's entirety, sign the appropriate line and retain a copy of this form for your records.

Producer Signature X  Date 12/3/11 Time 2:14 am/pm (P)

I agree to the aforementioned change request(s). I understand that additional underwriting will take place when this endorsement is received and processed and may affect the acceptability of this risk. I further understand that if my policy is currently cancelled, this endorsement can not take effect unless my coverage is reinstated. If my policy is reinstated, the earliest effective date will be the reinstatement date. Transmission of this request is not a guarantee of coverage.

Insured Signature X  Date 12/3/11 Time 2:14 am/pm (P)

Policy Change Request Confirmation - 1029522

Line of Business: AUTO Change Effective Date: 07/08/2011 03:03 PM PST

Program Code: 0213 Current Policy Status: ACTIVE

Policy/Customer #: 3503107766 Source System: WPC

Insured Name: NERY R GUZMAN GUERRA

Company: STARR INDEMNITY & LIABILITY COMPANY / 0213

Producer Information:

Name: RAINWATER INSURANCE, INC. Transmit Date: 07/08/2011 03:03 PM PST

Code: 223021 Mailing Address: 32700 PACIFIC HWY S., STE. 7 FEDERAL WAY, WA 98003.

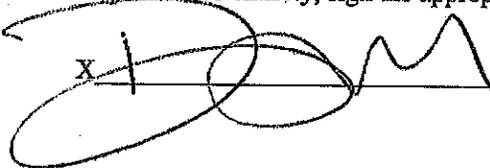
Submitted by: RAINWATER

Phone: (253)839-5500

Change 1 of 1 - Change Mailing/Garaging Address

WHICH ADDRESS:	ADDRESS CHANGE
HOME PHONE:	253-761-6139
STREET ADDRESS:	2712 S 258TH ST # D
CITY:	KENT
STATE:	WA
ZIPCODE:	98032

Please complete this request in its entirety, sign the appropriate line and retain a copy of this form for your records.

Producer Signature X  Date 7/8/11 Time 3:05 am/pm (P)

I agree to the aforementioned change request(s). I understand that additional underwriting will take place when this endorsement is received and processed and may affect the acceptability of this risk. I further understand that if my policy is currently cancelled, this endorsement can not take effect unless my coverage is reinstated. If my policy is reinstated, the earliest effective date will be the reinstatement date. Transmission of this request is not a guarantee of coverage.

Insured Signature X _____ Date 7/8/11 Time 3:05 am/pm (P)