---------------------------------------------

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-name>

<servlet-class>HW1part2</servlet-class>

</servlet>

<servlet>

<servlet-name>HW1part3</servlet-name>

<servlet-class>HW1part3</servlet-class>

</servlet>

<servlet>

<servlet-name>HW1part4</servlet-name>

<servlet-class>HW1part4</servlet-class>

</servlet>

<servlet>

<servlet-name>HW1part5</servlet-name>

<servlet-class>HW1part5</servlet-class>

</servlet>

<servlet>

<servlet-name>HW1part6</servlet-name>

<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</servlet-name>

<url-pattern>/hw1part3</url-pattern>

</servlet-mapping>

<servlet-mapping>

<servlet-name>HW1part4</servlet-name>

<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>

<head>

<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">

<table style="float:center" border="0">

<tr>

<td><h1>ASPCA Pet Insurance</h1></td>

<td><textarea style="overflow:auto;resize:none" rows="5" cols="20" name="officeuse">For office use only</textarea></td>

<td><h1>HAVE A QUESTION? Call us at 1-866-204-6764</h1></td>

</tr>

</table>

</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">

<p class="regular"><u>1. General Information <i>Please fill out this form completely. Incomplete forms will delay processing.</i></u></p>

</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">

<h3>Name:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type="text" name="name" size="40"></h3>

<hr>

</div>

<div style="text-align: left">

<h3>Address:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type="text" name="address" size="60"></h3>

<hr>

</div>

<div style="text-align: left">

<h3>City, State, Zip:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type="text" name="CityStateZip" size="60"></h3>

<hr>

</div>

<div style="text-align: left">

<h3>Phone:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type="text" name="phone">&nbsp&nbsp&nbsp&nbspEmail:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&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">

<h3>Account Number:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type="text" name="AccountNumber" size="40"></h3>

<hr>

</div>

<div style="text-align: left">

<h3>Name:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type="text" name="petName" size="40"></h3>

<hr>

</div>

<div style="text-align: left">

<h3>Breed:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type="text" name="Breed" size="40"></h3>

<hr>

</div>

<div style="text-align: left">

<h3>Age:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type="text" name="age">&nbsp&nbsp&nbsp&nbspGender:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type="text" name="Gender"></h3>

<hr>

</div>

</div>

</div>

<div class="noBorder">

<p class="regular">&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></p>

</div>

<div class="leftBorder">

<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>

<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&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&nbsp<input type="checkbox" name="future" value="yes">Yes<input type="checkbox" name="future" value="no">No</h3>

<hr>

</div>

<div style="text-align: left">

<h3>Total amount claimed:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input 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&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">

<h3>Veterinarian:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type="text" name="Veterinarian" size="40"></h3>

<hr>

</div>

<div style="text-align: left">

<h3>Clinic Name:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type="text" name="ClinicName" size="40"></h3>

<hr>

</div>

<div style="text-align: left">

<h3>Phone:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type="text" name="clinicPhone">&nbsp&nbsp&nbsp&nbspFax:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&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&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">

<h3>Is this a new condition?:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type="checkbox" name="newCondition" value="yes">Yes<input type="checkbox" name="newCondition" value="no">No</h3>

<hr>

</div>

<div><p> </p></div>

</div>

</div>

<div style="text-align:left">

<p class="regular">&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<u>3. Pet Owner Declaration&nbsp&nbsp&nbsp&nbsp</u></p>

</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">

<h3>Signature of Pet Owner:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type="text" name="signature" size="40">&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp

&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbspDate:<input type="date" 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">

<p class="regular">&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></p>

</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-name>

<servlet-class>HW1part3</servlet-class>

</servlet>

<servlet>

<servlet-name>HW1part4</servlet-name>

<servlet-class>HW1part4</servlet-class>

</servlet>

<servlet>

<servlet-name>HW1part5</servlet-name>

<servlet-class>HW1part5</servlet-class>

</servlet>

<servlet>

<servlet-name>HW1part6</servlet-name>

<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</servlet-name>

<url-pattern>/hw1part3</url-pattern>

</servlet-mapping>

<servlet-mapping>

<servlet-name>HW1part4</servlet-name>

<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>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" +

" <table style=\"float:center\" border=\"0\">\n" +

" <tr>\n" +

" <td><h1>ASPCA Pet Insurance</h1></td>\n" +

" <td><textarea style=\"overflow:auto;resize:none\" rows=\"5\" cols=\"20\" name=\"officeuse\">For office use only</textarea></td>\n" +

" <td><h1>HAVE A QUESTION? Call us at 1-866-204-6764</h1></td>\n" +

" </tr>\n" +

"\n" +

" </table>\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" +

" <p class=\"regular\"><u>1. General Information <i>Please fill out this form completely. Incomplete forms will delay processing.</i></u></p>\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" +

" <h3>Name:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"name\" size=\"40\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Address:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"address\" size=\"60\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>City, State, Zip:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"CityStateZip\" size=\"60\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Phone:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"phone\">&nbsp&nbsp&nbsp&nbspEmail:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"Email\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

" </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" +

" </div>\n" +

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

" <h3>Account Number:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"AccountNumber\" size=\"40\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Name:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"petName\" size=\"40\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Breed:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"Breed\" size=\"40\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Age:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"age\">&nbsp&nbsp&nbsp&nbspGender:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"Gender\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

" </div>\n" +

" </div>\n" +

"\n" +

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

" <p class=\"regular\">&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></p>\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\" 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&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 treatment?&nbsp&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&nbsp<input type=\"text\" 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" +

" <h3>Send payment to:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input 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" +

" <h3>Veterinarian:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"Veterinarian\" size=\"40\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Clinic Name:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"ClinicName\" size=\"40\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Phone:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"clinicPhone\">&nbsp&nbsp&nbsp&nbspFax:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&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&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&nbsp<input type=\"checkbox\" name=\"newCondition\" value=\"yes\">Yes<input type=\"checkbox\" name=\"newCondition\" value=\"no\">No</h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" </div>\n" +

" </div>\n" +

"\n" +

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

" <p class=\"regular\">&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<u>3. Pet Owner Declaration&nbsp&nbsp&nbsp&nbsp</u></p>\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&nbsp<input type=\"text\" name=\"signature\" size=\"40\">&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp\n" +

" &nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbspDate:<input type=\"date\" 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" +

" <p class=\"regular\">&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></p>\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>Part4 Report</title>");

out.println("</head>");

out.println("<body bgcolor='pink'>");

out.println("<UL>");

Map<String,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-name>

<servlet-class>HW1part3</servlet-class>

</servlet>

<servlet>

<servlet-name>HW1part4</servlet-name>

<servlet-class>HW1part4</servlet-class>

</servlet>

<servlet>

<servlet-name>HW1part5</servlet-name>

<servlet-class>HW1part5</servlet-class>

</servlet>

<servlet>

<servlet-name>HW1part6</servlet-name>

<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</servlet-name>

<url-pattern>/hw1part3</url-pattern>

</servlet-mapping>

<servlet-mapping>

<servlet-name>HW1part4</servlet-name>

<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 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" +

" <table style=\"float:center\" border=\"0\">\n" +

" <tr>\n" +

" <td><h1>ASPCA Pet Insurance</h1></td>\n" +

" <td><textarea style=\"overflow:auto;resize:none\" rows=\"5\" cols=\"20\" name=\"officeuse\">For office use only</textarea></td>\n" +

" <td><h1>HAVE A QUESTION? Call us at 1-866-204-6764</h1></td>\n" +

" </tr>\n" +

"\n" +

" </table>\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" +

" <p class=\"regular\"><u>1. General Information <i>Please fill out this form completely. Incomplete forms will delay processing.</i></u></p>\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" +

" <h3>Name:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"name\" size=\"40\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Address:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"address\" size=\"60\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>City, State, Zip:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"CityStateZip\" size=\"60\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Phone:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"phone\">&nbsp&nbsp&nbsp&nbspEmail:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"Email\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

" </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" +

" </div>\n" +

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

" <h3>Account Number:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"AccountNumber\" size=\"40\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Name:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"petName\" size=\"40\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Breed:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"Breed\" size=\"40\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Age:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"age\">&nbsp&nbsp&nbsp&nbspGender:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"Gender\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

" </div>\n" +

" </div>\n" +

"\n" +

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

" <p class=\"regular\">&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></p>\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\" 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&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 treatment?&nbsp&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&nbsp<input type=\"text\" 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" +

" <h3>Send payment to:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input 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" +

" <h3>Veterinarian:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"Veterinarian\" size=\"40\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Clinic Name:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"ClinicName\" size=\"40\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Phone:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"clinicPhone\">&nbsp&nbsp&nbsp&nbspFax:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&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&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&nbsp<input type=\"checkbox\" name=\"newCondition\" value=\"yes\">Yes<input type=\"checkbox\" name=\"newCondition\" value=\"no\">No</h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" </div>\n" +

" </div>\n" +

"\n" +

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

" <p class=\"regular\">&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<u>3. Pet Owner Declaration&nbsp&nbsp&nbsp&nbsp</u></p>\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&nbsp<input type=\"text\" name=\"signature\" size=\"40\">&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp\n" +

" &nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbspDate:<input type=\"date\" 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" +

" <p class=\"regular\">&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></p>\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-name>

<servlet-class>HW1part2</servlet-class>

</servlet>

<servlet>

<servlet-name>HW1part3</servlet-name>

<servlet-class>HW1part3</servlet-class>

</servlet>

<servlet>

<servlet-name>HW1part4</servlet-name>

<servlet-class>HW1part4</servlet-class>

</servlet>

<servlet>

<servlet-name>HW1part5</servlet-name>

<servlet-class>HW1part5</servlet-class>

</servlet>

<servlet>

<servlet-name>HW1part6</servlet-name>

<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</servlet-name>

<url-pattern>/hw1part3</url-pattern>

</servlet-mapping>

<servlet-mapping>

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<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 6.

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" +

" <table style=\"float:center\" border=\"0\">\n" +

" <tr>\n" +

" <td><h1>ASPCA Pet Insurance</h1></td>\n" +

" <td><textarea style=\"overflow:auto;resize:none\" rows=\"5\" cols=\"20\" name=\"officeuse\">For office use only</textarea></td>\n" +

" <td><h1>HAVE A QUESTION? Call us at 1-866-204-6764</h1></td>\n" +

" </tr>\n" +

"\n" +

" </table>\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" +

" <p class=\"regular\"><u>1. General Information <i>Please fill out this form completely. Incomplete forms will delay processing.</i></u></p>\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" +

" <h3>Name:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"name\" size=\"40\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Address:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"address\" size=\"60\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>City, State, Zip:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"CityStateZip\" size=\"60\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Phone:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"phone\">&nbsp&nbsp&nbsp&nbspEmail:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"Email\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

" </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" +

" </div>\n" +

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

" <h3>Account Number:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"AccountNumber\" size=\"40\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Name:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"petName\" size=\"40\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Breed:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"Breed\" size=\"40\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Age:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"age\">&nbsp&nbsp&nbsp&nbspGender:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"Gender\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

" </div>\n" +

" </div>\n" +

"\n" +

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

" <p class=\"regular\">&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></p>\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\" 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&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 treatment?&nbsp&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&nbsp<input type=\"text\" 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" +

" <h3>Send payment to:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input 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" +

" <h3>Veterinarian:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"Veterinarian\" size=\"40\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Clinic Name:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"ClinicName\" size=\"40\"></h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" <h3>Phone:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<input type=\"text\" name=\"clinicPhone\">&nbsp&nbsp&nbsp&nbspFax:&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&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&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&nbsp<input type=\"checkbox\" name=\"newCondition\" value=\"yes\">Yes<input type=\"checkbox\" name=\"newCondition\" value=\"no\">No</h3>\n" +

" <hr>\n" +

" </div>\n" +

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

" </div>\n" +

" </div>\n" +

"\n" +

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

" <p class=\"regular\">&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp<u>3. Pet Owner Declaration&nbsp&nbsp&nbsp&nbsp</u></p>\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&nbsp<input type=\"text\" name=\"signature\" size=\"40\">&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp\n" +

" &nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp&nbspDate:<input type=\"date\" 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" +

" <p class=\"regular\">&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></p>\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-name>

<servlet-class>HW1part3</servlet-class>

</servlet>

<servlet>

<servlet-name>HW1part4</servlet-name>

<servlet-class>HW1part4</servlet-class>

</servlet>

<servlet>

<servlet-name>HW1part5</servlet-name>

<servlet-class>HW1part5</servlet-class>

</servlet>

<servlet>

<servlet-name>HW1part6</servlet-name>

<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</servlet-name>

<url-pattern>/hw1part3</url-pattern>

</servlet-mapping>

<servlet-mapping>

<servlet-name>HW1part4</servlet-name>

<url-pattern>/hw1part4</url-pattern>

</servlet-mapping>

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</servlet-mapping>

<welcome-file-list>

<welcome-file>hw1part6</welcome-file>

</welcome-file-list>

</web-app>