Dear Mr. Murugan:

Thank you for choosing Weichert Insurance for all your personal insurance needs. In order to expedite the new business process, the following items need to be completed and returned to my attention within one business day. Please review the following application and complete all areas that are marked with an asterisk (*) in addition to those items listed below marked by with an "X".

<u>Auto</u>	Copy of Drivers Licenses for all household members
	Copy of Differe Distance In Landount La
	Name & Address of your lease or finance company for each vehicle.
	Copy of lease agreement.
	Employment information for both applicant and co-applicant.
_xx	Umbrella Application
	Proof of 3 years of prior auto coverage. (declaration page)
_xx	Credit card authorization form for auto and umbrella
	Defensive Driver Certificate, most recent report card for good student driver credit, Driver's Education Certificate.
_xx	Sign and date application. (auto and umbrella)
	Sign and date quote.
_xx	Sign and date Coverage Selection Form.
	Make check payable to (Co) in the amount of (\$).
Should you hav (800) 255-1869	ve any questions, please feel free to contact me directly at (973-656-3426) or toll free Ext. 3426.
Very Truly Yo	urs,
Jennifer Bajkov Cc: Mary Caru	-

^{*} The attached application is subject to final underwriter approval. The premium may change based on the following: Underwriting guidelines, driving history, loss history and undisclosed information.



Auto Proposed Quote Quoted on June 27, 2011

Prepared For:

Name Insured: SENTHIL MURUGAN

110 GALWAY CIR

CHALFONT, PA 18914-3900

(908) 887-3719

Prepared By:

WEICHERT INSURANCE AGENCY

00-29954-00000 225 LITTLETON RD

MORRIS PLAINS, NJ 07950-2932

(800) 235-1869

Quote No: 0144949000

Effective Date: 06-30-2011

Additional Insured, RAMYA BALARAM

Total Annual Premium 5

1,155.00

2 Payments

Payment Plan: \$ Down Payment: \$

577.50**

Installments: \$

577.50**

State: PA

Company: Selective Insurance Co. of the Southeast

** Does not include any installment fees

** 50% Due at policy inception and 50% due at 6th month

Driver Information:

	f	<u> </u>				
Dr	iver Number	Driver Name	Date of Birth	Veh	Accident/Conviction Description	Date
II	1	SENTHIL MURUGAN	11-08-1973	1	ACCIDENT, AT FAULT	12/22/2007
'	2	RAMYA BALARAM	04-06-1983	2		

Policy Coverages/Discounts:

l		Limits/Deductibles	Premium
l	Tort Indicator	Limited	
l	Account Credit	Applies	
I	Good Payer Discount	Applies	

Comments

This non-binding proposal is only a summary of premium. It is not a guarantee that the actual premium will not exceed the amount of the proposal. No coverage is provided by this summary nor does it replace any provisions of the final policy. For specific terms and restrictions, refer to the individual policy and coverage forms.

		Veh I			Vein 2			
Year	 	2002		2007				
Make	,	ATOYOTA		TOYOTA				
Model		CAMRY		PR	UUS BASE			
VIN	l l	32K620044811		ITOKI	B20U777640404			
Tier	1	006			006			
All Other Territory		005			005			
Comp Territory		010			010			
Class Code		887306			887206			
		12			15			
Symbol	Deite	ate Passenger		Priva	ate Passenger			
Туре	1111	are I discingu						
Lienholder applies	-	N			N			
Lessor applies		N		N				
overages	Limit/Deductible	Premium	Surcharge	Limit/Deductible	Premium	Surcharg		
Bodily Injury	250/500	\$105.00		250/500	\$87.00	1		
Property Damage	250	\$76,00		250	\$93.00	ł		
Uninsured Bodily Injury - Stacked	250/500	\$94.00		250/500	\$94.00			
Underinsured Bodily Injury - Stacked	250/500	\$121.00	ŀ	250/500	\$121.00			
First Party Benefits:		\$25.00	i		\$16.00			
Medical Expense Benefit Up To:	5,000		ļ	5,000	<u>!</u>			
Comprehensive	1,000	\$24.00		1,000	\$37.00			
Collision	1,000	\$97,00		1,000	\$161.00	<u></u>		
optional Coverages				Ĭ				
Towing	50	\$2.00		50	\$2,00			
Rental	\$40 Per day/Max \$1200			\$40 Per day/Max \$1200				
riscounts								
Anti-Theft	Applies		1	Applies				
Passive Restraint	Applies			Applies	1			
Daytime Running Lights	Applies				244.05	 -		
Vehicle Total	-	\$544.00			\$61 t.00	<u> </u>		

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APPLICANT'S EMPLOY (State nature of business	rer as if self-employed)		ADDRESS OF EMPLOYN	EN7					WORKE	PHONE	MUMBER	YEARS N CURR SM	L PRE	V END
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GENERAL INFO				YES	NO	EVDLAM	(ALL "YES" RESP	CALES IN DEMA					YES	NO
EXPLAINALL "YES" RE				11.55	, 200	-	HOUSEHOLD MEN			Oriver n	umber)	-	,	X
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3. ANY EXISTING DAMA					X		FINANCIAL RESPO							$\bar{\mathbf{x}}$
4. ANY OTHER LOSSES							NSURANCE BEEN			-			, 7	X
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6. ANY CAR PARKED O	N STREET?				X	LAST	3YEARS?		··					
7. ANY OTHER AUTO IN	ISURANCE IN HOUSEH	IOLD? (Include an	y provided by employer)		X	15. IS TH	IS BROKERED BU	SINESS TO THE	AGENT?				+	
B. ANY OTHER INSURA	NCE WITH THIS COMP	ANY7 (Last policy i	number)	<u> </u>		16 HAS	AGENT INSPECTE	DVEHICLE?						
REMARKS					,	^ -					CHMENT			
08. OTHER POLICE	ES WITH SELECT	IVE: Hope	o + Umbrell	ei (SW.	ptivi	on polit	ies	-		TATE SUPPLE			-
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BINDER/SIGNAT	URE													
INSURANC	E BINDER	IF THE "BIND	ER" BOX TO THE LEF	TIS CO	MPL	ETED, TI	HE FOLLOWING	CONDITIONS	S APPLY:	TLIS	E INICHEAN	~= IS SI	ir is	CT
EFFECTIVE DATE	EXPIRATION DATE	I TO THE TER	MS. CONDITIONS AND	LIMITA	ATIO	NS OF T	HE POLICY(IES) IN CURRENT	LOSE BY TH	ECU	MPANY.			
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TIME	12:01 AM	DV NATICE	TO THE INSURED I	NACC	റററ	ANCE V	VITH THE POL	ICY CONDITI	ONS. THIS	RIND	ek is can	CELLED	MAL	
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COVERAGEISN			VERIFICATION AND	YDJÜ <u>S</u>	TME	NT, WHE	N NECESSARY	BY THE COM	PANT.					
PERSONAL INFOR	MATION ABOUT	OU MAY BE	COLLECTED FROM US OR OUR AGEN	PERS	ONS	OTHER	THAN YOU.	SUCH INFOR	MATION AS	WE	LL AS OTH	ER PER	SON	AL
DESCRIPTION OF BROKER FOR INST	YOUR RIGHTS A	ND OUR PR	actices regardin	G SUC	# #	NFORMA	ITION IS AVAI	LABLE UPON	REQUES	. co	NIAGI YO	UK AGE	NI '	JK
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APPLICANT'S STATE	MENT: I HAVE READ T	THE ABOVE APP	PLICATION AND ANY AT	FACHM	ENTS	IDECLA	RETHAT THE IN	ORMATION PE	OVIDED IN T	HEM!	S TRUE, CON	PLETE A	ND DI AN	
I DE COMBARY DEGIG	MATER BUTLIN ABDI	かんせいか 吟 ならせ	F. THIS INFORMATION IS NG OFFERED TO THE C	THE PAN'	V AS I	AN MON-	STANDARD. I CEI	RTEFY THAT! UI	NDERSTAND	THE	(A) ES FUR I	コロンししい		e.
OR COMPANY DESIGNATED IN THIS APPLICATION IS BEING OFFERED TO THE COMPANY AS AN NON-STANDARD, I CERTIFY THAT ! UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL, AND THAT THEY ARE ACCEPTABLE TO ME AS! HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.														
PRODUCER'S STATEMENT: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THE SIGNATURE OF THE APPLICANT IS THE PERSONAL SIGNATURE OF THE APPLICANT. HOW LONG HAVE YOU KNOWN THE APPLICANT?														
I UNDERSTAND TO	HAT THE COVERA	GE SELECTION	ON AND LIMIT CHOILES UNLESS ! NOTIFY	CES IN	IDIC/ THER	ATED HI RWISE IN	ERE OR IN AN	Y STATE SU	PPLEMENT	WILL	L APPLY TO	O ALL P	utu	RE
APPLICATION	1 1		9-	1	DAT		PRODUCER'S	0 1	10	$\overline{}$				
APPLICANTIAN SIGNATURE ACORD 90 PA (2)		ww.	<u>v</u>	June	1/2	7 201	SIGNATURE		4	_				
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PENNSYLVANIA AUTO SUPPLEMENT

AGENCY WEICHERT INSURANCE AGENCY 225 LITTLETON RD	APPLICANT/FIRST NAMED INS	URED)	
MORRIS PLAINS, NJ 07950-2932 POLICY NUMBER 0144949000	CARRIER Selective Insura	nce Co. of the Southeast	NAIC CODE
	S COVERAGE SELECTION		
Uninsured Motorists Coverage is an optional coverage. Freject it.			ı take steps to
Uninsured motorists protection is insurance coverage you person while occupying an insured auto, if you or they are	carry on your own policy that pro injured by a negligent driver who	stects only you and your family, fails to have any insurance cove	and any other erage.
Selection of Uninsured Motorists Protection You have the option of purchasing uninsured motorists cov	verage up to the limits of your boo	dily injury coverage. You also h	nave the option
of purchasing lower limits. The uninsured motorists coverage limits I select are: {Please also show,these limits on the application.}	250,000 Ea Person	500,000 Ea Accident	_
) Suna		106 27	2011_
Signature of First Named Insured		Date '	
If you do not want uninsured motorists coverage, the first n	amed insured must sign the appro	opriate line below.	
REJECTION OF UNINSURED MOTORIST PROTEC			
By signing this waiver I am rejecting uninsured motorist co Uninsured coverage protects me and relatives living in negligence of a driver who does not have any insurance to	my household for losses and of	damages suffered if injury is o	caused by the
Signature of First Named Insured		Date	<u> </u>
UNINSURED COVERAGE LIMITS If you have chosen to keep uninsured motorists coverage this coverage. "Stacking" means you can claim a total of policy. If you reject "stacked limits", each vehicle insured stated in the policy. Please sign only one of the options list	the amounts of uninsured motoris I under the policy will have its o	sts coverage assigned to each t	vehicle in your
I want to retain stacking of my-Upinsured Motorists Cov		,	
1112 ~		06/27	2011
Signature of First Named Insured		Date	
I want to reject stacking and choose non-stacked Unins	ured Motorists Coverage.		
By signing this waiver, I am rejecting stacked limits of household under which the limits of coverage available instead, the limits of coverage that I am purchasing sha the stacked limits of coverage. I understand that my pre-	uninsured motorists coverage un e would be the sum of limits for Il be reduced to the limits stated i	each motor vehicle insured und in the policy. I knowingly and vo	der the policy.
Signature of First Named Insured		Date	
Coverage is generally described here. Only the policy prov	ides a complete description of the	e coverages and their limitations	S .
I understand that the coverage selection and limit choic changes unless I notify you otherwise in writing.			
Applicant's Signature	Effective Date	Date	
ACORD 80 PA (2008/01)	Ø 4004 20	08 ACORD CORPORATION, All	riable received

4 ~ ====	ALICTABLE DIR.	
MUERLI	CUSTOMER ID:	



ACORD	PENNSYLVANIA	AUTO SUPPLEME	:N I					
AGENCY WEICHERT INSURANCE AT 225 LITTLETON RD MORRIS PLAINS, NJ 07950-2932	DENCY	APPLICANT/FRIST NAMED INSURED SENTHIL MURUGAN	"					
POLICY NUMBER 0144949000		CARRIER Selective Insurance Co. o	of the Southeast	NAIC CODE				
UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION								
Underinsured Motorists covera reject it.	ige is an optional coverage. Howe	ever, we are required to include it in	your policy unless you	take steps to				
Underinsured motorists protection is insurance coverage you carry in your own policy that protects only you and your family, and any other person while occupying an insured auto, if you are injured by a negligent driver who does not have enough bodily injury liability insurance to cover your claims and whose policy limits are less than your underinsured motorists coverage limits.								
Selection of Underinsured	Motorists Protection							
You have the option of purchas the option of purchasing lower		age up to the limits of your bodily inj		have				
The underinsured motorists co (Please also show these/ijm/ts	-	250,000 Ea Person 50	00,000 Ea Accident	•				
(Flease also show lives of living	U. 44 \ 40		06/27/	2011				
Signature of First Named Insur			Date					
If you do not want underinsu	red motorists coverage, the first	named insured must sign the ap	propriate line below.					
	SURED MOTORIST PROTEC							
household. Underinsured covi	erage protects me and relatives in	coverage under this policy, for my ving in my household for losses and nce to pay for all losses and damag	l damages suffered if inj	ury is caused				
Signature of First Named Insur	ed	 	Date	 				
UNDERINSURED COVERA	GE LIMITS							
of this coverage, "Stacking" me your policy, if you reject "stack	eans you can claim a total of the :	your policy, your next option is to de amounts of underinsured motorists inder the policy will have its own limit below:	coverage assigned to ea	ach vehicle in				
1. I want to retain stacking/of	my Underinsured Motorists Cover	age.	,	<i>l</i>				
lki	inso		06/27/	2011				
Signature of First Named In	sured		Date					
I want to reject stacking and	d choose non-stacked Underinsum	ed Motorists Coverage.						
my household under which instead, the limits of covera	the limits of coverage available was that I am purchasing shall be r	rinsured Motorists Coverage under to ould be the sum of limits for each meduced to the limits stated in the poles will be reduced if I reject this cover	iotor vehicle insured und licy. I knowingly and vol	ser the policy.				
Signature of First Named In	sured		Date					
		annulate description of the co	age and their limitations					
	e selection and limit choices ind	a complete description of the coverage licated here will apply to all future						
Applicant's Signature		Effective Date	Date					

Tort Op	otion Selection — Notice to Named Insureds
You ma	y select only one of the two options listed in "Part I" by signing in the signature area of your choice.
A.	"Limited Tort" Option - The laws of the Commonwealth of Pennsylvania give you the right to choose form of insurance that limits your right and the rights of members of your household to seek financial compensation for injuries caused by other drivers. Under this form of insurance you and other household members covered under this policy may seek recovery for all medical and other out-of-pocked expenses, but not for pain and suffering or other nonmonetary damages unless the injuries suffered fawithin the definition of "serious injury" as set forth in the policy, or unless one of several other exception noted in the policy applies. The annual premium for basic coverage as required by law under the "Limited Tort" option is \$
	Additional coverages under this option are available at additional cost.
В.	"Full Tort" Option - The laws of the Commonwealth of Pennsylvania also give you the right to choos a form of insurance under which you maintain an unrestricted right for you and the members of you household to seek financial compensation for injuries caused by other drivers. Under this form of insurance, you and other household members covered under this policy may seek recovery for all medical and other out-of-pocket expenses and may also seek financial compensation for pain and suffering other nonmonetary damages as a result of injuries caused by other drivers. The annual premium for basic coverage as required by law under this "Full Tort" option is \$
	Additional coverages under this option are available at additional cost.
Ç.	You may contact your insurance agent, broker or company to discuss the cost of other coverages.
D.	If you wish to choose the "Limited Tort" option described in paragraph A, you must sign this notice where indicated below and return it. If you do not sign and return this notice, you will be considered that chosen the "Full Tort" coverage as described in paragraph B and you will be charged the "full torpremium.
	I WISH TO CHOOSE THE "LIMITED TORT" OPTION DESCRIBED IN PARAGRAPH A:
	[kung
(A)	Signature of First Named Insured Date
E.	If you wish to choose the "Full Tort" option described in paragraph B, you may sign this notice wher indicated below and return it. However, if you do not sign and return this notice, you will be considere to have chosen the "Full Tort" coverage as described in paragraph B and you will be charged the "futort" premium.
	I WISH TO CHOOSE THE "FULL TORT" OPTION DESCRIBED IN PARAGRAPH B:
	Signature of First Named Insured Date
	A1ID 603 40 0

Collision Deductible Option		
Pennsylvania law requires that all automore deductible. You have the option of purchason wish to carry a collision deductible to	asing a lower deductible, i	for an additional premium charge. If
□ \$100 □ \$2 00 □ \$2 5 0		
Signature of First Named Insured		Date
Liability Insurance		
This coverage is required by Pennsylvan injury or property damage caused by an responsible. The following limits of cover	automobile accident whe	painst the claims of other people for re you are considered to be legally
Com	bined Single Limits	
☐ \$ 35,000 (minimum CSL limit) ☐ 300,000	□ \$ 50,000 □ 500,000	☐ \$100,000 ☐ Other
Split Bodily	Injury Liability Limits	
opin Douily	or	
☐ \$ 15,000/30,000 (minimum split limit)	☐ \$ 25,000/50,000 ☐ 250,000/500,000	□ \$50,000/100,000 □ Other
Property If you have chosen Split Bodily Injury Liability limit	y Damage Liability	Property Damage Limits you want:
□ \$ 5,000 □ \$ 5,000	☐ \$10,000 ☐ 25,000	□ \$15,000 □ 50,000
☐ 20,000 ☐ 100,000	Other	
Uninsured Motorist Coverage		
This coverage is available in Pennsylvar hold for losses and damages suffered if have any insurance to pay for these loss able, however they may not exceed your	injury is caused by the neses and damages. The fol	egligence of a driver who does not
☐ \$35,000 (minimum CSL limit) ☐ \$ ☐ \$15,000/\$30,000 (minimum %plit limit) ☐ \$100,000/\$300,000 ☐ \$250,000/\$	t) = \$25,000/\$50,000	□ \$300,000 □ \$500,000 □ \$50,000/\$100,000

Underinsured Motorist Coverage
This coverage is available in Pennsylvania and protects you and all relatives residing in your house-hold for losses and damages suffered if injury is caused by the negligence of a driver who does not have enough insurance to pay for these losses and damages. The following limits of coverage are available, however they may not exceed your liability limit.
[] \$35,000 (minimum CSL limit) □ \$50,000 □ \$100,000 □ \$300,000 □ \$500,000 □ \$15,000/\$30,000 (minimum Split limit) □ \$25,000/\$50,000 □ \$50,000/\$100,000 □ \$100,000/\$300,000 □ \$250,000/\$500,000
Pennsylvania Law Allows You to Reject Uninsured and Underinsured Motorist Coverage, in Addition to Rejecting The Stacking Provisions for Each Coverage.
I wish to reject Uninsured Motorist Coverage. You must sign and date the Uninsured Motorist Coverage Selection/Rejection form ACORD 60PA.
I wish to reject Underinsured Motorist Coverage. You must sign and date the Underinsured Motorist Coverage Selection/ Rejection form ACORD 62PA.
This coverage provides benefits to you, your relatives residing in your household occupants of your motor vehicle, or persons struck by your motor vehicles. Medical Benefits Coverage
\$5,000 (minimum allowable by law)
Income Loss Benefits Coverage None \$1,000 per month/\$5,000 maximum \$1,000 per month/\$15,000 maximum \$1,500 per month/\$25,000 maximum \$2,500 per month/\$50,000 maximum
Accidental Death Benefits Coverage
Funeral Expense Coverage

Combination	n First Party Benefits Coverage Option	
	coverage is a combination of benefits. Do not complete the above options.	ete this section if you have elected to purchase
	50,000 subject to a limit on Accidental Death Ber senefits of \$2,500.	nefit of up to \$10,000 and a limit on Funeral
	100,000 subject to a limit on Accidental Death Benef f \$2,500.	fit up to \$10,000 and a limit on Funeral Benefits
	277,500 subject to a limit on Accidental Death Be senefits of \$2,500.	nefit of up to \$25,000 and a limit on Funera
SECTION C		
Extraordinary	/ Medical Benefits	
Extraordinary expenses excapent.	/ Medical Benefits Coverage is available for med ceed \$100,000 for each person. You should discus	ical and rehabilitation expenses when these is this important coverage with your insurance
[□]′	reject EXTRAORDINARY MEDICAL BENEFITS CO	OVERAGE
	want EXTRAORDINARY MEDICAL BENEFITS CO	VERAGE
WARNING	DOES NOT APPLY TO THE FIRST \$100,000 AN INSURED. YOU CAN AVOID HAVING	RDINARY MEDICAL BENEFITS COVERAGE O OF "MEDICAL EXPENSE" INCURRED BY TO PAY SOME OF YOUR OWN MEDICAL TY BENEFITS COVERAGE WITH A MEDICAL
I have read to made, and th Selection For	the coverages outlined in this selection form and nat these coverages will remain as outlined above or m.	fully understand the coverage choices I have until such time as I execute another Coverage
M SEN	THIL K MURUGAN	06/27/2011
Mame (Please P	rint) Ikuma	Date
Signature	() (~	Policy Number
Signature of Age	nncy	Agent Number

Acknowledgement of Availability of Higher Limits

The coverage options available to me have been explained. Instead, I elect to purchase the limits shown below and on the insurance application.

I am aware and agree that this choice will apply for this policy and to each subsequent renewal, continuation, replacement or amendment; until the insurance company or its authorized representative receives my written request that a change be made.

Additionally, producers or its representatives shall not be held liable for my not having chosen higher limits.

Limits Chosen

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(I)	violes (or	5 Fundials	expuse + Actil	Deuth)	

My signing below is an acknowledgement that higher limits are available and I rejected those limits and chose the limits listed above.

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Insured's signatu	rebluma	Date 06 27 201
Producer	116	Date



Personal Umbrella Policy Proposed Quote Quoted on June 27, 2011

Prepared For:

SENTHIL MURUGAN RAMYA BALARAM 110 GALWAY CIR CHALFONT, PA 18914-3900

(908) 887-3719

Total Premium Payment Plan: S 14700 1 Payment

47.00**

Down Payment:

Installments:

* Does not include any installment fees

** Due at policy inception

Prepared By:

WEICHERT INSURANCE AGENCY

00-29954-00000 225 LITTLETON RD

MORRIS PLAINS, NJ 07950-2932

(800) 255-1869

Quote No:

0205244700

Effective Date:

06-30-2011

State:

PA

Company:

Selective Insurance Co. of the Southeast

POLICY FORM: DL 98 01	LIMIT OF LIABILITY	\$1,090,000
	Number	Premium
Base Premium includes 2 autos:		\$207.00
Sub-Total		\$207.00
Credit for Selective Home Policy		-\$30.00
Credit for Selective Auto Policy		-\$30.00
Sub-Total		\$147.00
Total Annual Peticy Premium		\$147.00

Consumer Disclosure:

Please be advised that Selective uses an insurance score in eligibility and pricing decisions where permitted, which is based in part on a credit report obtained from a consumer reporting agency. Additionally, a motor vehicle report or other investigative report may be ordered to verify driving records, loss history or other information that impacts your eligibility or premium. These reports may be ordered at the time of your application for insurance and on subsequent renewals or endorsements to your policy.

Legal Disclaimer below -

This non-binding proposal is only a summary of premium. It is not a guarantee that the actual premium will not exceed the amount of the proposal. No coverage is provided by this summary nor does it replace any provisions of the final policy. For specific terms and restrictions, refer to the individual policy and coverage forms.

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ACORD 88 (2009/10)

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OLICY NUMBER	EFFE	ECTIVE DATE	NAMED INSURED(S)					
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	VERAGES	PREMI	JMS	CALCULATIONS
POLICY AMOUNT	RETENTION	BASIC	\$ 207	
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F APPLICABLE IN YOUR STATE		ESTIMATED TOTAL PREMIU	s \$147.00	
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TYPE OF POLICY C	OMPANY NAME / POLICY NUMBER	POLICY PERIOD	U	MITS OF LIABILITY

TYPE OF POLICY	COMPANY NAME / POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY					
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HOME	COMPANY: SOLC LIA POLICY NUMBER: H 21111 %	EFF: 4/3/11 EXP: (a/3/17	PERSONAL LIABILITY	\$500,000	EA OCC			
DWELLING FIRE	COMPANY: POLICY NUMBER:	EFF:	PERSONAL LIABILITY	\$	EA OCC			
WATERCRAFT	COMPANY:	EFF:	LIABILITY UNINSURED BOATERS	\$ \$	EA PER \$ EA PER \$ PD BA ACC	BA ACC		
RECREATIONAL VEHICLES	COMPANY:	EFF:	LIABILITY PROPERTY DAMAGE	\$	EA PER \$ EA ACC EA PER \$	EA ACC		
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ACORD 83 (2009/10)

Page 1 of 5

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Attach to ACORD 88

			RECREATIONAL V					401 0001										
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ACORD 83 (2009/10)

AGENCY CUSTOMER ID:

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3.	ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS?																			

REMARKS (Attach ACORD 101, Additional Remarks Section, if more space is required)	ATTAC	HMENTS
New York Provide 191, Patentional Institution of the Space of the Spac		TE SUPPLEMENT(S), IF APPLICABLE
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PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHE	R INVEST	IGATIVE REPORT, MAY
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PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. (Applicant's In	YOUR AG	ENI UK BRUKER FUR
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Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable		
or broker for your state's requirements.)		<u> </u>
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY	OR ANOT	HER PERSON FILES AN
APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THE	RETO, CO	MMITS A FRAUDULENT
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IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADIN	G INFORM	(ATION TO AN INSURER MPRISONMENT AND/OR
FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES !!	100000	** 1(100)***********
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IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURA	AND WITE NOT OR :	HINTENT TO DEFRAUD STATEMENT OF CLAIM
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IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MIS INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCL	SLEADING	INFORMATION IO AN IISONMENT FINES AND
INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANT. FEMALITIES INCO	ODL /	
ADDITIONATE STATEMENT: I HAVE BEAD THE ABOVE APPLICATION AND ANY ATTACH	MENTS.	DECLARE THAT THE
I INCORMATION PROMITED IN THEM IS TRUE COMPLETE AND CORRECT TO THE BEST OF MY	KNOAAFE	DOC WIND BELIEF. ITHO
INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLI	OT FOR W	I STATE PRODUCER LICENSE NO
PRODUCER'S NAME (Please Brint)	1 Par	(Received in Fiorida)
APPLICANT'S SKINATURE DATE		NATIONAL PRODUCER MUMBE
Villamos 106	127/20	u

WEICHERT INSURANCE AGENCY CREDIT / DEBIT CARD PAYMENT AUTHORIZATIONS

Re: Senthil Murugan 110 Galway Cir Chalfont, PA 18914

SELECTIVE AUTO INSURANCE POLICY

AMOUNT TO BE CHARGED:
UMBRELLA PREMIUM \$147.00
TOTAL 6 MONTH POLICY PREMIUM \$577.50
NAME AS IT APPEARS ON THE CREDIT CARD:
SENTHIL MURUGAN
CREDIT CARD ISSUER:
MASTER CARD VISA
CREDIT CARD NUMBER: 4490 3607 0080 1605
SECURITY CODE: 705 (3 Digit Code on back of the card)
EXPIRATION DATE: 06/13
CURRENT CREDIT CARD BILLING ADDRESS:
110 GIALWAY CIRCLE, CHALFONT, PA
ZIP CODE: 18914
PRODUCER: MARY CARUSO
I AUTHORIZE WEICHERT INSURANCE TO DEBIT OUR CREDIT CARD FOR THE FEES LISTED ABOVE. MY SIGNATURE ALSO CONFIRMS RECEIPT OF A COPY OF THIS AUTHORIZATION.
1/27/28
AUTHORIZED BY:DATE Up DATE Up DATE