<!-- index.html -->

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<title>Banking Management System</title>

<link rel="stylesheet" href="style.css">

</head>

<body>

<!-- Header Section -->

<header>

<nav>

<ul>

<li><a href="#about">About Us</a></li>

<li><a href="#contact">Contact Us</a></li>

<li><a href="#terms">Terms and Conditions</a></li>

<li><a href="#security">Security</a></li>

<li><a href="#profile">Profile</a></li>

<li><a href="#login">Login</a></li>

<li><a href="#register">Register</a></li>

</ul>

</nav>

</header>

<!-- Hero Section -->

<section id="hero">

<h1>Welcome to Our Banking Management System</h1>

<p>Manage your finances with ease!</p>

</section>

<!-- Loans Section -->

<section id="loans">

<h2>Types of Loans</h2>

<ul>

<li>Personal Loans</li>

<li>Home Loans</li>

<li>Car Loans</li>

<li>Business Loans</li>

</ul>

<button>Learn More</button>

</section>

<!-- Accounts Section -->

<section id="accounts">

<h2>Types of Accounts</h2>

<ul>

<li>Savings Accounts</li>

<li>Current Accounts</li>

<li>Fixed Deposit Accounts</li>

<li>Recurring Deposit Accounts</li>

</ul>

<button>Learn More</button>

</section>

<!-- Insurance Section -->

<section id="insurance">

<h2>Insurance Options</h2>

<ul>

<li>Life Insurance</li>

<li>Health Insurance</li>

<li>Motor Insurance</li>

<li>Home Insurance</li>

</ul>

<button>Learn More</button>

</section>

<!-- Footer Section -->

<footer>

<p>&copy; 2023 Banking Management System</p>

</footer>

<script src="script.js"></script>

</body>

</html>

----------------------------------------------\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

/\* style.css \*/

body {

font-family: Arial, sans-serif;

margin: 0;

padding: 0;

}

header {

background-color: #333;

color: #fff;

padding: 20px;

text-align: center;

}

nav ul {

list-style: none;

margin: 0;

padding: 0;

display: flex;

justify-content: space-between;

}

nav li {

margin-right: 20px;

}

nav a {

color: #fff;

text-decoration: none;

}

section {

padding: 20px;

}

#hero {

background-image: linear-gradient(to bottom, #333, #666);

color: #fff;

text-align: center;

}

#loans, #accounts, #insurance {

background-color: #f7f7f7;

padding: 40px;

}

button {

background-color: #333;

color: #fff;

padding: 10px 20px;

border: none;

border-radius: 5px;

cursor: pointer;

}

footer {

background-color: #333;

color: #fff;

padding: 10px;

text-align: center;

clear: both;

}

// script.js

const learnMoreButtons = document.querySelectorAll('button');

learnMoreButtons.forEach((button) => {

button.addEventListener('click', () => {

// TO DO: Implement learn more logic here

alert('Learn more logic will be implemented here!');

});

});

// process.php

<?php

if ($\_SERVER["REQUEST\_METHOD"] == "POST") {

// TO DO: Implement login and registration logic here

echo "Login and registration logic will be implemented here!";

}

?>

<!-- index.html -->

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<title>Life Insurance</title>

<link rel="stylesheet" href="style.css">

</head>

<body>

<!-- Header Section -->

<header>

<nav>

<ul>

<li><a href="#home">Home</a></li>

<li><a href="#about">About Us</a></li>

<li><a href="#contact">Contact Us</a></li>

</ul>

</nav>

</header>

<!-- Hero Section -->

<section id="home">

<h1>Get a Life Insurance Quote Today!</h1>

<p>Protect your loved ones with our life insurance policies.</p>

</section>

<!-- Personal Information Section -->

<section id="personal-info">

<h2>Personal Information</h2>

<form>

<label for="full-name">Full Name:</label>

<input type="text" id="full-name" name="full-name" required>

<label for="date-of-birth">Date of Birth:</label>

<input type="date" id="date-of-birth" name="date-of-birth" required>

<label for="gender">Gender:</label>

<select id="gender" name="gender" required>

<option value="">Select</option>

<option value="male">Male</option>

<option value="female">Female</option>

<option value="other">Other</option>

</select>

<label for="address">Address:</label>

<textarea id="address" name="address" required></textarea>

<label for="contact-number">Contact Number:</label>

<input type="tel" id="contact-number" name="contact-number" required>

<label for="email-address">Email Address:</label>

<input type="email" id="email-address" name="email-address" required>

</form>

</section>

<!-- Insurance Details Section -->

<section id="insurance-details">

<h2>Insurance Details</h2>

<form>

<label for="coverage-amount">Coverage Amount:</label>

<input type="number" id="coverage-amount" name="coverage-amount" required>

<label for="policy-term">Policy Term:</label>

<select id="policy-term" name="policy-term" required>

<option value="">Select</option>

<option value="10">10 years</option>

<option value="20">20 years</option>

<option value="30">30 years</option>

</select>

<label for="type-of-policy">Type of Policy:</label>

<select id="type-of-policy" name="type-of-policy" required>

<option value="">Select</option>

<option value="term">Term Life Insurance</option>

<option value="whole-life">Whole Life Insurance</option>

</select>

<label for="beneficiary-name">Beneficiary Name:</label>

<input type="text" id="beneficiary-name" name="beneficiary-name" required>

<label for="beneficiary-relationship">Beneficiary Relationship:</label>

<select id="beneficiary-relationship" name="beneficiary-relationship" required>

<option value="">Select</option>

<option value="spouse">Spouse</option>

<option value="child">Child</option>

<option value="parent">Parent</option>

</select>

</form>

</section>

<!-- Health Information Section -->

<section id="health-info">

<h2>Health Information</h2>

<form>

<label for="medical-history">Medical History:</label>

<textarea id="medical-history" name="medical-history" required></textarea>

<label for="current-health-conditions">Current Health Conditions:</label>

<textarea id="current-health-conditions" name="current-health-conditions" required></textarea>

<label for="lifestyle-habits">Lifestyle Habits:</label>

<select id="lifestyle-habits" name="lifestyle-habits" required>

<option value="">Select</option>

<option value="smoker">Smoker</option>

<option value="non-smoker">Non-Smoker</option>

<option value="alcohol-consumer">Alcohol Consumer</option>

</select>

</form>

</section>

<!-- Financial Information Section -->

<section id="financial-info">

<h2>Financial Information</h2>

<form>

<label for="occupation">Occupation:</label>

<input type="text" id="occupation" name="occupation" required>

<label for="annual-income">Annual Income:</label>

<input type="number" id="annual-income" name="annual-income" required>

<label for="existing-insurance-policies">Existing Insurance Policies:</label>

<textarea id="existing-insurance-policies" name="existing-insurance-policies" required></textarea>

</form>

</section>

<!-- Submit Button -->

<button id="submit-button">Get a Quote</button>

<script src="script.js"></script>

</body>

</html>

/\* style.css \*/

body {

font-family: Arial, sans-serif;

margin: 0;

padding: 0;

}

header {

background-color: #333;

color: #fff;

padding: 20px;

text-align: center;

}

nav ul {

list-style: none;

margin: 0;

padding: 0;

display: flex;

justify-content: space-between;

}

nav li {

margin-right: 20px;

}

nav a {

color: #fff;

text-decoration: none;

}

section {

padding: 20px;

}

#home {

background-image: linear-gradient(to bottom, #333, #666);

color: #fff;

text-align: center;

}

form {

display: flex;

flex-direction: column;

align-items: center;

}

label {

margin-bottom: 10px;

}

input, textarea, select {

padding: 10px;

margin-bottom: 20px;

border: 1px solid #ccc;

}

button {

background-color: #333;

color: #fff;

padding: 10px 20px;

border: none;

border-radius: 5px;

cursor: pointer;

}

button:hover {

background-color: #444;

}

// script.js

const submitButton = document.getElementById('submit-button');

// Function to validate form data

function validateFormData() {

const fullName = document.getElementById('full-name').value;

const dateOfBirth = document.getElementById('date-of-birth').value;

const gender = document.getElementById('gender').value;

const address = document.getElementById('address').value;

const contactNumber = document.getElementById('contact-number').value;

const emailAddress = document.getElementById('email-address').value;

const coverageAmount = document.getElementById('coverage-amount').value;

const policyTerm = document.getElementById('policy-term').value;

const typeOfPolicy = document.getElementById('type-of-policy').value;

const beneficiaryName = document.getElementById('beneficiary-name').value;

const beneficiaryRelationship = document.getElementById('beneficiary-relationship').value;

const medicalHistory = document.getElementById('medical-history').value;

const currentHealthConditions = document.getElementById('current-health-conditions').value;

const lifestyleHabits = document.getElementById('lifestyle-habits').value;

const occupation = document.getElementById('occupation').value;

const annualIncome = document.getElementById('annual-income').value;

const existingInsurancePolicies = document.getElementById('existing-insurance-policies').value;

if (fullName === '' || dateOfBirth === '' || gender === '' || address === '' || contactNumber === '' || emailAddress === '' || coverageAmount === '' || policyTerm === '' || typeOfPolicy === '' || beneficiaryName === '' || beneficiaryRelationship === '' || medicalHistory === '' || currentHealthConditions === '' || lifestyleHabits === '' || occupation === '' || annualIncome === '' || existingInsurancePolicies === '') {

alert('Please fill in all fields');

return false;

}

return true;

}

// Function to calculate premium

function calculatePremium() {

const coverageAmount = document.getElementById('coverage-amount').value;

const policyTerm = document.getElementById('policy-term').value;

const typeOfPolicy = document.getElementById('type-of-policy').value;

const age = calculateAge();

const healthStatus = calculateHealthStatus();

let premium = 0;

if (typeOfPolicy === 'term') {

premium = coverageAmount \* policyTerm \* 0.01;

} else if (typeOfPolicy === 'whole-life') {

premium = coverageAmount \* 0.05;

}

premium \*= age \* healthStatus;

return premium;

}

// Function to calculate age

function calculateAge() {

const dateOfBirth = document.getElementById('date-of-birth').value;

const today = new Date();

const birthDate = new Date(dateOfBirth);

const age = today.getFullYear() - birthDate.getFullYear();

return age;

}

// Function to calculate health status

function calculateHealthStatus() {

const medicalHistory = document.getElementById('medical-history').value;

const currentHealthConditions = document.getElementById('current-health-conditions').value;

const lifestyleHabits = document.getElementById('lifestyle-habits').value;

let healthStatus = 1;

if (medicalHistory !== '' || currentHealthConditions !== '') {

healthStatus \*= 1.5;

}

if (lifestyleHabits === 'smoker') {

healthStatus \*= 2;

}

return healthStatus;

}

// Event listener for submit button

submitButton.addEventListener('click', () => {

if (validateFormData()) {

const premium = calculatePremium();

alert(`Your premium is: $${premium}`);

}

});

// process.php

<?php

if ($\_SERVER["REQUEST\_METHOD"] == "POST") {

$fullName = $\_POST["full-name"];

$dateOfBirth = $\_POST["date-of-birth"];

$gender = $\_POST["gender"];

$address = $\_POST["address"];

$contactNumber = $\_POST["contact-number"];

$emailAddress = $\_POST["email-address"];

$coverageAmount = $\_POST["coverage-amount"];

$policyTerm = $\_POST["policy-term"];

$typeOfPolicy = $\_POST["type-of-policy"];

$beneficiaryName = $\_POST["beneficiary-name"];

$beneficiaryRelationship = $\_POST["beneficiary-relationship"];

$medicalHistory = $\_POST["medical-history"];

$currentHealthConditions = $\_POST["current-health-conditions"];

$lifestyleHabits = $\_POST["lifestyle-habits"];

$occupation = $\_POST["occupation"];

$annualIncome = $\_POST["annual-income"];

$existingInsurancePolicies = $\_POST["existing-insurance-policies"];

// Connect to database

$conn = new mysqli("localhost", "username", "password", "database");

// Check connection

if ($conn ->connect\_error) {

die("Connection failed: " . $conn->connect\_error);

}

// Insert data into database

$sql = "INSERT INTO life\_insurance\_quotes (full\_name, date\_of\_birth, gender, address, contact\_number, email\_address, coverage\_amount, policy\_term, type\_of\_policy, beneficiary\_name, beneficiary\_relationship, medical\_history, current\_health\_conditions, lifestyle\_habits, occupation, annual\_income, existing\_insurance\_policies) VALUES ('$fullName', '$dateOfBirth', '$gender', '$address', '$contactNumber', '$emailAddress', '$coverageAmount', '$policyTerm', '$typeOfPolicy', '$beneficiaryName', '$beneficiaryRelationship', '$medicalHistory', '$currentHealthConditions', '$lifestyleHabits', '$occupation', '$annualIncome', '$existingInsurancePolicies')";

if ($conn->query($sql) === TRUE) {

echo "New record created successfully";

} else {

echo "Error: " . $sql . "<br>" . $conn->error;

}

$conn->close();

}

?>

SELECT

p.person\_id,

p.first\_name,

p.last\_name,

p.date\_of\_birth,

p.gender,

p.address,

p.contact\_number,

p.email\_address,

i.coverage\_amount,

i.policy\_term,

i.type\_of\_policy,

b.beneficiary\_name,

b.beneficiary\_relationship,

h.medical\_history,

h.current\_health\_conditions,

h.lifestyle\_habits,

f.occupation,

f.annual\_income,

f.existing\_insurance\_policies

FROM

persons p

JOIN insurance i ON p.person\_id = i.person\_id

JOIN beneficiaries b ON p.person\_id = b.person\_id

JOIN health h ON p.person\_id = h.person\_id

JOIN financial f ON p.person\_id = f.person\_id

WHERE

p.person\_id = :person\_id;

++++++++++++++++++++++++++++++++++++++++++++++++++++++++++

**Create table**

CREATE TABLE persons (

person\_id NUMBER PRIMARY KEY,

first\_name VARCHAR2(50),

last\_name VARCHAR2(50),

date\_of\_birth DATE,

gender VARCHAR2(10),

address VARCHAR2(100),

contact\_number VARCHAR2(20),

email\_address VARCHAR2(50)

);

CREATE TABLE insurance (

insurance\_id NUMBER PRIMARY KEY,

person\_id NUMBER,

coverage\_amount NUMBER,

policy\_term NUMBER,

type\_of\_policy VARCHAR2(20),

FOREIGN KEY (person\_id) REFERENCES persons(person\_id)

);

CREATE TABLE beneficiaries (

beneficiary\_id NUMBER PRIMARY KEY,

person\_id NUMBER,

beneficiary\_name VARCHAR2(50),

beneficiary\_relationship VARCHAR2(20),

FOREIGN KEY (person\_id) REFERENCES persons(person\_id)

);

CREATE TABLE health (

health\_id NUMBER PRIMARY KEY,

person\_id NUMBER,

medical\_history VARCHAR2(200),

current\_health\_conditions VARCHAR2(200),

lifestyle\_habits VARCHAR2(20),

FOREIGN KEY (person\_id) REFERENCES persons(person\_id)

);

CREATE TABLE financial (

financial\_id NUMBER PRIMARY KEY,

person\_id NUMBER,

occupation VARCHAR2(50),

annual\_income NUMBER,

existing\_insurance\_policies VARCHAR2(200),

FOREIGN KEY (person\_id) REFERENCES persons(person\_id)

);

+++++++++++++++++++++++++++++++++++++++

**Insert data**

INSERT INTO persons (person\_id, first\_name, last\_name, date\_of\_birth, gender, address, contact\_number, email\_address)

VALUES (1, 'John', 'Doe', '1990-01-01', 'Male', '123 Main St', '123-456-7890', 'johndoe@example.com');

INSERT INTO insurance (insurance\_id, person\_id, coverage\_amount, policy\_term, type\_of\_policy)

VALUES (1, 1, 100000, 10, 'Term');

INSERT INTO beneficiaries (beneficiary\_id, person\_id, beneficiary\_name, beneficiary\_relationship)

VALUES (1, 1, 'Jane Doe', 'Spouse');

INSERT INTO health (health\_id, person\_id, medical\_history, current\_health\_conditions, lifestyle\_habits)

VALUES (1, 1, 'Diabetes', 'High Blood Pressure', 'Smoker');

INSERT INTO financial (financial\_id, person\_id, occupation, annual\_income, existing\_insurance\_policies)

VALUES (1, 1, 'Software Engineer', 50000, 'Yes');

+++++++++++++++++++++

1. **Retrieve data:** Use the Oracle query provided above to retrieve the personal, insurance, health, and financial information for a specific person. Replace **:person\_id** with the actual person ID.

**General insurance**

<!-- index.html -->

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<title>General Insurance Application</title>

<link rel="stylesheet" href="style.css">

</head>

<body>

<!-- Header Section -->

<header>

<nav>

<ul>

<li><a href="#home">Home</a></li>

<li><a href="#about">About Us</a></li>

<li><a href="#contact">Contact Us</a></li>

</ul>

</nav>

</header>

<!-- Hero Section -->

<section id="home">

<h1>Apply for General Insurance Today!</h1>

<p>Protect your assets with our comprehensive insurance policies.</p>

</section>

<!-- Personal Information Section -->

<section id="personal-info">

<h2>Personal Information</h2>

<form>

<label for="full-name">Full Name:</label>

<input type="text" id="full-name" name="full-name" required>

<label for="date-of-birth">Date of Birth:</label>

<input type="date" id="date-of-birth" name="date-of-birth" required>

<label for="gender">Gender:</label>

<select id="gender" name="gender" required>

<option value="">Select</option>

<option value="male">Male</option>

<option value="female">Female</option>

<option value="other">Other</option>

</select>

<label for="address">Address:</label>

<textarea id="address" name="address" required></textarea>

<label for="phone-number">Phone Number:</label>

<input type="tel" id="phone-number" name="phone-number" required>

<label for="email-address">Email Address:</label>

<input type="email" id="email-address" name="email-address" required>

</form>

</section>

<!-- Insurance Details Section -->

<section id="insurance-details">

<h2>Insurance Details</h2>

<form>

<label for="type-of-insurance">Type of Insurance:</label>

<select id="type-of-insurance" name="type-of-insurance" required>

<option value="">Select</option>

<option value="auto">Auto</option>

<option value="home">Home</option>

<option value="health">Health</option>

</select>

<label for="coverage-amount">Coverage Amount:</label>

<input type="number" id="coverage-amount" name="coverage-amount" required>

<label for="deductible-amount">Deductible Amount:</label>

<input type="number" id="deductible-amount" name="deductible-amount" required>

<label for="start-date">Start Date:</label>

<input type="date" id="start-date" name="start-date" required>

<label for="duration-of-coverage">Duration of Coverage:</label>

<input type="number" id="duration-of-coverage" name="duration-of-coverage" required>

</form>

</section>

<!-- Property/Vehicle Information Section -->

<section id="property-vehicle-info">

<h2>Property/Vehicle Information</h2>

<form>

<label for="vehicle-make-model">Vehicle Make and Model (if applicable):</label>

<input type="text" id="vehicle-make-model" name="vehicle-make-model">

<label for="year-of-manufacture">Year of Manufacture:</label>

<input type="number" id="year-of-manufacture" name="year-of-manufacture">

<label for="vin-property-id">VIN/Property ID:</label>

<input type="text" id="vin-property-id" name="vin-property-id">

<label for="current-value">Current Value:</label>

<input type="number" id="current-value" name="current-value">

</form>

</section>

<!-- Claims History Section -->

<section id="claims-history">

<h2>Claims History</h2>

<form>

<label for="previous-claims">Previous Claims:</label>

<select id="previous-claims" name="previous-claims" required>

<option value="">Select</option>

<option value="yes">Yes </option>

<option value="no">No</option>

</select>

<label for="details-of-previous-claims">Details of Previous Claims (if applicable):</label>

<textarea id="details-of-previous-claims" name="details-of-previous-claims"></textarea>

</form>

</section>

<!-- Payment Information Section -->

<section id="payment-info">

<h2>Payment Information</h2>

<form>

<label for="payment-method">Payment Method:</label>

<select id="payment-method" name="payment-method" required>

<option value="">Select</option>

<option value="credit-card">Credit Card</option>

<option value="bank-transfer">Bank Transfer</option>

</select>

<label for="card-number">Card Number (if applicable):</label>

<input type="text" id="card-number" name="card-number">

<label for="expiry-date">Expiry Date:</label>

<input type="date" id="expiry-date" name="expiry-date">

<label for="cvv">CVV:</label>

<input type="number" id="cvv" name="cvv">

</form>

</section>

<!-- Additional Information Section -->

<section id="additional-info">

<h2>Additional Information</h2>

<form>

<label for="questions-comments">Questions/Comments:</label>

<textarea id="questions-comments" name="questions-comments"></textarea>

</form>

</section>

<!-- Footer Section -->

<footer>

<p>&copy; 2023 General Insurance Company</p>

</footer>

<script src="script.js"></script>

</body>

</html>

/\* style.css \*/

body {

font-family: Arial, sans-serif;

margin: 0;

padding: 0;

}

header {

background-color: #333;

color: #fff;

padding: 20px;

text-align: center;

}

nav ul {

list-style: none;

margin: 0;

padding: 0;

display: flex;

justify-content: space-between;

}

nav li {

margin-right: 20px;

}

nav a {

color: #fff;

text-decoration: none;

}

section {

padding: 20px;

}

h2 {

margin-top: 0;

}

form {

display: flex;

flex-direction: column;

align-items: center;

}

label {

margin-bottom: 10px;

}

input, textarea, select {

padding: 10px;

margin-bottom: 20px;

border: 1px solid #ccc;

}

input[type="submit"] {

background-color: #333;

color: #fff;

padding: 10px 20px;

border: none;

border-radius: 5px;

cursor: pointer;

}

input[type="submit"]:hover {

background-color: #444;

}

// script.js

const form = document.querySelector('form');

form.addEventListener('submit', (e) => {

e.preventDefault();

const formData = new FormData(form);

const xhr = new XMLHttpRequest();

xhr.open('POST', 'process.php', true);

xhr.send(formData);

xhr.onload = function() {

if (xhr.status === 200) {

console.log('Form submitted successfully!');

} else {

console.error('Error submitting form:', xhr.statusText);

}

};

});

// process.php

<?php

// Connect to database

$conn = mysqli\_connect('localhost', 'username', 'password', 'database');

if (!$conn) {

die('Connection failed: ' . mysqli\_connect\_error());

}

// Retrieve form data

$full\_name = $\_POST['full-name'];

$date\_of\_birth = $\_POST['date-of-birth'];

$gender = $\_POST['gender'];

$address = $\_POST['address'];

$phone\_number = $\_POST['phone-number'];

$email\_address = $\_POST['email-address'];

$type\_of\_insurance = $\_POST['type-of-insurance'];

$coverage\_amount = $\_POST['coverage-amount'];

$deductible\_amount = $\_POST['deductible-amount'];

$start\_date = $\_POST['start-date'];

$duration\_of\_coverage = $\_POST['duration-of-coverage'];

$vehicle\_make\_model = $\_POST['vehicle-make-model'];

$year\_of\_manufacture = $\_POST['year-of-manufacture'];

$vin\_property\_id = $\_POST['vin-property-id'];

$current\_value = $\_POST['current-value'];

$previous\_claims = $\_POST['previous-claims'];

$details\_of\_previous\_claims = $\_POST['details-of-previous -claims'];

$payment\_method = $\_POST['payment-method'];

$card\_number = $\_POST['card-number'];

$expiry\_date = $\_POST['expiry-date'];

$cvv = $\_POST['cvv'];

$questions\_comments = $\_POST['questions-comments'];

// Insert data into database

$query = "INSERT INTO persons (full\_name, date\_of\_birth, gender, address, phone\_number, email\_address)

VALUES ('$full\_name', '$date\_of\_birth', '$gender', '$address', '$phone\_number', '$email\_address')";

if (mysqli\_query($conn, $query)) {

$person\_id = mysqli\_insert\_id($conn);

$query = "INSERT INTO insurance (person\_id, type\_of\_insurance, coverage\_amount, deductible\_amount, start\_date, duration\_of\_coverage)

VALUES ('$person\_id', '$type\_of\_insurance', '$coverage\_amount', '$deductible\_amount', '$start\_date', '$duration\_of\_coverage')";

mysqli\_query($conn, $query);

$query = "INSERT INTO property\_vehicle\_info (person\_id, vehicle\_make\_model, year\_of\_manufacture, vin\_property\_id, current\_value)

VALUES ('$person\_id', '$vehicle\_make\_model', '$year\_of\_manufacture', '$vin\_property\_id', '$current\_value')";

mysqli\_query($conn, $query);

$query = "INSERT INTO claims\_history (person\_id, previous\_claims, details\_of\_previous\_claims)

VALUES ('$person\_id', '$previous\_claims', '$details\_of\_previous\_claims')";

mysqli\_query($conn, $query);

$query = "INSERT INTO payment\_info (person\_id, payment\_method, card\_number, expiry\_date, cvv)

VALUES ('$person\_id', '$payment\_method', '$card\_number', '$expiry\_date', '$cvv')";

mysqli\_query($conn, $query);

$query = "INSERT INTO additional\_info (person\_id, questions\_comments)

VALUES ('$person\_id', '$questions\_comments')";

mysqli\_query($conn, $query);

echo 'Form submitted successfully!';

} else {

echo 'Error submitting form: ' . mysqli\_error($conn);

}

mysqli\_close($conn);

?>

<!-- index.html -->

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<title>Home Insurance Application</title>

<link rel="stylesheet" href="style.css">

</head>

<body>

<!-- Header Section -->

<header>

<nav>

<ul>

<li><a href="#home">Home</a></li>

<li><a href="#about">About Us</a></li>

<li><a href="#contact">Contact Us</a></li>

</ul>

</nav>

</header>

<!-- Hero Section -->

<section id="home">

<h1>Apply for Home Insurance Today!</h1>

<p>Protect your home with our comprehensive insurance policies.</p>

</section>

<!-- Personal Information Section -->

<section id="personal-info">

<h2>Personal Information</h2>

<form>

<label for="full-name">Full Name:</label>

<input type="text" id="full-name" name="full-name" required>

<label for="date-of-birth">Date of Birth:</label>

<input type="date" id="date-of-birth" name="date-of-birth" required>

<label for="gender">Gender:</label>

<select id="gender" name="gender" required>

<option value="">Select</option>

<option value="male">Male</option>

<option value="female">Female</option>

<option value="other">Other</option>

</select>

<label for="address">Address:</label>

<textarea id="address" name="address" required></textarea>

<label for="phone-number">Phone Number:</label>

<input type="tel" id="phone-number" name="phone-number" required>

<label for="email-address">Email Address:</label>

<input type="email" id="email-address" name="email-address" required>

</form>

</section>

<!-- Property Details Section -->

<section id="property-details">

<h2>Property Details</h2>

<form>

<label for="property-address">Property Address:</label>

<textarea id="property-address" name="property-address" required></textarea>

<label for="type-of-property">Type of Property:</label>

<select id="type-of-property" name="type-of-property" required>

<option value="">Select</option>

<option value="single-family">Single Family</option>

<option value="condo">Condo</option>

<option value="townhouse">Townhouse</option>

</select>

<label for="year-built">Year Built:</label>

<input type="number" id="year-built" name="year-built" required>

<label for="square-footage">Square Footage:</label>

<input type="number" id="square-footage" name="square-footage" required>

<label for="estimated-value">Estimated Value:</label>

<input type="number" id="estimated-value" name="estimated-value" required>

</form>

</section>

<!-- Coverage Options Section -->

<section id="coverage-options">

<h2>Coverage Options</h2>

<form>

<label for="coverage-amount">Coverage Amount:</label>

<input type="number" id="coverage-amount" name="coverage-amount" required>

<label for="deductible-amount">Deductible Amount:</label>

<input type="number" id="deductible-amount" name="deductible-amount" required>

<label for="additional-coverage">Additional Coverage:</label>

<select id="additional-coverage" name="additional-coverage" required>

<option value="">Select</option>

<option value="natural-disasters">Natural Disasters</option>

<option value="personal-property">Personal Property</option>

</select>

</form>

</section>

<!-- Claims History Section -->

<section id="claims-history">

<h2>Claims History</h2>

<form>

<label for="previous-claims">Previous Claims:</label>

<select id="previous-claims" name="previous-claims" required>

<option value="">Select</option>

<option value="yes">Yes</option>

<option value="no">No</option>

</ select>

<label for="details-of-previous-claims">Details of Previous Claims (if applicable):</label>

<textarea id="details-of-previous-claims" name="details-of-previous-claims"></textarea>

</form>

</section>

<!-- Payment Information Section -->

<section id="payment-info">

<h2>Payment Information</h2>

<form>

<label for="payment-method">Payment Method:</label>

<select id="payment-method" name="payment-method" required>

<option value="">Select</option>

<option value="credit-card">Credit Card</option>

<option value="bank-transfer">Bank Transfer</option>

</select>

<label for="card-number">Card Number (if applicable):</label>

<input type="text" id="card-number" name="card-number">

<label for="expiry-date">Expiry Date:</label>

<input type="date" id="expiry-date" name="expiry-date">

<label for="cvv">CVV:</label>

<input type="number" id="cvv" name="cvv">

</form>

</section>

<!-- Additional Information Section -->

<section id="additional-info">

<h2>Additional Information</h2>

<form>

<label for="questions-comments">Questions/Comments:</label>

<textarea id="questions-comments" name="questions-comments"></textarea>

</form>

</section>

<!-- Footer Section -->

<footer>

<p>&copy; 2023 Home Insurance Company</p>

</footer>

<script src="script.js"></script>

</body>

</html>

/\* style.css \*/

body {

font-family: Arial, sans-serif;

margin: 0;

padding: 0;

}

header {

background-color: #333;

color: #fff;

padding: 20px;

text-align: center;

}

nav ul {

list-style: none;

margin: 0;

padding: 0;

display: flex;

justify-content: space-between;

}

nav li {

margin-right: 20px;

}

nav a {

color: #fff;

text-decoration: none;

}

section {

padding: 20px;

}

h2 {

margin-top: 0;

}

form {

display: flex;

flex-direction: column;

align-items: center;

}

label {

margin-bottom: 10px;

}

input, textarea, select {

padding: 10px;

margin-bottom: 20px;

border: 1px solid #ccc;

}

input[type="submit"] {

background-color: #333;

color: #fff;

padding: 10px 20px;

border: none;

border-radius: 5px;

cursor: pointer;

}

input[type="submit"]:hover {

background-color: #444;

}

// script.js

const form = document.querySelector('form');

form.addEventListener('submit', (e) => {

e.preventDefault();

const formData = new FormData(form);

const xhr = new XMLHttpRequest();

xhr.open('POST', 'process.php', true);

xhr.send(formData);

xhr.onload = function() {

if (xhr.status === 200) {

console.log('Form submitted successfully!');

} else {

console.error('Error submitting form:', xhr.statusText);

}

};

});

// process.php

<?php

// Connect to database

$conn = mysqli\_connect('localhost', 'username', 'password', 'database');

if (!$conn) {

die('Connection failed: ' . mysqli\_connect\_error());

}

// Retrieve form data

$full\_name = $\_POST['full-name'];

$date\_of\_birth = $\_POST['date-of-birth'];

$gender = $\_POST['gender'];

$address = $\_POST['address'];

$phone\_number = $\_POST['phone-number'];

$email\_address = $\_POST['email-address'];

$property\_address = $\_POST['property-address'];

$type\_of\_property = $\_POST['type-of-property'];

$year\_built = $\_POST['year-built'];

$square\_footage = $\_POST['square-footage'];

$estimated\_value = $\_POST['estimated-value'];

$coverage\_amount = $\_POST['coverage-amount'];

$deductible\_amount = $\_POST['deductible-amount'];

$additional\_coverage = $\_POST['additional-coverage'];

$previous\_claims = $\_POST['previous-claims'];

$details\_of\_previous\_claims = $\_POST['details-of-previous-claims'];

$payment\_method = $\_POST['payment-method'];

$card\_number = $\_POST['card-number'];

$expiry\_date = $\_POST['expiry-date'];

$cv v = $\_POST['cvv'];

$questions\_comments = $\_POST['questions-comments'];

// Insert data into database

$query = "INSERT INTO persons (full\_name, date\_of\_birth, gender, address, phone\_number, email\_address)

VALUES ('$full\_name', '$date\_of\_birth', '$gender', '$address', '$phone\_number', '$email\_address')";

if (mysqli\_query($conn, $query)) {

$person\_id = mysqli\_insert\_id($conn);

$query = "INSERT INTO property\_details (person\_id, property\_address, type\_of\_property, year\_built, square\_footage, estimated\_value)

VALUES ('$person\_id', '$property\_address', '$type\_of\_property', '$year\_built', '$square\_footage', '$estimated\_value')";

mysqli\_query($conn, $query);

$query = "INSERT INTO coverage\_options (person\_id, coverage\_amount, deductible\_amount, additional\_coverage)

VALUES ('$person\_id', '$coverage\_amount', '$deductible\_amount', '$additional\_coverage')";

mysqli\_query($conn, $query);

$query = "INSERT INTO claims\_history (person\_id, previous\_claims, details\_of\_previous\_claims)

VALUES ('$person\_id', '$previous\_claims', '$details\_of\_previous\_claims')";

mysqli\_query($conn, $query);

$query = "INSERT INTO payment\_info (person\_id, payment\_method, card\_number, expiry\_date, cvv)

VALUES ('$person\_id', '$payment\_method', '$card\_number', '$expiry\_date', '$cvv')";

mysqli\_query($conn, $query);

$query = "INSERT INTO additional\_info (person\_id, questions\_comments)

VALUES ('$person\_id', '$questions\_comments')";

mysqli\_query($conn, $query);

echo 'Form submitted successfully!';

} else {

echo 'Error submitting form: ' . mysqli\_error($conn);

}

mysqli\_close($conn);

?>

<!-- index.html -->

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<title>Health Insurance Application</title>

<link rel="stylesheet" href="style.css">

</head>

<body>

<!-- Header Section -->

<header>

<nav>

<ul>

<li><a href="#home">Home</a></li>

<li><a href="#about">About Us</a></li>

<li><a href="#contact">Contact Us</a></li>

</ul>

</nav>

</header>

<!-- Hero Section -->

<section id="home">

<h1>Apply for Health Insurance Today!</h1>

<p>Protect your health with our comprehensive insurance policies.</p>

</section>

<!-- Personal Information Section -->

<section id="personal-info">

<h2>Personal Information</h2>

<form>

<label for="full-name">Full Name:</label>

<input type="text" id="full-name" name="full-name" required>

<label for="date-of-birth">Date of Birth:</label>

<input type="date" id="date-of-birth" name="date-of-birth" required>

<label for="gender">Gender:</label>

<select id="gender" name="gender" required>

<option value="">Select</option>

<option value="male">Male</option>

<option value="female">Female</option>

<option value="other">Other</option>

</select>

<label for="address">Address:</label>

<textarea id="address" name="address" required></textarea>

<label for="phone-number">Phone Number:</label>

<input type="tel" id="phone-number" name="phone-number" required>

<label for="email-address">Email Address:</label>

<input type="email" id="email-address" name="email-address" required>

</form>

</section>

<!-- Health Information Section -->

<section id="health-info">

<h2>Health Information</h2>

<form>

<label for="height">Height:</label>

<input type="number" id="height" name="height" required>

<label for="weight">Weight:</label>

<input type="number" id="weight" name="weight" required>

<label for="medical-history">Medical History:</label>

<div>

<input type="checkbox" id="diabetes" name="medical-history[]" value="Diabetes">

<label for="diabetes">Diabetes</label>

<input type="checkbox" id="hypertension" name="medical-history[]" value="Hypertension">

<label for="hypertension">Hypertension</label>

<input type="checkbox" id="heart-disease" name="medical-history[]" value="Heart Disease">

<label for="heart-disease">Heart Disease</label>

<!-- Add more medical history options as needed -->

</div>

<label for="current-medications">Current Medications:</label>

<textarea id="current-medications" name="current-medications"></textarea>

<label for="lifestyle-choices">Lifestyle Choices:</label>

<div>

<input type="checkbox" id="smoking" name="lifestyle-choices[]" value="Smoking">

<label for="smoking">Smoking</label>

<input type="checkbox" id="alcohol-use" name="lifestyle-choices[]" value="Alcohol Use">

<label for="alcohol-use">Alcohol Use</label>

<!-- Add more lifestyle choices as needed -->

</div>

</form>

</section>

<!-- Insurance Details Section -->

<section id="insurance-details">

<h2>Insurance Details</h2>

<form>

<label for="type-of-coverage">Type of Coverage:</label>

<select id="type-of-coverage" name="type-of-coverage" required>

<option value="">Select</option>

<option value="individual">Individual</option>

<option value="family">Family</option>

</select>

<label for="coverage-amount">Coverage Amount:</label>

<input type="number" id="coverage-amount" name="coverage-amount" required>

<label for="deductible-amount">Deductible Amount :</label>

<input type="number" id="deductible-amount" name="deductible-amount" required>

<label for="start-date">Start Date:</label>

<input type="date" id="start-date" name="start-date" required>

<label for="policy-duration">Policy Duration:</label>

<input type="number" id="policy-duration" name="policy-duration" required>

</form>

</section>

<!-- Beneficiary Information Section -->

<section id="beneficiary-info">

<h2>Beneficiary Information</h2>

<form>

<label for="beneficiary-name">Beneficiary Name:</label>

<input type="text" id="beneficiary-name" name="beneficiary-name" required>

<label for="relationship-to-insured">Relationship to Insured:</label>

<select id="relationship-to-insured" name="relationship-to-insured" required>

<option value="">Select</option>

<option value="spouse">Spouse</option>

<option value="child">Child</option>

<option value="parent">Parent</option>

<!-- Add more relationships as needed -->

</select>

</form>

</section>

<!-- Payment Information Section -->

<section id="payment-info">

<h2>Payment Information</h2>

<form>

<label for="payment-method">Payment Method:</label>

<select id="payment-method" name="payment-method" required>

<option value="">Select</option>

<option value="credit-card">Credit Card</option>

<option value="bank-transfer">Bank Transfer</option>

</select>

<label for="card-number">Card Number (if applicable):</label>

<input type="text" id="card-number" name="card-number">

<label for="expiry-date">Expiry Date:</label>

<input type="date" id="expiry-date" name="expiry-date">

<label for="cvv">CVV:</label>

<input type="number" id="cvv" name="cvv">

</form>

</section>

<!-- Additional Information Section -->

<section id="additional-info">

<h2>Additional Information</h2>

<form>

<label for="questions-comments">Questions/Comments:</label>

<textarea id="questions-comments" name="questions-comments"></textarea>

</form>

</section>

<!-- Footer Section -->

<footer>

<p>&copy; 2023 Health Insurance Company</p>

</footer>

<script src="script.js"></script>

</body>

</html>

/\* style.css \*/

body {

font-family: Arial, sans-serif;

margin: 0;

padding: 0;

}

header {

background-color: #333;

color: #fff;

padding: 20px;

text-align: center;

}

nav ul {

list-style: none;

margin: 0;

padding: 0;

display: flex;

justify-content: space-between;

}

nav li {

margin-right: 20px;

}

nav a {

color: #fff;

text-decoration: none;

}

section {

padding: 20px;

}

h2 {

margin-top: 0;

}

form {

display: flex;

flex-direction: column;

align-items: center;

}

label {

margin-bottom: 10px;

}

input, textarea, select {

padding: 10px;

margin-bottom: 20px;

border: 1px solid #ccc;

}

input[type="submit"] {

background-color: #333;

color: #fff;

padding: 10px 20px;

border: none;

border-radius: 5px;

cursor: pointer;

}

input[type="submit"]:hover {

background-color: #444;

}

// script.js

const form = document.querySelector('form');

form.addEventListener('submit', (e) => {

e.preventDefault();

const formData = new FormData(form);

const xhr = new XMLHttpRequest();

xhr.open('POST', 'process.php', true);

xhr.send(formData);

xhr.onload = function() {

if (xhr.status === 200) {

console.log('Form submitted successfully!');

} else {

console.error('Error submitting form:', xhr.statusText);

}

};

});

// process.php

<?php

// Connect to database

$conn = mysqli\_connect('localhost', 'username', 'password', 'database');

if (!$conn) {

die('Connection failed: ' . mysqli\_connect\_error());

}

// Retrieve form data

$full\_name = $\_POST['full-name'];

$date\_of\_birth = $\_POST['date-of-birth'];

$gender = $\_POST['gender'];

$address = $\_POST['address'];

$phone\_number = $\_POST['phone-number'];

$email\_address = $\_POST['email-address'];

$height = $\_POST['height'];

$weight = $\_POST['weight'];

$medical\_history = $\_POST['medical-history'];

$current\_medications = $\_POST['current-medications'];

$lifestyle\_choices = $\_POST['lifestyle-choices'];

$type\_of\_coverage = $\_POST['type-of-coverage'];

$coverage\_amount = $\_POST['coverage-amount'];

$deductible\_amount = $\_POST['deductible-amount'];

$start\_date = $\_POST['start-date'];

$policy\_duration = $\_POST['policy-duration'];

$beneficiary\_name = $\_POST['beneficiary-name'];

$relationship\_to\_insured = $\_POST['relationship-to-insured'];

$payment\_method = $\_POST['payment-method'];

$card\_number = $\_POST['card-number'];

$expiry\_date = $\_POST['expiry-date'];

$cvv = $\_POST['cvv'];

$questions\_comments = $\_POST['questions-comments'];

// Insert data into database

$query = "INSERT INTO persons (full\_name, date\_of\_birth, gender, address, phone\_number, email\_address)

VALUES ('$full\_name', '$date\_of\_birth', '$gender', '$address', '$phone\_number', '$email\_address')";

if (mysqli\_query($conn, $query)) {

$person\_id = mysqli\_insert\_id($conn);

$query = "INSERT INTO health\_info (person\_id, height, weight, medical\_history, current\_medications, lifestyle\_choices)

VALUES ('$person\_id', '$height', '$weight', '$medical\_history', '$current\_medications', '$lifestyle\_choices')";

mysqli\_query($conn, $query);

$query = "INSERT INTO insurance\_details (person\_id, type\_of\_coverage, coverage\_amount, deductible\_amount, start\_date, policy\_duration)

VALUES ('$person\_id', '$type\_of\_coverage', '$coverage\_amount', '$deductible\_amount', '$start\_date', '$policy\_duration')";

mysqli\_query($conn, $query);

$query = "INSERT INTO beneficiary\_info (person\_id, beneficiary\_name, relationship\_to\_insured)

VALUES ('$person\_id', '$beneficiary\_name', '$relationship\_to\_insured')";

mysqli\_query($conn, $query);

$query = "INSERT INTO payment\_info (person\_id, payment\_method, card\_number, expiry\_date, cvv)

VALUES ('$person\_id', '$payment\_method', '$card\_number', '$expiry\_date', '$cvv')";

mysqli\_query($conn, $query);

$query = "INSERT INTO additional\_info (person\_id, questions\_comments)

VALUES ('$person\_id', '$questions\_comments')";

mysqli\_query($conn, $query);

echo 'Form submitted successfully!';

} else {

echo 'Error submitting form: ' . mysqli\_error($conn);

}

mysqli\_close($conn);

?>