

Alana

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Tuesday, January 3, 2012

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Policy Inquiry

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Policy	Billing	Coverage	Driver	Vehicle	Claims	Policy Documents
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Policy Number	Insured Name	Customer Number	Company Name
3503108180-0	LUIS M ALULEMA-MAYANCELA	81201442	Starr Indemnity and Liability

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- [Homeowners](#)

Personal Auto

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Policy Summary			
Policy Status	Cancelled Non-Reinstatable		
Cancellation Date	03/04/2011	Reason for Cancellation	Non-payment of premium
Policy Term	181 Days	Submission Method	Electronic
Origination Date	01/25/2011	Payment Plan	6 Pay
Current Policy Effective	01/25/2011	Current Policy Expiration	07/25/2011
Insured Address	5829 186TH PL SW # B4 - LYNNWOOD, WA 98037		
Insured Phone #	914-469-5304		
Email Address	Signed up to Receive Policy Docs/Bills via Email		No
Notes/Comments	Lapse History		

Personal Motorcycle

Current Policy Premium Snapshot	
<u>Premium & Policy Fees</u>	\$ 78.00
<u>Service Fee</u>	\$ 0.00
<u>NSF Fee</u>	\$ 0.00
<u>Refund</u>	\$ 0.00
<u>Write Off</u>	\$ -2.60
<u>Charge Off</u>	\$ 0.00
<u>Previous Unpaid Balance</u>	\$ 0.00
Total	\$ 75.40
Total Paid	\$ 75.40
Balance Due	\$ 0.00

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Receipt Number: 7792

Payment Date: 1/25/2011 1:19:07 PM

First Name: Luis M

Payment Type: Credit Card

Last Name: Alulema-Mayancela

Check Number:

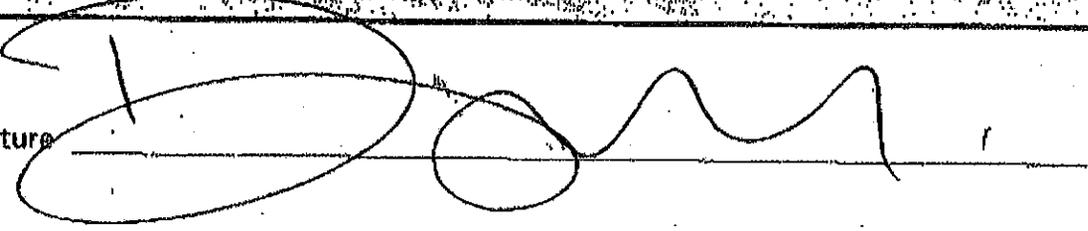
Policy Number: 3503108180

Your Company: Arrowhead

Your Agent Today: Maria Diaz

Payment for:	Amount:
Down Payment	\$75.40
	\$0.00
Policy Fee(auth # 186601 & 0413)6794	\$30.00
	\$0.00
	\$105.40

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

Agent Signature 

We accept payments as a courtesy to our customers. If your policy is cancelled for any reason, payment of this premium does not necessarily reinstate your policy. Your company will notify you of any reinstatement, or if not reinstated, return any unearned premium within 90 days.

Printed: 1/25/2011 1:21:10 PM

ARROWHEAD° GENERAL INSURANCE AGENCY, INC.

WASHINGTON AUTO INSURANCE APPLICATION

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

Customer Number: 81201402
 Policy Number: 3503108180
 Effective Date & Time: 01/25/2011 01:12 PM PST
 Policy Term / Pay Plan: 6 Months / Direct Monthly
 Down Payment: \$75.40
 Payment Type: Master Card
 Transmitt Date & Time: 01/25/2011 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: LUIS ALULEMA-MAYANCELA	Home Phone Number: 914-469-5304 Work Phone Number: 914-469-5304
MAILING ADDRESS (If P.O. Box, Garaging Address Required) 5829 186TH PL SW # B4 LYNNWOOD, WA 98037	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 5829 186TH PL SW # B4 LYNNWOOD, WA 98037	

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.	LUIS ALULEMA	M	M	Y	SELF		7		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					

WAB1AP 0110

Starr Indemnity & Liability Company - Program 211

Insured: LUIS ALJLEMA-MAYANCELA	Customer Number: 81201442	Policy Number: 3503108180
---------------------------------	---------------------------	---------------------------

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	BMW 525i	WBAHD6318NBH0951	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	22	1	0.	22	22	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? | | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

Auto	Description of Damage	Repair Estimate

WASLAP 0110

Star Indemnity & Liability Company - Program 213

Insured: LUIS ALULBMA-MAYANCELA	Customer Number: 81201442	Policy Number: 3503108180
---------------------------------	---------------------------	---------------------------

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	164.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	138.00						
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 disabment, \$300 maximum		No Coverage						
AUTO LOAN/LEASE COVERAGE (NEW CARS ONLY)			No Coverage						
TOTAL PER CAR			302.00						
FINANCIAL RESPONSIBILITY FILING FEE(S)									0.00
NEW BUSINESS POLICY FEE									15.00
TOTAL POLICY PREMIUM									317.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION
1	1992 BMW 525I	No Coverage	No Coverage

WASLAP 0110

State Indemnity & Liability Company - Program 213

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 out-of-state, abroad, overseas 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 (Planned 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 with modifications, valves, over 15 years old, rebuilt, salvaged, grey market, antique, classic, historic, limited production, total cash value exceeding \$10,000, original or special equipment valued over \$2,000? If yes, please list the vehicle number, explain and do not list Other Than Collision/Collision coverage. | <input type="checkbox"/> Do Not List ORIGINAL | <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 for Driver 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 misrepresents 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 review and/or report that contain personal or privileged information about the insured, general reputation, previous characteristics, driving record, loss history and mode of living of the applicant(s). Upon written request by the Company, additional information as to the names and scope of the report, if one is ordered, will be provided. I agree that the Insurance Company may correct my premium (based on accuracy of information obtained from additional sources, including Motor Vehicle Reports, charge reports 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 verify that all persons age 17 or older who are members of my household and all additional operators of my vehicle(s) have been listed in this application. I have disclosed all business and commercial use of my vehicle(s) in the application. I understand that a non-transferable Washington Billing Fee of \$2.00 will be charged for each household. I understand that if I do not pay my premium on time, a grace in arrears will not be 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, inaccurate, or misleading information to an insurance company for the purpose of defrauding the company. Providing false information, lies, and details of insurance benefits.



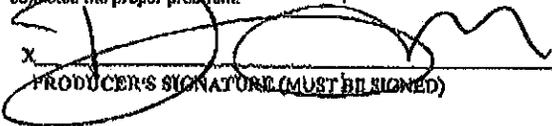
 SIGNATURE (MUST BE SIGNED) DATE

WABLRP 010

Exp. Insurance & Liability Company - Program 010

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 01:12 PM PST
DATE

WASILAP 0110

Swan Indemnity & Liability Company - Program 113

Insured: LUIS ALULEMA-MAYANCELA

Customer Number: 81201442

Policy Number: 3503108180

DRIVERS EXCLUSION

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

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

Print Name(s)	Age	Mo/Day/Yr of Birth	Relationship To Applicant
KARLA VARGAS	29		Spouse

NO INSURANCE COVERAGE FOR PERSON(S) LISTED ABOVE

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

APPLICANT'S SIGNATURE

01/25/2011 01:12 PM PST
DATE

WABLSF 0110

Washington - State Indemnity & Liability Company - Program 213
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Approved Installation Billing

When you are choosing your technology & mobility Company you need to understand what the terms of your agreement are.

When working with any technology company, the first concern question you need to ask is: "What are the terms of your agreement?" This is a critical question to ask because the terms of your agreement will determine what you are responsible for and what the company is responsible for. A typical agreement will include the following terms:

Monthly Rental Fee - This is the amount you will pay for the use of the equipment. This fee is typically a fixed amount and is not subject to change.

Installation Fee - This is the fee you will pay for the initial setup of the equipment. This fee is typically a one-time fee and is not subject to change.

Service Fee - This is the fee you will pay for the ongoing maintenance and support of the equipment. This fee is typically a monthly fee and is not subject to change.

Insurance - This is the fee you will pay for the insurance coverage of the equipment. This fee is typically a monthly fee and is not subject to change.

Porting Fee - This is the fee you will pay for the porting of your phone number to the new equipment. This fee is typically a one-time fee and is not subject to change.

By reviewing the terms of your agreement, you can ensure that you are getting the best deal possible. If you have any questions about the terms of your agreement, please contact your technology company.



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 pickup, shop, stored, recovery or heavy cargo or less than four wheels? | Unacceptable | <input checked="" type="checkbox"/> |
| 3. Are any vehicles used for delivery purposes or for any other commercial purpose? (Examples: press 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, utilities, over 15 years old, rebuilt, salvaged, gray market, antique, classic, historic, limited production, partial cash value exceeding \$30,000, options) or special equipment valued over \$2,000? If yes, please list the vehicle number, explain and do not limit to 1000 characters/Call for coverage. | <input type="checkbox"/> Do Not list SPECIAL | <input checked="" type="checkbox"/> |
| 7. Are any vehicles used for business purposes? (Examples: sales calls, driving to job sites, 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 physical information about the character, general reputation, personal characteristics, driving record, loss history and mode of living of the applicant(s). Official written consent is the Company, additional information as to the scope and scope of the report. If one is ordered, will be provided. I agree that the Insurance Company may correct my premium if rates increase or if information obtained from additional sources, including Motor Vehicle Reports, changes factors which affect the premium. I agree that the amount of the correct premium is not paid, my policy will be cancelled and non-payment of premium based on the correct premium developed. I further agree and understand that if any 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 this application. I have disclosed all business and commercial use of my vehicle(s) in this application. I understand that a non-refundable inspection fee of \$2.00 will be charged to maintain 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.

[Signature] _____

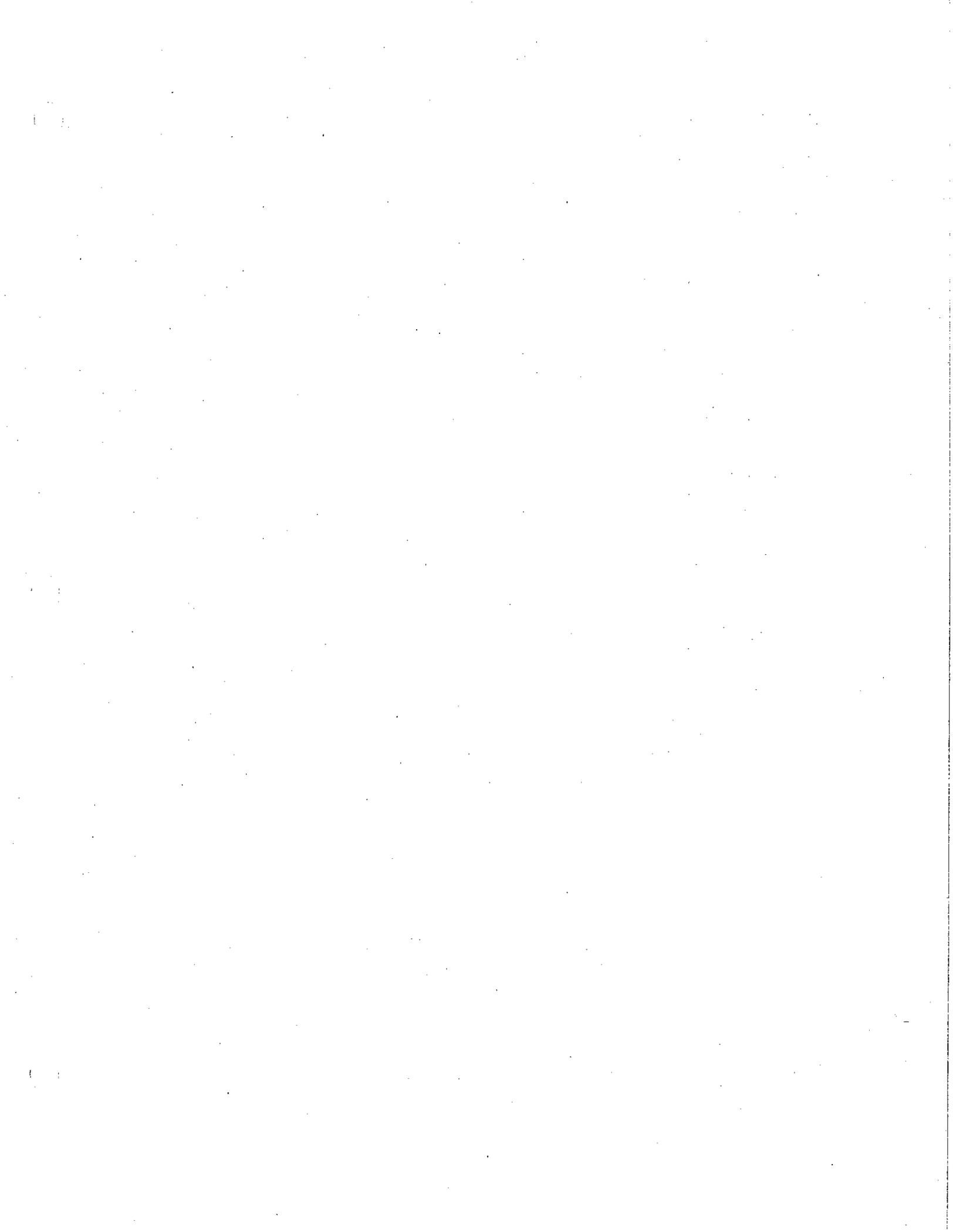
01/18/2008 09:05 1914432778

DATE

7769 P.005

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01/18/2008 09:05 1914432778



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Tuesday, January 3, 2012

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Client Profile

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Name: ARRIAGA-MEJIA, JOSE
Address: 2925 SW 332ND PL
 FEDERAL WAY, WA 98023
Home Phone: 253-945-4550
Work Phone: 253-945-4550

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Client History

Personal Auto

Application #: 4910618 **Customer #:** 81112701 **Product:** AUTO **State:** WA

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Application Status: ac
Insurance Company: Starr Indemnity & Liability Company
Transmitted Date: 08/23/2010 1:12 PM PST
Agent: RAINWATER
Created Date: 08/23/2010 1:11 PM PST
Last Activity Date: 08/23/2010 1:12 PM PST

Personal Motorcycle

Actions:
Documents: [Application](#)



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Personal Motorcycle

Policy	Billing	Coverage	Driver	Vehicle	Claims	Policy Documents
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Policy Number	Insured Name	Customer Number	Company Name
3503067559-0	JOSE L. ARRIAGA-MEJIA	81112701	Starr Indemnity and Liability

Policy Summary			
Policy Status	Cancelled Non-Reinstatable		
Cancellation Date	11/20/2010	Reason for Cancellation	Non-payment of premium
Policy Term	184 Days	Submission Method	Electronic
Origination Date	08/23/2010	Payment Plan	6 Pay
Current Policy Effective	08/23/2010	Current Policy Expiration	02/23/2011
Insured Address	2925 SW 332ND PL - FEDERAL WAY, WA 98023		
Insured Phone #	253-945-4550		
Email Address		Signed up to Receive Policy Docs/Bills via Email	No
Notes/Comments	Lapse History		

Current Policy Premium Snapshot	
<u>Premium & Policy Fees</u>	\$ 301.00
<u>Service Fee</u>	\$ 16.00
<u>NSF Fee</u>	\$ 0.00
<u>Refund</u>	\$ 0.00
<u>Write Off</u>	\$ -2.12
<u>Charge Off</u>	\$ 0.00
<u>Previous Unpaid Balance</u>	\$ 0.00
Total	\$ 314.88
Total Paid	\$ 314.88
Balance Due	\$ 0.00

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APPLICATION CONFIRMATION / PAYMENT RECEIPT

Payment Transmit Date / Time: 08/23/2010 01:12 PM

Policy Effective Date / Time: 08/23/2010 01:12 PM

Name of Agency: Rainwater Insurance, Inc.

Producer Code: 223021

Insured's Name: ARRIAGA-MEJIA, JOSE

Carrier: Starr Indemnity & Liability Company

State: WA

This acknowledges receipt of \$ 94.80 to Arrowhead General Insurance Agency Inc. by Electronic Funds Transfer. This payment applies to the down payment for customer number 81112701 , policy number 3503067559.

Printed Date / Time: 08/23/2010 01:12 PM

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

REQUIRED DOCUMENTATION TO BE RETAINED IN PRODUCER FILE:

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

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

Producer Copy

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

ARROWHEAD® GENERAL INSURANCE AGENCY, INC.

WASHINGTON AUTO INSURANCE APPLICATION

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

Customer Number: 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					

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

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	Now 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	

- | | | |
|---|-------------------------------------|-------------------------------------|
| | 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: JOSE ARRIAGA-MEJIA	Customer Number: 81112701	Policy Number: 3503067559
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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	198.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	201.00						
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			399.00						
FINANCIAL RESPONSIBILITY FILING FEE(S)									0.00
NEW BUSINESS POLICY FEE									15.00
TOTAL POLICY PREMIUM									414.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION
1	1997 Pontiac GRAND AM SE	No Coverage	No Coverage

WASLAP 0110

Starr Indemnity & Liability Company - Program 213

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

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, gray market, antique, classic, historic, limited production, actual cash value exceeding \$50,000, optional or special equipment valued over \$2,000? If yes, please list the vehicle number, explain and do not bind Other Than Collision/Collision coverage. | <input type="checkbox"/> Do Not Bind OTC/COLL | <input checked="" type="checkbox"/> |
| 7. Are any vehicles used for business purposes? (Examples: sales calls, driving to job site, etc.) If yes, please explain. | <input type="checkbox"/> Explain | <input checked="" type="checkbox"/> |

EXPLANATIONS:

PRODUCER QUESTIONNAIRE

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

APPLICANT'S STATEMENT - READ BEFORE SIGNING

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

X _____
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

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 _____
PRODUCER'S SIGNATURE (MUST BE SIGNED)

08/23/2010 01:12 PM PST

DATE

WASILA/0110

Star Indemnity & Liability Company - Program 213

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

AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company

JOSE ARRIAGA-MEJIA
(Print Applicant's Name)

WASHINGTON SUPPLEMENT

FRAUD WARNING

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

COVERAGE SELECTION / REJECTION FOR PERSONAL INJURY PROTECTION

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

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

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

X _____
APPLICANT'S SIGNATURE (MUST BE SIGNED)

08/23/2010 01:12 PM PST
DATE

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

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

PLEASE READ BEFORE SIGNING

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

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

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

Selection of Bodily Injury AND Property Damage Underinsured Motorists Coverage Limits

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

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

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

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

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

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

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

Rejection of Bodily Injury AND Property Damage Underinsured Motorists Coverage

I reject Bodily Injury AND Property Damage Underinsured Motorists Coverage

X _____ 08/23/2010 01:12 PM PST
 APPLICANT'S SIGNATURE (MUST BE SIGNED) DATE

Arrowhead Installment Billing

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

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

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

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

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

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

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

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

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

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

AGENT: Rainwater Insurance, Inc.
POLICY NUMBER: 3503067559
APP NUMBER: 81112701

PHONE NUMBER: (253)839-5500
INCEPTION DATE: 08/23/2010 01:12 PM

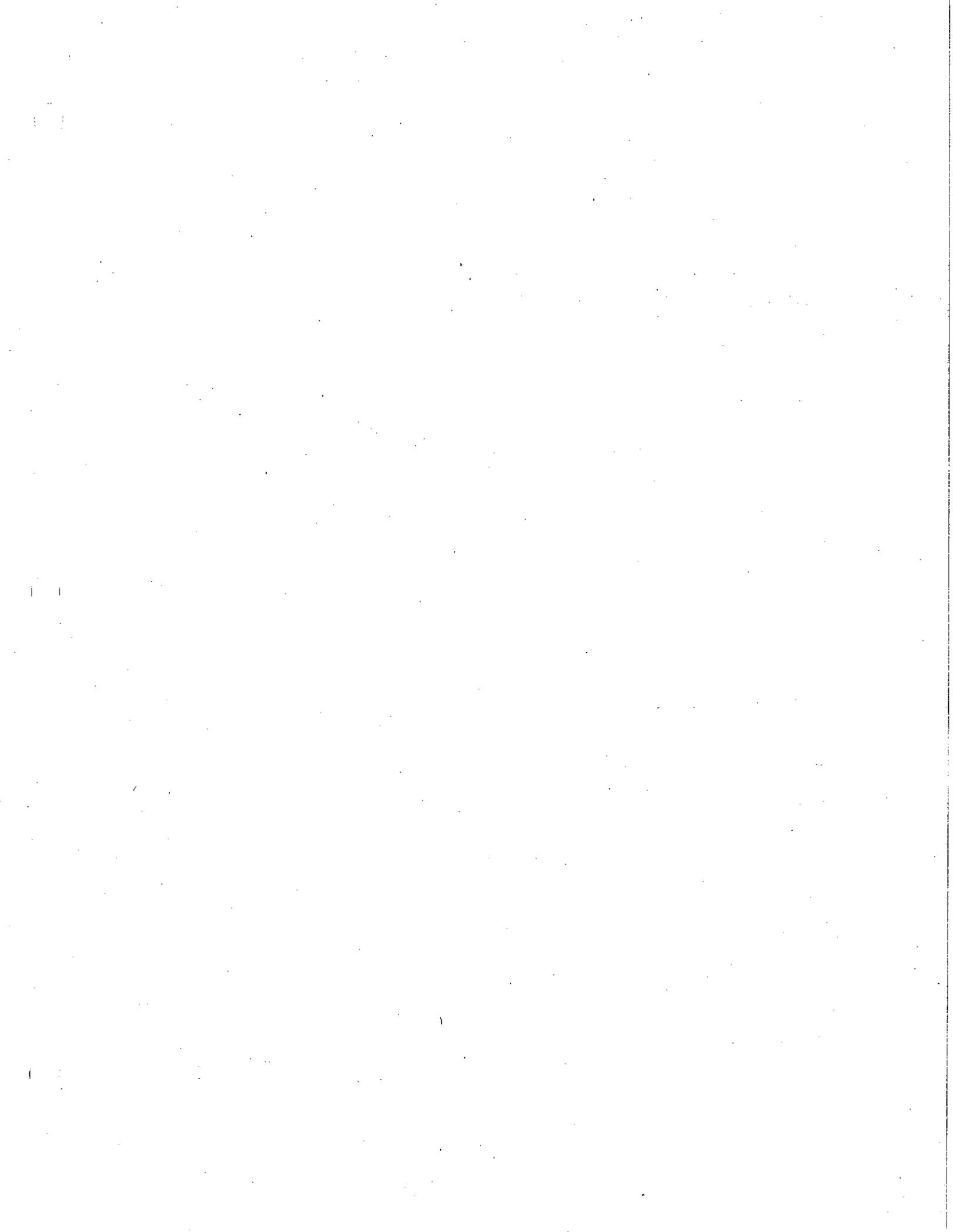
NAMED INSURED AND ADDRESS:
JOSE ARRIAGA-MEJIA
2925 SW 332ND PL
FEDERAL WAY, WA 98023

VEHICLE

YEAR	MAKE/MODEL	VEHICLE ID#
1997	Pontiac GRAND AM SE	1G2NE52M3VC751902

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

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



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Tuesday, January 3, 2012

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Personal Motorcycle

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

Policy Number	Insured Name	Customer Number	Company Name
3603127108-0	ARNULFO CAHUEC	81239493	Star Indemnity and Liability

Policy Summary			
Policy Status	Cancelled Non-Reinstatable		
Cancellation Date	05/12/2011	Reason for Cancellation	Non-payment of premium
Policy Term	184 Days	Submission Method	Electronic
Origination Date	03/07/2011	Payment Plan	6 Pay
Current Policy Effective	03/07/2011	Current Policy Expiration	09/07/2011
Insured Address	1736 S 305TH PL - FEDERAL WAY, WA 98003		
Insured Phone #	253-946-6161		
Email Address		Signed up to Receive Policy Docs/Bills via Email	No
Notes/Comments	Lapse History		

Current Policy Premium Snapshot	
<u>Premium & Policy Fees</u>	\$ 103.00
<u>Service Fee</u>	\$ 8.00
<u>NSF Fee</u>	\$ 0.00
<u>Refund</u>	\$ 0.00
<u>Write Off</u>	\$ 0.20
<u>Charge Off</u>	\$ 0.00
<u>Previous Unpaid Balance</u>	\$ 0.00
Total	\$ 111.20
Total Paid	\$ 111.20
Balance Due	\$ 0.00

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Tuesday, January 3, 2012

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Client Profile

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Name: CAHUEC, ARNULFO
Address: 1736 S 305TH PL
 FEDERAL WAY, WA 98003
Home Phone: 253-946-6161
Work Phone:

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

Client History

Personal Auto

Application #: 5545003 Customer #: 81239493 Product: AUTO State: WA

Get a Quote
Search Quotes
Policy Inquiry
Make a Payment
Endorsements

Application Status: ac
Insurance Company: Starr Indemnity & Liability Company
Transmitted Date: 03/07/2011 5:29 PM PST
Agent: RAINWATER
Created Date: 03/07/2011 5:08 PM PST
Last Activity Date: 03/07/2011 5:29 PM PST

Actions:
Documents: [Application](#)

Personal Motorcycle

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APPLICATION CONFIRMATION / PAYMENT RECEIPT

Payment Transmit Date / Time: 03/07/2011 05:29 PM

Policy Effective Date / Time: 03/07/2011 05:29 PM

Name of Agency: Rainwater Insurance, Inc.

Producer Code: 223021

Insured's Name: CAHUEC, ARNULFO

Carrier: Starr Indemnity & Liability Company

State: WA

This acknowledges receipt of \$ 64.00 to Arrowhead General Insurance Agency Inc. by Electronic Funds Transfer. This payment applies to the down payment for customer number 81239493 , policy number 3503127108.

Printed Date / Time: 03/07/2011 05:30 PM

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

REQUIRED DOCUMENTATION TO BE RETAINED IN PRODUCER FILE:

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

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

Producer Copy

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

ARROWHEAD® GENERAL INSURANCE AGENCY, INC.

WASHINGTON AUTO INSURANCE APPLICATION

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

Customer Number: 81239493
Policy Number: 3503127108
Effective Date & Time: 03/07/2011 05:29 PM PST
Policy Term / Pay Plan: 6 Months / Direct Monthly
Down Payment: \$64.00
Payment Type: Agency Sweep
Transmit Date & Time: 03/07/2011 05:29 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: ARNULFO CAHUBC		Home Phone Number: 253-946-6161 Work Phone Number:
MAILING ADDRESS (IF P.O. Box, Garaging Address Required) 1736 S 305TH PL FEDERAL WAY, WA 98003		
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 1736 S 305TH PL 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.	ARNULFO CAHUBC	M	M	Y	SELF		21		WA

IF SPOUSE NOT LICENSED, EXPLAIN:

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

ADDITIONAL DRIVER INFORMATION:

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

Insured: ARNULFO CAHUEC	Customer Number: 81239493	Policy Number: 3503127108
-------------------------	---------------------------	---------------------------

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	Honda ACCORD EX	1HGCB7667MA015592	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	10	10	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: ARNULFO CAHUEC	Customer Number: 81239493	Policy Number: 3503127108
-------------------------	---------------------------	---------------------------

COVERAGES AND LIMITS OF LIABILITY			COVERAGES PROVIDED WHEN PREMIUM INDICATED						
COVERAGES			PREMIUM						
			AUTO 1	AUTO 2	AUTO 3	AUTO 4	AUTO 5	AUTO 6	AUTO 7
LIABILITY	BODILY INJURY	25000 EACH PERSON 50000 EACH ACCIDENT	126.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	119.00						
PERSONAL INJURY PROTECTION		EACH PERSON	No Coverage						
UNDERINSURED MOTORISTS	BODILY INJURY	EACH PERSON EACH ACCIDENT	No Coverage						
	PROPERTY DAMAGE	EACH ACCIDENT	No Coverage						
OTHER THAN COLLISION			No Coverage						
COLLISION			No Coverage						
RENTAL REIMBURSEMENT	\$35 per day, \$600 maximum per claim		No Coverage						
TOWING AND LABOR COST	\$75 per disablement, \$300 maximum		No Coverage						
AUTO LOAN/LEASE COVERAGE (NEW CARS ONLY)			No Coverage						
TOTAL PER CAR			245.00						
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						260.00

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

WASLAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: ARNULFO CAHUEC	Customer Number: 81239493	Policy Number: 3503127108
-------------------------	---------------------------	---------------------------

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 checked="" 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 checked="" 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 checked="" 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. If 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 _____ 03/07/2011 05:29 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)

03/07/2011 05:29 PM PST

DATE

WASILAP 0110

Star Indemnity & Liability Company - Program 213

Insured: ARNULFO CAHUEC	Customer Number: 81239493	Policy Number: 3503127108
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AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company

ARNULFO CAHUEC
(Print Applicant's Name)

WASHINGTON SUPPLEMENT

FRAUD WARNING

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

COVERAGE SELECTION / REJECTION FOR PERSONAL INJURY PROTECTION

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

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

X
APPLICANT'S SIGNATURE (MUST BE SIGNED)

03/07/2011 05:29 PM PST
DATE

Insured: ARNULFO CAHUEC	Customer Number: 81239493	Policy Number: 3503127108
-------------------------	---------------------------	---------------------------

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

PLEASE READ BEFORE SIGNING

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

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

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

Selection of Bodily Injury AND Property Damage Underinsured Motorists Coverage Limits

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

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

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

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

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

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

Bodily Injury Underinsured Motorists Coverage

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

Rejection of Bodily Injury AND Property Damage Underinsured Motorists Coverage

I reject Bodily Injury AND Property Damage Underinsured Motorists Coverage

X _____ 03/07/2011 05:29 PM PST
 APPLICANT'S SIGNATURE (MUST BE SIGNED) DATE

Insured: ARNULFO CAHUEC	Customer Number: 81239493	Policy Number: 3503127108
-------------------------	---------------------------	---------------------------

DRIVERS EXCLUSION

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

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

Print Name(s)	Age	Mo/Day/Yr of Birth	Relationship To Applicant
MARIA SICAL	34	[REDACTED]	Spouse

NO INSURANCE COVERAGE FOR PERSON(S) LISTED ABOVE

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

X _____ 03/07/2011 05:29 PM PST

APPLICANT'S SIGNATURE DATE

Arrowhead Installment Billing

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

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

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

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

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

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

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

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

**TEMPORARY IDENTIFICATION CARD
(WASHINGTON EVIDENCE OF AUTOMOBILE INSURANCE)
NEED TO REPORT A CLAIM? 800-283-2524**

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

**AGENT: Rainwater Insurance, Inc.
POLICY NUMBER: 3503127108
APP NUMBER: 81239493**

**PHONE NUMBER: (253)839-5500
INCEPTION DATE: 03/07/2011 05:29 PM**

**NAMED INSURED AND ADDRESS:
ARNULFO CAHUBC
1736 S 305TH PL
FEDERAL WAY, WA 98003**

VEHICLE

YEAR	MAKE/MODEL	VEHICLE ID#
1991	Honda ACCORD EX	1HGCB7667MA015592

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

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



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Tuesday, January 3, 2012

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Personal Motorcycle

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

Policy Number	Insured Name	Customer Number	Company Name
3503103585-0	MARCELINO CASTRO	81191689	Starr Indemnity and Liability

Policy Summary			
Policy Status	Cancelled Non-Reinstatable		
Cancellation Date	02/04/2011	Reason for Cancellation	Non-payment of premium
Policy Term	181 Days	Submission Method	Electronic
Origination Date	01/06/2011	Payment Plan	6 Pay
Current Policy Effective	01/06/2011	Current Policy Expiration	07/06/2011
Insured Address	1747 S 305TH PL # D - FEDERAL WAY, WA 98003		
Insured Phone #	253-941-6445		
Email Address		Signed up to Receive Policy Docs/Bills via Email	No
Notes/Comments	Lapse History		

Current Policy Premium Snapshot	
<u>Premium & Policy Fees</u>	\$ 84.00
<u>Service Fee</u>	\$ 0.00
<u>NSF Fee</u>	\$ 0.00
<u>Refund</u>	\$ 0.00
<u>Write Off</u>	\$ 0.00
<u>Charge Off</u>	\$ -11.40
<u>Previous Unpaid Balance</u>	\$ 0.00
Total	\$ 72.60
Total Paid	\$ 72.60
Balance Due	\$ 0.00

GROW with us

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APPLICATION CONFIRMATION / PAYMENT RECEIPT

Payment Transmit Date / Time: 01/06/2011 07:29 PM

Policy Effective Date / Time: 01/06/2011 07:29 PM

Name of Agency: Rainwater Insurance, Inc.

Producer Code: 223021

Insured's Name: CASTRO, MARCELINO

Carrier: Starr Indemnity & Liability Company

State: WA

This acknowledges receipt of \$ 72.60 to Arrowhead General Insurance Agency Inc. by Electronic Funds Transfer. This payment applies to the down payment for customer number 81191689 , policy number 3503103585.

Printed Date / Time: 01/06/2011 07:29 PM

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

REQUIRED DOCUMENTATION TO BE RETAINED IN PRODUCER FILE:

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

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

Producer Copy

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

ARROWHEAD® GENERAL INSURANCE AGENCY, INC.

WASHINGTON AUTO INSURANCE APPLICATION

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

Customer Number: 81191689
 Policy Number: 3503103585
 Effective Date & Time: 01/06/2011 07:29 PM PST
 Policy Term / Pay Plan: 6 Months / Direct Monthly
 Down Payment: \$72.60
 Payment Type: Agency Sweep
 Transmit Date & Time: 01/06/2011 07:29 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: MARCBLINO CASTRO	Home Phone Number: 253-941-6445 Work Phone Number: 253-941-6445
MAILING ADDRESS (IF P.O. Box, Garaging Address Required) 1747 S 305TH PL # D FEDERAL WAY, WA 98003	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 1747 S 305TH PL # D 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.	MARCBLINO CASTRO	M	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: MARCELINO CASTRO	Customer Number: 81191689	Policy Number: 3503103585
---------------------------	---------------------------	---------------------------

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	1NXAB91A4M2186380	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	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

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

Auto	Description of Damage	Repair Estimate

WASLAP 0110

Star Indemnity & Liability Company - Program 213

Insured: MARCELYNO CASTRO	Customer Number: 81191689	Policy Number: 3503103585
---------------------------	---------------------------	---------------------------

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	152.00						
	PROPERTY DAMAGE	10000 EACH ACCIDENT	136.00						
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			288.00						
FINANCIAL RESPONSIBILITY FILING FEE(S)									0.00
NEW BUSINESS POLICY FEE									15.00
TOTAL POLICY PREMIUM									303.00

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

WASLAF 0110

Star Indemnity & Liability Company - Program 213

Insured: MARCELINO CASTRO	Customer Number: 81191689	Policy Number: 3503103585
---------------------------	---------------------------	---------------------------

APPLICANT QUESTIONNAIRE

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

EXPLANATIONS:

PRODUCER QUESTIONNAIRE

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

APPLICANT'S STATEMENT - READ BEFORE SIGNING

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

X
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

01/06/2011 07:29 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)

01/06/2011 07:29 PM PST

DATE

WASILAP 0110

Star Indemnity & Liability Company - Program 213

Insured: MARCELINO CASTRO	Customer Number: 81191689	Policy Number: 3503103585
---------------------------	---------------------------	---------------------------

AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company

MARCELINO CASTRO
(Print Applicant's Name)

WASHINGTON SUPPLEMENT

FRAUD WARNING

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

COVERAGE SELECTION / REJECTION FOR PERSONAL INJURY PROTECTION

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

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

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

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

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

X _____
APPLICANT'S SIGNATURE (MUST BE SIGNED)

01/06/2011 07:29 PM PST
DATE

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

PLEASE READ BEFORE SIGNING

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

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

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

Selection of Bodily Injury AND Property Damage Underinsured Motorists Coverage Limits

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

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

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

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

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

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

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

Rejection of Bodily Injury AND Property Damage Underinsured Motorists Coverage

I reject Bodily Injury AND Property Damage Underinsured Motorists Coverage

X _____ 01/06/2011 07:29 PM PST
 APPLICANT'S SIGNATURE (MUST BE SIGNED) DATE

Insured: MARCELINO CASTRO	Customer Number: 81191689	Policy Number: 3503103585
---------------------------	---------------------------	---------------------------

DRIVERS EXCLUSION

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

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

Print Name(s)	Age	Mo/Day/Yr of Birth	Relationship To Applicant
ERNESTINA CASTRO	24	[REDACTED]	Spouse

NO INSURANCE COVERAGE FOR PERSON(S) LISTED ABOVE

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

X	01/06/2011 07:29 PM PST
APPLICANT'S SIGNATURE	DATE

Arrowhead Installment Billing

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

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

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

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

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

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

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

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

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

AGENT: Rainwater Insurance, Inc.
POLICY NUMBER: 3503103585
APP NUMBER: 81191689

PHONE NUMBER: (253)839-5500
INCEPTION DATE: 01/06/2011 07:29 PM

NAMED INSURED AND ADDRESS:
MARCELINO CASTRO
1747 S 305TH PL # D
FEDERAL WAY, WA 98003

VEHICLE

YEAR	MAKE/MODEL	VEHICLE ID#
1991	Toyota COROLLA	1NXAB91A4M2186380

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

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

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Tuesday, Janua

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Client Profile

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Name: CASTRO, MARCELINO
Address: 1747 S 305TH PL # D
 FEDERAL WAY, WA 98003
Home Phone: 253-941-6445
Work Phone: 253-941-6445

- Basic Renters
- Homeowners

Client History

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Personal Auto

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- Endorsements

Application #: 5320447 Customer #: 81191689 Product: AUTO Sta

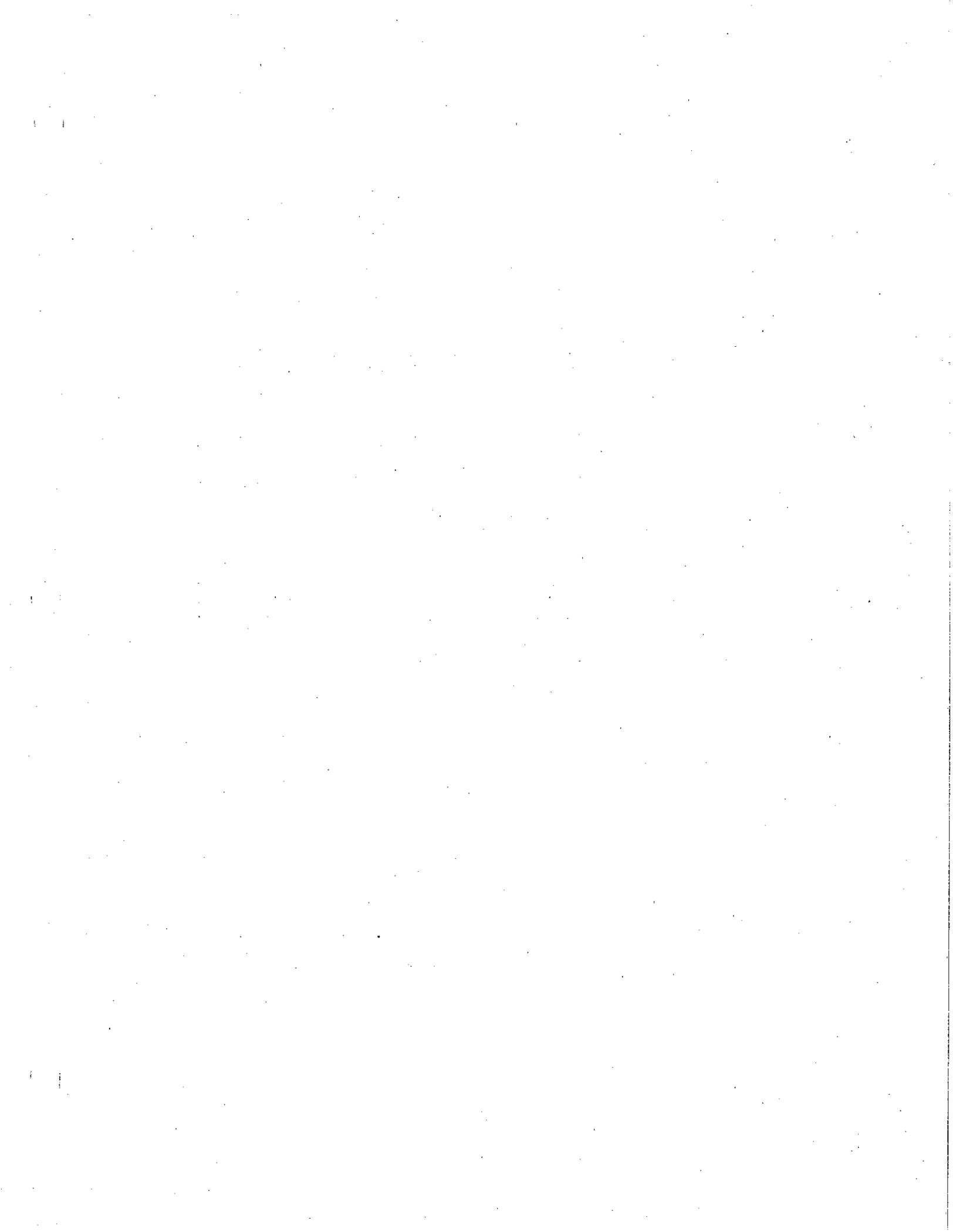
Application Status: ac
Insurance Company: Starr Indemnity & Liability Company
Transmitted Date: 01/06/2011 7:29 PM PST
Agent: RAINWATER
Created Date: 01/06/2011 7:26 PM PST
Last Activity Date: 01/06/2011 7:29 PM PST
Actions:
Documents: [Application](#)

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Wednesday, January 4, 2012

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

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Policy Number	Insured Name	Customer Number	Company Name
3503102666-0	HILARIO CHAVEZ	81189593	Starr Indemnity and Liability

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[Endorsements](#)

Personal Motorcycle

Policy Summary			
Policy Status	Cancelled Non-Reinstatable		
Cancellation Date	05/07/2011	Reason for Cancellation	Non-payment of premium
Policy Term	181 Days	Submission Method	Electronic
Origination Date	01/04/2011	Payment Plan	6 Pay
Current Policy Effective	01/04/2011	Current Policy Expiration	07/04/2011
Insured Address	9 RIPS LN SW - LAKEWOOD, WA 98499		
Insured Phone #	253-941-4550		
Email Address		Signed up to Receive Policy Docs/Bills via Email	No
Notes/Comments	Lapse History		

Current Policy Premium Snapshot	
<u>Premium & Policy Fees</u>	\$ 203.00
<u>Service Fee</u>	\$ 24.00
<u>NSF Fee</u>	\$ 0.00
<u>Refund</u>	\$ 0.00
<u>Write Off</u>	\$ -0.32
<u>Charge Off</u>	\$ 0.00
<u>Previous Unpaid Balance</u>	\$ 0.00
Total	\$ 226.68
Total Paid	\$ 226.68
Balance Due	\$ 0.00

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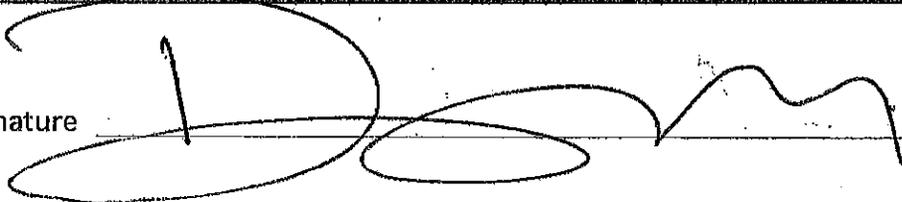
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Rainwater Insurance - Payment Receipt
 32700 Pacific Hwy South
 Federal Way WA 98003 (253) 839-5500

Receipt Number:	7480	Payment Date:	1/4/2011 9:55:24 AM
First Name:	Hilario	Payment Type:	Cash
Last Name:	Chavez	Check Number:	
Policy Number	3503102666	Your Company:	Arrowhead
		Your Agent Today:	Maria Diaz

Payment for:	Amount:
Down Payment	\$70.20
	\$0.00
Policy Fee	\$30.00
	\$0.00
	\$100.20

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

Agent Signature 

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

inted: 1/4/2011 9:56:00 AM

ARROWHEAD® GENERAL INSURANCE AGENCY, INC.

WASHINGTON AUTO INSURANCE APPLICATION

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

Customer Number: 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, 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.	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					

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: HILARIO CHAVEZ	Customer Number: 81189593	Policy Number: 3503102666
-------------------------	---------------------------	---------------------------

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

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: HILARIO CHAVEZ	Customer Number: 81189593	Policy Number: 3303102666
-------------------------	---------------------------	---------------------------

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

WASLAP 0110

Star Indemnity & Liability Company - Program 213

Insured: HILARIO CHAVEZ	Customer Number: 81189593	Policy Number: 3503102666
-------------------------	---------------------------	---------------------------

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 that 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.

HILARIO CHAVEZ
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

01/04/2011 09:51 AM PST
 DATE

Insured: HILARIO CHAVEZ	Customer Number: 81189593	Policy Number: 3503102666
-------------------------	---------------------------	---------------------------

DRIVERS EXCLUSION

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

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

Print Name(s)	Age	Mo/Day/Yr of Birth	Relationship To Applicant
ESTELA MARTINEZ	33		Spouse

NO INSURANCE COVERAGE FOR PERSON(S) LISTED ABOVE

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

HILARIO CHAVEZ

APPLICANT'S SIGNATURE

01/04/2011 09:51 AM PST
DATE

Arrowhead Installment Billing

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

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

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

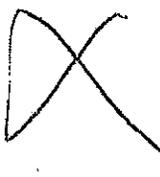
If your payment is received by the due date indicated, your future installment bill due dates will be every 30 days.

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

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

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

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

 HILARIO CHAVEZ



APPLICATION CONFIRMATION / PAYMENT RECEIPT

Payment Transmit Date / Time: 01/04/2011 09:51 AM

Policy Effective Date / Time: 01/04/2011 09:51 AM

Name of Agency: Rainwater Insurance, Inc.

Producer Code: 223021

Insured's Name: CHAVEZ, HILARIO

Carrier: Starr Indemnity & Liability Company

State: WA

This acknowledges receipt of \$ 70.20 to Arrowhead General Insurance Agency Inc. by Electronic Funds Transfer. This payment applies to the down payment for customer number 81189593 , policy number 3503102666.

Printed Date / Time: 01/04/2011 09:51 AM

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

REQUIRED DOCUMENTATION TO BE RETAINED IN PRODUCER FILE:

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

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

Producer Copy

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

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

Quote Date: 1/4/2011
 Company Name: Arrowhead Starr
 Policy Term: 6 months
 Type of Policy: Regular
 Producer Name: Maria Diaz

Policy Effective Date: 1/4/2011
 Customer Name: HILARIO CHAVEZ
 Customer Phone: (253) 946-4550
 Customer Address: 9 RIPS LN SW
 LAKEWOOD, WA 98499

Vehicle	Year	Make	Model	Territory	Points	Class	Driver
1	1990	HONDA	CIVIC LX SEDAN	3	0	MM34	HC

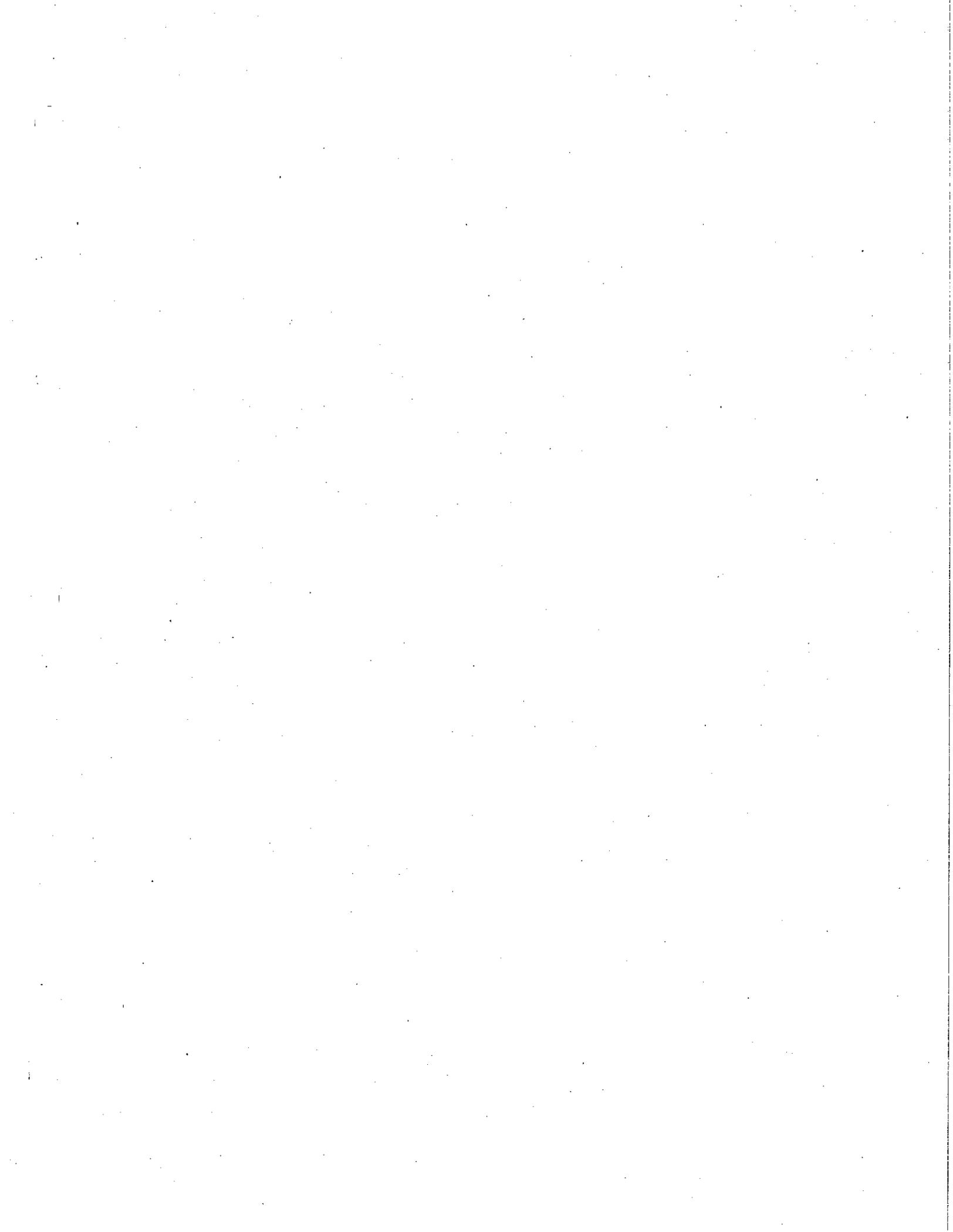
Coverages	Limit	Vehicle 1	Limit	Vehicle	Limit	Vehicle
Bodily Injury	25000/50000	\$154.00				
Property Damage	25000	\$122.00				
UIM Bodily Injury	None	None				
Personal Injury Protection	None	None				
Medical	None	None				
Comprehensive	None	None				
Collision	None	None				
Waive Collision Deductible	False	None				
UM Property Damage	None	None				
Rental Reimbursement	None	None				
Towing	None	None				
Additional Parts or Equipment	None	None				
Auto Loan/Lease Protection	None	None				
Lienholder Deductible	None	None				
Subtotal:		\$276.00				

Totals	
Vehicles Subtotal:	\$276.00
Policy Fee:	\$15.00
Broker Fee:	\$30.00
Total Policy Premium:	\$321.00

Payment
- Required Down Payment: \$100.20
5 Installment(s): \$52.16
Installment include a \$8.00 installment Fee

Discounts/Surcharges	VEHICLE 1
Experienced Driver Discount	Yes

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



Click for alerts and messages.



Tuesday, January 3, 2012

Select A Product Enter Policyholder or Account Name Policies

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Client Profile

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Name: CHIMBO-VELESACA, PEDRO
Address: 9 RIPS LN SW
 LAKEWOOD, WA 98499
Home Phone: 253-661-6161
Work Phone:

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

Client History

Personal Auto

Application #: 5498158 **Customer #:** 81228329 **Product:** AUTO **State:** WA

- [Get a Quote](#)
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- [Endorsements](#)

Application Status: ac
Insurance Company: Starr Indemnity & Liability Company
Transmitted Date: 02/23/2011 2:23 PM PST
Agent: RAINWATER
Created Date: 02/23/2011 2:03 PM PST
Last Activity Date: 02/23/2011 2:24 PM PST

Actions:
Documents: [Application](#)

Personal Motorcycle

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Tuesday, January 3, 2012

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

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Policy Number	Insured Name	Customer Number	Company Name
3603121578-0	PEDRO F CHIMBO-VELESACA	81228329	Starr Indemnity and Liability

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[Homeowners](#)

Personal Auto

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[Make a Payment](#)

[Endorsements](#)

Personal Motorcycle

Policy Summary			
Policy Status	Cancelled Non-Reinstatable		
Cancellation Date	05/28/2011	Reason for Cancellation	Non-payment of premium
Policy Term	181 Days	Submission Method	Electronic
Origination Date	02/23/2011	Payment Plan	6 Pay
Current Policy Effective	02/23/2011	Current Policy Expiration	08/23/2011
Insured Address	9 RIPS LN SW - LAKEWOOD, WA 98499		
Insured Phone #	253-661-6161		
Email Address		Signed up to Receive Policy Docs/Bills via Email	No
Notes/Comments	Lapse History		

Current Policy Premium Snapshot	
<u>Premium & Policy Fees</u>	\$ 147.00
<u>Service Fee</u>	\$ 16.00
<u>NSF Fee</u>	\$ 0.00
<u>Refund</u>	\$ 0.00
<u>Write Off</u>	\$ 0.08
<u>Charge Off</u>	\$ 0.00
<u>Previous Unpaid Balance</u>	\$ 0.00
Total	\$ 163.08
Total Paid	\$ 163.08
Balance Due	\$ 0.00

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APPLICATION CONFIRMATION / PAYMENT RECEIPT

Payment Transmit Date / Time: 02/23/2011 02:23 PM

Policy Effective Date / Time: 02/23/2011 02:23 PM

Name of Agency: Rainwater Insurance, Inc.

Producer Code: 223021

Insured's Name: CHIMBO-VELESACA, PEDRO

Carrier: Starr Indemnity & Liability Company

State: WA

This acknowledges receipt of \$ 65.80 to Arrowhead General Insurance Agency Inc. by Electronic Funds Transfer. This payment applies to the down payment for customer number 81228329 , policy number 3503121578.

Printed Date / Time: 02/23/2011 02:24 PM

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

REQUIRED DOCUMENTATION TO BE RETAINED IN PRODUCER FILE:

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

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

Producer Copy

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

ARROWHEAD® GENERAL INSURANCE AGENCY, INC.

WASHINGTON AUTO INSURANCE APPLICATION

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

Customer Number: 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-VBLESA	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-VBLESA	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: PBDRO CHIMBO-VBESACA	Customer Number: 81228329	Policy Number: 3503121578
-------------------------------	---------------------------	---------------------------

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 Por 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 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: PEDRO CHIMBO-VELSACA	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						
TOTAL PER CAR			254.00						
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						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-VBLESACA	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, raccoons 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
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

02/23/2011 02:23 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)

02/23/2011 02:23 PM PST

DATE

WASLAP 0110

Star Indemnity & Liability Company - Program 213

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

AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company

PEDRO CHIMBO-VELESACA
(Print Applicant's Name)

WASHINGTON SUPPLEMENT

FRAUD WARNING

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

COVERAGE SELECTION / REJECTION FOR PERSONAL INJURY PROTECTION

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

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

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

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

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

X _____
APPLICANT'S SIGNATURE (MUST BE SIGNED)

02/23/2011 02:23 PM PST
DATE

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

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

PLEASE READ BEFORE SIGNING

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

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

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

Selection of Bodily Injury AND Property Damage Underinsured Motorists Coverage Limits

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

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

Bodily Injury Underinsured Motorists Coverage	Property Damage Underinsured Motorists Coverage
--	--

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

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

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

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

Bodily Injury Underinsured Motorists Coverage

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

Rejection of Bodily Injury AND Property Damage Underinsured Motorists Coverage

I reject Bodily Injury AND Property Damage Underinsured Motorists Coverage

X _____
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

02/23/2011 02:23 PM PST
 DATE

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

DRIVERS EXCLUSION

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

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

Print Name(s)	Age	Mo/Day/Yr of Birth	Relationship To Applicant
LUPE CHIMBO	40		Spouse

NO INSURANCE COVERAGE FOR PERSON(S) LISTED ABOVE

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

X

APPLICANT'S SIGNATURE

02/23/2011 02:23 PM PST

DATE

Arrowhead Installment Billing

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

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

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

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

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

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

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

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

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

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

AGENT: Rainwater Insurance, Inc.
POLICY NUMBER: 3503121578
APP NUMBER: 81228329

PHONE NUMBER: (253)839-5500
INCEPTION DATE: 02/23/2011 02:23 PM

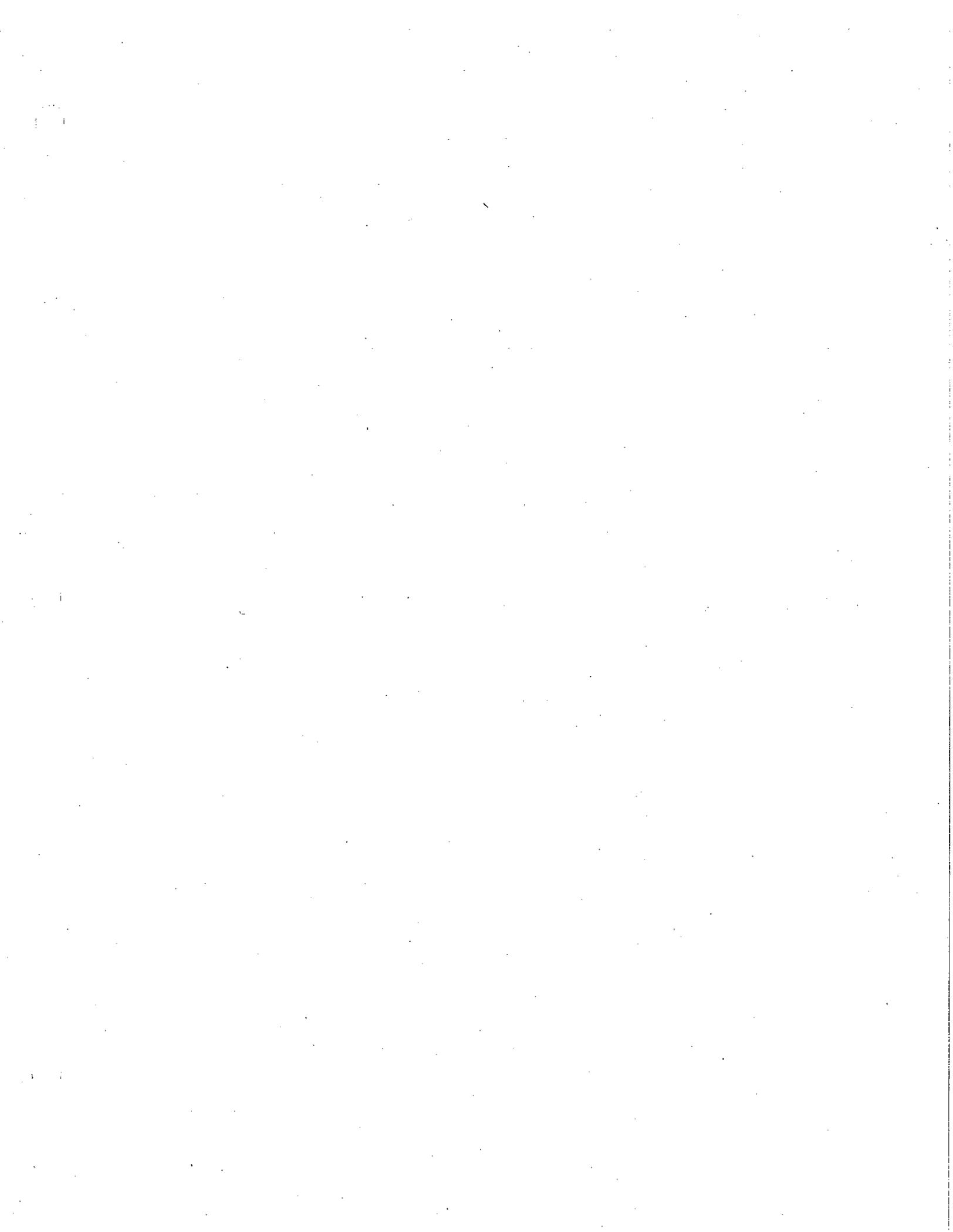
NAMED INSURED AND ADDRESS:
PEDRO CHIMBO-VELBACA
9 RIPS LN SW
LAKEWOOD, WA 98499

VEHICLE

YEAR	MAKE/MODEL	VEHICLE ID#
1990	Honda CIVIC LX	IHGBD3558LA024059

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

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



Click for alerts and messages.



Tuesday, January 3, 2012

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Policy	Billing	Coverage	Driver	Vehicle	Claims	Policy Documents
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Policy Number	Insured Name	Customer Number	Company Name
3503181108-0	ALFONSO G CRIOLLO	81355564	Starr Indemnity and Liability

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Personal Auto

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Personal Motorcycle

Policy Summary			
Policy Status	Cancelled Non-Reinstatable		
Cancellation Date	08/26/2011	Reason for Cancellation	Insured requested cancellation.
Policy Term	184 Days	Submission Method	Electronic
Origination Date	08/23/2011	Payment Plan	6 Pay
Current Policy Effective	08/23/2011	Current Policy Expiration	02/23/2012
Insured Address	2718 S 258TH ST # B - KENT, WA 98032		
Insured Phone #	917-499-6673		
Email Address		Signed up to Receive Policy Docs/Bills via Email	No
Notes/Comments	Lapse History		

Current Policy Premium Snapshot	
<u>Premium & Policy Fees</u>	\$ 36.00
<u>Service Fee</u>	\$ 0.00
<u>NSF Fee</u>	\$ 0.00
<u>Refund</u>	\$ 27.80
<u>Write Off</u>	\$ 0.00
<u>Charge Off</u>	\$ 0.00
<u>Previous Unpaid Balance</u>	\$ 0.00
Total	\$ 63.80
Total Paid	\$ 63.80
Balance Due	\$ 0.00



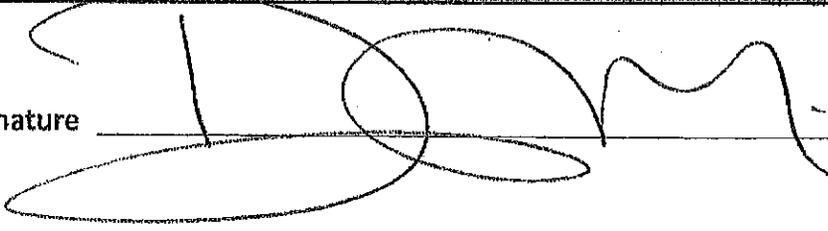
ARROWHEAD General Insurance Agency, Inc.
701 B Street, Suite 2100, San Diego, CA 92101 | CA License #0699809
Legal and License | Network Privacy and Security Statement | Disclosures | Copyright © 2010 All rights reserved.

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

Receipt Number:	10423	Payment Date:	8/23/2011 1:06:36 PM
First Name:	ALFONSO	Payment Type:	Credit Card
Last Name:	CRIOLLO	Check Number:	
Policy Number	3503181108	Your Company:	Arrowhead
		Your Agent Today:	Maria Diaz

Payment for:	Amount:
Down Payment <i>Start Interim</i>	\$63.80
	\$0.00
Policy Fee(AUTH # 000716 & 0902) <i>Rainwater</i>	\$30.00
	\$0.00
	\$93.80

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

Agent Signature 

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

Printed: 8/23/2011 1:09:48 PM

ARROWHEAD® GENERAL INSURANCE AGENCY, INC.

WASHINGTON AUTO INSURANCE APPLICATION

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

Customer Number: 81355564
 Policy Number: 3503181108
 Effective Date & Time: 08/23/2011 01:03 PM PST
 Policy Term / Pay Plan: 6 Months / Direct Monthly
 Down Payment: \$63.80
 Payment Type: Visa
 Transmit Date & Time: 08/23/2011 01:03 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.

Paola's work # 718-204-7333

NAMED INSURED: ALFONSO CRIOLLO	Home Phone Number: 917-499-6673 Work Phone Number:
MAILING ADDRESS (IF P.O. Box, Garaging Address Required) 2718 S 258TH ST # B Kent, WA 98032	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 2718 S 258TH ST # B Kent, WA 98032	

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

Dr. No.	Full Name Of All Drivers (As Listed on License)	Sex M/F	M-Married S-Single	Living with Spouse?	Relationship To Applicant	Date of Birth	# Years Licensed	Drivers License Number	State
1.	ALFONSO CRIOLLO	M	M	Y	SBLF		38		NY

IF SPOUSE NOT LICENSED, EXPLAIN:

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

ADDITIONAL DRIVER INFORMATION:

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

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: ALPONSO CRIOLLO	Customer Number: 81355564	Policy Number: 3503181108
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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.	1993	Nissan ALTIMA XE/GXE/GLE/SE	IN4BU31E3PC204727	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	

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

WASLAP 0110

Star Indemnity & Liability Company - Program 213

Insured: ALFONSO CRIOLLO	Customer Number: 8135564	Policy Number: 3503181108
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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	124.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	120.00						
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			244.00						
FINANCIAL RESPONSIBILITY FILING FEE(S)									0.00
NEW BUSINESS POLICY FEE									15.00
TOTAL POLICY PREMIUM									259.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION
1	1993 Nissan ALTIMA XB/GXB/GLB/SE	No Coverage	No Coverage

WASLAP 0110

Star Indemnity & Liability Company - Program 213

Insured: ALFONSO CRUOLLO	Customer Number: 81399561	Policy Number: 8703181108
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APPLICANT QUESTIONNAIRE

1. Are any vehicles listed regularly garaged overnight away from your primary residence?
2. Are any vehicles listed custom, show, altered, racecars or have more or less than four wheels?
3. Are any vehicles used for delivery purposes or for any other commercial purposes? (Examples: pizza or newspaper delivery.)
4. Are all vehicles listed registered to the Applicant (Named Insured)?
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.
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.
7. Are any vehicles used for business purposes? (Examples: sales calls, driving to job site, etc.) If yes, please explain.

YES	NO
Unacceptable	<input checked="" type="checkbox"/>
Unacceptable	<input checked="" type="checkbox"/>
Unacceptable	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Unacceptable
<input type="checkbox"/> Explain	<input checked="" type="checkbox"/>
<input type="checkbox"/> Do Not Bind OTC/COLL	<input checked="" type="checkbox"/>
<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	NO
<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 circumstances 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 \$9.00 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.

Alfonso Cruollo
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

08/23/2011 01:03 PM PST
 DATE

WABUAP 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)

08/23/2011 01:03 PM PST

DATE

WASILAP0110

Starr Indemnity & Liability Company - Program 213

Insured: ALFONSO CRIOLLO Customer Number: 8133364 Policy Number: 3503181108

AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company

ALFONSO CRIOLLO
(Print Applicant's Name)

WASHINGTON SUPPLEMENT

FRAUD WARNING

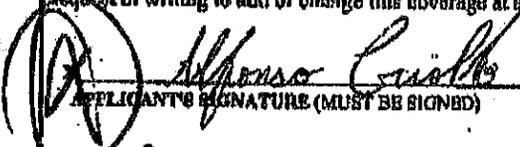
It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

COVERAGE SELECTION / REJECTION FOR PERSONAL INJURY PROTECTION

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

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

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


APPLICANT'S SIGNATURE (MUST BE SIGNED)

Sign

08/27/2011 01:03 PM PST
DATE

WAB1AP0110

Washington - Starr Indemnity & Liability Company - Program 213
Includes Copyrighted Materials of Insurance Services Office, Inc., with its permission.

Insured: ALFONSO CRIOLLO

Customer Number: 81333364

Policy Number: 350318/108

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

PLEASE READ BEFORE SIGNING

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

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

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

Selection of Bodily Injury AND Property Damage Underinsured Motorists Coverage Limits

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

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

Bodily Injury Underinsured Motorists Coverage

Property Damage Underinsured Motorists Coverage

\$25,000 / \$50,000

\$50,000 / \$100,000

\$10,000

\$20,000

\$25,000

\$50,000

\$100,000 / \$300,000

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

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

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

Bodily Injury Underinsured Motorists Coverage

\$25,000 / \$50,000

\$50,000 / \$100,000

\$100,000 / \$300,000

Rejection of Bodily Injury AND Property Damage Underinsured Motorists Coverage

I reject Bodily Injury AND Property Damage Underinsured Motorists Coverage

APPLICANT'S SIGNATURE (MUST BE SIGNED)

08/29/2011 01:03 PM PST

DATE

WAS13P 0110

Washington - State Indemnity & Liability Company - Program 213
Includes Copyrighted Materials of Insurance Services Office, Inc., with its permission.

DRIVERS EXCLUSION

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

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

Print Name(s)	Age	Mo/Day/Yr of Birth	Relationship To Applicant
MARIA PINTADO	49		Spouse

NO INSURANCE COVERAGE FOR PERSON(S) LISTED ABOVE

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

(Signature)
Alfonso Criollo
 APPLICANT'S SIGNATURE

08/23/2011 01:03 PM PST
 DATE

WABLSF0110

Washington - Star Indemnity & Liability Company - Program 213
 Includes Copyrighted Materials of Insurance Services Office, Inc., with its permission.

Arrowhead Installment Billing

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

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

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

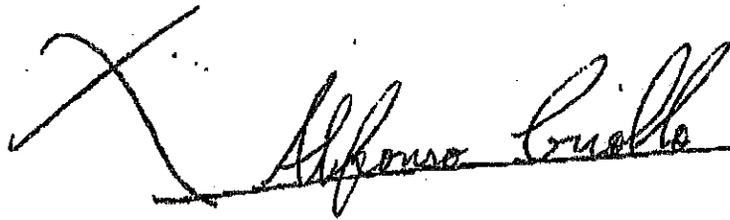
If your payment is received by the due date indicated, your future installment bill due dates will be every 30 days.

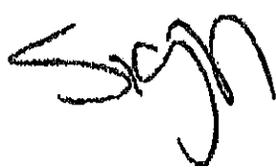
If payment is not received by the due date indicated, a cancellation notice will be sent to you. This notice will indicate the date your policy will cancel if no payment is received, typically 12 days after the due date shown on your installment bill.

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

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

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





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

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

AGENT: Rainwater Insurance, Inc.
POLICY NUMBER: 3503181108
APP NUMBER: 81355564

PHONE NUMBER: (253)839-5500
INCEPTION DATE: 08/23/2011 01:03 PM

NAMED INSURED AND ADDRESS:
ALFONSO CRIOLLO
2718 S 258TH ST # B
Kent, WA 98032

VEHICLE

YEAR	MAKE/MODEL	VEHICLE ID#
1993	Nissan ALTIMA XR/GXB/GLE/SE	1N4BU31F3PC204727

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

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



APPLICATION CONFIRMATION / PAYMENT RECEIPT

Payment Transmit Date / Time: 08/23/2011 01:03 PM

Policy Effective Date / Time: 08/23/2011 01:03 PM

Name of Agency: Rainwater Insurance, Inc.

Producer Code: 223021

Insured's Name: CRIOLLO, ALFONSO

Carrier: Starr Indemnity & Liability Company

State: WA

This acknowledges receipt of \$ 63.80 to Arrowhead General Insurance Agency Inc. by Credit Card. This payment applies to the down payment for customer number 81355564 , policy number 3503181108.

Printed Date / Time: 08/23/2011 01:03 PM

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

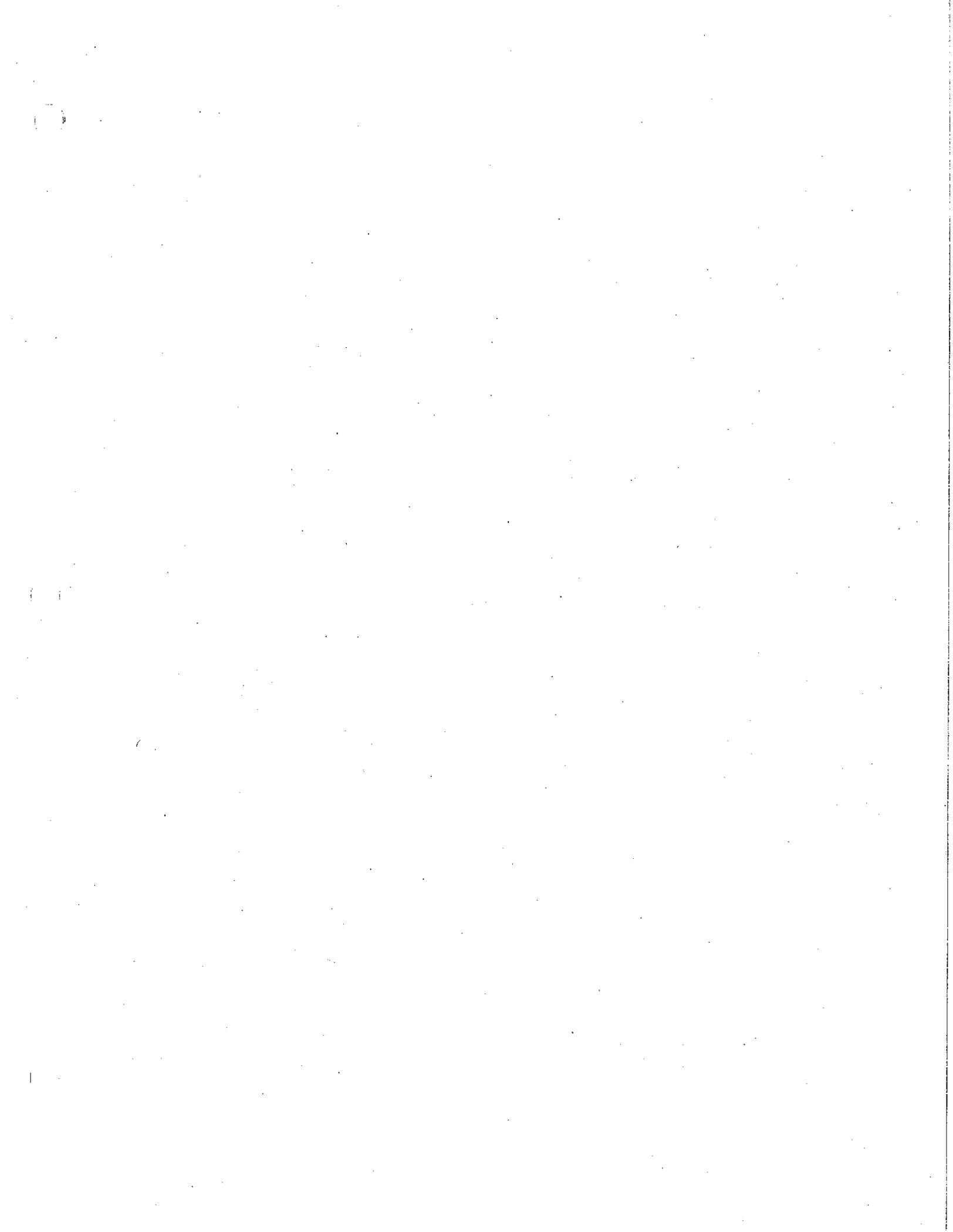
REQUIRED DOCUMENTATION TO BE RETAINED IN PRODUCER FILE:

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

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

Producer Copy

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



Click for alerts and messages.



Wednesday, January 4, 2012

Select A Product Enter Policyholder or Account Name

Welcome, Leah Miller

[Home](#) | [Manage My Account](#) | [Log Out](#)

[Help & Training](#)

[Policy Inquiry](#)

[New Search](#)

[Commission Statements](#)

[Contacts](#)

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

[Blog](#)

Policy Number	Insured Name	Customer Number	Company Name
3503108160-0	AMILCAR V GARCIA-AGUSTIN	81201394	Starr Indemnity and Liability

[Tools & Reports](#)

[Basic Renters](#)

[Homeowners](#)

Personal Auto

[Get a Quote](#)

[Search Quotes](#)

[Policy Inquiry](#)

[Make a Payment](#)

[Endorsements](#)

Personal Motorcycle

Policy Summary			
Policy Status	Cancelled Non-Reinstatable		
Cancellation Date	05/02/2011	Reason for Cancellation	Insured requested cancellation.
Policy Term	181 Days	Submission Method	Electronic
Origination Date	01/25/2011	Payment Plan	6 Pay
Current Policy Effective	01/25/2011	Current Policy Expiration	07/25/2011
Insured Address	9 RIPS LN SW - LAKEWOOD, WA 98499		
Insured Phone #	253-946-6445		
Email Address		Signed up to Receive Policy Docs/Bills via Email	No
Notes/Comments	Lapse History		

Current Policy Premium Snapshot	
<u>Premium & Policy Fees</u>	\$ 427.00
<u>Service Fee</u>	\$ 24.00
<u>NSF Fee</u>	\$ 0.00
<u>Refund</u>	\$ 77.56
<u>Write Off</u>	\$ 0.00
<u>Charge Off</u>	\$ 0.00
<u>Previous Unpaid Balance</u>	\$ 0.00
Total	\$ 528.56
Total Paid	\$ 528.56
Balance Due	\$ 0.00

GROW*
with us

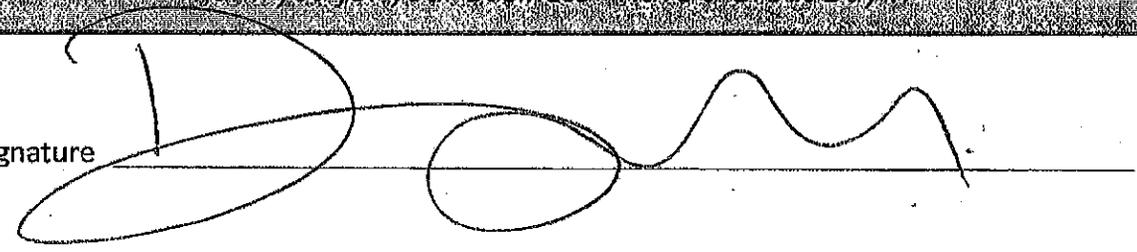
ARROWHEAD General Insurance Agency, Inc.
701 B Street, Suite 2100, San Diego, CA 92101 | CA License #0899808
Legal and License | Network Privacy and Security Statement | Disclosures | Copyright © 2010 All rights reserved.

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

Receipt Number:	7790	Payment Date:	1/25/2011 12:43:43 PM
First Name:	Amilcar V	Payment Type:	Cash
Last Name:	Garcia Agustin	Check Number:	
Policy Number	3503108160	Your Company:	Arrowhead
		Your Agent Today:	Maria Diaz

Payment for:	Amount:
Down Payment	\$115.40
	\$0.00
Policy Fee	\$30.00
	\$0.00
	\$145.40

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

Agent Signature 

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

Printed: 1/25/2011 12:44:38 PM

ARROWHEAD® GENERAL INSURANCE AGENCY, INC.

WASHINGTON AUTO INSURANCE APPLICATION

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

Customer Number: 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 Swoop
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	SBLF		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					

WASLAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: AMLCAR GARCIA-AGUSTIN	Customer Number: 81201394	Policy Number: 3503108160
--------------------------------	---------------------------	---------------------------

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 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

WASLAP0110

Starr Indemnity & Liability Company - Program 213

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

WASJLAP 0110

State Indemnity & Liability Company - Program 213

Insured: AMILCAR GARCIA-AGUSTIN	Customer Number: 81201394	Policy Number: 3503108160
---------------------------------	---------------------------	---------------------------

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
OTOCOLL | <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.

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

Star Indemnity & Liability Company - Program 213

Insured: AMILCAR GARCIA-AGUSTIN	Customer Number: 81201394	Policy Number: 3503108160
---------------------------------	---------------------------	---------------------------

AUTOMOBILE INSURANCE APPLICATION

Starr Indemnity & Liability Company

AMILCAR GARCIA-AGUSTIN
(Print Applicant's Name)

WASHINGTON SUPPLEMENT

FRAUD WARNING

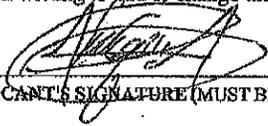
It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

COVERAGE SELECTION / REJECTION FOR PERSONAL INJURY PROTECTION

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

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

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


APPLICANT'S SIGNATURE (MUST BE SIGNED)

01/25/2011 12:40 PM PST
DATE

Insured: AMLCAR GARCIA-AGUSTIN	Customer Number: 81201394	Policy Number: 3503108160
--------------------------------	---------------------------	---------------------------

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

PLEASE READ BEFORE SIGNING

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

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

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

Selection of Bodily Injury AND Property Damage Underinsured Motorists Coverage Limits

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

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

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

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

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

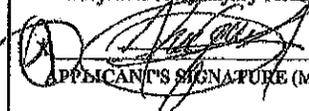
I reject Property Damage Underinsured Motorists Coverage and select ONLY Bodily Injury Underinsured Motorists Coverage at the following limit(s) which are lower than the limits of my Liability Coverage.

Bodily Injury Underinsured Motorists Coverage

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

Rejection of Bodily Injury AND Property Damage Underinsured Motorists Coverage

I reject Bodily Injury AND Property Damage Underinsured Motorists Coverage


 APPLICANT'S SIGNATURE (MUST BE SIGNED)

01/25/2011 12:40 PM PST
 DATE

DRIVERS EXCLUSION

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

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

Print Name(s)	Age	Mo/Day/Yr of Birth	Relationship To Applicant
CELESTINA VELASCO	23		Spouse

NO INSURANCE COVERAGE FOR PERSON(S) LISTED ABOVE

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

(R)

[Handwritten Signature]
 APPLICANT'S SIGNATURE

01/25/2011 12:40 PM PST
 DATE

Arrowhead Installment Billing

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

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

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

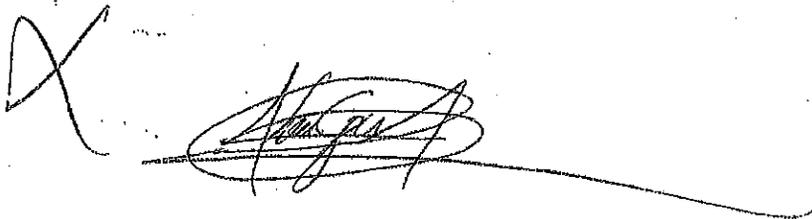
If your payment is received by the due date indicated, your future installment bill due dates will be every 30 days.

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

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

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

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

A handwritten signature, possibly "John J. A.", is written in black ink. To the left of the signature is a large, stylized scribble or flourish that extends upwards and to the left.



APPLICATION CONFIRMATION / PAYMENT RECEIPT

Payment Transmit Date / Time: 01/25/2011 12:40 PM

Policy Effective Date / Time: 01/25/2011 12:40 PM

Name of Agency: Rainwater Insurance, Inc.

Producer Code: 223021

Insured's Name: GARCIA-AGUSTIN, AMILCAR

Carrier: Starr Indemnity & Liability Company

State: WA

This acknowledges receipt of \$ 115.40 to Arrowhead General Insurance Agency Inc. by Electronic Funds Transfer. This payment applies to the down payment for customer number 81201394 , policy number 3503108160.

Printed Date / Time: 01/25/2011 12:40 PM

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

REQUIRED DOCUMENTATION TO BE RETAINED IN PRODUCER FILE:

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

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

Producer Copy

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

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

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

Policy Effective Date: 1/25/2011
 Customer Name: AMILCAR V GARCIA-AGUSTIN
 Customer Phone: (253) 946-8445
 Customer Address: 9 RIPS LN SW
 LAKEWOOD, WA 98499

Vehicle	Year	Make	Model	Territory	Points	Class	Driver
1	1990	HONDA	CIVIC LX SEDAN	3	0	MM21	AVG

Coverages	Limit	Vehicle 1	Limit	Vehicle	Limit	Vehicle
Bodily Injury	25000/50000	\$280.00				
Property Damage	10000	\$202.00				
UIM Bodily Injury	None	None				
Personal Injury Protection	None	None				
Medical	None	None				
Comprehensive	None	None				
Collision	None	None				
Waive Collision Deductible	False	None				
UM Property Damage	None	None				
Rental Reimbursement	None	None				
Towing	None	None				
Additional Parts or Equipment	None	None				
Auto Loan/Lease Protection	None	None				
Lienholder Deductible	None	None				
Subtotal		\$482.00				

Totals	
Vehicles Subtotal:	\$482.00
Policy Fee:	\$15.00
Broker Fee:	\$30.00
Total Policy Premium:	\$527.00

Payment
- Required Down Payment: \$141.40
5 Installment(s): \$85.12
Installment include a \$8.00-installment Fee

Discounts/ Surcharges	VEHICLE 1
Experienced Driver Discount	Yes

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