

**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: 81224685  
 Policy Number: 3503119792  
 Effective Date & Time: 02/18/2011 01:41 PM PST  
 Policy Term / Pay Plan: 6 Months / Direct Monthly  
 Down Payment: \$74.20  
 Payment Type: Agency Sweep  
 Transmit Date & Time: 02/18/2011 01:41 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: SARA PADILLA-HERNANDEZ		Home Phone Number: 209-986-7051
MAILING ADDRESS (If P.O. Box, Garaging Address Required) 30528 5TH AVE SW FEDERAL WAY, WA 98023		Work Phone Number:
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.	SARA PADILLA-HERNANDEZ	F	M	Y	SELF		10		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: SARA PADILLA-HERNANDEZ	Customer Number: 81224685	Policy Number: 3503119792
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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.	1991	Toyota COROLLA	1NXAB91A4MZ186380	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	A/LH	Additional Insured/Lienholder Name and Address

ADDITIONAL AUTOMOBILE INFORMATION:

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

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: SARA PADILLA-HERNANDEZ	Customer Number: 81224685	Policy Number: 3503119792
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COVERAGES AND LIMITS OF LIABILITY			COVERAGES PROVIDED WHEN PREMIUM INDICATED						
COVERAGES			PREMIUM						
LIABILITY			AUTO 1	AUTO 2	AUTO 3	AUTO 4	AUTO 5	AUTO 6	AUTO 7
	BODILY INJURY	25000 EACH PERSON 50000 EACH ACCIDENT	148.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	148.00						
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			296.00						
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						311.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION
1	1991 Toyota COROLLA	No Coverage	No Coverage

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: SARA PADILLA-HERNANDEZ	Customer Number: 81224685	Policy Number: 3503119792
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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, raccars 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<br>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.

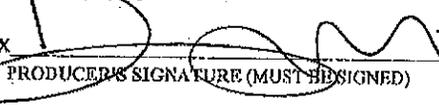
x Sara S. Padilla  
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

02/18/2011 01:41 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)

02/18/2011 01:41 PM PST

DATE

WASILAP 0110

Star Indemnity & Liability Company - Program 213



Named Insured: Pinto Paz, Jose G  
30528 5th Ave Sw, Federal Way, WA 98023  
Home Phone: (209) 986-7051 Business Phone: ( )

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

Agency Code: 4705137  
Sub Code:

**Premium, Coverage and Fee Information**

Type: Broad Form Named Driver Policy Term: 6 Months

	Limits	Premium	Deductible	Additional Information
Rated Driver		1		BROAD FORM NAMED DRIVER POLICY: If this policy type is indicated above, this policy provides coverage for only the named insured while driving either owned or non-owned cars. Owned cars will not be listed.
Bodily Injury-Property Damage	25/50/25	\$370.20		
UIM-BI	Reject			
UIM-PD	Reject			
Medical Payments				
Personal Injury Protection	Reject			
<b>Premium Subtotals:</b>	<b>\$370.20</b>			
<b>Policy Fee:</b>	<b>\$8.00</b>			<b>Electronic Funds Transfer (EFT): N</b>
<b>Total Policy Premium:</b>	<b>\$378.20</b>			<b>Discount(s):</b>
<b>Total Amount Submitted:</b>	<b>\$69.68</b>			<b>Surcharge(s):</b>
<b>5 Installments @ \$69.70</b>				

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

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

**Vehicle Information**

Garaging Zip/Terr: 98023	<b>Broad Form Named Driver - Vehicle information does not apply.</b>
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**Driver Information**

Drv. #	Name as Shown on Drivers License	Date of Birth	Gender	Marital Status	License State	License Number	Date Licensed	Years Driving	SR-22	Non Driver	Excl. Driver
1	Pinto Paz, Jose G		M	M	WA		11/14/1996	14		N	N

**Accidents and Violations (Last 36 Months)**

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

Drv. #	Date of Occurrence	Type	Points	Description of Occurrence
<b>**No accidents, violations or convictions reported.**</b>				

**Applicant Confirmation**

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

JP (initials) I understand that I must report to the Company all persons age 14 or older who live with me temporarily or permanently, including all children at college, and all persons who are regular operators of any vehicle to be insured.

JP (initials) DRIVER RESTRICTION - READ CAREFULLY: I understand and agree that the insurance policy I am requesting will not apply for Liability and Car Damage coverages while the insured vehicle is being driven by any person under the age of twenty-five unless that person is listed as a driver on this application and on the policy at the time of loss.

**Applicant and Agent Signatures**

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

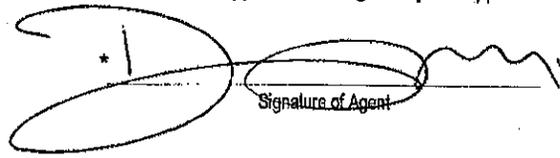
2/14/11 9:43 AM  
Date Signed Time Signed  AM  PM

  
Signature of Applicant

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

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

2/14/11 9:43 AM  
Date Signed Time Signed  AM  PM

  
Signature of Agent



Named Insured: Suquinagua-Morocho, Manuel A  
 30528 5th Ave Sw, Federal Way, WA 98023  
 Home Phone: (253) 946-6661 Business Phone: ( )

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

Agency Code: 4705137  
 Sub Code:

**Premium, Coverage and Fee Information**

Type: Broad Form Named Driver Policy Term: 6 Months

	Limits	Premium	Deductible	Additional Information
Rated Driver		1		BROAD FORM NAMED DRIVER POLICY: If this policy type is indicated above, this policy provides coverage for only the named insured while driving either owned or non-owned cars. Owned cars will not be listed.
Bodily Injury-Property Damage	25/50/25	\$370.20		
UIM-BI	Reject			
UIM-PD	Reject			
Medical Payments				
Personal Injury Protection	Reject			
<b>Premium Subtotals:</b>	\$370.20			
<b>Policy Fee:</b>	\$8.00			Electronic Funds Transfer (EFT): N
<b>Total Policy Premium:</b>	\$378.20			Discount(s):
<b>Total Amount Submitted:</b>	\$69.68			Surcharge(s):
5 Installments @ \$69.70				

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

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

**Vehicle Information**

Garaging Zip/Terr: 98023 **Broad Form Named Driver - Vehicle information does not apply.**

**Driver Information**

Drv. #	Name as Shown on Drivers License	Date of Birth	Gender	Marital Status	License State	License Number	Date Licensed	Years Driving	SR-22	Non Driver	Excl. Driver
1	Suquinagua-Morocho, Manuel A		M	M	WA		05/28/1993	17		N	N

**Accidents and Violations (Last 36 Months)**

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

Drv. #	Date of Occurrence	Type	Points	Description of Occurrence
<b>**No accidents, violations or convictions reported.**</b>				

**Applicant Confirmation**

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

MS (initials) I understand that I must report to the Company all persons age 14 or older who live with me temporarily or permanently, including all children at college, and all persons who are regular operators of any vehicle to be insured.

MS (initials) DRIVER RESTRICTION - READ CAREFULLY: I understand and agree that the insurance policy I am requesting will not apply for Liability and Car Damage coverages while the insured vehicle is being driven by any person under the age of twenty-five unless that person is listed as a driver on this application and on the policy at the time of loss.

**Applicant and Agent Signatures**

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

2/25/11      12:35       AM  
Date Signed      Time Signed       PM

\* Harriet Supinaquos H  
Signature of Applicant

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

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

2/25/11      12:35       AM  
Date Signed      Time Signed       PM

\* [Signature]  
Signature of Agent



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

**WASHINGTON AUTO INSURANCE APPLICATION**

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

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

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

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

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

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

**IF SPOUSE NOT LICENSED, EXPLAIN:**

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

**ADDITIONAL DRIVER INFORMATION:**

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

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: CESIA GONZALES	Customer Number: 81218184	Policy Number: 3503116509
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**ACCIDENTS AND CONVICTIONS WITHIN PAST 36 MONTHS - GIVE COMPLETE INFORMATION ON ALL DRIVERS**

Dr. No.	Incident	Occurrence Date	Description / Outcome

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

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

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

Auto	AI/LH	Additional Insured/Lienholder Name and Address

**ADDITIONAL AUTOMOBILE INFORMATION:**

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

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

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

Auto	Description of Damage	Repair Estimate

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**PRODUCER'S SIGNATURE (MUST BE SIGNED)**

02/12/2011 04:06 PM PST

**DATE**

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

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 PRODUCER PHONE #: (253)839-5500

Customer Number: 81226552  
 Policy Number: 3503120735  
 Effective Date & Time: 02/22/2011 10:38 AM PST  
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		Work Phone Number: 253-946-6441
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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
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WASLAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: CBSIA GONZALEZ-AMAYA	Customer Number: 81226552	Policy Number: 3503120735
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Auto	Year	Make and Model	Vehicle Identification Number (VIN)	Value	Purchase Date	New or Used
1.	1999	Ford WINDSTAR BASE/WINDSTAR LX	2FMZA5141XBB43806	0		Used

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

Auto	AI/LH	Additional Insured/Lienholder Name and Address

ADDITIONAL AUTOMOBILE INFORMATION:

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

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

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

Auto	Description of Damage	Repair Estimate

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: CESIA GONZALEZ-AMAYA	Customer Number: 81226552	Policy Number: 3503120735
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COVERAGES AND LIMITS OF LIABILITY			COVERAGES PROVIDED WHEN PREMIUM INDICATED						
COVERAGES			PREMIUM						
			AUTO 1	AUTO 2	AUTO 3	AUTO 4	AUTO 5	AUTO 6	AUTO 7
LIABILITY	BODILY INJURY	25000 EACH PERSON 50000 EACH ACCIDENT	130.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	125.00						
PERSONAL INJURY PROTECTION		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			255.00						
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						270.00

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

WASILAP 0110

Star Indemnity & Liability Company - Program 213

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

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<br>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

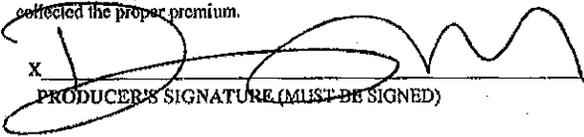
I hereby apply to the Company for a policy of insurance, as set forth in this application, on the basis of the statements contained herein. I agree that if I intentionally conceal or misrepresent a material fact or circumstance relating to the insurance, the policy shall be null and void. I understand 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.

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

02/22/2011 10:38 AM PST  
 DATE

**PRODUCER'S STATEMENT**

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

X 

PRODUCER'S SIGNATURE (MUST BE SIGNED)

02/22/2011 10:38 AM PST

DATE

WASILAP 0110

Starr Indemnity & Liability Company - Program 213



# Applicant History

Applicant History page allows the ability to start a new quote based on an applicant's currently saved information. It also provides access to an applicant's quote history.

## Applicant

## Available Tasks

**Applicant:** ARRIAGA-MEJIA, JOSE L  
**Phone:** (253) 945-4550  
**Email:**  
**Address:** 2925 SW 332ND PL  
 FEDERAL WAY WA 98023  
**Note:**

Personal Auto

## Quote History

Manage	Applicant	Type	Phone	Producer	Status	Birth Date	Quote Date	Notes
	ARRIAGA-MEJIA, JOSE L	Auto	(253) 945-4550	Diaz, Maria	Bridged		12/29/2011	

**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: 81112701  
 Policy Number: 3503067559  
 Effective Date & Time: 08/23/2010 01:12 PM PST  
 Policy Term / Pay Plan: 6 Months / Direct Monthly  
 Down Payment: \$94.80  
 Payment Type: Agency Sweep  
 Transmit Date & Time: 08/23/2010 01:12 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: JOSE ARRIAGA-MEJIA	Home Phone Number: 253-945-4550 Work Phone Number: 253-945-4550
MAILING ADDRESS (IF P.O. Box, Garaging Address Required) 2925 SW 332ND PL FEDERAL WAY, WA 98023	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 2925 SW 332ND PL FEDERAL WAY, WA 98023	

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

Dr. No.	Full Name Of All Drivers (As Listed on License)	Sex M/F	M-Married S-Single	Living with Spouse?	Relationship To Applicant	Date of Birth	# Years Licensed	Drivers License Number	State
1.	JOSE ARRIAGA-MEJIA	M	S		SELF		9		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: JOSE ARRIAGA-MEJIA	Customer Number: 81112701	Policy Number: 3503067559
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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.	1997	Pontiac GRAND AM SE	1G2NE52M3VC751902	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	8	8	Experience Driver Discount	

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

Star Indemnity & Liability Company - Program 213

Insured: JOSE ARRIAGA-MEJIA	Customer Number: 81112701	Policy Number: 3503067559
-----------------------------	---------------------------	---------------------------

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

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1.	1997	Pontiac GRAND AM SE	1G2NE52M3VC751902	0		Used

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

Auto	AILH	Additional Insured/Lienholder Name and Address

**ADDITIONAL AUTOMOBILE INFORMATION:**

Auto	Total Annual Mileage	# Miles Driven to Work or School - One Way	# Days Per Week	Current Odometer	Usage? B/P	Rating Territory	Rated Driver	Points	ISO OTC Symbol	ISO Coll Symbol	DISCOUNTS/CREDITS	SURCHARGES
1.	12000	24	5		Pleasure	23	1	0	8	8	Experience Driver Discount	

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

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

Auto	Description of Damage	Repair Estimate

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: JOSE ARRIAGA-MEJIA	Customer Number: 81112701	Policy Number: 3503067559
-----------------------------	---------------------------	---------------------------

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<br>OTCCOLL | <input checked="" type="checkbox"/>       |
| 7. Are any vehicles used for business purposes? (Examples: sales calls, driving to job site, etc.) If yes, please explain.   | <input type="checkbox"/> Explain                | <input checked="" type="checkbox"/>       |

EXPLANATIONS:

PRODUCER QUESTIONNAIRE

- |  |                                 |   |
|--|---------------------------------|---|
| 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)

08/23/2010 01:12 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

08/23/2010 01:12 PM PST

**PRODUCER'S SIGNATURE (MUST BE SIGNED)**

**DATE**

WASILAP0110

Starr Indemnity & Liability Company - Program 213



# Application for Insurance

Please review, sign where indicated and return

**PROGRESSIVE**<sup>®</sup>  
DRIVE<sup>®</sup> Insurance

Policy Number: 71235959-0

Policyholder:  
FERNANDO DIAZ

May 13, 2011

Page 1 of 5

## Policy and premium information for policy number 71235959-0

Insurance company:	Progressive Casualty Insurance Co PO Box 6807 Cleveland, OH 44101
Agent:	SUSAN M RAINWATER RAINWATER INS INC 6425 S TACOMA WAY TACOMA, WA 98409 42990 1-253-475-6922
Named insured:	FERNANDO DIAZ 2925 SW 332ND PL FEDERAL WAY, WA 98023 e-mail address: MARIQUITA_SCS@YAHOO.COM Home: 1-253-835-3186 Work: 1-206-218-2181
Financial responsibility vendor:	EXPERIAN 1-888-397-3742
Policy period:	May 22, 2011 - Nov 22, 2011
Effective date and time:	May 22, 2011 at 12:01 a.m.
Total policy premium:	\$841.00
Initial payment required:	\$140.21
Initial payment received:	\$140.21
Payment plan:	6 payments

## Drivers and household residents

The applicant, spouse and all household residents 15 years of age or older, all regular operators of the vehicles described in this application, and all children who live away from home who drive these vehicles, even occasionally, are listed below. Your total policy premium can be affected by all persons of driving age. While designating drivers as List Only or Excluded may increase policy premium, the violation and accident history of Excluded and List Only drivers does not affect premium.

Name	Date of birth	Sex	Marital status	Relationship
FERNANDO DIAZ Driver status: Rated Education level: High school diploma or GED		Male	Single	Insured
GRACIELA ALVAREZ Driver status: Rated		Female	Married	Parent
ERNESTO DIAZ Driver status: Excluded		Male	Married	Parent
NOELIA DIAZ Driver status: Excluded		Female	Single	Other
PETRA DIAZ Driver status: Excluded		Female	Single	Other

Continued

**Outline of coverage**

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

**2003 HONDA ACCORD 2 DOOR COUPE**

VIN: 1HGCM82713A020185

Garaging ZIP Code: 98023

Primary use of the vehicle: Pleasure

	Limits	Deductible	Premium
Liability To Others			\$227
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$25,000 each accident		
Comprehensive	Actual Cash Value	\$500	32
Collision	Actual Cash Value	\$500	118
<b>Total premium for 2003 HONDA</b>			<b>\$377</b>

**2004 GMC YUKON 4 DOOR WAGON**

VIN: 1GKEK13V24J330823

Garaging ZIP Code: 98023

Primary use of the vehicle: Pleasure

	Limits	Deductible	Premium
Liability To Others			\$262
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$25,000 each accident		
Comprehensive	Actual Cash Value	\$500	47
Collision	Actual Cash Value	\$500	125
<b>Total premium for 2004 GMC</b>			<b>\$434</b>
<b>Subtotal policy premium</b>			<b>\$811.00</b>
Policy fee			30.00
<b>Total 6 month policy premium</b>			<b>\$841.00</b>

**Premium discounts**

Policy	
71235959-0	five-year accident free, three-year safe driving, paperless, multi-car, electronic funds transfer (EFT), continuous insurance: gold and advance quote

**Driving history**

Progressive uses driving history to determine your rate. There are no accidents or violations for drivers on this policy.

**Risk tier information**

Prior insurance:	Yes
Prior insurance carrier:	GMAC
Bodily injury limits:	State Minimum Limits
Comp claims:	0
Not at-fault accidents:	0



**Lienholder information**

We send certain notices such as coverage summaries and cancellation notices to the following:

<b>Vehicle</b>	<b>Lienholder</b>
2003 HONDA ACCORD 1HGCM82713A020185	RED CANOE CREDIT UNION TUKWILA, WA 98138
2004 GMC YUKON 1GKEK13V24J330823	HSBC SAN DIEGO, CA 92177

ir 112010, cA, rp 6, bp 2H

This application has been electronically transmitted.



## Application agreement

### Verification of content

I declare that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I declare that no persons other than those listed in this application regularly operate the vehicle(s) described in this application. I declare that none of the vehicles listed in this application will be used to carry persons or property for compensation or a fee, or for retail or wholesale delivery, including, but not limited to, the pickup, transport, or delivery of magazines, newspapers, mail, or food. I understand that this policy may be rescinded and declared void if any information that would alter the Company's exposure is omitted or misrepresented with the intent to deceive. I understand that 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 denials of insurance benefits.

### Notice of information practices

I understand that to calculate an accurate price for my insurance, the Company may obtain information from third parties, such as consumer reporting agencies that provide driving, claims and credit histories. The Company may use a credit-based insurance score based on the information contained in the credit history. The Company or its affiliates may obtain new or updated information to calculate my renewal premium or service my insurance. I may access information about me and correct it if inaccurate. In some cases, the law permits the Company to disclose the information it collects without authorization. However, the Company will not share personal information with nonaffiliated companies for their marketing purposes without consent. Complete details are in the Company's Privacy Policy, which will be provided with this insurance policy and upon request.

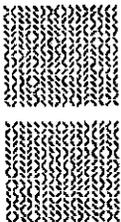
## Acknowledgement and agreement

- If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void.
- If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.
- This insurance and personalized service is available at this price exclusively through a Progressive independent agent. Progressive affiliated companies selling insurance directly have different prices and products.

### Other charges

I understand that I will be charged a \$30.00 policy fee. If I cancel my policy or if it is canceled for nonpayment of premium, all fees, including the policy fee, will be fully earned by the Company with the remainder of the premium earned on a daily pro-rata basis. If the Company cancels my policy for any reason other than nonpayment of premium, all fees, including the policy fee, and the premium will be earned on a daily pro-rata basis. I acknowledge that I have received a copy of this application.

I agree to pay the installment fees shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan. Any change in the amount of installment fees will be reflected on my payment schedule.



I understand that a returned payment fee of \$20.00 will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

I agree to pay a late fee of \$10.00 during the policy term and each renewal policy term when a payment is postmarked more than 2 days after the premium due date or when the minimum amount due is not fully paid within 2 days of the premium due date. The amount of this fee may change upon policy renewal.

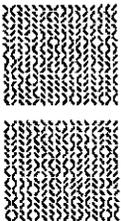
**Signature of named insured**

**Date**

X Fernando Diaz

5/13/11

Form 7982 WA (04/10)

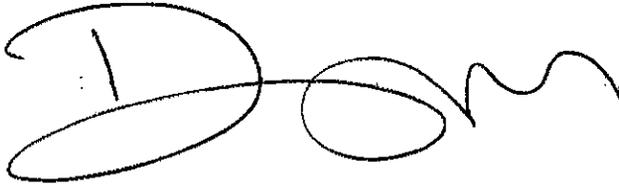


**Agent compensation disclosure**

The insurance producer who sold you this policy is a licensed independent insurance agent authorized by Progressive Casualty Insurance Co and other insurance companies to solicit business on their behalf. Progressive Casualty Insurance Co believes that independent agents who represent more than one company can better assist you in finding the combination of coverage, price and service that meets your needs.

Progressive Casualty Insurance Co will pay your agent a commission for placing your policy with us. We may also help your agent pay for advertising and marketing that is designed to attract new customers.

Form Z181 (04/05)

A handwritten signature in black ink, appearing to read "Fernando Diaz". The signature is stylized with a large, looped "F" and "D", and a more fluid "nando" and "Diaz" portion.



Policy and premium information for EMILIANO DIAZ-ALVAREZ. Please review and sign where indicated.

**Drivers and Household Residents**

The applicant, spouse and all household residents 14 years of age or older, all regular operators of the vehicles described in this application, and all children who live away from home who drive vehicles, even occasionally, are listed below.

# Name	Relationship to Application	Date of Birth	Gender	Marital Status	Driver's License
1 EMILIANO DIAZ-ALVAREZ	Insured	[REDACTED]	Male	Married	WA/[REDACTED]

**Driving History**

Pacific Star Insurance Company uses your driving history from the past 35 months to determine your rate. The following accidents and/or violations were reported for drivers on this policy.

Driver #	First Name	Incident Dates	Vehicle Code and/or Description	Is Accident Chargeable?
End of reported incidents.				

**Coverages and Limits of Liability**

Coverage applies only where premium is indicated.

1998 CHEVROLET S10 PICKUP VIN: 1GCCT19W5W8166154 Usage: PLEASURE  
Garaging: 2925 SW 332ND PL, FEDERAL WAY, WA 98023

Bodily Injury Liability	\$25000 Per Person/ \$50000 Per Accident	\$181.00
Property Damage Liability	\$25000 Each Accident	\$152.00
Comprehensive	\$500 Deductible	\$96.00
Collision	\$500 Deductible	\$174.00
Vehicle Premium		\$603.00

Total Premium	\$603.00
Total Premium & Fees	\$633.00

**Discounts and Surcharges**

None applied.

**Underwriting Questions**

Question	Answer
1. Are there any residents of your household, or anyone who regularly operates your vehicle, not disclosed on this application?	N
2. Are any vehicles used for delivery, such as pizza or newspaper delivery, or for any other commercial purpose?	N
3. Has any driver had his / her driver's license suspended or revoked in the last three years?	N
4. Does any driver have a physical or mental impairment that can affect their ability to operate a motor vehicle?	N
5. Has any driver had any moving violations/accidents in the past 35 months that are not listed on his/her motor vehicle report?	N
6. Do you own any other motor vehicles not listed on this application?	N
7. Any vehicles on this application not registered to the named insured?	N
8. Any vehicles listed modified, customized, rebuilt, salvaged, or damaged?	N
9. Has any driver filed any claims in the past 36 months?	N
10. Is any vehicle used in any way in the course of insured's or any driver's occupation or business? Or is any driver self-employed?	N
11. Are any policy vehicles principally garaged in Washington less than 10 months per year?	N

Explanations for any Yes answers:

**Coverage Restrictions**

**THIS IS A LIMITED DRIVERS POLICY.** This coverage does not apply while your insured car is operated, maintained, or used by a driver under the age of twenty-five (25) years who is not listed on the application or Declarations. However, Under Part III for Underinsured Motorist Bodily Injury and Underinsured Motorist Property Damage, this exclusion will not apply to the Named Insured and any relative who does not own a vehicle, while passengers in your car, or its temporary substitute.

**Disclosures**

1. Failure to disclose all material facts, including traffic convictions and accidents, may result in policy cancellation.
2. If any premium remittance is not honored by the payer (for example an NSF check), coverage will be rescinded and the policy void from inception.
3. Policy premium and/or policy period may be adjusted after review of motor vehicle records or other underwriting factors undisclosed or disclosed incorrectly on the application.

**APPLICANT'S STATEMENT**

**CAUTION: DO NOT SIGN UNLESS YOU HAVE READ AND UNDERSTAND THE FOLLOWING.**

I understand that no coverage is bound earlier than the time and date the application is signed. I also understand and agree that it may be necessary to adjust the premium and/or the term of my policy to conform to the company's filed rates if any information on this application is found to be incorrect. I further understand that if my premium payment is not honored by the bank, coverage will be cancelled. I also understand that no coverage will be afforded for any exposure, including Special Equipment, unless it is specifically requested on this application. I attest that I have declared all drivers in the household. I have read this application and declare that all statements are true to the best of my knowledge and belief. I further acknowledge that I received a copy of the application.

**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.**

**WE MAY VOID THIS POLICY FOR FRAUD OR MISREPRESENTATION IF THE FRAUD OR MISREPRESENTATION OCCURS PRIOR TO A LOSS AND EXISTS AT THE TIME OF THE LOSS. THIS MEANS THAT WE WILL NOT BE LIABLE FOR ANY CLAIMS OR DAMAGES WHICH WOULD OTHERWISE BE COVERED.**

A routine inquiry may be made regarding your character, general reputation, personal characteristics and mode of living. Upon your written request, we will disclose the nature and scope of investigation. We will obtain your motor vehicle record for undisclosed convictions or accidents.

**I UNDERSTAND THAT ANY EXISTING DAMAGE ON MY CAR AT THE TIME OF APPLICATION WILL NOT BE COVERED UNDER THIS INSURANCE.**

I declare that the statements on this application are true and request the company to issue the insurance applied for in reliance on these statements. I understand that any fraudulent misrepresentation will result in the cancellation of the policy.

Applicant's Signature Emiliano Diaz Date 7/5/10 Time 4:40 ( ) A.M. (X) P.M.

Producer's Signature [Signature] Date 7/5/10 Time 4:46 ( ) A.M. (X) P.M.

PERSONAL INJURY PROTECTION - REJECTION MUST BE SIGNED IF NOT DESIRED

I understand and hereby reject the Personal Injury Protection Coverage as provided for by Section 48.22.085 of the Revised Code of Washington. I understand that this rejection also applies to all future renewals and rewrites of the policy and all future policies issued to me by this Company because of change of vehicle or coverage, or because of an interruption of coverage, until I notify the Company, in writing, that thereafter Personal Injury Protection is desired.

Emiliano Diaz 7/15/10
Applicant's Signature Date

UNINSURED/UNDERINSURED MOTORISTS COVERAGE

In accordance with the provisions of Section 48.22.034 of the Revised Code of Washington, I have been given the opportunity to purchase Uninsured/Underinsured Motorists Coverage in amounts up to the automobile liability coverage limit I have on this policy, and I have also been given the right to reject Uninsured/Underinsured Motorists Coverage and have made the following choice (choose only one):

- 1. (X) I hereby reject Uninsured/Underinsured Motorists Coverage in its entirety.
2. ( ) I hereby reject Uninsured/Underinsured Motorists Coverage as respects property damage liability coverage in its entirety.
3. ( ) I have chosen to accept the following limits: Bodily Injury Property Damage

The rejection indicated above shall apply to this policy and to all future renewals or rewrites of such policy and all future policies issued to me by this Company because of change of vehicle or coverage, or because of an interruption of coverage, until I notify the Company, in writing, that thereafter Uninsured/Underinsured Motorists coverage is desired.

Emiliano Diaz 7/15/10
Applicant's Signature Date

Named Operator Exclusion

This policy or any continuation, renewal or replacement thereof will not provide any insurance coverage while any motor vehicle is being driven, used or operated by the following EXCLUDED PERSON(S):

Table with 4 columns: # Name, Date of Birth, Relationship to Applicant, Excluded Reason. Rows include MARGARITA FLORES-DIAZ, ERNESTO DIAZ-ROMAN, and GRACIELA ALVAREZ DE DIAZ.

This endorsement shall apply to the excluded person(s) regardless of where they reside or whether they are licensed to drive, unless they are added to the policy and the addition is approved in writing by the company.

This endorsement is applicable to all coverages currently provided and/or added to the policy at a later date.

The named insured agrees to reimburse the company for any payment made by the company because of a loss arising from the operation or use of a motor vehicle by an excluded driver listed above.

I have read and understand this exclusion

Applicant must handwrite the following statement: "I HAVE READ AND UNDERSTAND THIS EXCLUSION"

Emiliano Diaz 7/15/10
Applicant's Signature Date

DO NOT SIGN THIS EXCLUSION UNTIL YOU HAVE READ AND UNDERSTAND IT.



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

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

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

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

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

**IF SPOUSE NOT LICENSED, EXPLAIN:**

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

**ADDITIONAL DRIVER INFORMATION:**

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

WASLAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: HENDEL GONZALEZ-RIVERA	Customer Number: 81214812	Policy Number: 3503114823
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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.	1997	Chevrolet MALIBU LS	1G1NE52M3VY131364	0		Used

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

Auto	AI/LH	Additional Insured/Lienholder Name and Address

**ADDITIONAL AUTOMOBILE INFORMATION:**

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

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

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

Auto	Description of Damage	Repair Estimate

WASILAP 0110

Star Indemnity & Liability Company - Program 213

Insured: HENDEL GONZALEZ-RIVERA	Customer Number: 81214812	Policy Number: 3503114823
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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	133.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	125.00						
PERSONAL INJURY PROTECTION		EACH PERSON	No Coverage						
UNDERINSURED MOTORISTS	BODILY INJURY	EACH PERSON EACH ACCIDENT	No Coverage						
	PROPERTY DAMAGE	EACH ACCIDENT	No Coverage						
OTHER THAN COLLISION			No Coverage						
COLLISION			No Coverage						
RENTAL REIMBURSEMENT	\$35 per day, \$600 maximum per claim		No Coverage						
TOWING AND LABOR COST	\$75 per disablement, \$300 maximum		No Coverage						
AUTO LOAN/LEASE COVERAGE (NEW CARS ONLY)			No Coverage						
TOTAL PER CAR			258.00						
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						273.00

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

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

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

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

EXPLANATIONS:

PRODUCER QUESTIONNAIRE

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

APPLICANT'S STATEMENT - READ BEFORE SIGNING

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

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

**PRODUCER'S STATEMENT**

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

X

\_\_\_\_\_  
**PRODUCER'S SIGNATURE (MUST BE SIGNED)**

02/09/2011 02:09 PM PST

**DATE**

WASILAP0110

Star Indemnity & Liability Company - Program 213



**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:

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

**ADDITIONAL DRIVER INFORMATION:**

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

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: 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	1MELM50U0NG634956	0		Used

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

Auto	AI/LH	Additional Insured/Lienholder Name and Address

**ADDITIONAL AUTOMOBILE INFORMATION:**

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

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

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

Auto	Description of Damage	Repair Estimate

WASLAP0110

Starr Indemnity & Liability Company - Program 213

Insured: ELSA 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						
<b>TOTAL PER CAR</b>			221.00						
<b>FINANCIAL RESPONSIBILITY FILING FEE(S)</b>									0.00
<b>NEW BUSINESS POLICY FEE</b>									15.00
<b>TOTAL POLICY PREMIUM</b>									236.00

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

WASLAP 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<br>OT/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 11/15/2010 04:45 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)

11/15/2010 04:45 PM PST

DATE

WASILAP 0110

Starr Indemnity & Liability Company - Program 213



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.**

Temporary driver license [REDACTED]  
Temporary driver license number Expires 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 privilege. 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] 02-17-11  
 Driver signature Date



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

**WASHINGTON AUTO INSURANCE APPLICATION**

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

Customer Number: 81164350  
 Policy Number: 3503091289  
 Effective Date & Time: 11/15/2010 05:49 PM PST  
 Policy Term / Pay Plan: 6 Months / Direct Monthly  
 Down Payment: \$78.80  
 Payment Type: Agency Sweep  
 Transmit Date & Time: 11/15/2010 05:49 PM PST  
 Bridged / Re-Rated: MULTICO / Y

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

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

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

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

IF SPOUSE NOT LICENSED, EXPLAIN:

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

**ADDITIONAL DRIVER INFORMATION:**

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

WASLAP 0110

Starr Indemnity & Liability Company - Program 213

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

Dr. No.	Incident	Occurrence Date	Description / Outcome

AUTOMOBILE INFORMATION: DESCRIPTION OF THE AUTOMOBILES TO BE INSURED

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

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

Auto	AI/LH	Additional Insured/Lienholder Name and Address

ADDITIONAL AUTOMOBILE INFORMATION:

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

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

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

Auto	Description of Damage	Repair Estimate

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

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

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

WASLAP0110

Starr Indemnity & Liability Company - Program 213

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

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

EXPLANATIONS:

PRODUCER QUESTIONNAIRE

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

APPLICANT'S STATEMENT - READ BEFORE SIGNING

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

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

11/15/2010 05:49 PM PST  
 DATE

**PRODUCER'S STATEMENT**

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

X

PRODUCER'S SIGNATURE (MUST BE SIGNED)

11/15/2010 05:49 PM PST

DATE

WASILAP0110

Starr Indemnity & Liability Company - Program 213



**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: 81299319  
 Policy Number: 3503155467  
 Effective Date & Time: 06/02/2011 09:21 AM PST  
 Policy Term / Pay Plan: 6 Months / Direct Monthly  
 Down Payment: \$66.60  
 Payment Type: Agency Sweep  
 Transmit Date & Time: 06/02/2011 09:21 AM PST  
 Bridged / Re-Rated: MULTICO / Y

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

NAMED INSURED: VICTOR CAHUEC PBRZ	Home Phone Number: 253-761-6932 Work Phone Number:
MAILING ADDRESS (IF P.O. Box, Garaging Address Required) 2659 SW 332ND CT FEDERAL WAY, WA 98023	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 2659 SW 332ND CT FEDERAL WAY, WA 98023	

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

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

IF SPOUSE NOT LICENSED, EXPLAIN:

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

**ADDITIONAL DRIVER INFORMATION:**

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

WASLAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: VICTOR CAHUEC PEREZ	Customer Number: 81299319	Policy Number: 3503155467
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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.	1996	Dodge CARAVAN SE/CARAVAN SPORT	2B4GP4531TR817036	0		Used

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

Auto	AI/LH	Additional Insured/Lienholder Name and Address

ADDITIONAL AUTOMOBILE INFORMATION:

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

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

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

Auto	Description of Damage	Repair Estimate

Insured: VICTOR CAHUEC PEREZ	Customer Number: 81299319	Policy Number: 3503155467
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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	133.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	125.00						
PERSONAL INJURY PROTECTION		EACH PERSON	No Coverage						
UNDERINSURED MOTORISTS	BODILY INJURY	EACH PERSON EACH ACCIDENT	No Coverage						
	PROPERTY DAMAGE	EACH ACCIDENT	No Coverage						
OTHER THAN COLLISION			No Coverage						
COLLISION			No Coverage						
RENTAL REIMBURSEMENT	\$35 per day, \$600 maximum per claim		No Coverage						
TOWING AND LABOR COST	\$75 per disablement, \$300 maximum		No Coverage						
AUTO LOAN/LEASE COVERAGE (NEW CARS ONLY)			No Coverage						
TOTAL PER CAR			258.00						
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						273.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION
1	1996 Dodge CARAVAN SE/CARAVAN SPORT	No Coverage	No Coverage

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: VICTOR CAHUEC PEREZ	Customer Number: 81299919	Policy Number: 3503155467
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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, mooncars 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<br>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

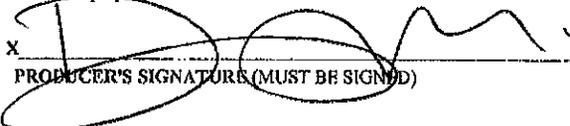
I hereby apply to the Company for a policy of insurance, as set forth in this application, on the basis of the statements contained herein. I agree that if I intentionally conceal or misrepresent a material fact or circumstance relating to the insurance, the policy shall be null and void. I understand 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.

Victor Cahuec  
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

06/02/2011 09:21 AM PST  
 DATE

**PRODUCER'S STATEMENT**

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

X   
PRODUCER'S SIGNATURE (MUST BE SIGNED)

06/02/2011 09:21 AM PST

DATE

WASILAP0110

Star Indemnity & Liability Company - Program 213



**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: 81228329  
 Policy Number: 3503121578  
 Effective Date & Time: 02/23/2011 02:23 PM PST  
 Policy Term / Pay Plan: 6 Months / Direct Monthly  
 Down Payment: \$65.80  
 Payment Type: Agency Sweep  
 Transmit Date & Time: 02/23/2011 02:23 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: PEDRO CHIMBO-VELESACA	Home Phone Number: 253-661-6161 Work Phone Number:
MAILING ADDRESS (If P.O. Box, Garaging Address Required) 9 RIPS LN SW LAKEWOOD, WA 98499	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 9 RIPS LN SW LAKEWOOD, WA 98499	

**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.	PEDRO CHIMBO-VELESACA	M	M	Y	SELF		27		MI

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: PEDRO CHIMBO-VELESACA	Customer Number: 81228329	Policy Number: 3503121578
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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.	1990	Honda CIVIC LX	1HGED3558LA024059	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	3	1	0	7	7	Experience Driver Discount	

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

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

Auto	Description of Damage	Repair Estimate

Insured: PEDRO CHIMBO-VELESACA	Customer Number: 81228329	Policy Number: 3503121578
--------------------------------	---------------------------	---------------------------

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	142.00							
	PROPERTY DAMAGE	25000 EACH ACCIDENT	112.00							
PERSONAL INJURY PROTECTION		EACH PERSON	No Coverage							
UNDERINSURED MOTORISTS	BODILY INJURY	EACH PERSON EACH ACCIDENT	No Coverage							
	PROPERTY DAMAGE	EACH ACCIDENT	No Coverage							
OTHER THAN COLLISION			No Coverage							
COLLISION			No Coverage							
RENTAL REIMBURSEMENT	\$35 per day, \$600 maximum per claim		No Coverage							
TOWING AND LABOR COST	\$75 per disablement, \$300 maximum		No Coverage							
AUTO LOAN/LEASE COVERAGE (NEW CARS ONLY)			No Coverage							
<b>TOTAL PER CAR</b>			254.00							
			<b>FINANCIAL RESPONSIBILITY FILING FEE(S)</b>							0.00
			<b>NEW BUSINESS POLICY FEE</b>							15.00
			<b>TOTAL POLICY PREMIUM</b>							269.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION
1	1990 Honda CIVIC LX	No Coverage	No Coverage

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: PEDRO CHIMBO-VELESACA	Customer Number: 81228329	Policy Number: 3503121578
--------------------------------	---------------------------	---------------------------

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 \_\_\_\_\_ 02/23/2011 02:23 PM PST  
 APPLICANT'S SIGNATURE (MUST BE SIGNED) DATE

**PRODUCER'S STATEMENT**

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

X

PRODUCER'S SIGNATURE (MUST BE SIGNED)

02/23/2011 02:23 PM PST

DATE

WASILAP 0110

Star Indemnity & Liability Company - Program 213



**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: 81201394  
Policy Number: 3503108160  
Effective Date & Time: 01/25/2011 12:40 PM PST  
Policy Term / Pay Plan: 6 Months / Direct Monthly  
Down Payment: \$115.40  
Payment Type: Agency Sweep  
Transmit Date & Time: 01/25/2011 12:40 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: AMILCAR GARCIA-AGUSTIN	Home Phone Number: 253-946-6445 Work Phone Number: 253-946-6445
MAILING ADDRESS (If P.O. Box, Garaging Address Required) 9 RIPS LN SW LAKEWOOD, WA 98499	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 9 RIPS LN SW LAKEWOOD, WA 98499	

**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.	AMILCAR GARCIA-AGUSTIN	M	M	Y	SELF		5		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: AMILCAR GARCIA-AGUSTIN	Customer Number: 81201394	Policy Number: 3503108160
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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.	1990	Honda CIVIC LX	1HGED3558LA024059	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	3	1	0	7	7	Experience Driver Discount	

- |   |   |                                     |
|---|---|-------------------------------------|
| 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

Insured: AMILCAR GARCIA-AGUSTIN	Customer Number: 81201394	Policy Number: 3503108160
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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	280.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	222.00						
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			502.00						
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						517.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION
1	1990 Honda CIVIC LX	No Coverage	No Coverage

WASLAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: AMILCAR GARCIA-AGUSTIN	Customer Number: 81201394	Policy Number: 3503108160
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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<br>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"/> |

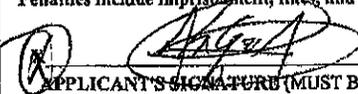
APPLICANT'S STATEMENT - READ BEFORE SIGNING

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 \$3.00 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.

01/25/2011 12:40 PM PST

DATE

APPLICANT'S SIGNATURE (MUST BE SIGNED)



**PRODUCER'S STATEMENT**

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

X

PRODUCER'S SIGNATURE (MUST BE SIGNED)

01/25/2011 12:40 PM PST

DATE

WASILAP 0110

Starr Indemnity & Liability Company - Program 213



**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: 81189593  
Policy Number: 3503102666  
Effective Date & Time: 01/04/2011 09:51 AM PST  
Policy Term / Pay Plan: 6 Months / Direct Monthly  
Down Payment: \$70.20  
Payment Type: Agency Sweep  
Transmit Date & Time: 01/04/2011 09:51 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: HILARIO CHAVEZ	Home Phone Number: 253-941-4550 Work Phone Number: 253-941-4550
MAILING ADDRESS (if P.O. Box, Ganging Address Required) 9 RIPS LN SW LAKEWOOD, WA 98499	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 9 RIPS LN SW LAKBWOOD, WA 98499	

**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.	HILARIO CHAVEZ	M	M	Y	SELF		18		NC

**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					

WASLAP0110

Starr Indemnity & Liability Company - Program 213

Insured: HILARIO CHAVEZ	Customer Number: 81189593	Policy Number: 3503102666
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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.	1990	Honda CIVIC LX	1HGED3558LA024059	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	3	1	0	7	7	Experience Driver Discount	

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

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

Auto	Description of Damage	Repair Estimate

WASILAP0110

Star Indemnity & Liability Company - Program 213

Insured: HILARIO CHAVEZ	Customer Number: 81189593	Policy Number: 3503102666
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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	154.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	122.00						
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			276.00						
FINANCIAL RESPONSIBILITY FILING FEE(S)									0.00
NEW BUSINESS POLICY FEE									15.00
TOTAL POLICY PREMIUM									291.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION
1	1990 Honda CIVIC LX	No Coverage	No Coverage

WASILAP 0110

State Indemnity & Liability Company - Program 213

Insured: HILARIO CHAVEZ	Customer Number: 81189593	Policy Number: 3503102666
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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<br>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.

**HILARIO CHAVEZ**  
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

01/04/2011 09:51 AM PST  
 DATE

PRODUCER'S STATEMENT

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

X

PRODUCER'S SIGNATURE (MUST BE SIGNED)

01/04/2011 09:51 AM PST

DATE

WASILAP 0110

Starr Indemnity & Liability Company - Program 213



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	INTREPID	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		Named Insured	Male	Single		N

Drv#	Driver's License #	State	Months Licensed in Washington
1		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: [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: [Signature] MISRAEL RAMIREZ Date: 1/11/11 Time: 6:20



Washington Personal Auto Application

UNITRIN

Charter Indemnity Company

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

Binder Number:  
466852808

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

Credit Score Reference Number  
11593155623783

AGENCY:

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

APPLICANT/NAMED INSURED:

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

CODE: 0019868

Work Phone:

Email:

Covered Vehicle Information

Veh#	Year	Make	Model & Series	VIN	Symbol	Agreed Value	Vehicle Usage
1	2001	DODG	INTREPID	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	307.00			
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:	\$ 307.00				
Total Premium & Fee:	\$ 327.00				
Minimum Down Payment:	\$ 65.40				
Down Payment Submitted:	\$ 65.40				

Driver Information

Drv#	Driver's Name	Date of Birth	Relationship to Applicant	Gender	Marital Status	Social Security #	SR-22
1	Mejia-cruz, Roni		Named Insured	Male	Single		N

Drv#	Driver's License #	State	Months Licensed in Washington
1		WA	115

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

Yes  No ; If Yes, explanation is provided below.

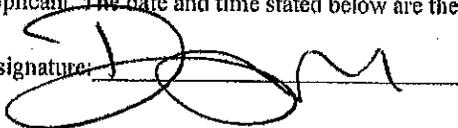
Have all residents in your household over the age of 14 years and all drivers who use the listed vehicle(s) on a regular basis, been either added as a listed driver or able to show proof of other applicable auto liability insurance?

Yes  No ; If No, explanation is provided below.

**Agent's Statement**

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

Agent's signature:



Date: 7/12/11

Time: 1:07

**Agreement**

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

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

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

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

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

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

Applicant's signature:



Date: 7/12/11

Time: 1:07



Named Insured: Hernandez Carbajal, Hector L  
10624 Irene Ave Sw, Lakewood, WA 98499  
Home Phone: (703) 400-5882 Business Phone: ( )

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

Agency Code: 4705137  
Sub Code:

**Premium, Coverage and Fee Information**

Type: Limited Liability Term: 6 Months

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

	Limits	Vehicle #1	Deductible	Vehicle #2	Deductible	Vehicle #3	Deductible	Vehicle #4	Deductible
Rated Driver		1							
Bodily Injury-Property Damage	25/50/25	\$461.76							
UIM-BI	Reject								
UIM-PD	Reject								
Medical Payments									
Personal Injury Protection	Reject								
Comprehensive									
Car Loan Protection	No								
Collision									
Lienholder Deductible									
Rental Reimbursement	N/A								
Towing & Labor	N/A								
Special Equipment	N/A								
<b>Total by Vehicle:</b>		\$461.76							
<b>Premium Subtotals:</b>		\$461.76							
<b>Policy Fee:</b>	\$8.00								
<b>Total Policy Premium:</b>	\$469.76								
<b>Total Amount Submitted:</b>	\$85.00								
		Electronic Funds Transfer (EFT): N							
		Discount(s):							
		Surcharge(s): Foreign Operator							
		5 Installments @ \$84.95							

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

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

**Vehicle Information**

Veh. #	VIN	Year	Make	Model	Vehicle Specifics	Symbol	Cost	Veh. Use	Garage Zip/Territory
1	JA3XC47S2NY043640	1992	MITZ	DIAMANTE	4D,06Cyls,2wd,AU	L/L/L/32/40	N/A	P	98499 / 42

**Driver Information**

Drv. #	Name as Shown on Drivers License	Date of Birth	Gender	Marital Status	License State	License Number	Date Licensed	Years Driving	SR-22	Non Driver	Excl. Driver
1	Hernandez Carbajal, Hector L		M	M	FO		04/20/1997	13		N	N
2	Izaguirre, Gloria									N	Y

**Accidents and Violations (Last 36 Months)**

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

Drv. #	Date of Occurrence	Type	Points	Description of Occurrence
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**\*\*No accidents, violations or convictions reported.\*\***

**Existing Damage**

Vehicle #1: N

**Applicant Confirmation**

HHC (initials) I understand this application when signed becomes a part of the policy.

YHC (initials) I understand and agree it is my responsibility to report any change of garaging location to the Company within 14 days of the change and I declare that each vehicle listed in this application is garaged more than 50% of the time at the garaging zip listed.

HHC (initials) I understand and agree that this policy does not take effect until I have both signed this application and paid the premium due at inception.

HHC (initials) I have had Special Equipment Coverage explained to me and I fully understand it. I understand and agree that when collision and/or comprehensive coverages are purchased, no coverage will exist for equipment that has not been installed by the original manufacturer of the vehicle unless Special Equipment Coverage has been purchased.

HHC (initials) I understand and agree that the Company may obtain facts from third parties such as consumer reporting agencies, that provide driving, claims, and credit histories on all drivers rated on this policy. I agree that the Company may use a credit based insurance score determined by information contained in my credit history. I understand and agree that new or updated consumer or credit information may be used to calculate my renewal premium. I may access this information directly from the third party and correct if inaccurate.

HHC (initials) I declare that none of the vehicles listed in this application will be used to carry persons or property for compensation or a fee, or for retail or wholesale delivery, including but not limited to, the pickup transport or delivery of magazines, newspapers, mail or food.

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

HHC (initials) I understand that I have purchased a Limited Liability Policy. I understand that anyone driving my car must be listed on the Declaration page; otherwise no Liability or Car Damage coverage will be afforded.

HHC (initials) NOTIFICATION OF POSSIBLE INVESTIGATIVE REPORT - As required by Public Law 91-608, Fair Credit Reporting Act, this is to inform you that as part of our procedure for processing and reviewing applications, new policies, renewal policies and policies currently in effect, a credit report, motor vehicle report or an investigative report may be obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living or driving history, whichever may be applicable. You have the right to make a written request to this company within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation and/or dispute such information which you believe to be erroneous.

**Applicant and Agent Signatures**

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

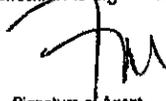
Date Signed \_\_\_\_\_ Time Signed \_\_\_\_\_  
 AM  
 PM

  
Signature of Applicant

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

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

4/5/11  
Date Signed \_\_\_\_\_ Time Signed \_\_\_\_\_  
 AM  
 PM

  
Signature of Agent



**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: 81069824  
 Policy Number: 3503048823  
 Effective Date & Time: 06/11/2010 01:53 PM PST  
 Policy Term / Pay Plan: 6 Months / Direct Monthly  
 Down Payment: \$89.00  
 Payment Type: Agency Sweep  
 Transmit Date & Time: 06/11/2010 01:53 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: ENRIQUE HERNANDEZ PEREZ		Home Phone Number: 253-486-4132
Work Phone Number:		
MAILING ADDRESS (If P.O. Box, Garaging Address Required) 27906 PACIFIC HWY S #422 FEDERAL WAY, WA 98003		
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 27906 PACIFIC HWY S #422 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.	ENRIQUE HERNANDEZ PEREZ	M	S		SELF		13		WA

IF SPOUSE NOT LICENSED, EXPLAIN:

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

**ADDITIONAL DRIVER INFORMATION:**

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

Insured: ENRIQUE HERNANDEZ PEREZ	Customer Number: 81069824	Policy Number: 3503048823
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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.	1997	Chevrolet TAHOE/TAHOE LS/TAHOE LT	1GNEK13R2VJ355051	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	Symbol	DISCOUNTS/CREDITS	SURCHARGES
1.	12000	24	5		Pleasure	23	1	0	11	Experience Driver Discount	Sport Utility Surcharge

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

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

Auto	Description of Damage	Repair Estimate

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: ENRIQUE HERNANDEZ PIREZ	Customer Number: 81069824	Policy Number: 3503048823
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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	182.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	187.00						
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			369.00						
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						384.00

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

WASILAP 0110

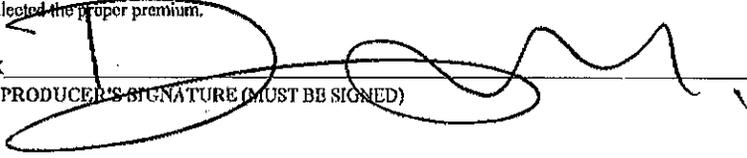
State Indemnity & Liability Company - Program 213

PRODUCER'S STATEMENT

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

X

PRODUCER'S SIGNATURE (MUST BE SIGNED)



06/11/2010 01:53 PM PST

DATE

WASILAP 0110

Starz Indemnity & Liability Company - Program 213



Policy and premium information for JOSE A PICAZO PUYICATLA. **Please review and sign where indicated.**

**Drivers and Household Residents**

The applicant, spouse and all household residents 14 years of age or older, all regular operators of the vehicles described in this application, and all children who live away from home who drive vehicles, even occasionally, are listed below.

# Name	Relationship to Applicant	Date of Birth	Gender	Marital Status	Driver's License
1 JOSE A PICAZO PUYICATLA	Insured	[REDACTED]	Male	Single	WA/[REDACTED]

**Driving History**

Pacific Star Insurance Company uses your driving history from the past 35 months to determine your rate. The following accidents and/or violations were reported for drivers on this policy.

Driver #	First Name	Incident Dates	Vehicle Code and/or Description	Is Accident Chargeable?
End of reported incidents.				

**Coverages and Limits of Liability**

Coverage applies only where premium is indicated.

1990 TOYOTA PICKUP VIN: JT4RN01P0L7021513 Usage: PLEASURE  
Garaging: 27906 PACIFIC HWY S, Federal Way, WA 98003

Bodily Injury Liability	\$25000 Per Person/ \$50000 Per Accident	\$218.00
Property Damage Liability	\$25000 Each Accident	\$181.00
Vehicle Premium		\$399.00
<b>Total Premium</b>		<b>\$399.00</b>
<b>Total Premium &amp; Fees</b>		<b>\$429.00</b>

**Discounts and Surcharges**

None applied.

**Underwriting Questions**

Question	Answer
1. Are there any residents of your household, or anyone who regularly operates your vehicle, not disclosed on this application?	N
2. Are any vehicles used for delivery, such as pizza or newspaper delivery, or for any other commercial purpose?	N
3. Has any driver had his / her driver's license suspended or revoked in the last three years?	N
4. Does any driver have a physical or mental impairment that can affect their ability to operate a motor vehicle?	N
5. Has any driver had any moving violations/accidents in the past 35 months that are not listed on his/her motor vehicle report?	N
6. Do you own any other motor vehicles not listed on this application?	N
7. Any vehicles on this application not registered to the named insured?	N
8. Any vehicles listed modified, customized, rebuilt, salvaged, or damaged?	N
9. Has any driver filed any claims in the past 36 months?	N
10. Is any vehicle used in any way in the course of insured's or any driver's occupation or business? Or is any driver self-employed?	N
11. Are any policy vehicles principally garaged in Washington less than 10 months per year?	N

Explanations for any Yes answers:

**Coverage Restrictions**

**THIS IS A LIMITED DRIVERS POLICY.** This coverage does not apply while your insured car is operated, maintained, or used by a driver under the age of twenty-five (25) years who is not listed on the application or Declarations. However, Under Part III for Underinsured Motorist Bodily Injury and Underinsured Motorist Property Damage, this exclusion will not apply to the Named Insured and any relative who does not own a vehicle, while passengers in your car, or its temporary substitute.

**Disclosures**

1. Failure to disclose all material facts, including traffic convictions and accidents, may result in policy cancellation.
2. If any premium remittance is not honored by the payer (for example an NSF check), coverage will be rescinded and the policy void from inception.
3. Policy premium and/or policy period may be adjusted after review of motor vehicle records or other underwriting factors undisclosed or disclosed incorrectly on the application.

**APPLICANT'S STATEMENT**

**CAUTION: DO NOT SIGN UNLESS YOU HAVE READ AND UNDERSTAND THE FOLLOWING.**

I understand that no coverage is bound earlier than the time and date the application is signed. I also understand and agree that it may be necessary to adjust the premium and/or the term of my policy to conform to the company's filed rates if any information on this application is found to be incorrect. I further understand that if my premium payment is not honored by the bank, coverage will be cancelled. I also understand that no coverage will be afforded for any exposure, including Special Equipment, unless it is specifically requested on this application. I attest that I have declared all drivers in the household. I have read this application and declare that all statements are true to the best of my knowledge and belief. I further acknowledge that I received a copy of the application.

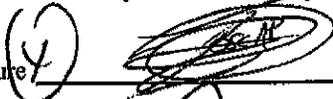
**IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.**

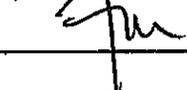
**WE MAY VOID THIS POLICY FOR FRAUD OR MISREPRESENTATION IF THE FRAUD OR MISREPRESENTATION OCCURS PRIOR TO A LOSS AND EXISTS AT THE TIME OF THE LOSS. THIS MEANS THAT WE WILL NOT BE LIABLE FOR ANY CLAIMS OR DAMAGES WHICH WOULD OTHERWISE BE COVERED.**

A routine inquiry may be made regarding your character, general reputation, personal characteristics and mode of living. Upon your written request, we will disclose the nature and scope of investigation. We will obtain your motor vehicle record for undisclosed convictions or accidents.

**I UNDERSTAND THAT ANY EXISTING DAMAGE ON MY CAR AT THE TIME OF APPLICATION WILL NOT BE COVERED UNDER THIS INSURANCE.**

I declare that the statements on this application are true and request the company to issue the insurance applied for in reliance on these statements. I understand that any fraudulent misrepresentation will result in the cancellation of the policy.

Applicant's Signature  Date 8-23-11 Time 4:04 ( )A.M. ( )P.M.

Producer's Signature  Date 8/23/11 Time 4:04 ( )A.M. ( )P.M.



March 19, 2012

Company: Meritplan Insurance Company

Term: Semi-Annual Rates Revised: 08/01/08

Type Of Policy: Regular

Quoted For: MARCELO MARTINEZ

Policy Eff Date: 02/11/09

Producer: RAINWATER INS-MARIA (NB)

Insured's Phone: (714) 776-4026

<u>Veh</u>	<u>Yr</u>	<u>Make</u>	<u>Model</u>	<u>Terr</u>	<u>Sym</u>	<u>Pt</u>	<u>Tow</u>	<u>Rental</u>	<u>Add On</u>	<u>Class</u>	<u>Drvr</u>
1	92	FORD	CLUB	23	6	0	No	None	None	MM34	1:MM

<u>Coverages</u>	<u>Limits</u>	<u>Veh. 1</u>
Bodily Injury	25/50	254.00
Property Damage	10	Incl
UM BI	None	
UM PD	None	
PIP	None	
Medical	None	
Comprehensive	None	
Collision	None	
Towing		None
Rental Reimb		None
Add On Equip		None
Car Loan/Lease Pro.		None
Lienholder Ded		None
Subtotal		254.00
Policy Fee		15.00
Total		<u>\$ 269.00</u>

Payment Plan: 6 Month 6-Pay-20

20% down: 65.80

Five installments (30 day intervals): 50.64

Installments include \$10.00 installment fee. Payments for this plan total \$319.00.

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

March 19, 2012 - Page 2

Company: Meritplan Insurance Company

Term: Semi-Annual Rates Revised: 08/01/08

Type Of Policy: Regular

Quoted For: MARCELO MARTINEZ

Policy Eff Date: 02/11/09

Producer: RAINWATER INS-MARIA (NB)

Insured's Phone: (714) 776-4026

<u>Veh</u>	<u>Yr</u>	<u>Make</u>	<u>Model</u>	<u>Terr</u>	<u>Sym</u>	<u>Pt</u>	<u>Tow</u>	<u>Rental</u>	<u>Add On</u>	<u>Class</u>	<u>Drvr</u>
1	92	FORD	CLUB	23	6	0	No	None	None	MM34	1:MM

Discounts Applied

Veh. 1

Experienced Driver

Yes

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

**WASHINGTON AUTO INSURANCE APPLICATION**

INSURER'S NAME: MERITPLAN INSURANCE COMPANY  
 PRODUCER CODE: 223021  
 PRODUCER LICENSE #: 62065  
 PRODUCER NAME: Rainwater Insurance, Inc  
 PRODUCER PHONE #: (253)839-5500

Customer Number: 80838392  
 Policy Number: 2703180813  
 Effective Date & Time: 02/11/2009 11:53 AM PST  
 Policy Term / Pay Plan: 6 Months / Direct Monthly  
 Down Payment: \$65.80  
 Payment Type: BFT  
 Transmit Date & Time: 02/11/2009 11:53 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: MARCELO MARTINEZ		Home Phone Number: 714-776-4026
		Work Phone Number: 714-776-4026
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.	MARCELO MARTINEZ	M	M	Y	SBLF		18		NC

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)	Has Producer issued FR filing?
1.	Unemployed						

WAMIAP 0407

Washington - Meritplan Insurance Company - Program 206

Insured: MARCELO MARTINEZ	Customer Number: 80838392	Policy Number: 2703180813
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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	Ford CLUB WAGON R150	1FMEB11H3NHA57198	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	A/I/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	Symbol	DISCOUNTS/CREDITS	SURCHARGES
1.	7501	15	5		Commute	23	1	0	6	Experience Driver Discount	

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

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

Auto	Description of Damage	Repair Estimate

Insured: MARCELO MARTINEZ	Customer Number: 80838392	Policy Number: 2703180813
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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	132.00						
	PROPERTY DAMAGE	10000 EACH ACCIDENT	122.00						
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						
LIENHOLDER DEDUCTIBLE OPTIONS ARE: \$500 Deductible or \$1,000 Deductible			No Coverage						
RENTAL REIMBURSEMENT	\$35 per day, \$600 maximum per claim		No Coverage						
TOWING AND LABOR COST	\$50 per disablement, \$300 maximum per policy period		No Coverage						
AUTO LOAN/LEASE COVERAGE (NEW CARS ONLY)			No Coverage						
<b>TOTAL PER CAR</b>			254.00						
			<b>FINANCIAL RESPONSIBILITY FILING FEE(S)</b>						0.00
			<b>NEW BUSINESS POLICY FEE</b>						15.00
			<b>TOTAL POLICY PREMIUM</b>						269.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)		
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION	LIENHOLDER
1	1992 Ford CLUB WAGON E150	No Coverage	No Coverage	No Coverage

WAMIAP 0407

Washington - Meritplan Insurance Company - Program 206

Insured: MARCBLO MARTINEZ	Customer Number: 80838392	Policy Number: 2703180813
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APPLICANT QUESTIONNAIRE

- |   | YES   | NO                                  |
|---|---|-------------------------------------|
| 1. Do any vehicles listed have more or less than 4 wheels?  | Unacceptable                                  | <input checked="" type="checkbox"/> |
| 2. Are any vehicles listed regularly garaged overnight away from your primary residence?  | Unacceptable                                  | <input checked="" type="checkbox"/> |
| 3. Are any vehicles listed company owned or not owned by the named insured, taxis, limousines, recreational, motorcycles, mopeds, motor scooters, motorbikes, go-carts or similar vehicles, tow trucks, equipped for plowing, emergency vehicles, leased or rented to others, custom, show or altered, flatbed, stake, or any other truck or any other type of vehicle having a load capacity in excess of 1,500 lbs. -3/4 ton? | Unacceptable                                  | <input checked="" type="checkbox"/> |
| 4. Are any vehicles used for delivery purposes or for any other commercial purposes? (Examples: pizza or newspaper delivery.)   | Unacceptable                                  | <input checked="" type="checkbox"/> |
| 5. Are all vehicles listed registered to the Applicant (Named Insured)?   | <input checked="" type="checkbox"/>           | Unacceptable                        |
| 6. 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"/> |
| 7. Are any vehicles listed van conversions, trailers, over 15 years old, rebuilt, salvaged, grey market, antique, classic, historic, limited production, with t-tops, convertible tops, removable hard tops, turbo-charged, actual cash value exceeding \$40,000, 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"/> |
| 8. 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 or commercial use of my vehicle(s) 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 \$10.00 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 \$12.00 will be charged to reinstate my policy. I understand that if my payment is returned by the financial institution for any reason, an \$18.00 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)

02/11/2009 11:53 AM PST  
 DATE

**PRODUCER'S STATEMENT**

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

X

PRODUCER'S SIGNATURE (MUST BE SIGNED)

02/11/2009 11:53 AM PST

DATE

WAMIAP 0407

Washington - Meritplan Insurance Company - Program 206

Application Date	Agent	Insured Name	Insured Address	Insured Phone	Insurer	Policy Number	Received	Driver License St#/WA	Policy Status
9/22/2010	Maria Diaz	Santos Romero	2712 S 258th St #B KENT, WA 98032	253-250-9536	Progressive	71052167	Yes	WA	Active
7/20/2011	Maria Diz	Rosalba Alvarez	2712 S 258th #B KENT, WA 98032	253-335-8080	Starr Indemnity	3503170873	Yes	WA	Cancel for non pay 11/26/2011.
12/6/2011	Maria Diaz	Ma Teresa Mireles Torres	2712 S 258th St #B KENT, WA 98032	253-946-6845	Starr Indemnity	3503203396	Yes	WA	Active
9/15/2011	Maria Diaz	Alfonso Pinedo-Tacuri	2712 S 258th St #B KENT, WA 98032	253-835-3122	Starr Indemnity	3503187050	No	WA	Cancel for non pay 11/11/2011.
8/7/2011	Maria Diaz	Tito Torres-Guaman	2712 S 258th St #B KENT, WA 98032	253-761-6136	Starr Indemnity	3503181853	Yes	NY	Cancel for non pay 12/23/2011.
3/18/2009	Maria Diaz	Ernesto Gomez-Rendon	2712 S 258th #C KENT, WA 98032	916-488-8543	Starr Indemnity	2703182496	No	CA	Cancel for non pay 4/17/2009.
3/18/2009	Maria Diaz	Ernesto Gomez-Rendon	2712 S 258th #C KENT, WA 98032	916-488-8543	Starr Indemnity	2703182497	No	CA	Cancel for non pay 4/17/2009.
7/20/2011	Maria Diaz	Anuar Giraldo Morera	2712 S 258th St #D KENT, WA 98032	253-761-6138	Starr Indemnity	3503170829	Yes	FL	Cancel for non pay 8/26/2011.
7/31/2010	Maria Diaz	Jose de Jesus Reyes	2712 S 258th St #D KENT, WA 98032	253-334-0475	Starr Indemnity	3503061233	Yes	WA	Cancel for non pay 8/8/2011.
1/24/2011	Maria Diaz	Nery Guzman Guerra	2712 S 258th #D KENT, WA 98032	253-802-1782	Starr Indemnity	3503107766	No	WA	Cancel per insured request 1/30/2012.
8/23/2011	Maria Diaz	Alfonso Criollo	2718 S 258th St #B KENT, WA 98032	917-499-6673	Starr Indemnity	3503181108	Yes	NY	Cancel 8/26/2011 per insured request.
5/11/2011	Maria Diaz	Marcos Lopez	2718 S 258th St #B KENT, WA 98032	516-423-6386	Peak P&C	475855360	Yes	FO	Cancel 6/22/2011 for non pay.
3/26/2011	Francisco Murillo	Adrian Perez Enriquez	2718 S 258th St #C KENT, WA 98032	253-946-0734	Starr Indemnity	3503139776	Yes	WA	Active
5/21/2011	Maria Diaz	Gregorio Torres	2718 S 258th St #D KENT, WA 98032	253-653-1282	Starr Indemnity	3503152034	Yes	WA	Active
3/22/2011	Maria Diaz	Erick Ortiz Mochedano	2718 S 258th St #D KENT, WA 98032	253-945-6111	Starr Indemnity	3503132177	Yes	WA	Cancel 4/22/2011 for non pay.
2/14/2011	Francisco Murillo	Jorge Almanza Chingay	30528 5th Ave SW FED WAY, WA 98023	209-986-7051	Starr Indemnity	3503117128	Yes	WA	Cancel for non pay 6/19/2011.
2/28/2011	Francisco Murillo	Eduardo Altamirano	30528 5th Ave SW FED WAY, WA 98023	786-402-6960	Starr Indemnity	3503123436	Yes	WA	Cancel for non pay 3/27/2011.
2/14/2011	Maria Diaz	Cleaver Garcia Quispe	30528 5th Ave SW FED WAY, WA 98023	209-986-7051	Starr Indemnity	3503116776	Yes	WA	Cancel per insured req 4/15/2011.
2/8/2011	Maria Diaz	Samuel Leon Torres	30528 5th Ave SW FED WAY, WA 98023	253-946-4550	Starr Indemnity	3503114346	Yes	WA	Cancel per insured req 6/2/2011.
2/18/2011	Maria Diaz	Sara Padilla-Hernandez	30528 5th Ave SW FED WAY, WA 98023	209-986-7051	Starr Indemnity	3503109792	Yes	WA	Cancel for non pay 4/15/2011
2/14/2011	Maria Diaz	Jose Pinto Paz	30528 5th Ave SW FED WAY, WA 98023	209-986-7051	Peak P and C	475841129	Yes	WA	Cancel per insured req 2/19/2011.
2/25/2011	Maria Diaz	Mamuel Suquinagua Morochu	30528 5th Ave SW FED WAY, WA 98023	253-946-6661	Peak P and C	475843432	Yes	WA	Cancel per insured req 3/4/2011.
2/12/2011	Maria Diaz	Cesia Gonzalez Amaya	2925 SW 352ND PL	253-946-6441	Starr Indemnity	3503116509	No	WA	Cancel 4/22/2011

2/22/2011	María Díaz	Cesia Gonzalez Amaya	FED WAY, WA 98023 2925 SW 332ND PL FED WAY, WA 98023	253-945-5055	Starr Indemnity	3503120785	Yes	/ WA	per insured request. Insured moved to Nyork. Cancel 3/12/2011 for no pay.
8/23/2010	María Díaz	Jose Arriaga Mejia	FED WAY, WA 98023 2925 SW 332ND PL FED WAY, WA 98023	253-945-4550	Starr Indemnity	3503067559	No	/ WA	Cancel 11/20/2010 for non pay.
5/22/2011	María Díaz	Fernando Diaz	FED WAY, WA 98023 2925 SW 332ND PL FED WAY, WA 98023	253-835-3186	Progressive	71235959	Yes	/ WA	Active
7/15/2010	María Díaz	Emiliano Diaz Alvarez	FED WAY, WA 98023 2925 SW 332ND PL Federal Way, WA 98023	253-835-3186	Anchor General	5516784	Yes	/ WA	Cancel for non pay 2/18/2011.
2/9/2011	María Díaz	Hendel Gonzalez Rivera	FED WAY, WA 98023 2659 SW 332ND CT FED WAY, WA 98023	253-946-4550	Starr Indemnity	3503114823	No	/ WA	Cancel 6/8/2011 for non pay.
11/15/2010	María Díaz	Elsa Chasiluisa Taco	FED WAY, WA 98023 2659 SW 332ND CT FED WAY, WA 98023	253-946-4550	Starr Indemnity	3503091281	Yes	WA	Cancel 6/21/2011 for non pay.
2/17/2010	María Díaz	Diana Gualpa Chasiluisa	FED WAY, WA 98023 2659 SW 332ND CT FED WAY, WA 98023	253-946-4550	Starr Indemnity	3503091289	Yes	/ WA	Cancel 4/15/2011 for non pay.
6/6/2011	María Díaz	Victor Cahuac Perez	FED WAY, WA 98023 2659 SW 332ND CT FED WAY, WA 98023	253-761-6932	Starr Indemnity	3503155467	Yes	/ WA	Active
2/23/2011	María Díaz	Pedro Chimbo Velasca	LAKEWOOD, WA 98499 9 RIPS LANE	253-661-6161	Starr Indemnity	3503121578	No	/ WA	Cancel 5/28/2011 for non pay.
1/25/2011	María Díaz	Amilcar Garcia Agustin	LAKEWOOD, WA 98499 9 RIPS LANE	253-946-6445	Starr Indemnity	3503108160	Yes	/ WA	Cancel 5/2/2011 per insured request.
1/25/2011	María Díaz	Hilario Chavez	LAKEWOOD, WA 98499 9 RIPS LANE	253-941-4550	Starr Indemnity	3503102666	Yes	/ NC	Cancel 5/7/2011 for non pay.
1/6/2011	María Díaz	Misael Ramirez Bonilla	LAKEWOOD, WA 98499 10624 Irene Ave	253-945-6445	Unitrin/Charter	CCIZA3445880	Yes	WA	cancel 3/19/2011 for non pay.
7/12/2011	María Díaz	Roni Mejia-Cruz	LAKEWOOD, WA 98499 10624 Irene Ave	253-753-4780	Unitrin/Charter	CCZA6310639	Yes	WA	Cancel 9/25/2011 for non pay.
5/17/2011	Francisco Murillo	Hector Hernandez Carbajal	LAKEWOOD, WA 98499 10624 Irene Ave	703-400-5882	Peak P&C	475850001	Yes	FO	Cancel 5/17/2011 for non pay.
6/11/2011	María Díaz	Enrique Hernandez Perez	FED WAY, WA 98003 27906 Pacific Hwy S #422 Federal Way, WA 98003	253-486-4132	Starr Indemnity	3503048823	Yes	/ WA	Cancel 1/15/2011 for non pay.
8/23/2011	Francisco Murillo	Jose Picazo Puy/catla	FED WAY, WA 98003 27906 PACIFIC HWY S #422 FED WAY, WA 98003	704-235-7828	Pacific Star	5519484	Yes	/ WA	Cancel 10/20/2011 per insured request.
2/11/2009	María Díaz	Marcelo Martinez	FED WAY, WA 98003 520 S 317th St Federal Way, WA 98003	714-776-4026	Starr Indemnity	2703180813	No	/ NC	Cancel 3/20/2009 for non pay.

Application Date	Agent	Insured Name	Insured Address	Insured Phone	Insurer	Policy Number	Received	Driver License St/#	Policy Status
9/22/2010	María Diaz	Santos Romero	2712 S 258th St #B KENT, WA 98032	253-250-9536	Progressive	71052167	Yes	/WA	Active
7/20/2011	María Diz	Rosalba Alvarez	2712 S 258th #B KENT, WA 98032	253-335-8080	Starr Indemnity	3503170873	Yes	/WA	Cancel for non pay 11/26/2011.
12/6/2011	María Diaz	Ma Teresa Mireles Torres	2712 S 258th St #B KENT, WA 98032	253-946-6845	Starr Indemnity	3503203396	Yes	/WA	Active
9/15/2011	María Diaz	Alfonso Pintado-Tacuri	2712 S 258th St #B KENT, WA 98032	253-835-3122	Starr Indemnity	3503187030	No	/WA	Cancel for non pay 11/11/2011.
8/26/2011	María Diaz	Tito Torres-Guaman	2712 S 258th St #B KENT, WA 98032	253-761-6136	Starr Indemnity	3503181833	Yes	/NY	Cancel for non pay 12/23/2011.
3/18/2009	María Diaz	Ernesto Gomez-Rendon	2712 S 258th #C Kent, WA 98032	916-488-8543	Starr Indemnity	2703182496	No	CA	Cancel for non pay 4/17/2009.
3/18/2009	María Diaz	Ernesto Gomez-Rendon	2712 S 258TH #C KENT, WA 98032	916-488-8543	Starr Indemnity	2703182497	No	CA	Cancel for non pay 4/17/2009.
7/20/2011	María Diaz	Anuar Giraldo Morera	2712 S 258th St #D KENT, WA 98032	253-761-6138	Starr Indemnity	3503170829	Yes	/FL	Cancel for non pay 8/26/2011.
7/31/2010	María Diaz	Jose de Jesus Reyes	2712 S 258th St #D KENT, WA 98032	253-334-0475	Starr Indemnity	3503061233	Yes		Cancel for non pay 8/8/2011.
1/24/2011	María Diaz	Nery Guzman Guerra	2712 S 258TH #D KENT, WA 98032 2651 SW 332ND CT FED WAY, WA 98023 1832 SW 318TH PL FED WAY, WA 98023	253-802-1782	Starr Indemnity	3503107766	No	/WA	Cancel per insured request 1/30/2012.
8/23/2011	María Diaz	Alfonso Criollo	2718 S 258TH ST #B KENT, WA 98032	917-499-6673	Starr Indemnity	3503181108	Yes	/NY	Cancel 8/26/2011 per insured request.
5/11/2011	María Diaz	Marcos Lopez	2718 S 258TH ST #B KENT, WA 98032	516-023-6386	Peak P&C	475855960	Yes	/FO	Cancel 6/22/2011 for non pay.
3/26/2011	Francisco Murillo	Adrian Perez Enriquez	2718 S 258TH ST #C KENT, WA 98032	253-946-0734	Starr Indemnity	3503133776	Yes	/WA	Active
5/21/2011	María Diaz	Gregorio Torres	2718 S 258TH ST #D KENT, WA 98032	253-653-1282	Starr Indemnity	3503152034	Yes	/WA	Active
3/22/2011	María Diaz	Erick Ortiz Mohedano	2718 S 258TH ST #D KENT, WA 98032	253-945-6111	Starr Indemnity	3503132177	Yes	WA	Cancel 4/22/2011 for non pay.
2/14/2011	Francisco Murillo	Jorge Almanza Chingay	30528 5th Ave SW FED WAY, WA 98023	209-986-7051	Starr Indemnity	3503117128	Yes	/WA	Cancel for non pay 6/19/2011.
2/28/2011	Francisco Murillo	Eduardo Altamirano	30528 5th Ave SW FED WAY, WA 98023	786-402-6960	Starr Indemnity	3503123436	Yes	/WA	Cancel for non pay 3/27/2011.
2/14/2011	María Diaz	Cleaver Garcia Quispe	30528 5th Ave SW FED WAY, WA 98023	209-986-7051	Starr Indemnity	3503116776	Yes	/WA	Cancel per insured req 4/15/2011.
2/8/2011	María Diaz	Samuel Leon Torres	30528 5th Ave SW FED WAY, WA 98023	253-946-4550	Starr Indemnity	3503114346	Yes	/WA	Cancel per insured req 6/2/2011.
2/18/2011	María Diaz	Sara Padilla-Hernandez	30528 5th Ave SW FED WAY, WA 98023	209-986-7051	Starr Indemnity	3503119792	Yes	WA	Cancel for non pay 4/15/2011
2/14/2011	María Diaz	Jose Pinto Paz	30528 5th Ave SW FED WAY, WA 98023	209-986-7051	Peak P and C	475841129	Yes	/WA	Cancel per insured req 2/19/2011.
2/25/2011	María Diaz	Manuel Suquinagua Morochto	30528 5th Ave SW FED WAY, WA 98023	253-946-6661	Peak P and C	475843432	Yes	/WA	Cancel per insured req 3/4/2011.
2/12/2011	María Diaz	Cesia Gonzalez Amaya	2925 SW 332ND PL	253-946-6441	Starr Indemnity	3503116509	No	/WA	Cancel 4/22/2011

2/22/2011	María Diaz	Cesia Gonzalez Amaya	FED WAY, WA 98023 2925 SW 332ND PL FED WAY, WA 98023	253-945-5055	Starr Indemnity	3503120735	Yes	/WA	per insured request. Insured moved to Nyork. Cancel 3/12/2011 for non pay.
8/23/2010	María Diaz	Jose Arriaga Mejia	FED WAY, WA 98023 2925 SW 332ND PL FED WAY, WA 98023	253-945-4550	Starr Indemnity	3503067559	No	/WA	Cancel 11/20/2010 for non pay.
5/22/2011	María Diaz	Fernando Diaz	FED WAY, WA 98023 2925 SW 332ND PL FED WAY, WA 98023	253-835-3186	Progressive	712335959	Yes	/WA	Active
7/15/2010	María Diaz	Emiliano Diaz Alvarez	FED WAY, WA 98023 2925 SW 332ND PL Federal Way, WA 98023	253-835-3186	Anchor Greneral	5516784	Yes	/WA	Cancel for non pay 2/18/2011.
2/9/2011	María Diaz	Hendel Gonzalez Rivera	FED WAY, WA 98023 2659 SW 332ND CT FED WAY, WA 98023	253-946-4550	Starr Indemnity	3503114823	No	/WA	Cancel 6/8/2011 for non pay.
11/15/2010	María Diaz	Elsa Chasiluisa Taco	FED WAY, WA 98023 2659 SW 332ND CT FED WAY, WA 98023	253-946-4550	Starr Indemnity	3503091281	Yes	/WA	Cancel 6/21/2011 for non pay.
2/17/2010	María Diaz	Diana Gualipa Chasiluisa	FED WAY, WA 98023 2659 SW 332ND CT FED WAY, WA 98023	253-946-4550	Starr Indemnity	3503091289	Yes	/WA	Cancel 4/15/2011 for non pay.
6/6/2011	María Diaz	Victor Cahuec Perez	FED WAY, WA 98023 2659 SW 332ND CT FED WAY, WA 98023	253-761-6932	Starr Indemnity	3503155467	Yes	WA	Active
2/23/2011	María Diaz	Pedro Chimbo Velasca	LAKEWOOD, WA 98499 9 RIPS LANE LAKEWOOD, WA 98499	253-661-6161	Starr Indemnity	3503121578	No	/WA	Cancel 5/28/2011 for non pay.
1/25/2011	María Diaz	Amilcar Garcia Agustin	LAKEWOOD, WA 98499 9 RIPS LANE LAKEWOOD, WA 98499	253-946-6445	Starr Indemnity	3503108160	Yes	/WA	Cancel 5/2/2011 per insured request.
1/25/2011	María Diaz	Hilario Chavez	LAKEWOOD, WA 98499 9 RIPS LANE LAKEWOOD, WA 98499	253-941-4550	Starr Indemnity	3503102666	Yes	/NC	Cancel 5/7/2011 for non pay.
1/6/2011	María Diaz	Misael Ramirez Bonilla	LAKEWOOD, WA 98499 10624 Irene Ave LAKEWOOD, WA 98499	253-945-6445	Unitrin/Charter	CCIZA3445880	Yes	/WA	cancel 3/19/2011 for non pay.
7/12/2011	María Diaz	Roni Mejia-Cruz	LAKEWOOD, WA 98499 10624 Irene Ave LAKEWOOD, WA 98499	253-753-4780	Unitrin/Charter	CCIZA6310639	Yes	/WA	Cancel 9/25/2011 for non pay.
5/17/2011	Francisco Murillo	Hector Hernandez Carbajal	LAKEWOOD, WA 98499 10624 Irene Ave LAKEWOOD, WA 98499	703-400-5882	Peak P&C	475850001	Yes	FO	Cancel 5/17/2011 for non pay.
6/11/2011	María Diaz	Enrique Hernandez Perez	LAKEWOOD, WA 98499 27906 Pacific Hwy S #422 Federal Way, WA 98003	253-486-4132	Starr Indemnity	3503048823	Yes	/WA	Cancel 1/15/2011 for non pay.
8/23/2011	Francisco Murillo	Jose Picazo Puycatia	FED WAY, WA 98003 27906 PACIFIC HWY S #422 FED WAY, WA 98003	704-235-7828	Pacific Star	5519484	Yes	/WA	Cancel 10/20/2011 per insured request.
2/11/2009	María Diaz	Marcelo Martinez	FED WAY, WA 98003 520 S 317th St Federal Way, WA 98003	714-776-4026	Starr Indemnity	2703180813	No	NC	Cancel 3/20/2009 for non pay.
1/25/2011	Francisco Murillo	Jose Guaman	SEATTLE, WA 98168 900 1ST CRK CHELAN, WA 98816	306-360-5010	Pacific Star	5518151	Yes	/FL	Cancel 2/28/2011 for non pay.
1/25/2011	Francisco Murillo	Santos Fernandez Gutierrez	FEDERAL WAY, WA 98003 22425 BENSON RD SE A304 KENT, WA 98031	301-789-3707	Starr Indemnity	3503108238	Yes	/WA	Cancel 3/11/2011 for non pay.
1/25/2011	Francisco Murillo	Cesar Arriola Sanchez	SEATTLE, WA 98168 11600 MILITARY RD #202 SEATTLE, WA 98168	508-360-0291	Peak P&C	475837908	Yes	/NC	Cancel 5/7/2011 for non pay.
1/25/2011	María Diaz	Geovanny Jimenez	FEDERAL WAY, WA 98003 27319 24TH PL S #128 FEDERAL WAY, WA 98003	631-767-2857	Starr Indemnity	3503108059	Yes	NY	Cancel 1/26/2011 per insured request.
7/7/2011	María Diaz	Carlos Guaman Guaman	KENT, WA 98032 24620 Russell Rd #5105 KENT, WA 98032	253-206-1776	Charter Indemnity	6310003	Yes	/WA	Cancel for non pay 9/20/2011.
1/4/2011	María Diaz	Jorge Gallegos Osorio	FED WAY, WA 98023 1832 SW 318TH PL #B FED WAY, WA 98023	253-661-2054	Starr Indemnity	3503107824	No	/WA	Cancel 2/20/2011 for non pay.
1/6/2011	María Diaz	Marcelino Castro	FED WAY, WA 98023 1747 S 305th Pl #D	253-941-6445	Starr Indemnity	3503103585	No	/WA	Cancel 2/4/2011

3/7/2011	María Diaz	Arnulfo Cahuec	FED WAY, WA 98003 1736 S 305TH PL	253-946-6161	Starr Indemnity	3503127108	No	██████████ / WA	for non pay. Cancel 5/12/2011 for non pay.
1/25/2011	María Diaz	Luis Alilema Mayanceia	FED WAY, WA 98003 5829 186TH PL SW #B4	914-469-5304	Starr indemnity	3503108180	Yes	██████████ / WA	Cancel 3/4/2011 for non pay.
10/21/2011	Francisco Murillo	Luis Carchi	LYNWOOD, WA 98037 9616 S 252nd St #b101	253-266-9891	Progressive	71590264	Yes	██████████ / WA	Cancel for non pay 12/9/2011.
6/9/2011	María Diaz	Carlos Guaman Lliguisaca	KENT, WA 98030 21992 30th Ave S #E32	253-576-8479	Charter Indemnity	3521715	Yes	██████████	Active
2/25/2011	Francisco Murillo	Jose Alfredo Sanchez Aguila	Des Moines, WA 98198 31603 119th Pl SE	503-385-7682	Starr Indemnity	3503122770	Yes	██████████ OR	Cancel for non pay 8/25/2011.

LICENSEE: FRED R. WILLIAMS

DATE OF BIRTH: [REDACTED]

1 2 3 4 5 6 7 8 9 10 11 12

W I L L I F R 7 2 ? D T

FIRST FIVE DIGITS OF LAST NAME

FIRST & MIDDLE INITIAL

YEAR OF BIRTH FROM 100 EQUALS THIS # (TABLE 1)

STATE USE ONLY

MONTH OF BIRTH (TABLE 2)

DAY OF BIRTH (TABLE 3)

TABLE 1: 100-28= 72

TABLE 2: MONTH OF BIRTH

JAN- B

MAY- K

SEP- O

FEB- C

JUN- L

OCT- P

MAR- D

JUL- M

NOV- Q

APR- J

AUG- N

DEC- R

TABLE 3: DAY OF BIRTH

1- A

9- Z

17- P

25- 5

2- B

10- S

18- Q

26- 6

3- C

11- J

19- R

27- 7

4- D

12- K

20- 0

28- 8

5- E

13- L

21- 1

29- 9

6- F

14- M

22- 2

30- T

7- G

15- N

23- 3

31- U

8- H

16- W

24- 4

RAINWATER INSURANCE, INC.  
6425 SOUTH TACOMA WAY  
TACOMA, WASHINGTON 98409

FECHA: \_\_\_\_\_

CLIENTES/RAINWATER INSURANCE, INC.

SU POLIZA DE SEGURO HA SIDO ESCRITA PREDICADAMENTE EN CUANTO A CIERTA DOCUMENTACION Y/O INFORMACION ESTANDO EN NUESTRA POSESION EN EL MOMENTO DE LA APLICACION O INMEDIATAMENTE DESPUES DE LA DOCUMENTACION DEBE ESTAR DISPONIBLE INMEDIATAMENTE A LA COMPANIA PARA QUE ASI USTED PUEDA RECIBIR LA TARIFA ESTABLECIDA.

\_\_\_\_ REGISTRACION EN NOMBRE DEL ASEGURADO. YO GARANTIZO QUE EL VEHICULO(S) ASEGURADO(S) ESTA/ESTAN REGISTRADOS A MI PERSONA Y/O CONYUGE COMO EL ASEGURADO, Y HARE LLEGAR LA REGISTRACION DE DICHO VEHICULO AL AGENTE DENTRO DE LOS DIEZ (10) DIAS DE LA FECHA DE LA APLICACION.

\_\_\_\_ CHEQUE ANULADO PARA EFECTUAR RETIROS AUTOMATICOS (EFT).

\_\_\_\_ PRUEBA DE NO SER CULPABLE EN ACCIDENTE.

\_\_\_\_ LINCENCIA DE CONDUCIR VALIDA DE WASHINGTON.

\_\_\_\_ EN UNA EVENTUALIDAD DE QUE LA COBERTURA DE COMPREHENSIVE Y COLLISION SEA REQUERIDA EN EL VEHICULO(S), CONFIRMO QUE EL VEHICULO NO PRESENTA DANO ALGUNO AL MOMENTO DE LA APLICACION.

\_\_\_\_ PRUEBA DE SEGURO SIN INTERRUPCION POR UN LAPSO DE SEIS (6) MESES. EN LA EVENTUALIDAD DE QUE SE ME HAYA DADO UN DESCUENTO POR TRANSFERANCIA, GARANTIZO QUE DARE PRUEBA DE ASEGURANZA ANTERIOR SIN LAPSO EN LA COBERTURA POR UN PERIODO MINIMO DE SEIS (6) MESES, DENTRO DE LOS DIEZ (10) DIAS DE LA FECHA DE LA APLICACION. SI ESTO NO SE PRUEBA, ENTIENDO QUE EL DESCUENTO SERA REMOVIDO Y EL TOTAL DEL SEGURO AUMENTARA.

\_\_\_\_ PRUEBA DE SER DUENO DE CASA.

FIRMADO \_\_\_\_\_ DE \_\_\_\_\_

ASEGURADO: \_\_\_\_\_

SILA INFORMACION MENCIONADA ANTERIORMENTE NO SE HACE DISPONIBLE A NOSOTROS INMEDIATAMENTE EL TOTAL DE TU SEGURO PUEDE SER AUMENTADO POR LA COMPANIA Y/O POSIBLEMENTE SER CANCELADA POR LA COMPANIA DE SEGURO.

RAINWATER INSURANCE INC.

6425 SO TACOMA WAY

TACOMA, WA. 98409

253-475-6922 Ph

253-475-7004 Fax

DATE: \_\_\_\_\_

CLIENT/RAINWATER INSURANCE INC.

YOUR INSURANCE POLICY HAS BEEN WRITTEN PREDICATED ON CERTAIN DOCUMENTATION AND/OR INFORMATION BEING IN OUR POSSESSION AT THE TIME OF APPLICATION OR IMMEDIATELY THEREAFTER. DOCUMENTATION MUST BE IMMEDIATELY AVAILABLE TO THE INSURANCE COMPANY FOR YOU TO RECEIVE THE QUOTED RATE.

\_\_\_\_\_ REGISTRATION IN NAME OF INSURED. I WARRANT INSURED VEHICLE(S) IS/ARE REGISTERED TO MYSELF AND/OR SPOUSE AS THE NAMED INSURED, AND I WILL PROVIDE REGISTRATION OF SAID VEHICLE(S) TO AGENT WITHIN TEN DAYS OF THE DATE OF APPLICATION.

\_\_\_\_\_ VOIDED CHECK FOR EFT TO SET UP AUTOMATIC WITHDRAWAL.

\_\_\_\_\_ PROOF OF NOT-AT-FAULT ACCIDENT.

\_\_\_\_\_ VALID WASHINGTON DRIVER'S LICENSE.

\_\_\_\_\_ IN THE EVENT COMPREHENSIVE AND COLLISION COVERAGE IS REQUESTED ON THE VEHICLES, I STATE THAT THERE IS NO EXISTING DAMAGE TO THE VEHICLE AT THE TIME OF APPLICATION. NO COVERAGE IS PROVIDED FOR NON FACTORY INSTALLED AND/OR "EXTRA EQUIPMENT" UNLESS SPECIFICALLY STATED, CHARGED FOR, AND RECEIPTS CONFIRMING PURCHASE ARE PROVIDED.

\_\_\_\_\_ PROOF OF PRIOR INSURANCE WITH NO LAPSE IN COVERAGE FOR PREVIOUS SIX MONTHS. IN THE EVENT I HAVE BEEN GIVEN A TRANSFER DISCOUNT, I HEREBY WARRANT THAT I WILL PROVIDE PROOF OF PRIOR INSURANCE WITHOUT A LAPSE IN COVERAGE FOR A MINIMUM PERIOD OF SIX MONTHS WITHIN TEN DAYS OF THE APPLICATION. IF THIS IS NOT PROVIDED, I UNDERSTAND THE DISCOUNT WILL BE REMOVED, AND THE PREMIUM WILL INCREASE.

\_\_\_\_\_ PROOF OF HOME OWNERSHIP.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

IF THE ABOVE INFORMATION IS NOT PROVIDED TO US IMMEDIATELY, YOUR INSURANCE PREMIUM MAY BE INCREASED BY THE INSURANCE COMPANY, AND/OR POSSIBLE CANCELLATION.