
```
PART 2.
HW1part2.java
import java.io.*;
import javax.servlet.*;
import javax.servlet.http.*;
import java.util.*;
* To change this license header, choose License Headers in Project Properties.
* To change this template file, choose Tools | Templates
* and open the template in the editor.
*/
* @author kym-1992
*/
public class HW1part2 extends HttpServlet{
  @Override
  public void doGet(HttpServletRequest request, HttpServletResponse response)
      throws ServletException, IOException{
    response.setContentType("text/html");
    PrintWriter out = response.getWriter();
    out.println("<!doctype html><HTML>");
    out.println("<head>");
    out.println("<title>Request Parameters</title>");
    out.println("</head>");
    out.println("<body bgcolor='pink'>");
    out.println("<UL>");
    Enumeration<String> headerNames = request.getHeaderNames();
    while(headerNames.hasMoreElements()){
      String header = headerNames.nextElement();
      out.println("<LI>" + header + ": " +request.getHeader(header) + "</LI>");
    }
```

```
out.println("</UL>");
   out.println("Welcome User");
   out.println("</body><html>");
   out.close();
 }
}
web.xml
<web-app>
 <servlet>
   <servlet-name>HW1part2
   <servlet-class>HW1part2/servlet-class>
 </servlet>
 <servlet>
   <servlet-name>HW1part3
   <servlet-class>HW1part3/servlet-class>
 </servlet>
  <servlet>
   <servlet-name>HW1part4
   <servlet-class>HW1part4/servlet-class>
 </servlet>
 <servlet>
   <servlet-name>HW1part5
   <servlet-class>HW1part5/servlet-class>
 </servlet>
 <servlet>
   <servlet-name>HW1part6
   <servlet-class>HW1part6/servlet-class>
 </servlet>
 <servlet-mapping>
   <servlet-name>HW1part2
   <url-pattern>/hw1part2</url-pattern>
 </servlet-mapping>
 <servlet-mapping>
   <!-- <http-method>POST</http-method> -->
   <servlet-name>HW1part3
   <url-pattern>/hw1part3</url-pattern>
  </servlet-mapping>
```

```
<servlet-mapping>
    <servlet-name>HW1part4
    <url-pattern>/hw1part4</url-pattern>
  </servlet-mapping>
  <servlet-mapping>
    <servlet-name>HW1part5/servlet-name>
    <url-pattern>/hw1part5</url-pattern>
  </servlet-mapping>
  <servlet-mapping>
    <servlet-name>HW1part6/servlet-name>
    <url-pattern>/hw1part6</url-pattern>
  </servlet-mapping>
  <welcome-file-list>
    <welcome-file>hw1part6</welcome-file>
  </welcome-file-list>
</web-app>
PART 3.
HW1part3.java
import java.io.*;
import javax.servlet.*;
import javax.servlet.http.*;
import java.util.*;
* To change this license header, choose License Headers in Project Properties.
* To change this template file, choose Tools | Templates
* and open the template in the editor.
*/
* @author kym-1992
public class HW1part3 extends HttpServlet{
  @Override
  public void doGet(HttpServletRequest request, HttpServletResponse response)
      throws ServletException, IOException{
    response.setContentType("text/html");
    PrintWriter out = response.getWriter();
```

```
}
  @Override
  public void doPost(HttpServletRequest request, HttpServletResponse response) throws
      ServletException, IOException{
    response.setContentType("text/html");
    PrintWriter out = response.getWriter();
    out.println("<!doctype html><HTML>");
    out.println("<head>");
    out.println("<title>Part3 Report</title>");
    out.println("</head>");
    out.println("<body bgcolor='pink'>");
    out.println("<UL>");
    out.println("<LI>Officeuse: " + request.getParameter("officeuse") + "</LI>");
    String [] addresschanged = request.getParameterValues("addresschanged");
    if(addresschanged!=null){
      out.println("<LI>Check here if this is a new address: " + addresschanged[0] + "</LI>");
    out.println("<LI>Name: " + request.getParameter("name") + "</LI>");
    out.println("<LI>Address: " + request.getParameter("address") + "</LI>");
    out.println("<LI>City/State/Zip: " + request.getParameter("CityStateZip") + "</LI>");
    out.println("<LI>Phone: " + request.getParameter("phone") + "</LI>");
    out.println("<LI>Email: " + request.getParameter("Email") + "</LI>");
    out.println("<LI>Account Number: " + request.getParameter("AccountNumber") + "</LI>");
    out.println("<LI>Pet Name: " + request.getParameter("petName") + "</LI>");
    out.println("<LI>Breed: " + request.getParameter("Breed") + "</LI>");
    out.println("<LI>Age: " + request.getParameter("age") + "</LI>");
    out.println("<LI>Gender: " + request.getParameter("Gender") + "</LI>");
    out.println("<LI>Occurrence/Diagnosis: " + request.getParameter("Occurrence/Diagnosis")
+ "</LI>");
    String [] Related = request.getParameterValues("Related");
    if(Related!=null){
      for(String s: Related){
        out.println("<LI>This claim is related to: " + s + "</LI>");
      }
    String [] future = request.getParameterValues("future");
    if(future!=null){
      out.println("<LI>Is this claim an estimate for future treatment?" + future[0] + "</LI>");
    }
    out.println("<LI>TotalAmount: " + request.getParameter("totalAmount") + "</LI>");
```

```
out.println("<LI>FirstDate: " + request.getParameter("firstDate") + "</LI>");
    String [] payment = request.getParameterValues("payment");
    if(payment!=null){
      out.println("<LI>Send payment to:" + payment[0] + "</LI>");
    }
    out.println("<LI>Veterinarian: " + request.getParameter("Veterinarian") + "</LI>");
    out.println("<LI>Clinic Name: " + request.getParameter("ClinicName") + "</LI>");
    out.println("<LI>Clinic Phone: " + request.getParameter("clinicPhone") + "</LI>");
    out.println("<LI>Clinic Fax: " + request.getParameter("ClinicFax") + "</LI>");
    String [] otherVeterinarian = request.getParameterValues("otherVeterinarian");
    if(otherVeterinarian!=null){
      out.println("<LI>Did any other veterinarian treat your pet?" + otherVeterinarian[0] +
"</LI>");
    String [] newCondition = request.getParameterValues("newCondition");
    if(newCondition!=null){
      out.println("<LI>Is this a new condition?" + newCondition[0] + "</LI>");
    out.println("<LI>Signature of Pet Owner: " + request.getParameter("signature") + "</LI>");
    out.println("<LI>Signature Date: " + request.getParameter("signatureDate") + "</LI>");
    out.println("</UL>");
    out.println("</body><html>");
    out.close();
 }
}
index.html
<!doctype html><html>
<link rel="stylesheet" type="text/css" href="index.css">
<title>Pet insurance claim form</title>
</head>
<body>
<div>
 <form action="hw1part3" method="post">
 <div class="default">
  <h1>ASPCA Pet Insurance</h1>
    ="overflow:auto;resize:none" rows="5" cols="20"
name="officeuse">For office use only</textarea>
    <h1>HAVE A QUESTION? Call us at 1-866-204-6764</h1>
```

```
</div>
<div class="defaultGrey">
 <h2>Claim Form <i>PLEASE INCLUDE YOUR PET'S MEDICAL RECORDS TO HELP EXPEDITE
PROCESSING.</i></h2>
</div>
<div class="noBorder">
 <u>1. General Information <i>Please fill out this form completely.
Incomplete forms will delay processing.</i></u>
</div>
<div class="noBorder">
 <div class="leftright">
  <div class="leftBorder" style="background-color: grey">
  <h3>Your Information&nbsp&nbsp&nbsp<input type="checkbox" name="addresschanged"
value="Yes"><i>Check here if this is a new address</i></h3>
  </div>
  <div style="text-align: left">
  name="name" size="40"></h3>
  <hr>
  </div>
  <div style="text-align: left">
  name="address" size="60"></h3>
  <hr>
  </div>
  <div style="text-align: left">
  name="CityStateZip" size="60"></h3>
  <hr>
  </div>
  <div style="text-align: left">
  &nbsp<input type="text" name="Email"></h3>
  <hr>
  </div>
 </div>
 <div class="floatcenter">
 </div>
```

```
<div class="floatright">
  <div class="leftBorder" style="background-color: grey">
   <h3>Pet Information</h3>
  </div>
  <div style="text-align: left">
   type="text" name="AccountNumber" size="40"></h3>
  <hr>
  </div>
  <div style="text-align: left">
   name="petName" size="40"></h3>
  <hr>
  </div>
  <div style="text-align: left">
   name="Breed" size="40"></h3>
  <hr>
  </div>
  <div style="text-align: left">
   nbsp<input type="text" name="Gender"></h3>
   <hr>
  </div>
 </div>
</div>
<div class="noBorder">
 &nbsp&nbsp&nbsp&nbsp&nbsp<u>2. Diagnosis/Symptom
Information&nbsp&nbsp&nbsp&nbsp<i>HELP US! By providing the "Story of
Occurrence/Diagnosis," you will help us avoid delays in processing your claim.</i></u>
</div>
<div class="leftBorder">
 <h3><i>Story of Occurrence/Diagnosis&nbsp&nbsp&nbsp&nbsp- Please describe this
incident, including dates, details and symptoms leading up to it.</i>
 <textarea class="default" rows="5" cols="204" name="Occurrence/Diagnosis"></textarea>
</div>
<div class="noBorder">
 <div class="leftright">
  <div style="text-align: left">
```

```
<h3>This claim is related to:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input
type="checkbox" name="Related" value="Accident">Accident<input type="checkbox"
name="Related" value="Illness">Illness<input type="checkbox" name="Related"
value="Wellness">Wellness</h3>
   <hr>
  </div>
  <div style="text-align: left">
   <h3>Is this claim an estimate for future
treatment?&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp</ri>
name="future" value="yes">Yes<input type="checkbox" name="future" value="no">No</h3>
   <hr>
  </div>
  <div style="text-align: left">
   type="text" name="totalAmount" size="60"></h3>
   <hr>
  </div>
  <div style="text-align: left">
   <h3>Date illness/injury first occurred:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input
type="date" name="firstDate"></h3>
   <hr>
  </div>
  <div style="text-align: left">
   <h3>Send payment to:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input
type="checkbox" name="payment" value="me">me<input type="checkbox" name="payment"
value="Veterinarian">Veterinarian</h3>
   <hr>
  </div>
 </div>
 <div class="floatcenter">
 </div>
 <div class="floatright">
  <div style="text-align: left">
   name="Veterinarian" size="40"></h3>
   <hr>
  </div>
  <div style="text-align: left">
   name="ClinicName" size="40"></h3>
   <hr>
  </div>
```

```
<div style="text-align: left">
   sp&nbsp<input type="text" name="ClinicFax"></h3>
   <hr>
  </div>
  <div style="text-align: left">
   <h3>Did any other veterinarian treat your
pet?&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp-input type="checkbox"
name="otherVeterinarian" value="yes">Yes<input type="checkbox" name="otherVeterinarian"
value="no">No</h3>
   <hr>
  </div>
  <div style="text-align: left">
   type="checkbox" name="newCondition" value="yes">Yes<input type="checkbox"
name="newCondition" value="no">No</h3>
   <hr>
  </div>
  <div> </div>
 </div>
</div>
 <div style="text-align:left">
 &nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<u>3. Pet Owner
Declaration&nbsp&nbsp&nbsp&nbsp</u>
 </div>
<div style="text-align:left">
 <h3>I confirm to the best of my knowledge the above statements are true in every respect. I
understand that the fees listed may not be covered or may
exceed my plan benefit. I understand that I am financially responsible to my veterinarian for the
entire treatment. I understand that this claim
cannot be adjusted without itemized receipts. I also understand that the deliberate
misrepresentation of the animal's condition or the omission of
any material facts may result in the denial of the claim and/or the cancellation of coverage. I
authorize United States Fire Insurance Company and
its business partners to review and obtain a copy of ALL RECORDS including the insurance claim
records and medical records as to examination,
history, diagnosis, treatment and prognosis with respect to any condition. I further authorize
these entities to disclose identifying information about
me and my pet, as well as information about my claim experience, to my veterinarian.</h3>
```

</div>

```
<div style="text-align:left">
 type="text" name="signature"
name="signatureDate"></h3>
 <hr>
</div>
<div class="noBorder">
 <h2>Please read IMPORTANT NOTICE document that follows for additional
information.</h2>
</div>
<div style="text-align:left">
 &nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<u>4. 3 EasyWays to Submit
a Claim Form&nbsp&nbsp&nbsp&nbsp<i>You must submit an itemized invoice with this claim
form.</i></u>
</div>
<div class="noBorder">
 <div class="leftAuto">
  <h3>E-Mail:<br>
  claims@aspcapetinsurance.com<br>
  <i>scan and attach your receipts</i></h3>
 </div>
 <div class="centerAuto">
  <h3>Fax:<br>
  1-866-888-2495<br>
  <i>no cover sheet necessary</i></h3>
 </div>
 <div class="rightAuto">
  <h3>Mail:<br>
  ASPCA Pet Health Insurance<br>
  3840 Greentree Ave SW<br>
  Canton, Ohio 44706</h3>
 </div>
</div>
```

```
<div class="noBorder">
  <h3>* Please choose only one method. Duplicate claim submissions may delay
processing.</h3>
 </div>
 <input type="submit" value="submit" style="height:400px; width:400px">
 </form>
</div>
</body>
</html>
index.css
div.default{
 text-align:center;
 border: solid 1px;
}
div.defaultGrey{
text-align:center;
 border: solid 1px;
 background-color: grey;
}
div.leftBorder{
 border: solid 1px;
div.noBorder{
width:100%;
text-align: center;
}
p.regular{
font-size: 25px;
}
div.leftright{
float: left;
width: 48%;
}
div.floatright{
```

```
float: right;
width: 48%;
}
div.floatcenter{
float: center;
width: 4%;
}
textarea.default{
 overflow:auto;
resize:none;
text-decoration: underline;
}
div.leftAuto{
float: left;
 border: solid 1px;
width:30%;
}
div.centerAuto{
 display: inline-block;
 margin:0 auto;
width:30%;
border: solid 1px;
}
div.rightAuto{
float: right;
border: solid 1px;
width:30%;
}
web.xml
<web-app>
  <servlet>
    <servlet-name>HW1part2/servlet-name>
    <servlet-class>HW1part2/servlet-class>
  </servlet>
  <servlet>
    <servlet-name>HW1part3
    <servlet-class>HW1part3</servlet-class>
```

```
</servlet>
 <servlet>
   <servlet-name>HW1part4
   <servlet-class>HW1part4/servlet-class>
 </servlet>
 <servlet>
   <servlet-name>HW1part5
   <servlet-class>HW1part5/servlet-class>
 </servlet>
 <servlet>
   <servlet-name>HW1part6
   <servlet-class>HW1part6/servlet-class>
 </servlet>
 <servlet-mapping>
   <servlet-name>HW1part2/servlet-name>
   <url-pattern>/hw1part2</url-pattern>
 </servlet-mapping>
 <servlet-mapping>
   <!-- <http-method>POST</http-method> -->
   <servlet-name>HW1part3
   <url-pattern>/hw1part3</url-pattern>
 </servlet-mapping>
 <servlet-mapping>
   <servlet-name>HW1part4
   <url-pattern>/hw1part4</url-pattern>
 </servlet-mapping>
 <servlet-mapping>
   <servlet-name>HW1part5/servlet-name>
   <url-pattern>/hw1part5</url-pattern>
 </servlet-mapping>
 <servlet-mapping>
   <servlet-name>HW1part6
   <url-pattern>/hw1part6</url-pattern>
 </servlet-mapping>
 <welcome-file-list>
   <welcome-file>index.html</welcome-file>
 </welcome-file-list>
</web-app>
```

PART 4.

```
HW1part4.java
import java.io.*;
import javax.servlet.*;
import javax.servlet.http.*;
import java.util.*;
* To change this license header, choose License Headers in Project Properties.
* To change this template file, choose Tools | Templates
* and open the template in the editor.
*/
* @author kym-1992
*/
public class HW1part4 extends HttpServlet{
  @Override
 public void doGet(HttpServletRequest request, HttpServletResponse response)
     throws ServletException, IOException{
    response.setContentType("text/html");
    PrintWriter out = response.getWriter();
   StringBuffer stringBuffer = new StringBuffer(
      "<!doctype html><html>\n" +
      "<head>\n" +
      "<link rel=\"stylesheet\" type=\"text/css\" href=\"index.css\">\n" +
      "<title>Pet insurance claim form</title>\n" +
      "</head>\n" +
      "<body>\n" +
      "<div>\n" +
      " <form action=\"hw1part4\" method=\"post\">\n" +
      " <div class=\"default\">\n" +
     " \n" +
        \n" +
          <h1>ASPCA Pet Insurance</h1>\n" +
          =\"overflow:auto;resize:none\" rows=\"5\" cols=\"20\"
name=\"officeuse\">For office use only</textarea>\n" +
          <h1>HAVE A QUESTION? Call us at 1-866-204-6764</h1>\n" +
         \n" +
      "\n" +
      " \n"+
      " </div>\n" +
```

```
" <div class=\"defaultGrey\">\n" +
     " <h2>Claim Form <i>PLEASE INCLUDE YOUR PET'S MEDICAL RECORDS TO HELP
EXPEDITE PROCESSING.</i></h2>\n" +
     " </div>\n" +
     "\n" +
     " <div class=\"noBorder\">\n" +
     " <u>1. General Information <i>Please fill out this form
completely. Incomplete forms will delay processing.</i></u>\n" +
     " </div>\n" +
     "\n" +
     " <div class=\"noBorder\">\n" +
     " <div class=\"leftright\">\n" +
        <div class=\"leftBorder\" style=\"background-color: grey\">\n" +
         <h3>Your Information&nbsp&nbsp&nbsp<input type=\"checkbox\"
name=\"addresschanged\" value=\"Yes\"><i>Check here if this is a new address</i></h3>\n" +
        </div>\n" +
        <div style=\"text-align: left\">\n" +
         type=\"text\" name=\"name\" size=\"40\"></h3>\n" +
        <hr>\n" +
     п
        </div>\n" +
     " <div style=\"text-align: left\">\n" +
         type=\"text\" name=\"address\" size=\"60\"></h3>\n" +
     " <hr>\n"+
       </div>\n" +
     " <div style=\"text-align: left\">\n" +
         type=\"text\" name=\"CityStateZip\" size=\"60\"></h3>\n" +
        <hr>\n" +
        </div>\n" +
        <div style=\"text-align: left\">\n" +
         type=\"text\"
name=\"phone\">&nbsp&nbsp&nbsp&nbspEmail:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp
p&nbsp<input type=\"text\" name=\"Email\"></h3>\n" +
         <hr>\n" +
        </div>\n" +
     " </div>\n"+
     " <div class=\"floatcenter\">\n" +
     " </div>\n"+
     "\n" +
     " <div class=\"floatright\">\n" +
```

```
<div class=\"leftBorder\" style=\"background-color: grey\">\n" +
    п
        <h3>Pet Information</h3>\n" +
    п
       </div>\n" +
        <div style=\"text-align: left\">\n" +
        type=\"text\" name=\"AccountNumber\" size=\"40\"></h3>\n" +
        <hr>\n" +
    п
        </div>\n" +
        <div style=\"text-align: left\">\n" +
        type=\"text\" name=\"petName\" size=\"40\"></h3>\n" +
        <hr>\n" +
       </div>\n" +
       <div style=\"text-align: left\">\n" +
        type=\"text\" name=\"Breed\" size=\"40\"></h3>\n" +
       <hr>\n" +
    п
       </div>\n" +
       <div style=\"text-align: left\">\n" +
        &nbsp<input type=\"text\" name=\"Gender\"></h3>\n" +
        <hr>\n" +
       </div>\n" +
    " </div>\n"+
    " </div>\n" +
    "\n" +
    " <div class=\"noBorder\">\n" +
    " &nbsp&nbsp&nbsp&nbsp&nbsp<u>2. Diagnosis/Symptom
Information&nbsp&nbsp&nbsp&nbsp<i>HELP US! By providing the \"Story of
Occurrence/Diagnosis,\" you will help us avoid delays in processing your claim.</i></u>\n"
+
    " </div>\n" +
    "\n" +
    " <div class=\"leftBorder\">\n" +
    " <h3><i>Story of Occurrence/Diagnosis&nbsp&nbsp&nbsp&nbsp&nbsp-Please
describe this incident, including dates, details and symptoms leading up to it.</i></h3>\n" +
    " <textarea class=\"default\" rows=\"5\" cols=\"204\"</pre>
name=\"Occurrence/Diagnosis\"></textarea>\n" +
    " </div>\n" +
    "\n" +
    " <div class=\"noBorder\">\n" +
    " <div class=\"leftright\">\n" +
       <div style=\"text-align: left\">\n" +
```

```
<h3>This claim is related
name=\"Related\" value=\"Accident\">Accident<input type=\"checkbox\" name=\"Related\"
value=\"Illness\">Illness<input type=\"checkbox\" name=\"Related\"
value=\"Wellness\">Wellness</h3>\n" +
         <hr>\n" +
        </div>\n" +
        <div style=\"text-align: left\">\n" +
         <h3>Is this claim an estimate for future
treatment?&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"checkbox\"
name=\"future\" value=\"yes\">Yes<input type=\"checkbox\" name=\"future\"
value=\"no\">No</h3>\n" +
         <hr>\n" +
        </div>\n" +
        <div style=\"text-align: left\">\n" +
         <h3>Total amount
claimed:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp</a>elinput type=\"text\"
name=\"totalAmount\" size=\"60\"></h3>\n" +
         <hr>\n" +
     ш
        </div>\n" +
        <div style=\"text-align: left\">\n" +
         <h3>Date illness/injury first occurred:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input
type=\"date\" name=\"firstDate\"></h3>\n" +
         <hr>\n" +
        </div>\n" +
        <div style=\"text-align: left\">\n" +
         type=\"checkbox\" name=\"payment\" value=\"me\">me<input type=\"checkbox\"
name=\"payment\" value=\"Veterinarian\">Veterinarian</h3>\n" +
         <hr>\n" +
        </div>\n" +
     " </div>\n"+
     "\n" +
     " <div class=\"floatcenter\">\n" +
       </div>\n" +
     "\n" +
     " <div class=\"floatright\">\n" +
        <div style=\"text-align: left\">\n" +
         type=\"text\" name=\"Veterinarian\" size=\"40\"></h3>\n" +
         <hr>\n" +
       </div>\n" +
        <div style=\"text-align: left\">\n" +
```

```
type=\"text\" name=\"ClinicName\" size=\"40\"></h3>\n" +
         <hr>\n" +
         </div>\n" +
        <div style=\"text-align: left\">\n" +
         tvpe=\"text\"
name=\"clinicPhone\">&nbsp&nbsp&nbsp&nbspFax:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp
bsp&nbsp<input type=\"text\" name=\"ClinicFax\"></h3>\n" +
         <hr>\n" +
     п
         </div>\n" +
         <div style=\"text-align: left\">\n" +
         <h3>Did any other veterinarian treat your
pet?&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"checkbox\"
name=\"otherVeterinarian\" value=\"yes\">Yes<input type=\"checkbox\"
name=\"otherVeterinarian\" value=\"no\">No</h3>\n" +
         <hr>\n" +
        </div>\n" +
        <div style=\"text-align: left\">\n" +
         <h3>Is this a new
condition?:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"checkbox\"
name=\"newCondition\" value=\"yes\">Yes<input type=\"checkbox\" name=\"newCondition\"
value=\"no\">No</h3>\n" +
     " <hr>\n"+
     " </div>\n"+
     " <div> </div>\n" +
     " </div>\n"+
     " </div>\n" +
     "\n" +
     " <div style=\"text-align:left\">\n" +
     " &nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<u>3. Pet Owner
Declaration&nbsp&nbsp&nbsp&nbsp</u>\n" +
     " </div>\n" +
     "\n" +
     " <div style=\"text-align:left\">\n" +
     " <h3>I confirm to the best of my knowledge the above statements are true in every
respect. I understand that the fees listed may not be covered or may\n" +
     "exceed my plan benefit. I understand that I am financially responsible to my
veterinarian for the entire treatment. I understand that this claim\n" +
     "cannot be adjusted without itemized receipts. I also understand that the deliberate
```

"any material facts may result in the denial of the claim and/or the cancellation of coverage. I authorize United States Fire Insurance Company and\n" +

misrepresentation of the animal's condition or the omission of\n" +

"its business partners to review and obtain a copy of ALL RECORDS including the insurance claim records and medical records as to examination,\n" +

"history, diagnosis, treatment and prognosis with respect to any condition. I further authorize these entities to disclose identifying information about\n" +

"me and my pet, as well as information about my claim experience, to my veterinarian.</h3>n" +

```
" </div>\n" +
```

"\n" +

" <div style=\"text-align:left\">\n" +

" <h3>Signature of Pet

Owner: <input type=\"text\" name=\"signature\"

```
" <hr>\n" +

" </div>\n" +

"\n" +

" <div class=\"noBorder\">\n" +
```

" <h2>Please read IMPORTANT NOTICE document that follows for additional information.</h2>\n" +

```
" </div>\n" +
"\n" +
```

" <div style=\"text-align:left\">\n" +

```
"\n" +
      " <div class=\"rightAuto\">\n" +
      " <h3>Mail:<br>\n" +
         ASPCA Pet Health Insurance<br>\n" +
           3840 Greentree Ave SW<br>\n" +
          Canton, Ohio 44706</h3>\n" +
      " </div>\n"+
      " </div>\n" +
      "\n" +
      " <div class=\"noBorder\">\n" +
      " <h3>* Please choose only one method. Duplicate claim submissions may delay
processing.</h3>\n"+
      " </div>\n" +
      "\n" +
      " <input type=\"submit\" value=\"submit\" style=\"height:400px; width:400px\">\n" +
      " </form>\n" +
      "</div>\n" +
      "</body>\n" +
      "\n" +
      "</html>"
    );
    out.println(stringBuffer);
  }
  @Override
  public void doPost(HttpServletRequest request, HttpServletResponse response) throws
      ServletException, IOException{
    response.setContentType("text/html");
    PrintWriter out = response.getWriter();
    out.println("<!doctype html><HTML>");
    out.println("<head>");
    out.println("<title>Part4 Report</title>");
    out.println("</head>");
    out.println("<body bgcolor='pink'>");
    out.println("<UL>");
    Map<String()> map = request.getParameterMap();
    out.println("<LI>Officeuse: " + map.get("officeuse")[0] + "</LI>");
    String [] addresschanged = map.get("addresschanged");
    if(addresschanged!=null){
      out.println("<LI>Check here if this is a new address: " + addresschanged[0] + "</LI>");
```

```
}
    out.println("<LI>Name: " + map.get("name")[0] + "</LI>");
    out.println("<LI>Address: " + map.get("address")[0] + "</LI>");
    out.println("<LI>City/State/Zip: " + map.get("CityStateZip")[0] + "</LI>");
    out.println("<LI>Phone: " + map.get("phone")[0] + "</LI>");
    out.println("<LI>Email: " + map.get("Email")[0] + "</LI>");
    out.println("<LI>Account Number: " + map.get("AccountNumber")[0] + "</LI>");
    out.println("<LI>Pet Name: " + map.get("petName")[0] + "</LI>");
    out.println("<LI>Breed: " + map.get("Breed")[0] + "</LI>");
    out.println("<LI>Age: " + map.get("age")[0] + "</LI>");
    out.println("<LI>Gender: " + map.get("Gender")[0] + "</LI>");
    out.println("<LI>Occurrence/Diagnosis: " + map.get("Occurrence/Diagnosis")[0] + "</LI>");
    String [] Related = map.get("Related");
    if(Related!=null){
      for(String s: Related){
         out.println("<LI>This claim is related to: " + s + "</LI>");
      }
    }
    String [] future = map.get("future");
    if(future!=null){
      out.println("<LI>Is this claim an estimate for future treatment?" + future[0] + "</LI>");
    }
    out.println("<LI>TotalAmount: " + map.get("totalAmount")[0] + "</LI>");
    out.println("<LI>FirstDate: " + map.get("firstDate")[0] + "</LI>");
    String [] payment = map.get("payment");
    if(payment!=null){
      out.println("<LI>Send payment to:" + payment[0] + "</LI>");
    out.println("<LI>Veterinarian: " + map.get("Veterinarian")[0] + "</LI>");
    out.println("<LI>Clinic Name: " + map.get("ClinicName")[0] + "</LI>");
    out.println("<LI>Clinic Phone: " + map.get("clinicPhone")[0] + "</LI>");
    out.println("<LI>Clinic Fax: " + map.get("ClinicFax")[0] + "</LI>");
    String [] otherVeterinarian = map.get("otherVeterinarian");
    if(otherVeterinarian!=null){
      out.println("<LI>Did any other veterinarian treat your pet?" + otherVeterinarian[0] +
"</LI>");
    String [] newCondition = map.get("newCondition");
    if(newCondition!=null){
      out.println("<LI>Is this a new condition?" + newCondition[0] + "</LI>");
    out.println("<LI>Signature of Pet Owner: " + map.get("signature")[0] + "</LI>");
    out.println("<LI>Signature Date: " + map.get("signatureDate")[0] + "</LI>");
    out.println("</UL>");
```

```
out.println("</body><html>");
   out.close();
   out.close();
 }
}
web.xml
<web-app>
 <servlet>
   <servlet-name>HW1part2/servlet-name>
   <servlet-class>HW1part2/servlet-class>
 </servlet>
 <servlet>
   <servlet-name>HW1part3
   <servlet-class>HW1part3/servlet-class>
 </servlet>
 <servlet>
   <servlet-name>HW1part4
   <servlet-class>HW1part4/servlet-class>
 </servlet>
 <servlet>
   <servlet-name>HW1part5
   <servlet-class>HW1part5/servlet-class>
 </servlet>
 <servlet>
   <servlet-name>HW1part6
   <servlet-class>HW1part6/servlet-class>
 </servlet>
 <servlet-mapping>
   <servlet-name>HW1part2
   <url-pattern>/hw1part2</url-pattern>
 </servlet-mapping>
 <servlet-mapping>
   <!-- <http-method>POST</http-method> -->
   <servlet-name>HW1part3
   <url-pattern>/hw1part3</url-pattern>
 </servlet-mapping>
 <servlet-mapping>
   <servlet-name>HW1part4
   <url-pattern>/hw1part4</url-pattern>
 </servlet-mapping>
```

```
<servlet-mapping>
    <servlet-name>HW1part5
    <url-pattern>/hw1part5</url-pattern>
  </servlet-mapping>
  <servlet-mapping>
    <servlet-name>HW1part6
    <url-pattern>/hw1part6</url-pattern>
  </servlet-mapping>
  <welcome-file-list>
    <welcome-file>hw1part6</welcome-file>
  </welcome-file-list>
</web-app>
PART 5.
HW1part5.java
import java.io.*;
import javax.servlet.*;
import javax.servlet.http.*;
import java.util.*;
* To change this license header, choose License Headers in Project Properties.
* To change this template file, choose Tools | Templates
* and open the template in the editor.
*/
* @author kym-1992
public class HW1part5 extends HttpServlet{
  @Override
  public void doGet(HttpServletRequest request, HttpServletResponse response)
      throws ServletException, IOException{
    response.setContentType("text/html");
    PrintWriter out = response.getWriter();
    StringBuffer stringBuffer = new StringBuffer(
      "<!doctype html><html>\n" +
      "<head>\n" +
```

```
"<link rel=\"stylesheet\" type=\"text/css\" href=\"index.css\">\n" +
     "<title>Pet insurance claim form</title>\n" +
     "</head>\n" +
     "<body>\n" +
     "<div>\n" +
     " <form action=\"hw1part5\" method=\"post\">\n" +
     " <div class=\"default\">\n" +
     " \n" +
       \n" +
         <h1>ASPCA Pet Insurance</h1>\n" +
         \textarea style=\"overflow:auto;resize:none\" rows=\"5\" cols=\"20\"
name=\"officeuse\">For office use only</textarea>\n" +
         <h1>HAVE A QUESTION? Call us at 1-866-204-6764</h1>\n" +
        \n" +
     "\n" +
     " \n"+
     " </div>\n" +
     " <div class=\"defaultGrev\">\n" +
     " <h2>Claim Form <i>PLEASE INCLUDE YOUR PET'S MEDICAL RECORDS TO HELP
EXPEDITE PROCESSING.</i></h2>\n" +
     " </div>\n" +
     "\n" +
     " <div class=\"noBorder\">\n" +
     " <u>1. General Information <i>Please fill out this form
completely. Incomplete forms will delay processing.</i></u>\n" +
     " </div>\n" +
     "\n" +
     " <div class=\"noBorder\">\n" +
     " <div class=\"leftright\">\n" +
        <div class=\"leftBorder\" style=\"background-color: grey\">\n" +
         <h3>Your Information&nbsp&nbsp&nbsp<input type=\"checkbox\"
name=\"addresschanged\" value=\"Yes\"><i>Check here if this is a new address</i></h3>\n" +
        </div>\n" +
        <div style=\"text-align: left\">\n" +
         type=\"text\" name=\"name\" size=\"40\"></h3>\n" +
         <hr>\n" +
        </div>\n" +
        <div style=\"text-align: left\">\n" +
         type=\"text\" name=\"address\" size=\"60\"></h3>\n" +
     " <hr>\n"+
     " </div>\n"+
     " <div style=\"text-align: left\">\n" +
```

```
type=\"text\" name=\"CityStateZip\" size=\"60\"></h3>\n" +
       <hr>\n" +
      </div>\n" +
      <div style=\"text-align: left\">\n" +
       tvpe=\"text\"
name=\"phone\">&nbsp&nbsp&nbsp&nbspEmail:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp
p&nbsp<input type=\"text\" name=\"Email\"></h3>\n" +
       <hr>\n" +
      </div>\n" +
    п
     </div>\n" +
    "\n" +
      <div class=\"floatcenter\">\n" +
     </div>\n" +
    "\n" +
    " <div class=\"floatright\">\n" +
      <div class=\"leftBorder\" style=\"background-color: grey\">\n" +
      <h3>Pet Information</h3>\n" +
    п
      </div>\n" +
      <div style=\"text-align: left\">\n" +
       type=\"text\" name=\"AccountNumber\" size=\"40\"></h3>\n" +
       <hr>\n" +
    п
      </div>\n" +
      <div style=\"text-align: left\">\n" +
       type=\"text\" name=\"petName\" size=\"40\"></h3>\n" +
       <hr>\n" +
      </div>\n" +
      <div style=\"text-align: left\">\n" +
       type=\"text\" name=\"Breed\" size=\"40\"></h3>\n" +
       <hr>\n" +
      </div>\n" +
      <div style=\"text-align: left\">\n" +
       &nbsp<input type=\"text\" name=\"Gender\"></h3>\n" +
       <hr>\n" +
      </div>\n" +
    " </div>\n"+
    " </div>\n" +
    "\n" +
```

```
" <div class=\"noBorder\">\n" +
     " &nbsp&nbsp&nbsp&nbsp&nbsp<u>2. Diagnosis/Symptom
Information&nbsp&nbsp&nbsp&nbsp<i>HELP US! By providing the \"Story of
Occurrence/Diagnosis,\" you will help us avoid delays in processing your claim.</i></u>\n"
     " </div>\n" +
     "\n" +
     " <div class=\"leftBorder\">\n" +
     " <h3><i>Story of Occurrence/Diagnosis&nbsp&nbsp&nbsp&nbsp&nbsp-Please
describe this incident, including dates, details and symptoms leading up to it.</i></h3>\n" +
     " <textarea class=\"default\" rows=\"5\" cols=\"204\"</pre>
name=\"Occurrence/Diagnosis\"></textarea>\n" +
     " </div>\n" +
     "\n" +
     " <div class=\"noBorder\">\n" +
     " <div class=\"leftright\">\n" +
         <div style=\"text-align: left\">\n" +
          <h3>This claim is related
to:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"checkbox\"
name=\"Related\" value=\"Accident\">Accident<input type=\"checkbox\" name=\"Related\"
value=\"Illness\">Illness<input type=\"checkbox\" name=\"Related\"
value=\"Wellness\">Wellness</h3>\n" +
          <hr>\n" +
         </div>\n" +
         <div style=\"text-align: left\">\n" +
          <h3>Is this claim an estimate for future
name=\"future\" value=\"yes\">Yes<input type=\"checkbox\" name=\"future\"
value=\"no\">No</h3>\n" +
          <hr>\n" +
         </div>\n" +
         <div style=\"text-align: left\">\n" +
          <h3>Total amount
name=\"totalAmount\" size=\"60\"></h3>\n" +
          <hr>\n" +
         </div>\n" +
         <div style=\"text-align: left\">\n" +
          <h3>Date illness/injury first occurred:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input
type=\"date\" name=\"firstDate\"></h3>\n" +
         <hr>\n" +
     " </div>\n"+
        <div style=\"text-align: left\">\n" +
```

```
type=\"checkbox\" name=\"payment\" value=\"me\">me<input type=\"checkbox\"
name=\"payment\" value=\"Veterinarian\">Veterinarian</h3>\n" +
        <hr>\n" +
       </div>\n" +
      </div>\n" +
    "\n" +
    " <div class=\"floatcenter\">\n" +
      </div>\n" +
    "\n" +
    " <div class=\"floatright\">\n" +
       <div style=\"text-align: left\">\n" +
        type=\"text\" name=\"Veterinarian\" size=\"40\"></h3>\n" +
        <hr>\n" +
      </div>\n" +
       <div style=\"text-align: left\">\n" +
        type=\"text\" name=\"ClinicName\" size=\"40\"></h3>\n" +
        <hr>\n" +
       </div>\n" +
       <div style=\"text-align: left\">\n" +
        tvpe=\"text\"
name=\"clinicPhone\">&nbsp&nbsp&nbsp&nbspFax:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp
bsp&nbsp<input type=\"text\" name=\"ClinicFax\"></h3>\n" +
        <hr>\n" +
       </div>\n" +
       <div style=\"text-align: left\">\n" +
        <h3>Did any other veterinarian treat your
pet?&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"checkbox\"
name=\"otherVeterinarian\" value=\"yes\">Yes<input type=\"checkbox\"
name=\"otherVeterinarian\" value=\"no\">No</h3>\n" +
        <hr>\n" +
       </div>\n" +
       <div style=\"text-align: left\">\n" +
        <h3>Is this a new
name=\"newCondition\" value=\"yes\">Yes<input type=\"checkbox\" name=\"newCondition\"
value=\"no\">No</h3>\n" +
       <hr>\n" +
    " </div>\n"+
    " <div> </div>\n" +
    " </div>\n"+
```

```
" </div>\n" +
     "\n" +
     " <div style=\"text-align:left\">\n" +
     " &nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<u>3. Pet Owner
Declaration&nbsp&nbsp&nbsp&nbsp</u>\n" +
     " </div>\n" +
     "\n" +
     " <div style=\"text-align:left\">\n" +
     " <h3>I confirm to the best of my knowledge the above statements are true in every
respect. I understand that the fees listed may not be covered or may\n" +
     "exceed my plan benefit. I understand that I am financially responsible to my
veterinarian for the entire treatment. I understand that this claim\n" +
     "cannot be adjusted without itemized receipts. I also understand that the deliberate
misrepresentation of the animal's condition or the omission of\n" +
     "any material facts may result in the denial of the claim and/or the cancellation of
coverage. I authorize United States Fire Insurance Company and \n" +
     "its business partners to review and obtain a copy of ALL RECORDS including the
insurance claim records and medical records as to examination,\n" +
     "history, diagnosis, treatment and prognosis with respect to any condition. I further
authorize these entities to disclose identifying information about\n" +
     "me and my pet, as well as information about my claim experience, to my
veterinarian.</h3>\n"+
     " </div>\n" +
     "\n" +
     " <div style=\"text-align:left\">\n" +
     " <h3>Signature of Pet
Owner:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\"
name=\"signature\"
name=\"signatureDate\"></h3>\n" +
     " <hr>\n"+
     " </div>\n" +
     "\n" +
     " <div class=\"noBorder\">\n" +
     " <h2>Please read IMPORTANT NOTICE document that follows for additional
information.</h2>\n" +
     " </div>\n" +
     "\n" +
```

" <div style=\"text-align:left\">\n" +

```
to Submit a Claim Form&nbsp&nbsp&nbsp&nbsp<i>You must submit an itemized invoice with
this claim form.</i></u>\n" +
     " </div>\n" +
     "\n" +
     " <div class=\"noBorder\">\n" +
     " <div class=\"leftAuto\">\n" +
     " <h3>E-Mail:<br>\n" +
         claims@aspcapetinsurance.com<br>\n" +
          <i>scan and attach your receipts</i></h3>\n" +
     " </div>\n"+
     "\n" +
     " <div class=\"centerAuto\">\n" +
       <h3>Fax:<br>\n" +
         1-866-888-2495<br>\n" +
          <i>no cover sheet necessary</i></h3>\n" +
     " </div>\n"+
     "\n" +
     " <div class=\"rightAuto\">\n" +
        <h3>Mail:<br>\n" +
     " ASPCA Pet Health Insurance<br>\n" +
     " 3840 Greentree Ave SW<br>\n" +
     " Canton, Ohio 44706</h3>\n" +
     " </div>\n"+
     " </div>\n" +
     "\n" +
     " <div class=\"noBorder\">\n" +
     " <h3>* Please choose only one method. Duplicate claim submissions may delay
processing.</h3>\n"+
     " </div>\n" +
     "\n" +
     " <input type=\"submit\" value=\"submit\" style=\"height:400px; width:400px\">\n" +
     " </form>\n" +
     "</div>\n" +
     "</body>\n" +
     "\n" +
     "</html>"
   );
   out.println(stringBuffer);
 }
  @Override
 public void doPost(HttpServletRequest request, HttpServletResponse response) throws
```

ServletException, IOException{

```
response.setContentType("text/html");
    PrintWriter out = response.getWriter();
    out.println("<!doctype html><HTML>");
    out.println("<head>");
    out.println("<title>Part5 Report</title>");
    out.println("</head>");
    out.println("<body bgcolor='pink'>");
    out.println("<UL>");
    Enumeration<String> elementNames = request.getParameterNames();
    while(elementNames.hasMoreElements()){
      String element = elementNames.nextElement();
      if(element!=null){
        if(element.equalsIgnoreCase("Related")){
          String [] Related = request.getParameterValues("Related");
          if(Related!=null){
            for(String s: Related){
              out.println("<LI>This claim is related to: " + s + "</LI>");
            }
          }
        }
        else{
          out.println("<LI>" + element + " : " +request.getParameter(element) + "</LI>");
        }
      }
    }
    out.println("</UL>");
    out.close();
 }
web.xml
<web-app>
  <servlet>
    <servlet-name>HW1part2
    <servlet-class>HW1part2/servlet-class>
  </servlet>
  <servlet>
    <servlet-name>HW1part3
```

}

```
<servlet-class>HW1part3/servlet-class>
 </servlet>
 <servlet>
   <servlet-name>HW1part4
   <servlet-class>HW1part4/servlet-class>
 </servlet>
 <servlet>
   <servlet-name>HW1part5
   <servlet-class>HW1part5/servlet-class>
 </servlet>
 <servlet>
   <servlet-name>HW1part6
   <servlet-class>HW1part6/servlet-class>
 </servlet>
 <servlet-mapping>
   <servlet-name>HW1part2
   <url-pattern>/hw1part2</url-pattern>
 </servlet-mapping>
 <servlet-mapping>
   <!-- <http-method>POST</http-method> -->
   <servlet-name>HW1part3
   <url-pattern>/hw1part3</url-pattern>
 </servlet-mapping>
 <servlet-mapping>
   <servlet-name>HW1part4
   <url-pattern>/hw1part4</url-pattern>
 </servlet-mapping>
 <servlet-mapping>
   <servlet-name>HW1part5/servlet-name>
   <url-pattern>/hw1part5</url-pattern>
 </servlet-mapping>
 <servlet-mapping>
   <servlet-name>HW1part6
   <url-pattern>/hw1part6</url-pattern>
 </servlet-mapping>
 <welcome-file-list>
   <welcome-file>hw1part6</welcome-file>
 </welcome-file-list>
</web-app>
```

```
HW1part6.java
import java.io.*;
import javax.servlet.*;
import javax.servlet.http.*;
import java.util.*;
* To change this license header, choose License Headers in Project Properties.
* To change this template file, choose Tools | Templates
* and open the template in the editor.
*/
* @author kym-1992
*/
public class HW1part6 extends HttpServlet{
  @Override
 public void doGet(HttpServletRequest request, HttpServletResponse response)
     throws ServletException, IOException{
    response.setContentType("text/html");
    PrintWriter out = response.getWriter();
   StringBuffer stringBuffer = new StringBuffer(
      "<!doctype html><html>\n" +
      "<head>\n" +
      "<link rel=\"stylesheet\" type=\"text/css\" href=\"index.css\">\n" +
      "<title>Pet insurance claim form</title>\n" +
      "</head>\n" +
      "<body>\n" +
      "<div>\n" +
      " <form action=\"hw1part6\" method=\"post\">\n" +
      " <div class=\"default\">\n" +
     " \n" +
        \n" +
          <h1>ASPCA Pet Insurance</h1>\n" +
          =\"overflow:auto;resize:none\" rows=\"5\" cols=\"20\"
name=\"officeuse\">For office use only</textarea>\n" +
          <h1>HAVE A QUESTION? Call us at 1-866-204-6764</h1>\n" +
         \n" +
      "\n" +
      " \n"+
      " </div>\n" +
```

```
" <div class=\"defaultGrey\">\n" +
     " <h2>Claim Form <i>PLEASE INCLUDE YOUR PET'S MEDICAL RECORDS TO HELP
EXPEDITE PROCESSING.</i></h2>\n" +
     " </div>\n" +
     "\n" +
     " <div class=\"noBorder\">\n" +
     " <u>1. General Information <i>Please fill out this form
completely. Incomplete forms will delay processing.</i></u>\n" +
     " </div>\n" +
     "\n" +
     " <div class=\"noBorder\">\n" +
     " <div class=\"leftright\">\n" +
        <div class=\"leftBorder\" style=\"background-color: grey\">\n" +
         <h3>Your Information&nbsp&nbsp&nbsp<input type=\"checkbox\"
name=\"addresschanged\" value=\"Yes\"><i>Check here if this is a new address</i></h3>\n" +
        </div>\n" +
        <div style=\"text-align: left\">\n" +
         type=\"text\" name=\"name\" size=\"40\"></h3>\n" +
        <hr>\n" +
     п
        </div>\n" +
     " <div style=\"text-align: left\">\n" +
         type=\"text\" name=\"address\" size=\"60\"></h3>\n" +
     " <hr>\n"+
       </div>\n" +
     " <div style=\"text-align: left\">\n" +
         type=\"text\" name=\"CityStateZip\" size=\"60\"></h3>\n" +
        <hr>\n" +
        </div>\n" +
        <div style=\"text-align: left\">\n" +
         type=\"text\"
name=\"phone\">&nbsp&nbsp&nbsp&nbspEmail:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp
p&nbsp<input type=\"text\" name=\"Email\"></h3>\n" +
         <hr>\n" +
        </div>\n" +
     " </div>\n"+
     " <div class=\"floatcenter\">\n" +
     " </div>\n"+
     "\n" +
     " <div class=\"floatright\">\n" +
```

```
<div class=\"leftBorder\" style=\"background-color: grey\">\n" +
    п
        <h3>Pet Information</h3>\n" +
    п
       </div>\n" +
        <div style=\"text-align: left\">\n" +
        type=\"text\" name=\"AccountNumber\" size=\"40\"></h3>\n" +
        <hr>\n" +
    п
        </div>\n" +
        <div style=\"text-align: left\">\n" +
        type=\"text\" name=\"petName\" size=\"40\"></h3>\n" +
        <hr>\n" +
       </div>\n" +
       <div style=\"text-align: left\">\n" +
        type=\"text\" name=\"Breed\" size=\"40\"></h3>\n" +
       <hr>\n" +
    п
       </div>\n" +
       <div style=\"text-align: left\">\n" +
        &nbsp<input type=\"text\" name=\"Gender\"></h3>\n" +
        <hr>\n" +
       </div>\n" +
    " </div>\n"+
    " </div>\n" +
    "\n" +
    " <div class=\"noBorder\">\n" +
    " &nbsp&nbsp&nbsp&nbsp&nbsp<u>2. Diagnosis/Symptom
Information&nbsp&nbsp&nbsp&nbsp<i>HELP US! By providing the \"Story of
Occurrence/Diagnosis,\" you will help us avoid delays in processing your claim.</i></u>\n"
+
    " </div>\n" +
    "\n" +
    " <div class=\"leftBorder\">\n" +
    " <h3><i>Story of Occurrence/Diagnosis&nbsp&nbsp&nbsp&nbsp&nbsp-Please
describe this incident, including dates, details and symptoms leading up to it.</i></h3>\n" +
    " <textarea class=\"default\" rows=\"5\" cols=\"204\"</pre>
name=\"Occurrence/Diagnosis\"></textarea>\n" +
    " </div>\n" +
    "\n" +
    " <div class=\"noBorder\">\n" +
    " <div class=\"leftright\">\n" +
       <div style=\"text-align: left\">\n" +
```

```
<h3>This claim is related
name=\"Related\" value=\"Accident\">Accident<input type=\"checkbox\" name=\"Related\"
value=\"Illness\">Illness<input type=\"checkbox\" name=\"Related\"
value=\"Wellness\">Wellness</h3>\n" +
         <hr>\n" +
        </div>\n" +
        <div style=\"text-align: left\">\n" +
         <h3>Is this claim an estimate for future
treatment?&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"checkbox\"
name=\"future\" value=\"yes\">Yes<input type=\"checkbox\" name=\"future\"
value=\"no\">No</h3>\n" +
         <hr>\n" +
        </div>\n" +
        <div style=\"text-align: left\">\n" +
         <h3>Total amount
claimed:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp</a>elinput type=\"text\"
name=\"totalAmount\" size=\"60\"></h3>\n" +
         <hr>\n" +
     ш
        </div>\n" +
        <div style=\"text-align: left\">\n" +
         <h3>Date illness/injury first occurred:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input
type=\"date\" name=\"firstDate\"></h3>\n" +
         <hr>\n" +
        </div>\n" +
        <div style=\"text-align: left\">\n" +
         type=\"checkbox\" name=\"payment\" value=\"me\">me<input type=\"checkbox\"
name=\"payment\" value=\"Veterinarian\">Veterinarian</h3>\n" +
         <hr>\n" +
        </div>\n" +
     " </div>\n"+
     "\n" +
     " <div class=\"floatcenter\">\n" +
       </div>\n" +
     "\n" +
     " <div class=\"floatright\">\n" +
        <div style=\"text-align: left\">\n" +
         type=\"text\" name=\"Veterinarian\" size=\"40\"></h3>\n" +
         <hr>\n" +
       </div>\n" +
        <div style=\"text-align: left\">\n" +
```

```
type=\"text\" name=\"ClinicName\" size=\"40\"></h3>\n" +
         <hr>\n" +
         </div>\n" +
        <div style=\"text-align: left\">\n" +
         tvpe=\"text\"
name=\"clinicPhone\">&nbsp&nbsp&nbsp&nbspFax:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp
bsp&nbsp<input type=\"text\" name=\"ClinicFax\"></h3>\n" +
         <hr>\n" +
     п
         </div>\n" +
         <div style=\"text-align: left\">\n" +
         <h3>Did any other veterinarian treat your
pet?&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"checkbox\"
name=\"otherVeterinarian\" value=\"yes\">Yes<input type=\"checkbox\"
name=\"otherVeterinarian\" value=\"no\">No</h3>\n" +
         <hr>\n" +
        </div>\n" +
        <div style=\"text-align: left\">\n" +
         <h3>Is this a new
condition?:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"checkbox\"
name=\"newCondition\" value=\"yes\">Yes<input type=\"checkbox\" name=\"newCondition\"
value=\"no\">No</h3>\n" +
     " <hr>\n"+
     " </div>\n"+
     " <div> </div>\n" +
     " </div>\n"+
     " </div>\n" +
     "\n" +
     " <div style=\"text-align:left\">\n" +
     " &nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<u>3. Pet Owner
Declaration&nbsp&nbsp&nbsp&nbsp</u>\n" +
     " </div>\n" +
     "\n" +
     " <div style=\"text-align:left\">\n" +
     " <h3>I confirm to the best of my knowledge the above statements are true in every
respect. I understand that the fees listed may not be covered or may\n" +
     "exceed my plan benefit. I understand that I am financially responsible to my
veterinarian for the entire treatment. I understand that this claim\n" +
     "cannot be adjusted without itemized receipts. I also understand that the deliberate
```

"any material facts may result in the denial of the claim and/or the cancellation of coverage. I authorize United States Fire Insurance Company and\n" +

misrepresentation of the animal's condition or the omission of\n" +

"its business partners to review and obtain a copy of ALL RECORDS including the insurance claim records and medical records as to examination,\n" +

"history, diagnosis, treatment and prognosis with respect to any condition. I further authorize these entities to disclose identifying information about\n" +

"me and my pet, as well as information about my claim experience, to my veterinarian.</h3>\n" +

```
" </div>\n" +
```

"\n" +

" <div style=\"text-align:left\">\n" +

" <h3>Signature of Pet

name=\"signature\"

name=\"signatureDate\"></h3>\n" +

```
" <hr>\n"+
" </div>\n" +
"\n" +
" <div class=\"noBorder\">\n" +
```

" <h2>Please read IMPORTANT NOTICE document that follows for additional information. $</h2>\n" +$

```
" </div>\n" +
```

"\n" +

" <div style=\"text-align:left\">\n" +

" <u>4. 3 EasyWays to Submit a Claim Form <i>You must submit an itemized invoice with this claim form. $</i></u>\n" +$

```
" </div>\n" +
"\n" +
" <div class=\"noBorder\">\n" +
" <div class=\"leftAuto\">\n" +
  <h3>E-Mail:<br>\n" +
    claims@aspcapetinsurance.com<br>\n" +
    <i>scan and attach your receipts</i></h3>\n" +
" </div>\n"+
"\n" +
" <div class=\"centerAuto\">\n" +
" <h3>Fax:<br>\n"+
" 1-866-888-2495<br>\n" +
   <i>no cover sheet necessary</i></h3>\n" +
" </div>\n"+
```

```
"\n" +
      " <div class=\"rightAuto\">\n" +
      " <h3>Mail:<br>\n" +
         ASPCA Pet Health Insurance<br>\n" +
           3840 Greentree Ave SW<br>\n" +
      " Canton, Ohio 44706</h3>\n" +
      " </div>\n"+
      " </div>\n" +
      "\n" +
      " <div class=\"noBorder\">\n" +
      " <h3>* Please choose only one method. Duplicate claim submissions may delay
processing.</h3>\n"+
      " </div>\n" +
      "\n" +
      " <input type=\"submit\" value=\"submit\" style=\"height:400px; width:400px\">\n" +
      " </form>\n" +
      "</div>\n" +
      "</body>\n" +
      "\n" +
      "</html>"
    );
    out.println(stringBuffer);
  }
  @Override
  public void doPost(HttpServletRequest request, HttpServletResponse response) throws
      ServletException, IOException{
    response.setContentType("text/html");
    PrintWriter out = response.getWriter();
    out.println("<!doctype html><HTML>");
    out.println("<head>");
    out.println("<title>Part6 Report</title>");
    out.println("</head>");
    out.println("<body bgcolor='pink'>");
    out.println("<UL>");
    out.println("<LI>Officeuse: " + request.getParameter("officeuse") + "</LI>");
    String [] addresschanged = request.getParameterValues("addresschanged");
    if(addresschanged!=null){
      out.println("<LI>Check here if this is a new address: " + addresschanged[0] + "</LI>");
    }
    out.println("<LI>Name: " + request.getParameter("name") + "</LI>");
```

```
out.println("<LI>Address: " + request.getParameter("address") + "</LI>");
    out.println("<LI>City/State/Zip: " + request.getParameter("CityStateZip") + "</LI>");
    out.println("<LI>Phone: " + request.getParameter("phone") + "</LI>");
    out.println("<LI>Email: " + request.getParameter("Email") + "</LI>");
    out.println("<LI>Account Number: " + request.getParameter("AccountNumber") + "</LI>");
    out.println("<LI>Pet Name: " + request.getParameter("petName") + "</LI>");
    out.println("<LI>Breed: " + request.getParameter("Breed") + "</LI>");
    out.println("<LI>Age: " + request.getParameter("age") + "</LI>");
    out.println("<LI>Gender: " + request.getParameter("Gender") + "</LI>");
    out.println("<LI>Occurrence/Diagnosis: " + request.getParameter("Occurrence/Diagnosis")
+ "</LI>");
    String [] Related = request.getParameterValues("Related");
    if(Related!=null){
      for(String s: Related){
        out.println("<LI>This claim is related to: " + s + "</LI>");
      }
    }
    String [] future = request.getParameterValues("future");
    if(future!=null){
      out.println("<LI>Is this claim an estimate for future treatment?" + future[0] + "</LI>");
    out.println("<LI>TotalAmount: " + request.getParameter("totalAmount") + "</LI>");
    out.println("<LI>FirstDate: " + request.getParameter("firstDate") + "</LI>");
    String [] payment = request.getParameterValues("payment");
    if(payment!=null){
      out.println("<LI>Send payment to:" + payment[0] + "</LI>");
    out.println("<LI>Veterinarian: " + request.getParameter("Veterinarian") + "</LI>");
    out.println("<LI>Clinic Name: " + request.getParameter("ClinicName") + "</LI>");
    out.println("<LI>Clinic Phone: " + request.getParameter("clinicPhone") + "</LI>");
    out.println("<LI>Clinic Fax: " + request.getParameter("ClinicFax") + "</LI>");
    String [] otherVeterinarian = request.getParameterValues("otherVeterinarian");
    if(otherVeterinarian!=null){
      out.println("<LI>Did any other veterinarian treat your pet?" + otherVeterinarian[0] +
"</LI>");
    }
    String [] newCondition = request.getParameterValues("newCondition");
    if(newCondition!=null){
      out.println("<LI>Is this a new condition?" + newCondition[0] + "</LI>");
    out.println("<LI>Signature of Pet Owner: " + request.getParameter("signature") + "</LI>");
    out.println("<LI>Signature Date: " + request.getParameter("signatureDate") + "</LI>");
    out.println("</UL>");
    out.println("</body><html>");
```

```
out.close();
 }
}
web.xml
<web-app>
 <servlet>
   <servlet-name>HW1part2/servlet-name>
   <servlet-class>HW1part2/servlet-class>
 </servlet>
 <servlet>
   <servlet-name>HW1part3
   <servlet-class>HW1part3/servlet-class>
 </servlet>
 <servlet>
   <servlet-name>HW1part4
   <servlet-class>HW1part4/servlet-class>
 </servlet>
 <servlet>
   <servlet-name>HW1part5
   <servlet-class>HW1part5/servlet-class>
 </servlet>
 <servlet>
   <servlet-name>HW1part6
   <servlet-class>HW1part6/servlet-class>
 </servlet>
 <servlet-mapping>
   <servlet-name>HW1part2/servlet-name>
   <url-pattern>/hw1part2</url-pattern>
 </servlet-mapping>
 <servlet-mapping>
   <!-- <http-method>POST</http-method> -->
   <servlet-name>HW1part3
   <url-pattern>/hw1part3</url-pattern>
 </servlet-mapping>
 <servlet-mapping>
   <servlet-name>HW1part4
   <url-pattern>/hw1part4</url-pattern>
 </servlet-mapping>
 <servlet-mapping>
   <servlet-name>HW1part5
```

```
<url-pattern>/hw1part5</url-pattern>
</servlet-mapping>
<servlet-mapping>
<servlet-name>HW1part6</servlet-name>
<url-pattern>/hw1part6</url-pattern>
</servlet-mapping>
<welcome-file-list>
<welcome-file>hw1part6</welcome-file>
</welcome-file-list>
</web-app>
```