

SECTION 5a: Arrowhead Exchange Pre-Print Application before Binding — Property

This is where the user will see the **Pre-Print/View Application** feature. This will allow the user to View/Print the application without having to transmit it to the company. The only items they will not see on the application at this point are: Policy Number, Customer Number, Effective Date, Pay Plan or Type and the Evidence of Insurance.

The screenshot displays the Arrowhead Exchange web application interface. At the top left is the Arrowhead Exchange logo. To the right of the logo is a navigation bar with links: < Menu | News & Updates | Help | Agency Setup | Log Out >. Below this is a secondary navigation bar with links: Client Summary | Add a Note | View Notes | Add'l Quote. The main content area features a table with tabs: Policy, Underwriting, Rating, and Payment Confirmation. The Payment Confirmation tab is active, showing a form titled 'Payment Information' with the question 'What payment type would they like?' and a dropdown menu set to 'Mortgagee'. Below the form are three buttons: 'Modify Quote', '<< Back', and 'Purchase Policy'. A fourth button, 'Pre-Print/View Application', is located below these and is circled in red. A red arrow points from the text above to this button. On the left side of the interface is a vertical navigation menu with the following items: Get a Quote (New or Modify), View Policy Info., Make a Policy Change, Document Center, Personal Home, Tools & Svcs, Appointments, and Continuing Ed.

SECTION 5b: Arrowhead Exchange Prebind Print Forms — Property

ARROWHEAD® GENERAL INSURANCE AGENCY, INC.

CALIFORNIA Homeowners APPLICATION

INSURER'S NAME: CNIC - Elite
 PRODUCER CODE: 000000
 PHONE NUMBER: (337)669-1889
 PRODUCER LICENSE: 1234567
 PRODUCER NAME: Arrowhead General Insurance Agency

Customer Number:
 Policy Number:
 Effective Date:
 Pay Plan:
 Payment type:

APPLICANT INFORMATION	
Applicant(s) Name, Mailing Address and Phone Number:	Previous Address (If less than 5 years)
Test Test 1234 Main St San Diego CA 92104 555-555-5555	

	Occupation	Employer	Years Employed	Date of Birth	Social Security Number
Applicant	Admin/Mngmnt	Arrowhead	0	01/01/1971	123-45-6789
Co-applicant					

Location to be Covered	Previous Carrier Policy Number:
1234 Main St San Diego CA 92104	

LIMITS Homeowner 3 Form H115 (4/91)		
SECTION I COVERAGES - PROPERTY DAMAGE	LIMITS	PREMIUM
COVERAGE A - Dwelling	\$208400	\$442.00
COVERAGE B - Other structures	\$20840	Incl
COVERAGE C - Unscheduled Personal Property	\$104200	Incl
COVERAGE D - Loss of Use	\$41680	Incl
DEDUCTIBLE	\$500	\$-48.00
SECTION II COVERAGES - LIABILITY	COVERAGE	PREMIUM
COVERAGE E - Personal Liability	\$100000	Incl
COVERAGE F - Medical Payments to Others	\$1000	Incl
OPTIONAL COVERAGES	LIMITS	PREMIUM
Personal Property Replacement Cost	Y	\$53.00
	Policy Fee	\$40.00
	Broker Fee	\$
	Total Premium	\$487.00

MORTGAGEE(S)	
First Mortgagee	Second Mortgagee

RATING INFORMATION								
Protection Class 1	Territory 38	Families 1	Year Built 1999	Units N/A	Date Purchased 01/01/1999	Distance to Hydrant 1,000 feet or closer	Distance to Fire Dept Under 5 miles	Construction Frame
Occupancy Owner Occupied	Burglar Alarm	Dead Bolts	Fire Alarm	Fire Extinguisher	Sprinklers	Surcharges None	Credits New Home Discount	

UNDERWRITING INFORMATION - All Losses last 5 Years:	
Number of Losses	0

Two nearest cross streets	
Number of months continuously insured	0 months

APPLICANT QUESTIONNAIRE

	YES	NO
Is any business conducted on the premises (including day/child care, incidental offices or low traffic)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have a dog?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have any exotic pets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is a swimming pool located on the premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is a trampoline located on the premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have any farm animals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there a public hydrant within 1,000 feet of the dwelling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:	
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INSURANCE INFORMATION PRACTICES
(California Insurance Code 791.04)

Your Privacy and Its Protection:

In order to protect your privacy, we want you to be aware of the following:

1. Personal information may be collected from persons other than you or individuals proposed for coverage. For example, we may obtain a record of accident involvements and convictions of traffic violations from your state motor vehicle department.
2. If an investigative consumer report is ordered in connection with your insurance transaction, you will be given an opportunity to be interviewed in connection with it. You also have the right to obtain a copy of the report by contacting the reporting insurance support organization.
3. You have the right of access and correction with respect all personal information collected which is contained in our files.
4. Personal information and other privileged information collected by us or our agents may be in certain circumstances disclosed to certain parties without your authorization, as permitted or required by law. For example, information about you may be exchanged with your claim adjusters who become involved in the settlement of a claim.

We are concerned about the protection of your privacy. A more detailed description of our information practices and your right to privacy is available at your request.

X

Applicant's Signature

(FOR COMPANY USE ONLY)

- Order Clue _____ Date
- Order Credit _____ Date
- Order Insp. _____ Date

Date

- _____ Underwriter Approval
- _____ Entry Clerk

REPLACEMENT COST CALCULATION SUMMARY

ARROWHEAD® GENERAL INSURANCE AGENCY, INC.

Insured's Name: Test Test
Property Address:
 1234 Main St
 San Diego , CA 92104
Mailing Address:

Policy Number:
Requested Coverage: 200,000
Producer Code: 000000
Agency Name: Arrowhead General Insurance Agency
Cost As Of: 05/13/2003

Cost Estimate

Subtotal:	\$ 198,449.00
Debris Removal:	\$ 9,922.00
Architect's Fee:	\$ 0.00
General Contractors Overhead:	\$ 0.00
General Contractors Profit:	\$ 0.00
Total Insurable Replacement Cost:	\$ 208,400.00

Cost Detail

Category	Labor	Equipment	Material	Total
Sitework	0.00	0.00	0.00	0.00
Foundations	5,971.00	2,904.00	266.00	9,141.00
Slab on Grade	5,662.00	4,742.00	87.00	10,491.00
Framing	19,529.00	14,749.00	0.00	34,278.00
Roofing	5,487.00	4,397.00	0.00	9,884.00
Exterior Walls	12,869.00	14,101.00	0.00	26,970.00
Partitions	8,210.00	5,635.00	0.00	13,845.00
Wall Finishes	11,312.00	10,513.00	0.00	21,825.00
Floor Finishes	7,131.00	9,001.00	162.00	16,294.00
Ceiling Finishes	4,641.00	937.00	0.00	5,578.00
Equipment	1,714.00	15,167.00	0.00	16,881.00
Conveying Systems	0.00	0.00	0.00	0.00
Plumbing Systems	7,087.00	16,215.00	0.00	23,302.00
HVAC Systems	0.00	0.00	0.00	0.00
Electrical Systems	6,097.00	3,863.00	0.00	9,960.00
Attached Structures	0.00	0.00	0.00	0.00
Subtotal	95,710.00	102,224.00	515.00	198,449.00

Property Description

Year Built:	1999
Predominant Style:	1 Story
Number of Stories:	1
Total Living Area:	2500 square feet
Foundation Type:	100% Slab
Exterior Walls:	100% Clapboard
Roofing:	100% Asphalt/Fiberglass Shingles
Attached Structures:	None
Interior:	1 Full-Bath - Custom
HVAC:	None