Assignment 1

Part 2-

ShowRequest.java

```java
import java.io.IOException;

import javax.servlet.ServletException;

import java.io.PrintWriter;

import javax.servlet.http.HttpServlet;

import javax.servlet.http.HttpServletResponse;

import javax.servlet.http.HttpServletRequest;

import java.util.Enumeration;




public  class ShowRequest extends HttpServlet{

        public void doGet(HttpServletRequest req,HttpServletResponse res)throws
ServletException,IOException{

                res.setContentType("text/html");

                PrintWriter out=res.getWriter();

                out.println("<html>");

                out.println("<head><title>This is the first lab</title></head>");

                out.println("<body bgcolor='pink'><b>Request URI:</b>"+req.getRequestURI());

                out.println("<hr>");

                out.println("<table>");

                Enumeration headerNames=req.getHeaderNames();

                while(headerNames.hasMoreElements())

                {

                        String headerName=(String)headerNames.nextElement();

                        out.println("<tr><td>"+headerName);

                        out.println("<td>"+req.getHeader(headerName));
```

```java
                }

                String headerValue = req.getHeader(req.getHeaderNames().nextElement());

                out.print("Header Value:" + headerValue);

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

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

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

        }


        public void doPost(HttpServletRequest req,HttpServletResponse res)throws
ServletException,IOException{

                doGet(req,res);

        }

}
```

web.xml

```xml
<web-app>

        <servlet>

                <servlet-name>ShowRequest</servlet-name>

                <servlet-class>ShowRequest</servlet-class>

        </servlet>


        <servlet-mapping>

                <servlet-name>ShowRequest</servlet-name>

                <url-pattern>/ShowRequest</url-pattern>

        </servlet-mapping>

        <welcome-file-list>

                <welcome-file>ShowRequest</welcome-file>

        </welcome-file-list>

<web-app>
```

Part 3-

ASPCA.html

<html>

<head><title>lab2-input form</title>

<!-- Latest compiled and minified CSS -->

<link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.3.6/css/bootstrap.min.css" integrity="sha384-1q8mTJOASx8j1Au+a5WDVnPi2lkFfwwEAa8hDDdjZlpLegxhjVME1fgjWPGmkzs7" crossorigin="anonymous">

<!-- Optional theme -->

<link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.3.6/css/bootstrap-theme.min.css" integrity="sha384-fLW2N01lMqjakBkx3l/M9EahuwpSfeNvV63J5ezn3uZzapT0u7EYsXMjQV+0En5r" crossorigin="anonymous">

<!-- Latest compiled and minified JavaScript -->

<script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.3.6/js/bootstrap.min.js" integrity="sha384-0mSbJDEHialfmuBBQP6A4Qrprq5OVfW37PRR3j5ELqxss1yVqOtnepnHVP9aJ7xS" crossorigin="anonymous"></script>

<style>

 .all{

                float:left;

                width:50%;

    }

</style>

</head>

<body class="container">

<h2>ASPCA</h2>

<h4>Pet Health Insurance</h4>

<div>

```html
<b>Claim Form</b>

<span>Please Include Your  Pet's Medical Records To Help Expedite Processing</span>

</div>




<div><span><b>1.General Information</b></span>Please fill out this form completely. Incomplete
forms will delay processing.</span></div>

<hr>

<form action="ASPCA" method="post">

  <div class="form-group row">

        <div class="all col-md-6">

  <label for="check">Your Information</label>

  <input type="checkbox" name="checked" id="check">Check here if this is a new address</input>

        <div class="form-inline">

        <label for="fname">Name:</label>

        <input type="text" class="form-control" name="fname"/></div>

        <div class="form-inline">

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

        <input type="text" class="form-control" name="address"/></div>

        <div class="form-inline">

        <label for="city">City,State,Zip:</label>

        <input type="text" class="form-control" name="city"/></div>

        <div class="form-inline">

        <label for="phone">Phone:</label>

        <input type="text" class="form-control" name="phone"/>

        <label for="email">Email:</label>

        <input type="text" class="form-control" name="email"/>

        </div>
```

```
</div>

<div class="all col-md-6">

<label>Pet Information</label>

<div class="form-inline">

<label for="acc">Account Number:</label>

<input type="text" class="form-control" name="acc"/></div>

<div class="form-inline">

<label for="pname">Name:</label>

<input type="text" class="form-control" name="pname"/></div>

<div class="form-inline">

<label for="breed">Breed:</label>

<input type="text" class="form-control" name="breed"/></div>

<div class="form-inline">

<label for="age">Age:</label>

<input type="text" class="form-control" name="age"/>

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

<input type="text" class="form-control" name="gender"/>

</div>

</div>

</div>


<div><span><b>2.Diagnosis/Symptom Information</b></span>HELP US! By providing the "Story of
Occurrence/Diagnosis," you will help us avoid delays in processing your claim.</span></div>

<hr>

<textarea rows="4" cols="175px" name="story" placeholder="Story of Occurrence/Diagnosis -
Please describe this incident, including dates, details and symptoms leading up to it."></textarea>

<div class="all col-md-6">

<div>

<label for="check"><i>This claim is related to:</i></label>
```

```html
<input type="checkbox" name="checkhere" id="check" value="Accident">Accident</input>
    <input type="checkbox" name="checkhere" id="check" value="Illness">Illness</input>
    <input type="checkbox" name="checkhere" id="check" value="Wellness">Wellness</input>
    </div>
    <div>
    <label for="check">Is this claim an estimate for future treatment?</label>
<input type="checkbox" name="checkIs" id="check" value="Yes">Yes</input>
    <input type="checkbox" name="checkIs" id="check" value="No">No</input>
    </div>
    <div class="form-inline">
    <label for="amt">Total amount claimed:</label>
    <input type="text" class="form-control" id="amt"/></div>
    <div class="form-inline">
    <label for="dateIllness">Date illness/injury first occurred:</label>
    <input type="date" class="form-control" name="dateIllness"/></div>
    <div>
    <label for="check">Send payment to:</label>
  <input type="checkbox" name="checksend" id="check" value="Me">Me</input>
    <input type="checkbox" name="checksend" id="check"
value="Veterinarian">Veterinarian</input>
    </div>
    </div>
    <div class="all col-md-6">
    <div class="form-inline">
    <label for="vet">Veterinarian:</label>
    <input type="text" class="form-control" name="vet"/></div>
    <div class="form-inline">
    <label for="clinic">Clinic Name:</label>
    <input type="text" class="form-control" name="clinic"/></div>
```

```html
<div class="form-inline">

<label for="phone">Phone:</label>

<input type="text" class="form-control" name="cphone"/>

<label for="fax">Fax:</label>

<input type="text" class="form-control" name="cfax"/>

</div>

<div>

<label for="check">Did any other veterinarian treat your pet?:</label>

<input type="checkbox" name="checkpet" id="check" value="Yes">Yes</input>

<input type="checkbox" name="checkpet" id="check" value="No">No</input>

</div>

<div>

<label for="check">Is this a new condition?:</label>

<input type="checkbox" name="checkCond" id="check" value="Yes">Yes</input>

<input type="checkbox" name="checkCond" id="check" value="No">No</input>

</div>

</div>
```
 `<div><span><b>3.Pet Owner Declaration</b></span></div>`

`<hr>`

```html
<div class="col-md-12">
```

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 `<br />`

exceed my plan benefit. I understand that I am financially responsible to my veterinarian for the entire treatment. I understand that this claim `<br />`

cannot be adjusted without itemized receipts. I also understand that the deliberate misrepresentation of the animal's condition or the omission of`<br />`

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`<br />`

its business partners to review and obtain a copy of ALL RECORDS including the insurance claim records and medical records as to examination`<br />`

,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.

```
        </div>

        <div class="form-inline col-md-12">

        <div>

        <label for="sig">Signature of Pet Owner: </label>

        <input type="text" class="form-control" name="sig"/>

        <label for="date">Date: </label>

        <input type="date" class="form-control" name="sigdate"/></div>

        </div>

    <hr>

        <div><center>Please read IMPORTANT NOTICE document that follows for additional information.</center></div>
```

<div>4.3 Easy Ways to Submit a Claim Form--<i>You must submit an itemized invoice with this claim form..</i></div>

<hr>
<div class="all">
<div class="col-md-4">
<label for="email">Email:</label>
<div>claims@aspinsurance.com
scan and attach your receipts</div>
</div>
<div class="col-md-4">
<label for="fax">Fax:</label>
<div>1-866-888-2495
no cover sheet necessary</div>
</div>
<div class="col-md-4">

```html
<label for="mail">Mail:</label>

<div>

ASPCA Health Insurance<br />

3840 Greentree Ave SW<br />

Canton, Ohio 44706<br />

</div>

<hr>

<div>

<input type="submit" value="submit"/>

</div>

</div>

</div>

</form>

</body>

</html>
```

ASPCA.java

```java
import java.io.IOException;

import javax.servlet.ServletException;

import java.io.PrintWriter;

import javax.servlet.http.HttpServlet;

import javax.servlet.http.HttpServletResponse;

import javax.servlet.http.HttpServletRequest;

import java.util.*;


public class ASPCA extends HttpServlet

{

        public void doGet(HttpServletRequest request,HttpServletResponse response) throws
ServletException,IOException

        {
```

```java
        }


        public void doPost(HttpServletRequest request,HttpServletResponse response)throws
ServletException,IOException{

                response.setContentType("text/html");

                PrintWriter out=response.getWriter();


                        out.println("<html>");

                        out.println("<head><title>Form submitted</title></head>");

                        out.println("<body>");

                        out.println("<h3>Thank you for providing the input.</h3>");


                        out.println("<h1>1.General Information</h1>");

                        out.println("<h2><u>Your Information-</u></h2>");

                        out.println("Name:"+request.getParameter("fname")+"</br>");

                        out.println("Address:"+request.getParameter("address")+"</br>");

                        out.println("City,State,Zip:"+request.getParameter("city")+"</br>");

                        out.println("Phone:"+request.getParameter("phone"));

                        out.println("Email:"+request.getParameter("email")+"</br>");


                        out.println("<h2><u>Pet Information-</u></h2>");

                        out.println("Account Number:"+request.getParameter("acc")+"</br>");

                        out.println("Name:"+request.getParameter("pname")+"</br>");

                        out.println("Breed:"+request.getParameter("breed")+"</br>");

                        out.println("Age:"+request.getParameter("age"));

                        out.println("Gender:"+request.getParameter("gender")+"</br>");


                        out.println("<h1>2.Diagnosis/Symptom Information</h1>");
```

```
out.println("<h2><u>Story of Occurrence/Diagnosis-</u></h2>");

out.println("<p>"+request.getParameter("story")+"</br>");

out.println("This claim is related
to:"+request.getParameter("checkhere")+"</br>");

out.println("Is this claim an estimate for future
treatment?"+request.getParameter("checkIs")+"</br>");

out.println("Total amount claimed:"+request.getParameter("amt")+"</br>");

out.println("Date illness/injury first
occurred:"+request.getParameter("dateIllness")+"</br>");

out.println("Send payment to:"+request.getParameter("checksend")+"</br>");


out.println("Veterinarian:"+request.getParameter("vet")+"</br>");

out.println("Clinic Name:"+request.getParameter("clinic")+"</br>");

out.println("Phone:"+request.getParameter("cphone"));

out.println("Fax:"+request.getParameter("cfax")+"</br>");

out.println("Did any other veterinarian treat your
pet?:"+request.getParameter("checkpet")+"</br>");

out.println("Is this a new
condition?:"+request.getParameter("checkCond")+"</br>");


out.println("<h1>3.Pet Owner Declaration</h1>");

out.println("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"+" <br /> "+

    "exceed my plan benefit. I understand that I am financially responsible to my veterinarian for
the entire treatment. I understand that this claim"+" <br />"+

    "cannot be adjusted without itemized receipts. I also understand that the deliberate
misrepresentation of the animals condition or the omission of"+"<br />"+

    "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"+"<br />"+

"its business partners to review and obtain a copy of ALL RECORDS including the insurance claim records
and medical records as to examination"+"<br />"+

",history, diagnosis, treatment and prognosis with respect to any condition. I further authorize these
entities to disclose identifying information about"+"<br />"+
```

"me and my pet, as well as information about my claim experience, to my veterinarian."+"<br />");

```java
                out.println("</br>");

                out.println("Signature of Pet Owner:"+request.getParameter("sig")+"</br>");

                out.println("Date:"+request.getParameter("sigdate")+"</br>");


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

                out.println("</html>");
        }
}
```

web.xml

```xml
<web-app>

        <servlet>

                <servlet-name>ASPCA</servlet-name>

                <servlet-class>ASPCA</servlet-class>

        </servlet>


        <servlet-mapping>

                <servlet-name>ASPCA</servlet-name>

                <url-pattern>/ASPCA</url-pattern>

        </servlet-mapping>


        <welcome-file-list>

                <welcome-file>ASPCA.html</welcome-file>

        </welcome-file-list>

</web-app>
```

Part 4-

getParaMap.html

<html>

<head><title>lab2-input form</title>

<!-- Latest compiled and minified CSS -->

<link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.3.6/css/bootstrap.min.css" integrity="sha384-1q8mTJOASx8j1Au+a5WDVnPi2lkFfwwEAa8hDDdjZlpLegxhjVME1fgjWPGmkzs7" crossorigin="anonymous">

<!-- Optional theme -->

<link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.3.6/css/bootstrap-theme.min.css" integrity="sha384-fLW2N01lMqjakBkx3l/M9EahuwpSfeNvV63J5ezn3uZzapT0u7EYsXMjQV+0En5r" crossorigin="anonymous">

<!-- Latest compiled and minified JavaScript -->

<script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.3.6/js/bootstrap.min.js" integrity="sha384-0mSbJDEHialfmuBBQP6A4Qrprq5OVfW37PRR3j5ELqxss1yVqOtnepnHVP9aJ7xS" crossorigin="anonymous"></script>

<style>

 .all{

                float:left;

                width:50%;

    }

</style>

</head>

<body class="container">

<h2>ASPCA</h2>

<h4>Pet Health Insurance</h4>

<div>

```html
<b>Claim Form</b>
<span>Please Include Your  Pet's Medical Records To Help Expedite Processing</span>
</div>




<div><span><b>1.General Information</b></span>Please fill out this form completely. Incomplete
forms will delay processing.</span></div>
<hr>
<form action="getParaMap" method="post">
  <div class="form-group row">
        <div class="all col-md-6">
  <label for="check">Your Information</label>
  <input type="checkbox" name="checked" id="check">Check here if this is a new address</input>
        <div class="form-inline">
        <label for="fname">Name:</label>
        <input type="text" class="form-control" name="fname"/></div>
        <div class="form-inline">
        <label for="address">Address:</label>
        <input type="text" class="form-control" name="address"/></div>
        <div class="form-inline">
        <label for="city">City,State,Zip:</label>
        <input type="text" class="form-control" name="city"/></div>
        <div class="form-inline">
        <label for="phone">Phone:</label>
        <input type="text" class="form-control" name="phone"/>
        <label for="email">Email:</label>
        <input type="text" class="form-control" name="email"/>
        </div>
```

```html
</div>
<div class="all col-md-6">
<label>Pet Information</label>
<div class="form-inline">
<label for="acc">Account Number:</label>
<input type="text" class="form-control" name="acc"/></div>
<div class="form-inline">
<label for="pname">Name:</label>
<input type="text" class="form-control" name="pname"/></div>
<div class="form-inline">
<label for="breed">Breed:</label>
<input type="text" class="form-control" name="breed"/></div>
<div class="form-inline">
<label for="age">Age:</label>
<input type="text" class="form-control" name="age"/>
<label for="gender">Gender:</label>
<input type="text" class="form-control" name="gender"/>
</div>
</div>
</div>


<div><span><b>2.Diagnosis/Symptom Information</b></span>HELP US! By providing the "Story of Occurrence/Diagnosis," you will help us avoid delays in processing your claim.</span></div>
<hr>
<textarea rows="4" cols="175px" name="story" placeholder="Story of Occurrence/Diagnosis - Please describe this incident, including dates, details and symptoms leading up to it."></textarea>
<div class="all col-md-6">
<div>
<label for="check"><i>This claim is related to:</i></label>
```

```html
<input type="checkbox" name="checkhere" id="check" value="Accident">Accident</input>
        <input type="checkbox" name="checkhere" id="check" value="Illness">Illness</input>
        <input type="checkbox" name="checkhere" id="check" value="Wellness">Wellness</input>
        </div>
        <div>
        <label for="check">Is this claim an estimate for future treatment?</label>
    <input type="checkbox" name="checkIs" id="check" value="Yes">Yes</input>
        <input type="checkbox" name="checkIs" id="check" value="No">No</input>
        </div>
        <div class="form-inline">
        <label for="amt">Total amount claimed:</label>
        <input type="text" class="form-control" id="amt"/></div>
        <div class="form-inline">
        <label for="dateIllness">Date illness/injury first occurred:</label>
        <input type="date" class="form-control" name="dateIllness"/></div>
        <div>
        <label for="check">Send payment to:</label>
    <input type="checkbox" name="checksend" id="check" value="Me">Me</input>
        <input type="checkbox" name="checksend" id="check"
value="Veterinarian">Veterinarian</input>
        </div>
        </div>
        <div class="all col-md-6">
        <div class="form-inline">
        <label for="vet">Veterinarian:</label>
        <input type="text" class="form-control" name="vet"/></div>
        <div class="form-inline">
        <label for="clinic">Clinic Name:</label>
        <input type="text" class="form-control" name="clinic"/></div>
```

```html
<div class="form-inline">

<label for="phone">Phone:</label>

<input type="text" class="form-control" name="cphone"/>

<label for="fax">Fax:</label>

<input type="text" class="form-control" name="cfax"/>

</div>

<div>

<label for="check">Did any other veterinarian treat your pet?:</label>

<input type="checkbox" name="checkpet" id="check" value="Yes">Yes</input>

<input type="checkbox" name="checkpet" id="check" value="No">No</input>

</div>

<div>

<label for="check">Is this a new condition?:</label>

<input type="checkbox" name="checkCond" id="check" value="Yes">Yes</input>

<input type="checkbox" name="checkCond" id="check" value="No">No</input>

</div>

</div>

<div><span><b>3.Pet Owner Declaration</b></span></div>

<hr>

<div class="col-md-12">

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 <br />

exceed my plan benefit. I understand that I am financially responsible to my veterinarian for the entire treatment. I understand that this claim <br />

cannot be adjusted without itemized receipts. I also understand that the deliberate misrepresentation of the animal's condition or the omission of<br />

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<br />

its business partners to review and obtain a copy of ALL RECORDS including the insurance claim records and medical records as to examination<br />
```

,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.

        </div>

        <div class="form-inline col-md-12">

        <div>

        <label for="sig">Signature of Pet Owner: </label>

        <input type="text" class="form-control" name="sig"/>

        <label for="date">Date: </label>

        <input type="date" class="form-control" name="sigdate"/></div>

        </div>

   <hr>

        <div><center>Please read IMPORTANT NOTICE document that follows for additional information.</center></div>

<div>4.3 Easy Ways to Submit a Claim Form--<i>You must submit an itemized invoice with this claim form..</i></div>

<hr>

<div class="all">

<div class="col-md-4">

<label for="email">Email:</label>

<div>claims@aspinsurance.com

scan and attach your receipts</div>

</div>

<div class="col-md-4">

<label for="fax">Fax:</label>

<div>1-866-888-2495

no cover sheet necessary</div>

</div>

<div class="col-md-4">

<label for="mail">Mail:</label>

<div>

ASPCA Health Insurance

3840 Greentree Ave SW

Canton, Ohio 44706

</div>

<hr>

<div>

<input type="submit" value="submit"/>

</div>

</div>

</div>

</form>

</body>

</html>

getParaMap.java

```java
import java.io.IOException;

import javax.servlet.ServletException;

import java.io.PrintWriter;

import javax.servlet.http.HttpServlet;

import javax.servlet.http.HttpServletResponse;

import javax.servlet.http.HttpServletRequest;

import java.util.*;

import java.util.Iterator;

import java.util.Map;

import java.util.Set;

import java.util.Map.Entry;


public class getParaMap extends HttpServlet
```

```java
{

    public void doPost(HttpServletRequest request,HttpServletResponse response)throws
ServletException,IOException{

            response.setContentType("text/html");

            PrintWriter out=response.getWriter();

            Map<String, String[]> map = request.getParameterMap();

            Set set = map.entrySet();
    Iterator it = set.iterator();
                    out.println("<html>");

                    out.println("<head><title>Form submitted</title></head>");

                    out.println("<body>");

                    out.println("<h3>Thank you for providing the input.</h3>");

                    while(it.hasNext())

                    {

                            Map.Entry<String,String[]> entry =(Map.Entry<String,String[]>)it.next();
        String paramName = entry.getKey();

                            out.println(paramName+":");

                            String[] paramValues = entry.getValue();
        if (paramValues.length == 1)

                        {
        String paramValue = paramValues[0];

        if (paramValue.length() == 0)

            out.println("<b>No Value</b></br>");

        else

            out.println(paramValue+"</br>");
```

```java
                } else
                        {
                                for (int i = 0; i < paramValues.length; i++)
                                {
            out.println(paramValues[i]);
          }
                        }


                        }
                        out.println("</body>");
                        out.println("</html>");
}
}
```

web.xml

```xml
<web-app>
        <servlet>
                <servlet-name>getParaMap</servlet-name>
                <servlet-class>getParaMap</servlet-class>
        </servlet>
        <servlet-mapping>
                <servlet-name>getParaMap</servlet-name>
                <url-pattern>/getParaMap</url-pattern>
        </servlet-mapping>
        <welcome-file-list>
                <welcome-file>getParaMap.html</welcome-file>
        </welcome-file-list>
</web-app>
```

Part 5-

getParaNames.html

```html
<html>

<head><title>lab2-input form</title>

<!-- Latest compiled and minified CSS -->

<link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.3.6/css/bootstrap.min.css" integrity="sha384-1q8mTJOASx8j1Au+a5WDVnPi2lkFfwwEAa8hDDdjZlpLegxhjVME1fgjWPGmkzs7" crossorigin="anonymous">

<!-- Optional theme -->

<link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.3.6/css/bootstrap-theme.min.css" integrity="sha384-fLW2N01lMqjakBkx3l/M9EahuwpSfeNvV63J5ezn3uZzapT0u7EYsXMjQV+0En5r" crossorigin="anonymous">

<!-- Latest compiled and minified JavaScript -->

<script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.3.6/js/bootstrap.min.js" integrity="sha384-0mSbJDEHialfmuBBQP6A4Qrprq5OVfW37PRR3j5ELqxss1yVqOtnepnHVP9aJ7xS" crossorigin="anonymous"></script>

<style>


 .all{

                float:left;

                width:50%;

    }


</style>

</head>

<body class="container">

<h2>ASPCA</h2>

<h4>Pet Health Insurance</h4>

<div>

<b>Claim Form</b>
```

```
<span>Please Include Your  Pet's Medical Records To Help Expedite Processing</span>

</div>




<div><span><b>1.General Information</b></span>Please fill out this form completely. Incomplete
forms will delay processing.</span></div>

<hr>

<form action="getParaNames" method="post">

  <div class="form-group row">

        <div class="all col-md-6">

   <label for="check">Your Information</label>

   <input type="checkbox" name="checked" id="check">Check here if this is a new address</input>

        <div class="form-inline">

        <label for="fname">Name:</label>

        <input type="text" class="form-control" name="fname"/></div>

        <div class="form-inline">

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

        <input type="text" class="form-control" name="address"/></div>

        <div class="form-inline">

        <label for="city">City,State,Zip:</label>

        <input type="text" class="form-control" name="city"/></div>

        <div class="form-inline">

        <label for="phone">Phone:</label>

        <input type="text" class="form-control" name="phone"/>

        <label for="email">Email:</label>

        <input type="text" class="form-control" name="email"/>

        </div>


        </div>
```

```html
<div class="all col-md-6">

<label>Pet Information</label>

<div class="form-inline">

<label for="acc">Account Number:</label>

<input type="text" class="form-control" name="acc"/></div>

<div class="form-inline">

<label for="pname">Name:</label>

<input type="text" class="form-control" name="pname"/></div>

<div class="form-inline">

<label for="breed">Breed:</label>

<input type="text" class="form-control" name="breed"/></div>

<div class="form-inline">

<label for="age">Age:</label>

<input type="text" class="form-control" name="age"/>

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

<input type="text" class="form-control" name="gender"/>

</div>

</div>

</div>


<div><span><b>2.Diagnosis/Symptom Information</b></span>HELP US! By providing the "Story of Occurrence/Diagnosis," you will help us avoid delays in processing your claim.</span></div>

<hr>

<textarea rows="4" cols="175px" name="story" placeholder="Story of Occurrence/Diagnosis - Please describe this incident, including dates, details and symptoms leading up to it."></textarea>

<div class="all col-md-6">

<div>

<label for="check"><i>This claim is related to:</i></label>

<input type="checkbox" name="checkhere" id="check" value="Accident">Accident</input>
```

```html
<input type="checkbox" name="checkhere" id="check" value="Illness">Illness</input>
<input type="checkbox" name="checkhere" id="check" value="Wellness">Wellness</input>
</div>
<div>
<label for="check">Is this claim an estimate for future treatment?</label>
<input type="checkbox" name="checkIs" id="check" value="Yes">Yes</input>
<input type="checkbox" name="checkIs" id="check" value="No">No</input>
</div>
<div class="form-inline">
<label for="amt">Total amount claimed:</label>
<input type="text" class="form-control" id="amt"/></div>
<div class="form-inline">
<label for="dateIllness">Date illness/injury first occurred:</label>
<input type="date" class="form-control" name="dateIllness"/></div>
<div>
<label for="check">Send payment to:</label>
<input type="checkbox" name="checksend" id="check" value="Me">Me</input>
<input type="checkbox" name="checksend" id="check"
value="Veterinarian">Veterinarian</input>
</div>
</div>
<div class="all col-md-6">
<div class="form-inline">
<label for="vet">Veterinarian:</label>
<input type="text" class="form-control" name="vet"/></div>
<div class="form-inline">
<label for="clinic">Clinic Name:</label>
<input type="text" class="form-control" name="clinic"/></div>
<div class="form-inline">
```

```html
<label for="phone">Phone:</label>
```

```html
<input type="text" class="form-control" name="cphone"/>
```

```html
<label for="fax">Fax:</label>
```

```html
<input type="text" class="form-control" name="cfax"/>
```

```html
</div>
```

```html
<div>
```

```html
<label for="check">Did any other veterinarian treat your pet?:</label>
```

```html
<input type="checkbox" name="checkpet" id="check" value="Yes">Yes</input>
```

```html
<input type="checkbox" name="checkpet" id="check" value="No">No</input>
```

```html
</div>
```

```html
<div>
```

```html
<label for="check">Is this a new condition?:</label>
```

```html
<input type="checkbox" name="checkCond" id="check" value="Yes">Yes</input>
```

```html
<input type="checkbox" name="checkCond" id="check" value="No">No</input>
```

```html
</div>
```

```html
</div>
```

```html
<div><span><b>3.Pet Owner Declaration</b></span></div>
```

```html
<hr>
```

```html
<div class="col-md-12">
```

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.

```
        </div>

        <div class="form-inline col-md-12">

        <div>

        <label for="sig">Signature of Pet Owner: </label>

        <input type="text" class="form-control" name="sig"/>

        <label for="date">Date: </label>

        <input type="date" class="form-control" name="sigdate"/></div>

        </div>

    <hr>

        <div><center>Please read IMPORTANT NOTICE document that follows for additional
information.</center></div>

<div><span><b>4.3 Easy Ways to Submit a Claim Form-</b></span>-<i>You must submit an itemized
invoice with this claim form..</i></span></div>

<hr>

<div class="all">

<div class="col-md-4">

<label for="email">Email:</label>

<div>claims@aspinsurance.com<br />

scan and attach your receipts</div>

</div>

<div class="col-md-4">

<label for="fax">Fax:</label>

<div>1-866-888-2495<br />

no cover sheet necessary</div>

</div>

<div class="col-md-4">

<label for="mail">Mail:</label>
```

```html
<div>

ASPCA Health Insurance<br />

3840 Greentree Ave SW<br />

Canton, Ohio 44706<br />

</div>

<hr>

<div>

<input type="submit" value="submit"/>

</div>

</div>

</div>

</form>

</body>

</html>
```

getParaNames.java

```java
import java.io.IOException;

import javax.servlet.ServletException;

import java.io.PrintWriter;

import javax.servlet.http.HttpServlet;

import javax.servlet.http.HttpServletResponse;

import javax.servlet.http.HttpServletRequest;

import java.util.*;

import java.util.Iterator;

import java.util.Map;

import java.util.Set;

import java.util.Map.Entry;


public class getParaNames extends HttpServlet

{

```

```java
public void doPost(HttpServletRequest request,HttpServletResponse response)throws
ServletException,IOException{

        response.setContentType("text/html");

        PrintWriter out=response.getWriter();

        Enumeration e = request.getParameterNames();


            out.println("<html>");

            out.println("<head><title>Form submitted</title></head>");

            out.println("<body>");

            out.println("<h3>Thank you for providing the input.</h3>");


            while(e.hasMoreElements())
            {
             Object obj = e.nextElement();
             String fieldName = (String) obj;
             String fieldValue = request.getParameter(fieldName);
             out.println(fieldName + " : " + fieldValue + "<br>");
            }


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

            out.println("</html>");
}
}
```

web.xml

```xml
<web-app>

        <servlet>

                <servlet-name>getParaNames</servlet-name>

                <servlet-class>getParaNames</servlet-class>

        </servlet>

        <servlet-mapping>

                <servlet-name>getParaNames</servlet-name>

                <url-pattern>/getParaNames</url-pattern>

        </servlet-mapping>

        <welcome-file-list>

                <welcome-file>getParaNames.html</welcome-file>

        </welcome-file-list>

</web-app>
```

Part 6-

part6.java

```java
import java.io.IOException;

import javax.servlet.ServletException;

import java.io.PrintWriter;

import javax.servlet.http.HttpServlet;

import javax.servlet.http.HttpServletResponse;

import javax.servlet.http.HttpServletRequest;

import java.util.*;


public class part6 extends HttpServlet

{

        public void doGet(HttpServletRequest request,HttpServletResponse response) throws
ServletException,IOException
```

```java
{
    response.setContentType("text/html");

    PrintWriter out=response.getWriter();


    out.println("<html>");

    out.println("<head><title>Pet Insurance Form</title>");

    out.println("<link rel='stylesheet' href='https://maxcdn.bootstrapcdn.com/bootstrap/3.3.6/css/bootstrap.min.css' integrity='sha384-1q8mTJOASx8j1Au+a5WDVnPi2lkFfwwEAa8hDDdjZlpLegxhjVME1fgjWPGmkzs7' crossorigin='anonymous'></link>");


    out.println("<script src='https://maxcdn.bootstrapcdn.com/bootstrap/3.3.6/js/bootstrap.min.js' integrity='sha384-0mSbJDEHialfmuBBQP6A4Qrprq5OVfW37PRR3j5ELqxss1yVqOtnepnHVP9aJ7xS' crossorigin='anonymous'></script>");

    out.println("<style>.all{float:left;width:50%;}</style>");


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

    out.println("<body class='container'>");

    out.println("<h2>ASPCA</h2><h4>Pet Health Insurance</h4><div><b>Claim Form</b><span>Please Include Your  Pet's Medical Records To Help Expedite Processing</span></div>");

    out.println("<div><span><b>1.General Information</b></span>Please fill out this form completely. Incomplete forms will delay processing.</span></div><hr>");

    out.println("<form action='part6' method='post'>");

    out.println("<div class='form-group row'>");

    out.println("<div class='all col-md-6'><label>Your Information</label><input type='checkbox' name='checked' id='check'>Check here if this is a new address</input>");

    out.println("<div class='form-inline'><label for='fname'>Name:</label><input type='text' class='form-control' name='fname'/></div>");
```

```
out.println("<div class='form-inline'><label for='address'>Address:</label><input
type='text' class='form-control' name='address'/></div>");

out.println("<div class='form-inline'><label for='city'>City,State,Zip:</label><input
type='text' class='form-control' name='city'/></div>");

out.println("<div class='form-inline'><label for='phone'>Phone:</label><input
type='text' class='form-control' name='phone'/>");

out.println("<label for='email'>Email:</label><input type='text' class='form-control'
name='email'/>");

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


out.println("<div class='all col-md-6'><label>Pet Information</label><div class='form-
inline'><label for='acc'>Account Number:</label><input type='text' class='form-control'
name='acc'/></div>");

out.println("<div class='form-inline'><label for='pname'>Name:</label><input
type='text' class='form-control' name='pname'/></div>");

out.println("<div class='form-inline'><label for='breed'>Breed:</label><input type='text'
class='form-control' name='breed'/></div>");

out.println("<div class='form-inline'><label for='age'>Age:</label><input type='text'
class='form-control' name='age'/><label for='gender'>Gender:</label><input type='text' class='form-
control' name='gender'/></div></div></div>");


out.println("<div><span><b>2.Diagnosis/Symptom Information</b></span>HELP US! By
providing the Story of Occurrence/Diagnosis, you will help us avoid delays in processing your
claim.</span></div><hr>");

out.println("<textarea rows='4' cols='175px' name='story' placeholder='Story of
Occurrence/Diagnosis - Please describe this incident, including dates, details and symptoms leading up
to it.'></textarea>");

out.println("<div class='all col-md-6'><div><label for='check'><i>This claim is related
to:</i></label><input type='checkbox' name='checkhere' id='check'
value='Accident'>Accident</input><input type='checkbox' name='checkhere' id='check'
value='Illness'>Illness</input><input type='checkbox' name='checkhere' id='check'
value='Wellness'>Wellness</input></div>");

out.println("<div><label for='check'>Is this claim an estimate for future
treatment?</label><input type='checkbox' name='checkIs' id='check' value='Yes'>Yes</input><input
type='checkbox' name='checkIs' id='check' value='No'>No</input></div>");
```

```java
            out.println("<div class='form-inline'><label for='amt'>Total amount claimed:</label><input type='text' class='form-control' id='amt'/></div>");

            out.println("<div class='form-inline'><label for='dateIllness'>Date illness/injury first occurred:</label><input type='date' class='form-control' name='dateIllness'/></div>");

            out.println("<div><label for='check'>Send payment to:</label><input type='checkbox' name='checksend' id='check' value='Me'>Me</input><input type='checkbox' name='checksend' id='check' value='Veterinarian'>Veterinarian</input></div>");

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

            out.println("<div class='all col-md-6'>");

            out.println("<div class='form-inline'><label for='vet'>Veterinarian:</label><input type='text' class='form-control' name='vet'/></div>");

            out.println("<div class='form-inline'><label for='clinic'>Clinic Name:</label><input type='text' class='form-control' name='clinic'/></div>");

            out.println("<div class='form-inline'><label for='phone'>Phone:</label><input type='text' class='form-control' name='cphone'/><label for='fax'>Fax:</label><input type='text' class='form-control' name='cfax'/></div>");

            out.println("<div><label for='check'>Did any other veterinarian treat your pet?:</label><input type='checkbox' name='checkpet' id='check' value='Yes'>Yes</input><input type='checkbox' name='checkpet' id='check' value='No'>No</input></div>");

            out.println("<div><label for='check'>Is this a new condition?:</label><input type='checkbox' name='checkCond' id='check' value='Yes'>Yes</input><input type='checkbox' name='checkCond' id='check' value='No'>No</input></div></div>");

            out.println("<div><span><b>3.Pet Owner Declaration</b></span></div>");

            out.println("<hr><div class='col-md-12'>"+

        "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"+" <br /> "+

        "exceed my plan benefit. I understand that I am financially responsible to my veterinarian for the entire treatment. I understand that this claim"+" <br />"+

        "cannot be adjusted without itemized receipts. I also understand that the deliberate misrepresentation of the animal's condition or the omission of"+"<br />"+

        "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"+"<br />"+

        "its business partners to review and obtain a copy of ALL RECORDS including the insurance claim records and medical records as to examination"+"<br />"+
```

",history, diagnosis, treatment and prognosis with respect to any condition. I further authorize these entities to disclose identifying information about"+"<br />"+

"me and my pet, as well as information about my claim experience, to my veterinarian.</div>");

```java
out.println("<div class='form-inline col-md-12'><div><label for='sig'>Signature of Pet Owner: </label><input type='text' class='form-control' name='sig'/><label for='date'>Date: </label><input type='date' class='form-control' name='sigdate'/></div></div>");

out.println("<hr><div><center>Please read IMPORTANT NOTICE document that follows for additional information.</center></div>");

out.println("<div><span><b>4.3 Easy Ways to Submit a Claim Form-</b></span>-<i>You must submit an itemized invoice with this claim form..</i></span></div><hr>");

out.println("<div><input type='submit' value='submit'/></div>");

}


public void doPost(HttpServletRequest request,HttpServletResponse response)throws ServletException,IOException

{

            response.setContentType("text/html");

            PrintWriter out=response.getWriter();


                            out.println("<html>");

                            out.println("<head><title>Form submitted</title></head>");

                            out.println("<body>");

                            out.println("<h3>Thank you for providing the input.</h3>");


                            out.println("<h1>1.General Information</h1>");

                            out.println("<h2><u>Your Information-</u></h2>");

                            out.println("Name:"+request.getParameter("fname")+"</br>");

                            out.println("Address:"+request.getParameter("address")+"</br>");
```

```java
out.println("City,State,Zip:"+request.getParameter("city")+"</br>");

out.println("Phone:"+request.getParameter("phone"));

out.println("Email:"+request.getParameter("email")+"</br>");


out.println("<h2><u>Pet Information-</u></h2>");

out.println("Account Number:"+request.getParameter("acc")+"</br>");

out.println("Name:"+request.getParameter("pname")+"</br>");

out.println("Breed:"+request.getParameter("breed")+"</br>");

out.println("Age:"+request.getParameter("age"));

out.println("Gender:"+request.getParameter("gender")+"</br>");


out.println("<h1>2.Diagnosis/Symptom Information</h1>");

out.println("<h2><u>Story of Occurrence/Diagnosis-</u></h2>");

out.println("<p>"+request.getParameter("story")+"</br>");

out.println("This claim is related
to:"+request.getParameter("checkhere")+"</br>");

out.println("Is this claim an estimate for future
treatment?"+request.getParameter("checkIs")+"</br>");

out.println("Total amount claimed:"+request.getParameter("amt")+"</br>");

out.println("Date illness/injury first
occurred:"+request.getParameter("dateIllness")+"</br>");

out.println("Send payment to:"+request.getParameter("checksend")+"</br>");


out.println("Veterinarian:"+request.getParameter("vet")+"</br>");

out.println("Clinic Name:"+request.getParameter("clinic")+"</br>");

out.println("Phone:"+request.getParameter("cphone"));

out.println("Fax:"+request.getParameter("cfax")+"</br>");

out.println("Did any other veterinarian treat your
pet?:"+request.getParameter("checkpet")+"</br>");
```

```java
                out.println("Is this a new
condition?:"+request.getParameter("checkCond")+"</br>");


                out.println("<h1>3.Pet Owner Declaration</h1>");

                out.println("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"+" <br /> "+

        "exceed my plan benefit. I understand that I am financially responsible to my veterinarian for
the entire treatment. I understand that this claim"+" <br />"+

        "cannot be adjusted without itemized receipts. I also understand that the deliberate
misrepresentation of the animals condition or the omission of"+"<br />"+

        "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"+"<br />"+

"its business partners to review and obtain a copy of ALL RECORDS including the insurance claim records
and medical records as to examination"+"<br />"+

",history, diagnosis, treatment and prognosis with respect to any condition. I further authorize these
entities to disclose identifying information about"+"<br />"+

 "me and my pet, as well as information about my claim experience, to my veterinarian."+"<br />");


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

                out.println("Signature of Pet Owner:"+request.getParameter("sig")+"</br>");

                out.println("Date:"+request.getParameter("sigdate")+"</br>");


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

                out.println("</html>");
        }


}
```

web.xml

```xml
<web-app>
        <servlet>
                <servlet-name>part6</servlet-name>
                <servlet-class>part6</servlet-class>
        </servlet>
        <servlet-mapping>
                <servlet-name>part6</servlet-name>
                <url-pattern>/part6</url-pattern>
        </servlet-mapping>
        <welcome-file-list>
                <welcome-file>part6</welcome-file>
        </welcome-file-list>
</web-app>
```