

Rainwater Insurance, Inc.  
32700 Pacific Hwy S Ste 7  
Federal Way, WA 98003  
(253)839-5500

January 4, 2012

Washington State Office of Insurance Commissioner  
Legal Affairs Division  
Attention: Bobby Frye

Last week I was inclined to conduct an internal agency audit in our agency. An application was being requested by Arrowhead/Starr for a customer Nery R. Guzman Guerra, Starr policy #3503107766, written January 24, 2011 at 10:17am. Upon thorough search for said application I could only find a file, under his name, with 2 endorsements inside, both for address changes. No original application or receipt could be found and no receipt was found logged in our system. Further research from myself, my Arrowhead representative, and Multico (our system used for quotes and rating) showed that this application had been quoted in the Multico system (which all of our agents use) and was quoted and deleted specifically under one of our agents employed in our Federal Way location, Maria A. Diaz (WAOIC 707872). Mrs. Diaz was also the agent which completed and signed both address changes in Mr. Guzman's file. At my request Multico then sent me a list of any and all quotes which had been completed and then deleted under Ms. Diaz's specific Multico username since 2009.

As I began to go through this list I noticed there was another quote, under the name of Jorge Gallegos Osorio, done and deleted with the same effective date as Mr. Guzman's policy. I then went directly in to Arrowhead/Starr's system (as this was the first place I thought to look because of Mr. Guzman's policy) to see if there had been either a quote or application done on or near this date under this name. There was a policy uploaded for Jorge Gallegos Osorio on January 4, 2011 at 11:59am. I found no file, no application, nor is there a receipt in our system for this application as well. Upon further review of both these files I also found the address listed on each at the time of application upload to be very similar. Mr. Guzman's address was listed as 1832 SW 318<sup>th</sup> Pl Federal Way, WA 98023 and Mr. Gallegos' address as 1832 SW 318<sup>th</sup> Pl #B Federal Way, WA 98023. At the time I dismissed it as coincidence and continued to search through the list of quotes under Mrs. Diaz's Multico username that had been deleted.

I came across another quote completed and deleted in Mrs. Diaz's Multico on January 6, 2011 for a Marcelino Castro and again looked directly in Arrowhead/Starr's system under our Federal Way location's code and found that an application had been uploaded under this name on this date. Again there was no file, original application or receipt. It should also be noted this application was uploaded at 7:29 pm and the quote in the Multico was deleted at 7:33pm. Our office hours are from 9:30am-6pm Monday through Friday and Saturday from 10am-4pm. Clearly this application was done outside of business hours. Our company policy is that no agent uploads any policy outside of business hours. Mrs. Diaz had left work this day at 6:20pm.

I came across a third quote in this list for a Hende! Gonzalez-Rivera both quoted and deleted on February 9, 2011 and followed my similar previous search to Arrowhead/Starr. This policy was also uploaded on this date at 2:09pm (Arrowhead/Starr 3503114823) with no file, application or receipt to be found in the system. It was also this application that struck me as familiar because the address that was used for the insured when the application was uploaded looked similar to me. I searched through the

applications I already have mentioned and discovered that a very similar address had been used in one of these previously listed apps. Mr. Gonzalez had an address listed of 2659 SW 332<sup>nd</sup> Ct Federal Way, WA 98023 and Mr. Guzman had an address change done by Mrs. Diaz on December 3, 2011 changing the address to 2651 SW 332<sup>nd</sup> Ct Federal Way, WA 98023. I again thought it was odd how similar the two addresses were but continued searching through deleted quotes under Mrs. Diaz's Multico list.

This led me to yet another for a Cesia Gonzalez - Amaya quoted and deleted on February 22, 2011 (Arrowhead/Starr 3503120735). I found this policy uploaded on this date at 10:38am and did find a file complete with application and receipt. The policy was uploaded and completed by Mrs. Diaz. This policy was cancelled by insured request, signed by both the insured and Mrs. Diaz, on April 22, 2011 due to the fact that the insured stated they were moving out of state to 130 Motor Parkway Hauapeppage, NY 11788. While searching for this name in Arrowhead/Starr I also came across another application under the name of Cesia Gonzales uploaded on February 12, 2011 at 4:06pm, Arrowhead/Starr 3503116509. No receipt or application could be found on this policy. The address used for BOTH applications however was identical at 2925 SW 332<sup>nd</sup> Pl Federal Way, WA 98023.

Yet another quote completed and then deleted under Mrs. Diaz's Multico username was for a Pedro Chimbo-Velasca. It was quoted and deleted on February 23, 2011 and uploaded on this date at 2:23pm. There is again no file, no application and no receipt in the system for this insured.

I then proceeded to go into our Multico rating system and search for quotes by addresses that were still in the Multico system. I began with the address of 2925 SW 332<sup>nd</sup> Pl Federal Way, WA 98023, the identical address used for the previous policies mentioned for Cesia Gonzales and Cesia Gonzalez Amaya, and found a quote done under Mrs. Diaz's Multico username for a Jose Arriaga-Mejia. I again searched for this name in the Arrowhead/Starr system and discovered an application done on August 23, 2010 at 1:11pm (Arrowhead/Starr 3503067559) uploaded with this address as the insured's address. There is no file, application or receipt for this insured.

It was at this time I felt compelled to pull both Mrs. Diaz's personal auto insurance file written through our agency and my employee file for Mrs. Diaz. Upon review of this file I have found four different addresses that Mrs. Diaz herself has claimed to live at one point or another since February 2008. These addresses in no particular consecutive order are as follows: 2925 SW 332<sup>nd</sup> Pl Federal Way, WA 98023 (verified as Mrs. Diaz's address on her WA drivers license and is the current address I have in my employer file listed as Mrs. Diaz's residence), 2659 SW 332<sup>nd</sup> Ct Federal Way, WA 98023 (listed by Mrs. Diaz as her address on insurance policies in her name in her file), 520 S 17<sup>th</sup> St Federal Way, WA 98003 (listed as an address resided by Mrs. Diaz by insurance policies in her file), and 27906 Pacific Hwy S #435 Federal Way, WA 98003 (listed as an address resided by Mrs. Diaz by insurance policies in her file). I immediately realized that many of the files I had previously pulled through my audit and listed here had identical addresses to Mrs. Diaz.

Because of this I continued searching in the Multico system for quotes matching the above referenced addresses knowing to be directly related to Mrs. Diaz. For the address of 2659 SW 332<sup>nd</sup> Ct Federal Way, WA 98023 I found three policies all under Arrowhead/Starr. The first is for an Elsa Chasiluisa Taco (3503091281) written by Mrs. Diaz on November 15, 2010 at 4:45pm. This insured did not have a valid license at the time of application as there is a Temporary Authorization to Operate a Motor Vehicle issued by the DOL dated for February 17, 2010. The next is for a Diana Gonzalez (3503091289) written by Mrs. Diaz also on November 15, 2010 but at 5:51pm. This insured also received their license following policy inception as her license number was updated to a correct one on February 18, 2011. A third policy was also found using this address as the insured's address for a Victor Cahuec Perez (3503155467) written on June 6, 2011 at 9:21am, prior to business hours. Also, Mrs. Diaz did not

clock in for work this day until 9:36am. Mrs. Diaz again did the policy not during business hours violating company policy.

Upon searching for more similarities for the above referenced policies I also came across another quoted completed and deleted under Mrs. Diaz's Multico username with a similar last name for the previously mentioned policy. I found an application done by Mrs. Diaz for an Arnulfo Cahuec (Arrowhead/Starr 3503127108) on March 7, 2011 at 5:30pm. This has no file, no signatures and no receipt on record.

I continued my search with a blanket audit of the agency searching through company upload reports and reconciling them with receipts in our system and/or files found. I also searched by trying to locate similar addresses used to the policies I have previously listed and also through any similar names that I found. I began with Arrowhead and continued through the rest of our companies from 2009 forward. These are my findings.

On January 25, 2011 I discovered in my system a number of policies had been uploaded directly to Arrowhead which did not correspond to the average daily production. A policy for Luis Alulema Mayancela (3503108180) uploaded at 1:12pm by Mrs. Diaz struck me as odd mainly due to the phone number of the insured and the fact that Mrs. Diaz had faxed the application to a number that upon my research had a 914 (New York) area code. I also found on this day a policy also uploaded by Mrs. Diaz where the only Identification given in the file is a foreign identification. A file for a Geovanny Jimenez written by Mrs. Diaz on this date at 10:06am was written with the insured having a New York drivers license. In this file there is also a signed cancellation by both Mrs. Diaz and the insured requesting the policy be cancelled and stating the insured's address on the cancellation to be 67 Farrington Dr E Bayshore, NY 11706. I found this exceptionally odd as the cancellation was requested to be effective January 26, 2011, only one day after inception.

Another policy uploaded to Arrowhead/Starr on this date by Mrs. Diaz was for Amilcar Garcia-Agustin (3503108160) at 12:40pm. The insured address was listed as 9 Rips Lane Lakewood, WA 98499. I realized quickly this was the same address used on another policy done by Mrs. Diaz for Pedro Chimbo Velasca (3503121578), one of the policies uploaded with no receipt or signatures taken by Mrs. Diaz. I continued with another search in Multico and the company system for addresses matching this one. I found yet another policy written by Mrs. Diaz on January 4, 2011 at 9:55am for a Hilario Chavez (3503102666) using this same address and written with the insured having a North Carolina drivers license.

I came across another address used by Mrs. Diaz on four more policies of 2718 S 258<sup>th</sup> St Kent, WA 98032. Although the suite or apartment numbers are different for two of them, B and D, respectively, I still found them odd. An Arrowhead/Starr policy for Alfonso Criollo (3503181108) was written by Mrs. Diaz on August 23, 2011 at 1:03pm with the insured having a New York driver license. I also found a policy for a Gregorio Torres (3503152034) using this as the home address written by Mrs. Diaz on May 21, 2011 at 11:55am. Another policy for an Erick Ortiz Mohedano (3503132177) written by Mrs. Diaz on March 22, 2011 at 9:42am. I found this to be odd not only because the address was so similar but as Mrs. Diaz did not work this day. Another policy matching this address was done by Mrs. Diaz on May 11, 2011 at 5:02pm (Dairyland 475855360). This policy was done with the insured being listed with a Florida driver license.

At this time I did another search through the company system and through Multico centering around each of Rainwater Insurance's agency employees starting with my Federal Way office and working my way through. I found policies written by Mrs. Diaz to an address that her manager in this office, Francisco Murillo, used to reside at of 10624 Irene Ave Lakewood, WA 98499. I found two

policies both written by Mrs. Diaz, both Unitrin, using this address as the insured address. One for a Misael Ramirez-Bonilla (CCCIZA3445880) written January 6, 2011 and another for Roni Mejia-Cruz (CCIZA6310639) written on July 12, 2011.

Upon questioning Mrs. Diaz regarding all the above referenced policies I was told the following directly by her. Al Rainwater, one of the agency owners, was present during the questioning. Mrs. Diaz states that a "group of guys" come in to the federal Way office to see herself and Francisco Murillo, the manager in this office, to purchase insurance policies in order to "help Hispanic people get their license". She said she does not remember all of their names but did say some of them are Don Mario, Alex, Don Juan, and Leo. When asked how both her and Mr. Murillo's address came to be used she stated to me that these gentleman had asked her if she knew anyone whose address they could use. She responded that they could use her address/addresses and clearly stated she gave permission to do so. She also stated that other addresses had been used not pertaining to her. She said that these gentleman asked the head of household at each address used prior to putting them on the insurance policies (I assume this is why some of my policies found had no corresponding address to any employees). These gentlemen would sometimes bring the insured in to the office with them and others they would come in to the office and pay for the insured's policies while Mrs. Diaz or Mr. Murillo faxed them the paperwork. I asked Mrs. Diaz where the gentlemen got the idea to come to us and she said they asked her around Summer 2010 (this does correspond with what I have found in my internal audit). When I asked Mrs. Diaz about the policies that were not only uploaded outside of business hours but were uploaded with no signatures taken and no receipt made she said she did not know how that happened. When I asked her if she did the policies herself she stated "probably" and when I asked her if she had kept the money she had been given for the down payments she again replied "probably", following up with "I don't know." I asked Mrs. Diaz if she understood what she had done is not only violating RCW Codes pertaining directly to her insurance license but also committing mail fraud she stated she "was just trying to help people". She denies receiving any money from these gentlemen at any time as payment for writing these policies knowingly using fraudulent addresses and/or using her own address. She claims she has no knowledge of these gentlemen receiving any money from the people they were "trying to help". She also stated that these gentleman, brothers, are no longer in the country but have returned "to Colombia". Mrs. Diaz stated she does not know how to contact these gentleman and that they only contact her and Mr. Murillo at the office in Federal Way. When I questioned her regarding the fact that many of the policies were done corresponding with out of state information for the insured whether it be either New York, New Jersey, North Carolina or Florida licenses or addresses she said that most of the people she wrote policies for are from these states attempting to get licenses in Washington. She did say that most of them are from New York (I also found this to correspond with my internal audit).

Again, my internal audit was conducted back to January 2009. Any acts of fraud committed by Mrs. Diaz I found during this time have been reported here, other than those committed by the other agent in that office Francisco Murillo. A separate report on Mr. Murillo will be filed as well. My audit has shown that any acts of fraud have been solely confined to the acts of the individuals in our federal Way location and questioning of these employees corroborates this. Both claim the gentlemen only dealt with them and that no other Rainwater Insurance employees and/or agents had any knowledge of this matter. Should I find anything further I will notify the Office of the Insurance Commissioner immediately and will cooperate fully in any further investigation regarding this matter.

As far as the funds which Mrs. Diaz admits to have taken in the amount of \$558.80, which should have been deposited into agency trust, they have been replaced by Rainwater Insurance Operating account. A copy of this check has been included in the report as well. We are consulting with the individual who does the reconciliation to the trust account, Tony Dotson of In Trust Accounting, as to these discrepancies.

Upon completion of this conversation Mrs. Diaz was terminated from her employment with Rainwater Insurance, effective January 2, 2011. Should the Department wish to contact her I will provide any information I have for them to do so but she can no longer be contacted at our agency as fraud of any kind will not be tolerated by this agency in any form. It is my recommendation that Mrs. Diaz have her license to sell insurance in the state of Washington be revoked immediately as it is clear she has no regard for the laws that are the basis and structure of the policies she has sold. She knowingly concealed information from Rainwater Insurance agency's owners and principal and from me as the Operations Manager as well. She has committed numerous counts of fraud not only incriminating herself but defaming the otherwise good name and reputation of this agency. Neither Al Rainwater, Sue Rainwater nor myself, Leah Miller, had any knowledge of any of these acts. It is our goal at Rainwater Insurance to conduct our business with the utmost standards and respect of the Office of the Insurance Commissioner and the RCW Codes we are sworn to abide by. We will again cooperate fully with anything the department needs should they decide to investigate this matter further.

Sincerely,

Leah M. Miller  
Operations Manager

**RAINWATER INSURANCE INC.**  
 OPERATING ACCOUNT  
 622 S. JACONIA AVE  
 TACOMA, WA 98409-4004

Pay to the Order of Rainwater Ins  
1/3/12 Date  
\$ 558.80 Amount

**FIRST CHECKS BANK**

FOR DEPOSIT ONLY  
 THIS CHECK IS NOT TO BE CASHED  
 DEPOSIT ONLY  
 DEPOSIT ONLY  
 DEPOSIT ONLY

251

DEPOSIT TICKET  
 FOR CLEAR COPY, PRESS FIRMLY

DATE 1/3/12

CURRENCY  
 COINS  
 CHECKS LIST EACH  
 156  
 558.80

DATE	DOLLARS	CENTS	TOTAL
28			
27			
26			
25			
24			
23			
22			
21			
20			
19			
18			
17			
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1			
TOTAL			

888/6  
 9782/6  
 19-2/12/89 WA  
 SNEETS  
 TOTAL

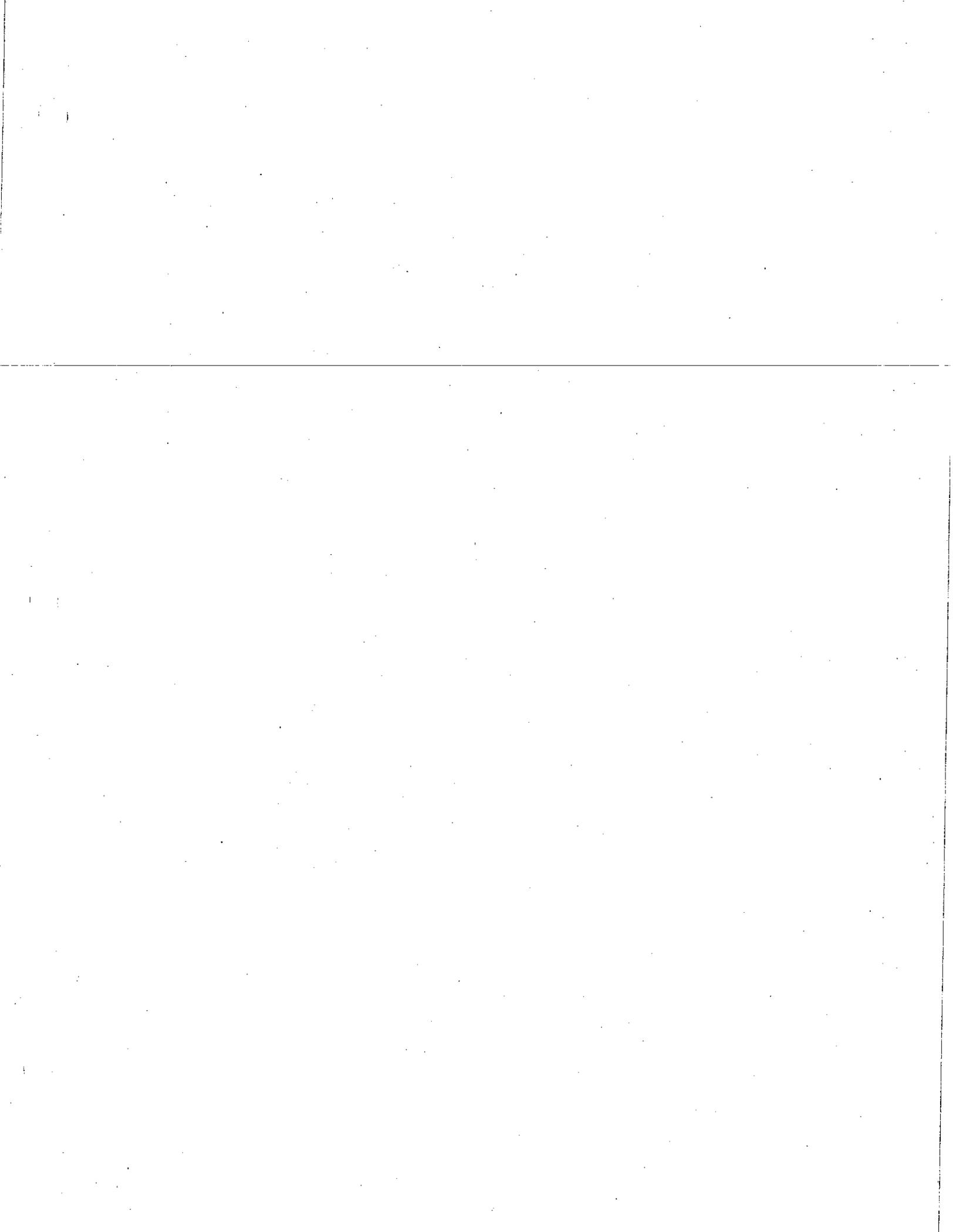
CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE DEPOSIT COLLECTION AGREEMENT. DEPOSITORS MAY NOT BE AWARE OF THIS AGREEMENT. PLEASE CONTACT YOUR BANK FOR IMMEDIATE WITHDRAWAL.

558.80

\$

**Bank of America**  
 ACH R/T 125000024

RAINWATER INSURANCE INC.



**Frye, Bobby (OIC)**

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**From:** Leah Miller [leahmariemiller1@gmail.com]  
**Sent:** Monday, March 19, 2012 7:24 PM  
**To:** Frye, Bobby (OIC)  
**Attachments:** agent address 1.pdf; agent address 2.pdf; Agent Addresses.xlsx; OIC Spread 1.xlsx; license.pdf

Hi Bob. I have attached the scanned documents pertaining directly to the agent's addresses used. There are a couple of them if you remember that weren't signed by Maria as she uploaded them and then kept the money for the down payment as they were not receipted by her. I believe she even took it upon herself to do a couple of the applications on her days off. Again the way I found these are in our quoting system so I attached a printout that shows the quote was done by her under her specific username. There are also a couple that she did in the system and then deleted so I have a separate list for those that I attached again showing they were done under her username in the quoting system. The rest is pretty straight forward but let me know if you have questions:

The "OIC Spread 1" spreadsheet has all of the apps listed. Then I did a second spreadsheet "Agent Addresses" that is just applications done using addresses known to be resided by the agents or addresses they provided the customers.

I also attached the sheet for the driver license numbers and with it provided the sheet that is supposed to be given to the insured by the agent and signed by the insured any time an incorrect license number is input in the system. There is one in english and spanish to accomodate customers. Normally, whatever further information is needed the box next to it is checked and initialed and signed by the insured. There is all sorts of choices on it as it is just a basic form we use for things like requesting proof of prior insurance or even a registration. But there is a place for a "Valid Washington driver's license" as well. These were provided to both Frank and Maria and incidentally there are files in each of their former desks with copies of these forms. --

If you have any questions regarding anything I have sent just let me know.

Leah Marie Miller

# Application for Insurance

Please review, sign where indicated and return

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

Policy number: 71052167-0  
Policyholder: SANTOS ROMERO  
September 22, 2010  
Page 1 of 9

## Policy and premium information for policy number 71052167-0

Insurance company:	Progressive Casualty Insurance Co P.O. BOX 6807 Cleveland, OH 44101
Agent:	SUSAN M RAINWATER RAINWATER INS INC 6425 S TACOMA WAY TACOMA, WA 98409 42990 253-475-6922
Named insured:	SANTOS ROMERO 2712 S 258TH ST, B KENT, WA 98032 e-mail address: NONE Home: 253-250-9536 Work: 253-250-9536
Financial responsibility vendor:	EXPERIAN 888-397-3742
Policy period:	Sep 22, 2010 - Mar 22, 2011
Effective date and time:	Sep 22, 2010 at 08:43 p.m.
Total policy premium:	\$555.00
Initial payment required:	\$92.52
Initial payment received:	\$92.52
Payment plan:	6 payments

## Drivers and household residents

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

Name	Date of birth	Sex	Marital status	Relationship
SANTOS ROMERO Driver status: Rated	[REDACTED]	Male	Married	Insured
MARIBEL MARCIAL Driver status: Excluded	[REDACTED]	Female	Married	Spouse

## Driver filing

Name	Filing type	State	Case number	Effective date
SANTOS ROMERO	Owner-Operator	WA		

  
Continued

**Outline of coverage**

**1997 FORD F250 3 door ext cab**

VIN: 1FTFX28L1VKC60726

Garaging Zip Code: 98032

	Limits	Deductible	Premium
Liability To Others			\$312
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		
Property Damage Liability	\$25,000 each accident		
Underinsured Motorist	\$25,000 each person/\$50,000 each accident		55
Underinsured Motorist Property Damage	\$25,000 each accident	\$100	31
		\$300 hit & run	
Comprehensive	Actual Cash Value	\$500	32
Collision	Actual Cash Value	\$500	70
Total premium for 1997-FORD-(Pleasure)			\$500
<b>Subtotal policy premium</b>			<b>\$500</b>
SR22 driver filing fee			25
Policy fee			30
<b>Total 6 month policy premium</b>			<b>\$555</b>

*In Good Condition  
9/22/10  
@ 5:56 PM*

**Premium discounts**

Policy	
71052167-0	advance quote, 3 year accident and violation free, 5 year accident free, electronic funds transfer (EFT) and continuous insurance: silver

**Additional policy information**

Policy	
71052167-0	driver filing (SR22)

**Driving history**

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

**Prior insurance and underwriting questions**

AIG: OTHER, policy number: AIG0327450  
 Bodily injury limits: Equal to \$25,000/\$50,000

rr 0709, m PR, c A, rp 6, bp 2H This application has been electronically transmitted.



## Application agreement

### Verification of content

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

### Notice of information practices

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

## Affirmation and acknowledgement

### I affirm that:

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

This insurance and personalized service is available at this price exclusively through a Progressive independent agent. Progressive affiliated companies selling insurance directly have different prices and products.

### Other charges

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

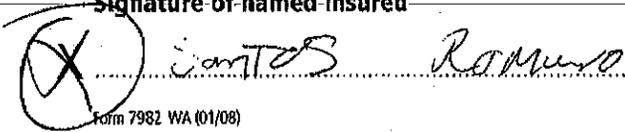
I agree to pay the installment fees shown on my billing statement that become due during the policy term and each renewal policy term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan. Any change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

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

I agree to pay a late fee of \$5.00 during the policy term and each renewal policy term when a payment is postmarked more than 5 days after the premium due date or when the minimum amount due is not fully paid within 5 days of the premium due date. The amount of this fee may change upon policy renewal.

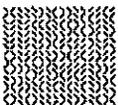
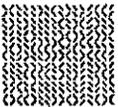
Signature of named insured

Date

 Santos Romero

9/22/10

Form 7982 WA (01/08)

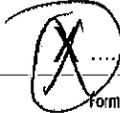


**Rejection of Personal Injury Protection Coverage**

I have been offered Personal Injury Protection Coverage, and I reject the option to purchase any Personal Injury Protection Coverage. I understand that Personal Injury Protection Coverage includes coverage for medical and hospital benefits, income continuation benefits, funeral expenses and loss of services benefits. I understand and agree that this rejection of Personal Injury Protection Coverage shall be binding on all persons insured under the policy, and that this election shall also apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company, unless a named insured submits a request to add the coverage and pays the additional premium.

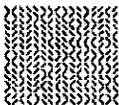
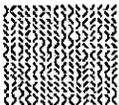
**Signature of Named Insured**

**Date**

 SANTOS ROMERO

9/22/10

Form 3687 WA (10/98)



### Named Driver Exclusion Election

You have named the following persons as excluded drivers under this policy:

MARIBEL MARCIAL

Date of Birth: Mar 23, 1980

No coverage is provided for any claim arising from an accident or loss involving a motorized vehicle being operated by an excluded driver. This includes any claim for damages made against any named insured, a resident relative, or any other person or organization that is vicariously liable for an accident or loss arising out of the operation of a motorized vehicle by an excluded driver. However, this Named Driver Exclusion shall not apply to coverage under:

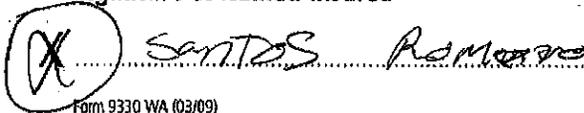
1. Part II - Personal Injury Protection Coverage for losses or expenses incurred because of bodily injury sustained by an "insured person", as defined in Part II; or
2. Part III - Underinsured Motorist Coverage for bodily injury sustained by an "insured person", as defined in Part III, when a passenger in a vehicle operated by the excluded driver.

This form must be signed by the named insured.

I understand and agree that this Named Driver Exclusion election shall apply to this policy and any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company, unless a named insured revokes this election.

Signature of Named Insured

Date

 SANTOS ROMERO

9/22/10

Form 9330 WA (03/09)

**Electronic funds transfer (EFT) authorization**

I authorize Progressive Casualty Insurance Co and its corporate and mutual company affiliates ("Company") to initiate scheduled deductions from the bank account, identified below, for payment of premium on the insurance policy issued to me by Company, and any renewals thereof, and to initiate credit entries to the account to correct any erroneous deductions or provide a refund of premium. I authorize the financial institution identified by the routing number below to accept and post entries to the account. I represent that I am the owner and/or an authorized signer on the account.

I understand that this authorization allows Company to adjust the scheduled deductions to reflect any premium changes. Company agrees that it shall notify me at least ten (10) days prior to making any deduction that will be less than the previous deduction by more than \$1,000, or that will be greater than the previous deduction.

I understand that Company will not send me a bill before scheduled deductions are made and that it is my responsibility to ensure sufficient funds are in the account at the time of each scheduled deduction. I also understand that my policy may cancel or expire if there are insufficient funds in the account.

I acknowledge that the origination of ACH (Automated Clearing House) transactions to the account must comply with the provisions of U.S. law.

**Bank information**

Name on account: SANTOS ROMERO

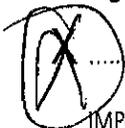
Account number: [REDACTED]

Routing number: \*\*\*\*0024

This authorization will remain in effect until I notify Company of its termination, either in writing, electronically or by calling a Company representative, in such time and manner as to afford Company a reasonable opportunity to act on it.

**Signature** (must be a person authorized to sign on this account)

**Date**

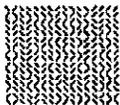
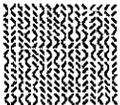


Santos Romero

9/22/10

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to assure proper setup for withdrawals.

Form 6252 (02/04)

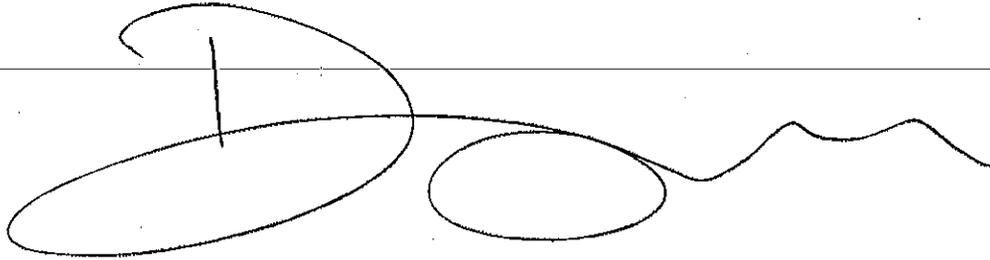


**Agent compensation disclosure**

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

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

Form Z181 (04/05)

A large, stylized handwritten signature in black ink, consisting of several loops and a wavy tail, positioned horizontally across the middle of the page.



**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: 81332463  
 Policy Number: 3503170873  
 Effective Date & Time: 07/20/2011 06:18 PM PST  
 Policy Term / Pay Plan: 6 Months / Direct Monthly  
 Down Payment: \$118.00  
 Payment Type: Agency Sweep  
 Transmit Date & Time: 07/20/2011 06:18 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: ROSALBA ALVAREZ		Home Phone Number: 253-335-8080
		Work Phone Number:
MAILING ADDRESS (If P.O. Box, Garaging Address Required) 2712 S 258TH ST # B KENT, WA 98032		
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 2712 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.	ROSALBA ALVAREZ	F	M	Y	SELF		25		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					

WASLAF 0110

Starr Indemnity & Liability Company - Program 213

Insured: ROSALBA ALVAREZ	Customer Number: 81332463	Policy Number: 3503170873
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**ACCIDENTS AND CONVICTIONS WITHIN PAST 36 MONTHS - GIVE COMPLETE INFORMATION ON ALL DRIVERS**

Dr. No.	Incident	Occurrence Date	Description / Outcome

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

Auto	Year	Make and Model	Vehicle Identification Number (VIN)	Value	Purchase Date	New or Used
1.	1997	Ford EXPLORER	1FMDU34X0VUB39975	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/CRBDITS	SURCHARGES
1.	12000	24	5		Pleasure	23	1	0	10	10	Experience Driver Discount	Sport Utility Surcharge

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

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

Auto	Description of Damage	Repair Estimate

Insured: ROSALBA ALVAREZ	Customer Number: 81332463	Policy Number: 3503170873
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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	140.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	137.00						
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			48.00						
COLLISION			190.00						
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			515.00						
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						530.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION
1	1997 Ford EXPLORER	500	500

WASILAP 0110

Starr Indemnity & Liability Company - Program 211

Insured: ROSALBA ALVAREZ	Customer Number: 81332463	Policy Number: 3503170873
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APPLICANT QUESTIONNAIRE

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

EXPLANATIONS:

PRODUCER QUESTIONNAIRE

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

x Rosalba Alvarez  
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

07/20/2011 06:18 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)

07/20/2011 06:18 PM PST

DATE

WASLAP 0110

Starr Indemnity & Liability Company - Program 213



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

**WASHINGTON AUTO INSURANCE APPLICATION**

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

Customer Number: 81420092  
 Policy Number: 3503203396  
 Effective Date & Time: 12/06/2011 11:48 AM PST  
 Policy Term / Pay Plan: 6 Months / Direct Monthly  
 Down Payment: \$68.60  
 Payment Type: Agency Sweep  
 Transmit Date & Time: 12/06/2011 11:48 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: MA TERESA MIRELES TORRES		Home Phone Number: 253-946-6845
		Work Phone Number:
MAILING ADDRESS (IF P.O. Box, Garaging Address Required) 2712 S 258TH ST APT B KENT, WA 98032		
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 2712 S 258TH ST APT 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.	MA TERESA MIRELES TORRES	F	M	Y	SELF		27		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					

WASILAP0110

Starr Indemnity & Liability Company - Program 213

Insured: MA TERESA MIRELLIS TORRES	Customer Number: 81420092	Policy Number: 3503203396
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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.	2005	Nissan TITAN XE/SE/LE	1N6AA07A95N507146	0		Used

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

Auto	A/LH	Additional Insured/Lienholder Name and Address

ADDITIONAL AUTOMOBILE INFORMATION:

Auto	Total Annual Mileage	# Miles Driven to Work or School - One Way	# Days Per Week	Current Odometer	Usage? B/P	Rating Territory	Rated Driver	Points	ISO OTC Symbol	ISO Coll Symbol	DISCOUNTS/CREDITS	SURCHARGES
1.	12000	24	5		Pleasure	23	1	0	16	16	Experience Driver Discount	Pick Up Truck Surcharge

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

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

Auto	Description of Damage	Repair Estimate

Insured: MA TERESA MIRELES TORRES	Customer Number: 81420092	Policy Number: 3503203396
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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	135.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	133.00						
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			268.00						
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						283.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION
1	2005 Nissan TITAN XE/SE/LE	No Coverage	No Coverage

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: MA TERESA MIRELES TORRES	Customer Number: 81420092	Policy Number: 3503203396
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APPLICANT QUESTIONNAIRE

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

MARIA TERESA MIRELES TORRES 12/06/2011 11:48 AM PST  
 APPLICANT'S SIGNATURE (MUST BE SIGNED) DATE

**PRODUCER'S STATEMENT**

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

X

12/06/2011 11:48 AM PST

PRODUCER'S SIGNATURE (MUST BE SIGNED)

DATE

WASILAP0110

Starr Indemnity & Liability Company - Program 213



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

**WASHINGTON AUTO INSURANCE APPLICATION**

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

Customer Number: 81371440  
Policy Number: 3503187050  
Effective Date & Time: 09/15/2011 10:00 AM PST  
Policy Term / Pay Plan: 6 Months / Direct Monthly  
Down Payment: \$65.80  
Payment Type: Agency Sweep  
Transmit Date & Time: 09/15/2011 10:48 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: ALFONSO PINTADO-TACURI		Home Phone Number: 253-835-3122
		Work Phone Number:
MAILING ADDRESS (If P.O. Box, Garaging Address Required) 2712 S 258TH ST # B KENT, WA 98032		
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 2712 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 PINTADO-TACURI	M	M	Y	SELF		24		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: ALFONSO PINTADO-TACURI	Customer Number: 81371440	Policy Number: 3503187050
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**ACCIDENTS AND CONVICTIONS WITHIN PAST 36 MONTHS - GIVE COMPLETE INFORMATION ON ALL DRIVERS**

Dr. No.	Incident	Occurrence Date	Description / Outcome

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

Auto	Year	Make and Model	Vehicle Identification Number (VIN)	Value	Purchase Date	New or Used
1.	1990	Honda CIVIC LX	1HGED3558LA024059	0		Used

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

Auto	AI/LH	Additional Insured/Lienholder Name and Address

**ADDITIONAL AUTOMOBILE INFORMATION:**

Auto	Total Annual Mileage	# Miles Driven to Work or School - One Way	# Days Per Week	Current Odometer	Usage? B/P	Rating Territory	Rated Driver	Points	ISO OTC Symbol	ISO Coll Symbol	DISCOUNTS/CREDITS	SURCHARGES
1.	12000	24	5		Pleasure	23	1	0	7	7	Experience Driver Discount	

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

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

Auto	Description of Damage	Repair Estimate

Insured: ALFONSO PINTADO-TACURI	Customer Number: 81371440	Policy Number: 3503187050
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COVERAGES AND LIMITS OF LIABILITY			COVERAGES PROVIDED WHEN PREMIUM INDICATED						
COVERAGES			PREMIUM						
LIABILITY	BODILY INJURY		AUTO 1	AUTO 2	AUTO 3	AUTO 4	AUTO 5	AUTO 6	AUTO 7
		25000 EACH PERSON 50000 EACH ACCIDENT	129.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	125.00						
PERSONAL INJURY PROTECTION		EACH PERSON	No Coverage						
UNDERINSURED MOTORISTS	BODILY INJURY	EACH PERSON EACH ACCIDENT	No Coverage						
	PROPERTY DAMAGE	EACH ACCIDENT	No Coverage						
OTHER THAN COLLISION			No Coverage						
COLLISION			No Coverage						
RENTAL REIMBURSEMENT	\$35 per day, \$600 maximum per claim		No Coverage						
TOWING AND LABOR COST	\$75 per disablement, \$300 maximum		No Coverage						
AUTO LOAN/LEASE COVERAGE (NEW CARS ONLY)			No Coverage						
TOTAL PER CAR			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

WASILAP0110

Starr 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)**

09/15/2011 10:00 AM PST

**DATE**

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

# Applicant History

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

## Applicant

## Available Tasks

**Applicant:** PINTADO-TACURI, ALFONSO F  
**Phone:** (253) 835-3122  
**Email:**  
**Address:** 2712 S 258TH ST # B  
 KENT WA 98032

Personal Auto

**Note:**

## Quote History

Manage	Applicant	Type	Phone	Producer	Status	Birth Date	Quote Date	Notes
	PINTADO-TACURI, ALFONSO F	Auto	(253) 835-3122	Diaz, Maria	Incomplete		9/15/2011	



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

**WASHINGTON AUTO INSURANCE APPLICATION**

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

Customer Number: 81357640  
Policy Number: 3503181853  
Effective Date & Time: 08/26/2011 09:04 AM PST  
Policy Term / Pay Plan: 6 Months / Direct Monthly  
Down Payment: \$65.80  
Payment Type: Agency Sweep  
Transmit Date & Time: 08/26/2011 09:04 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: TITO TORRES-GUAMAN	Home Phone Number: 253-761-6136 Work Phone Number:
MAILING ADDRESS (IF P.O. Box, Garaging Address Required) 2712 S 258th St # B Kent, WA 98032	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 2712 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.	TITO TOREES-GUAMAN	M	M	Y	SELF		24		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					

WASILAP0110

Starr Indemnity & Liability Company - Program 213

Insured: TITO TORRES-GUAMAN	Customer Number: 81357640	Policy Number: 3503181853
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**ACCIDENTS AND CONVICTIONS WITHIN PAST 36 MONTHS - GIVE COMPLETE INFORMATION ON ALL DRIVERS**

Dr. No.	Incident	Occurrence Date	Description / Outcome

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

Auto	Year	Make and Model	Vehicle Identification Number (VIN)	Value	Purchase Date	New or Used
1.	1990	Honda CIVIC LX	1HGED3558LA024059	0		Used

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

Auto	AI/LH	Additional Insured/Lienholder Name and Address

**ADDITIONAL AUTOMOBILE INFORMATION:**

Auto	Total Annual Mileage	# Miles Driven to Work or School - One Way	# Days Per Week	Current Odometer	Usage? B/P	Rating Territory	Rated Driver	Points	ISO OTC Symbol	ISO Coll Symbol	DISCOUNTS/CREDITS	SURCHARGES
1.	12000	24	5		Pleasure	23	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: TITO TORBES-GUAMAN	Customer Number: 81357640	Policy Number: 3503181853
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COVERAGES AND LIMITS OF LIABILITY			COVERAGES PROVIDED WHEN PREMIUM INDICATED						
COVERAGES			PREMIUM						
LIABILITY			AUTO 1	AUTO 2	AUTO 3	AUTO 4	AUTO 5	AUTO 6	AUTO 7
	BODILY INJURY	25000 EACH PERSON 50000 EACH ACCIDENT	129.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	125.00						
PERSONAL INJURY PROTECTION		EACH PERSON	No Coverage						
UNDERINSURED MOTORISTS	BODILY INJURY	EACH PERSON EACH ACCIDENT	No Coverage						
	PROPERTY DAMAGE	EACH ACCIDENT	No Coverage						
OTHER THAN COLLISION			No Coverage						
COLLISION			No Coverage						
RENTAL REIMBURSEMENT	\$35 per day, \$600 maximum per claim		No Coverage						
TOWING AND LABOR COST	\$75 per disablement, \$300 maximum		No Coverage						
AUTO LOAN/LEASE COVERAGE (NEW CARS ONLY)			No Coverage						
TOTAL PER CAR			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: TITO TOREES-GUAMAN	Customer Number: 81357640	Policy Number: 3503181853
-----------------------------	---------------------------	---------------------------

APPLICANT QUESTIONNAIRE

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

EXPLANATIONS:

PRODUCER QUESTIONNAIRE

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

APPLICANT'S STATEMENT - READ BEFORE SIGNING

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

08/26/2011 09:04 AM PST

APPLICANT'S SIGNATURE (MUST BE SIGNED)

DATE

**PRODUCER'S STATEMENT**

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

X

PRODUCER'S SIGNATURE (MUST BE SIGNED)

08/26/2011 09:04 AM PST

DATE

WASLAP 0110

Starr Indemnity & Liability Company - Program 213



March 19, 2012

Company: Meritplan Insurance Company

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

Type Of Policy: Regular

Quoted For: ERNESTO GOMEZ-REND

Policy Eff Date: 03/18/09

Producer: RAINWATER INS-MARIA (NB)

Insured's Phone: (916) 488-8543

<u>Veh</u>	<u>Yr</u>	<u>Make</u>	<u>Model</u>	<u>Terr</u>	<u>Sym</u>	<u>Pt</u>	<u>Tow</u>	<u>Rental</u>	<u>Add On</u>	<u>Class</u>	<u>Drvr</u>
1	02	DODGE	CARAV	23	8	0	No	None	None	MM34	1:EG

<u>Coverages</u>	<u>Limits</u>	<u>Veh. 1</u>
Bodily Injury	25/50	292.00
Property Damage	25	Incl
UM BI	None	
UM PD	None	
PIP	None	
Medical	None	
Comprehensive	None	
Collision	None	
Towing		None
Rental Reimb		None
Add On Equip		None
Car Loan/Lease Pro:		None
Lienholder Ded		None
<b>Subtotal</b>		<b>292.00</b>
<b>Policy Fee</b>		<b>15.00</b>
<b>Total</b>		<b>\$ 307.00</b>

Payment Plan: 6 Month 6-Pay-20

20% down: 73.40

Five installments (30 day intervals): 56.72

Installments include \$10.00 installment fee. Payments for this plan total \$357.00.

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



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

**WASHINGTON AUTO INSURANCE APPLICATION**

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

Customer Number: 80853377  
Policy Number: 2703182496  
Effective Date & Time: 03/18/2009 01:16 PM PST  
Policy Term / Pay Plan: 6 Months / Direct Monthly  
Down Payment: \$73.40  
Payment Type: EFT  
Transmit Date & Time: 03/18/2009 01:16 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: ERNESTO GOMEZ-RENDON		Home Phone Number: 916-488-8543
		Work Phone Number: 916-488-8543
MAILING ADDRESS (If P.O. Box, Garaging Address Required) 2712 SA 258TH ST # C KENT, WA 98032		
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 2712 S 258TH ST # C 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.	ERNESTO GOMEZ-RENDON	M	M	Y	SELF		18		CA

IF SPOUSE NOT LICENSED, EXPLAIN:

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

**ADDITIONAL DRIVER INFORMATION:**

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

WAMIAP 0407

Washington - Meritplan Insurance Company - Program 206

Insured: ERNESTO GOMEZ-RENDON	Customer Number: 80853377	Policy Number: 2703182496
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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.	2002	Dodge CARAVAN SE	1B4GP25392B634890	0		Used

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

Auto	AI/LH	Additional Insured/Lienholder Name and Address

ADDITIONAL AUTOMOBILE INFORMATION:

Auto	Total Annual Mileage	# Miles Driven to Work or School - One Way	# Days Per Week	Current Odometer	Usage? B/P	Rating Territory	Rated Driver	Points	Symbol	DISCOUNTS/CREDITS	SURCHARGES
1.	7501	15	5		Pleasure	23	1	0	8	Experience Driver Discount	

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

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

Auto	Description of Damage	Repair Estimate

Insured: ERNESTO GOMEZ-RENDON	Customer Number: 80853377	Policy Number: 2703182496
-------------------------------	---------------------------	---------------------------

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	25000 EACH ACCIDENT	140.00						
PERSONAL INJURY PROTECTION		EACH PERSON	No Coverage						
UNDERINSURED MOTORISTS	BODILY INJURY	EACH PERSON EACH ACCIDENT	No Coverage						
	PROPERTY DAMAGE	EACH ACCIDENT	No Coverage						
OTHER THAN COLLISION			No Coverage						
COLLISION			No Coverage						
LIENHOLDER DEDUCTIBLE OPTIONS ARE: \$500 Deductible or \$1,000 Deductible			No Coverage						
RENTAL REIMBURSEMENT	\$35 per day, \$600 maximum per claim		No Coverage						
TOWING AND LABOR COST	\$50 per disablement, \$300 maximum per policy period		No Coverage						
AUTO LOAN/LEASE COVERAGE (NEW CARS ONLY)			No Coverage						
TOTAL PER CAR			292.00						
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						307.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)		
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION	LIENHOLDER
1	2002 Dodge CARAVAN SE	No Coverage	No Coverage	No Coverage

WAMIAP 0407

Washington - Meritplan Insurance Company - Program 206

Insured: ERNESTO GOMEZ-RENDON	Customer Number: 80853377	Policy Number: 2703182496
-------------------------------	---------------------------	---------------------------

APPLICANT QUESTIONNAIRE

- |   |  |   |
|---|--|---|
| 1. Do any vehicles listed have more or less than 4 wheels?  | YES<br>Unacceptable                              | NO<br><input checked="" type="checkbox"/> |
| 2. Are any vehicles listed regularly garaged overnight away from your primary residence?  | Unacceptable                                     | <input checked="" type="checkbox"/>       |
| 3. Are any vehicles listed company owned or not owned by the named insured, taxis, limousines, recreational, motorcycles, mopeds, motor scooters, motorbikes, go-carts or similar vehicles, tow trucks, equipped for plowing, emergency vehicles, leased or rented to others, custom, show or altered, flatbed, stake, or any other truck or any other type of vehicle having a load capacity in excess of 1,500 lbs. -3/4 ton? | Unacceptable                                     | <input checked="" type="checkbox"/>       |
| 4. Are any vehicles used for delivery purposes or for any other commercial purposes? (Examples: pizza or newspaper delivery.)   | Unacceptable                                     | <input checked="" type="checkbox"/>       |
| 5. Are all vehicles listed registered to the Applicant (Named Insured)?   | <input checked="" type="checkbox"/>              | Unacceptable                              |
| 6. Are there any drivers who may operate your vehicle(s) on a REGULAR or any INTERMITTENT basis that have not been listed on this application? This includes all household members. If yes, please explain.   | <input type="checkbox"/> Explain                 | <input checked="" type="checkbox"/>       |
| 7. Are any vehicles listed van conversions, trailers, over 15 years old, rebuilt, salvaged, grey market, antique, classic, historic, limited production, with t-tops, convertible tops, removable hard tops, turbo-charged, actual cash value exceeding \$40,000, optional or special equipment valued over \$2,000? If yes, please list the vehicle number, explain and do not bind Other Than Collision/Collision coverage.   | <input type="checkbox"/> Do Not Bind<br>OTC/COLL | <input checked="" type="checkbox"/>       |
| 8. Are any vehicles used for business purposes? (Examples: sales calls, driving to job site, etc.) If yes, please explain.  | <input type="checkbox"/> Explain                 | <input checked="" type="checkbox"/>       |

EXPLANATIONS:

PRODUCER QUESTIONNAIRE

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

APPLICANT'S STATEMENT - READ BEFORE SIGNING

I hereby apply to the Company for a policy of insurance, as set forth in this application, on the basis of the statements contained herein. I agree that if I intentionally conceal or misrepresent a material fact or circumstance relating to the insurance, the policy shall be null and void. I understand that any existing damage to my car at the time of application will not be covered by this insurance. I understand the Company may order consumer reports that contain personal or privileged information about the character, general reputation, personal characteristics, driving record, loss history and mode of living of the applicant(s). Upon written request to the Company, additional information as to the nature and scope of the report, if one is ordered, will be provided. I agree that the Insurance Company may correct my premium if rated incorrectly or if information obtained from additional sources, including Motor Vehicle Reports, changes factors which affect the premium. I agree and understand that if the correct premium is not paid, my policy will be cancelled for non-payment of premium, based on the correct premium developed. I further agree and understand that if my check for the down-payment or full payment is returned by the bank unpaid for any reason, coverage will be null and void from inception. I certify that all persons age 15 or older who are members of my household and all additional operators of my vehicle(s) have been listed in the application. I have disclosed all business or commercial use of my vehicle(s) in the application. I have disclosed all business and commercial use of my vehicle(s) in the application. I understand that a non-refundable Installment Billing Fee of \$10.00 will be charged for each installment bill. I understand that if I do not pay my premium on time, a lapse in coverage will exist and a non-refundable fee of \$12.00 will be charged to reinstate my policy. I understand that if my payment is returned by the financial institution for any reason, an \$18.00 non-refundable NSF fee will be charged. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

X \_\_\_\_\_  
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

03/18/2009 01:16 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)

03/18/2009 01:16 PM PST

DATE

WAMIAP 0407

Washington - Meritplan Insurance Company - Program 206

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

**WASHINGTON AUTO INSURANCE APPLICATION**

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

Customer Number: 80853383  
Policy Number: 2703182497  
Effective Date & Time: 03/18/2009 01:26 PM PST  
Policy Term / Pay Plan: 6 Months / Direct Monthly  
Down Payment: \$73.40  
Payment Type: BFT  
Transmit Date & Time: 03/18/2009 01:26 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: ERNESTO GOMEZ-RENDON		Home Phone Number: 916-488-8543
		Work Phone Number: 916-488-8543
MAILING ADDRESS (If P.O. Box, Garaging Address Required) 2712 S 258TH ST # C KENT, WA 98032		
GARAGING ADDRESS (If DIFFERENT THAN MAILING) 2712 S 258TH ST # C 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.	ERNESTO GOMEZ-RENDON	M	M	Y	SELF		18		CA

IF SPOUSE NOT LICENSED, EXPLAIN:

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

**ADDITIONAL DRIVER INFORMATION:**

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

WAMIAP 0407

Washington - Meritplan Insurance Company - Program 206

Insured: ERNESTO GOMEZ-RENDON	Customer Number: 80853383	Policy Number: 2703182497
-------------------------------	---------------------------	---------------------------

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.	2002	Dodge CARAVAN SE	1B4GP25392B634890	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	AJ/LH	Additional Insured/Lienholder Name and Address

ADDITIONAL AUTOMOBILE INFORMATION:

Auto	Total Annual Mileage	# Miles Driven to Work or School - One Way	# Days Per Week	Current Odometer	Usage? B/P	Rating Territory	Rated Driver	Points	Symbol	DISCOUNTS/CREDITS	SURCHARGES
1.	7501	15	5		Pleasure	23	1	0	8	Experience Driver Discount	

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

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

Auto	Description of Damage	Repair Estimate

WAMIAP 0407

Washington - Meritplan Insurance Company - Program 206

Insured: ERNESTO GOMEZ-RENDON	Customer Number: 80853383	Policy Number: 2703182497
-------------------------------	---------------------------	---------------------------

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	25000 EACH ACCIDENT	140.00						
PERSONAL INJURY PROTECTION		BACH PERSON	No Coverage						
UNDERINSURED MOTORISTS	BODILY INJURY	BACH PERSON EACH ACCIDENT	No Coverage						
	PROPERTY DAMAGE	EACH ACCIDENT	No Coverage						
OTHER THAN COLLISION			No Coverage						
COLLISION			No Coverage						
LIENHOLDER DEDUCTIBLE OPTIONS ARE: \$500 Deductible or \$1,000 Deductible			No Coverage						
RENTAL REIMBURSEMENT	\$35 per day, \$600 maximum per claim		No Coverage						
TOWING AND LABOR COST	\$50 per disablement, \$300 maximum per policy period		No Coverage						
AUTO LOAN/LEASE COVERAGE (NEW CARS ONLY)			No Coverage						
TOTAL PER CAR			292.00						
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						307.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)		
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION	LIENHOLDER
1	2002 Dodge CARAVAN SE	No Coverage	No Coverage	No Coverage

WAMIAP 0407

Washington - Meritplan Insurance Company - Program 206

Insured: ERNESTO GOMEZ-RENDON	Customer Number: 80853383	Policy Number: 2703182497
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APPLICANT QUESTIONNAIRE

- |   |  |   |
|---|--|---|
| 1. Do any vehicles listed have more or less than 4 wheels?  | YES<br>Unacceptable                              | NO<br><input checked="" type="checkbox"/> |
| 2. Are any vehicles listed regularly garaged overnight away from your primary residence?  | Unacceptable                                     | <input checked="" type="checkbox"/>       |
| 3. Are any vehicles listed company owned or not owned by the named insured, taxis, limousines, recreational, motorcycles, mopeds, motor scooters, motorbikes, go-carts or similar vehicles, tow trucks, equipped for plowing, emergency vehicles, leased or rented to others, custom, show or altered, flatbed, stake, or any other truck or any other type of vehicle having a load capacity in excess of 1,500 lbs. -3/4 ton? | Unacceptable                                     | <input checked="" type="checkbox"/>       |
| 4. Are any vehicles used for delivery purposes or for any other commercial purposes? (Examples: pizza or newspaper delivery.)   | Unacceptable                                     | <input checked="" type="checkbox"/>       |
| 5. Are all vehicles listed registered to the Applicant (Named Insured)?   | <input checked="" type="checkbox"/>              | Unacceptable                              |
| 6. Are there any drivers who may operate your vehicle(s) on a REGULAR or any INFREQUENT basis that have not been listed on this application? This includes all household members. If yes, please explain.   | <input type="checkbox"/> Explain                 | <input checked="" type="checkbox"/>       |
| 7. Are any vehicles listed van conversions, trailers, over 15 years old, rebuilt, salvaged, grey market, antique, classic, historic, limited production, with t-tops, convertible tops, removable hard tops, turbo-charged, actual cash value exceeding \$40,000, optional or special equipment valued over \$2,000? If yes, please list the vehicle number, explain and do not bind Other Than Collision/Collision coverage.   | <input type="checkbox"/> Do Not Bind<br>OTC/COLL | <input checked="" type="checkbox"/>       |
| 8. Are any vehicles used for business purposes? (Examples: sales calls, driving to job site, etc.) If yes, please explain.  | <input type="checkbox"/> Explain                 | <input checked="" type="checkbox"/>       |

EXPLANATIONS:

PRODUCER QUESTIONNAIRE

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

APPLICANT'S STATEMENT - READ BEFORE SIGNING

I hereby apply to the Company for a policy of insurance, as set forth in this application, on the basis of the statements contained herein. I agree that if I intentionally conceal or misrepresent a material fact or circumstance relating to the insurance, the policy shall be null and void. I understand that any existing damage to my car at the time of application will not be covered by this insurance. I understand the Company may order consumer reports that contain personal or privileged information about the character, general reputation, personal characteristics, driving record, loss history and mode of living of the applicant(s). Upon written request to the Company, additional information as to the nature and scope of the report, if one is ordered, will be provided. I agree that the Insurance Company may correct my premium if rated incorrectly or if information obtained from additional sources, including Motor Vehicle Reports, changes factors which affect the premium. I agree and understand that if the correct premium is not paid, my policy will be cancelled for non-payment of premium, based on the correct premium developed. I further agree and understand that if my check for the down-payment or full payment is returned by the bank unpaid for any reason, coverage will be null and void from inception. I certify that all persons age 15 or older who are members of my household and all additional operators of my vehicle(s) have been listed in the application. I have disclosed all business or commercial use of my vehicle(s) in the application. I have disclosed all business and commercial use of my vehicle(s) in the application. I understand that a non-refundable Installment Billing Fee of \$10.00 will be charged for each installment bill. I understand that if I do not pay my premium on time, a lapse in coverage will exist and a non-refundable fee of \$12.00 will be charged to reinstate my policy. I understand that if my payment is returned by the financial institution for any reason, an \$18.00 non-refundable NSF fee will be charged.

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

X \_\_\_\_\_ 03/18/2009 01:26 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)

03/18/2009 01:26 PM PST

DATE



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

**WASHINGTON AUTO INSURANCE APPLICATION**

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

Customer Number: 81332335  
Policy Number: 3503170829  
Effective Date & Time: 07/20/2011 02:54 PM PST  
Policy Term / Pay Plan: 6 Months / Direct Monthly  
Down Payment: \$108.20  
Payment Type: Agency Sweep  
Transmit Date & Time: 07/20/2011 02:54 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: ANUAR GIRALDO-MORERA	Home Phone Number: 253-761-6138 Work Phone Number:
MAILING ADDRESS (If P.O. Box, Garaging Address Required) 2712 S 258TH ST # D KENT, WA 98032	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 2712 S 258TH ST # D KENT, WA 98032	

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

Dr. No.	Full Name Of All Drivers (As Listed on License)	Sex M/F	M-Married S-Single	Living with Spouse?	Relationship To Applicant	Date of Birth	# Years Licensed	Drivers License Number	State
1.	ANUAR GIRALDO-MORERA	M	M	Y	SELF		5		FL

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: ANUAR GIRALDO-MORERA	Customer Number: 81332335	Policy Number: 3503170829
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**ACCIDENTS AND CONVICTIONS WITHIN PAST 36 MONTHS - GIVE COMPLETE INFORMATION ON ALL DRIVERS**

Dr. No.	Incident	Occurrence Date	Description / Outcome

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

Auto	Year	Make and Model	Vehicle Identification Number (VIN)	Value	Purchase Date	New or Used
1.	1992	Mitsubishi DIAMANTE	JA3XC47S2NY043640	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                                  |
| 2. Does inspection reveal any existing damage?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

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

Auto	Description of Damage	Repair Estimate

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: ANUAR GIRALDO-MORERA	Customer Number: 81332335	Policy Number: 3503170829
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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	248.00						
	PROPERTY DAMAGE	10000 EACH ACCIDENT	218.00						
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			466.00						
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						481.00

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

WASILAP0110

Starr Indemnity & Liability Company - Program 213

Insured: ANUAR GIRALDO-MORERA	Customer Number: 81332335	Policy Number: 3503170829
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APPLICANT QUESTIONNAIRE

- |  |   |                                     |
|--|---|-------------------------------------|
| 1. Are any vehicles listed regularly garaged overnight away from your primary residence?   | YES   | NO                                  |
|  | 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, 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"/> |

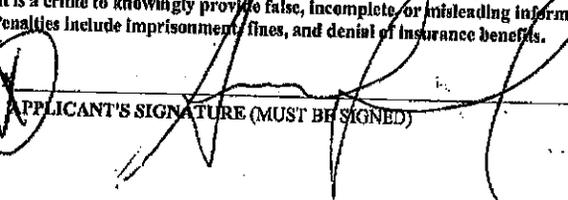
EXPLANATIONS:

PRODUCER QUESTIONNAIRE

- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
| 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 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 \$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.

 \_\_\_\_\_

APPLICANT'S SIGNATURE (MUST BE SIGNED) 07/20/2011 02:54 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)

07/20/2011 02:54 PM PST

DATE

WASILAP0110

Star Indemnity & Liability Company - Program 213



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

**WASHINGTON AUTO INSURANCE APPLICATION**

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

Customer Number: 81098760  
 Policy Number: 3503061233  
 Effective Date & Time: 07/31/2010 01:00 PM PST  
 Policy Term / Pay Plan: 6 Months / Paid In Full  
 Down Payment: \$338.00  
 Payment Type: Visa  
 Transmit Date & Time: 07/31/2010 01:25 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 DE JESUS REYES	Home Phone Number: 253-334-0475 Work Phone Number: 253-334-0475
MAILING ADDRESS (If P.O. Box, Garaging Address Required) 2712 S 258th St # D KENT, WA 98032	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 2712 S 258th St # D KENT, WA 98032	

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

Dr. No.	Full Name Of All Drivers (As Listed on License)	Sex M/F	M-Married S-Single	Living with Spouse?	Relationship To Applicant	Date of Birth	# Years Licensed	Drivers License Number	State
1.	JOSE DE JESUS REYES	M	M	Y	SELF		28		WA
2.	ROSALBA ALVAREZ	F	M	Y	Spouse		24		WA

**IF SPOUSE NOT LICENSED, EXPLAIN:**

**PR 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					
2.	Homemaker					

Insured: JOSR DE JESUS REYES	Customer Number: 81098760	Policy Number: 3503061233
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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.	1994	GMC SIERRA 1500	2GTFK19K7R1506534	0		Used
2.	1992	Mercury SABLE GS	1MELM50U0NG634956	0		Used

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

Auto	A/LH	Additional Insured/Lienholder Name and Address

**ADDITIONAL AUTOMOBILE INFORMATION:**

Auto	Total Annual Mileage	# Miles Driven to Work or School - One Way	# Days Per Week	Current Odometer	Usage? B/P	Rating Territory	Rated Driver	Points	Symbol	DISCOUNTS/CREDITS	SURCHARGES
1.	12000	24	5		Pleasure	23	2	0	11	Experience Driver Discount Multi-Car Discount	4 Wheel Drive Surcharge
2.	12000	24	5		Pleasure	23	1	0	4	Experience Driver Discount Multi-Car 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: JOSE DE JESUS REYES	Customer Number: 81098760	Policy Number: 3503061233
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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	86.00	78.00					
	PROPERTY DAMAGE	25000 EACH ACCIDENT	85.00	74.00					
PERSONAL INJURY PROTECTION		EACH PERSON	No Coverage	No Coverage					
UNDERINSURED MOTORISTS	BODILY INJURY	EACH PERSON EACH ACCIDENT	No Coverage	No Coverage					
	PROPERTY DAMAGE	EACH ACCIDENT	No Coverage	No Coverage					
OTHER THAN COLLISION			No Coverage	No Coverage					
COLLISION			No Coverage	No Coverage					
RENTAL REIMBURSEMENT	\$35 per day, \$600 maximum per claim		No Coverage	No Coverage					
TOWING AND LABOR COST	\$75 per disablement, \$300 maximum		No Coverage	No Coverage					
AUTO LOAN/LEASE COVERAGE (NEW CARS ONLY)			No Coverage	No Coverage					
TOTAL PER CAR			171.00	152.00					
			FINANCIAL RESPONSIBILITY FILING FEE(S)						0.00
			NEW BUSINESS POLICY FEE						15.00
			TOTAL POLICY PREMIUM						338.00

VEHICLES WITH PHYSICAL DAMAGE COVERAGES		DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL	OTHER THAN COLLISION	COLLISION
1	1994 GMC SIERRA 1500	No Coverage	No Coverage
2	1992 Mercury SABLE GS	No Coverage	No Coverage

WASLAF 0110

Starr Indemnity & Liability Company - Program 213

Insured: JOSE DE JESUS REYES	Customer Number: 81098760	Policy Number: 3503061233
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APPLICANT QUESTIONNAIRE

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

EXPLANATIONS:

PRODUCER QUESTIONNAIRE

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

APPLICANT'S STATEMENT - READ BEFORE SIGNING

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

  
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

07/31/2010 01:00 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)

07/31/2010 01:00 PM PST  
DATE

WASILAP 0110

Starr Indemnity & Liability Company - Program 213



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

**WASHINGTON AUTO INSURANCE APPLICATION**

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

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

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

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

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

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

IF SPOUSE NOT LICENSED, EXPLAIN:

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

**ADDITIONAL DRIVER INFORMATION:**

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

WASLAP 0110

Starr Indemnity & Liability Company - Program 213

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

Dr. No.	Incident	Occurrence Date	Description / Outcome

AUTOMOBILE INFORMATION: DESCRIPTION OF THE AUTOMOBILES TO BE INSURED

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

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

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

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

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

**PRODUCER'S STATEMENT**

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

X

PRODUCER'S SIGNATURE (MUST BE SIGNED)

01/24/2011 10:17 AM PST

DATE

WAS01.AP 0110

Starr Indemnity & Liability Company - Program 213

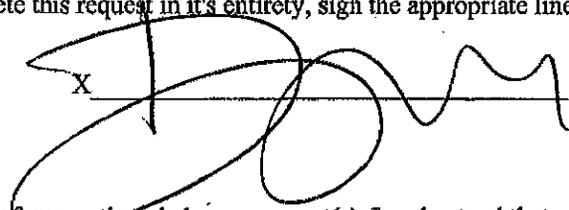
Policy Change Request Confirmation - 1077026	
Line of Business: AUTO	Change Effective Date: 12/03/2011 02:04 PM PST
Program Code: 0213	Current Policy Status: ACTIVE
Policy/Customer #: 3503107766	Source System: WPC
Insured Name: NERY R GUZMAN GUERRA	
Company: STARR INDEMNITY & LIABILITY COMPANY / 0213	

Producer Information:	
Name: RAINWATER INSURANCE, INC.	Transmit Date: 12/03/2011 02:04 PM PST
Code: 223021	Mailing Address: 32700 PACIFIC HWY S., STE. 7 FEDERAL WAY, WA 98003
Submitted by: RAINWATER	
Phone: (253)839-5500	

Change 1 of 1 - Change Mailing/Garaging Address	
WHICH ADDRESS:	ADDRESS CHANGE
HOME PHONE:	253-802-1782
STREET ADDRESS:	2651 SW 332ND CT
CITY:	FEDERAL WAY
STATE:	WA
ZIPCODE:	98023

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

Producer  
Signature

X  Date 12/3/11 Time 2:14 am/pm

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

Insured Signature

X \_\_\_\_\_ Date 12/3/11 Time 2:14 am/pm

**Policy Change Request Confirmation - 1029522**

Line of Business: AUTO Change Effective Date: 07/08/2011 03:03 PM PST  
 Program Code: 0213 Current Policy Status: ACTIVE  
 Policy/Customer #: 3503107766 Source System: WPC  
 Insured Name: NERY R. GUZMAN GUERRA  
 Company: STARR INDEMNITY & LIABILITY COMPANY / 0213

**Producer Information:**

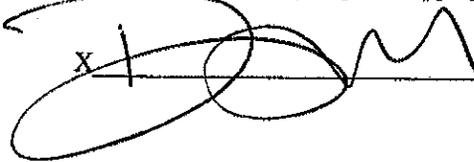
Name: RAINWATER INSURANCE, INC. Transmit Date: 07/08/2011 03:03 PM PST  
 Code: 223021 Mailing Address: 32700 PACIFIC HWY S., STE. 7 FEDERAL WAY, WA 98003  
 Submitted by: RAINWATER  
 Phone: (253)839-5500

**Change 1 of 1 - Change Mailing/Garaging Address**

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

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

Producer Signature

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

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

Insured Signature

X \_\_\_\_\_ Date 7/8/11 Time 3:05 am/pm (P)



**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.**

*Paolo'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	SELF		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					

WASLAP0110

Starr Indemnity & Liability Company - Program 213

Insured: ALFONSO 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 XB/GXE/GLE/SE	IN4BU31U3PC204727	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	

- |   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
|   | <b>YES</b>                          | <b>NO</b>                           |
| 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

WASILAF 0110

Starr Indemnity & Liability Company - Program 213

Insured: ALFONSO CRIOLLO	Customer Number: 81355564	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, \$500 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 XE/GXE/GLB/SE		No Coverage	No Coverage

WASILAP 0110

Star Indemnity & Liability Company - Program 213

Insured: ALFONSO CRIOLLO	Customer Number: 81353364	Policy Number: 5503181108
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**APPLICANT QUESTIONNAIRE**

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

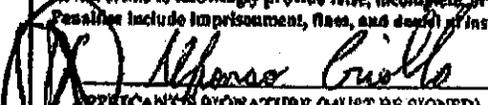
**EXPLANATIONS:**

**PRODUCER QUESTIONNAIRE**

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

**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 17 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.

  
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

01/23/2011 01:03 PM EST  
 DATE

WAB1AP010

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



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

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

Agency Code: 4705137  
 Sub Code:

**Premium, Coverage and Fee Information**

**Type:** Limited Liability      **Term:** 6 Months

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

	Limits	Vehicle #1	Deductible	Vehicle #2	Deductible	Vehicle #3	Deductible	Vehicle #4	Deductible
Rated Driver		1							
Bodily Injury-Property Damage	25/50/25	\$494.77							
UIM-BI	Reject								
UIM-PD	Reject								
Medical Payments									
Personal Injury Protection	Reject								
Comprehensive									
Car Loan Protection	N/A								
Collision									
Lienholder Deductible									
Rental Reimbursement	N/A								
Towing & Labor	N/A								
Special Equipment	N/A								
<b>Total by Vehicle:</b>		\$494.77							
<b>Premium Subtotals:</b>		\$494.77							
<b>Policy Fee:</b>	\$8.00		<b>Electronic Funds Transfer (EFT): N</b>						
<b>Total Policy Premium:</b>	\$502.77		<b>Discount(s):</b>						
<b>Total Amount Submitted:</b>	\$90.43		<b>Surcharge(s): Foreign Operator</b>						
	<b>5 Installments @ \$90.47</b>								

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

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

**Vehicle Information**

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

**Driver Information**

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

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

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

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

**Existing Damage**

Vehicle #1: N

**Applicant Confirmation**

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

**Applicant and Agent Signatures**

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

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

\* marcos Lopez  
 Signature of Applicant

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

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

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

\* [Signature]  
 Signature of Agent



EM

Rainwater Insurance - Payment Receipt

32700 Pacific Hwy South

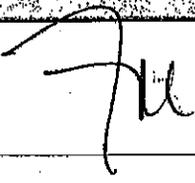
Federal Way WA 98003 (253) 839-5500

Receipt Number:	8658	Payment Date:	3/26/2011 3:04:38 PM
First Name:	Adrian	Payment Type:	Cash
Last Name:	Perez Enriquez	Check Number:	
Policy Number	3503133776	Your Company:	<u>Arrowhead</u>
		Your Agent Today:	Frank Murillo

Payment for:	Amount:
Down Payment	\$163.00
	\$0.00
Policy Fee	\$30.00
	\$0.00
	\$193.00

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

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



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

Printed: 3/26/2011 3:05:42 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: 81254256  
 Policy Number: 3503133776  
 Effective Date & Time: 03/26/2011 03:00 PM PST  
 Policy Term / Pay Plan: 6 Months / Direct Monthly  
 Down Payment: \$163.00  
 Payment Type: Agency Sweep  
 Transmit Date & Time: 03/26/2011 03:28 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: ADRIAN PEREZ ENRIQUEZ	Home Phone Number: 253-946-0734 Work Phone Number:
MAILING ADDRESS (If P.O. Box, Garaging Address Required) 2718 S 258TH ST.,C Kent, WA 98032	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 2718 S 258TH ST.,C 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.	ADRIAN PEREZ ENRIQUEZ	M	M	Y	SELF		9		WA
2.	SANDRA ALVAREZ ORTEGA	F	M	Y	Spouse		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.	Unemployed					
2.	Homemaker					

Insured: ADRIAN PEREZ ENRIQUEZ	Customer Number: 81254256	Policy Number: 3503133776
--------------------------------	---------------------------	---------------------------

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

Dr. No.	Incident	Occurrence Date	Description / Outcome

AUTOMOBILE INFORMATION: DESCRIPTION OF THE AUTOMOBILES TO BE INSURED

Auto	Year	Make and Model	Vehicle Identification Number (VIN)	Value	Purchase Date	New or Used
1.	2001	Ford EXPLORER SPORT TRAC	1FMZU77E11UB3224	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.	10000	20	5		Pleasure	23	1	0	12	12	Experience Driver Discount	Sport Utility Surcharge

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

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

Auto	Description of Damage	Repair Estimate

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Starr Indemnity & Liability Company - Program 213

Insured: ADRIAN PEREZ ENRIQUEZ	Customer Number: 81254256	Policy Number: 3503133776
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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	178.00						
	PROPERTY DAMAGE	25000 EACH ACCIDENT	175.00						
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			87.00						
COLLISION			296.00						
RENTAL REIMBURSEMENT	\$35 per day, \$600 maximum per claim		No Coverage						
TOWING AND LABOR COST	\$75 per disablement, \$300 maximum		No Coverage						
AUTO LOAN/LEASE COVERAGE (NEW CARS ONLY)			No Coverage						
<b>TOTAL PER CAR</b>			<b>736.00</b>						
			<b>FINANCIAL RESPONSIBILITY FILING FEE(S)</b>						<b>0.00</b>
			<b>NEW BUSINESS POLICY FEE</b>						<b>15.00</b>
			<b>TOTAL POLICY PREMIUM</b>						<b>751.00</b>

VEHICLES WITH PHYSICAL DAMAGE COVERAGES			DEDUCTIBLE(S)	
AUTO	YEAR, MAKE MODEL		OTHER THAN COLLISION	COLLISION
1	2001 Ford EXPLORER SPORT TRAC		500	500

WASILAP 0110

Starr Indemnity & Liability Company - Program 213

Insured: ADRIAN PEREZ ENRIQUEZ	Customer Number: 81254256	Policy Number: 3503133776
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APPLICANT QUESTIONNAIRE

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

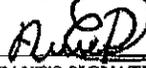
EXPLANATIONS:

PRODUCER QUESTIONNAIRE

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

APPLICANT'S STATEMENT - READ BEFORE SIGNING

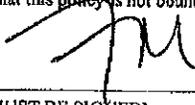
I hereby apply to the Company for a policy of insurance, as set forth in this application, on the basis of the statements contained herein. I agree that if I intentionally conceal or misrepresent a material fact or circumstance relating to the insurance, the policy shall be null and void. I understand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

  
 APPLICANT'S SIGNATURE (MUST BE SIGNED)

01/26/2011 03:00 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)

03/26/2011 03:00 PM PST

DATE

WASILAP 0110

Starr Indemnity & Liability Company - Program 213



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

**WASHINGTON AUTO INSURANCE APPLICATION**

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

Customer Number: 81292256  
Policy Number: 3503152034  
Effective Date & Time: 05/21/2011 11:55 AM PST  
Policy Term / Pay Plan: 6 Months / Direct Monthly  
Down Payment: \$59.40  
Payment Type: Agency Sweep  
Transmit Date & Time: 05/21/2011 11:55 AM PST  
Bridged / Re-Rated: MULTICO / Y

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

NAMED INSURED: GREGORIO TORRES	Home Phone Number: 253-653-1282 Work Phone Number:
MAILING ADDRESS (If P.O. Box, Garaging Address Required) 2718 S 258TH ST # D KENT, WA 98032	
GARAGING ADDRESS (IF DIFFERENT THAN MAILING) 2718 S 258TH ST # D KENT, WA 98032	

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

Dr. No.	Full Name Of All Drivers (As Listed on License)	Sex M/F	M-Married S-Single	Living with Spouse?	Relationship To Applicant	Date of Birth	# Years Licensed	Drivers License Number	State
1.	GREGORIO TORRES	M	M	Y	SELF		30		WA

IF SPOUSE NOT LICENSED, EXPLAIN:

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

**ADDITIONAL DRIVER INFORMATION:**

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

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Starr Indemnity & Liability Company - Program 213