

WASHINGTON INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER 229021 COMPANY STARR INDEMNITY COMPANY COMMERCIAL PERSONAL

POLICY NUMBER 3603107786 EFFECTIVE DATE 08/03/2011 EXPIRATION DATE 02/09/2012

YEAR 1977 MAKE/MODEL FORD/PICKUP VEHICLE IDENTIFICATION NUMBER F26BRY8512Z

AGENCY/COMPANY ISSUING CARD:

RAINWATER INSURANCE COMPANY
32700 PACIFIC HWY. SUITE 7
FEDERAL WAY WA 98003
INSURED

RAINWATER INSURANCE INC.
32700 PACIFIC HWY SO. SUITE 7
FEDERAL WAY, WA 98003

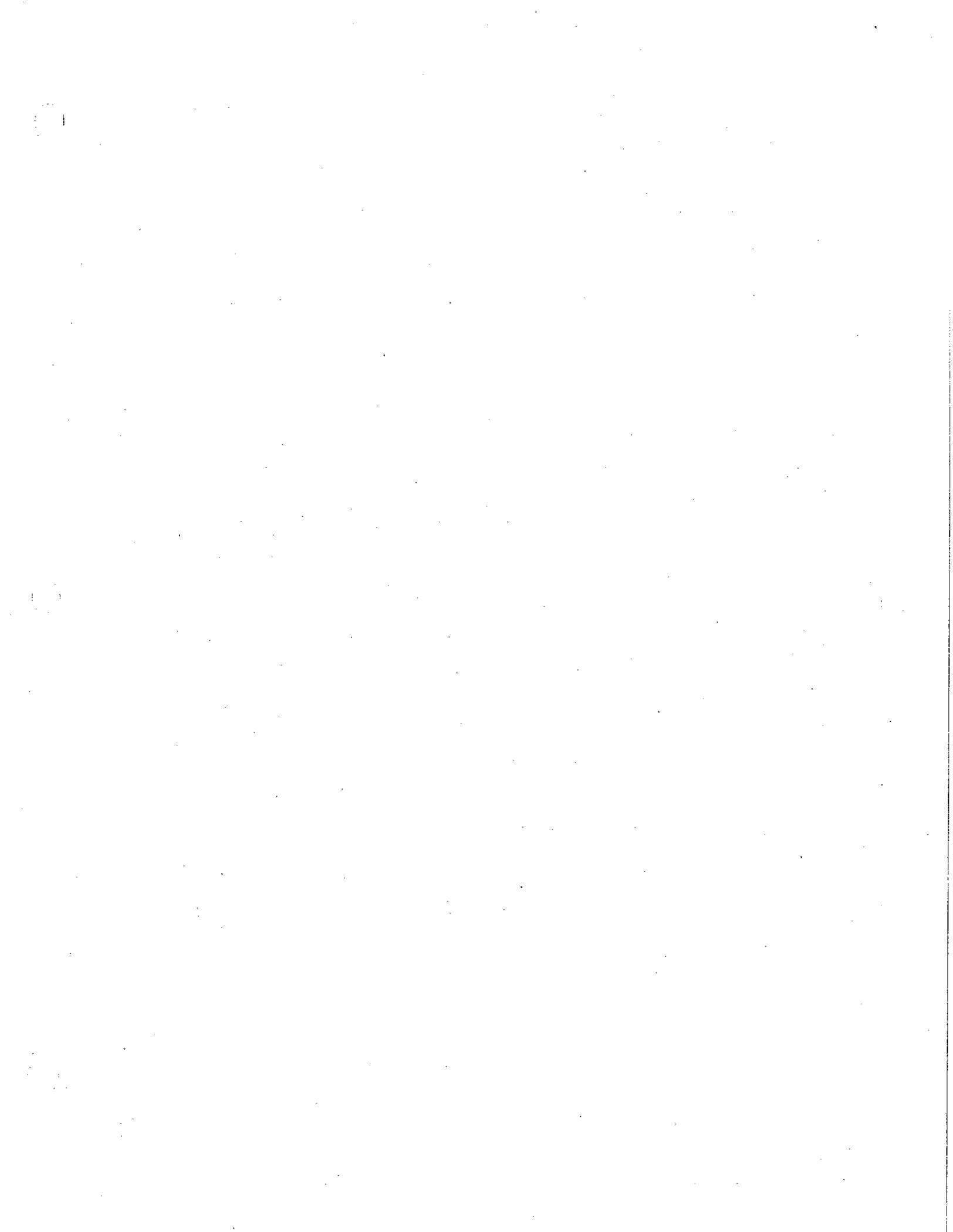
NERY R. GUZMAN GUERRA
2861 SW 332ND CT
FEDERAL WAY WA 98023

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon
as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of insurance company and policy number for each vehicle involved.



Washington Personal Auto Application

Charter Indemnity Company

P.O. Box 223687 Dallas, TX 75222-3687 800-456-1919



Binder Number: -466721609

Effective Date 06/09/2011 12:01:00 AM

Credit Score Reference Number 11560185939261

AGENCY:

RAINWATER INS INC
32700 PACIFIC HWY SO STE 7
FEDERAL WAY, WA 98003
253-839-5500

APPLICANT/NAMED INSURED:
Carlos R Guaman Lliguisaca
ADDRESS AND PHONE NUMBER
21932 30TH AVE S E32
DES MOINES, WA 98198
253-576-8479

CODE: 0019868

Work Phone:
Covered Vehicle Information

Email:

Table with columns: Veh#-Year, Make, Model & Series, VIN, Symbol, Agreed Value, Vehicle Usage. Row 1: 1-1998 FORD EXPLORER, 1FMZU34E4WZB27241, 07-07-17, \$0.00, Pleasure

Are any of the listed vehicles garaged at a separate residence or location? YES [] NO [X]; If Yes, explanation is provided below.

Do you use any of your listed vehicle(s) in the course of your occupation? YES [] NO [X]; If Yes, explanation is provided below.

Lien Holder / Loss Payee / Leasing Company Information

Veh# Type Company Name Address, City, State, Zip

Coverage and Premium Information

Table with columns: Coverage, Limits/Deductibles, Premium (Veh #1, Veh #2, Veh #3, Veh #4). Rows include BI-PD, PIP, UMBI, UMPD, Other Than Collision, Collision, Rental Reimbursement, Custom Equipment, Loan Balance, Subtotal, Total Premium & Fee, Minimum Down Payment, Down Payment Submitted.

Driver Information

Table with columns: Drv#, Driver's Name, Date of Birth, Relationship to Applicant, Gender, Marital Status, Social Security #, SR-22. Row 1: 1, Guaman Lliguisaca, Carlos R, [Redacted], Named Insured, Male, Single, [Redacted], N

Table with columns: Drv#, Driver's License #, State, Months Licensed in Washington. Row 1: 1, [Redacted], WA, 125

Does any listed driver have any medical, nervous, mental, or physical condition(s) which would impair his or her ability to safely operate a vehicle in any way (including seizures, convulsions, blackouts, loss of consciousness, fainting, etc.)?

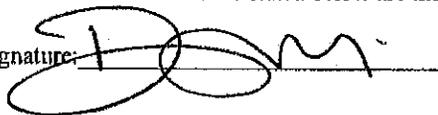
Yes [] No [X]; If Yes, explanation is provided below.

Have all residents in your household over the age of 14 years and all drivers who use the listed vehicle(s) on a regular basis, been either added as a listed driver or able to show proof of other applicable auto liability insurance?

Yes [X] No []; If No, explanation is provided below.

Agent's Statement

I certify to the best of my knowledge that all information contained herein is correct, and that the statements herein are those of the applicant who has completed and signed this application. I am legally qualified to submit this application on behalf of the applicant. The date and time stated below are the actual date and time this policy was completed.

Agent's signature: 

Date: 10/9/11

Time: 4:11

Agreement

I understand that failure to truthfully and accurately complete this application, including the above questions jeopardizes my insurance coverage.

I am applying to the Company, Charter Insurance Company (Unitrin Specialty) for an insurance policy based on the statements contained in this application. I agree that such policy may be canceled if such information is false or misleading whether by direct statements or omission of facts, if it materially affects the acceptance of the risk by the Company. I understand a routine inquiry may be made to provide applicable information concerning character, general reputation, personal characteristics, and mode of living, including claims history and credit history through a consumer reporting agency, credit agency or insurance support group. Upon written request, additional information as to the nature and scope of this report, if one is made, will be provided to you. In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We use a third party in connection with the development of your insurance score.

I hereby grant the Company permission to order a motor vehicle report from the State for me, and all operators for which coverage may be afforded under this policy. I agree that the Company has my permission to charge the correct rates and if the correct premium is not paid, I understand that my policy will be canceled for non-payment of premium based on the correct premium developed. I understand that coverage created by this application will be cancelled with 10 days notice mailed or delivered, if my financial institution does not honor the check or other remittance presented to initiate the policy. I certify that all operators of my vehicle(s) have been reported to the Company. I understand that failure to disclose all drivers living in my household (including those temporarily living elsewhere) to the Company may reduce or eliminate coverage provided by this policy. I understand that a late fee will be charged if the Company does not receive my installment payment by the due date. I understand that vehicles imported to the U.S. that were not originally manufactured for distribution or sale in the U.S. are not acceptable for coverage.

IN AN EFFORT TO KEEP INSURANCE COSTS DOWN FOR OUR POLICYHOLDERS, THE COMPANY ACTIVELY INVESTIGATES AND PURSUES THE PROSECUTION OF PERSONS WHO COMMIT INSURANCE FRAUD. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND SUBJECT TO PENALTIES UNDER THE LAW.

All coverage selections in this application and any supplement(s) have been fully explained to me. I understand and acknowledge that the selection(s) will apply to all future renewals, re-instatements and/or changes of the policy issued, unless I notify the Company otherwise in writing. I further understand that acceptable proof of all applied discounts must be provided, to qualify for the discounts. I understand that this application, at the time and date of my signature below, becomes a part of and attaches to my insurance policy once issued.

I understand and agree that any non-factory installed special equipment, which has not been declared on the application with a premium charge shown, is not covered.

Applicant's signature: 

Date: 10/9/11

Time: 4:11

WASHINGTON AUTO SUPPLEMENT

UNITRIN

AGENCY:

RAINWATER INS INC
32700 PACIFIC HWY SO STE 7
FEDERAL WAY, WA 98003
253-839-5500

APPLICANT/NAMED INSURED: Carlos R Guzman Lliguisacn
COMPANY: Charter Indemnity Company
BINDER/POLICY#: 466721609
EFFECTIVE DATE: 06/09/2011

UNDERINSURED MOTORIST COVERAGE

UNDERINSURED MOTORIST COVERAGE

In accordance with Washington law, Underinsured Motorist coverage automatically equals the Liability limits of the policy; however, the Underinsured Motorist coverage may be rejected entirely or written in any limit from 25/50/10 up to the Liability policy limits. You may also purchase Underinsured Motorist Bodily Injury coverage without Property Damage. Your selection or rejection of coverage shall be binding upon every insured to whom the policy and/or endorsement provisions apply while such policy is in force and shall continue to be so binding with respect to any continuation, renewal or replacement or such policy by the Named Insured. Please indicate your selection below.

Initial

C.R.G. I **REJECT** Bodily Injury and Property Damage Underinsured Motorist coverage entirely.
I **SELECT** Underinsured Motorist Bodily Injury coverage limits of:
_____ \$25,000 / \$50,000
_____ \$50,000 / \$100,000
_____ \$100,000 / \$300,000
_____ \$250,000 / \$500,000

Initial

C.R.G. I **REJECT** Underinsured Motorist Property Damage coverage entirely.
I **SELECT** Underinsured Motorist Property Damage coverage limits of:
_____ \$10,000
_____ \$25,000
_____ \$50,000
_____ \$100,000

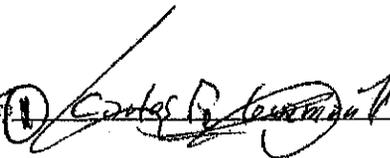
PERSONAL INJURY PROTECTION

Washington law requires insurers to offer Personal Injury Protection at minimum limits established by law. The law also provides that the Named Insured may reject such coverage in writing. Please indicate below your selection.

Initial

C.R.G. I **REJECT** Personal Injury Protection coverage entirely.
I **SELECT** Personal Injury Protection coverage with limits of: _____ \$10,000 _____ \$35,000

I acknowledge and understand that Personal Injury Protection coverage benefits, at the minimum limits established by law, and Underinsured Motorist Coverage has been offered to me and that the coverage selections and limit choices indicated here will apply to all future renewals, continuations or changes, unless I notify the company otherwise in writing.

Named Insured's Signature:  Date: 06/11/11

05/02/2011 VEHICLE REGISTRATION CERTIFICATE

| | | | | | | | | | | | |
|--------------------|---------------------|---------------------------------------|-----------------------|---------------------------|--------------------|-----------------------|--------------------|-----------------------|-----------------|----------------|-----|
| Lic/Plt ADX7745 | Iss-Dt 05/2011 | Tab-No D567213 | Reg-Exp 05/01/2012 | Val-Cd/Year 26620/1998 | Dep 1 | Mo-Reg 12 | Mo-Gwt | Pwr G | Use PAS | Mdyr 1998 | |
| Make FORD | Body EXPLR | VIN or Serial No 1FMZU34E4WZB27241 | | Res-Co 17 | ScLwt 3911 | Seats 00 | Model/BT EP /UT | Gwt | Gwt-St / / | Gwt-Exp / / | Flt |
| Equip | Prev-Plt +652063 | Filing \$3.00 | TBD 0000 | RTA Tax \$8.00 | Subagent \$5.00 | Gwt/Veh Wt \$10.00 | Other \$34.75 | Total Fees \$60.75 | Cash \$60.75 | Gwt Cr | |

GUAMAN LLIGUISACA, CARLOS R
 21932 30TH AVE S
 APT E32
 DES MOINES WA 98198

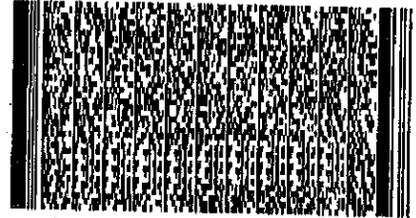
SIGNATURE OF REGISTERED OWNERS

SIGNATURE OF REGISTERED OWNERS

COMMENTS:
 18 - COLOR-RED - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

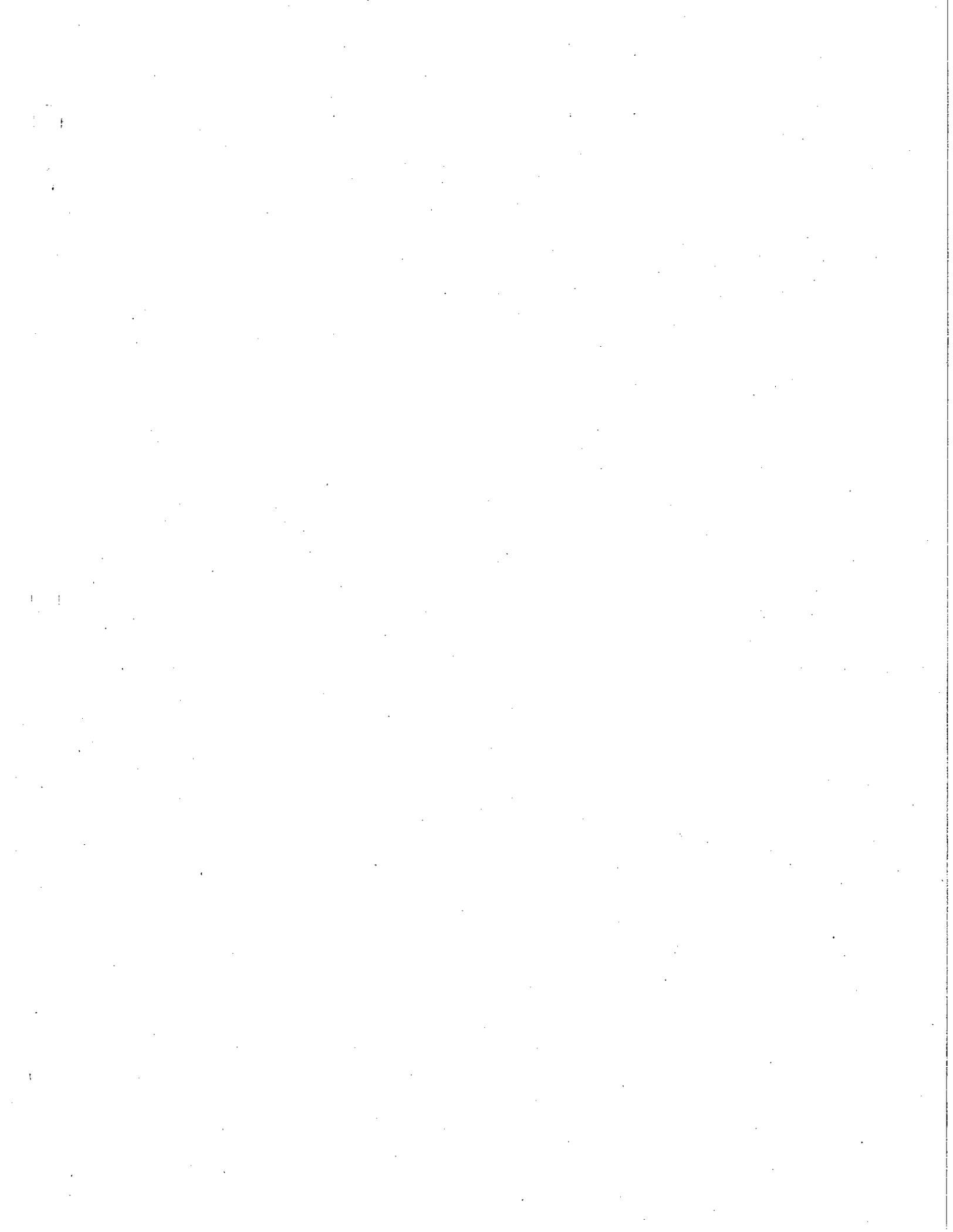
REMARKS:

BRANDS:



RPT ID: AREGPR-1 VALIDATION CODE 38173501111220502110031015185
 THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP

FPD: AREG AREGPR:2009/30/6.00001(1)





BPI: Billing and Policy Information

Information is current as of: 12/31/2011

Policy Number: 475855360 (OASIS)

Policy Information

| | | | | | |
|---------|-------------------------------------|---------------|-------------------------|-------------------------|---------|
| Name | Marcos Lopez | Policy Number | 475855360 | Agency Code | 4705137 |
| Address | 2718 S 258th St # B, Kent, WA 98032 | Term | 05/11/2011 - 11/11/2011 | RAINWATER INSURANCE INC | |
| Phone 1 | (516) 423-6386 | Status | Cancelled | 32700 PACIFIC HWY S | |
| Phone 2 | | | | STE 7 | |
| | | | | Federal Way, WA-98003 | |
| | | | | Phone: (253) 839-5500 | |
| | | | | Fax: | |

Other Policy Information

Underwriting Company: Peak Property & Casualty Insurance Company Program: DIC AUTO 5-Pay Non-Equity Insurance Tier: Tier K
 Term Premium: \$494.77
 Original Inception Date : 05/11/2011

Reason For Cancellation: Lapsed due to non-payment of premium on 06/22/2011

A new application is required to reinstate coverage.

Cancel Date: 06/22/2011

Above term premium does not include fees.

Billing Information

Policy Paid To: 06/11/2011

Currently Enrolled in EFT? No

| Last Payment Amount | Process Date | EFT |
|---------------------|--------------|-----|
| \$90.43 | 05/11/2011 | No |

Some payments may not be reflected for up to 72 hours.

Discount and Surcharge Information

Discounts

Surcharges

FOREIGN OPERATOR

Driver Information

| Name | Date Of Birth | Gender | Marital Status | Lic # | Lic State | SR-22 | Points Charged |
|------------------|---------------|--------|----------------|------------|-----------|-------|----------------|
| 1. Lopez, Marcos | [REDACTED] | Male | Married | [REDACTED] | FO | None | 0 |

Limited Liability Coverage Information

Coverage Premiums 1993 Nissan Altima
 Xe/Gxe/Gle/Se
 VIN 1N4BU31F3PC204727
 Sym- EBD / DCA / / /
 B/DPD / / /Comp/Coll
 Garaging Zip/Terr 98032 / 23

Rated Driver 1
 Annual Mileage 1
 BI-PD 25/50/25
 UIM-BI Reject
 UIM-PD Reject

PIP Reject
Premium 494.77

Payment Address Information

Agent

DAIRYLAND AUTO
P O BOX 8021
STEVENS POINT, WI 54481-8021

Insured

DAIRYLAND AUTO
P O BOX 8021
STEVENS POINT, WI 54481-8021

Western Union (800-325-6000)

Payments can be made at any Western Union location, use code name Monthly.

EFT

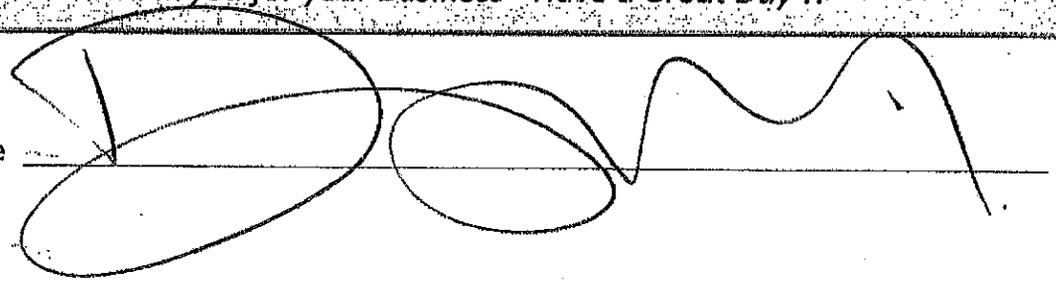
Avoid sending your monthly payments by mail and sign up for our EFT program.

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

| | |
|--------------------------|------------------------------------|
| Receipt Number: 9220 | Payment Date: 5/11/2011 5:15:18 PM |
| First Name: Marcos | Payment Type: Credit Card |
| Last Name: Lopez | Check Number: |
| Policy Number: 475855360 | Your Company: Dairyland |
| | Your Agent Today: Maria Diaz |

| Payment for: | Amount: |
|--------------------------------------|----------|
| Down Payment | \$90.43 |
| | \$0.00 |
| Policy Fee(auth # 101186 & 0671)7940 | \$30.00 |
| | \$0.00 |
| | \$120.43 |

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: 5/11/2011 5:18:52 PM

Named Insured: Lopez, Marcos
2718 S 258th St # B, Kent, WA 98032
Home Phone: (516) 423-6386 Business Phone: ()

Rainwater Insurance Inc
32700 Pacific Hwy S Ste 7
FEDERAL WAY, WA 98003
Phone: (253) 839-5500

Agency Code: 4705137
Sub Code:

Premium, Coverage and Fee Information

Type: Limited Liability Term: 6 Months

LIMITED LIABILITY POLICY: If this policy type is indicated above, this policy does not provide coverage for anyone not listed on the policy.

| | Limits | Vehicle #1 | Deductible | Vehicle #2 | Deductible | Vehicle #3 | Deductible | Vehicle #4 | Deductible |
|--------------------------------|-----------------|---------------------------------|---|------------|------------|------------|------------|------------|------------|
| Rated Driver | | 1 | | | | | | | |
| Bodily Injury-Property Damage | 25/50/25 | \$494.77 | | | | | | | |
| UIM-BI | Reject | | | | | | | | |
| UIM-PD | Reject | | | | | | | | |
| Medical Payments | | | | | | | | | |
| Personal Injury Protection | Reject | | | | | | | | |
| Comprehensive | | | | | | | | | |
| Car Loan Protection | N/A | | | | | | | | |
| Collision | | | | | | | | | |
| Liensholder Deductible | | | | | | | | | |
| Rental Reimbursement | N/A | | | | | | | | |
| Towing & Labor | N/A | | | | | | | | |
| Special Equipment | N/A | | | | | | | | |
| Total by Vehicle: | | \$494.77 | | | | | | | |
| Premium Subtotals: | | \$494.77 | | | | | | | |
| Policy Fee: | \$8.00 | | Electronic Funds Transfer (EFT): N | | | | | | |
| Total Policy Premium: | \$502.77 | | Discount(s): | | | | | | |
| Total Amount Submitted: | \$50.43 | | Surcharge(s): Foreign Operator | | | | | | |
| | | 5 installments @ \$90.47 | | | | | | | |

The following fees may be charged during the current term of your policy. These fees may change upon renewal.

| EFT Installment/Renewal | Installment/Renewal | Returned Check | SR-22 | | | | |
|-------------------------|---------------------|----------------|-------|--|--|--|--|
| \$3 | \$8 | \$20 | \$0 | | | | |

Vehicle Information

| Veh. # | VIN | Year | Make | Model | Vehicle Specifics | Symbol | Cost | Veh. Use | Garage Zip/Territory |
|--------|-------------------|------|------|----------------------|-------------------|-------------|------|----------|----------------------|
| 1 | 1N4BU31F3PC204727 | 1993 | NISS | ALTIMA XE/GXE/GLE/SE | 4D,04Cyls,2wd,AU | F/F/F/20/20 | N/A | P | 98032/23 |

Driver Information

| Div. # | Name as Shown on Drivers License | Date of Birth | Gender | Marital Status | License State | License Number | Date Licensed | Years Driving | SR-22 | Non Driver | Excl. Driver |
|--------|----------------------------------|---------------|--------|----------------|---------------|----------------|---------------|---------------|-------|------------|--------------|
| 1 | Lopez, Marcos | | M | M | FO | | 01/10/2002 | 9 | | N | N |
| 2 | Vazquez, Jenni | | | | | | | | | N | Y |

Accidents and Violations (Last 36 Months)

Please Note: It is assumed that ALL ACCIDENTS LISTED ARE CHARGEABLE, UNLESS A POLICE REPORT OR PROOF OF OTHER CARRIER'S PAYMENT IS PROVIDED.

| Div. # | Date of Occurrence | Type | Points | Description of Occurrence |
|--------|--------------------|------|--------|---------------------------|
|--------|--------------------|------|--------|---------------------------|

****No accidents, violations or convictions reported.****

Existing Damage

Vehicle #1: N

Applicant Confirmation

- M.L. (initials) I understand this application when signed becomes a part of the policy.
- L (initials) I understand and agree it is my responsibility to report any change of garaging location to the Company within 14 days of the change and I declare that each vehicle listed in this application is garaged more than 50% of the time at the garaging zip listed.
- ML (initials) I understand and agree that this policy does not take effect until I have both signed this application and paid the premium due at inception.
- ML (initials) I have had Special Equipment Coverage explained to me and I fully understand it. I understand and agree that when collision and/or comprehensive coverages are purchased, no coverage will exist for equipment that has not been installed by the original manufacturer of the vehicle unless Special Equipment Coverage has been purchased.
- ML (initials) I understand and agree that the Company may obtain facts from third parties such as consumer reporting agencies, that provide driving, claims, and credit histories on all drivers rated on this policy. I agree that the Company may use a credit based insurance score determined by information contained in my credit history. I understand and agree that new or updated consumer or credit information may be used to calculate my renewal premium. I may access this information directly from the third party and correct if inaccurate.
- ML (initials) I declare that none of the vehicles listed in this application will be used to carry persons or property for compensation or a fee, or for retail or wholesale delivery, including but not limited to, the pickup transport or delivery of magazines, newspapers, mail or food.
- ML (initials) 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.
- ML (initials) I understand that I have purchased a Limited Liability Policy. I understand that anyone driving my car must be listed on the Declaration page; otherwise no Liability or Car Damage coverage will be afforded.

Applicant and Agent Signatures

I HEREBY APPLY TO THE COMPANY FOR A POLICY OF INSURANCE. THE ABOVE FACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THIS POLICY IS TO BE ISSUED IN RELIANCE OF THESE FACTS BEING TRUE.

5/11/11 5:21 AM
 Date Signed Time Signed PM

marcos Lopez
 Signature of Applicant

Signature of Parent/Legal Guardian (if applicant is a minor)

I CERTIFY THAT I HAVE ASKED THE APPLICANT ALL OF THE QUESTIONS LISTED ON THE APPLICATION AND HAVE RECORDED THEIR ANSWERS TO THESE QUESTIONS. Agents have the authority to bind coverage no earlier than the time and date the application is signed by the applicant and the agent and a premium deposit accompanies the application.

5/11/11 5:21 AM
 Date Signed Time Signed PM

[Signature]
 Signature of Agent

- Patriot General Insurance Company
- Peak Property and Casualty Insurance Corporation
- Viking Insurance Company of Wisconsin

WASHINGTON ACCEPTANCE OR REJECTION OF:

 Underinsured Motorists Bodily Injury (UIM-BI) Coverage, Underinsured Motorists Property
Damage (UIM-PD) Coverage, and Personal Injury Protection (PIP) Coverage

Underinsured Motorists Bodily Injury (UIM-BI) Coverage, Underinsured Motorists Property Damage (UIM-PD) Coverage, and Personal Injury Protection (PIP) Coverage have been explained to me and I fully understand them.

If **accepted**, the Underinsured Motorists Bodily Injury (UIM-BI), Underinsured Motorists Property Damage (UIM-PD), and Personal Injury Protection (PIP) Coverage limits I have requested are shown on the Personal Auto Application or change request. I understand that \$10,000 UIM-PD will be added to my policy unless rejected.

Rejected:

- X Underinsured Motorists Bodily Injury (UIM-BI) Coverage
- X Underinsured Motorists Property Damage (UIM-PD) Coverage
- X Personal Injury Protection (PIP) Coverage

marcos LOPEZ
Named Insured's Signature

Lopez, Marcos
(Print applicant's name)

5/11/11
Date

475855360
Policy Number

WA1208 (11/10)

Acknowledgement of Limited Policy

Unique Conditions

Limited Liability Exclusions

- An insured person is defined as you or a relative or any other person who is listed on the Declarations page or added by endorsement during the policy term, PRIOR to a loss, and has the car owners permission.
- No Liability or Car Damage coverage exists when someone other than you is driving a motor vehicle owned by you, and they are NOT listed on the Declarations Page prior to a loss.

Standard Exclusions

- Coverage is secondary over any other policy covering a non-owned, private passenger vehicle being driven by you. No coverage would exist if that vehicle is available for your regular use.
- No coverage when motor vehicle is being used for hire.
- No coverage when motor vehicle is being used in any business or commercial occupation.
- No coverage when motor vehicle is being driven in any racing, demolition or stunting contest or activity.
- No coverage for motorcycles, motor scooters or motorized bicycles.

I acknowledge that I have been made aware of the aforementioned conditions and exclusions of the Limited Liability policy.

Marcos Lopez

Named Insured's Signature

5/11/11

Date

(Pol # 475855360)

WA1009 (3/10)

- Patriot General Insurance Company
- Peak Property and Casualty Insurance Corporation
- Viking Insurance Company of Wisconsin

NAMED DRIVER EXCLUSION ENDORSEMENT - WASHINGTON

Policy Number: 475855360

THIS ENDORSEMENT MODIFIES YOUR POLICY IN THE FOLLOWING WAY:

This policy will not provide any insurance coverage when a vehicle is being driven, either with or without any insured's permission, by the following excluded drivers. However, this exclusion does not apply to Underinsured Motorists Bodily Injury Coverage, Underinsured Motorists Property Damage Coverage, or Personal Injury Protection Coverage if a premium is shown for such coverage(s) on the Declarations Page.

| Excluded Driver | Date of Birth | Relationship |
|-----------------|---------------|-----------------|
| Vazquez, Jenni | [REDACTED] | Resident Spouse |

This endorsement applies to this policy and any continuation, renewal, change or reinstatement of this policy by the named insured, or the reissuance of the policy by the Company.

By signing this Named Driver Exclusion Endorsement form, **you** agree to this change in **your** policy. All other terms and conditions of **your** policy remain in full force and effect.

Marcos Lopez

Named Insured's Signature

5/11/11

Date

NDE1-WA (6/10)

Fax

| | | | |
|-----------------|--|--------|--|
| To: | Dairyland Auto Email: <i>DairylandAuto@Sentry.com</i> | From: | Agency Name: Rainwater Insurance Inc Agency Phone: (253) 839-5500 Agency Fax: Agent Name: Agent Phone: Agent Fax: |
| Phone: | 1-800-334-0090 | Pages: | |
| Fax: | 1-888-845-2447 | Date: | 5/11/2011 |
| For: | Policy #: 475855360 Named Insured: Lopez, Marcos | Ref: | <i>Please see attached document(s).</i> |
| Agent Comments: | | | |

GN1502 (8/09)

Peak Property and Casualty Insurance Corporation

Confirmation Page

Named Insured: **Lopez, Marcos**

Policy #: **475855360**

Date Submitted: 5/11/2011 7:14 PM

Confirmation #: 475855360-20110511

Policy Effective Date: 05/11/2011

Policy Expiration Date: 11/11/2011

Payment Amount

\$90.43

Payment Type

Credit Card

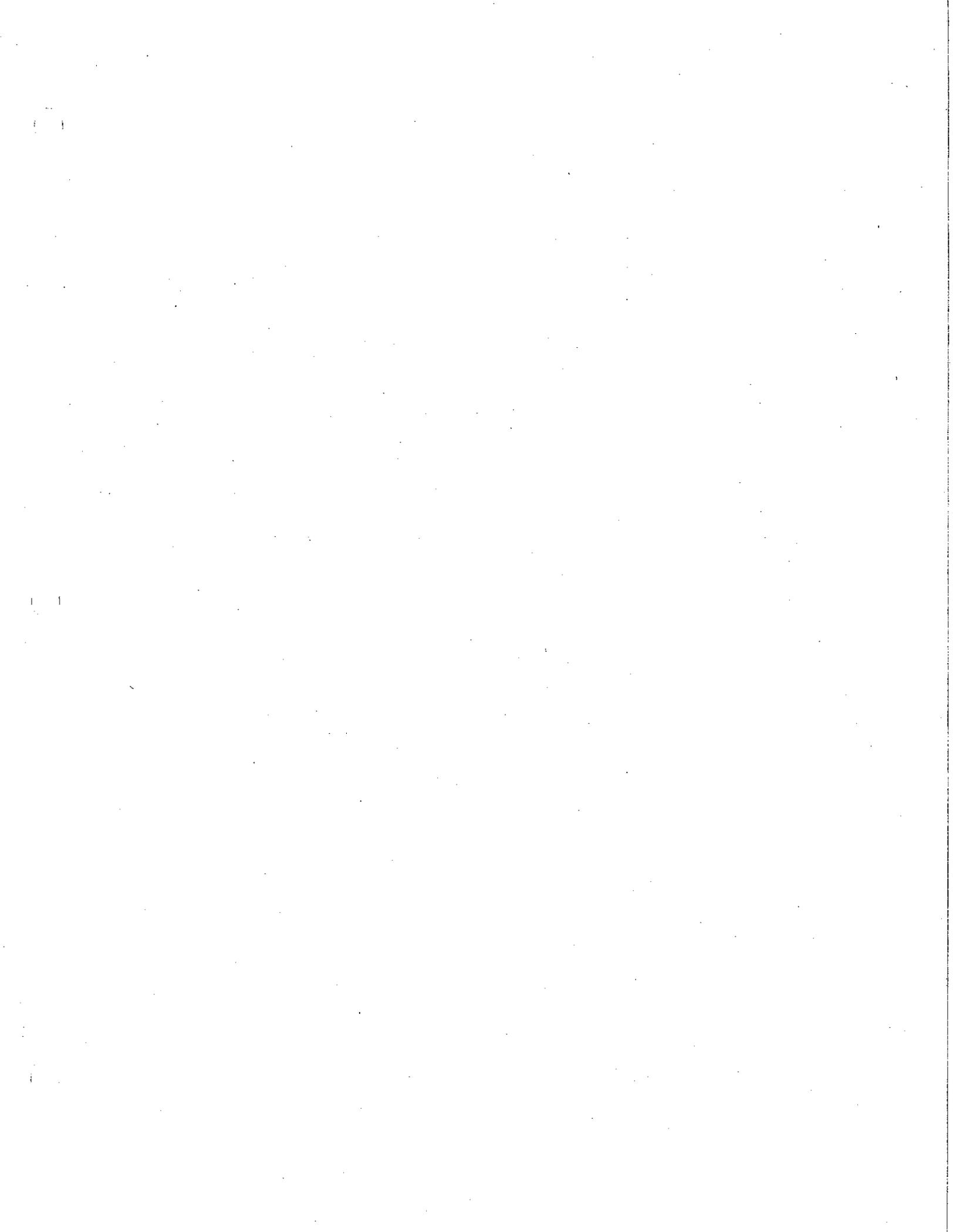
Authorization #

141845

Credit Card # / Check # / Account #

[REDACTED]

GN1523 (8/10)



UNITRIN

SPECIALTY®

Policy Information

| | | | |
|-----------------------|---|-----------------------|---------------------|
| Policy Number: | CCCIZA6310639 | Customer Name: | RONI MEJIA-CRUZ |
| Policy Term: | 07/12/2011 - 01/12/2012 | Address: | 10624 IRENE AVE SW |
| Status: | Cancelled On 09/25/2011 - This Policy Is Not Eligible For Reinstatement. We Are Aware That There Are Rare And Extraordinary Circumstances That May Merit Exception Consideration. Please Contact Underwriting For Exception Inquiries At 888-342-6595 | | LAKE WOOD, WA 98499 |
| Last Update: | 07/12/2011 | Phone: | 253-753-4780 |

Billing Information

| Last Payment | Received | Next Payment | Due Before | EZPay | Total Remaining Balance |
|--------------|------------|--------------|------------|-------|-------------------------|
| \$64.32 | 08/26/2011 | \$27.44 | | No | \$27.44 |

Driver Information

| Name | License No. | State | Date of Birth | Gender | Marital Status | Points Excluded | Filing |
|-----------------|-------------|-------|---------------|--------|----------------|-----------------|--------|
| RONI MEJIA-CRUZ | [REDACTED] | WA | 11/29/1985 | M | S | 0 | N N |

Driver Violations

| Name | State | Description | Date | Points |
|-----------------|-------|------------------|------|--------|
| RONI MEJIA-CRUZ | | No Records Found | | |

Vehicle Information

| Year | Make | Model | Vin | Garage Zip | Lienholder | Assigned Driver |
|------|------|----------|-------------------|------------|------------|-----------------|
| 2001 | DODG | INTREPID | 2B3HD46R01H613402 | 98499 | None | RONI MEJIA-CRUZ |

Vehicle Coverages & Limits

2001 Dodg-3402

| | Per Person | Per Accident | Deductible | Premium |
|----------------------------------|-------------|--------------|------------|----------|
| Bodily Injury Liability | \$25,000.00 | \$50,000.00 | N/A | \$135.00 |
| Property Damage Liability | N/A | \$25,000.00 | N/A | \$172.00 |

Total For 2001 Dodg-3402: \$307.00

Policy Fee: \$20.00

Personal Auto Policy Premium: \$327.00

Policy Premium Information

Auto Premium: \$327.00

Total Policy Premium: \$327.00

Discounts

No Records Found

Rainwater Insurance - Payment Receipt

32700 Pacific Hwy South

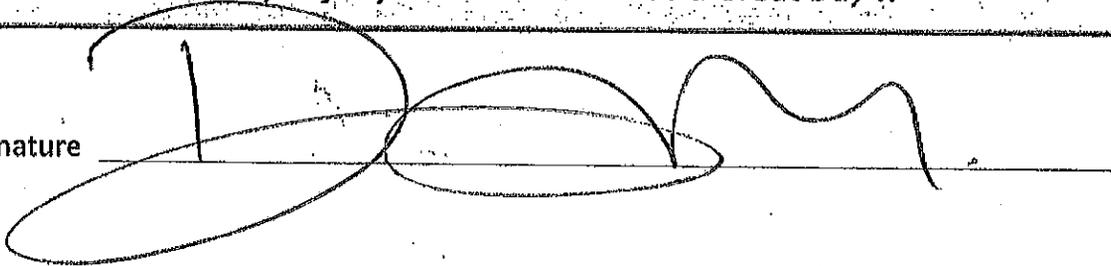
Federal Way, WA 98003 (253) 839-5500

| | | | |
|-----------------|------------|-------------------|----------------------|
| Receipt Number: | 9919 | Payment Date: | 7/12/2011 1:04:00 PM |
| First Name: | Roni | Payment Type: | Credit Card |
| Last Name: | Mejia-Cruz | Check Number: | |
| Policy Number | 466852808 | Your Company: | Unitrin |
| | | Your Agent Today: | Maria Diaz |

| Payment for: | Amount: |
|--------------------------------------|---------|
| Down Payment | \$65.40 |
| | \$0.00 |
| Policy Fee(auth # 00560b & 0802)5865 | \$30.00 |
| 0 | \$0.00 |
| | \$95.40 |

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: 7/12/2011 1:06:41 PM

Washington Personal Auto Application
 Charter Indemnity Company

P.O. Box 223687 Dallas, TX 75222-3687 800-456-1919

Effective Date
 07/12/2011 12:01:00 AM

UNIT

Binder Number:
 466852808

AGENCY:
 RAINWATER INS INC
 32700 PACIFIC HWY SO STE 7
 FEDERAL WAY, WA 98003
 253-839-5500

Credit Score Reference Number
 11593155623783

APPLICANT/NAMED INSURED:
 Roni Mejia-cruz
 ADDRESS AND PHONE NUMBER
 10624 IRENE AVE SW
 LAKE WOOD, WA 98499
 253-753-4780

CODE: 0019868

Veh# Year Make Model & Series
 1 2001 DODG INTREPID

Work Phone:
 Covered Vehicle Information
 VIN
 2B3HD46R01H613402

Symbol
 06-07-11

Email:
 Agreed Value
 \$0.00

Vehicle Usag
 Pleasure

Are any of the listed vehicles garaged at a separate residence or location? YES NO ; If Yes, explanation is provided below.
 Do you use any of your listed vehicle(s) in the course of your occupation? YES NO ; If Yes, explanation is provided below.

Veh# Type
 1

Lien Holder / Loss Payee / Leasing Company Information
 Company Name

Address, City, State, Zi

Coverage and Premium Information

Coverage
 BI-PD
 PIP
 UMBI
 UMPD
 Other Than Collision
 Collision
 Rental Reimbursement
 Custom Equipment
 Loan Balance
 Subtotal:
 Total Premium & Fee:
 Minimum Down Payment:
 Down Payment Submitted:

Limits/Deductibles
 25000/50000/25000
 N/A
 N/A
 N/A
 N/A
 N/A
 N/A
 N/A
 \$ 307.00
 \$ 327.00
 \$ 65.40
 \$ 65.40

| Premium | Veh #1 | Veh #2 | Veh #3 | Veh # |
|---------|--------|--------|--------|-------|
| | 307.00 | | | |
| | N/A | | | |

Drv# Driver's Name
 1 Mejia-cruz, Roni

Drv# Driver's Name
 1 [Redacted]

Date
 [Redacted]
 State
 WA

Driver Information

Relationship to
 Applicant
 Named Insured
 Gender
 Male

Marital Status
 Single

Social Security #

SR-22
 N

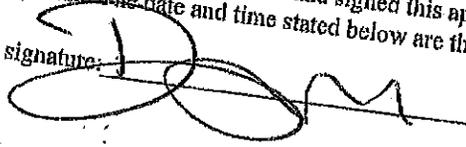
Months Licensed in Washington
 115

Does any listed driver have any medical, nervous, mental, or physical condition(s) which would impair his or her ability to safely operate a vehicle in any way (including seizures, convulsions, blackouts, loss of consciousness, fainting, etc.)?
 Yes No ; If Yes, explanation is provided below.
 Have all residents in your household over the age of 14 years and all drivers who use the listed vehicle(s) on a regular basis, been either added as a listed driver or able to show proof of other applicable auto liability insurance?
 Yes No ; If No, explanation is provided below.

Agent's Statement

I certify to the best of my knowledge that all information contained herein is correct, and that the statements herein are those of the applicant who has completed and signed this application. I am legally qualified to submit this application on behalf of the applicant. The date and time stated below are the actual date and time this policy was completed.

Agent's signature:



Date: 7/12/11

Time: 1:07

Agreement

I understand that failure to truthfully and accurately complete this application, including the above questions jeopardizes my insurance coverage.

I am applying to the Company, Charter Insurance Company (Unitrin Specialty) for an insurance policy based on the statements contained in this application. I agree that such policy may be canceled if such information is false or misleading whether by direct statements or omission of facts, if it materially affects the acceptance of the risk by the Company. I understand a routine inquiry may be made to provide applicable information concerning character, general reputation, personal characteristics, and mode of living, including claims history and credit history through a consumer reporting agency, credit agency or insurance support group. Upon written request, additional information as to the nature and scope of this report, if one is made, will be provided to you. In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We use a third party in connection with the development of your insurance score.

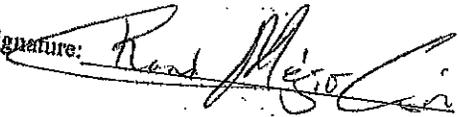
I hereby grant the Company permission to order a motor vehicle report from the State for me, and all operators for which coverage may be afforded under this policy. I agree that the Company has my permission to charge the correct rates and if the correct premium is not paid, I understand that my policy will be canceled for non-payment of premium based on the correct premium developed. I understand that coverage created by this application will be cancelled with 10 days notice mailed or delivered, if my financial institution does not honor the check or other remittance presented to initiate the policy. I certify that all operators of my vehicle(s) have been reported to the Company. I understand that failure to disclose all drivers living in my household (including those temporarily living elsewhere) to the Company may reduce or eliminate coverage provided by this policy. I understand that a late fee will be charged if the Company does not receive my installment payment by the due date. I understand that vehicles imported to the U.S. that were not originally manufactured for distribution or sale in the U.S. are not acceptable for coverage.

IN AN EFFORT TO KEEP INSURANCE COSTS DOWN FOR OUR POLICYHOLDERS, THE COMPANY ACTIVELY INVESTIGATES AND PURSUES THE PROSECUTION OF PERSONS WHO COMMIT INSURANCE FRAUD. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND SUBJECT TO PENALTIES UNDER THE LAW.

All coverage selections in this application and any supplement(s) have been fully explained to me. I understand and acknowledge that the selection(s) will apply to all future renewals, re-instatements and/or changes of the policy issued, unless I notify the Company otherwise in writing. I further understand that acceptable proof of all applied discounts must be provided, to qualify for the discounts. I understand that this application, at the time and date of my signature below, becomes a part of and attaches to my insurance policy once issued.

I understand and agree that any non-factory installed special equipment, which has not been declared on the application with a premium charge shown, is not covered.

Applicant's signature:



Date: 7/12/11

Time: 1:07

WASHINGTON AUTO SUPPLEMENT

UNITRIN

AGENCY:

RAINWATER INS INC
32700 PACIFIC HWY SO STE 7
FEDERAL WAY, WA 98003
253-839-5500

APPLICANT/NAMED INSURED: Roni Mejia-cruz
COMPANY: Charter Indemnity Company
BINDER/POLICY#: 466852808
EFFECTIVE DATE: 07/12/2011

UNDERINSURED MOTORIST COVERAGE

UNDERINSURED MOTORIST COVERAGE

In accordance with Washington law, Underinsured Motorist coverage automatically equals the Liability limits of the policy; however, the Underinsured Motorist coverage may be rejected entirely or written in any limit from 25/50/10 up to the Liability policy limits. You may also purchase Underinsured Motorist Bodily Injury coverage without Property Damage. Your selection or rejection of coverage shall be binding upon every insured to whom the policy and/or endorsement provisions apply while such policy is in force and shall continue to be so binding with respect to any continuation, renewal or replacement of such policy by the Named Insured. Please indicate your selection below.

Initial

RM

- I **REJECT** Bodily Injury and Property Damage Underinsured Motorist coverage entirely.
- I **SELECT** Underinsured Motorist Bodily Injury coverage limits of:
 - \$25,000 / \$50,000
 - \$50,000 / \$100,000
 - \$100,000 / \$300,000
 - \$250,000 / \$500,000

Initial

RM

- I **REJECT** Underinsured Motorist Property Damage coverage entirely.
- I **SELECT** Underinsured Motorist Property Damage coverage limits of:
 - \$10,000
 - \$25,000
 - \$50,000
 - \$100,000

PERSONAL INJURY PROTECTION

Washington law requires insurers to offer Personal Injury Protection at minimum limits established by law. The law also provides that the Named Insured may reject such coverage in writing. Please indicate below your selection.

Initial

RM

- I **REJECT** Personal Injury Protection coverage entirely.
- I **SELECT** Personal Injury Protection coverage with limits of: _____ \$10,000 _____ \$35,000

I acknowledge and understand that Personal Injury Protection coverage benefits, at the minimum limits established by law, and Underinsured Motorist Coverage has been offered to me and that the coverage selections and limit choices indicated here will apply to all future renewals, continuations or changes, unless I notify the company otherwise in writing.

Named Insured's Signature

Roni Mejia-cruz Date 7/12/11

CREDIT CARD AUTHORIZATION
Washington Personal Auto Application
Financial Indemnity Company--Unitrin Specialty

Complete only if down payment is to be made using a credit card.

Named Insured: Roni Mejia-cruz
Mailing Address: 10624 IRENE AVE SW
City: LAKE WOOD State: WA Zip: 98499
Home Phone: 253-753-4780 Work Phone:

Binder Number: 466852808

Down payment: \$65.40

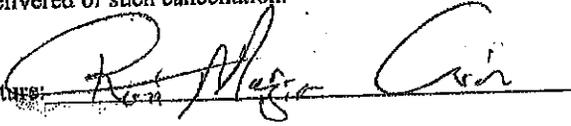
Check One: Visa Master Card

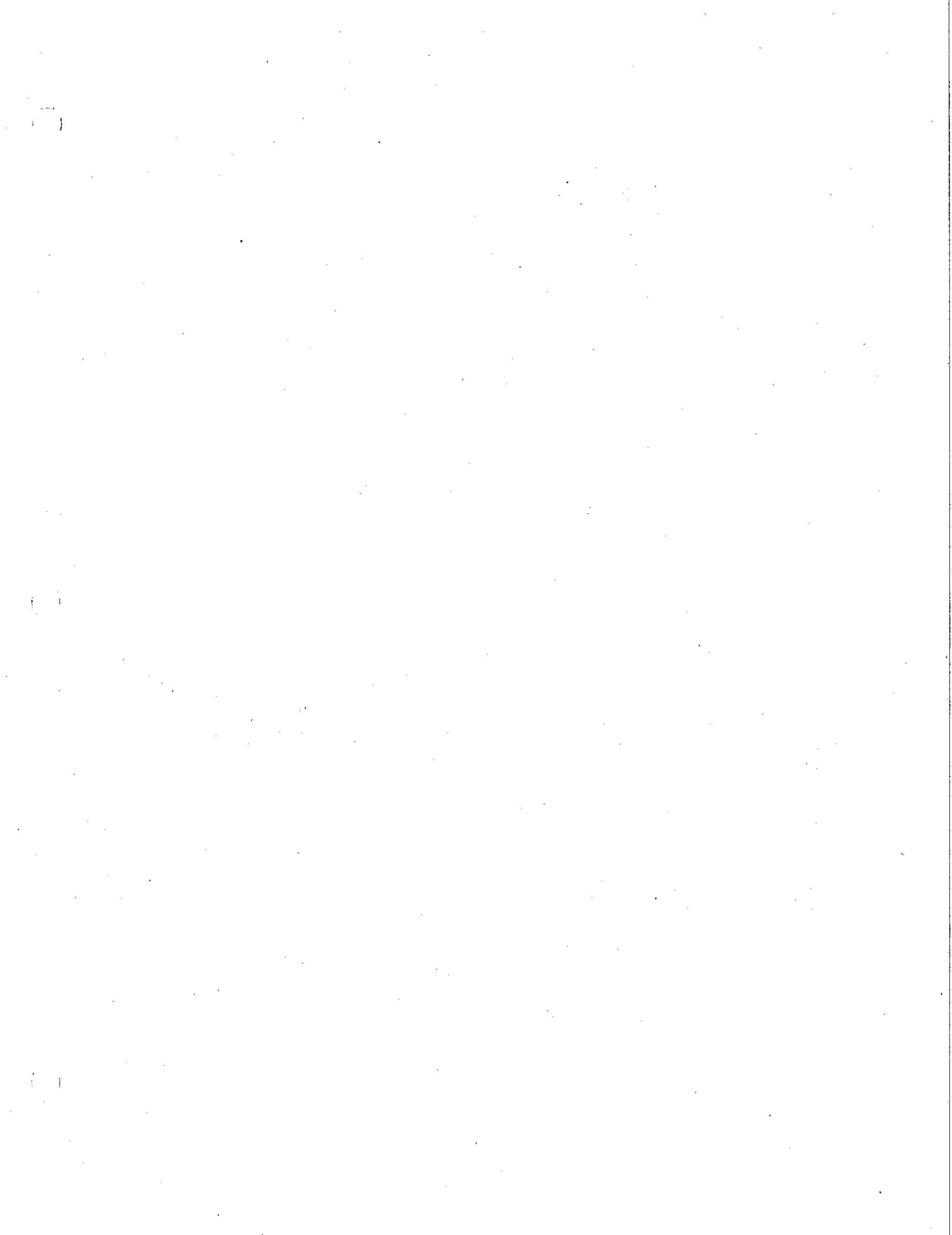
Credit Card Number: XXXXXXXXXX

Credit Card Expiration Date: 03/2013
(Month/Year)

Cardholder Name (exactly as it appears on card)
roni m cruz

I authorize the Company to charge the down payment amount indicated above to my credit card. I understand that if this credit card transaction is denied for any reason that coverage created by this application will be cancelled with 10 days notice mailed or delivered of such cancellation.

Cardholder's signature: 



[Click for alerts and messages.](#)



Tuesday, January 3, 2012

Select A Product

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[Policy Inquiry](#)

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[Policy Inquiry](#)

[Make a Payment](#)

[Endorsements](#)

Personal Motorcycle

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

| Policy Number | Insured Name | Customer Number | Company Name |
|---------------|----------------------|-----------------|-------------------------------|
| 3503132177-0 | ERICK ORTIZ MOHEDANO | 81250723 | Starr Indemnity and Liability |

| Policy Summary | | | |
|---------------------------------|--------------------------------------|---|------------------------|
| Policy Status | Cancelled Non-Reinstatable | | |
| Cancellation Date | 04/22/2011 | Reason for Cancellation | Non-payment of premium |
| Policy Term | 184 Days | Submission Method | Electronic |
| Origination Date | 03/22/2011 | Payment Plan | 6 Pay |
| Current Policy Effective | 03/22/2011 | Current Policy Expiration | 09/22/2011 |
| Insured Address | 2718 S 258TH ST # D - KENT, WA 98032 | | |
| Insured Phone # | 253-945-6111 | | |
| 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> | \$ 75.00 |
| <u>Service Fee</u> | \$ 0.00 |
| <u>NSF Fee</u> | \$ 0.00 |
| <u>Refund</u> | \$ 0.00 |
| <u>Write Off</u> | \$ -0.60 |
| <u>Charge Off</u> | \$ 0.00 |
| <u>Previous Unpaid Balance</u> | \$ 0.00 |
| Total | \$ 74.40 |
| Total Paid | \$ 74.40 |
| Balance Due | \$ 0.00 |

GROW with us

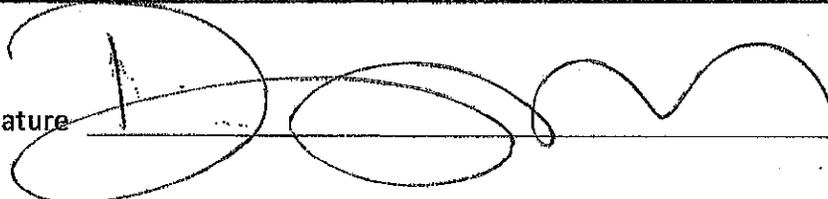
ARROWHEAD General Insurance Agency, Inc.
701 B Street, Suite 2100, San Diego, CA 92101 | CA License #0699809
Legal and License | Network Privacy and Security Statement | Disclosures | Copyright © 2010 All rights reserved.

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

Receipt Number: 8592 Payment Date: 3/22/2011 9:42:12 AM
First Name: ERICK Payment Type: Cash
Last Name: ORTIZ MOHEDANO Check Number:
Policy Number: 3503132177 Your Company: Arrowhead
Your Agent Today: Isabel Guererro

| Payment for: | Amount: |
|-----------------|----------|
| Monthly Premium | \$74.40 |
| | \$0.00 |
| Policy Fee | \$30.00 |
| | \$0.00 |
| | \$104.40 |

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: 3/22/2011 9:43:59 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: 81250723
Policy Number: 3503132177
Effective Date & Time: 03/22/2011 09:05 AM PST
Policy Term / Pay Plan: 6 Months / Direct Monthly
Down Payment: \$74.40
Payment Type: Agency Sweep
Transmit Date & Time: 03/22/2011 09:05 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: BRICK ORTIZ MOHEDANO | | Home Phone Number: 253-945-6111 |
| | | Work Phone Number: |
| MAILING ADDRESS (If P.O. Box, Garaging Address Required) | | |
| 2718 S 258TH ST # D KBNT, WA 98032 | | |
| GARAGING ADDRESS (IF DIFFERENT THAN MAILING) | | |
| 2718 S 258TH ST # D KBNT, WA 98032 | | |

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. | BRICK ORTIZ MOHEDANO | M | M | Y | SELF | | 13 | | 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 | | | | | |

WASHAP 0110

Starr Indemnity & Liability Company - Program 213

| | | |
|-------------------------------|---------------------------|---------------------------|
| Insured: ERICK ORTIZ MOHBDANO | Customer Number: 81250723 | Policy Number: 3503132177 |
|-------------------------------|---------------------------|---------------------------|

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. | 1987 | Nissan PICKUP | JN6HD16Y7HW001582 | 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 | 4 Wheel Drive Surcharge |

1. Has Producer inspected all vehicles for which Physical Damage Coverage is requested? YES NO
2. Does inspection reveal any existing damage? YES NO

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: ERICK-ORTIZ MOHEDANO | Customer Number: 81250723 | Policy Number: 3503132177 |
|-------------------------------|---------------------------|---------------------------|

| 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 | 147.00 | | | | | | |
| | PROPERTY DAMAGE | 25000 EACH ACCIDENT | 150.00 | | | | | | |
| 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 | | | 297.00 | | | | | | |
| | | | FINANCIAL RESPONSIBILITY FILING FEE(S) | | | | | | 0.00 |
| | | | NEW BUSINESS POLICY FEE | | | | | | 15.00 |
| | | | TOTAL POLICY PREMIUM | | | | | | 312.00 |

| VEHICLES WITH PHYSICAL DAMAGE COVERAGES | | DEDUCTIBLE(S) | |
|---|--------------------|----------------------|-------------|
| AUTO | YEAR, MAKE MODEL | OTHER THAN COLLISION | COLLISION |
| 1 | 1987 Nissan PICKUP | No Coverage | No Coverage |

WASLAP 0110

Star Indemnity & Liability Company - Program 213

| | | |
|-------------------------------|---------------------------|---------------------------|
| Insured: BRICK ORTIZ MOHEDANO | Customer Number: 81250723 | Policy Number: 3503132177 |
|-------------------------------|---------------------------|---------------------------|

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"/> |

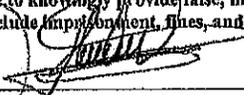
EXPLANATIONS:

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 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 reinstates 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)

03/22/2011 09:05 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)

03/22/2011 09:05 AM PST

DATE

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

| | | |
|-------------------------------|---------------------------|---------------------------|
| Insured: ERICK ORTIZ MOHEDANO | Customer Number: 81250723 | Policy Number: 3503132177 |
|-------------------------------|---------------------------|---------------------------|

AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company

ERICK ORTIZ MOHEDANO

(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

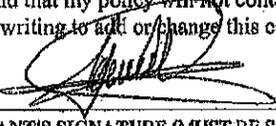
I acknowledge that Personal Injury Protection Coverage benefits at the limits established by law have been offered to me and: (CHECK ONLY ONE, SIGN AND DATE BELOW)

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.


APPLICANT'S SIGNATURE (MUST BE SIGNED)

03/22/2011 09:05 AM PST
DATE

WASILSP 0110

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| | | |
|-------------------------------|---------------------------|---------------------------|
| Insured: ERICK ORTIZ MOHEDANO | Customer Number: 81250723 | Policy Number: 3503132177 |
|-------------------------------|---------------------------|---------------------------|

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 checked="" 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)

03/22/2011 09:05 AM PST
 DATE

| | | |
|-------------------------------|---------------------------|---------------------------|
| Insured: ERICK ORTIZ MOHEDANO | Customer Number: 81250723 | Policy Number: 3503132177 |
|-------------------------------|---------------------------|---------------------------|

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 |
|---------------|-----|--------------------|---------------------------|
| JUANA ORTIZ | 28 | [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

03/22/2011 09:05 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.

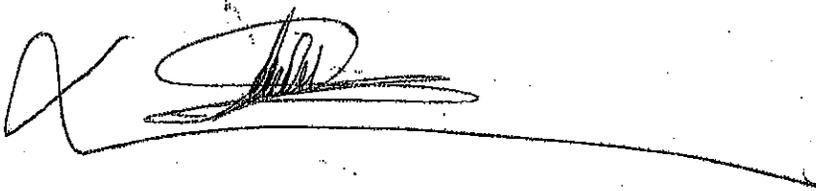
If your payment is received by the due date indicated, your future installment bill due dates will be every 30 days.

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.

A handwritten signature in black ink, consisting of a large, stylized initial 'A' followed by a series of loops and a long horizontal stroke extending to the right.



APPLICATION CONFIRMATION / PAYMENT RECEIPT

Payment Transmit Date / Time: 03/22/2011 09:05 AM

Policy Effective Date / Time: 03/22/2011 09:05 AM

Name of Agency: Rainwater Insurance, Inc.

Producer Code: 223021

Insured's Name: ORTIZ MOHEDANO, ERICK

Carrier: Starr Indemnity & Liability Company

State: WA

This acknowledges receipt of \$74.40 to Arrowhead General Insurance Agency Inc. by Electronic Funds Transfer. This payment applies to the down payment for customer number 81250723 , policy number 3503132177.

Printed Date / Time: 03/22/2011 09:05 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.

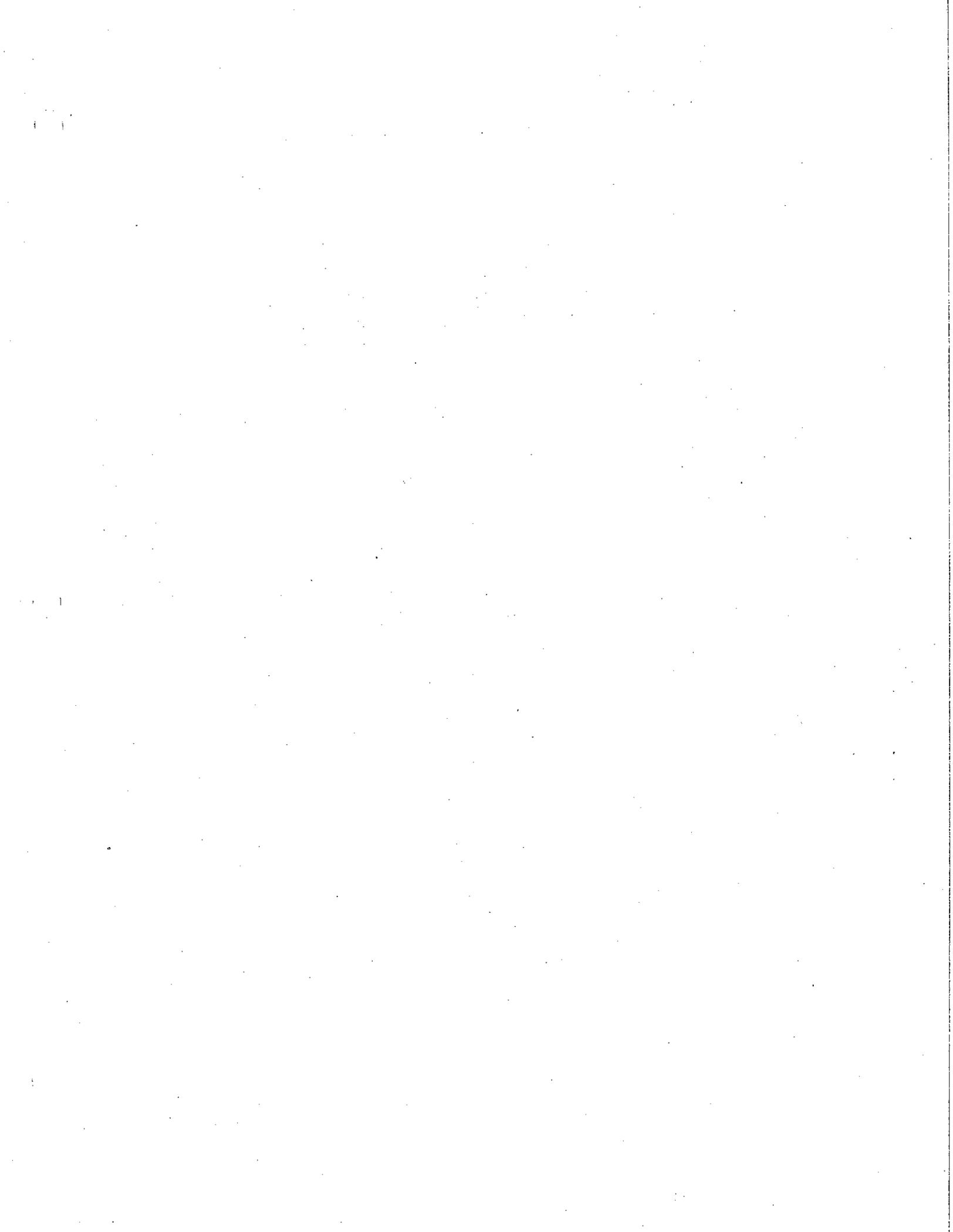
REQUIRED DOCUMENTATION TO BE RETAINED IN PRODUCER FILE:

- 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

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Tuesday, January 3, 2012

Select A Product Enter Policyholder or Account Name Search Results

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- Commission Statements
- Contacts
- Document Center
- Blog
- Tools & Reports

Client Profile

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

Name: GALLEGOS OSORIO, JORGE
Address: 1832 SW 318TH PL # B
 FEDERAL WAY, WA 98023
Home Phone: 253-661-2054
Work Phone: 253-661-2054

- Basic Renters
- Homeowners

Client History

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

Personal Auto

Application #: 5383798 Customer #: 81200692 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: 01/24/2011 11:59 AM PST
Agent: RAINWATER
Created Date: 01/24/2011 11:25 AM PST
Last Activity Date: 01/24/2011 11:59 AM PST

Actions:

Documents: [Application](#)

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

Personal Motorcycle

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Click for alerts and messages.



Tuesday, January 3, 2012

Select A Product Enter Policyholder or Account Name

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Personal Auto

[Get a Quote](#)

[Search Quotes](#)

[Policy Inquiry](#)

[Make a Payment](#)

[Endorsements](#)

Personal Motorcycle

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

| Policy Number | Insured Name | Customer Number | Company Name |
|---------------|-------------------------|-----------------|-------------------------------|
| 3503107824-0 | JORGE R GALLEGOS OSORIO | 81200692 | Starr Indemnity and Liability |

| Policy Summary | | | |
|---------------------------------|--|---|------------------------|
| Policy Status | Cancelled Non-Reinstatable | | |
| Cancellation Date | 02/20/2011 | Reason for Cancellation | Non-payment of premium |
| Policy Term | 181 Days | Submission Method | Electronic |
| Origination Date | 01/24/2011 | Payment Plan | 6 Pay |
| Current Policy Effective | 01/24/2011 | Current Policy Expiration | 07/24/2011 |
| Insured Address | 1832 SW 318TH PL # B - FEDERAL WAY, WA 98023 | | |
| Insured Phone # | 253-661-2054 | | |
| 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> | \$ -1.40 |
| <u>Charge Off</u> | \$ 0.00 |
| <u>Previous Unpaid Balance</u> | \$ 0.00 |
| Total | \$ 65.60 |
| Total Paid | \$ 65.60 |
| Balance Due | \$ 0.00 |



ARROWHEAD General Insurance Agency, Inc.
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APPLICATION CONFIRMATION / PAYMENT RECEIPT

Payment Transmit Date / Time: 01/24/2011 11:59 AM

Policy Effective Date / Time: 01/24/2011 11:59 AM

Name of Agency: Rainwater Insurance, Inc.

Producer Code: 223021

Insured's Name: GALLEGOS OSORIO, JORGE

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 81200692 , policy number 3503107824.

Printed Date / Time: 01/24/2011 12:04 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 800.333.5553
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: 81200692
 Policy Number: 3503107824
 Effective Date & Time: 01/24/2011 11:59 AM PST
 Policy Term / Pay Plan: 6 Months / Direct Monthly
 Down Payment: \$65.60
 Payment Type: Agency Sweep
 Transmit Date & Time: 01/24/2011 11:59 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: JORGE GALLEGOS OSORIO | Home Phone Number: 253-661-2054 Work Phone Number: 253-661-2054 |
| MAILING ADDRESS (If P.O. Box, Garaging Address Required) 1832 SW 318TH PL # B FEDERAL WAY, WA 98023 | |
| GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 1832 SW 318TH PL # B 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. | JORGE GALLEGOS OSORIO | M | M | Y | SELF | | 42 | | 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 | | | | | |

WASLAP 0110

Starr Indemnity & Liability Company - Program 213

| | | |
|--------------------------------|---------------------------|---------------------------|
| Insured: JORGE GALLEGOS OSORIO | Customer Number: 81200692 | Policy Number: 3503107824 |
|--------------------------------|---------------------------|---------------------------|

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. | 2003 | Ford F-250 SUPER DUTY REGULAR CAB | F25BRY8512711111 | 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 | 13 | 13 | Experience Driver Discount | Pick Up Truck 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 |
|------|-----------------------|-----------------|
| | | |

| | | |
|--------------------------------|---------------------------|---------------------------|
| Insured: JORGE GALLEGOS OSORIO | Customer Number: 81200692 | Policy Number: 3503107824 |
|--------------------------------|---------------------------|---------------------------|

| 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 | 136.00 | | | | | | |
| | PROPERTY DAMAGE | 10000 EACH ACCIDENT | 117.00 | | | | | | |
| PERSONAL INJURY PROTECTION | | BACH PERSON | No Coverage | | | | | | |
| UNDERINSURED MOTORISTS | BODILY INJURY | BACH PERSON EACH 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 | 2003 Ford F-250 SUPER DUTY REGULAR CAB | | No Coverage | No Coverage |

WASLAP 0110

Starr Indemnity & Liability Company - Program 213

| | | |
|--------------------------------|---------------------------|---------------------------|
| Insured: JORGE GALLEGOS OSORIO | Customer Number: 81200692 | Policy Number: 3503107824 |
|--------------------------------|---------------------------|---------------------------|

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
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

01/24/2011 11:59 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)

01/24/2011 11:59 AM PST

DATE

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

| | | |
|--------------------------------|---------------------------|---------------------------|
| Insured: JORGE GALLEGOS OSORIO | Customer Number: 81200692 | Policy Number: 3503107824 |
|--------------------------------|---------------------------|---------------------------|

AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company

JORGE GALLEGOS OSORIO

(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 11:59 AM PST
DATE

| | | |
|--------------------------------|---------------------------|---------------------------|
| Insured: JORGE GALLEGOS OSORIO | Customer Number: 81200692 | Policy Number: 3503107824 |
|--------------------------------|---------------------------|---------------------------|

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 _____
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

01/24/2011 11:59 AM PST
 DATE

| | | |
|--------------------------------|---------------------------|---------------------------|
| Insured: JORGE GALLEGOS OSORIO | Customer Number: 81200692 | Policy Number: 3503107824 |
|--------------------------------|---------------------------|---------------------------|

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 |
|-----------------|-----|--------------------|---------------------------|
| CARMAN GALLEGOS | 54 | | 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 11:59 AM PST
 APPLICANT'S SIGNATURE DATE

WASLSP 0110

Washington - State Indemnity & Liability Company - Program 213
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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: 3503107824
APP NUMBER: 81200692

PHONE NUMBER: (253)839-5500
INCEPTION DATE: 01/24/2011 11:59 AM

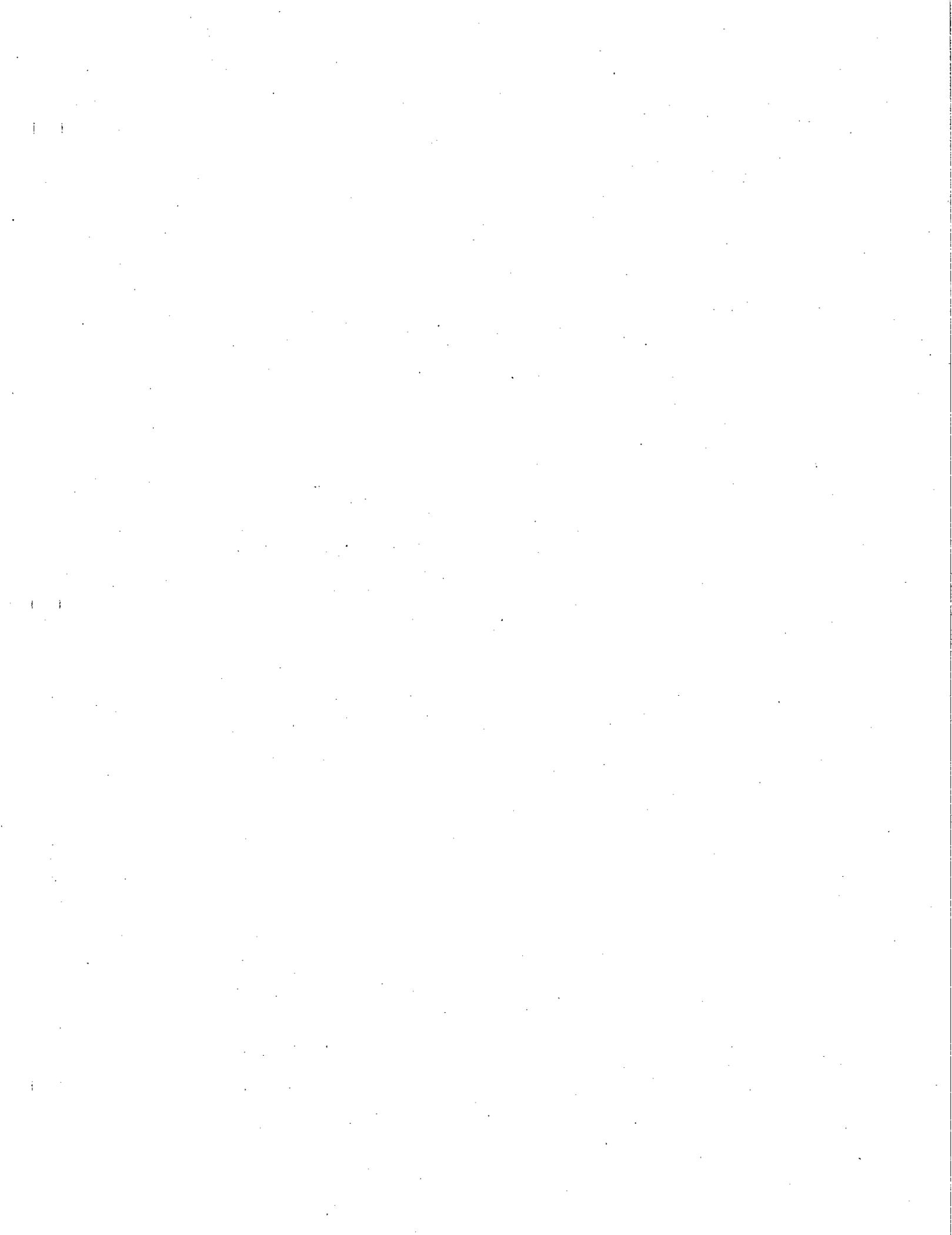
NAMED INSURED AND ADDRESS:
JORGE GALLEGOS OSORIO
1832 SW 318TH PL # B
FEDERAL WAY, WA 98023

VEHICLE

| YEAR | MAKE/MODEL | VEHICLE ID# |
|------|-----------------------------------|------------------|
| 2003 | Ford F-250 SUPER DUTY REGULAR CAB | F25BRY8512711111 |

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

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

[Policy Inquiry](#) | [Make Policy Change*](#) | [Make a Payment](#) | [New Search](#)

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

| Policy Number | Insured Name | Customer Number | Company Name |
|---------------|---------------------|-----------------|-------------------------------|
| 3503155467-1 | VICTOR CAHUEC PEREZ | 81299319 | Starr Indemnity and Liability |

Personal Auto

- [Get a Quote](#)
- [Search Quotes](#)
- [Policy Inquiry](#)
- [Make a Payment](#)
- [Endorsements](#)

| Policy Summary | | | |
|---------------------------------|--|---|------------|
| Policy Status | Inforce | | |
| Policy Term | 183 Days | Submission Method | Electronic |
| Origination Date | 06/02/2011 | Payment Plan | 6 Pay |
| Current Policy Effective | 12/02/2011 | Current Policy Expiration | 06/02/2012 |
| Insured Address | 2659 SW 332ND CT - FEDERAL WAY, WA 98023 | | |
| Insured Phone # | 253-761-6932 | | |
| 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> | \$ 301.00 |
| <u>Service Fee</u> | \$ 9.00 |
| <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 | \$ 310.00 |
| Total Paid | \$ 126.96 |
| Balance Due | \$ 183.04 |

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

GROW*
with us

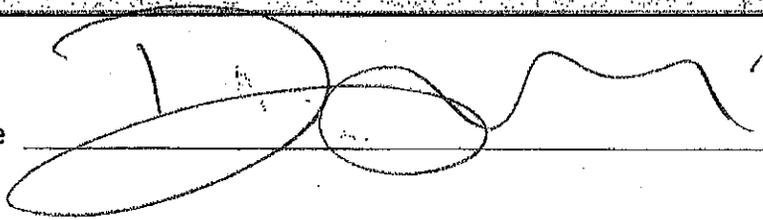
ARROWHEAD General Insurance Agency, Inc.
701 B Street, Suite 2100, San Diego, CA 92101 | CA License #0699809
Legal and License | Network Privacy and Security Statement | Disclosures | Copyright © 2010 All rights reserved.

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

| | | | |
|-----------------|--------------|-------------------|---------------------|
| Receipt Number: | 9443 | Payment Date: | 6/2/2011 9:28:53 AM |
| First Name: | Victor | Payment Type: | Cash |
| Last Name: | Cahuec Perez | Check Number: | |
| Policy Number | 3503155467 | Your Company: | Arrowhead |
| | | Your Agent Today: | Maria Diaz |

| Payment for: | Amount: |
|--------------|---------|
| Down Payment | \$66.20 |
| | \$0.00 |
| Policy Fee | \$30.00 |
| | \$0.00 |
| | \$96.20 |

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: 6/2/2011 9:29:38 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)839-5300

Customer Number: 81299319
 Policy Number: 3503155467
 Effective Date & Time: 06/02/2011 09:21 AM PST
 Policy Term / Pay Plan: 6 Months / Direct Monthly
 Down Payment: \$66.60
 Payment Type: Agency Sweep
 Transmitt Date & Time: 06/02/2011 09:21 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: VICTOR CAHUBC PEREZ | | Home Phone Number: 253-761-6932 |
| | | Work Phone Number: |
| 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. | VICTOR CAHUBC PEREZ | 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 | | | | | |

WASILAF 0110

Starr Indemnity & Liability Company - Program 213

| | | |
|------------------------------|---------------------------|---------------------------|
| Insured: VICTOR CAHUJC PERBZ | Customer Number: 81299319 | Policy Number: 3503155467 |
|------------------------------|---------------------------|---------------------------|

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. | 1996 | Dodge CARAVAN SE/CARAVAN SPORT | 2B4GP4531TR817036 | 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? YES NO

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

| Auto | Description of Damage | Repair Estimate |
|------|-----------------------|-----------------|
| | | |

| | | |
|------------------------------|---------------------------|---------------------------|
| Insured: VICTOR CAHUEC PEREZ | Customer Number: 81299319 | Policy Number: 3503155467 |
|------------------------------|---------------------------|---------------------------|

| 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 | | 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 | | | 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 | 1996 Dodge CARAVAN SE/CARAVAN SPORT | | No Coverage | No Coverage |

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

| | | |
|------------------------------|---------------------------|---------------------------|
| Insured: VICTOR CATHUC PEREZ | Customer Number: 81299319 | Policy Number: 3503135467 |
|------------------------------|---------------------------|---------------------------|

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, racers 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 purpose? (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 bias Other Than Collision/Collision coverage. | <input type="checkbox"/> Do Not Bind OTCCOLL | <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"/> |

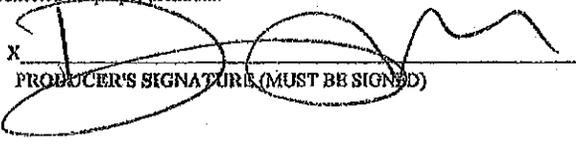
APPLICANT'S STATEMENT - READ BEFORE SIGNING

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 after 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.

Victor Cathuc
 APPLICANT'S SIGNATURE (MUST BE SIGNED) 05/02/2011 09:01 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)

06/02/2011 09:21 AM PST
DATE

WASLAP 0/10

Starr Indemnity & Liability Company - Program 213

Insured: VICTOR CAHUEC PEREZ Customer Number: 51299319 Policy Number: 3503 155467

AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company

VICTOR CAHUEC PEREZ
(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.

Victor Cahuec
APPLICANT'S SIGNATURE (MUST BE SIGNED)

06/02/2011 09:21 AM PST
DATE

WASIL5P 0110

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APPLICATION CONFIRMATION / PAYMENT RECEIPT

Payment Transmit Date / Time: 06/02/2011 09:21 AM

Policy Effective Date / Time: 06/02/2011 09:21 AM

Name of Agency: Rainwater Insurance, Inc.

Producer Code: 223021

Insured's Name: CAHUEC PEREZ, VICTOR

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 81299319 , policy number 3503155467.

Printed Date / Time: 06/02/2011 09:21 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.

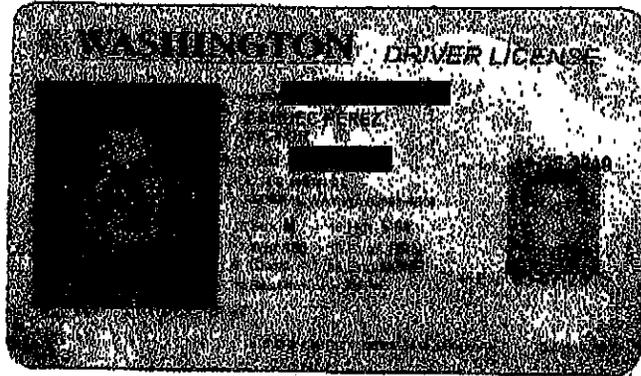
REQUIRED DOCUMENTATION TO BE RETAINED IN PRODUCER FILE:

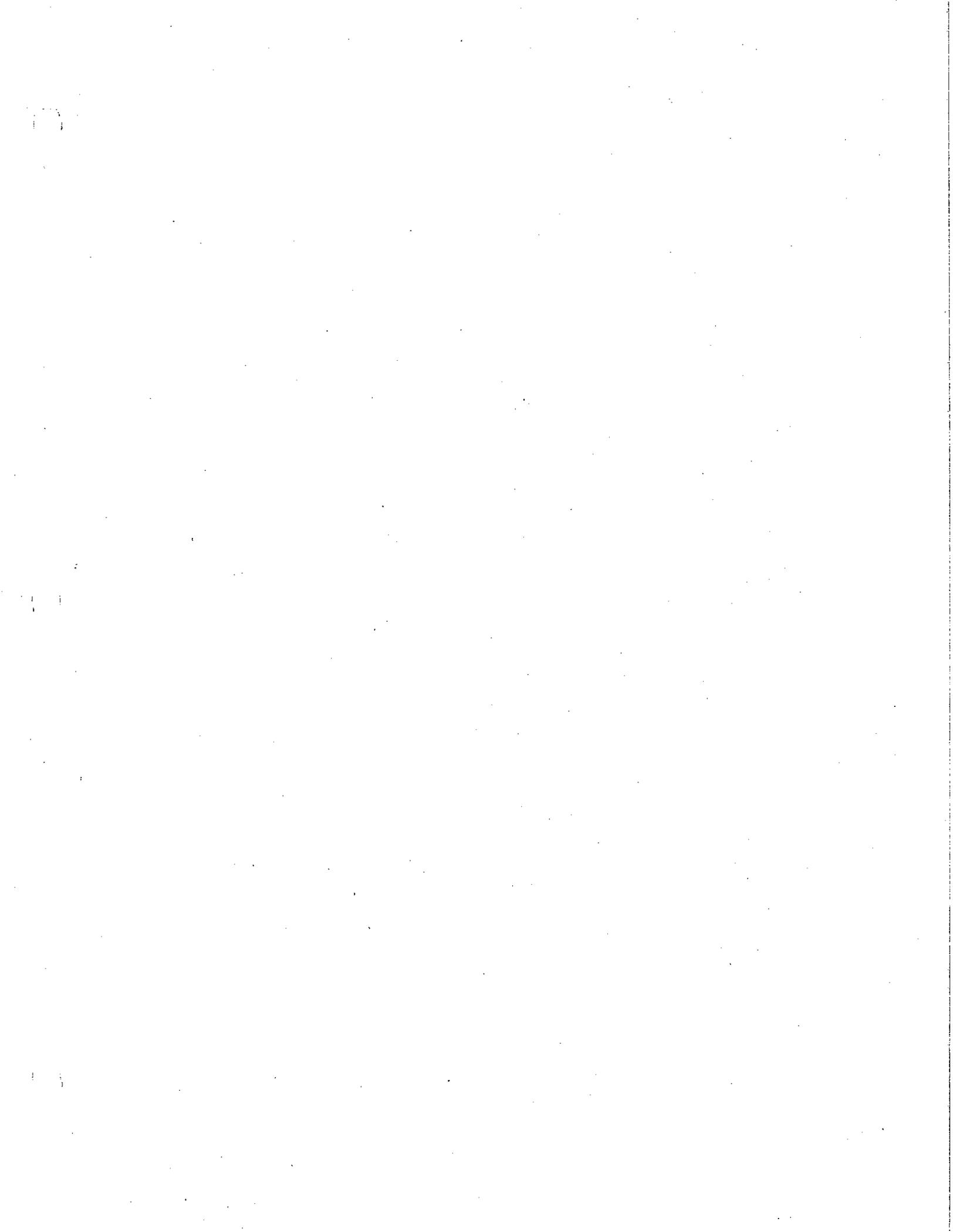
- Starr Indemnity & Liability Company Application signature pages including applicant and producer signatures**
- Starr Indemnity & Liability Company Supplemental Coverage Acceptance / Waiver including signatures**

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: 81218689
 Policy Number: 3503116776
 Effective Date & Time: 02/14/2011 08:58 AM PST
 Policy Term / Pay Plan: 6 Months / Direct Monthly
 Down Payment: \$64.00
 Payment Type: Agency Sweep
 Transmitt Date & Time: 02/14/2011 08:58 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: CLEVER GARCIA QUISPE | | Home Phone Number: 209-986-7051 |
| | | Work Phone Number: 209-986-7051 |
| MAILING ADDRESS (If P.O. Box, Garaging Address Required) | | |
| 30528 5TH AVE SW FEDERAL WAY, WA 98023 | | |
| GARAGING ADDRESS (IF DIFFERENT THAN MAILING) | | |
| 30528 5TH AVE SW 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. | CLEVER GARCIA QUISPE | M | M | Y | SELF | | 21 | | 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 | | | | | |

WASILAF 0110

Starr Indemnity & Liability Company - Program 213

| | | |
|-------------------------------|---------------------------|---------------------------|
| Insured: CLEVER GARCIA QUIspe | Customer Number: 81218689 | Policy Number: 3503116776 |
|-------------------------------|---------------------------|---------------------------|

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. | 2001 | Daewoo LANOS S/LANOS S SPORT | KLATA2265 1B649717 | 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 | AJLH | 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 | 13 | 13 | 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? YES NO

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

| Auto | Description of Damage | Repair Estimate |
|------|-----------------------|-----------------|
| | | |

| | | |
|-------------------------------|---------------------------|---------------------------|
| Insured: CLEVER GARCIA QUIspe | Customer Number: 81218689 | Policy Number: 3503116776 |
|-------------------------------|---------------------------|---------------------------|

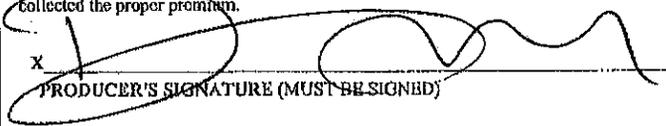
| COVERAGES AND LIMITS OF LIABILITY | | | COVERAGES PROVIDED WHEN PREMIUM INDICATED | | | | | | |
|--|---------------------------------------|--|---|--------|--------|--------|--------|--------|--------|
| COVERAGES | | | PREMIUM | | | | | | |
| | | | AUTO 1 | AUTO 2 | AUTO 3 | AUTO 4 | AUTO 5 | AUTO 6 | AUTO 7 |
| LIABILITY | BODILY INJURY | 25000 EACH PERSON 50000 EACH ACCIDENT | 126.00 | | | | | | |
| | PROPERTY DAMAGE | 25000 EACH ACCIDENT | 119.00 | | | | | | |
| 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 | | | 245.00 | | | | | | |
| | | | FINANCIAL RESPONSIBILITY FILING FEE(S) | | | | | | 0.00 |
| | | | NEW BUSINESS POLICY FEE | | | | | | 15.00 |
| | | | TOTAL POLICY PREMIUM | | | | | | 260.00 |

| VEHICLES WITH PHYSICAL DAMAGE COVERAGES | | DEDUCTIBLE(S) | |
|---|-----------------------------------|----------------------|-------------|
| AUTO | YEAR, MAKE MODEL | OTHER THAN COLLISION | COLLISION |
| 1 | 2001 Daewoo LANOS S/LANOS S SPORT | No Coverage | No Coverage |

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)

02/14/2011 08:58 AM PST

DATE

WASILAP 0110

Starr Indemnity & Liability Company - Program 213



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Policy Number **Insured Name** **Customer Number** **Company Name**

Tools & Reports

3503116776-0 CLEVER A GARCIA QUISPE 81218689 Starr Indemnity and Liability

Basic Renters

Policy Summary

Boat/Yacht

Homeowners

Policy Status Cancelled Non-Reinstatable

Personal Auto

Cancellation Date 04/15/2011 **Reason for Cancellation** Insured requested cancellation.

Get a Quote

Policy Term 181 Days **Submission Method** Electronic

Search Quotes

Origination Date 02/14/2011 **Payment Plan** 6 Pay

Policy Inquiry

Current Policy Effective 02/14/2011 **Current Policy Expiration** 08/14/2011

Make a Payment

Endorsements

Insured Address 30528 5TH AVE SW - FEDERAL WAY, WA 98023

Personal Motorcycle

Insured Phone # 209-986-7051

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> | \$ | 161.00 |
| <u>Service Fee</u> | \$ | 16.00 |
| <u>NSF Fee</u> | \$ | 0.00 |
| <u>Refund</u> | \$ | 42.10 |
| <u>Write Off</u> | \$ | 0.00 |
| <u>Charge Off</u> | \$ | 0.00 |
| <u>Previous Unpaid Balance</u> | \$ | 0.00 |
| <hr/> | | |
| Total | \$ | 219.10 |
| <hr/> | | |
| Total Paid | \$ | 219.10 |
| <hr/> | | |
| <u>Balance Due</u> | \$ | 0.00 |

| | | |
|-------------------------------|---------------------------|---------------------------|
| Insured: CLEVER GARCIA QUISPE | Customer Number: 81218689 | Policy Number: 3503116776 |
|-------------------------------|---------------------------|---------------------------|

AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company

CLEVER GARCIA QUISPE
(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.

Clever Garcia
APPLICANT'S SIGNATURE (MUST BE SIGNED)

02/14/2011 08:58 AM PST
DATE

| | | |
|-------------------------------|---------------------------|---------------------------|
| Insured: CLEVER GARCIA QUISPE | Customer Number: 81218689 | Policy Number: 3503116776 |
|-------------------------------|---------------------------|---------------------------|

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"/> |

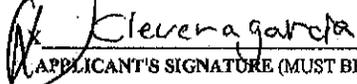
EXPLANATIONS:

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 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.


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| Insured: CLEVER GARCIA QUISPE | Customer Number: 81218689 | Policy Number: 3503116776 |
|-------------------------------|---------------------------|---------------------------|

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 |
|---------------|-----|--------------------|---------------------------|
| BETTI NAVARRO | 39 | [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.**



Clever Garcia Quispe
APPLICANT'S SIGNATURE

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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 Cleven Agarcia

ACORD CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YY)

PRODUCER
 WATER INSURANCE INC.
 700 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
 Clever A Garcia Quispe
 30528 5th AVE SW
 Federal Way WA 98023

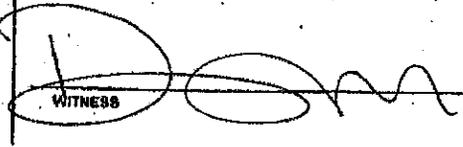
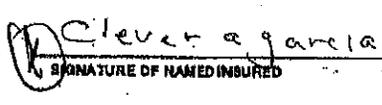
POLICY TYPE: **P.A.P.**
 CANCELLED POLICY INFORMATION
 POLICY NUMBER: **3503116776-0**
 EFFECTIVE DATE AND HOUR OF CANCELLATION: **4/15/11** TIME: **12:01** AM/PM: **A**
 POLICY TERM: **2/14/11** EXPIRATION DATE: **8/14/11**

CANCELLATION REQUEST (Policy attached) 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: **4/15/11** SIGNATURE OF NAMED INSURED:  DATE: **4/15/11**

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
 NOT TAKEN OTHER (Identify): _____
 REQUESTED BY INSURED
 REWRITTEN (Complete below)

METHOD OF CANCELLATION
 FLAT
 SHORT RATE
 PRO RATA
 PREMIUM CALCULATION SUBJECT TO AUDIT

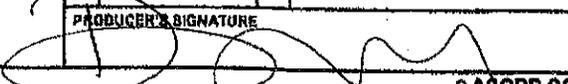
COMPANY _____
 POLICY NUMBER _____ EFFECTIVE DATE _____

FULL TERM PREMIUM \$ _____
 UNEARNED FACTOR _____
 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
 INSURED LOSS PAYEE
 MORTGAGEE LIEN HOLDER
 COMPANY FINANCE COMPANY
 PRODUCER'S SIGNATURE:  DATE: **4/15/11**