

June 27, 2011

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".

Auto

- _____ Copy of Drivers Licenses for all household members
- _____ 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 have any questions, please feel free to contact me directly at (973-656-3426) or toll free (800) 255-1869 Ext. 3426.

Very Truly Yours,

Jennifer Bajkowsky
Cc: Mary Caruso

*** 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) 255-1869

Additional Insured: RAMYA BALARAM

Total Annual Premium \$ 1,155.00
Payment Plan: \$ 2 Payments
Down Payment: \$ 577.50**
Installments: \$ 577.50**

Quote No: 0144949000

Effective Date: 06-30-2011

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:

Driver Number	Driver Name	Date of Birth	Veh	Accident/Conviction Description	Date
1	SENTHIL MURUGAN	11-08-1973	1	ACCIDENT, AT FAULT	12/22/2007
2	RAMYA BALARAM	04-06-1983	2		

Policy Coverages/Discounts:

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

Comments

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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 1			Veh 2		
Year	2002			2007		
Make	TOYOTA			TOYOTA		
Model	CAMRY			PRIUS BASE		
VIN	JTDBE32K620044811			JTDKB20U777640404		
Tier	006			006		
All Other Territory	005			005		
Comp Territory	010			010		
Class Code	887306			887206		
Symbol	12			15		
Type	Private Passenger			Private Passenger		
Lienholder applies	N			N		
Lessor applies	N			N		
Coverages	Limit/Deductible	Premium	Surcharge	Limit/Deductible	Premium	Surcharge
Bodily Injury	250/500	\$105.00		250/500	\$87.00	
Property Damage	250	\$76.00		250	\$93.00	
Uninsured Bodily Injury - Stacked	250/500	\$94.00		250/500	\$94.00	
Underinsured Bodily Injury - Stacked	250/500	\$121.00		250/500	\$121.00	
First Party Benefits:		\$25.00			\$16.00	
Medical Expense Benefit Up To:	5,000			5,000		
Comprehensive	1,000	\$24.00		1,000	\$37.00	
Collision	1,000	\$97.00		1,000	\$161.00	
Optional Coverages						
Towing	50	\$2.00		50	\$2.00	
Rental	\$40 Per day/Max \$1200			\$40 Per day/Max \$1200		
Discounts						
Anti-Theft	Applies			Applies		
Passive Restraint	Applies			Applies		
Daytime Running Lights	Applies					
Vehicle Total		\$544.00			\$611.00	

ACORD PENNSYLVANIA PERSONAL AUTO APPLICATION

DATE
6/27/2011

PRODUCER WEICHERT INSURANCE AGENCY 225 LITTLETON RD MORRIS PLAINS, NJ 07950-2932 (800) 255-1869		APPLICANT'S NAME AND MAILING ADDRESS (include county & ZIP+4) SENTHIL MURUGAN 110 GALWAY CIR CHALFONT PA 18914-3900		NAIC CODE
CODE: 0029954 AGENCY CUSTOMER ID		SUBCODE: 00000		TELEPHONE NUMBER 9088873719
COMPLAN Selective Insurance Co. of the Southeast		POL#: 0144949000		
EFFECTIVE DATE 06/30/2011		EXPIRATION DATE 06/30/2012	<input checked="" type="checkbox"/> DIRECT BILL AGENCY BILL	<input checked="" type="checkbox"/> MAIL POLICY TO AGENT MAIL POLICY TO APPL
		PAYMENT PLAN 02 Payment(s)		

RESIDENCE		CURRENT RESIDENCE IS <input checked="" type="checkbox"/> OWNED	RENTED	GARAGE LOCATION IF DIFF FROM ABOVE (Inc county & ZIP)	
YES AT ADDR CURR	ADDR PREY	PREVIOUS ADDRESS (if less than 3 years)		VEH #	

VEHICLE DESCRIPTION/USE															TOTAL NUMBER OF VEHICLES IN HOUSEHOLD:				
VEN	YEAR	MAKE, MODEL AND BODY TYPE	VIN	REGISTERED STATE	DATE HPIC LEASED	DATE PURCH	NEW/USED												
1	2002	TOYOTA CAMRY	JTDBE32K620044811																
2	2007	TOYOTA PRIUS BASE	JTDKB20U77640404																
VEN	COST NEW	SYMBOL AGE GRP	TERR	WLT 1 WMY INVSCHL	# DAYS WEEK	# WYB MONTH	USAGE	PER-FORM	MULTI-CAR	CAR POOL	CAR AGED	ODOMETER READING	ANNUAL MILEAGE	BOVERN DRIVER	DRIVER USE % (Each veh must equal 100%)	CLASS			
1		12	005	020				ST	Y				0	1		887306			
2		15	005	010				ST	Y				0	2		887206			
VEN	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 24	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES	VEN	PASSIVE SEAT BELT	AIRBAG DRV/BOTH	ANTI-LOCK BRAKES 24	ANTI-THEFT DEVICES	CREDITS AND SURCHARGES								
1		2		Pass Def Dev															
2				Pass Def Dev															

COVERAGES		LIMITS OF LIABILITY				VEHICLE # 1	VEHICLE # 2	VEHICLE #	VEHICLE #
SINGLE LIMIT LIABILITY (CSL)	\$	EA ACCIDENT				\$	\$	\$	\$
BODILY INJURY LIABILITY	\$ 250,000	EA PERSON	\$ 500,000	EA ACCIDENT	\$ 105.00	\$ 87.00	\$	\$	
PROPERTY DAMAGE LIABILITY	\$ 250,000	EA ACCIDENT			\$ 76.00	\$ 93.00	\$	\$	
TORT OPTION		<input checked="" type="checkbox"/> LIMITED	<input type="checkbox"/> FULL						
FIRST PARTY BENEFITS	\$ 5,000	MEDICAL	\$	LOSS	\$	ACC DEATH	\$ 25.00	\$ 16.00	\$
COMBINATION FIRST PARTY BEN	\$	TOTAL BEN LMT	\$	NERAL	\$	ACC DEATH	\$	\$	\$
EXTRAORDINARY MEDICAL BEN	\$				\$		\$	\$	\$
UNINSURED MOTORISTS	<input checked="" type="checkbox"/> STACKED CSL	\$	EA ACCIDENT		\$ 94.00	\$ 94.00	\$	\$	
	<input checked="" type="checkbox"/> NON-STKD BI	\$ 250,000	EA PERSON	\$ 500,000	EA ACCIDENT				
UNDERINS MOTORISTS	<input checked="" type="checkbox"/> STACKED CSL	\$	EA ACCIDENT		\$ 121.00	\$ 121.00	\$	\$	
	<input checked="" type="checkbox"/> NON-STKD BI	\$ 250,000	EA PERSON	\$ 500,000	EA ACCIDENT				
COMPREHENSIVE	DED \$ 1,000	\$ 1,000	\$	\$	\$ 24.00	\$ 37.00	\$	\$	
COLLISION	DED \$ 1,000	\$ 1,000	\$	\$	\$ 97.00	\$ 161.00	\$	\$	
ACV UNLESS AMOUNT STATED	\$	\$	\$	\$	\$	\$	\$	\$	
TOWING & LABOR	\$ 50	\$ 50	\$	\$	\$ 2.00	\$ 2.00	\$	\$	
TRANS EXP/RENTAL RE	\$ 40 / 1,200	\$ 40 / 1,200	\$ /	\$ /	\$ INCL'D	\$ INCL'D	\$	\$	
ADDITIONAL COVERAGES/ENDORSEMENTS (include limit, deductible, premium)					POLICY FEE: \$	TOTAL PER VEHICLE	\$ 544.00	\$ 611.00	\$
						ESTIMATED TOTAL	\$ 1,155.00	DEPOSIT	\$.00
								BALANCE DUE	\$ 1,155.00

RESIDENT & DRIVER INFORMATION (List all residents & dependents (licensed or not) and regular operators)												
#	NAME (AS IT APPEARS ON LICENSE)	SEX	MAR STAT	REL TO APPLIC	DATE OF BIRTH	OCC	DATE LIC	STYD GOOD DMV 180 DAY FROM	ACC PREV CSE DATE	DRIVERS LICENSE #LIC STATE	SOCIAL SECURITY #	
1	SENTHIL MURUGAN KUMAR	M	M		11/08/1973	Manager	11/08/2000	0	N	N	M94176977211731 NJ	###-##-####
2	RAMYA BALARAM	F	M		04/06/1983		04/06/2005	0	N	N	B02300400054831 NJ	
1	SENTHIL KUMAR MURUGAN	M			11/08/1973	Manager	09/03/2010	0	N	N	30506629 PA	
2	RAMYA BALARAM	F	M		04/06/1983		09/03/2010	0	N	N	30511202 PA	

ACCIDENTS/CONVICTIONS (Note: Your driving record is verified with the state motor vehicle department)									
HAS ANY DRIVER SHOWN ABOVE HAD AN ACCIDENT, REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST 3 YEARS?									
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>									
DRV #	DATE OF ACCIDENT/CONVICTION	DESCRIPTION OF ACCIDENT OR CONVICTION	PLACE OF ACCIDENT/CONVICTION	IN OR DEATH YES NO	AMOUNT OF PROPERTY DAMAGE				
1	12/22/2007	ACCIDENT, AT FAULT		X	2360				

ADDITIONAL INTEREST

VEH #	ADOL INT	NAME AND ADDRESS	LOAN NUMBER
VEH #	LOSS PAY		
VEH #	ADOL INT	NAME AND ADDRESS	LOAN NUMBER
	LOSS PAY		

EMPLOYMENT INFORMATION (* If less than 2 years, provide name of previous employer and previous occupation under Remarks)

APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS IN CURR EMPL	YEARS IN PREV EMPL
CO-APPLICANT'S EMPLOYER (State nature of business if self-employed)	ADDRESS OF EMPLOYMENT	WORK PHONE NUMBER	YEARS IN CURR EMPL	YEARS IN PREV EMPL

PRIOR COVERAGE

PRIOR CARRIER AND PRODUCER OTHER	# OF YEARS W/ COMPANY	PRIOR POLICY NUMBER/EXPIRATION DATE 4031211164	01/01/2012	ASSIGNED RISK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?		X	9. ANY HOUSEHOLD MEMBER IN MILITARY SERVICE? (Driver number)		X
2. ANY CAR MODIFIED/SPECIAL EQUIPMENT? (Include customized vans/pickups, indicate cost)	X		10. ANY DRIVERS LICENSE BEEN SUSPENDED/REVOKED?		X
3. ANY EXISTING DAMAGE TO VEHICLE? (Include damaged glass)	X		11. ANY DRIVER HAVE PHYSICAL/MENTAL IMPAIRMENT? (Last driver number)		X
4. ANY OTHER LOSSES INCURRED (not shown in Accident/Conviction area)?			12. ANY FINANCIAL RESPONSIBILITY FILING? (Driver number and date of filing)		X
5. ANY CAR KEPT AT SCHOOL?		X	13. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		X
6. ANY CAR PARKED ON STREET?		X	14. ANY COVERAGE DECLINED, CANCELLED, OR NON-RENEWED DURING THE LAST 3 YEARS?		X
7. ANY OTHER AUTO INSURANCE IN HOUSEHOLD? (Include any provided by employer)		X	15. IS THIS BROKERED BUSINESS TO THE AGENT?		
8. ANY OTHER INSURANCE WITH THIS COMPANY? (Last policy number)	X		16. HAS AGENT INSPECTED VEHICLE?		

REMARKS

08. OTHER POLICIES WITH SELECTIVE: Home + Umbrella Companion policies

ATTACHMENTS

X	STATE SUPPLEMENT
	NO-FAULT APPLICATION
	YOUNG DRIVER QUESTIONNAIRE
	DRIVER TRAINING CERTIFICATE
	GOOD STUDENT CERTIFICATE
	ANTI-THEFT DEVICE CERTIFICATE
	MEDICAL STATEMENT
	MOTOR VEHICLE REPORT
	PHOTOGRAPH
	BILL OF SALE

FOR COMPANY USE ONLY

BINDER/SIGNATURE

<table border="1"> <tr> <th colspan="2">INSURANCE BINDER</th> </tr> <tr> <td>EFFECTIVE DATE</td> <td>EXPIRATION DATE</td> </tr> <tr> <td>TIME</td> <td>12:01 AM</td> </tr> <tr> <td></td> <td>NOON</td> </tr> <tr> <td colspan="2">COVERAGE IS NOT BOUND</td> </tr> </table>	INSURANCE BINDER		EFFECTIVE DATE	EXPIRATION DATE	TIME	12:01 AM		NOON	COVERAGE IS NOT BOUND		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p> <p>NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.</p> <p>APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IN ADDITION, IF THE AUTO PLAN OR COMPANY DESIGNATED IN THIS APPLICATION IS BEING OFFERED TO THE COMPANY AS A NON-STANDARD, I CERTIFY THAT I UNDERSTAND THE RATES FOR THIS COVERAGE ARE HIGHER THAN NORMAL, AND THAT THEY ARE ACCEPTABLE TO ME AS I HAVE BEEN UNABLE TO OBTAIN COVERAGE DESIRED THROUGH THE NORMAL INSURANCE MARKET.</p> <p>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.</p> <p>I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.</p>
INSURANCE BINDER											
EFFECTIVE DATE	EXPIRATION DATE										
TIME	12:01 AM										
	NOON										
COVERAGE IS NOT BOUND											
<p>APPLICANT'S SIGNATURE</p> <p><i>[Signature]</i></p>	<p>DATE</p> <p>June/27/2011</p> <p>PRODUCER'S SIGNATURE</p> <p><i>[Signature]</i></p>										



AGENCY CUSTOMER ID: _____

PENNSYLVANIA AUTO SUPPLEMENT

AGENCY WEICHERT INSURANCE AGENCY 225 LITTLETON RD MORRIS PLAINS, NJ 07950-2932	APPLICANT/FIRST NAMED INSURED SENTHIL MURUGAN	
POLICY NUMBER 0144949000	CARRIER Selective Insurance Co. of the Southeast	NAIC CODE

UNINSURED MOTORISTS COVERAGE SELECTION / REJECTION

Uninsured Motorists Coverage is an optional coverage. However, we are required to include it in your policy unless you take steps to reject it.

Uninsured motorists protection is insurance coverage you carry on your own policy that protects only you and your family, and any other person while occupying an insured auto, if you or they are injured by a negligent driver who fails to have any insurance coverage.

Selection of Uninsured Motorists Protection

You have the option of purchasing uninsured motorists coverage up to the limits of your bodily injury coverage. You also have the option of purchasing lower limits.

The uninsured motorists coverage limits I select are: \$ 250,000 Ea Person 500,000 Ea Accident
(Please also show these limits on the application.)

Signature of First Named Insured

Date

If you do not want uninsured motorists coverage, the first named insured must sign the appropriate line below.

REJECTION OF UNINSURED MOTORIST PROTECTION

By signing this waiver I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured

Date

UNINSURED COVERAGE LIMITS

If you have chosen to keep uninsured motorists coverage in your policy, your next option is to determine if you wish to stack the limits of this coverage. "Stacking" means you can claim a total of the amounts of uninsured motorists coverage assigned to each vehicle in your policy. If you reject "stacked limits", each vehicle insured under the policy will have its own limits of uninsured motorists coverage as stated in the policy. Please sign only one of the options listed below:

1. I want to retain stacking of my Uninsured Motorists Coverage.

Signature of First Named Insured

Date

2. I want to reject stacking and choose non-stacked Uninsured Motorists Coverage.

By signing this waiver, I am rejecting stacked limits of uninsured motorists coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

Signature of First Named Insured

Date

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature

Effective Date

Date



AGENCY CUSTOMER ID: _____

PENNSYLVANIA AUTO SUPPLEMENT

AGENCY WEICHERT INSURANCE AGENCY 225 LITTLETON RD MORRIS PLAINS, NJ 07950-2932	APPLICANT/FIRST NAMED INSURED SENTHIL MURUGAN	
POLICY NUMBER 0144949000	CARRIER Selective Insurance Co. of the Southeast	NAIC CODE

UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Underinsured Motorists coverage is an optional coverage. However, we are required to include it in your policy unless you take steps to reject it.

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 purchasing underinsured motorists coverage up to the limits of your bodily injury coverage. You also have the option of purchasing lower limits.

The underinsured motorists coverage limits I select are: \$ 250,000 Ea Person 500,000 Ea Accident
(Please also show these limits on the application.)

Signature of First Named Insured

Date

If you do not want underinsured motorists coverage, the first named insured must sign the appropriate line below.

REJECTION OF UNDERINSURED MOTORIST PROTECTION

By signing this waiver I am rejecting underinsured motorist coverage under this policy, for myself and all relatives residing in my household. Underinsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured

Date

UNDERINSURED COVERAGE LIMITS

If you have chosen to keep underinsured motorists coverage in your policy, your next option is to determine if you wish to stack the limits of this coverage. "Stacking" means you can claim a total of the amounts of underinsured motorists coverage assigned to each vehicle in your policy. If you reject "stacked limits", each vehicle insured under the policy will have its own limits of underinsured motorists coverage as stated in the policy. Please sign only one of the options listed below:

1. I want to retain stacking of my Underinsured Motorists Coverage.

Signature of First Named Insured

Date

2. I want to reject stacking and choose non-stacked Underinsured Motorists Coverage.

By signing this waiver, I am rejecting stacked limits of Underinsured Motorists Coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

Signature of First Named Insured

Date

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature

Effective Date

Date

Tort Option Selection — Notice to Named Insureds

You may 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 a 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-pocket expenses, but not for pain and suffering or other nonmonetary damages unless the injuries suffered fall within the definition of "serious injury" as set forth in the policy, or unless one of several other exceptions noted in the policy applies. The annual premium for basic coverage as required by law under this "Limited Tort" option is \$ _____.

Additional coverages under this option are available at additional cost.

- B. "Full Tort" Option - The laws of the Commonwealth of Pennsylvania also give you the right to choose a form of insurance under which you maintain an unrestricted right for you and the 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-pocket expenses and may also seek financial compensation for pain and suffering or 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.

- C. 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 to have chosen the "Full Tort" coverage as described in paragraph B and you will be charged the "full tort" premium.

I WISH TO CHOOSE THE "LIMITED TORT" OPTION DESCRIBED IN PARAGRAPH A:

(A)



Signature of First Named Insured

06/27/2011

Date

- E. If you wish to choose the "Full Tort" option described in paragraph B, you may sign this notice where indicated below and return it. However, if you do not sign and return this notice, you will be considered to have chosen the "Full Tort" coverage as described in paragraph B and you will be charged the "full tort" premium.

I WISH TO CHOOSE THE "FULL TORT" OPTION DESCRIBED IN PARAGRAPH B:

Signature of First Named Insured

Date

Collision Deductible Option

Pennsylvania law requires that all automobile policies which include collision coverage provide a \$500 deductible. You have the option of purchasing a lower deductible, for an additional premium charge. If you wish to carry a collision deductible lower than \$500, please indicate your selection below:

☐ \$100 ☐ \$200 ☐ \$250

Signature of First Named Insured

Date

Liability Insurance

This coverage is required by Pennsylvania law and protects you against the claims of other people for injury or property damage caused by an automobile accident where you are considered to be legally responsible. The following limits of coverage are available.

Combined Single Limits

☐ \$ 35,000 (minimum CSL limit) ☐ \$ 50,000 ☐ \$100,000
☐ 300,000 ☐ 500,000 ☐ Other

Split Bodily Injury Liability Limits

or

☐ \$ 15,000/30,000 (minimum split limit) ☐ \$ 25,000/50,000 ☐ \$50,000/100,000
☐ 100,000/300,000 ☒ 250,000/500,000 ☐ Other

Property Damage Liability

If you have chosen Split Bodily Injury Liability limits, you must choose the Property Damage Limits you want:

☐ \$ 5,000 ☐ \$10,000 ☐ \$15,000
☐ 20,000 ☐ 25,000 ☐ 50,000
☐ 100,000 ☒ Other

Uninsured Motorist Coverage

This coverage is available in Pennsylvania and protects you and all relatives residing in your household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any 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

Underinsured Motorist Coverage

This coverage is available in Pennsylvania and protects you and all relatives residing in your household 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.

First Party Benefits

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) ☐ \$10,000 ☐ \$25,000 ☐ \$50,000 ☐ \$100,000

-
- 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 ☐ None ☐ \$5,000 ☐ \$10,000 ☐ \$25,000

-
- Funeral Expense Coverage ☐ None ☐ \$1,500 ☐ \$2,500
-

Combination First Party Benefits Coverage Option

This coverage is a combination of benefits. Do not complete this section if you have elected to purchase any of the above options.

- ☐ \$50,000 subject to a limit on Accidental Death Benefit of up to \$10,000 and a limit on Funeral Benefits of \$2,500.
- ☐ \$100,000 subject to a limit on Accidental Death Benefit up to \$10,000 and a limit on Funeral Benefits of \$2,500.
- ☐ \$277,500 subject to a limit on Accidental Death Benefit of up to \$25,000 and a limit on Funeral Benefits of \$2,500.

SECTION C

Extraordinary Medical Benefits

Extraordinary Medical Benefits Coverage is available for medical and rehabilitation expenses when these expenses exceed \$100,000 for each person. You should discuss this important coverage with your insurance agent.

- ☒ I reject EXTRAORDINARY MEDICAL BENEFITS COVERAGE
- ☐ I want EXTRAORDINARY MEDICAL BENEFITS COVERAGE

WARNING

YOU SHOULD BE AWARE THAT EXTRAORDINARY MEDICAL BENEFITS COVERAGE DOES NOT APPLY TO THE FIRST \$100,000 OF "MEDICAL EXPENSE" INCURRED BY AN INSURED. YOU CAN AVOID HAVING TO PAY SOME OF YOUR OWN MEDICAL BILLS BY PURCHASING ADDED FIRST PARTY BENEFITS COVERAGE WITH A MEDICAL EXPENSE BENEFIT LIMIT OF \$100,000.

I have read the coverages outlined in this selection form and fully understand the coverage choices I have made, and that these coverages will remain as outlined above until such time as I execute another Coverage Selection Form.

(*) SENTHIL K MURUGAN
Name (Please Print)

06/27/2011

Date

(*) [Signature]
Signature

Policy Number

CUC
Signature of Agency

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

\$ 5,000 medical benefits vs. \$50,000 offered coverage.
(Income Loss, Funeral Expense + Acc'dl Death)

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

Insured's signature Ikuma

Date 06/27/2011

Producer U

Date _____



Personal Umbrella Policy Proposed Quote
Quoted on June 27, 2011

Prepared For:
SENTHIL MURUGAN
RAMYA BALARAM
110 GAIWAY 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) 255-1869

Total Premium \$ 147.00
Payment Plan: 1 Payment
Down Payment: \$ 147.00**
Installments: \$

Quote No: 0205244700
Effective Date: 06-30-2011
State: PA
Company: Selective Insurance Co. of the Southeast

* Does not include any installment fees

** Due at policy inception

POLICY FORM: DL 98 01

LIMIT OF LIABILITY

\$1,000,000

	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 Policy 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.



PERSONAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
6/27/2011

AGENCY WEICHERT INSURANCE AGENCY 225 LITTLETON RD MORRIS PLAINS, NJ 07950-2932		CARRIER Selective Insurance Co. of the Southeast		NAIC CODE
CONTACT NAME: PHONE (A/C, No. Ext.): (800) 255-1889 FAX (A/C, No.): (973) 540-9181 E-MAIL ADDRESS:		NAMED INSURED(S) SENTHIL MURUGAN RAMYA BALARAM		
CODE: 0029954 SUBCODE: 00000		POLICY NUMBER 0205244700		
AGENCY CUSTOMER ID:		PLAN	FACILITY CODE	EFFECTIVE DATE 06/30/2011
				EXPIRATION DATE 06/30/2012

STATUS OF TRANSACTION		INDICATE SECTIONS ATTACHED		
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> POLICY CHANGE	<input type="checkbox"/> TIME	<input type="checkbox"/> AM	* Neither PERSONAL AUTO nor HOMEOWNERS coverage can be combined with any other line of insurance in many states. Consult with your company underwriter.
<input type="checkbox"/> RENEW	<input type="checkbox"/> EFFECTIVE DATE	<input type="checkbox"/> PM		
<input type="checkbox"/> POLICY CHANGE				
		<input type="checkbox"/> PERSONAL AUTO (90) *	<input checked="" type="checkbox"/> PERSONAL UMBRELLA (83)	<input type="checkbox"/> WATERCRAFT (82)
		<input type="checkbox"/> RESIDENTIAL (89) *	<input type="checkbox"/> PERSONAL INLAND MARINE (81)	<input type="checkbox"/>

APPLICANT INFORMATION		
APPLICANT'S NAME (First, Middle, Last) SENTHIL MURUGAN		APPLICANT'S MAILING ADDRESS 110 GALWAY CIR CHALFONT PA 18914-3900
DATE OF BIRTH 11/08/1973	SOCIAL SECURITY #	MARITAL STATUS * Married
* This field may not be utilized for policyholders applying for residential property insurance in CA.		
PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL 908/887-9710 215-7161324	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:
PREVIOUS ADDRESS YEARS AT PREVIOUS ADDRESS (if less than three years): 111 KINGS VILLAGE BUDD LAKE, NJ 07828		SECONDARY E-MAIL ADDRESS:
APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER: 3 MERCK & CO 351 NORTH SUMNEYTOWN PIKE NORTH WALES, PA		CURRENT RESIDENCE <input checked="" type="checkbox"/> Check if same as mailing address <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> RENTED 110 GALWAY CIR CHALFONT PA 18914
CO-APPLICANT'S NAME (First, Middle, Last) RAMYA BALARAM		DATE AT CURRENT RESIDENCE:
DATE OF BIRTH 04/06/1983	SOCIAL SECURITY #	APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed) Management
* This field may not be utilized for policyholders applying for residential property insurance in CA.		YEARS IN CURRENT OCCUPATION: YEARS WITH PREVIOUS EMPLOYER:
PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL 908/887-9710 215-7161324	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	CO-APPLICANT'S ADDRESS <input checked="" type="checkbox"/> Check if same as Applicant
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER:		CO-APPLICANT'S E-MAIL ADDRESS: Senthil Murugan@Yahoo.com
		CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed):
		YEARS IN CURRENT OCCUPATION: YEARS WITH PREVIOUS EMPLOYER:

LOCATION SCHEDULE / GARAGING LOCATION					
LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4
1	110 GALWAY CIR	CHALFONT	BUCKS	PA	18914

PRIOR COVERAGE		<input checked="" type="checkbox"/> NO PRIOR COVERAGE	
LINE OF BUSINESS	PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
Umbrella	OTHER		

LOSS HISTORY						ANY LOSSES (except for applications for auto insurance), WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST ____ YEARS, AT THIS OR AT ANY OTHER LOCATION? Y/N <input checked="" type="checkbox"/> IF YES, INDICATE BELOW		APPLICANT'S INITIALS:	
LINE OF BUSINESS	LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (AGENT/COMPANY)	IN DISPUTE (Y/N)		
					\$				
					\$				
					\$				

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

Y/N

1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)

LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER
AUTO	F 9999		
HOME	H 2111118		

2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS?
NOT APPLICABLE FOR APPLICATIONS FOR AUTO INSURANCE. (Missouri Applicants - Do not answer this question)

N

3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?

N

4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?

N

5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?

N

6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?

N

7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc). NOT SCHEDULED ON THIS POLICY?

YEAR	MAKE	MODEL	BODY TYPE

N

8. DURING THE LAST FIVE (5) YEARS (TEN (10) YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?
(In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)

N

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$ 0.00		EST TOTAL PREMIUM: \$ 147.00	
BILLING <input type="checkbox"/> DIRECT BILL - POLICY <input type="checkbox"/> DIRECT BILL - ACCT <input type="checkbox"/> AGENCY BILL		PAYMENT PLAN <input checked="" type="checkbox"/> FULL PAY <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> 10 Pay		PAYMENT METHOD <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD * <input type="checkbox"/> EFT <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC) * Not applicable in NC	
PAYOR <input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE		PREMIUM FINANCED? <input type="checkbox"/> Y/N		FINANCE COMPANY <input type="checkbox"/> AGENT <input type="checkbox"/> INSURED	

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> SEND BILL <input type="checkbox"/> REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> SEND BILL <input type="checkbox"/> REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION: _____

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

REMARKS

AGENCY CUSTOMER ID: _____

FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

ATTACHMENTS

FLOOD EXCLUSION NOTICE	PHOTOGRAPH	REPLACEMENT COST ESTIMATE	STATE SUPPLEMENT(S) (if applicable)
LEAD FREE PAINT CERTIFICATION	PROTECTION DEVICE CERTIFICATE	RESIDENCE BASED BUSINESS SUPP	WINDSTORM LOSS MITIGATION
MOBILE HOME SUPPLEMENT	RECREATIONAL VEHICLE APP	SOLID FUEL SUPPLEMENT	

BINDER / SIGNATURE

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		<p>THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p> <p>APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.</p> <p>APPLICABLE IN MARYLAND: THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBILITY FOR COVERAGE UNDER THE INSURANCE POLICY.</p>

THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.

APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.

APPLICABLE IN MARYLAND: THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBILITY FOR COVERAGE UNDER THE INSURANCE POLICY.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. (Applicant's Initials)

IMPORTANT: CREDIT SCORING CANNOT BE USED IN OREGON FOR RENEWALS UNLESS REQUESTED BY THE INSURED.

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

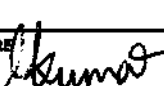
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
	06/27/2011	



PERSONAL UMBRELLA APPLICATION SECTION

 DATE (MM/DD/YYYY)
 6/27/2011

AGENCY SELECTIVE INSURANCE AGENCY 226 LITTLETON RD MORRIS PLAINS, NJ 07059-2802		CARRIER Selective Insurance Co. of the Southeast		NAIC CODE
POLICY NUMBER 0205244700		EFFECTIVE DATE 06/30/2011		NAMED INSURED(S) SENTHIL MURUGAN, RAMYA BALARAM

UMBRELLA INFORMATION

COVERAGES		PREMIUMS		CALCULATIONS
POLICY AMOUNT	RETENTION	BASIC	\$ 207	
\$ 1,000,000	\$	RESIDENCES	\$	
OPTIONAL COVERAGES TO APPLY		AUTOMOBILES	\$	
COVERAGE	LIMIT	RECREATIONAL VEHICLES	\$	
UNINSURED MOTORIST *	\$	UNINSURED MOTORIST	\$	
UNDERINSURED MOTORIST *	\$	UNDERINSURED MOTORIST	\$	
CODE	COVERAGE	WATERCRAFT	\$	
	\$		\$	
	\$		\$	
* IF APPLICABLE IN YOUR STATE		ESTIMATED TOTAL PREMIUM	\$ 147.00	

PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY NAME / POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY		
AUTO	COMPANY: SELECTIVE	EFF: 06/23/2011	LIABILITY	\$ 250000	EA PER \$ 500000 EA ACC
	POLICY NUMBER: 0144949000	EXP: 06/23/2012	PROPERTY DAMAGE	\$ 250000	EA ACC
HOME	COMPANY: <i>Selective</i>	EFF: <i>4/3/11</i>	UNINSURED MOTORISTS	\$ 250000	EA PER \$ 500000 EA ACC
	POLICY NUMBER: <i>A211018</i>	EXP: <i>6/27/12</i>		\$	PD EA ACC
DWELLING FIRE INCL RENTALS	COMPANY:	EFF:	PERSONAL LIABILITY	\$ 500,000	EA OCC
	POLICY NUMBER:	EXP:	PERSONAL LIABILITY	\$	EA OCC
WATERCRAFT	COMPANY:	EFF:	LIABILITY	\$	EA PER \$ EA ACC
	POLICY NUMBER:	EXP:	UNINSURED BOATERS	\$	EA PER \$ EA ACC
RECREATIONAL VEHICLES	COMPANY:	EFF:	LIABILITY	\$	EA PER \$ EA ACC
	POLICY NUMBER:	EXP:	PROPERTY DAMAGE	\$	EA ACC
EMPLOYERS LIABILITY	COMPANY:	EFF:	UNINSURED MOTORISTS	\$	EA PER \$ EA ACC
	POLICY NUMBER:	EXP:		\$	PD EA ACC
	COMPANY:	EFF:	EMPLOYERS LIABILITY	\$	LIMIT
	POLICY NUMBER:	EXP:		\$	

PROPERTY

LIST ALL OWNED, LEASED OR OCCUPIED PROPERTY, INCLUDING RESIDENCES, BUILDINGS, FARMS, VACANT LAND, etc.						
#	LOCATION INFORMATION FROM ACORD 88	DESCRIPTION	YR BUILT	INTEREST	OCCUPANCY	USAGE
1	110 GALWAY CIR CHALFONT, PA 18914					

AUTOMOBILES AND RECREATIONAL VEHICLES

LIST ALL AUTOS OWNED, LEASED OR FURNISHED FOR REGULAR USE AND MOTORCYCLES, SNOWMOBILES, DUNE BUGGIES, MINIBIKES, etc.

#	YEAR	MAKE	MODEL	BODY TYPE	REG. VER? Y/N
1	2002	TOYOTA	CAMRY		N
2	2007	TOYOTA	PRIUS BASE		N

WATERCRAFT

LIST ALL WATERCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE

#	YEAR	MANUFACTURER				MODEL				LENGTH	HORSE POWER	MAX SPEED
#	POWER	INBOARD OUTBOARD	INBOARD / OUTDRIVE WATERJET	SAIL	WATERS NAVIGATED		GREAT LAKES INLAND WATERWAYS	PACIFIC RIVERS	GULF OF MEXICO			
#	POWER	INBOARD OUTBOARD	INBOARD / OUTDRIVE WATERJET	SAIL	WATERS NAVIGATED		GREAT LAKES INLAND WATERWAYS	PACIFIC RIVERS	GULF OF MEXICO			
#	POWER	INBOARD OUTBOARD	INBOARD / OUTDRIVE WATERJET	SAIL	WATERS NAVIGATED		GREAT LAKES INLAND WATERWAYS	PACIFIC RIVERS	GULF OF MEXICO			

OPERATORS

LIST ALL MEMBERS OF HOUSEHOLD AND ALL OPERATORS OF VEHICLES / WATERCRAFT AS REQUIRED BY COMPANY

#	NAME (AS IT APPEARS ON LICENSE)			SEX	MAR STAT	DATE OF BIRTH
	FIRST NAME	MIDDLE NAME	LAST NAME			
1	SENTHIL MURUGAN	KUMAR	MURUGAN	M		11/08/1973
2	RAMYA BALARAM		BALARAM	F		04/06/1983

#	DATE LIC	DRIVERS LICENSE #	LIC STATE	SOCIAL SECURITY #	VEHICLE	% USE	CRAFT	% USE	OTHER
1	11/06/2006	W09470677244704	NJ		1				
2	04/08/2006	002306400054831	NJ		2				
1	09/03/2010	30 506 629	PA		1				
2	09/09/2010	30 511 202	PA		2				

OPERATOR INFORMATION

EXPLAIN ALL "YES" RESPONSES

				Y/N
1. HAS ANY AUTO ACCIDENT OR LIABILITY LOSS ON ANY PRIMARY OR EXCESS POLICY OCCURRED, REGARDLESS OF FAULT DURING THE LAST ____ YEARS?				
DRV #	DATE	DESCRIPTION	COST	
			\$	
			\$	
			\$	
			\$	
2. ANY OPERATORS CONVICTED FOR ANY TRAFFIC VIOLATIONS DURING THE LAST THREE (3) YEARS?				
DRV #	DATE	DESCRIPTION		
3. ANY OPERATOR HAVE PHYSICAL / MENTAL IMPAIRMENT? (Not applicable in WI)				
DRV #	DESCRIPTION OF SPECIAL EQUIPMENT		MEDICATION / TREATMENT	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

Y/N

1. ANY SWIMMING POOL, SPA OR HOT TUB ON PREMISES? **NO**

LOC #	DESCRIPTION	Check all that apply:	ABOVE GROUND	IN GROUND	APPROVED FENCE	DIVING BOARD	SLIDE	OTHER

2. ANY EMPLOYEES?

LOC #	FULL TIME # EMPLOYEES	HRS / WEEK	DUTIES	PART TIME # EMPLOYEES	HRS / WEEK	DUTIES	TOTAL PAYROLL ALL EMPLOYEES
	INSIDE			INSIDE			\$
	OUTSIDE			OUTSIDE			\$
	INSIDE			INSIDE			\$
	OUTSIDE			OUTSIDE			\$

3. DOES APPLICANT OR ANY TENANT HAVE ANY ANIMALS OR EXOTIC PETS? **NO**

ANIMAL TYPE	BREED	SITE HISTORY (Y/N)

4. IS THERE A TRAMPOLINE ON THE PREMISES?

LOC #	SAFETY NET (Y/N)	LOC #	SAFETY NET (Y/N)	LOC #	SAFETY NET (Y/N)	LOC #	SAFETY NET (Y/N)

5. ANY AIRCRAFT OWNED, LEASED, CHARTERED OR FURNISHED FOR REGULAR USE? **N**6. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT USED COMMERCIALY OR FOR BUSINESS PURPOSES? **N**7. ANY REAL ESTATE, VEHICLES, WATERCRAFT, AIRCRAFT, OWNED, HIRED, LEASED OR REGULARLY USED, NOT COVERED BY PRIMARY POLICIES? **N**8. DO YOU ENGAGE IN ANY TYPE OF FARMING OPERATION? **N**9. DO YOU HOLD ANY NON-COMPENSATED POSITIONS? **N**10. ANY NON-OWNED PROPERTY EXCEEDING \$1,000 IN VALUE, IN YOUR CARE, CUSTODY OR CONTROL? **N**11. ANY BUSINESS AND/OR PROFESSIONAL ACTIVITIES INCLUDED IN THE PRIMARY POLICIES? **N**12. DOES ANY PRIMARY POLICY HAVE REDUCED LIMITS OF LIABILITY OR ELIMINATE COVERAGE FOR SPECIFIC EXPOSURES? **N**13. ANY PENDING LITIGATION, COURT PROCEEDINGS OR JUDGEMENTS? **N**

REMARKS (Attach ACORD 101, Additional Remarks Section, if more space is required)

REMARKS (Attach ACORD 101, Additional Remarks Section, if more space is required)

ATTACHMENTS

STATE SUPPLEMENT(S), IF APPLICABLE

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. _____ (Applicant's Initials)

IMPORTANT: CREDIT SCORING CANNOT BE USED IN OREGON FOR RENEWALS UNLESS REQUESTED BY THE INSURED.

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states, consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)


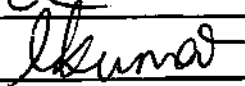
IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mary Canale	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE 	DATE 06/27/2011	NATIONAL PRODUCER NUMBER

**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 GALWAY 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.

AUTHORIZED BY:  **DATE** 06/27/2011