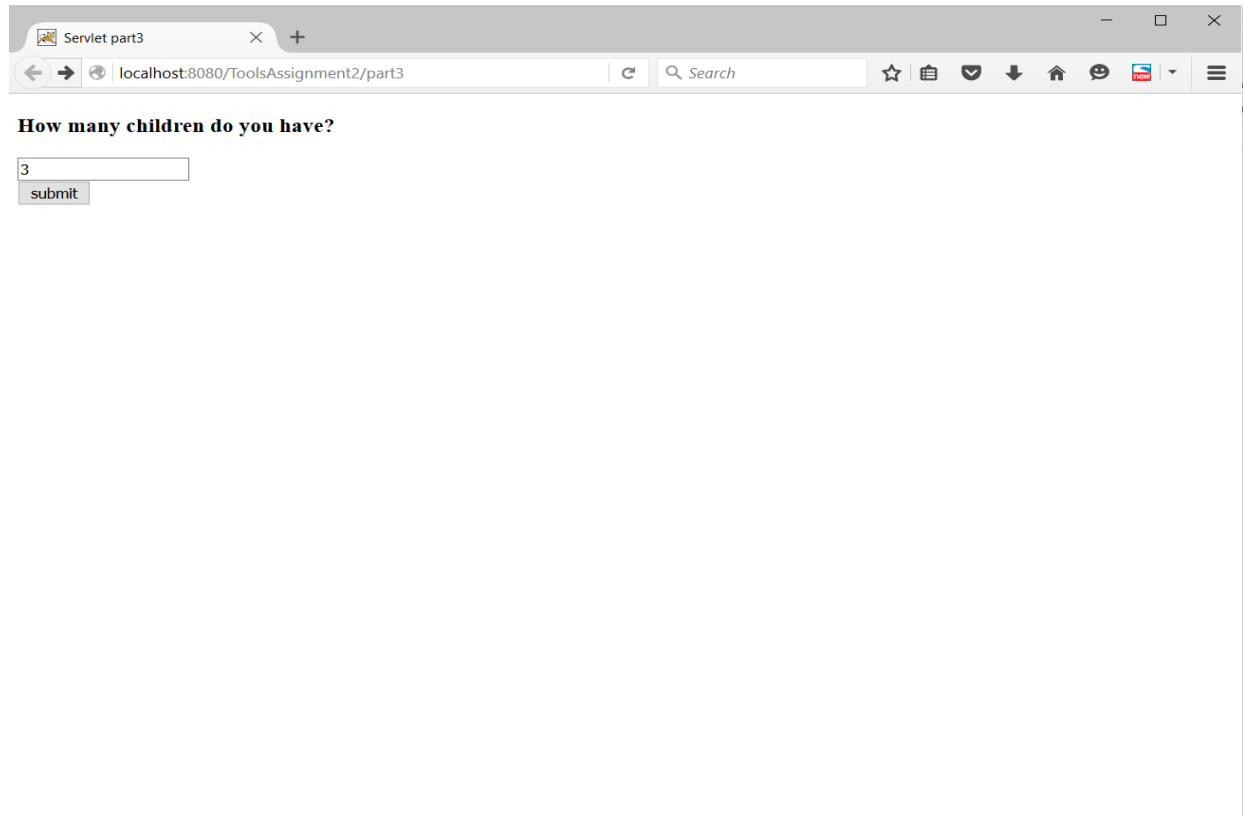


Assignment 2:

Output Screenshots-

Part3



The screenshot shows a web browser window with a single tab titled "Servlet part3". The address bar displays "localhost:8080/ToolsAssignment2/part3". The page content includes a heading "How many children do you have?" followed by a text input field containing the number "3" and a "submit" button.

Servlet part3

localhost:8080/ToolsAssignment2/part3

How many children do you have?

3

submit

Connecting...

×

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localhost:8080/ToolsAssignment2/part3

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Search

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Enter details:

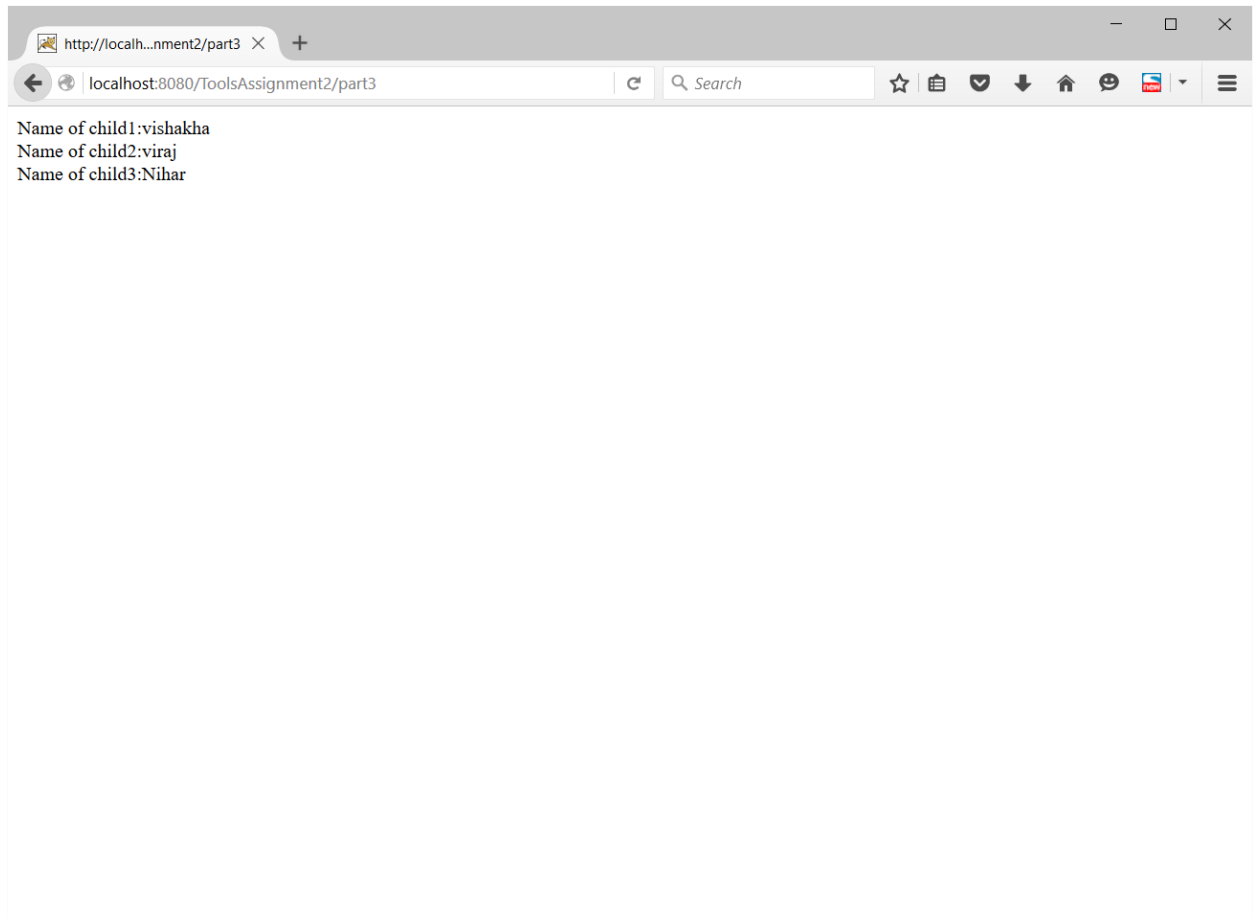
Enter the name of the child1?

Enter the name of the child2?

Enter the name of the child3?

Submit Query





Part4

ASPCA

Pet Health Insurance

Claim Form Please Include Your Pet's Medical Records To Help Expedite Processing

1. General Information Please fill out this form completely. Incomplete forms will delay processing.

Your Information ☐ Check here if this is a new address

Name: v<><>>

Address: 1171 boylston

City, State, Zip: boston

Phone: 8574512563

Email: kh_sawant@yahoo.com

Pet Information

Account Number: 65315632

Name: zila

Breed: husky

Age: 12

Gender: F

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

Story of Occurrence/Diagnosis - Please describe this incident, including dates, details and symptoms leading up to it.

This claim is related to: ☐ Accident ☐ Illness ☐ Wellness

Is this claim an estimate for future treatment? ☐ Yes ☐ No

Total amount claimed: 500

Date illness/injury first occurred: 21/2/2015

Send payment to: ☐ Me ☐ Veterinarian

Veterinarian: Jack

Clinic Name: johny

Phone: 8573167134

Fax: 154561

Did any other veterinarian treat your pet? ☐ Yes ☐ No

Is this a new condition? ☐ Yes ☐ No

3. Pet Owner Declaration

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.

Signature of Pet Owner: vuft&^%\$<<>|

Date: 02/05/2015

Please read IMPORTANT NOTICE document that follows for additional information.

4.3 Easy Ways to Submit a Claim Form—You must submit an itemized invoice with this claim form..

City,State,Zip:	boston	Breed:	husky				
Phone:	safdfdhgffjhk	Email:	kh_sawant@yahoo.com	Age:	12	Gender:	F

2.Diagnosis/Symptom InformationHELP US! By providing the Story of Occurrence/Diagnosis, you will help us avoid delays in processing your claim.

Story of Occurrence/Diagnosis - Please describe this incident, including dates, details and symptoms leading up to it.

This claim is related to: ☐ Accident ☐ Illness ☐ Wellness

Is this claim an estimate for future treatment? ☐ Yes ☐ No

Total amount claimed: 500

Date illness/injury first occurred: 21/2/2015

Send payment to: ☐ Me ☐ Veterinarian

Did any other veterinarian treat your pet? ☐ Yes ☐ No

Is this a new condition? ☐ Yes ☐ No

3.Pet Owner Declaration

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.

Signature of Pet Owner: vishakha *Date:* 02/05/2015

Please read IMPORTANT NOTICE document that follows for additional information.

4.3 Easy Ways to Submit a Claim Form--*You must submit an itemized invoice with this claim form..*

submit

Form submitted

localhost:8080/ToolsAssignment2/part4

Your Information-

Name:v
Address:1171 boylston
City,State,Zip:boston
Phone:8574512563 Email:vshkh_sawant@yahoo.com

Pet Information-

Account Number:65315632
Name:zila
Breed:husky
Age:12 Gender:F

2.Diagnosis/Symptom Information

Story of Occurrence/Diagnosis-

This claim is related to:null
Is this claim an estimate for future treatment?null
Total amount claimed:null
Date illness/injury first occurred:21/2/2015
Send payment to:null
Veterinarian:Jack
Clinic Name:johny
Phone:8573167134 Fax:154561
Did any other veterinarian treat your pet?:null
Is this a new condition?:null

3.Pet Owner Declaration

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 animals 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.

Signature of Pet Owner:vufh
Date:02/05/2015

Part5

Pet Health Insurance

Claim Form Please Include Your Pet's Medical Records To Help Expedite Processing

1.General InformationPlease fill out this form completely. Incomplete forms will delay processing.

Your Information ☐ Check here if this is a new address

Name: vishakha

Address: 1171 boylston

City,State,Zip: boston

Phone: 9876545632

Email: th_sawant@yahoo.coi

Pet Information

Account Number: 4564653213

Name: Zila

Breed: husky

Age: 12

Gender: F

2.Diagnosis/Symptom InformationHELP US! By providing the "Story of Occurrence/Diagnosis," you will help us avoid delays in processing your claim.

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 author

This claim is related to: ☒ Accident ☐ Illness ☐ Wellness

Is this claim an estimate for future treatment? ☒ Yes ☐ No

Total amount claimed: 5200

Date illness/injury first occurred: 02/02/2015

Send payment to: ☐ Me ☒ Veterinarian

Veterinarian: jack

Clinic Name: BCH

Phone: 3652414523

Fax: 654643

Did any other veterinarian treat your pet?: ☒ Yes ☐ No

Is this a new condition?: ☒ Yes ☐ No

3.Pet Owner Declaration

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.

Signature of Pet Owner: vishakha Date: 02/05/2015

Please read IMPORTANT NOTICE document that follows for additional information.

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

Email: claims@aspinsurance.com
scan and attach your receipts

Fax: 1-866-888-2495
no cover sheet necessary

Mail: ASPCA Health Insurance
3840 Greentree Ave SW
Canton, Ohio 44706

submit

Thank you for providing the input.

1.General Information

Your Information-

Name:vishakha
Address:1171 boylston
City,State,Zip:boston
Phone:9876545632
Email:vshkh_sawant@yahoo.com

Pet Information-

Account Number:4564653213
Name:Zila
Breed:husky
Age:12
Gender:F

2.Diagnosis/Symptom Information

Story of Occurrence/Diagnosis-

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 author

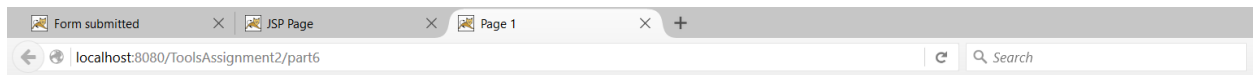
This claim is related to:Accident
Is this claim an estimate for future treatment?Yes
Total amount claimed:null
Date illness/injury first occurred:02/02/2015
Send payment to:Veterinarian
Veterinarian:jack
Clinic Name:BCH
Phone:3652414523
Fax:654643
Did any other veterinarian treat your pet?:Yes
Is this a new condition?:Yes

3.Pet Owner Declaration

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 animals 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.

Signature of Pet Owner:vishakha
Date:02/05/2015

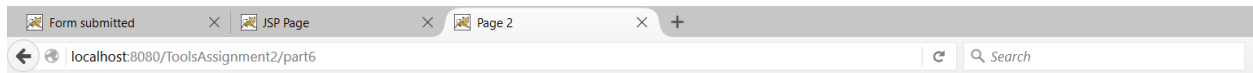
Part6



Question 1: Which method is called when client request come?

- ☒ get()
- ☐ post()
- ☐ init()
- ☐ service()

Next



Question 2: Which interface contain servlet life-cycle method?

- ☒ HttpServlet
- ☐ GenericServlet
- ☐ Service
- ☐ Servlet

Next

Congrats!

Result of the Quiz!!

4/10

- 1.Which method is called when client request come? Your answer:get
- 2.Which interface contain servlet life-cycle method? Your answer:HttpServletRequest
- 3.Which method does not exist in HttpServlet class? Your answer:init
- 4.Which method does not exist in HttpServlet class? Your answer:doget
- 5.Which method does not exist in HttpServlet class? Your answer:service
- 6.Which method does not exist in HttpServlet class? Your answer:init
- 7.Which method does not exist in HttpServlet class? Your answer:dopost
- 8.Which method does not exist in HttpServlet class? Your answer:service
- 9.Which method does not exist in HttpServlet class? Your answer:doget
- 10.Which method does not exist in HttpServlet class? Your answer:init

Part7

Shopping Cart X +

localhost:8080/ToolsAssignment2/ Search

[Books](#)

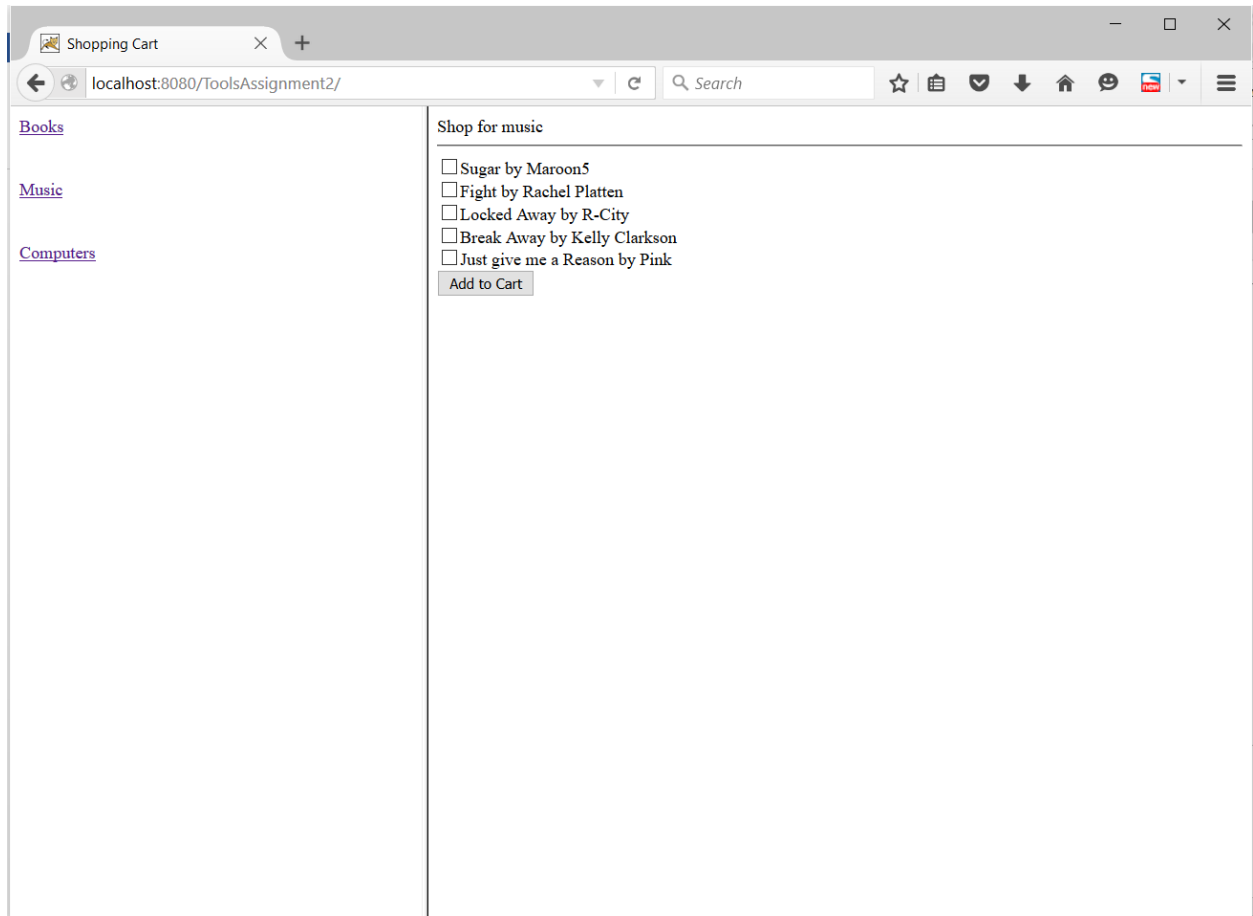
[Music](#)

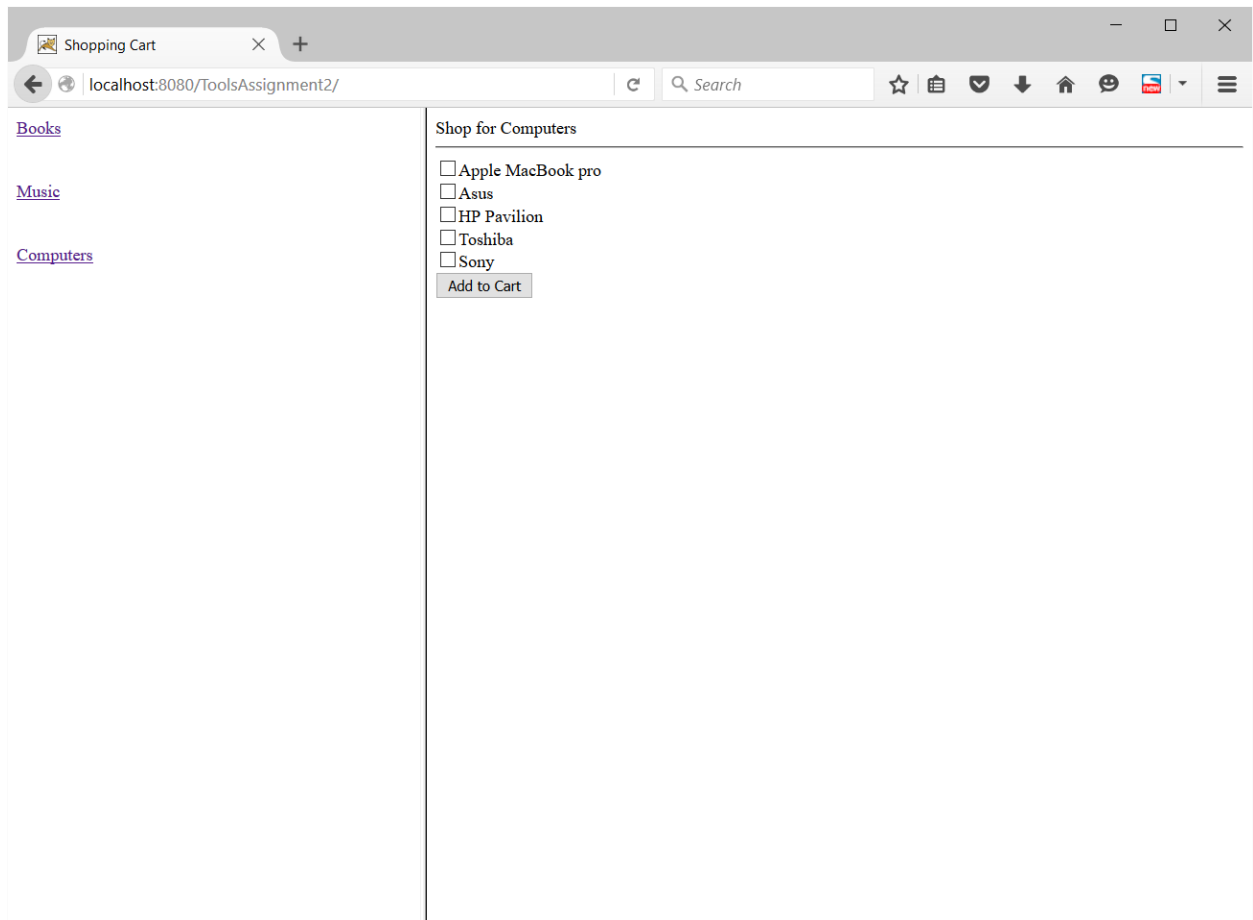
[Computers](#)

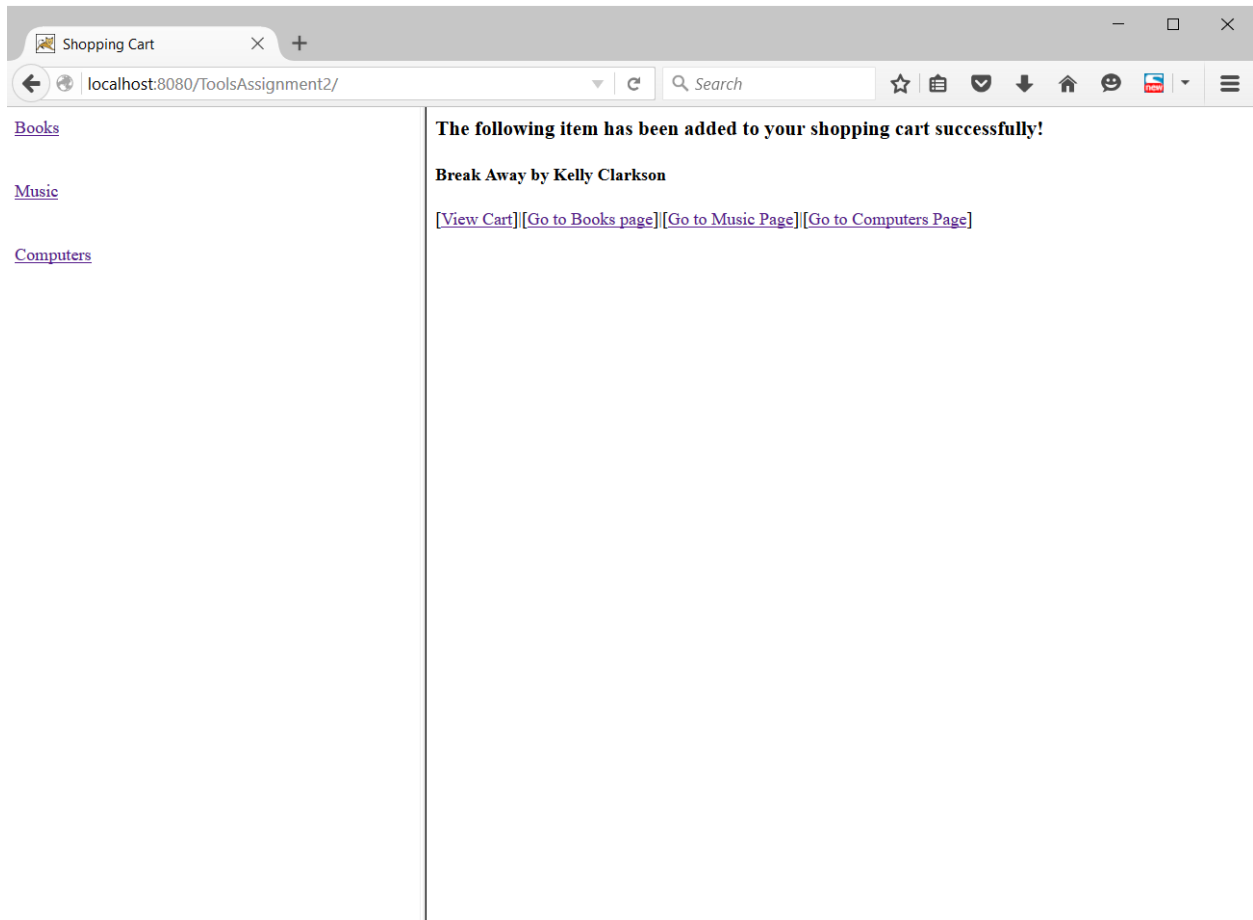
Shop for books

- ☐ Harry potter & The Chember of Secrets
- ☐ Harry potter & The Sorcerer's stone
- ☐ Harry potter & The Prisoner of Azkaban
- ☐ Harry potter & The Goblet of Fire
- ☐ Harry potter & The Order of Phenix

Add to Cart







Shopping Cart

localhost:8080/ToolsAssignment2/index.html

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[Music](#)
[Computers](#)

Items Currently in your cart!

Name:	Price:
Break Away by Kelly Clarkson	\$15.23 Remove item
HP Pavilion	\$857.23 Remove item

[Add more items](#)