

# UNITRIN

SPECIALTY®

## Policy Information

Policy Number: CCCIZA3445880

Policy Term: 01/06/2011 - 07/06/2011

Status: Cancelled On 03/19/2011 - 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

Last Update: 01/06/2011

Customer Name: MISAEL RAMIREZ-BONILLA

Address: 10624 IRENE AVE SW,

LAKEWOOD, WA 98499

Phone: 253-945-6445

## Billing Information

Last Payment	Received	Next Payment	Due Before	EZPay	Total Remaining Balance
\$71.68	02/22/2011	\$26.68		No	\$26.68

## Driver Information

Name	License No.	State	Date of Birth	Gender	Marital Status	Points Excluded	Filing
MISAEL RAMIREZ-BONILLA	[REDACTED]	WA	[REDACTED]	M	S	0	N N

## Driver Violations

Name	State	Description	Date	Points
MISAEL RAMIREZ-BONILLA		No Records Found		

## Vehicle Information

Year	Make	Model	Vin	Garage Zip	Lienholder	Assigned Driver
2001	DODG	INTREPID	2B3HD46R01H613402	98499	None	MISAEL RAMIREZ-BONILLA

## Vehicle Coverages & Limits

### 2001 Dodg-3402

	Per Person	Per Accident	Deductible	Premium
Bodily Injury Liability	\$25,000.00	\$50,000.00	N/A	\$155.00

**Property Damage  
Liability**

N/A

\$25,000.00

N/A

\$198.00

**Total For 2001 Dodg-3402: \$353.00**

**Policy Fee: \$20.00**

**Personal Auto Policy Premium: \$373.00**

**Policy Premium Information**

**Auto Premium: \$373.00**

**Total Policy Premium: \$373.00**

**Discounts**

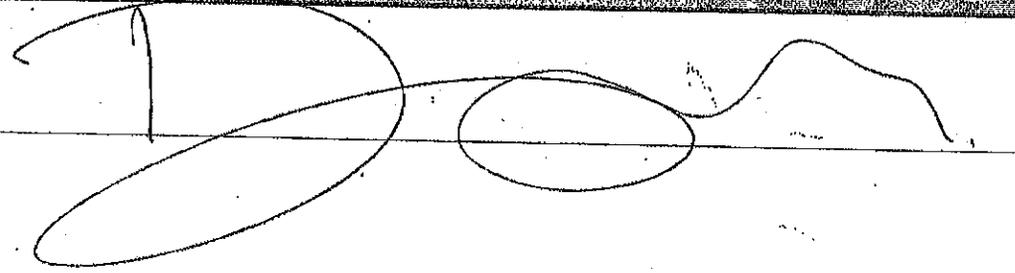
No Records Found

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

Receipt Number:	7531	Payment Date:	1/6/2011 6:54:40 PM
First Name:	Misael	Payment Type:	Cash
Last Name:	Ramirez	Check Number:	
Policy Number	466041950	Your Company:	Unltrin
		Your Agent Today:	Maria Diaz

Payment for:	Amount:
Down Payment	\$74.60
	\$0.00
Policy Fee	\$30.00
	\$0.00
	\$104.60

*Thank you for your Business. Have a Great Day!!!*

Agent Signature 

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

Printed: 1/6/2011 6:55:02 PM

Washington Personal Auto Application  
 Charter Indemnity Company

UNITRIN

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

Binder Number:  
 466041950

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

Credit Score Reference Number  
 11406171036557

AGENCY:

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

APPLICANT/NAMED INSURED:  
 Misael Ramirez-bonilla  
 ADDRESS AND PHONE NUMBER  
 10624 IRENE AVE SW,  
 LAKEWOOD, WA 98499  
 253-945-6445

CODE: 0019868

Work Phone:  
 Covered Vehicle Information

Email:

Veh#	Year	Make	Model & Series	VIN	Symbol	Agreed Value	Vehicle Usage
1	2001	DODG	INTRPID	2B3HD46R01H613402	06-07-11	\$0.00	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.

Lien Holder / Loss Payee / Leasing Company Information

Veh#	Type	Company Name	Address, City, State, Zip
1			

Coverage and Premium Information

Coverage	Limits/Deductibles	Premium			
		Veh #1	Veh #2	Veh #3	Veh #4
BI-PD	25000/50000/ 25000	353.00			
PIP	N/A	N/A			
UMBI	N/A	N/A			
UMPD	N/A	N/A			
Other Than Collision	N/A	N/A			
Collision	N/A	N/A			
Rental Reimbursement	N/A	N/A			
Custom Equipment	N/A	N/A			
Loan Balance	N/A	N/A			
Subtotal:	\$ 353.00				
Total Premium & Fee:	\$ 373.00				
Minimum Down Payment:	\$ 74.60				
Down Payment Submitted:	\$ 74.60				

Driver Information

Drv#	Driver's Name	Date of Birth	Relationship to Applicant	Gender	Marital Status	Social Security #	SR-22
1	Ramirez-bonilla, Misael	[REDACTED]	Named Insured	Male	Single		N

Drv#	Driver's License #	State	Months Licensd in Washington
1	[REDACTED]	WA	143

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.

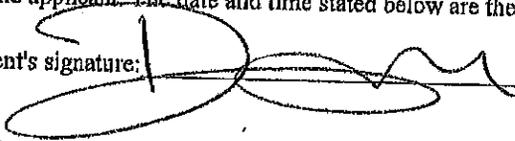
Have all residents in your household over the age of 14 years and all drivers who use the listed vehicle(s) on a regular basis, been either added as a listed driver or able to show proof of other applicable auto liability insurance?

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:

1/11/11

Time:

6:20

**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.

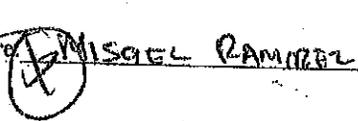
I hereby grant the Company permission to order a motor vehicle report from the State for me, and all operators for which coverage may be afforded under this policy. I agree that the Company has my permission to charge the correct rates and if the correct premium is not paid, I understand that my policy 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:

1/11/11

Time:

6:20

WASHINGTON AUTO SUPPLEMENT

UNITRIN

AGENCY:

RAINWATER INS INC  
32700 PACIFIC HWY SO STE 7  
FEDERAL WAY, WA 98003  
253-839-6500

APPLICANT/NAMED INSURED: Misael Ramirez-bonilla  
COMPANY: Charter Indemnity Company  
BINDER/POLICY#: 466041950  
EFFECTIVE DATE: 01/06/2011

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

X M R B 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

X M R B 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

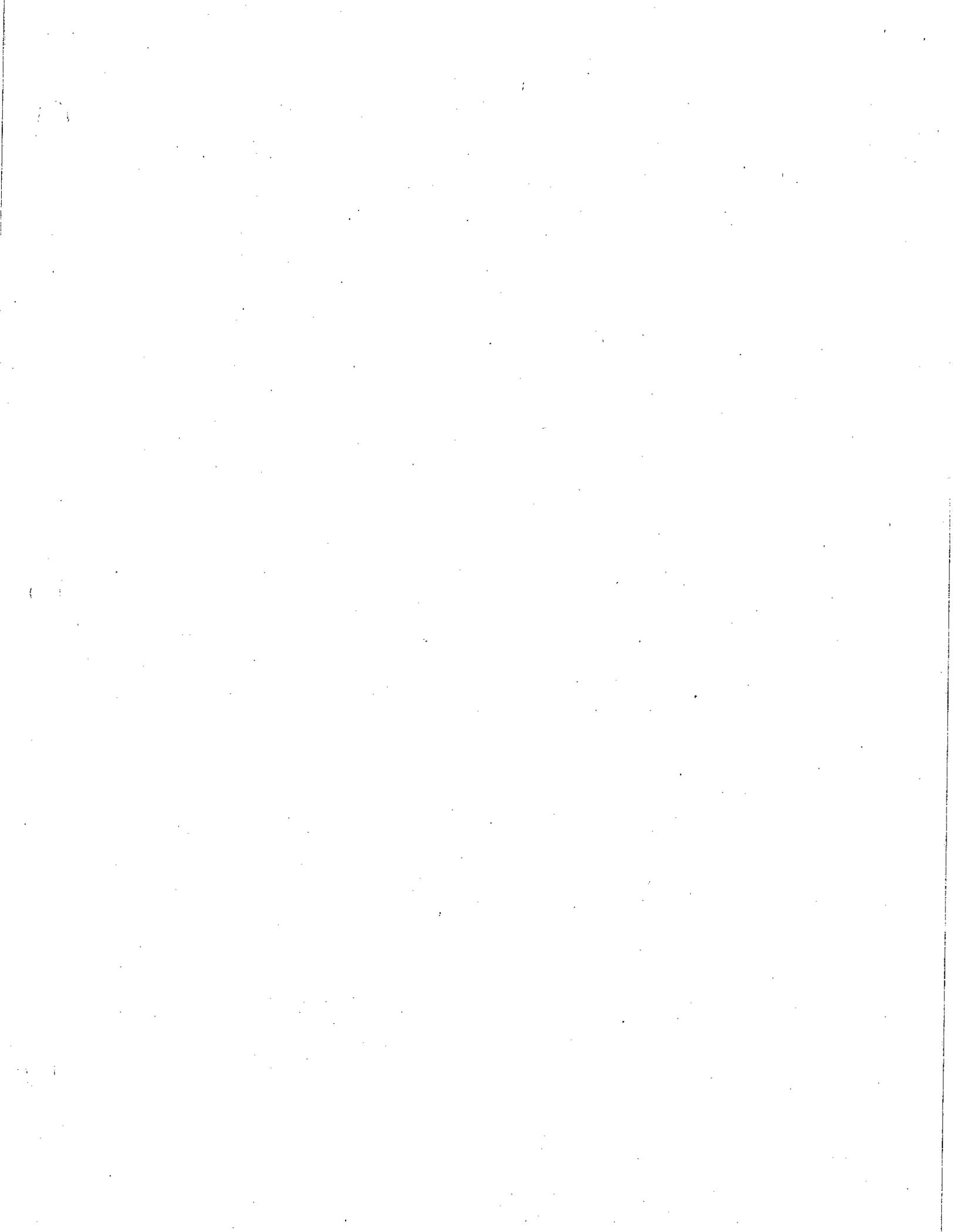
Washington law requires insurers to offer Personal Injury Protection at minimum limits established by law. The law also provides that the Named Insured may reject such coverage in writing. Please indicate below your selection.

Initial

X M R B 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 MISAEEL RAMIREZ B Date 01/06/11



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Tuesday, January 3, 2012

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Policy Number	Insured Name	Customer Number	Company Name
3503091281-1	ELSA CHASILUISA TACO	81164313	Starr Indemnity and Liability

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[Basic Renters](#)

[Homeowners](#)

**Personal Auto**

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**Personal Motorcycle**

Policy Summary			
<b>Policy Status</b>	Cancelled Non-Reinstatable		
<b>Cancellation Date</b>	06/21/2011	<b>Reason for Cancellation</b>	Non-payment of premium
<b>Policy Term</b>	184 Days	<b>Submission Method</b>	Electronic
<b>Origination Date</b>	11/15/2010	<b>Payment Plan</b>	6 Pay
<b>Current Policy Effective</b>	05/15/2011	<b>Current Policy Expiration</b>	11/15/2011
<b>Insured Address</b>	2659 SW 332ND CT - Federal Way, WA 98023		
<b>Insured Phone #</b>	253-945-4550		
<b>Email Address</b>		<b>Signed up to Receive Policy Docs/Bills via Email</b>	No
<b>Notes/Comments</b>	<a href="#">Lapse History</a>		

Current Policy Premium Snapshot	
<u>Premium &amp; Policy Fees</u>	\$ 56.00
<u>Service Fee</u>	\$ 0.00
<u>NSF Fee</u>	\$ 0.00
<u>Refund</u>	\$ 0.00
<u>Write Off</u>	\$ 0.20
<u>Charge Off</u>	\$ 0.00
<u>Previous Unpaid Balance</u>	\$ 0.00
<b>Total</b>	<b>\$ 56.20</b>
<b>Total Paid</b>	<b>\$ 56.20</b>
<b>Balance Due</b>	<b>\$ 0.00</b>

GROW with us

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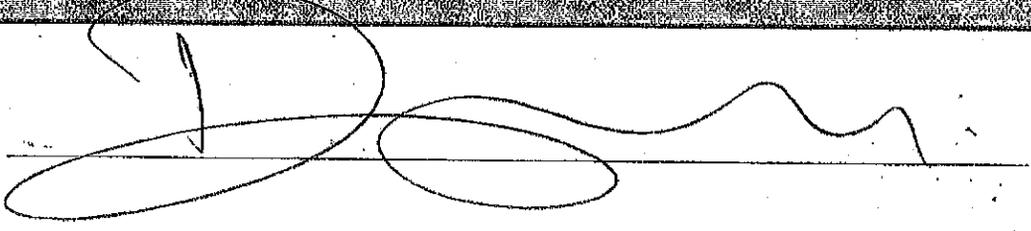
6711

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

Receipt Number:	6805	Payment Date:	11/15/2010 4:50:40 PM
First Name:	Elsa	Payment Type:	Cash
Last Name:	Chasiluisa Taco	Check Number:	
Policy Number	3503091281	Your Company:	Arrowhead
		Your Agent Today:	Maria Diaz

Payment for:	Amount:
Down Payment	\$59.20
	\$0.00
Policy Fee	\$30.00
	\$0.00
	\$89.20

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: 11/15/2010 4:51:24 PM

**ARROWHEAD® GENERAL INSURANCE AGENCY, INC.**

**WASHINGTON AUTO INSURANCE APPLICATION**

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

Customer Number: 81164313  
Policy Number: 3503091281  
Effective Date & Time: 11/15/2010 04:45 PM PST  
Policy Term / Pay Plan: 6 Months / Direct Monthly  
Down Payment: \$59.20  
Payment Type: Agency Sweep  
Transmit Date & Time: 11/15/2010 04:45 PM PST  
Bridged / Re-Rated: MULTICO / Y

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

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

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

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

IF SPOUSE NOT LICENSED, EXPLAIN:

**ADDITIONAL DRIVER INFORMATION:**

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

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

Star Indemnity & Liability Company - Program 213

Insured: ELSA CHASILUISA TACO	Customer Number: 81164313	Policy Number: 3503091281
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**ACCIDENTS AND CONVICTIONS WITHIN PAST 36 MONTHS - GIVE COMPLETE INFORMATION ON ALL DRIVERS**

Dr. No.	Incident	Occurrence Date	Description / Outcome

**AUTOMOBILE INFORMATION: DESCRIPTION OF THE AUTOMOBILES TO BE INSURED**

Auto	Year	Make and Model	Vehicle Identification Number (VIN)	Value	Purchase Date	New or Used
1.	1992	Mercury SABLE GS	1M8LM50U0NG634956	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

WASLAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: BLSA CHASILUISA TACO	Customer Number: 81164313	Policy Number: 3503091281
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COVERAGES AND LIMITS OF LIABILITY			COVERAGES PROVIDED WHEN PREMIUM INDICATED						
COVERAGES			PREMIUM						
			AUTO 1	AUTO 2	AUTO 3	AUTO 4	AUTO 5	AUTO 6	AUTO 7
LIABILITY	BODILY INJURY	25000 EACH PERSON 50000 EACH ACCIDENT	113.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	108.00						
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			221.00						
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						226.00

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

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: ELSA CHASILUISA TACO	Customer Number: 81164313	Policy Number: 3503091281
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APPLICANT QUESTIONNAIRE

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

EXPLANATIONS:

PRODUCER QUESTIONNAIRE

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

Elsa Chasiluisa  
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

11/15/2010 04:45 PM PST  
 DATE

**PRODUCER'S STATEMENT**

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

X

PRODUCER'S SIGNATURE (MUST BE SIGNED)

11/15/2010 04:45 PM PST

DATE

WASILAP 0110

Sterr Indemnity & Liability Company - Program 213

Insured: BLSA CHASILUISA TACO	Customer Number: 81164313	Policy Number: 3503091281
-------------------------------	---------------------------	---------------------------

### AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company

ELSA CHASILUISA TACO  
(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) Elsa Chasiluisa  
APPLICANT'S SIGNATURE (MUST BE SIGNED)

11/15/2010 04:45 PM PST  
DATE

WASILSP 0110

Washington - Starr Indemnity & Liability Company - Program 213  
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Insured: BLSA CHASILUISA TACO

Customer Number: 81164313

Policy Number: 3503091281

**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:

<b>Bodily Injury Underinsured Motorists Coverage</b>		<b>Property Damage Underinsured Motorists Coverage</b>			
<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

*Elsa Chasiluisa*  
APPLICANT'S SIGNATURE (MUST BE SIGNED)

11/15/2010 04:45 PM PST  
DATE



**APPLICATION CONFIRMATION / PAYMENT RECEIPT**

Payment Transmit Date / Time: 11/15/2010 04:45 PM

Policy Effective Date / Time: 11/15/2010 04:45 PM  
Name of Agency: Rainwater Insurance, Inc.  
Producer Code: 223021

Insured's Name: CHASILUISA TACO, ELSA  
Carrier: Starr Indemnity & Liability Company  
State: WA

This acknowledges receipt of \$ 59.20 to Arrowhead General Insurance Agency Inc. by Electronic Funds Transfer. This payment applies to the down payment for customer number 81164313 , policy number 3503091281.

Printed Date / Time: 11/15/2010 04:46 PM

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

**REQUIRED DOCUMENTATION TO BE RETAINED IN PRODUCER FILE:**

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

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

**Producer Copy**

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

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

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

AGENT: Rainwater Insurance, Inc.  
POLICY NUMBER: 3503091281  
APP NUMBER: 81164313

PHONE NUMBER: (253)839-5500  
INCEPTION DATE: 11/15/2010 04:45 PM

NAMED INSURED AND ADDRESS:  
ELSA CHASILUISA TACO  
520 S 317TH ST  
FEDERAL WAY, WA 98003

VEHICLE

YEAR	MAKE/MODEL	VEHICLE ID#
1992	Mercury SABLE GS	1MELM50U0NG634956

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.

Rainwater Insurance  
 6426 S. Tacoma Way  
 Tacoma, WA 98409  
 (253) 839-0335

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

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

Vehicle	Year	Make	Model	Territory	Points	Class	Driver
1	1992	MERCURY	SABLE GS	23	0	FM45	EC

Coverages	Limit	Vehicle 1	Limit	Vehicle 2	Limit	Vehicle 3
Bodily Injury	25000/50000	\$113.00				
Property Damage	25000	\$108.00				
UIM Bodily Injury	None	None				
Personal Injury Protection	None	None				
Medical	None	None				
Comprehensive	None	None				
Collision	None	None				
Waive Collision Deductible	False	None				
UM Property Damage	None	None				
Rental Reimbursement	None	None				
Towing	None	None				
Additional Parts or Equipment	None	None				
Auto Loan/Lease Protection	None	None				
Lienholder Deductible	None	None				
<b>Subtotal</b>		\$221.00				

Totals	
Vehicles Subtotal:	\$221.00
Policy Fee:	\$15.00
Broker Fee:	\$30.00
<b>Total Policy Premium:</b>	<b>\$266.00</b>

Payment
- Required Down Payment: \$89.20
5 Installment(s): \$43.36
Installment include a \$8.00 installment Fee

Discounts / Surcharges	VEHICLE 1
Experienced Driver Discount	Yes

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



STATE OF WASHINGTON  
 DEPARTMENT OF LICENSING  
 PO Box 9020 • Olympia, Washington 98507-9020

#3503091281

**Temporary Authorization to Operate a Motor Vehicle in the State of Washington**

This will authorize Chasilulsa Taco, Elsa De L  
Name  
 driver license number [REDACTED]  
 residing at 2659 SW 332nd ST Federal Way, WA 98023  
Residence address

to operate a motor vehicle on the highways of the state of Washington, subject to the following restrictions:

Instruction permit – Must be accompanied by licensed driver with 5 years driving experience.

Instruction permit number

Expires

Temporary driver license [REDACTED]  
Temporary driver license number

04/17/2011

Expires

Pending verification of Washington residence address

Restrictions \_\_\_\_\_

Other \_\_\_\_\_

[Signature]  
 Licensing services representative\*

[Signature]

Office

\*Authorization is valid only when signed by a licensing services representative of this Department.

I accept a Washington State driver license subject to the conditions above. A violation of any condition may result in suspension of my driving privileges. I also acknowledge that I must meet the requirements of Chapter 46.20 RCW, including payment of all appropriate fees and qualification on all required exams, to remove/revise these conditions.

[Signature]  
 Driver signature

02-17-11  
 Date

Policy Change Request Confirmation - 980985			
Line of Business:	AUTO	Change Effective Date:	02/18/2011 11:21 AM PST
Program Code:	0213	Current Policy Status:	ACTIVE
Policy/Customer #:	3503091281	Source System:	WPC
Insured Name:	ELSA CHASILUISA TACO		
Company:	STARR INDEMNITY & LIABILITY COMPANY / 0213		

Producer Information:			
Name:	RAINWATER INSURANCE, INC.	Transmit Date:	02/18/2011 11:21 AM PST
Code:	223021	Mailing Address:	32700 PACIFIC HWY S, STE. 7 FEDERAL WAY, WA 98003
Submitted by:	RAINWATER		
Phone:	(253)839-5500		

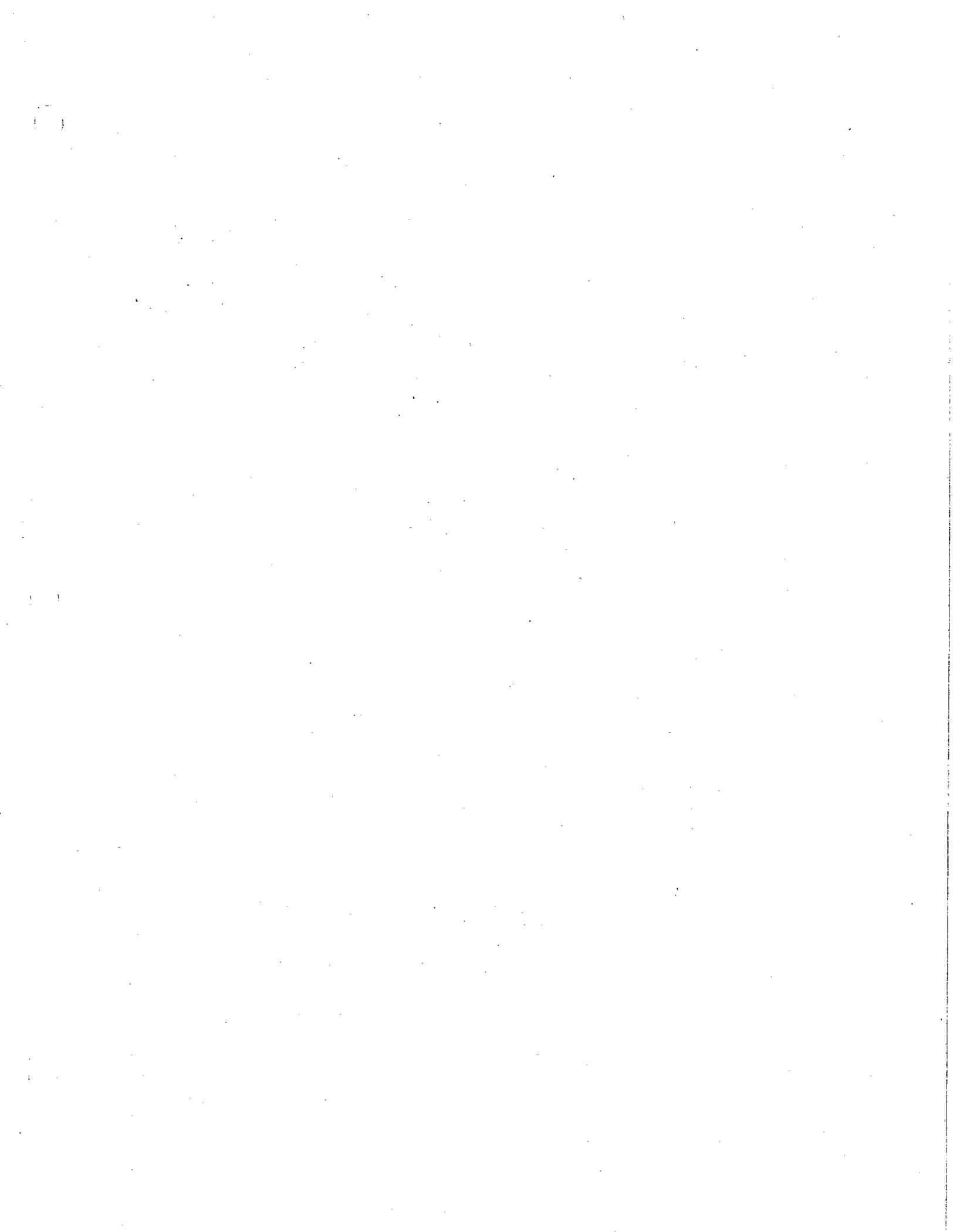
Change 1 of 1 - Change Driver Information	
DRIVER NAME:	ELSA CHASILUISA TACO
INFORMATION TO CHANGE:	ELSA DRIVER'S LICENS # [REDACTED] -PLEASE CORRECT THIS INFORMATIONS..

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

Producer Signature X \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

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

Insured Signature X \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm



Click for alerts and messages.



Tuesday, January 3, 2012

Select A Product  Enter Policyholder or Account Name  Search

Welcome, Leah Miller

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Policy Number	Insured Name	Customer Number	Company Name
3603152034-1	GREGORIO TORRES	81292256	Starr Indemnity and Liability

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- [Homeowners](#)

**Personal Auto**

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**Personal Motorcycle**

Policy Summary			
Policy Status	Inforce		
Policy Term	182 Days	Submission Method	Electronic
Origination Date	05/21/2011	Payment Plan	6 Pay
Current Policy Effective	11/21/2011	Current Policy Expiration	05/21/2012
Insured Address	2718 S 258TH ST # D - KENT, WA 98032		
Insured Phone #	253-653-1282		
Email Address	Signed up to Receive Policy Docs/Bills via Email		No
Notes/Comments	<a href="#">Lapse History</a>		

Current Policy Premium Snapshot	
<u>Premium &amp; Policy Fees</u>	\$ 255.00
<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
<b>Total</b>	<b>\$ 264.00</b>
<b>Total Paid</b>	<b>\$ 110.40</b>
<b>Balance Due</b>	<b>\$ 153.60</b>

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



ARROWHEAD General Insurance Agency, Inc.  
701 B Street, Suite 2100, San Diego, CA 92101 | CA License #0000009  
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**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: 81292256  
Policy Number: 3503152034  
Effective Date & Time: 05/21/2011 11:55 AM PST  
Policy Term / Pay Plan: 6 Months / Direct Monthly  
Down Payment: \$59.40  
Payment Type: Agency Sweep  
Transmit Date & Time: 05/21/2011 11:55 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: GREGORIO TORRES		Home Phone Number: 253-653-1282
		Work Phone Number:
MAILING ADDRESS (if P.O. Box, Garaging Address Required) 2718 S 258TH ST # D KENT, WA 98032		
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 2718 S 258TH ST # D KENT, 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.	GREGORIO TORRES	M	M	Y	SELF		30		WA

IF SPOUSE NOT LICENSED, EXPLAIN:

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

**ADDITIONAL DRIVER INFORMATION:**

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

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: GREGORIO TORRES	Customer Number: 81292256	Policy Number: 3503152034
--------------------------	---------------------------	---------------------------

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	Dodge GRAND CARAVAN SPORT	2B4GP44R41R326527	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 Coil Symbol	DISCOUNTS/CRÉDITS	SURCHARGES
1.	12000	24	5		Pleasure	23	1	0	8	8	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

WASLAP 0110

Star Indemnity & Liability Company - Program 213

Insured: GREGORIO TORRES	Customer Number: 81292256	Policy Number: 3503152034
--------------------------	---------------------------	---------------------------

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	114.00							
	PROPERTY DAMAGE	25000 EACH ACCIDENT	108.00							
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			222.00							
									FINANCIAL RESPONSIBILITY FILING FEE(S)	0.00
									NEW BUSINESS POLICY FEE	15.00
									TOTAL POLICY PREMIUM	237.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION
1	2001 Dodge GRAND CARAVAN SPORT	No Coverage	No Coverage

WASILAP 0110

State Indemnity & Liability Company - Program 213

Insured: GREGORIO TORRES	Customer Number: 81292256	Policy Number: 3503152034
--------------------------	---------------------------	---------------------------

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, raccoars or have more or less than four wheels?  | Unacceptable                                   | <input checked="" type="checkbox"/> |
| 3. Are any vehicles used for delivery purposes or for any other commercial purposes? (Examples: pizza or newspaper delivery.)  | Unacceptable                                   | <input checked="" type="checkbox"/> |
| 4. Are all vehicles listed registered to the Applicant (Named Insured)?  | <input checked="" type="checkbox"/>            | Unacceptable                        |
| 5. Are there any drivers who may operate your vehicle(s) on a REGULAR or any INFREQUENT basis that have not been listed on this application? This includes all household members. If yes, please explain.  | <input type="checkbox"/> Explain               | <input checked="" type="checkbox"/> |
| 6. Are any vehicles listed van conversions, trailers, over 15 years old, rebuilt, salvaged, grey market, antique, classic, historic, limited production, actual cash value exceeding \$50,000, optional or special equipment valued over \$2,000? If yes, please list the vehicle number, explain and do not bind Other Than Collision/Collision coverage. | <input type="checkbox"/> Do Not Bind OTC/COLL. | <input checked="" type="checkbox"/> |
| 7. Are any vehicles used for business purposes? (Examples: sales calls, driving to job site, etc.) If yes, please explain.   | <input type="checkbox"/> Explain               | <input checked="" type="checkbox"/> |

EXPLANATIONS:

PRODUCER QUESTIONNAIRE

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

APPLICANT'S STATEMENT - READ BEFORE SIGNING

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

  
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

05/21/2011 11:55 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)

05/21/2011 11:55 AM PST

DATE

WASLAP0110

Start Indemnity & Liability Company - Program 213

Insured: GREGORIO TORRES      Customer Number: 81292256      Policy Number: 3503152034

**AUTOMOBILE INSURANCE APPLICATION**

Starr Indemnity & Liability Company

GREGORIO TORRES  
(Print Applicant's Name)

**WASHINGTON SUPPLEMENT**

**FRAUD WARNING**

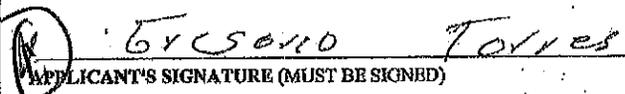
It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**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)

05/21/2011 11:55 AM PST  
DATE

WASLSP 0110

Washington - Starr Indemnity & Liability Company - Program 213  
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**NOTICE OF SELECTION / REJECTION OF UNDERINSURED MOTORISTS BODILY INJURY AND UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE**

**PLEASE READ BEFORE SIGNING**

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

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

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

**Selection of Bodily Injury AND Property Damage Underinsured Motorists Coverage Limits**

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

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

- |  |   |
|--|---|
| <b>Bodily Injury Underinsured Motorists Coverage</b>                                       | <b>Property Damage Underinsured Motorists Coverage</b>  |
| <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 Gregorio Torres  
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

05/21/2011 11:55 AM PST  
 DATE

Insured: GREGORIO TORRES	Customer Number: 81292256	Policy Number: 3503152034
--------------------------	---------------------------	---------------------------

### 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
GUDELIA TORRES	43	[REDACTED]	Spouse

#### NO INSURANCE COVERAGE FOR PERSON(S) LISTED ABOVE

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

x GREGORIO TORRES  
APPLICANT'S SIGNATURE

05/21/2011 11:55 AM PST  
DATE

## Arrowhead Installment Billing

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

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

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

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

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

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

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

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

 Gregorio Torres

Rainwater Insurance - Payment Receipt

32700 Pacific Hwy South

Federal Way WA 98003 (253) 839-5500

Receipt Number: 9341

Payment Date: 5/21/2011 11:56:13 AM

First Name: Gregorio

Payment Type: Cash

Last Name: Torres

Check Number:

Policy Number: 3503152034

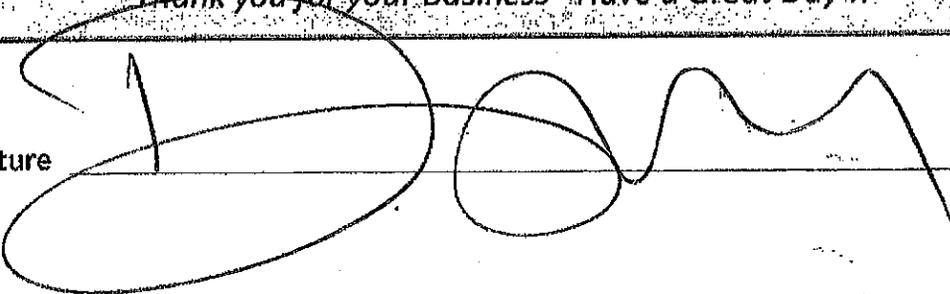
Your Company: Arrowhead

Your Agent Today: Maria Diaz

Payment for:	Amount:
Down Payment	\$59.40
	\$0.00
Policy Fee	\$30.00
	\$0.00
	\$89.40

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: 5/21/2011 11:56:59 AM

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

VEHICLE TITLE APPLICATION/REGISTRATION CERTIFICATE

05/10/2011

1113017120144059

AEJ6369

Lic/Plt AEJ6369	Issue-Date 05/2011	Tab-No X163956	Reg-Exp 12/16/2011	Value-Code/Yr 24275/2001	Depré 1	Mo-Reg 12	Mo-Gwt	
Power G	Use PAS	Mod-Yr 2001	Make DODGE	Ser/Body CAVAN	Model/BT CA /SV	VIN or Serial No 2B4GP44R41R326527	Res-Co 17	Prev-Plt 811ZSR
Sclwt 3695	Seats	Gwt	Gwt-Strt	Gwt-Exp	Fleet	Equip	Prev Title 0730514810	Prev St WA

BRANDS:

COMMENT:

PL-F - COLOR-BLUE - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

MILEAGE

E

REGISTERED OWNER

LEGAL OWNER

TORRES, GREGORIO  
 2718 S 258TH ST  
 #D  
 KENT WA 98032

BUDGET AUTO SALES III  
 PO BOX 568  
 AUBURN WA 98071

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

x Gregorio Torres  
 Signature of Registered Owner(s)

x \_\_\_\_\_  
 Signature of Registered Owner(s)

Subscribed and sworn to before \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_  
 DEALER NO 7160 01

FILING	\$	4.00	TBD FEE 1715	\$	CHECK	\$	
SUBAGENT	\$	12.00	RTA EXCISE	\$	CASH	\$	
LOCAL FEE	\$		USE TAX	\$	TOTAL FEES	\$	49.00
LICENSE SRVC	\$		OTHER	\$	33.00 DLR TEMP CR	\$	5.00
GWT/VWT FEE	\$		DONOR AWARENESS	\$			
			STATE PARKS	\$			

VALIDATION CODE 66171201111300510110121014405

TRANSFER

RPT ID: ATITPR-1

THIS DOCUMENT IS NOT PROOF OF OWNERSHIP

OIC Exhibit 27 Page 12 of 13

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

WASHINGTON DRIVER LICENSE

LIC # [REDACTED] EXP 05-09-2012

TORRES ORDUNO, GREGORIO  
32305 7TH PL S  
FEDERAL WAY WA 98003

CDL	END	RES	SEX	HT	WT	EYES
			M	5-01	189	BRN

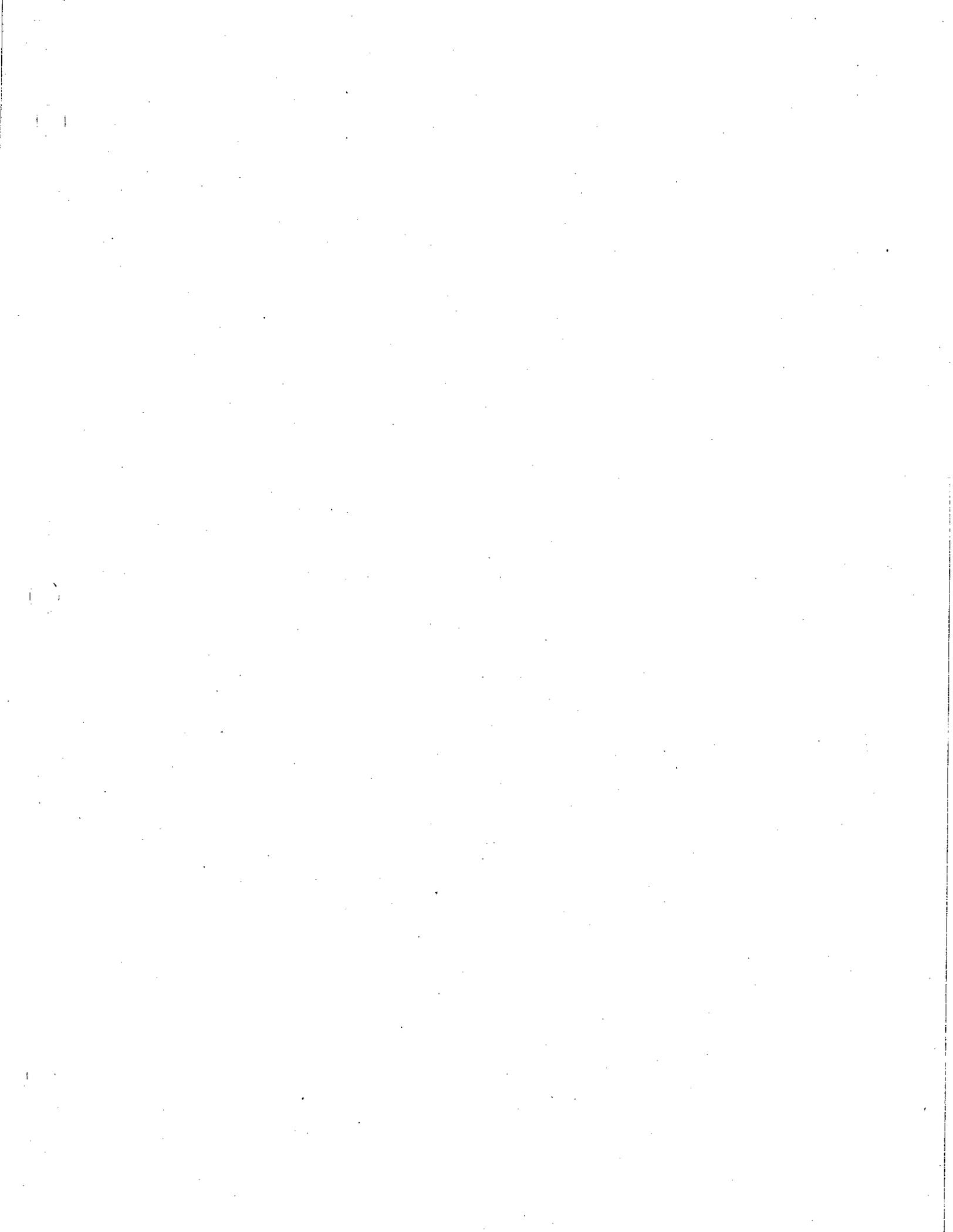
ISSUE DATE [REDACTED]

DOB [REDACTED]

*Gregorio Torres*



1 07352181/150



**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: 81213908  
Policy Number: 3503114346  
Effective Date & Time: 02/08/2011 06:36 PM PST  
Policy Term / Pay Plan: 6 Months / Direct Monthly  
Down Payment: \$69.60  
Payment Type: Agency Sweep  
Transmit Date & Time: 02/08/2011 06:36 PM PST  
Bridged / Re-Rated: MULTICO / Y

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

NAMED INSURED: SAMUEL LEON TORRES	Home Phone Number: 253-946-4550 Work Phone Number: 253-946-4550
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.	SAMUEL LEON TORRES	M	M	Y	SELF		20		WA

IF SPOUSE NOT LICENSED, EXPLAIN:

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

**ADDITIONAL DRIVER INFORMATION:**

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

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: SAMUEL LEON TORRES	Customer Number: 81213908	Policy Number: 3503114346
-----------------------------	---------------------------	---------------------------

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

Dr. No.	Incident	Occurrence Date	Description / Outcome

**AUTOMOBILE INFORMATION: DESCRIPTION OF THE AUTOMOBILES TO BE INSURED**

Auto	Year	Make and Model	Vehicle Identification Number (VIN)	Value	Purchase Date	New or Used
1.	1992	Chevrolet ASTRO	1GNEL19W5NB193646	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	5	5	Experience Driver Discount	4 Wheel Drive Surcharge

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

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

Auto	Description of Damage	Repair Estimate

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: SAMUEL LEON TORRES	Customer Number: 81213908	Policy Number: 3503114346
-----------------------------	---------------------------	---------------------------

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	139.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	134.00						
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			273.00						
								FINANCIAL RESPONSIBILITY FILING FEE(S)	0.00
								NEW BUSINESS POLICY FEE	15.00
								TOTAL POLICY PREMIUM	288.00

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

WASLAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: SAMUEL LEON TORRES	Customer Number: 81213908	Policy Number: 3503114346
-----------------------------	---------------------------	---------------------------

APPLICANT QUESTIONNAIRE

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

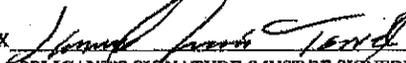
EXPLANATIONS:

PRODUCER QUESTIONNAIRE

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

02/08/2011 06:36 PM PST  
 DATE

PRODUCER'S STATEMENT

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

X

PRODUCER'S SIGNATURE (MUST BE SIGNED)

02/08/2011 05:36 PM PST  
DATE

WASHLAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: SAMUEL LEON TORRES	Customer Number: 81213908	Policy Number: 3503114346
-----------------------------	---------------------------	---------------------------

### AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company

SAMUEL LEON TORRES

(Print Applicant's Name)

### WASHINGTON SUPPLEMENT

#### FRAUD WARNING

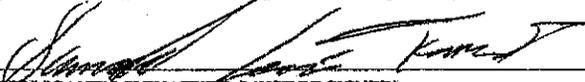
It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

#### COVERAGE SELECTION / REJECTION FOR PERSONAL INJURY PROTECTION

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

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

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

x   
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

02/08/2011 06:36 PM PST  
DATE

Insured: SAMUEL LEON TORRES	Customer Number: 81213908	Policy Number: 3503114346
-----------------------------	---------------------------	---------------------------

**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:

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

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

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

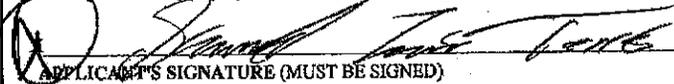
I reject Property Damage Underinsured Motorists Coverage and select ONLY Bodily Injury Underinsured Motorists Coverage at the following limit(s) which are lower than the limits of my Liability Coverage.

**Bodily Injury Underinsured Motorists Coverage**

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

**Rejection of Bodily Injury AND Property Damage Underinsured Motorists Coverage**

I reject Bodily Injury AND Property Damage Underinsured Motorists Coverage

  
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

02/08/2011 06:36 PM PST  
 DATE

Insured: SAMUEL LEON TORRES	Customer Number: 81213908	Policy Number: 3503114346
-----------------------------	---------------------------	---------------------------

**DRIVERS EXCLUSION**

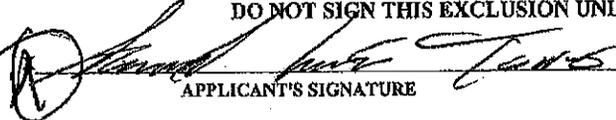
All household members age 15 and above must be listed as a driver or excluded from this policy. We shall not be liable to any person for any damages, losses or claims arising out of the excluded driver's operation or use of an insured motor vehicle, whether or not such operation or use was with the express 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 ARREDONDO	32	[REDACTED]	Spouse

**NO INSURANCE COVERAGE FOR PERSON(S) LISTED ABOVE**

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

  
 \_\_\_\_\_  
 APPLICANT'S SIGNATURE

02/08/2011 06:36 PM PST  
 \_\_\_\_\_  
 DATE

## Arrowhead Installment Billing

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

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

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

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

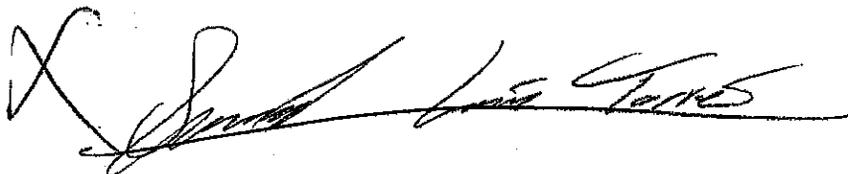
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If payment is not received by the due date indicated, a cancellation notice will be sent to you. This notice will indicate the date your policy will cancel if no payment is received, typically 12 days after the due date shown on your installment bill.

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](http://www.ArrowheadExchange.com) 24-hours a day 7-days a week.

A handwritten signature in black ink, appearing to read "X. [unclear] [unclear] [unclear]". The signature is written in a cursive style and is positioned above a horizontal line.



Monday, February 20, 2012

Select A Product | Enter Policyholder or Account Name | Search Policies

Welcome, Leah Miller

Home | Manage My Account | Log Out

Help & Training

Policy Inquiry

[New Search](#)

Commission Statements

Contacts

[Policy](#) | [Billing](#) | [Coverage](#) | [Driver](#) | [Vehicle](#) | [Claims](#) | [Policy Documents](#)

Document Center

Blog

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

Tools & Reports

3503114346-0      SAMUEL LEON TORRES      81213908      Starr Indemnity and Liability

Basic Renters

**Policy Summary**

Boat/Yacht

Homeowners

**Policy Status**      Cancelled Non-Reinstatable

Personal Auto

**Cancellation Date**      06/02/2011      **Reason for Cancellation**      Insured requested cancellation.

Get a Quote

**Policy Term**      181 Days      **Submission Method**      Electronic

Search Quotes

**Origination Date**      02/08/2011      **Payment Plan**      6 Pay

Policy Inquiry

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

Make a Payment

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

Endorsements

**Insured Phone #**      253-946-4550

Personal Motorcycle

**Email Address**      Signed up to Receive Policy Docs/Bills via Email      No

**Notes/Comments**      [Lapse History](#)

**Current Policy Premium Snapshot**

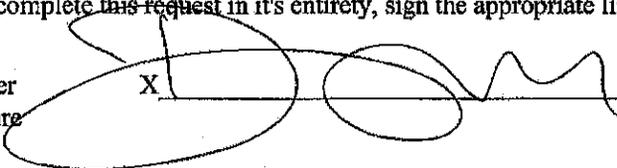
<u>Premium &amp; Policy Fees</u>	\$	193.00
<u>Service Fee</u>	\$	24.00
<u>NSF Fee</u>	\$	0.00
<u>Refund</u>	\$	17.74
<u>Write Off</u>	\$	0.00
<u>Charge Off</u>	\$	0.00
<u>Previous Unpaid Balance</u>	\$	0.00
<hr/>		
<b>Total</b>	\$	234.74
<hr/>		
<u>Total Paid</u>	\$	234.74
<hr/>		
<u>Balance Due</u>	\$	0.00

Policy Change Request Confirmation - 1017803			
Line of Business:	AUTO	Change Effective Date:	06/02/2011 01:30 PM PST
Program Code:	0213	Current Policy Status:	ACTIVE
Policy/Customer #:	3503114346	Source System:	WPC
Insured Name:	SAMUEL LEON TORRES		
Company:	STARR INDEMNITY & LIABILITY COMPANY /0213		

Producer Information:			
Name:	RAINWATER INSURANCE, INC.	Transmit Date:	06/02/2011 01:30 PM PST
Code:	223021	Mailing Address:	32700 PACIFIC HWY S., STE. 7 FEDERAL WAY, WA 98003
Submitted by:	RAINWATER		
Phone:	(253)839-5500		

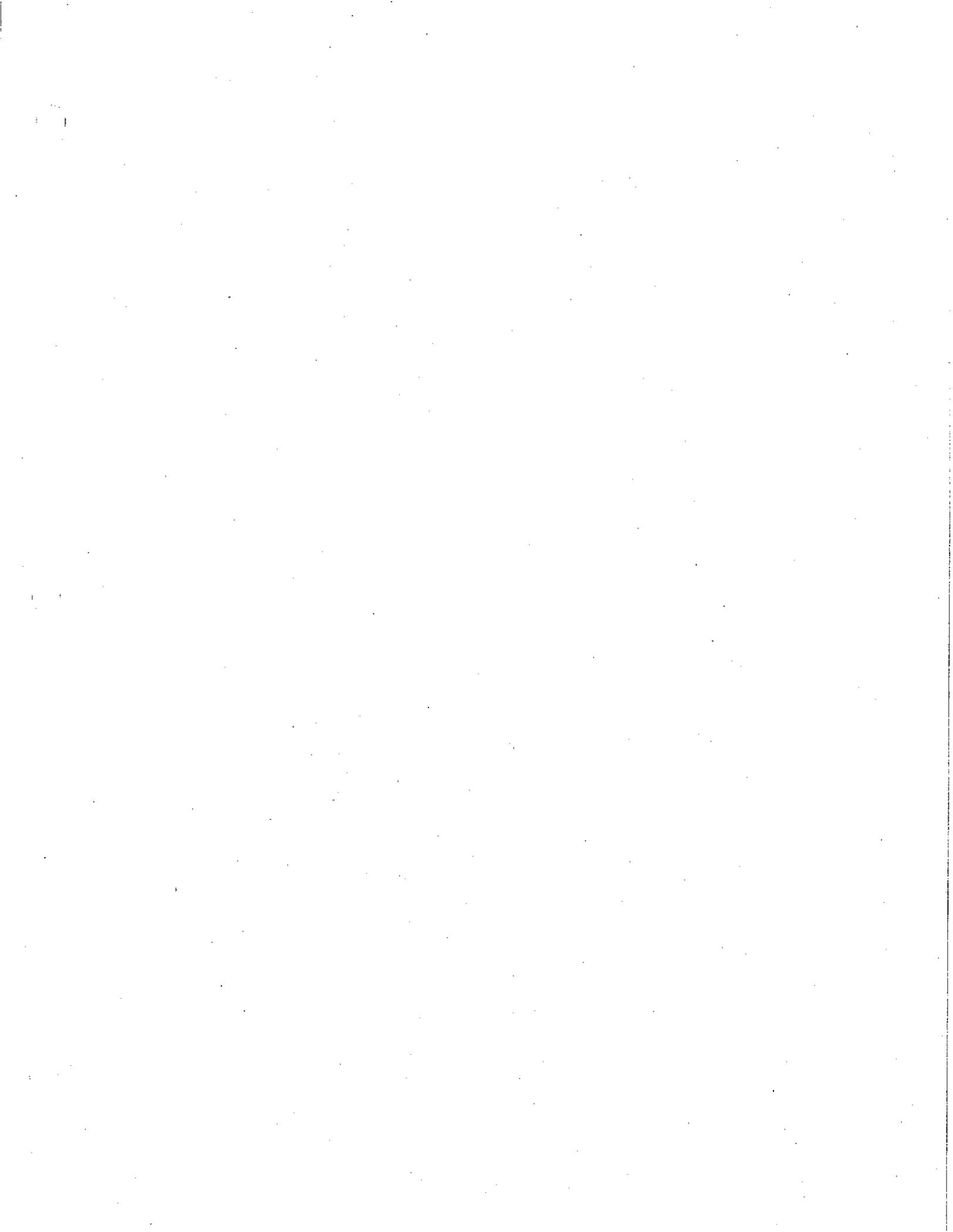
Change 1 of 1 - Insured's Request to Cancel	
REASON FOR CANCELLATION:	INSURED LOST VEHICLE
NOTE: THIS ENDORSEMENT REQUIRES AN INSURED SIGNATURE TO BE MAINTAINED IN THE PRODUCER'S FILE.	
NOTE: IF THE INSURED AND/OR SPOUSE HAVE AN SR22 FILING, THIS ENDORSEMENT REQUIRES THE PRODUCER TO RETAIN PROOF OF SALE IN THEIR FILES.	

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

Producer Signature X  Date 6/2/11 Time \_\_\_\_\_ am/pm

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

Insured Signature X \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm



WA  
USA

# WASHINGTON

# DRIVER LICENSE



*MA ANITA DIAZ*

4a) LIC# [REDACTED]

1) DIAZ-ALVAREZ  
2) MA ANITA

3) DOB [REDACTED]

4a) Iss 06-03-2011

8) 2659 SW 332ND CT  
FEDERAL WAY WA 98023-2761

15) Sex F 16) Hgt 4-11

17) Wgt 120 18) Eyes BRN

9) Class 10a) End NONE

12) Restrictions NONE

4b) Exp 07-26-2012

5) DD [REDACTED]

Rev 99-10-2009

# WASHINGTON

# DRIVER LICENSE

LIC # [REDACTED]

EXP 07-26-2012

DIAZ-ALVAREZ, MA ANITA  
2925 SW 332ND PL  
FEDERAL WAY WA 98023

CDL END RES

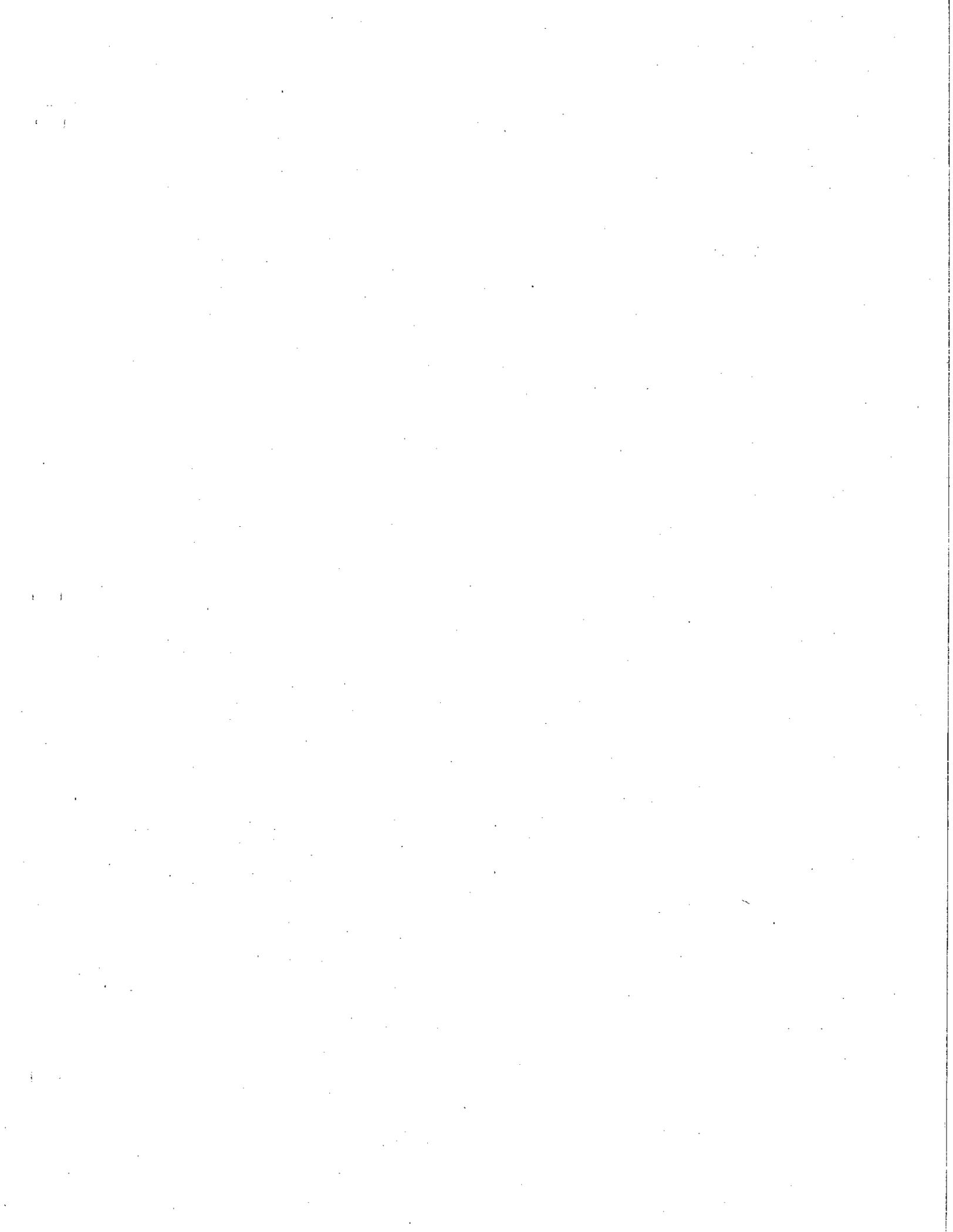
SEX HT WT EYES  
F 4-11 120 BRN

ISSUE DATE 05-22-2007

DOB [REDACTED]

*MA ANITA DIAZ*







**Washington Personal Auto Application  
Financial Indemnity Company**  
P.O. Box 223687  
Dallas, TX 75222-3687  
888-342-6595

**Applicant Information:**  
Maria A Diaz  
27906 PACIFIC HWY S 435  
FEDERAL WAY, WA 98003  
253-529-1698

**Agent Information:**  
0019868  
RAINWATER INS INC  
32700 PACIFIC HWY SO #7  
FEDERAL WAY, WA 98003  
253-839-5500

**Policy Information:**  
Effective Date: 02/19/2008 12:01:00 AM  
Expiration Date: 08/19/2008 12:01:00 AM  
Binder Number: 461654932

Total Premium: \$1075.00  
Down Payment: \$222.00  
All discount proof obtained? Yes

**Driver Information**

Drv#	Driver's Name	Date of Birth	Relation of Applicant	Gender	Marital Status	Social Security #	SR-22
1	Diaz, Maria A	[REDACTED]	Self	Female	Married	[REDACTED]	N

Drv#	Driver's License #	State	Months Licensed	Occupation	Employer
1	[REDACTED]	WA	151	INSURANCES AGEN	RAINWATER INSURANCE COMPANY

Drv#	Driver's Name	Date of Conviction	Points	Description of Accident, Claim or Conviction
1	Diaz, Maria A	10/25/2007	1	SPEEDING
1	Diaz, Maria A	03/06/2005	0	NON CHARGEABLE VIOLATION
1	Diaz, Maria A	03/06/2005	0	SPEEDING

**Excluded Driver Information**

A properly completed signed exclusion form must be executed

Drv#	Full Name	Date of Birth	Relation of Applicant	Gender	Marital Status	Driver's License #	State
2	Moreno-bravoza, Sergio L	[REDACTED]	Spouse	Male	Married	[REDACTED]	WA

**Covered Vehicle Information**

List all vehicles applying for coverage under this policy

Veh#	Year	Make	Model & Series	Body Style	2wd or 4wd	Vehicle Usage
1	1998	FORD	EXPEDITION	UTIL 4X4	4WD	Pleasure

Veh#	VIN	Agreed Value	Vehicle Symbol	Garaging Address



5 -- Do you understand that acceptable proof for all applicable discounts must be provided and that each driver must qualify for these discounts to be awarded when your policy is issued by the Company (lapses in coverage may be verified)?

M O  
 Yes  No

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

M O Initials

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, Financial Indemnity 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.

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 cancelled 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 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.**

**DRIVER RESTRICTION NOTICE** (please read carefully):

By signing below I understand and agree that the insurance policy issued to me based on this application for insurance will not cover the vehicle to be insured while it is driven by any person who is under the age of twenty-five (25) years unless that person is listed on this application or on the Declarations of the policy issued. Further I understand and agree that I will reimburse the company issuing the policy if it has to make a payment for a loss that results from a vehicle insured under the policy being driven by a person under the age of twenty-five (25).

Named Insured: Maria Diaz

Date: 2/19/08

Applicant's signature: [Signature]

Date: 2/19/08 Time: 5:10 PM

Comments / Explanations:

WASHINGTON AUTO SUPPLEMENT

UNITRIN

AGENCY:

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

APPLICANT/NAMED INSURED: Maria A Diaz  
COMPANY: Financial Indemnity Company  
BINDER/POLICY#: 461654932  
EFFECTIVE DATE: 02/19/2008

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

X M.D. 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

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

X M.D. 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

M.D.

Date

2/19/08

**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: **Maria A Diaz**  
Mailing Address: **27906 PACIFIC HWY S 435**  
City: **FEDERAL WAY** State: **WA** Zip: **98003**  
Home Phone: **253-529-1698** Work Phone: **253-529-1698**

Binder Number: **461654932**

Down payment: **\$222.00**

Check One:  Visa  Master Card

Credit Card Number: XXXXXXXXXX

Maria A Diaz

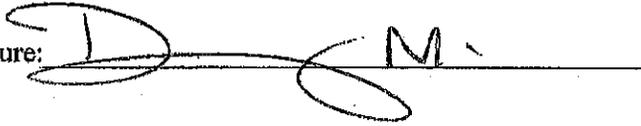
Credit Card Expiration Date: **02/2011**

Cardholder Name (exactly as it appears on card)

(Month/Year)

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, coverage will be null and void from inception, and a notice voiding all coverage will be issued by the Company.

Applicant's signature:



## NAMED DRIVER EXCLUSION

This endorsement forms a part of Policy No. 461654932 issued to Maria A Diaz by the Financial Indemnity Company at its Agency located Dallas, TX and is effective from 02/19/2008 (12:01 a.m. Standard Time).

### Important Exclusion (MUST BE COMPLETE)

This endorsement will amend all the coverage and definition provisions in the policy to which it applies, to specifically exclude the person(s) listed below and any person occupying the "insured car" or its temporary substitute, from the definition of "insured" when the "insured car" or its temporary substitute is driven, used or operated by the excluded person(s). All coverages provided to an "insured" by the policy shall be null, void, and of no effect, except excess exposure for bodily injury and property damage liability to the Named Insured while the "insured car" or its temporary substitute is driven, used, or operated by the person(s) listed below. However, this exclusion will not apply to Uninsured/Underinsured Motorist Bodily Injury sustained by the Named Insured and any resident relative who does not own a vehicle, while passengers in the "insured car", or its temporary substitute.

(The Excluded Driver(s))

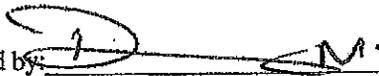
Sergio L. Moreno-bravoza

The applicant has carefully read this exclusion and understands that the listed excluded driver(s) and any passengers who do not qualify, as an "insured" under any applicable coverage part of this policy or endorsement will not be afforded coverage under this insurance policy.

Date:

2/19/08

Acknowledged by:



Named Insured

"I have read and understand this exclusion."

U-617 (08/05)

UNITRIN (C)

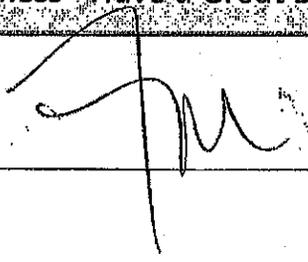

**Rainwater Insurance - Payment Receipt**  
 32700 Pacific Hwy South  
 Federal Way WA 98003 (253) 839-5500

Receipt Number:	11212	Payment Date:	11/4/2011 3:12:55 PM
First Name:	Marla A	Payment Type:	Credit Card
Last Name:	Diaz Alvarez	Check Number:	
Policy Number	OH1757754	Your Company:	<u>Safeco</u>
		Your Agent Today:	Frank Murillo

Payment for:	Amount:
Down Payment	\$33.50
	\$0.00
	\$0.00
	\$0.00
	\$33.50

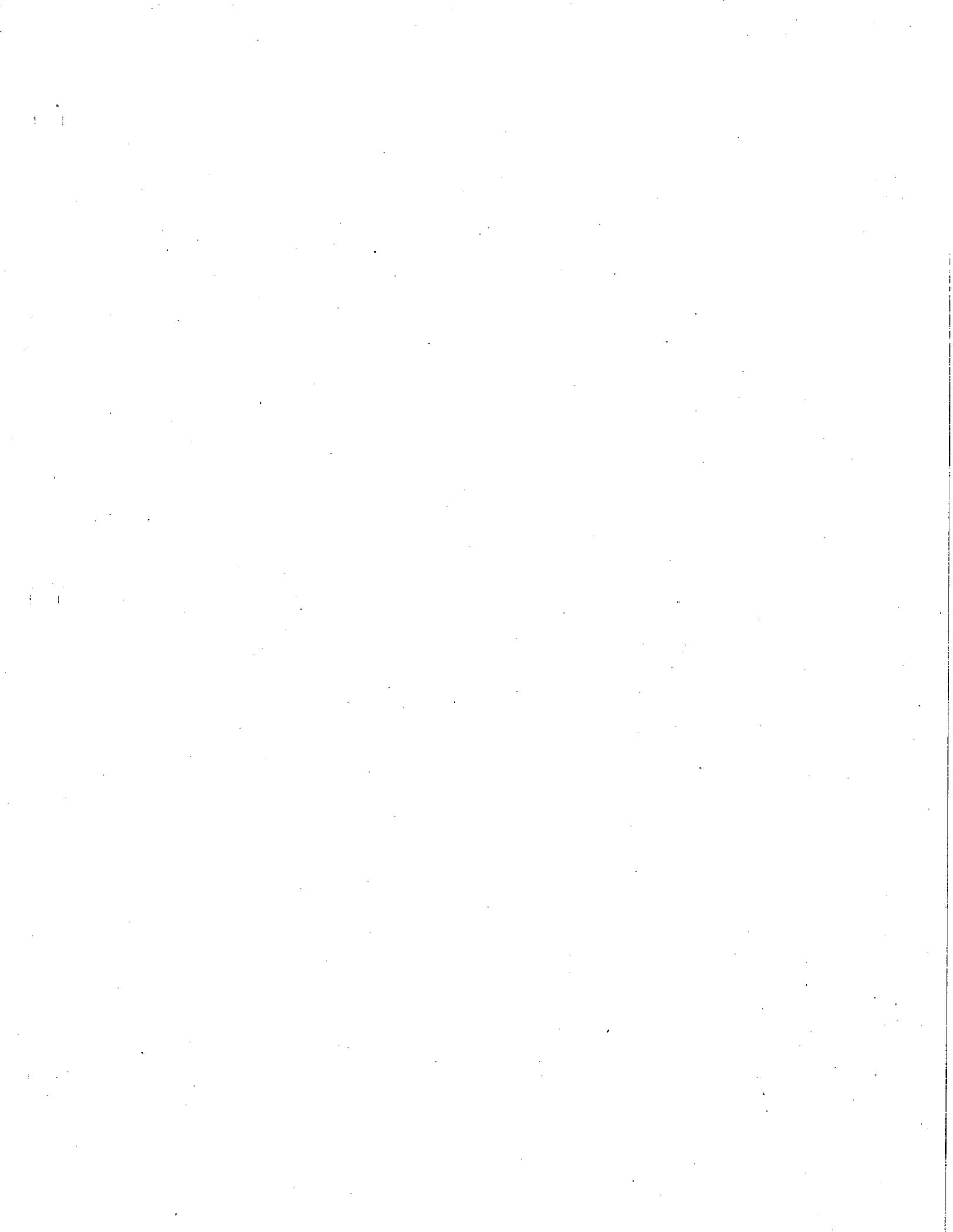
*Thank you for your Business - Have a Great Day !!*

Agent Signature \_\_\_\_\_



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

Printed: 11/4/2011 3:20:30 PM



**ARROWHEAD® GENERAL INSURANCE AGENCY, INC.**

**WASHINGTON AUTO INSURANCE APPLICATION**

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

Customer Number: 81157792  
Policy Number: 3503088373  
Effective Date & Time: 11/03/2010 06:45 PM PST  
Policy Term / Pay Plan: 6 Months / Direct Monthly  
Down Payment: \$72.00  
Payment Type: Visa  
Transmit Date & Time: 11/03/2010 06:45 PM PST  
Bridged / Re-Rated: MULTICO / Y

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

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

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

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

WASILAP 0110

Star Indemnity & Liability Company - Program 213

Insured: MARIA DIAZ-ALVAREZ	Customer Number: 81157792	Policy Number: 3503088373
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**ACCIDENTS AND CONVICTIONS WITHIN PAST 36 MONTHS - GIVE COMPLETE INFORMATION ON ALL DRIVERS**

Dr. No.	Incident	Occurrence Date	Description / Outcome

**AUTOMOBILE INFORMATION: DESCRIPTION OF THE AUTOMOBILES TO BE INSURED**

Auto	Year	Make and Model	Vehicle Identification Number (VIN)	Value	Purchase Date	New or Used
1.	1998	Ford EXPEDITION	1FMPU18L7WLB29301	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	AMLH	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	14	14	Experience Driver Discount	Sport Utility Surcharge

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

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

Auto	Description of Damage	Repair Estimate

WASILAP 0110

Storr Indemnity & Liability Company - Program 213

Insured: MARIA DIAZ-ALVAREZ	Customer Number: 81157792	Policy Number: 3503088373
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COVERAGES AND LIMITS OF LIABILITY			COVERAGES PROVIDED WHEN PREMIUM INDICATED							
COVERAGES			PREMIUM							
			AUTO 1	AUTO 2	AUTO 3	AUTO 4	AUTO 5	AUTO 6	AUTO 7	
LIABILITY	BODILY INJURY	25000 EACH PERSON 50000 EACH ACCIDENT	146.00							
	PROPERTY DAMAGE	25000 EACH ACCIDENT	139.00							
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			285.00							
									FINANCIAL RESPONSIBILITY FILING FEE(S)	0.00
									NEW BUSINESS POLICY FEE	15.00
									TOTAL POLICY PREMIUM	300.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION
1	1998 Ford EXPEDITION	No Coverage	No Coverage

WASLAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: MARIA DIAZ-ALVAREZ	Customer Number: 81157792	Policy Number: 3503088373
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APPLICANT QUESTIONNAIRE

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

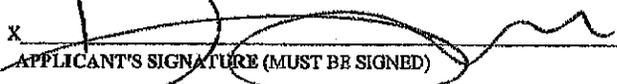
EXPLANATIONS:

PRODUCER QUESTIONNAIRE

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

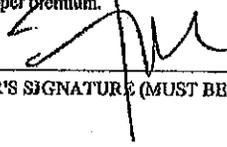
APPLICANT'S STATEMENT - READ BEFORE SIGNING

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  11/03/2010 06:45 PM PST  
 APPLICANT'S SIGNATURE (MUST BE SIGNED) DATE

**PRODUCER'S STATEMENT**

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

X   
PRODUCER'S SIGNATURE (MUST BE SIGNED)

11/03/2010 06:45 PM PST  
DATE

WASILAP0110

Starr Indemnity & Liability Company - Program 213

Insured: MARIA DIAZ-ALVAREZ	Customer Number: 81157792	Policy Number: 3503088373
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### AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company

MARIA DIAZ-ALVAREZ  
(Print Applicant's Name)

### WASHINGTON SUPPLEMENT

#### FRAUD WARNING

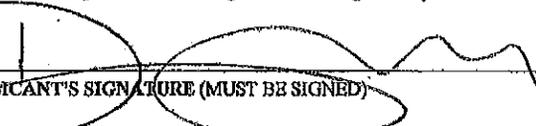
It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

#### 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)

11/03/2010 06:45 PM PST  
DATE

WASLSP 0110

Washington - Starr Indemnity & Liability Company - Program 213  
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Insured: MARIA DIAZ-ALVAREZ	Customer Number: 81157792	Policy Number: 3503088373
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**NOTICE OF SELECTION / REJECTION OF UNDERINSURED MOTORISTS BODILY INJURY AND UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE**

**PLEASE READ BEFORE SIGNING**

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

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

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

**Selection of Bodily Injury AND Property Damage Underinsured Motorists Coverage Limits**

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

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

- |  |   |  |                                   |                                   |                                   |
|--|---|--|-----------------------------------|-----------------------------------|-----------------------------------|
| <b>Bodily Injury Underinsured Motorists Coverage</b> |   | <b>Property Damage Underinsured Motorists Coverage</b> |                                   |                                   |                                   |
| <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 \_\_\_\_\_ 11/03/2010 06:45 PM PST  
 APPLICANT'S SIGNATURE (MUST BE SIGNED) DATE

Insured: MARJA DIAZ-ALVAREZ	Customer Number: 81157792	Policy Number: 3503088373
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### DRIVERS EXCLUSION

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

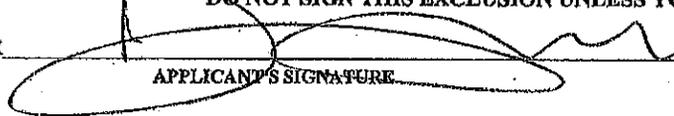
This exclusion does not apply to Underinsured Motorists Coverage if coverage is included on the policy.

Print Name(s)	Age	Mo/Day/Yr of Birth	Relationship To Applicant
SERGIO MORENO	36	[REDACTED]	Spouse

#### NO INSURANCE COVERAGE FOR PERSON(S) LISTED ABOVE

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

X



APPLICANT'S SIGNATURE

11/03/2010 06:45 PM PST

DATE

## Arrowhead Installment Billing

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

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

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

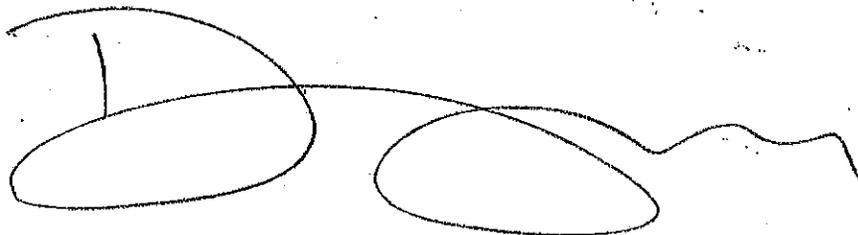
If your payment is received by the due date indicated, your future installment bill due dates will be every 30 days.

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

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

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

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





**APPLICATION CONFIRMATION / PAYMENT RECEIPT**

**Payment Transmit Date / Time: 11/03/2010 06:45 PM**

**Policy Effective Date / Time: 11/03/2010 06:45 PM**

**Name of Agency: Rainwater Insurance, Inc.**

**Producer Code: 223021**

**Insured's Name: DIAZ-ALVAREZ, MARIA**

**Carrier: Starr Indemnity & Liability Company**

**State: WA**

**This acknowledges receipt of \$ 72.00 to Arrowhead General Insurance Agency Inc. by Credit Card. This payment applies to the down payment for customer number 81157792 , policy number 3503088373.**

**Printed Date / Time: 11/03/2010 06:46 PM**

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

**REQUIRED DOCUMENTATION TO BE RETAINED IN PRODUCER FILE:**

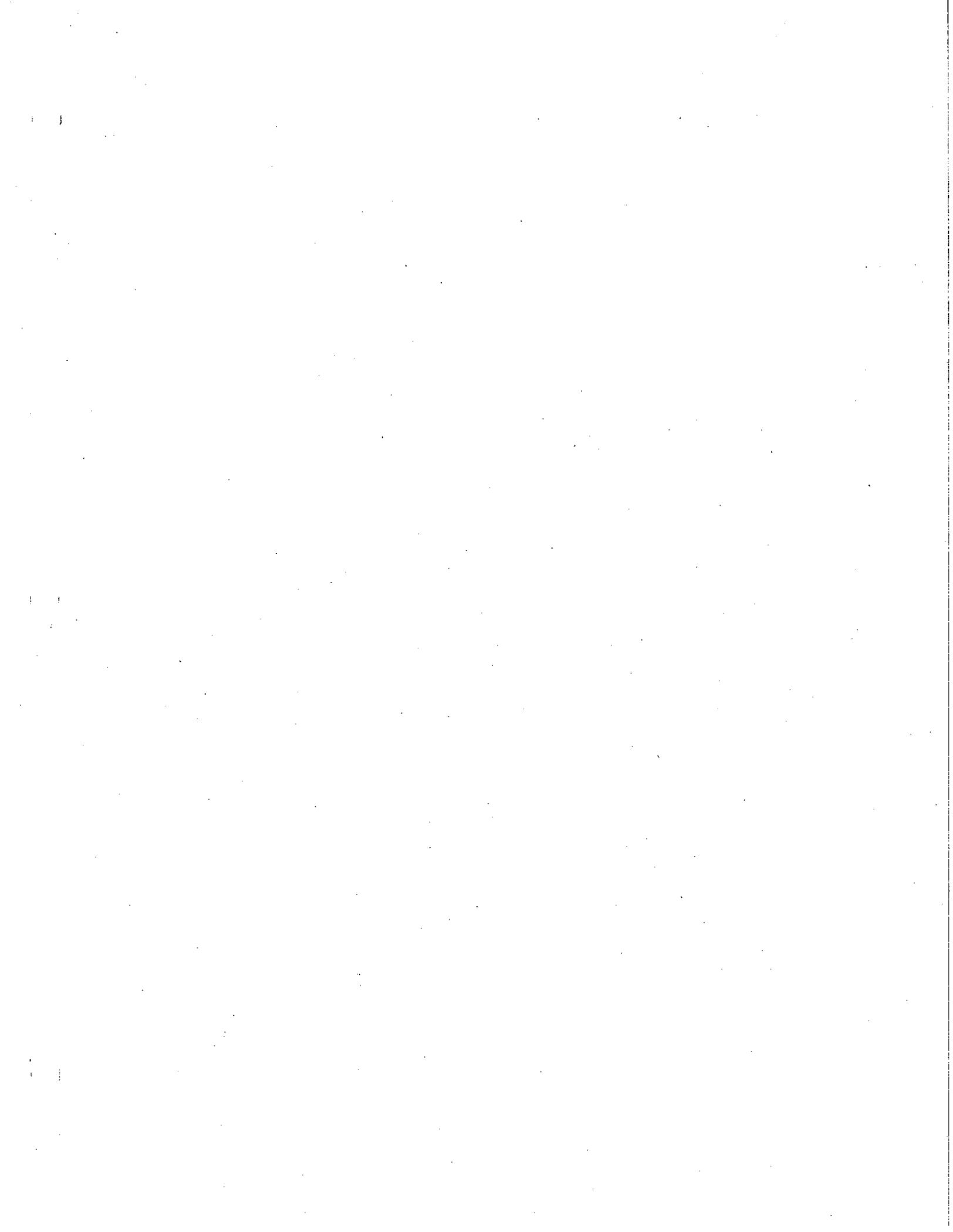
- **Starr Indemnity & Liability Company Application signature pages including applicant and producer signatures**
- **Starr Indemnity & Liability Company Supplemental Coverage Acceptance / Waiver including signatures**

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

**Producer Copy**

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



Policy Period: From 11/04/2011 To 11/4/2012 at 12:01 A.M. standard time at the address of the insured as stated herein.

Date Prepared: 11/4/2011

**Proposal Prepared For:**

MARIA DIAZ  
2659 SW 332ND CT  
FEDERAL WAY, WA 98023-2761

**Agent:**

RAINWATER INSURANCE INC  
6425 S TACOMA WAY  
TACOMA, WA 98409-4004  
Phone Number: (253) 475-6922  
Agent #: 010093  
Email: RAINWATERINSURANCE@HOTMAIL.COM

**Dwelling Address:** 2659 SW 332ND CT  
FEDERAL WAY, WA 98023-2761

**Territory:** 086  
**Year Originally Built:** 1967

Coverages: Insurance is afforded only for such coverages as are indicated by specific premium charges.

**All Perils Deductible: \$500.00**

**COVERAGES**

	<b>LIMITS</b>	<b>PREMIUM</b>
Coverage C - Personal Property	\$20,000	\$153.00
Coverage D - Loss of Use	12 Months	Included
Coverage E - Personal Liability	\$100,000	\$18.00
Coverage F - Medical Payments to Others	\$5,000	Included

**OPTIONAL / INCLUDED COVERAGES**

Full Value on Personal Property	Yes	Included
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**Your total annual premium is: \$171.00**

Select Payment Option

Automatic Payment

- 1. Full Payment  \$171.00 (Total Premium, no Installment Fee)
- 2. 2-Pay  \$85.50 (50% down payment, no Installment Fee)
- 3. 4-Pay  \$44.75 (3 months down payment + \$2.00 Installment Fee)
- 4. Monthly Pay  \$16.25 (1 month down payment + \$2.00 Installment Fee)

Bill by Mail

- 1. Full Payment  \$171.00 (Total Premium, no Installment Fee)
- 2. 2-Pay  \$85.50 (50% down payment, no Installment Fee)
- 3. 4-Pay  \$47.75 (3 months down payment + \$5.00 Installment Fee)
- 4. Monthly Pay  \$33.50 (2 months down payment + \$5.00 Installment Fee)

Payment Method:  Online Check (one-time deduction from insured's bank account)  Debit/Credit Card (one-time charge to insured's card)  Agency Sweep (one-time deduction from agency's bank account)  Check (use only when you have insured's check and mail to Safeco within 20 days)  C.O.D. (use primarily for mortgagee-billed policy)

\*Billing Account:  New  Existing XXXXXXXXXX

Billing Plan Due Date: 04 \_\_\_\_\_

Agent: This acknowledges receipt of \$33.50  Cash  Check Agent's initials \_\_\_\_\_

Mail policy to:  Applicant  Agent

**Dwelling Information**

Year Originally Built: 1967

Construction Type: Frame

Territory: 086

Protection Class: 3

Rating County: 033

Is this a secondary dwelling?  Yes  No

Dwelling Type: Dwelling

Number of families: 1

Outboard Motors: # of motors:	Total Horsepower:	Boat Length:	Ages of all Operators:
_____	_____	_____	_____

**Inspection Information**

Inspection Date: \_\_\_\_\_

**Loss Information**

Number of losses in the last 5 years: 0

**Underwriting Questionnaire**

Is there a business on the premises?  Yes  No

Are there dogs on the premises?  Yes  No

Has property insurance been cancelled, declined or non-renewed in the last 5 years?  Yes  No

Reason for Policy: New property customer to Safeco

**Insured Information**

How long has insured resided at this address? 0 Yrs, 08 Mos

Current or most recent property insurance carrier: No Previous Property Insurance

Birth Date: 07/26/1979

Marital Status: Separated

Occupation: Agent/Broker

Business/Industry: Insurance

**Privacy Notification**

In accordance with applicable federal and state laws, a credit report or other investigative report about you may be requested in connection with this application for insurance and subsequent amendments and renewals. Credit scoring information, where allowed, may be used to determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may, under certain circumstances, and where permitted by law, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing.

You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong.

If you are interested in obtaining a description of our information practices, and your rights regarding information we collect, ask your agent, or, if you have been issued a policy, please write us at the address provided with your policy.

The insurance will not be effective if any check for the premium is not honored when it is presented for payment.

**AGENCY:**

11/04/2011

Quote Date

Authorized Representative

**APPLICANT:**

11/4/11

Date

Applicant's Signature

PROPERTY CERTIFICATE OF COVERAGE

Policy Period: From 11/04/2011 To 11/4/2012 at 12:01 A.M. standard time at the address of the insured as stated herein.

Date Prepared: 11/4/2011

Prepared For:

MARIA DIAZ  
2659 SW 332ND CT  
FEDERAL WAY, WA 98023-2761

Agent:

RAINWATER INSURANCE INC  
6425 S TACOMA WAX  
TACOMA, WA 98409-4004  
Phone Number: (253) 475-6922  
Agent #: 010093  
Email: RAINWATERINSURANCE@HOTMAIL.COM

Dwelling Address: 2659 SW 332ND CT  
FEDERAL WAY, WA 98023-2761

Territory: 086  
Year Originally Built: 1967

All Perils Deductible: \$500.00

COVERAGES	LIMITS
Coverage C - Personal Property	\$20,000
Coverage D - Loss of Use	12 Months
Coverage E - Personal Liability	\$100,000
Coverage F - Medical Payments to Others	\$5,000

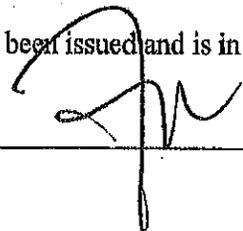
OPTIONAL / INCLUDED COVERAGES

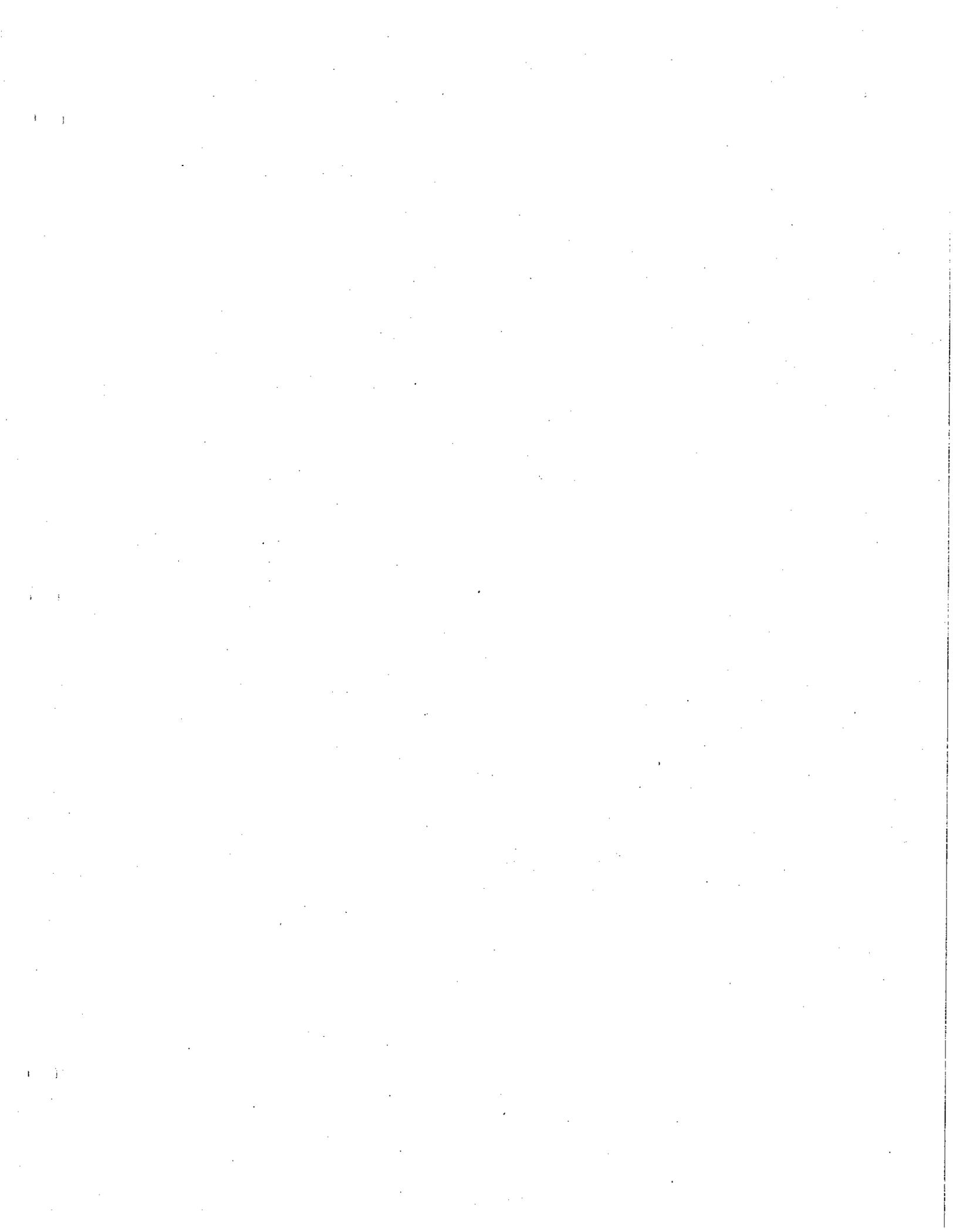
Full Value on Personal Property Yes

Your total annual premium is: \$171.00

This is not a contract of insurance, but attests that a policy, as identified above, has been issued and is in force.

Authorized Representative: \_\_\_\_\_





In Re the Matter of:

Rainwater Insurance Agency  
(WAOIC 62065)

OIC Case #: 1056803

DECLARATION OF MARIA ANITA  
DIAZ (WAOIC 707872)

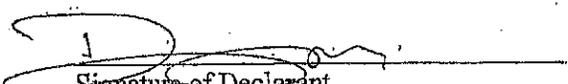
I, Maria Anita Diaz, do voluntarily provide this declaration, and state under penalty of perjury under the laws of the State of Washington, that the following facts are personally known to me, and, if called upon to do so, I could and would testify competently to them.

1. That I sold around 300 apps. to
2. clients that were not a Washington
3. resident and that they were, illegally
4. in country-
5. I never ~~got~~ paid anything, but my
6. salary for the apps. I gave to
7. the illegally

I was employed with Rainwater Insurance as licence insurance producer ~~from~~ 04-07-2000 - 01-02-12. I was selling insurance without a licence from 4-07-2006 until I got my licence. Jun 15-07

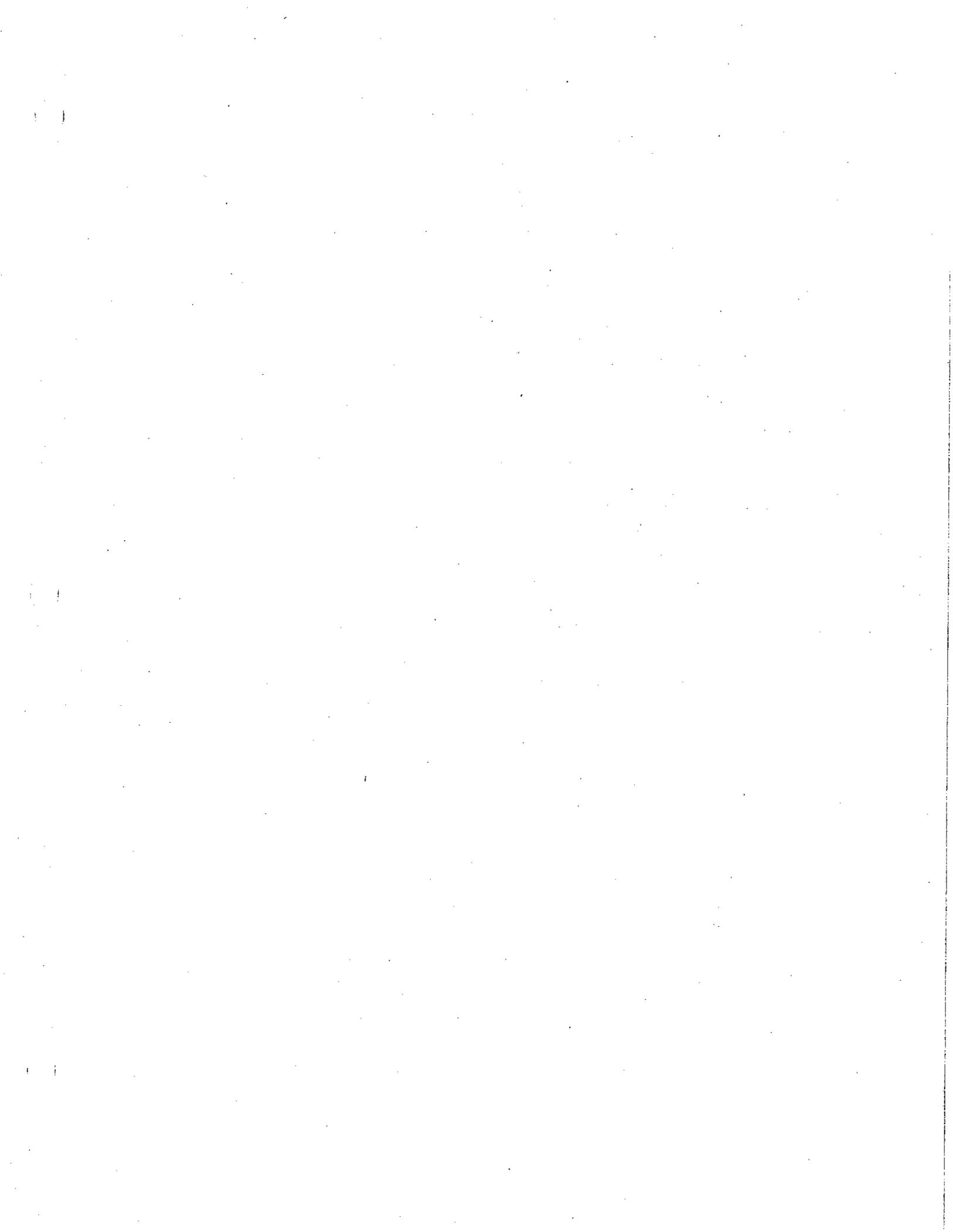
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF WASHINGTON STATE THAT THE FOREGOING IS TRUE AND CORRECT.

Dated this 3 Feb day of 2011, 2012 MD

  
Signature of Declarant

MARIA DIAZ  
Printed Name of Declarant

DECLARATION MARIA ANITA DIAZ  
Page 1 of 1





OFFICE OF  
INSURANCE COMMISSIONER

*In The Matter of*

MARIA DIAZ,

Licensee.

NO. 13-0043  
NPN 9401883  
WAOIC 707872

ORDER REVOKING LICENSE

To: Maria Diaz  
2925 SW 332<sup>nd</sup> Place  
Federal Way, WA 98023

Maria Diaz  
2659 SW 332<sup>nd</sup> Court  
Federal Way, WA 98023

SAV-ON Insurance Agencies  
Attn: Maria Diaz  
22815 Pacific Hwy So  
Des Moines, WA 98198

Email: [MARIQUITA\\_SCS@YAHOO.COM](mailto:MARIQUITA_SCS@YAHOO.COM)

**IT IS ORDERED AND YOU ARE HEREBY NOTIFIED** that your Washington State insurance producer license is **REVOKED**, effective **February 25, 2013** pursuant to RCW 48.17.530 and RCW 48.17.540(2).

**THIS ORDER IS BASED ON THE FOLLOWING:**

1. Maria Diaz (Ms. Diaz) holds a Washington resident insurance producer license, WAOIC No. 707872, issued June of 2007.
2. Between March of 2009 and December of 2011, Ms. Diaz submitted approximately 37 automobile insurance applications which contained a false Washington state address for the proposed insured. The addresses used were those of Ms. Diaz, a co-worker, their family members, or minor variations of these addresses.
3. Ms. Diaz admitted to an OIC Investigator that she submitted applications for individuals who were not Washington state residents since approximately 2008. Ms. Diaz also admitted to using her address for these applications.
4. Ms. Diaz also indicated to the OIC investigator that she submitted applications with false

driver's license numbers.

5. The subsequent proof of insurance was allegedly used to obtain Washington State driver's licenses.

6. By submitting applications with false information, Ms. Diaz violated RCW 48.17.530(1)(e). The Commissioner may take certain licensing actions including revoking an insurance producer license for such conduct.

7. By submitting applications with false information, Ms. Diaz used fraudulent, coercive, or dishonest practices, or demonstrated incompetence or untrustworthiness thereby violating RCW 48.17.530(1)(h). The Commissioner may take certain licensing actions including revoking an insurance producer license for such conduct.

8. By submitting applications with false information, Ms. Diaz made a false statement relative to an application for insurance to an insurer thereby violating RCW 48.30.210. The Commissioner may take certain licensing actions including revoking an insurance producer license for such conduct.

**IT IS FURTHER ORDERED** that you return your insurance producer license certificate to the Commissioner on or before the effective date of the revocation of your license, as required by RCW 48.17.530(4). Return your license to: Licensing Manager, Office of the Insurance Commissioner, P O Box 40257, Olympia, WA 98504-0257.

ENTERED AT TUMWATER, WASHINGTON, this 5<sup>th</sup> day of February, 2013.

MIKE KREIDLER  
Insurance Commissioner

By: Kate Reynolds  
Kate Reynolds  
OIC Staff Attorney

**NOTICE OF YOUR RIGHT TO A HEARING**

If you are aggrieved by this Order, RCW 48.04.010 permits you to demand a hearing. Pursuant to that statute and others: You must demand a hearing, in writing, within 90 days after the date of this Order, which is the day it was mailed to you, or you will waive your right to a hearing. Your demand for a hearing must specify the reasons why you think this Order should be changed. Upon receipt of your demand for hearing, you will be contacted by an assistant of the Chief Hearing Officer to schedule a teleconference with you and the Insurance Commissioner's Office to discuss the hearing and the procedures to be followed.

Please send any demand for hearing to:

Office of the Insurance Commissioner  
Attention Patricia D. Petersen, Chief Hearing Officer  
Hearings Unit  
P.O. Box 40255  
Olympia, WA 98504-0255

**CERTIFICATE OF MAILING**

The undersigned certifies under the penalty of perjury under the laws of the State of Washington that I am now and at all times herein mentioned, a citizen of the United States, a resident of the State of Washington, over the age of eighteen years, not a party to or interested in the above-entitled action, and competent to be a witness herein.

On the date given below I caused to be served the foregoing **ORDER REVOKING LICENSE** on the following individual via US Mail and EMail.

Maria Diaz  
2925 SW 332<sup>nd</sup> Place  
Federal Way, 98023

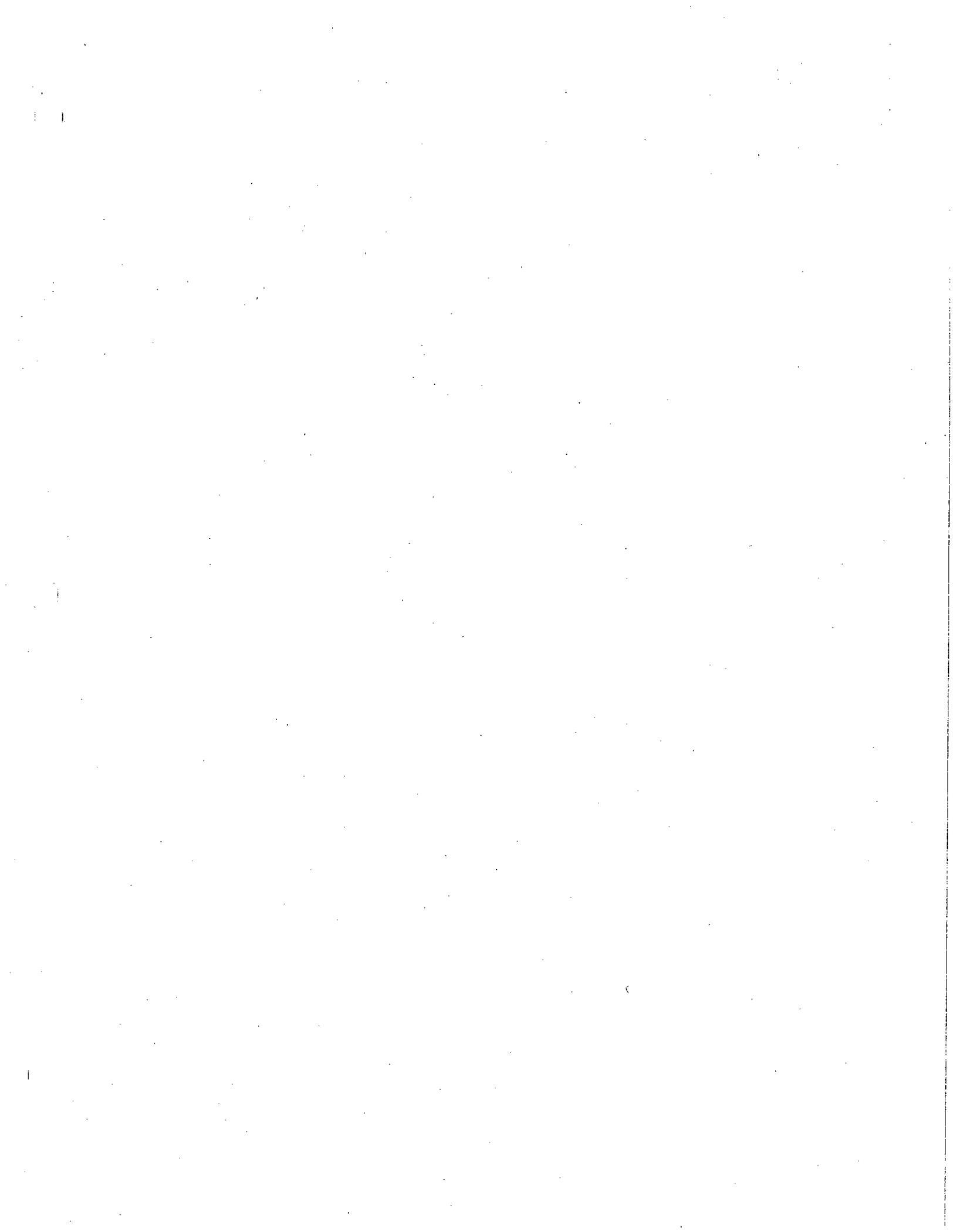
Maria Diaz  
2659 SW 332<sup>nd</sup> Court  
Federal Way, WA 98023

SAV-ON Insurance Agencies  
Attn: Maria Diaz  
22815 Pacific Hwy So  
Des Moines, WA 98198

Email: MARIQUITA\_SCS@YAHOO.COM

DATED this 5<sup>th</sup> day of February, 2013, at Olympia, Washington.

Signed: *Christine M. Tribe*  
Christine M. Tribe



Office Of The Commissioner  
Attention: Patricia D. Petersen, Chief Hearing Officer  
Hearings Unit  
P.O Box 40255  
Olympia, WA 98504

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2013 FEB -7 P 5:32

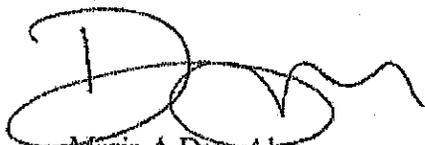
Hearings Unit, DIC  
Patricia D. Petersen  
Chief Hearing Officer

Patricia Petersen,

I would like to appeal the revocation of my insurance license and request a hearing.

I would like explain the circumstances of what had happened.

Sincerely,



Maria A Diaz Alvarez  
2925 Sw 332<sup>nd</sup> Pl  
Federal Way Wa 98023  
WAOIC 707872

**NOTICE OF YOUR RIGHT TO A HEARING**

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Attention Patricia D. Petersen, Chief Hearing Officer  
Hearings Unit  
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Olympia, WA 98504-0255