

Policy Number
648682086

COMMON POLICY DECLARATIONS
Allstate Insurance Company
2775 Sanders Road, Northbrook, IL 60062
A STOCK INSURANCE COMPANY

Item 1. Named Insured and Mailing Address	Agent Name and Address
MICHAEL CARTY 228 E VICTORIA ST SANTA BARBARA, CA 93101	MARSCHESKI INS. & FNCL. SERV. INC 5320 CARPINTERIA AV L CARPINTERIA CA 93013
Item 2. Policy Period	From: 10-08-2013 To: 10-08-2014 at 12:01 A.M., Standard Time at your mailing address shown above.
Item 3. Business Description:	Form of Business: INDIVIDUAL
Item 4. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.	
This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.	
Coverage Part(s)	Premium
Commercial Property Coverage Part	NOT COVERED
Commercial General Liability Coverage Part	NOT COVERED
Crime and Fidelity Coverage Part	NOT COVERED
Commercial Inland Marine Coverage Part	NOT COVERED
Commercial Auto (Business or Truckers) Coverage Part	NOT COVERED
Commercial Garage Coverage Part	NOT COVERED
BUSINESSOWNERS POLICY	\$ 1,024.00
Terrorism Risk Insurance Act Coverage	
Total Policy Premium	\$ 1,024.00
Item 5. Forms and Endorsements	
Form(s) and Endorsement(s) made a part of this policy at time of issue: See Schedule of Forms and Endorsements	

SEE THE IMPORTANT PAYMENT INFORMATION FORM FOR DETAILS ABOUT PAYMENT OPTIONS

Countersigned:

Date: 07-26-13

By: MARSCHESKI INS. & FNCL. SERV.
Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number
648682086

SCHEDULE OF LOCATIONS

Allstate Insurance Company

Named Insured MICHAEL, CARTY

Effective Date: 10-08-13
12:01 A.M., Standard Time

Agent Name MARSCHEWSKI INS. & FNCL.SERV. INC

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy
001	001	228 E VICTORIA ST, SANTA BARBARA, CA 93101	OFFICE

Policy Type: Auto **DECLARATIONS**

Transaction Type:
This Declarations Page contains important information about your policy. Please keep it in a safe place.

NAMED INSURED:
 MICHAEL A CARTY
 228 E VICTORIA ST
 SANTA BARBARA CA 93101-2021

This is not a bill
 Your bill, with the amount of your first scheduled payment, will be mailed separately.

Policy Edition Number: 04
POLICY NUMBER: 16416-75-45
Effective: 12:01 A.M. on 09-04-2014
Expiration: 12:01 A.M. on 03-07-2015

YOUR AGENT:
 CHERYL L MEHM
 Phone: (805) 688-6106
 Email:

Premiums/Fees	
Policy Premium Total	\$ 611.28
Fees* (in addition to premium above)	\$ 14.72
*See Information on Additional Fees on the reverse	

YOUR HOUSEHOLD DRIVERS

Driver on Policy	Driver Status	Marital Status	Date of Birth	Driver License No.
MICHAEL A CARTY	RATED	MARRIED	** ** 1947	*****50
DEBORAH CARTY	RATED	MARRIED	** ** 1962	*****26
LINDEN HOPE CARTY	RATED	SINGLE	** ** 1996	*****97

YOUR VEHICLE DESCRIPTIONS

Details	Vehicle 1
Year	2013
Make	FORD TRUCK
Model	EXPLORER 4D 4X2 XLT
VIN #	1FM5K7D84DGC29962
Rating ZIP	93463
Garaging ZIP	
Usage	COMMUTER USE
Lienholder or Other Interest	FORD MOTOR CR CO PO BOX 390910 MINNEAPLS MN 55439
Discounts	See Supplemental Declarations Page

YOUR POLICY COVERAGES / FEES

Coverage/Fees	Limits (these apply if a policy/level)	PREMIUMS
Bodily Injury Liability	\$ 500,000 Each Person/\$ 500,000 Each Occurrence	\$ 227.60
Property Damage Liability	\$ 500,000 Each Occurrence	INCLUDED
Guaranteed Benefits	\$ 15,000 Each Person	\$ 36.10
Uninsured Motorist Bodily Injury	\$ 500,000 Each Person/\$ 500,000 Each Occurrence	\$ 61.90
Comprehensive		\$ 41.70
Collision		\$ 207.90
Additional Equipment		\$ 0.00
Uninsured Mot Prop Damage-w/ Collision		\$ 3.00
Glass Deductible Buyback		\$ 2.10
Other		\$ 19.00
Fees Per Vehicle		\$ 14.72
Vehicle Premium Total* (not including fees)		\$ 599.30

*See Information on Additional Fees on the reverse

YOUR DEDUCTIBLES AND LIMITS BY VEHICLE

Coverage	Vehicle
Comprehensive	\$ 240
Collision	\$ 240
Additional Equipment	\$ 1,000

For any coverage limit not shown, see applicable endorsement.

ENDORSEMENTS - THESE ARE MODIFICATIONS TO YOUR COVERAGE

Endorsement	Edition	Title/Description	Applies to Vehicle
CA030A	3RD	END. AMENDING DEFINITIONS, PART I - LIABILITY	1
CA048	1ST	END. AMENDING DEFINITION OF UNINSURED MOTORIST COV	1
CA049	1ST	AMENDED BUSINESS USE EXCLUSION	1
CA050	1ST	END. ADDING PD TO UNINSURED MOTORIST COVERAGE	1
CA080A	2ND	END. AMENDING PREM INCR; CANC; & NON-RENEWAL	1
CA097A	1ST	END. EXCL. COVERAGE FOR PERSONAL VEHICLE SHARING	1
H1171	1ST	SAFETY GLASS DEDUCTIBLE BUYBACK - COVERAGE F	1
J6275	1ST	ENDORSEMENT AMENDING PART IV - DAMAGE TO YOUR CAR	1
J6279	1ST	LOSS OF USE ENDORSEMENT	1
J6284	1ST	SAFETY GLASS - WAIVER OF DEDUCTIBLE PART IV	1
J6290	1ST	AMENDATORY ENDORSEMENT GUARANTEED BENEFITS	1
J6491	1ST	END. AMENDING CUSTOMIZING EQUIPMENT EXCLUSION	1
J6492	1ST	END. AMENDING DEFINITION OF INSURED PERSON	1
J6672	1ST	ENDORSEMENT ADDING PART I - LIABILITY	1
J6934	1ST	LOSS PAYABLE PROVISIONS ENDORSEMENT	1
258531	10 12	CALIFORNIA NOTICE OF INFORMATION PRACTICES	1

OTHER INFORMATION

Messages

There is at least one driver on your policy who qualifies as a "good driver" under California law, so you may be eligible for a lower rate but with different coverage from another Farmers' company. Please contact your Farmers' agent to discuss your options.
****THIS POLICY HAS GUARANTEED BENEFITS OF \$15,000 FOR EACH PERSON AND \$30,000 FOR EACH ACCIDENT.**
 PLEASE CONTACT YOUR FARMERS AGENT FOR A FREE FARMERS FRIENDLY REVIEW TO ENSURE THAT YOUR FAMILY IS PROPERLY PROTECTED AND THAT YOU ARE RECEIVING ALL OF THE DISCOUNTS/CREDITS, COVERAGES AND PACKAGE POLICIES AVAILABLE.
 SEE IT ALL ONLINE. GO TO FARMERS.COM OR CONTACT YOUR FARMERS AGENT AND 'GO PAPERLESS' WITH ELECTRONIC DOCUMENT DELIVERY TO YOUR E-MAIL ADDRESS.

VEHICLE 1 - COVERAGE FOR CA050 IS C-2
 VEHICLE 1 - COVERAGE FOR J6279 IS K5
 VEHICLE 1 - DED. REDUCED TO \$100 FOR GLASS LOSS

Information on Additional Fees


The "Fees" stated in the "Premium/Fees" box in the front apply on a per-policy, not an account basis. The following additional fees also apply:

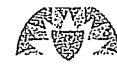
A. **Installment Service Charge** per installment (In consideration of our agreement to allow you to pay in installments):
 - For Monthly Recurring Electronic Funds Transfer (EFT) and fully enrolled online billing (paperless): \$ 0.00 per account
 - For other Monthly EFT plans: \$ 2.00 per account
 - For all other payment plans: \$ 5.00 per account

If this account is for more than one policy, changes in these fees are not effective until the revised fee information is provided for each policy.

B. **Late Fee:** \$10.00 per account
 C. **Returned Payment Charge:** \$25.00 per check, electronic transaction, or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account
 D. **Reinstatement Fee:** \$18.40 (applied per vehicle, 20% discount will apply for Good Drivers)

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.

Countersignature




Policy Type: Auto SUPPLEMENTAL DECLARATIONS
 Transaction Type:

This Supplemental Declarations Page is a continuation of your Declarations Page.

NAMED INSURED:
 MICHAEL A CARTY
 228 EVICTORIA ST
 SANTA BARBARA CA 93101-2021

Policy Edition Number: 04
 POLICY NUMBER: 16416-75-45
 Effective: 12:01 A.M. on 09-04-2014
 Expiration: 12:01 A.M. on 03-07-2015

ADDITIONAL HOUSEHOLD DRIVERS

Driver on Policy	Driver Status	Marital Status	Date of Birth	Driver License No.

ENDORSEMENTS - THESE ARE MODIFICATIONS TO YOUR COVERAGE

Endorsement	Edition	Title/Description	Applies to Vehicle

DISCOUNTS AND SURCHARGES

Discounts	Applies to Vehicle	Surcharges	Applies to Vehicle
ANTI-LOCK BRAKES	1		
GOOD DRIVER	1		
PASS RESTRAINT	1		
MULTIPLE CAR GROUP	1		
PERSISTENCY	1		
STABILITY CONTROL	1		

DATES OF LOSSES AND CITATIONS

Driver Name	Loss	Citation	Driver Name	Loss	Citation
MICHAEL A CARTY		10-31-2011			

ADDITIONAL LIENHOLDERS OR OTHER INTERESTS

Veh.	Lienholder or Other Interest	Veh.	Lienholder or Other Interest	Veh.	Lienholder or Other Interest

RATING INFORMATION

Details		Vehicle 1			
Rated Driver(s)	MICHAEL A CARTY				
Excess Vehicle	No				
Driver Points System Score	05				
Current Annual Mileage	11000				
Previous Annual Mileage	11000				
Years of Driving Experience					
Gender					
Term Length	6 Months				
Rating Points Citations/Accidents:					
Major	0				
Minor	1				
Accidents	0				
Car Symbols:					
BIPD	27				
MED	28				
UM					
Comprehensive	W				
Collision	W				

OTHER INFORMATION

Messages					

LAWYERS' MUTUAL INSURANCE COMPANY
PROFESSIONAL LIABILITY POLICY
THE DECLARATIONS

POLICY NUMBER : LPDL03404
RNL. OF POL. NO.: LPDK03404

NAMED INSURED AND ADDRESS:
MICHAEL A. CARTY
INDIVIDUAL
228 E. VICTORIA STREET
SANTA BARBARA, CA 93101

LAWYERS WHO ARE PARTNERS OF, STOCKHOLDERS IN, OR
EMPLOYEES OF THE NAMED INSURED:
SEE PRIOR ACTS INCLUSION ENDORSEMENT ATTACHED

PREDECESSOR FIRM:
NONE

EFFECTIVE DATE OF THIS POLICY: 01-27-2014
12:01 A.M. PACIFIC STANDARD TIME

EXPIRATION DATE OF THIS POLICY: 01-27-2015
12:01 A.M. PACIFIC STANDARD TIME

POLICY PREMIUM: \$1,610

LIMITS OF LIABILITY: Agency Fee: \$200.00
LIMIT OF LIABILITY EACH CLAIM : 1,000,000
LIMIT OF LIABILITY POLICY AGGREGATE : 3,000,000
DEDUCTIBLE (CLAIMS EXPENSES & DAMAGES): 5,000

- SEE POLICY PROVISIONS FOR FULL DESCRIPTION -

FORMS AND ENDORSEMENTS FORMING A PART OF THIS POLICY:

FORM 1 REVISED 6/87 PAIE SPAE TRIA-2002

THESE DECLARATIONS, FORM 1 REVISED 6/87 AND ENDORSEMENTS AS
LISTED IN ITEM 8 ABOVE, CONSTITUTE THIS POLICY, NUMBERED ABOVE.

LAWYERS' MUTUAL INSURANCE COMPANY

DATE OF TRANSACTION: 02-07-2014

BY 

Rev. 8/1997

WALTER R. ANDERSON

INSURANCE SERVICES, INC.

Specializing in Professional Liability Since 1981
3757 State St. Suite 2B • Santa Barbara, CA 93105
(805) 682-8885 • Fax (805) 563-1160

ured
TY, MICHAEL A.

Prior Acts
Inclusion Date
10-01-1987

Coverage
Termination Date

Section 1.9 (b) of the policy is hereby deleted and replaced with the following:

b) Any Lawyer who is a partner of, stockholder in, or employee of the Named Insured at the effective date of this Policy for so long as such Lawyer remains a partner of, stockholder in or employee of the Named Insured. The individuals listed in Item 2 of the Declarations will be conclusively presumed to constitute all such individuals at the effective date of this policy. With respect to acts, errors, or omissions or Personal Injuries which happen on or after the effective date of the first policy issued on or after June 1, 1987 to the Named Insured or to any Predecessor Firm by the Company and continuously renewed and maintained in effect to the inception of this policy period, status as an Insured under this Section 1.9(b) applies solely with respect to acts on behalf of the Named Insured or Predecessor Firm.

c. Section 1.17A is hereby added to the policy to provide in full as follows:

"PRIOR ACTS INCLUSION DATE"

means with respect to an insured, the date specified in Section above adjacent to the name of such insured.

LAWYERS' MUTUAL INSURANCE COMPANY

By _____

ENDORSEMENT DATE: 01-27-2014

ATTACHED TO AND FORMING A PART OF POLICY NO: LPDL03404

NAME OF INSURED: MICHAEL A. CARTY

v. 8/97

LAWYERS' MUTUAL INSURANCE COMPANY
PROFESSIONAL LIABILITY POLICY
THE DECLARATIONS

POLICY NUMBER : LPLD12857
RNL. OF POL. NO.: LPLC12857

NAMED INSURED AND ADDRESS:
SAMUEL K. EATON
ATTORNEY
INDIVIDUAL
1032 SANTA BARBARA STREET
SANTA BARBARA, CA 93101

LAWYERS WHO ARE PARTNERS OF, STOCKHOLDERS IN, OR
EMPLOYEES OF THE NAMED INSURED:
SEE SCHEDULED LAWYERS ENDORSEMENT ATTACHED

PREDECESSOR FIRM:
NONE

EFFECTIVE DATE OF THIS POLICY: 10-25-2013
12:01 A.M. PACIFIC STANDARD TIME
EXPIRATION DATE OF THIS POLICY: 10-25-2014
12:01 A.M. PACIFIC STANDARD TIME

POLICY PREMIUM:

LIMITS OF LIABILITY:
LIMIT OF LIABILITY EACH CLAIM : 1,000,000
LIMIT OF LIABILITY POLICY AGGREGATE : 3,000,000
DEDUCTIBLE (CLAIMS EXPENSES & DAMAGES): 5,000

- SEE POLICY PROVISIONS FOR FULL DESCRIPTION -

FORMS AND ENDORSEMENTS FORMING A PART OF THIS POLICY:

FORM 1 REVISED 6/87 SLE SPAE TRIA-2002

THESE DECLARATIONS, FORM 1 REVISED 6/87 AND ENDORSEMENTS AS
LISTED IN ITEM 8 ABOVE, CONSTITUTE THIS POLICY, NUMBERED ABOVE.

LAWYERS' MUTUAL INSURANCE COMPANY

DATE OF TRANSACTION: 10-01-2013

BY 

ADDL INFO ON NEXT PAGE MAIL MCH-M-I
RENEWAL OF

UNITED SERVICES AUTOMOBILE ASSOCIATION

(A RECIPROCAL INTERINSURANCE EXCHANGE)
9800 Fredericksburg Road - San Antonio, Texas 78288
CALIFORNIA AUTO POLICY
RENEWAL DECLARATIONS
(ATTACH TO PREVIOUS POLICY)

State	15	19	23	24	VEH	POLICY NUMBER
CA	485	485	485	485	X	00101 38 59U 7101
POLICY PERIOD: (12:01 A.M. standard time)						
EFFECTIVE JUL 04 2014 TO JAN 04 2015						

Insured and Address

OPERATORS
01 MR SAMUEL K EATON JR
03 MERILEE M EATON

MR SAMUEL K EATON JR
2116 MCNELL RD
OJAI CA 93023-9318

Description of Vehicle(s)

YEAR	TRADE NAME	MODEL	BODY TYPE	ANNUAL MILEAGE	IDENTIFICATION NUMBER	VEH USE*	WORK/SCL
						SYM	Miles Uno Way
24	DODGE	RAM 1500	2 DOOR	1500	1B7HC16Z7RS651164		
00	CHIEF	OTHER	01442	800	5CDCNB518YG002568	P	
08	SMART	FORTWO	2 DOOR	15000	WMEEJ31X58K186457	W	37
10	VOLKS	CC	4 DOOR	12000	WVWML7AN5AE503233	P	

Vehicle(s) described herein is principally garaged at the above address unless otherwise stated. (W/C=Work/School; B=Business; F=Farm; P=Pleasure)
15 OJAI CA 93023-9318 VEH 23 OJAI CA 93023-9318
19 OJAI CA 93023-9318 VEH 24 OJAI CA 93023-9318

This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.

COVERAGES	LIMITS OF LIABILITY ("ACV" MEANS ACTUAL CASH VALUE)	VEH 15 6-MONTH		VEH 19 6-MONTH		VEH 23 6-MONTH		VEH 24 6-MONTH	
		D=DED AMOUNT	PREMIUM \$	D=DED AMOUNT	PREMIUM \$	D=DED AMOUNT	PREMIUM \$	D=DED AMOUNT	PREMIUM \$
- LIABILITY									
PROPERTY DAMAGE	EA PER \$ 1,000,000		64.23		34.32		114.95		108.4
PROPERTY DAMAGE	EA ACC \$ 1,000,000		35.82		20.03		57.71		53.1
PROPERTY DAMAGE	EA ACC \$ 100,000								
B - MEDICAL PAYMENTS	EA PER \$ 5,000		3.44				5.93		5.0
EXTENDED BENEFITS									
WAGE EARNER DISAB	\$1,000 PER 30-DAY PERIOD								
ESSENTIAL SVCS DISAB	\$45 WK		2.83				2.91		2.1
B - MISC VEH MED PAY	EA PER \$ 5,000				9.91				
C - UNINSURED MOTORISTS									
DILY INJURY	EA PER \$ 1,000,000								
DILY INJURY	EA ACC \$ 1,000,000		29.04		58.07		42.20		43.1
DRIVER OF COLL DEDUCTIBLE			1.92		3.85		2.80		2.1
D - PHYSICAL DAMAGE COVERAGE									
COMPREHENSIVE LOSS	ACV LESS D 250	15.18		10.10		23.90		45.1	
COLLISION LOSS	ACV LESS D 250	52.69		41.15		108.58		194.1	

TOTAL PREMIUM - SEE FOLLOWING PAGE(S)

PAYEE
24 VOLKSWAGON FINANCIAL C/O PDP SVCS, MINNEAPOLIS MN

ADDITIONS: ADDED 07-04-14 - NONE
IN EFFECT (REFER TO PREVIOUS POLICY) - A400CA(03) A100CA(05) AOASA(01)
00(01) 5100CA(01)

ATTACHMENT FORMS: NIPFCA(04) CADS(03) 13580(03) 94629(01)

XXX9900N | | | | 19 XXX9900N | | | | 23 RMM5000N | | | | 24 RMF5100N | | | |

WITNESS WHEREOF, the Subscribers at UNITED SERVICES AUTOMOBILE ASSOCIATION have caused these presents to be signed by
Attorney-in-Fact on this date JUNE 5, 2014

Laura Bishop
Laura Bishop

President, USAA Reciprocal Attorney-in-Fact, Inc.



Interinsurance Exchange of the Automobile Club

Automobile Insurance Policy Coverages and Limits

Policy Change Declarations



Insurance is in effect only for the vehicles, coverages, and limits of liability shown on this declarations page and as set forth in the insurance policy and endorsements. These declarations, together with the contract and the endorsements in effect, complete your policy.

INSURED (Item 1.) RUSSELL, DOUGLAS 1000 ARRELLAGA ST SANTA BARBARA CA 93101-1903		AUTO POLICY NUMBER: CAA 078516225 POLICY PERIOD (PACIFIC STANDARD TIME) POLICY EFFECTIVE DATE: 12-10-13 12:01 A.M. POLICY EXPIRATION DATE: 12-10-14 12:01 A.M. POLICY CHANGE EFFECTIVE DATE: 04-11-14 12:01 A.M.	
--	--	---	--

EFFECT OF POLICY CHANGE **THIS IS NOT A BILL**
 CHANGE VEHICLE This policy change will increase your premium by \$730.

YEAR	MAKE	MODEL	IDENTIFICATION NUMBER	VEHICLE USE	GARAGE ZIP CODE	ANNUAL MILES	VERIFIED MILEAGE
2000	CHEV	TAHOE	1GNEC13T2YJ171466	PLEASURE	93101	4,501 - 5,500	VERIFIED
1990	VLKS	VANAGON GL/CARAT	WV2YB0254LG109385	PLEASURE	93101	1,501 - 2,500	VERIFIED
1999	MBNZ	E CLASS 320	WDBJF65H9XA952891	PLEASURE	93101	7,501 - 10,000	VERIFIED
2002	PORS	911 COUPE 2WD/4WD C	WP0AA29912S620555	PLEASURE	93101	2,501 - 3,500	VERIFIED

COVERAGES AND LIMITS **ANNUAL PREMIUMS**
 Coverage is not in effect unless a premium or the word "included" is shown.

COVERAGES	LIMITS OF LIABILITY				Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Liability									
Bodily Injury	\$1,000,000	each person/	\$1,000,000	each occurrence	\$ 313	\$ 123	\$ 208	\$ 146	
Property Damage	\$100,000	each occurrence			\$ 192	\$ 74	\$ 150	\$ 87	
Medical									
Medical Payments	\$25,000	each person			\$ 77	\$ 42	\$ 44	\$ 51	
Cash Value									
Cash Value Damage (Actual Cash Value unless otherwise stated, less deductible)									
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5				
Comprehensive	ACV	ACV	ACV	ACV		\$ 81	\$ 35	\$ 43	\$ 390
(Deductible)	\$250	\$250	\$250	\$250					
Collision	ACV	ACV	ACV	ACV		\$ 276	\$ 53	\$ 239	\$ 420
(Deductible)	\$250	\$250	\$250	\$250					
Rental Expense									
(Daily)	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
Uninsured Motorist									
Bodily Injury -	\$1,000,000	each person/	\$1,000,000	each accident	\$ 138	\$ 62	\$ 58	\$ 73	
Uninsured & Underinsured Vehicles									
Uninsured Deductible Waiver					Included	Included	No Coverage	Included	
Uninsured Collision					No Coverage	No Coverage	No Coverage	No Coverage	
Premium					\$ 1077	\$ 389	\$ 742	\$ 1167	

PREMIUM DISCOUNTS
 Refer to the enclosed document entitled "Premium Discounts Applied to Your Automobile Policy."

At any time you choose to pay less than the full balance outstanding, late charges of up to 1.5% per month of the balance outstanding will apply as explained in your billing statements, which are part of these declarations.

"No Coverage" indicates coverage not purchased.	
Adjusted Total Annual Premium* (Includes all applicable discounts.)	\$ 3375
Less Policyholder Savings Dividend (Previously applied to your premium balance)	\$ 260
Adjusted Net Annual Premium* (Balance after previous dividend)	\$ 3115

Interinsurance Exchange of the Automobile Club

Automobile Insurance Policy Coverages and Limits

Policy Change Declarations (continued)

POLICY NUMBER: CAA 078516225

POLICY CHANGE EFFECTIVE DATE: 04-11-2014

(UNLESS LISTED AS EXCLUDED)				
MEMBER NUMBER	NAME	GENDER	MARITAL STATUS	YEAR FIRST LICENSED
	HAYES, DOUGLAS R			
	RICHARDSON, ROSS W - EXCLUDED*	MALE	MARRIED	1961
	HAYES, ANNE E	MALE	SINGLE	
	HAYES, PAUL W	FEMALE	SINGLE	2001
	HAYES, CAROLINE B	MALE	SINGLE	2003
		FEMALE	SINGLE	2006

IMPORTANT: NO COVERAGE IS PROVIDED BY THIS POLICY WHILE ANY VEHICLE IS BEING OPERATED BY AN EXCLUDED DRIVER. PLEASE READ THE "EXCLUSION OF DESIGNATED PERSON ENDORSEMENT" AGREEMENT PREVIOUSLY PROVIDED TO YOU. (Endorsement No. 2184.)

MEMBER NUMBER	NUMBER OF PRINCIPALLY AT-FAULT ACCIDENTS	DRIVING RECORD					DRIVER STATUS	RATED VEHICLE NUMBER
		NUMBER OF TRAFFIC CONVICTIONS						
		MINOR	SERIOUS	MAJOR	SEVERE	SUSPENSIONS		
							3	
						PRIMARY EXCLUDED ADDITIONAL ADDITIONAL PRIMARY	1	

ENDORSEMENTS AND CERTIFICATES

MEMBER NUMBER	TITLE
	MEMBER'S AUTOMOBILE POLICY - POLICY NUMBER CHANGE
	EXCLUSION OF DESIGNATED PERSON
31	GUARANTEED RENEWAL

SPECIAL EQUIPMENT**			SOUND EQUIPMENT**			
VEH. NO.	CAMPER/ VAN CONV.	OTHER	2-WAY RADIO	TELE- PHONE	RADIO	OTHER
1						
2						
3						
4						

** Coverage is indicated by a "YES" in the appropriate equipment column. Coverage limitations apply unless coverage was purchased specifically for certain equipment.

PHYSICAL DAMAGE LOSS MAY BE MADE PAYABLE TO YOU AND ANY INTEREST LISTED BELOW:

Liberty Mutual
INSURANCE

AMERICAN ECONOMY INSURANCE COMPANY
SEATTLE, WASHINGTON
ULTRA OFFICE POLICY

NAMED
INSURED
AND
MAILING
ADDRESS

DOUGLAS RUSSELL HAYES
125 H E VICTORIA
SANTA BARBARA, CA 93101

RENEWAL DECLARATIONS

POLICY NUMBER 02-BP-664902-7
RENEWAL OF 02-BP-664902-6 02-82

POLICY PERIOD FROM 02-01-14 TO 02-01-15 12:01 AM
STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

AGENT BROWN & BROWN INSURANCE
NAME SERVICES OF CALIFORNIA, INC
AND PO BOX 1469
ADDRESS SANTA BARBARA, CA 93102
04-91649 (805) 987-9727

FORM OF BUSINESS: INDIVIDUAL

THE TOTAL PREMIUM DUE FOR THE POLICY TERM IS \$500.00.
YOU WILL BE BILLED THROUGH YOUR CUSTOMER ACCOUNT #060-1636-271-02.
YOU NEED NOT PAY ANY PREMIUM AT THIS TIME. WE WILL SEND A BILLING
STATEMENT IN A SEPARATE MAILING.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU
TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THE FOLLOWING FORMS CURRENTLY APPLY TO THIS POLICY:

- | | |
|---|---|
| BP0003(0106) BUSINESSOWNERS SPECIAL COVERAG | BP7076(0606) ULTRA PLUS |
| BP8187(0706) CA - ORDINANCE OR LAW COVE | BP8201(0606) CA HIRED AND NON OWNED |
| BP7059(0105) COMMERCIAL FINE ARTS COV FORM | BP0437(0702) EXCLUSION-PERSONAL & ADVERT. I |
| BP8136(0108) EQUIPMENT BREAKDOWN ENDORSEMEN | BP0523(0108) CAP ON LOSSES CERTIFIED ACTS |
| BP0565(0107) CONDITIONAL EXCL TERRORISM | BP8206(0606) ID RECOVERY COV FOR DEFINE |
| BP0159(0808) WATER EXCLUSION ENDORSEMEN | BP0601(0107) EXCL OF LOSS DUE TO VIRUS |
| IL7201(0392) COMPANY COMMON POL CONDITIONS | BP8068(0702) EXCLUSION -ASBESTOS |
| BP8029(0702) AMENDMENT-AGGREGATE LIMITS OF | BP0455(0106) BUSINESS LIAB COV - TENANT |
| BP0441(0106) BUSINESS INCOME CHANGES - | BP0417(0702) EMPLOYMENT RELATED PRACT. EXCL |
| BP8186(0706) CA CHANGES | BP8128(0502) EMPLOYMENT PRACTICES LIABILITY |

(DATE) BY _____ (AUTHORIZED REPRESENTATIVE)

9-BP(11-88)

COMPANY USE ONLY

NORTHEAST

25 (PHONLE) INSURED COPY

PREPARED 12-18-13

CB

AFP-META2-16-PRINT001-1473-0013-M

POLICY DECLARATIONS EXTENSION

NAMED INSURED: DOUGLAS RUSSELL HAYES

POLICY NUMBER: 02-BP-664902-7

PREMISES 1	125 'H' EAST VICTORIA ST.	CONSTRUCTION: FRAME
BUILDING 1	SANTA BARBARA, CA 93101	OCCUPANCY: OFFICE - ATTORNEYS

APPLICABLE TO THESE PREMISES	LIMITS OF INSURANCE
EXCEPT WHERE NOTED BELOW; A DEDUCTIBLE OF \$ 250 APPLIES	
BUSINESS PERSONAL PROPERTY	\$ 53,000
BUSINESS INCOME (NOT EXCEEDING 12 CONSECUTIVE MONTHS)	ACTUAL LOSS SUSTAINED
DEDUCTIBLE: NONE	
DAMAGE TO PREMISES RENTED TO YOU	\$ 300,000
DEDUCTIBLE: NONE	
EQUIPMENT BREAKDOWN	INCLUDED
OUTDOOR SIGNS (DEDUCTIBLE: \$ 250)	\$ 7,500
MONEY AND SECURITIES (DEDUCTIBLE: \$ 250):	
INSIDE THE PREMISES	\$ 10,000
OUTSIDE THE PREMISES	\$ 5,000
ACCOUNTS RECEIVABLE	\$ 25,000
COMMERCIAL FINE ARTS	\$ 10,000
VALUABLE PAPERS AND RECORDS	\$ 25,000
SEWER OR DRAIN BACK-UP	\$ 5,000
ORDINANCE OR LAW - COVERAGES B AND C - COMBINED LIMIT FOR DEMOLITION COST COVERAGE AND INCREASED COST OF CONSTRUCTION COVERAGE	\$ 150,000
BUSINESS INCOME CAUSED BY DEPENDENT PROPERTIES	\$ 5,000
ELECTRONIC DATA	\$ 25,000

POLICY DECLARATIONS EXTENSION

NAMED INSURED: DOUGLAS RUSSELL HAYES

POLICY NUMBER: 02-BP-664902-7

APPLICABLE TO ALL PREMISES YOU OWN, RENT OR OCCUPY	LIMITS OF INSURANCE
BUSINESS LIABILITY:	
LIABILITY (INCLUDING PRODUCTS AND COMPLETED OPERATIONS) AND MEDICAL EXPENSES	\$ 300,000
MEDICAL EXPENSES (ANY ONE PERSON)	\$ 10,000
AGGREGATE LIMITS	\$ 600,000
HIRED AUTO AND NON-OWNED AUTO LIABILITY	SEE BUSINESS LIABILITY
EMPLOYEE DISHONESTY (DEDUCTIBLE: NONE)	\$ 15,000
FORGERY OR ALTERATION (DEDUCTIBLE: NONE)	\$ 25,000
EMPLOYMENT PRACTICES (DEDUCTIBLE: NONE):	
EACH INCIDENT LIMIT	\$ 10,000
AGGREGATE LIMIT	\$ 10,000
RETROACTIVE DATE OF 02/01/04	
IDENTITY RECOVERY COVERAGE EXPENSE REIMBURSEMENT	\$ 25,000

PREMIUM FOR CERTIFIED ACTS OF TERRORISM	\$ 2.00
TERM PREMIUM	\$ 498.00
TOTAL TERM PREMIUM	\$ 500.00

LAWYERS' MUTUAL INSURANCE COMPANY
PROFESSIONAL LIABILITY POLICY
THE DECLARATIONS

POLICY NUMBER : LPDL03171
RNL. OF POL. NO.: LPDK03171

NAMED INSURED AND ADDRESS:
DOUGLAS RUSSELL HAYES
INDIVIDUAL
125 EAST VICTORIA STREET, SUITE H
SANTA BARBARA, CA 93101

LAWYERS WHO ARE PARTNERS OF, STOCKHOLDERS IN, OR
EMPLOYEES OF THE NAMED INSURED:
SEE PRIOR ACTS INCLUSION ENDORSEMENT ATTACHED

PREDECESSOR FIRM:
NONE

EFFECTIVE DATE OF THIS POLICY: 12-15-2013
12:01 A.M. PACIFIC STANDARD TIME

EXPIRATION DATE OF THIS POLICY: 12-15-2014
12:01 A.M. PACIFIC STANDARD TIME

POLICY PREMIUM: \$3,402

LIMITS OF LIABILITY:

LIMIT OF LIABILITY EACH CLAIM : 1,000,000
LIMIT OF LIABILITY POLICY AGGREGATE : 3,000,000
DEDUCTIBLE (CLAIMS EXPENSES & DAMAGES): 5,000

Agency Fee: \$200.00

- SEE POLICY PROVISIONS FOR FULL DESCRIPTION -

FORMS AND ENDORSEMENTS FORMING A PART OF THIS POLICY:

FORM 1 REVISED 6/87 PALE TRIA-2002

THESE DECLARATIONS, FORM 1 REVISED 6/87 AND ENDORSEMENTS AS
LISTED IN ITEM 8 ABOVE, CONSTITUTE THIS POLICY, NUMBERED ABOVE.

LAWYERS' MUTUAL INSURANCE COMPANY

DATE OF TRANSACTION: 12-02-2013

BY 

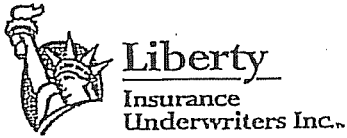
/1997

WALTER R. ANDERSON

INSURANCE SERVICES, INC.

Specializing in Professional Liability Since 1981
2727 Camino Real, Suite 200, Santa Barbara, CA 93105

TOTAL P.01



WALTER R. ANDERSON

INSURANCE SERVICES, INC.

Specializing In Professional Liability Since 1981
3757 State St. Suite 2B • Santa Barbara, CA 93105
(805) 682-8885 • Fax (805) 563-1160

LIU 1401 Ed. 02 08

LIBERTY INSURANCE UNDERWRITERS, INC.

LAWYERS PROFESSIONAL LIABILITY POLICY

DECLARATIONS

NOTICE: THIS IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY COVERS ONLY CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND REPORTED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND OTHERWISE COVERED BY THIS INSURANCE. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

POLICY NUMBER: LPA308164-0114

RENEWAL OF:

PRODUCER AND ADDRESS: Affinity Insurance Services, Inc.
159 E. County Line Road
Hathoro, PA 19040

NAMED INSURED AND ADDRESS: James L. Crowder
Attorney at Law
140 E Figueroa Street
Santa Barbara, CA 93101-2113

The Named Insured is: Individual Partnership
 Corporation Limited Liability Partnership
 Limited Liability Corporation Other

POLICY PERIOD: From: 7/01/2014 To: 7/01/2015
(12:01 A.M. at the Named Insured's address set forth above)

LIMIT OF LIABILITY: \$500,000 Each Claim
\$1,000,000 Aggregate

DEDUCTIBLE: \$5,000 Each Claim

PREMIUM: \$1,933.00 Policy Fee: \$125.00
Agency Fee: \$100.00

ENDORSEMENTS FORMING PART OF THIS POLICY AT ISSUANCE:

LIU1400 (02/08) LIU1405 (07/08)CA
LIU1317 (11/00) LIU3022 (04/02) LIU3090 (03/12) OFAC (08/09)

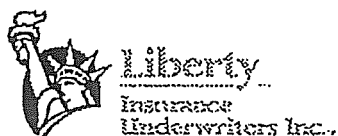
This Declarations page, together with the Application, the attached Lawyers Professional Liability Insurance Policy, and all endorsements thereto, shall constitute the contract between Liberty Insurance Underwriters, Inc. and the Named Insured identified above. This policy is valid only if signed below by a duly authorized representative of Liberty Insurance Underwriters, Inc.

Steven Marks

Authorized Representative

July 03, 2014

Issue Date



LIU 1317 Ed. 11 00

THIS ENDORSEMENT AMENDS THE POLICY. PLEASE READ IT CAREFULLY.

PRIOR ACTS EXCLUSION ENDORSEMENT

This endorsement, which is effective at 12:01AM on 07/01/2014
Forms a part of policy number LPA308164-0114
Issued to James L. Crowder
Attorney at Law

This endorsement modifies insurance provided under the following:

LAWYERS PROFESSIONAL LIABILITY POLICY

In consideration of the premium charged, it is hereby agreed and understood that no coverage is provided under this policy for any **wrongful act** that took place prior to:

07/01/2014
Prior Acts Exclusion Date

The named insured understands and agrees to the above.

Signature of Partner, Member, Owner, or Sole Proprietor

Print Name & Title

Date

All other terms and conditions remain unchanged.



LIU 1-105 Ed. 07 08

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALIFORNIA AMENDATORY ENDORSEMENT

This endorsement, which is effective at 12:01AM on 7/01/2014
forms a part of policy number LPA308164-0114
issued to James L. Crowder
Attorney at Law

This endorsement modifies coverage provided under the following:

LAWYERS PROFESSIONAL LIABILITY POLICY

The following changes are hereby made to the policy:

Under the section entitled **Conditions**; sub-section **8. Cancellation and Nonrenewal**;
Nonrenewal is deleted in its entirety and replaced by the following:

Nonrenewal

- a. If we decide not to renew this policy, we shall mail written notice to the **named insured** and the mortgagee or lien holder at least sixty (60) days advance notice of our intention not to renew. The notice shall state the reason(s) for the nonrenewal. A copy of such notice shall be sent to your broker, if known.

All other terms and conditions remain unchanged.



CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER NAMED BELOW WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois
 STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
 STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS of Dallas, Texas
 STATE FARM INDEMNITY COMPANY of Bloomington, Illinois, or
 STATE FARM GUARANTY INSURANCE COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below:

NAMED INSURED: CROWDER, JAMES							
ADDRESS OF NAMED INSURED: 704 LADERA LN SANTA BARBARA CA 93108-1624							
POLICY NUMBER	C60 4395-B06-55E						
EFFECTIVE DATE OF POLICY	02/06/14-08/06/14						
DESCRIPTION OF VEHICLE (Including VIN)	08 BMW 550I VIN: WBAW53518CT4 8700						
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY							
a. Bodily Injury							
Each Person	250,000						
Each Accident	500,000						
b. Property Damage							
Each Accident	100,000						
c. Bodily Injury & Property Damage Single Limit							
Each Accident							
PHYSICAL DAMAGE COVERAGES							
a. Comprehensive	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$ 100 Deductible	\$ 500 Deductible	\$ 500 Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$ 500 Deductible	\$ 500 Deductible	\$ 500 Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible
EMPLOYERS NON-OWNED CAR LIABILITY COVERAGE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR LIABILITY COVERAGE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLEET - COVERAGE FOR ALL OWNED AND LICENSED MOTOR VEHICLES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Paul Cashman

Signature of Authorized Representative: Paul Cashman Agent: 1812 Title: Agent's Code Number: 1812 Date: 07/23/2014

Name and Address of Certificate Holder	Name and Address of Agent
	Paul Cashman 3433 State Street Suite B Santa Barbara, CA 93105

INTERNAL STATE FARM USE ONLY: Request permanent Certificate of Insurance for liability coverage.
 Request Certificate Holder to be added as an Additional Insured.

122429.3 Rev. 07-26-2005



PROOF OF INSURANCE



PROOF OF INSURANCE

Interinsurance Exchange of the Automobile Club
NAIC #: 15598

VEHICLES ON POLICY	
YEAR	VEH I.D. #
2000	YV1VS2557YF503903
2012	HYUN KMBJU3AC7CU518683

Named Insured: GOODMAN, ROBERT A
Policy Number: CAA 062954598

FOLD HERE

DRIVERS ON POLICY
GOODMAN, ROBERT A
GOODMAN, JACOB N

Effective Date: 02-09-14 Expiration Date: 02-09-15

This policy provides at least the minimum amounts of liability insurance required by the CA VEH CODE SECTION 16086 for the specified vehicles and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.





USAA CASUALTY INSURANCE COMPANY

(A Stock Insurance Company)
9800 Fredericksburg Road - San Antonio, Texas 78288
CALIFORNIA AUTO POLICY
RENEWAL DECLARATIONS
(ATTACH TO PREVIOUS POLICY)

State: CA, Vch: X, POLICY NUMBER: 00791 46 91C 7101 6
POLICY PERIOD: (12:01 A.M. standard time)
EFFECTIVE AUG 17 2014 TO FEB 17 2015

Insured and Address
TARA K HAALAND-FORD
646 MEIGS RD
SANTA BARBARA CA 93109-1517

Description of Vehicle(s)

Table with columns: TRADE NAME, MODEL, BODY TYPE, ANNUAL MILEAGE, IDENTIFICATION NUMBER, VEH USE, WORK/SCHOOL Miles One Way, Days Per Week

Vehicle(s) described herein is principally garaged at the above address unless otherwise stated. #W/C=Work/School; B=Business; F=Farm; P=Pleasure

This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.

Table with columns: COVERAGE, LIMITS OF LIABILITY ("ACV" MEANS ACTUAL CASH VALUE), VEH, D=DED AMOUNT, PREMIUM \$

IN WITNESS WHEREOF, we have caused this policy to be signed by our President and Secretary at San Antonio, Texas, on this date JULY 12, 2014

Signature of Steven Alan Bennett, Secretary

Signature of Kevin Berger, President

LAWYERS' MUTUAL INSURANCE COMPANY
PROFESSIONAL LIABILITY POLICY
THE DECLARATIONS

POLICY NUMBER : LPLD13115
RNL. OF POL. NO.: LPLC13115

NAMED INSURED AND ADDRESS:

TARA HAALAND-FORD
ATTORNEY AT LAW
INDIVIDUAL
1215 DE LA VINA STREET, SUITE I
SANTA BARBARA, CA 93101

LAWYERS WHO ARE PARTNERS OF, STOCKHOLDERS IN, OR
EMPLOYEES OF THE NAMED INSURED:
SEE SCHEDULED LAWYERS ENDORSEMENT ATTACHED

PREDECESSOR FIRM:
NONE

EFFECTIVE DATE OF THIS POLICY: 09-15-2014
12:01 A.M. PACIFIC STANDARD TIME

EXPIRATION DATE OF THIS POLICY: 09-15-2015
12:01 A.M. PACIFIC STANDARD TIME

POLICY PREMIUM: \$1,578

LIMITS OF LIABILITY:
LIMIT OF LIABILITY EACH CLAIM : 1,000,000
LIMIT OF LIABILITY POLICY AGGREGATE : 3,000,000
DEDUCTIBLE (CLAIMS EXPENSES & DAMAGES): 5,000

- SEE POLICY PROVISIONS FOR FULL DESCRIPTION -

FORMS AND ENDORSEMENTS FORMING A PART OF THIS POLICY:

FORM 1 REVISED 6/87 SLE SPAE TRIA-2002

THESE DECLARATIONS, FORM 1 REVISED 6/87 AND ENDORSEMENTS AS
LISTED IN ITEM 8 ABOVE, CONSTITUTE THIS POLICY, NUMBERED ABOVE.

LAWYERS' MUTUAL INSURANCE COMPANY

DATE OF TRANSACTION: 09-01-2014

BY 

SCHEDULED LAWYERS ENDORSEMENT

SLE

THE DECLARATIONS ARE BASED ON THIS SCHEDULE OF PARTNERS OF, SHAREHOLDER
N, OR LAWYERS EMPLOYED BY THE NAMED INSURED EFFECTIVE 12:01 A.M.
PACIFIC STANDARD TIME AS FOLLOWS:

	<u>DATE COVERAGE EFFECTIVE</u>	<u>DATE COVERAGE CANCELLED</u>
LAND-FORD, TARA KRISTEN	09-15-2011	

LAWYERS' MUTUAL INSURANCE COMPANY

BY 

ENDORSEMENT EFFECTIVE DATE: 09-15-2014

ATTACHED TO AND FORMING A PART OF POLICY NO.: LPLD13115



Insured's Copy

Name & Address of Insured

Levinson, Jill
1933 Cliff Drive, #2
Santa Barbara, CA 93109

Servicing Agency

Hub International Insurance Services Inc. - 10470
P.O. Box 3310
Santa Barbara, CA 93130
For Customer Service, Contact: (866) 430-0372

Policy #: 1-PAC-1-1076042

Declaration Type: Extension

Effective: 05/04/2014

Policy Period: From 05/04/2014 To 11/04/2014 12:01 a.m. standard time at the address of the Named Insured as stated herein.

This is Declaration #: 32 and when attached to the applicable forms, it completes the policy.

Transaction Description:

Extension

Vehicles

Auto #	Year	Make	Model	Vehicle Identification Number	Comp Sym	Coll Sym	Veh Age	Rated Driver	Princ/Occ Excess	Driver Class Code
1	2013	MBNZ	E350 4MATIC AWD	WDDHH8JB3DA728119	60	59	2	Jill	P	84D005
2	2012	TYTA	SIENNA LE	5TDKK3DC6CS177663	18	19	3	Neil	P	88B004

Listed Drivers

Name:	Date of Birth	License #	Good Driver	Mature Driver	Good Student	Start Smart Teen	Years Driving
Jill Levinson	05/04/1968	C4597650	Yes	No	No	No	30
Neil Levinson	09/03/1959	C0084825	Yes	No	No	No	38

Policy Summary

Total Policy Premium **\$1,144.00**

This is not a Bill. Any premium due will be applied to the Account Bill.

Authorized Signature

TO REPORT A CLAIM, CONTACT THE CLAIM SERVICE CENTER: (800) 986-9974

Named Insured: Levinson, Jill
 Policy #: 1-PAC-1-1076042

Declaration Type: Extension

Automobile Insurance Declaration Page
 Effective: 05/04/2014

Coverages/Premiums

Coverage	Liability Limits		Auto 1		Auto 2		Auto		Auto	
	Each Person	Each Accident	Deduct	Premium	Deduct	Premium	Deduct	Premium	Deduct	Premium
Bodily Injury Liability	\$250,000	\$500,000		117		104				
Property Damage Liability		\$100,000		58		52				
Medical Payments	\$5,000			7		6				
Uninsured Motorist Bodily Injury Liability	\$250,000	\$500,000		32		29				
Uninsured Motorist Property Damage	Actual Cash Value with \$3,500 Maximum Limit			3		3				
Comprehensive	Actual Cash Value Less Deductible		250	120	250	37				
Collision	Actual Cash Value Less Deductible		500	369	500	153				
Optional Coverages (see details in Section below)				27		27				
Total Premium Per Vehicle				\$733		\$411				

Optional Coverages

Coverage	Limit	Auto 1		Auto 2		Auto		Auto	
		Limit	Premium	Limit	Premium	Limit	Premium	Limit	Premium
Auto Card 100 Program Roadside Protection	Up to 100 miles; or \$100 per occurrence		8		8				
Transportation Expense - Extended Coverage	\$50 per day and \$1,500 per occurrence		19		19				

Discounts and Additional Rating

Good driver discount	Auto(s) 1, 2	Renewal Credit	Auto(s) 1, 2
Citation free discount	Auto(s) 1, 2	Multi-Policy discount	Auto(s) None
Accident free discount	Auto(s) 1, 2	Airbag discount	Auto(s) 1, 2
Multi-Car discount	Auto(s) 1, 2	Anti-Theft Device discount	Auto(s) 1, 2
Good Student discount	Auto(s) None	Vehicle Performance Surcharge	Auto(s) 1
Start Smart Teen discount	Auto(s) None		

Annual Mileage

Auto Number	11/04/2013 to 05/04/2014 (Prior Term)	05/04/2014 to 11/04/2014 (Current Term)	Vehicle Use
1	12,500	12,500	Pleasure
2	8,500	8,500	Pleasure

IMPORTANT: Please take a moment to review your Annual Mileage (shown above) and contact your Independent Insurance Advisor to make any changes.

Garaging Address

Auto 1	Territory - 94	1656 San Leandro Ln, Santa Barbara, CA 93108
Auto 2	Territory - 94	1656 San Leandro Ln, Santa Barbara, CA 93108

Forms

Policy Forms	PP 00 01 12 89, 03-337 (03-01), 03-342 (04-01), 03-488 (06-06), 2135 (12-11)
Auto 1 Forms	03-020 (12-11), 03-603 (12-11), 08-034 (12-11)
Auto 2 Forms	03-020 (12-11), 03-603 (12-11), 08-034 (12-11)



INSURANCE BINDER

DATE (MM/DD/YYYY)
7/17/2014

BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM

COMPANY Lawyers' Mutual Insurance Company	BINDER# B1471701939	
	DATE EFFECTIVE TIME 8/24/2014 12:01	EXPIRATION DATE TIME 8/24/2015 X 12:01 AM NOON
COMPANY ADDRESS Lawyer R. Anderson Insurance State Street Suite 2B Santa Barbara CA 93105	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: LPDI06674	
CONTACT INFO Phone: (805) 682-8885 FAX (A/C, No): (805) 563-1160 SUB CODE:	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)	
AGENT INFO D. Levinson Cliff Drive Santa Barbara CA 93109		

COVERAGE	COVERAGE/FORMS	LIMITS		
		DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR RETRO DATE FOR CLAIMS MADE:		EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$		
VEHICLE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$		
PHYSICAL DAMAGE DED <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: _____ OTHER THAN COL: _____		ACTUAL CASH VALUE STATED AMOUNT \$		
UMBLELLA LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:		AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
PROFESSIONAL LIABILITY INSURANCE- CLAIMS MADE POLICY LIMITS: \$1,000,000/ \$3,000,000 DEDUCTIBLE: \$5,000 PRIOR ACTS: 8/24/06		FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$		

NAME & ADDRESS		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED
LOAN #			
AUTHORIZED REPRESENTATIVE Elaine Clark/ELAINE <i>Elaine Clark</i>			



Protective
Insurance Company

**Lawyers'
Professional Liability
Insurance
Policy Declarations**

Hereinafter known as the Company

THIS IS A CLAIMS MADE AND REPORTED POLICY. PLEASE REVIEW THE POLICY CAREFULLY.

NOTICE: EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR COVERED ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST YOU WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO US NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THIS POLICY. THE COVERAGE OF THIS POLICY DOES NOT APPLY TO CLAIMS FIRST MADE AGAINST YOU AFTER THE TERMINATION OF THIS POLICY UNLESS, AND IN SUCH EVENT ONLY TO THE EXTENT, AN EXTENDED REPORTING PERIOD OPTION APPLIES.

POLICY NUMBER: LPL-3000844-0913

Replacing: LPL-4976-0912
Producer Code: WRAOPEN

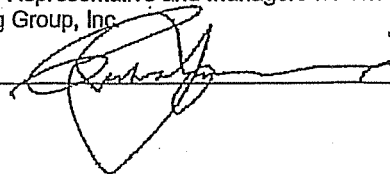
1. NAMED INSURED: Law Offices of Gregory I. McMurray
ADDRESS: 1035 Santa Barbara Street, 2nd Floor
Santa Barbara, CA 93101
2. PERIOD OF INSURANCE: FROM: 09/01/13 TO: 09/01/14
12.01AM STANDARD TIME AT THE ADDRESS SHOWN IN ITEM 1 ABOVE.
3. LIMITS OF LIABILITY
(a) \$1,000,000.00 EACH CLAIM
(b) \$1,000,000.00 in the AGGREGATE
including Defense Costs
4. DEDUCTIBLE
(a) \$5,000.00 EACH CLAIM
(b) \$0.00 in the AGGREGATE
including Defense Costs
5. PREMIUM US \$3,631.00
6. RETROACTIVE DATE: 09/01/2004
7. Notice to insurer: Protective Insurance Company Tel.: (800) 494-6586
199 N. Meridian Street Fax: (800) 331-2546
Indianapolis, IN 46204 Email: claims@protectivespecialty.com
Attn: Professional Liability Claims Manager
8. Forms and endorsements attached at inception of coverage. Refer to schedule of forms.

Disclosure 9.2011	LPLPOL 01	LPLNOT 01 (01/13)
LPLNOT 02	LPLEN 00	LPLEN 37
LPLEN 38	LPLEN 00	

Issued on: August 27, 2013 at Allendale, New Jersey

for Jorgensen & Company
Authorized Representative and Managers for The Legal Professionals'
Purchasing Group, Inc

Countersigned at Allendale, New Jersey
on: August 27, 2013

by: 

WALTER R. ANDERSON

INSURANCE SERVICES, INC.
Specializing In Professional Liability Since 1981
3757 State St. Suite 2B • Santa Barbara, CA 93105

LAWYERS' MUTUAL INSURANCE COMPANY
P.O. BOX 10996
BURBANK, CALIFORNIA 91510-0996
(818) 565-5512 OR (800) 252-2045

TRANSACTION DATE:08-29-2013

OFFICES OF NEIL D. LEVINSON
3 CLIFF DRIVE SUITE 2
TA BARBARA, CA 93109

*First Insurance Funding Corp.
450 Skokie Blvd., Suite 1000
Northbrook, IL 60062*

<u>POLICY NUMBER</u>	<u>INSURANCE COMPANY</u>	<u>EFFECTIVE DATE</u>	<u>EXPIRATION DATE</u>	<u>REMARKS</u>	<u>PREMIUM AMOUNT</u>
08-24-2013	LMIC	08-24-2013	08-24-2014	REN - FIN	\$3,602

DESCRIPTION OF COVERAGE:
LAWYERS PROFESSIONAL LIABILITY

LIMITS OF LIABILITY:
PER CLAIM : \$1,000,000
AGGREGATE : \$3,000,000
DEDUCTIBLE: \$ 5,000

Rev. 8/1997

PREMIUM FINANCING INSTRUCTIONS

ANNUAL PREMIUM = 3,602.00 - DOWNPAYMENT 367.04 = AMOUNT FINANCED 3,234.96 APR: 4.99%

Agent: ANDERSON, WALTER INSURANCE SERVICES Ph: (805) 682-8885 F: (805) 563-1160

LAWYERS' MUTUAL INSURANCE COMPANY
P.O. BOX 10996
BURBANK, CALIFORNIA 91510-0996
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08-24-2013	LMIC	08-24-2013	08-24-2014	REN - FIN	\$3,602

DESCRIPTION OF COVERAGE:
LAWYERS PROFESSIONAL LIABILITY

LIMITS OF LIABILITY:
PER CLAIM : \$1,000,000
AGGREGATE : \$3,000,000
DEDUCTIBLE: \$ 5,000

Rev. 8/1997

PREMIUM FINANCING INSTRUCTIONS

ANNUAL PREMIUM = 3,602.00 - DOWNPAYMENT 367.04 = AMOUNT FINANCED 3,234.96 APR: 4.99%

Agent: ANDERSON, WALTER INSURANCE SERVICES Ph: (805) 682-8885 F: (805) 563-1160

LAWYERS' MUTUAL INSURANCE COMPANY
PROFESSIONAL LIABILITY POLICY
THE DECLARATIONS

POLICY NUMBER : LPLJ11211
RNL. OF POL. NO.: LPLI11211

1. NAMED INSURED AND ADDRESS:
MARLIES D. MENDOZA
ATTORNEY AT LAW
INDIVIDUAL
P. O. BOX 90831
SANTA BARBARA, CA 93190
2. LAWYERS WHO ARE PARTNERS OF, STOCKHOLDERS IN, OR
EMPLOYEES OF THE NAMED INSURED:
SEE SCHEDULED LAWYERS ENDORSEMENT ATTACHED
3. PREDECESSOR FIRM:
NONE
4. EFFECTIVE DATE OF THIS POLICY: 05-01-2014
12:01 A.M. PACIFIC STANDARD TIME
5. EXPIRATION DATE OF THIS POLICY: 05-01-2015
12:01 A.M. PACIFIC STANDARD TIME
6. POLICY PREMIUM: \$630
7. LIMITS OF LIABILITY:
LIMIT OF LIABILITY EACH CLAIM : 1,000,000
LIMIT OF LIABILITY POLICY AGGREGATE : 3,000,000
DEDUCTIBLE (CLAIMS EXPENSES & DAMAGES): 5,000

- SEE POLICY PROVISIONS FOR FULL DESCRIPTION -
8. FORMS AND ENDORSEMENTS FORMING A PART OF THIS POLICY:
FORM 1 REVISED 6/87 SLE SPAE TRIA-2002

THESE DECLARATIONS, FORM 1 REVISED 6/87 AND ENDORSEMENTS AS LISTED IN ITEM 8 ABOVE, CONSTITUTE THIS POLICY, NUMBERED ABOVE.

LAWYERS' MUTUAL INSURANCE COMPANY

DATE OF TRANSACTION: 05-09-2014

BY 

Allstate Indemnity Company

Policy Number : 9 27 976175 05/21
 Policy Effective Date: May 21, 2014

Your Agent: Marschowski Ins. (805) 684-7717

COVERAGE FOR VEHICLE # 1 2008 GMC Acadia

COVERAGE	LIMITS		DEDUCTIBLE	PREMIUM
Automobile Liability Insurance			Not Applicable	\$214.84
• Bodily Injury	\$1,000,000	each person		
	\$1,000,000	each occurrence		
• Property Damage	\$500,000	each occurrence		
Uninsured Motorists Insurance for Bodily Injury	\$1,000,000	each person	Not Applicable	\$70.90
	\$1,000,000	each accident		
Automobile Medical Payments	\$25,000	each person	Not Applicable	\$34.32
Auto Collision Insurance	Actual Cash Value		\$500	\$95.48
Waiver of deductible applies				
Auto Comprehensive Insurance	Actual Cash Value		\$100	\$44.02
Towing and Labor Costs Coverage	\$50	each disablement	Not Applicable	\$2.48
Total Premium for 08 GMC Acadia				\$462.04

DISCOUNTS Your premium for this vehicle reflects the following discounts:
 Anti-theft \$2.32 Good Driver 20% Multiple Policy \$20.85
 Distinguished Driver \$72.68

RATING INFORMATION Your premium is determined based on certain information, including the following:
 This vehicle is driven 10-20 miles to work/school, married female licensed 25 years

Allstate uses mileage information as one factor to help determine your premium amount.

Important Note: The annual mileage figure applicable to this vehicle for the expiring policy period was:
 12,500 - 12,999. The annual mileage figure applicable to this vehicle for the current policy period is:
 13,000 - 13,499.

The required odometer information to calculate your annual mileage for the current policy period was
 obtained from a vendor because odometer information was not provided by you, was illegible, or the most
 recent odometer reading we received was less than a previous reading.

The following odometer information was used to determine your annual mileage for current policy period:

Odometer Reading:	58,760	Odometer Reading:	67,788
Date:	01/18/2012	Date:	09/25/2012

If any of the information shown above is incorrect, missing or changes in the future, please contact your
 Allstate representative. Please keep in mind that a change in any of the information may result in an
 adjustment to your premium.

Lawyers Professional Liability Insurance

CLAIMS MADE WARNING FOR DECLARATIONS: THIS POLICY PROVIDES COVERAGE ON A CLAIMS MADE AND REPORTED BASIS SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY.

PLEASE READ AND REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

Whenever printed in this Declarations Page, the boldface type terms shall have the same meanings as indicated in the Policy.

Policy Form: LPL 29300 (04-09)

Policy Number: 1267157

Item 1. Name and Address of Named Insured:
William L. Duval, Jr.
Suite 240
1114 State Street
Santa Barbara, CA 93101

Person designated to receive all correspondence from the Insurer:
William L. Duval
Owner

Item 2. Policy Period: From March 19, 2014 (inception date) to March 19, 2015 (expiration date)
(Both dates at 12:01 a.m. Standard Time at the address of the Named Insured)

Item 3. Limit of Liability for the Policy Period (inclusive of Damages and Claims Expense):
A. \$1,000,000 each Claim, but in no event exceeding
B. \$1,000,000 in the aggregate for all Claims.

Item 4. Applicable Deductible: \$10,000
Item 5. Premium: \$6,974

Item 6. Endorsements attached:
LPL 292012 (04-09) Addition to Section II. Non-Practicing Extended Reporting Period
LPL 294310 (04-09) Addition to Section IV. Past Acts Exclusion
LPL 298030 11-13 Modification to Section VIII. B. Proposal

Item 7. Notice to the Insurer as provided in sections VII. A. and VII. B. and any information furnished to the Insurer as provided in section VI. A. shall be sent to:

Monitor Liability Managers, Claims Department
Address: 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039
Fax: (847) 806-4017 Email: newclaim@monitorliability.com

All other notices required to be given to the Insurer under this Policy shall be sent to:
Monitor Liability Managers
Address: 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039
Fax: (847) 806-6282

WALTER R. ANDERSON
INSURANCE SERVICES, INC.
Specializing in Professional Liability Since 1981
3757 State St. Suite 2B • Santa Barbara, CA 93105
(805) 682-8885 • Fax (805) 563-1160

These Declarations along with the completed and signed Proposal and the Lawyers Professional Liability Insurance Policy shall constitute the contract between the Insureds and the Insurer.

Authorized Representative: [Signature] Date Issued: March 18, 2014

W.L. DUVAL LAW OFFICE, INC.

LA ARCADE BUILDING

1114 STATE STREET, SUITE 240

SANTA BARBARA, CALIFORNIA 93101


WILLIAM L. DUVAL, JR.
MEGAN LEISZ

TELEPHONE (805) 963-9641
FACSIMILE (805) 963-4071

TELECOPIER TRANSMISSION
(805) 963-4071

TO: Ms. Honigman
FAX NO. (805) 882-4622
FROM: MEGAN LEISZ, ESQ.
DATE: June 26, 2014
RE: Liability Insurance for Criminal Defense Associates – William Duval
MESSAGE: Please deliver as soon as possible to Ms. Honigman.

Sincerely,


Megan Leisz

NUMBER OF PAGES (INCLUDING THIS PAGE): 2

THIS FACSIMILE CONTAINS CONFIDENTIAL, PRIVILEGED INFORMATION INTENDED ONLY FOR THE INDIVIDUAL OR ENTITY TO WHOM IT IS ADDRESSED. DO NOT READ, COPY OR DISSEMINATE THIS INFORMATION UNLESS YOU ARE THE ADDRESSEE (OR THE PERSON RESPONSIBLE FOR DELIVERING IT). IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE CALL US (COLLECT) IMMEDIATELY AT (805) 963-9641, AND RETURN THE ORIGINAL MESSAGE TO THIS OFFICE AT 1114 STATE STREET, SUITE 240, SANTA BARBARA CA 93101 VIA THE POSTAL SERVICE. THANK YOU.

IF YOU HAVE ANY PROBLEMS WITH THIS TRANSMISSION,
PLEASE CALL MEGAN AT (805) 963-9641.

Lawyers Professional Liability Insurance

CLAIMS MADE WARNING FOR DECLARATIONS: THIS POLICY PROVIDES COVERAGE ON A CLAIMS MADE AND REPORTED BASIS SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY.

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Monitor Liability Managers
Address: 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039
Fax: (847) 806-6282

WALTER R. ANDERSON
INSURANCE SERVICES, INC.
Specializing in Professional Liability Since 1981
3757 State St, Suite 2B • Santa Barbara, CA 93105
(805) 682-8885 • Fax: (805) 565-1160

These Declarations along with the completed and signed Proposal and the Lawyers Professional Liability Insurance Policy shall constitute the contract between the Insureds and the Insurer.

Authorized Representative: [Signature]

Date Issued: March 18, 2014

REPORT/ADDL PERIOD	CODE	STANDARD CLASSIFICATION	PAYROLL	RATE	PREMIUM
3 4/01/14	8820-1	ATTORNEYS-ALL EMPLOYEES	20703.50	1.06	219.46
TOTAL BASE PREMIUM					219.46
RATING PLAN MODIFIER APPLIED			.84867		186.25
PREMIUM DISCOUNT MODIFIER APPLIED			1.00000		186.25
TOTAL PREMIUM FOR 4/01/13 - 4/01/14					186.25
MINIMUM PREMIUM					250.00
PAID THIS POLICY TERM					186.33CR

5-2-14

IF YOU HAVE QUESTIONS CONCERNING THIS BILLING, PLEASE CONTACT STATE FUND AT 1-888-782-8338
N/R 63.67

DOLLARS NOT PAID					
SURCHARGE 2.0000% OF	250.00	LESS	.00	=	5.00
(.28590%) + LEC (.27470%) = .56060% OF	250.00	LESS	0.00	=	1.40
(.34100%) + SIBT (.17070%) = .51170% OF	250.00	LESS	0.00	=	1.28
(1.37040%) + WCFA (.38810%) = 1.75850% OF	250.00				
PREVIOUSLY PAID WCA/WCFA SURCHARGE	0.00			=	4.40

REGARD IF PAYMENT HAS BEEN MADE.

250	1899247-13	PAY THIS AMOUNT	→	\$75.75
-----	------------	-----------------	---	---------

P.O. BOX 7441
SAN FRANCISCO, CA 94120-7441

 See the back for important payment instructions.

INSURANCE BINDER

DATE (MM/DD/YYYY)
1/27/2014

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM

AGENCY
Walter R. Anderson Insurance
3757 State Street Suite 2B

Santa Barbara CA 93105
PHONE (805) 682-8885 FAX (805) 563-1160
AGENCY CODE: 00000099 SUB CODE:
CUSTOMER ID:

COMPANY
Lawyers' Mutual Insurance Company
BINDER # B1412701482
DATE EFFECTIVE TIME DATE EXPIRATION TIME
3/2/2014 12:01 PM 3/2/2015 12:01 AM

INSURED
Daniel A. Murphy
228 E. Victoria Street

Santa Barbara CA 93101

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY
PER EXPIRING POLICY #: LPDL03682
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)

TYPE OF INSURANCE		COVERAGE FORMS		LIMITS		
PROPERTY	CAUSES OF LOSS			DEDUCTIBLE	COINS %	AMOUNT
<input type="checkbox"/> BASIC	<input type="checkbox"/> BRCAD <input type="checkbox"/> SPEC					
GENERAL LIABILITY						
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR			EACH OCCURRENCE	\$	
				DAMAGE TO RENTED PREMISES	\$	
				MCD EXP (Any one person)	\$	
				PERSONAL & ADV INJURY	\$	
				GENERAL AGGREGATE	\$	
				PRODUCTS - COM/POP AGG	\$	
VEHICLE LIABILITY						
<input type="checkbox"/> AUTO OWNED AUTOS				COMBINED SINGLE LIMIT	\$	
<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
<input type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident)	\$	
<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE	\$	
				MEDICAL PAYMENTS	\$	
				PERSONAL INJURY PROT	\$	
				UNINSURED MOTORIST	\$	
VEHICLE PHYSICAL DAMAGE		<input type="checkbox"/> DED	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES			
<input type="checkbox"/> COLLISION				ACTUAL CASH VALUE	\$	
<input type="checkbox"/> OTHER THAN COLL				STATED AMOUNT	\$	
TRAILER LIABILITY						
<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$	
				OTHER THAN AUTO ONLY	\$	
				EACH ACCIDENT	\$	
				AGGREGATE	\$	
CESS LIABILITY						
<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE	\$	
<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	\$	
				SFI F-INSURED RETENTION	\$	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY						
				WC STATUTORY LIMITS	\$	
				E.L. EACH ACCIDENT	\$	
				E.L. DISEASE - EA EMPLOYEE	\$	
				E.L. DISEASE - POLICY LIMIT	\$	
SPECIAL PROFESSIONAL LIABILITY INSURANCE - CLAIMS MADE POLICY						
				FEEES	\$	
				TAXES	\$	
				ESTIMATED TOTAL PREMIUM	\$	

AGENCY NAME & ADDRESS

WALTER R. ANDERSON INSURANCE
3757 STATE STREET SUITE 2B
SANTA BARBARA, CA 93105
PHONE (805) 682-8885 FAX (805) 563-1160

MORTGAGEE: _____ ADDITIONAL INSURED: _____
LOSS PAYEE: _____
LOAN #: _____
AUTHORIZED REPRESENTATIVE: Elaine Clark/ETATNE *Elaine Clark*

AMERICAN ALTERNATIVE INSURANCE CORPORATION

Administration Office: 555 College Road East, Princeton, NJ 08543-5241
800.305.4954
Statutory Office: 2711 Centerville Road, Suite 400 - Wilmington, DE 19805
(a stock insurance company)

Renewal of: New
3LA2PL0000112-00

Policy No.:

LAWYERS PROFESSIONAL LIABILITY INSURANCE

DECLARATIONS

NOTICE: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND COVERS ONLY THOSE CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD AND REPORTED IN WRITING TO THE COMPANY PURSUANT TO THE TERMS HEREIN. UNLESS OTHERWISE ENDORSED, THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED AS DEFENSE COSTS. PLEASE READ CAREFULLY.

Item 1. **Named Insured:** Law Office of J' Aimee L. Oxtan, P.C.

Mailing Address:

Street: 1216 State Street, 6th Floor

City: Santa Barbara

State and Zip Code: CA, 93101

Item 2. **Limits of Liability:** (A) \$ 1,000,000 each CLAIM, including CLAIMS
EXPENSE

(B) \$ 2,000,000 Policy Aggregate, including CLAIMS
EXPENSE

Item 3. **Deductible:**

\$5,000

Deductible per CLAIM
Deductible Aggregate

Item 4. **Policy Period:** From: 8/19/2014 To: 8/19/2015
at 12:01 A.M. Standard Time at the mailing address shown above.

Item 5. **Premium:** \$3,024

Item 6. **Retroactive Date:** See RETROACTIVE DATE ENDORSEMENT

Item 7. **Endorsements:** See SCHEDULE OF FORMS AND ENDORSEMENTS



USAA CASUALTY INSURANCE COMPANY

(A Stock Insurance Company)

9800 Fredericksburg Road - San Antonio, Texas 78288

CALIFORNIA AUTO POLICY

AMENDED DECLARATIONS

(ATTACH TO PREVIOUS POLICY)

Insured and Address

JAIMEE OXTON
1216 STATE ST FL 6
SANTA BARBARA CA 93101-2613

AMENDMENT TO

State	03	Veh	POLICYNUMBER
CA	529	XIV	00941 46 98C 7102 2

POLICYPERIOD: (12:01 A.M. standard time)
EFFECTIVE AUG 15 2014 TO OCT 25 2014

OPERATORS
01 JAIMEE OXTON

Description of Vehicle(s)

PLATE	TRADE NAME	MODEL	BODYTYPE	ANNUAL MILEAGE	IDENTIFICATION NUMBER	VEH USE*		WORK/SCH	
						SYM		Miles One Way	Days Per Week
5	TOYOTA	SEQUOIA	4 DOOR	10000	5TDZT38A75S264236		W	01	5

Vehicle(s) described herein is principally garaged at the above address unless otherwise stated. * W/C=Work/School; B=Business; F=Farm; P=Pleasure
03 SANTA BARBARA CA 93101-2033

This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.

COVERAGES ("ACV" MEANS ACTUAL CASH VALUE)	LIMITS OF LIABILITY		VEH 03 6-MONTH		VEH		VEH		VEH	
	D=DED	PREMIUM	D=DED	PREMIUM	D=DED	PREMIUM	D=DED	PREMIUM	D=DED	PREMIUM
	AMOUNT	\$	AMOUNT	\$	AMOUNT	\$	AMOUNT	\$	AMOUNT	\$
A - LIABILITY										
DAILY INJURY	EA PER	\$1,000,000								
	EA ACC	\$1,000,000		170.26						
PROPERTY DAMAGE	EA ACC	\$ 100,000		98.24						
B - MEDICAL PAYMENTS										
	EA PER	\$ 100,000		29.62						
C - UNINSURED MOTORISTS										
DAILY INJURY	EA PER	\$1,000,000								
	EA ACC	\$1,000,000		65.51						
COVER OF COLL DEDUCTIBLE				7.06						
D - PHYSICAL DAMAGE COVERAGE										
COMPREHENSIVE LOSS	ACV LESS	D 500		37.60						
COLLISION LOSS	ACV LESS	D 500		133.32						
DEATH REIMBURSEMENT										
	\$ 30 A DAY/\$	900 MAXIMUM		21.18						
GRAND TOTAL PREMIUM				562.79						

TOTAL PREMIUM - SEE FOLLOWING PAGE(S)

PAYEE
3 USAA FEDERAL SAVINGS BANK, LEHIGH VALLEY PA 00001051853370

ADDITIONAL COMMENTS: ADDED 08-15-14 - NONE
POLICIES IN EFFECT (REFER TO PREVIOUS POLICY) - A400CA(03) 5100CA(01) A100CA(05)
SA(01) A099(01)
DECLARATION FORMS: 88356(01)

IN WITNESS WHEREOF, we have caused this policy to be signed by our President and Secretary at San Antonio, Texas,

on this date AUGUST 15, 2014

Steven Alan Bennett
Steven Alan Bennett, Secretary

Alan W. Krapf
Alan W. Krapf, President



USAA CASUALTY INSURANCE COMPANY

(A Stock Insurance Company)
9800 Fredericksburg Road - San Antonio, Texas 78288
CALIFORNIA AUTO POLICY
AMENDED DECLARATIONS
(ATTACH TO PREVIOUS POLICY)

Table with columns: State, Veh, POLICYNUMBER, CA, EFFECTIVE DATE, POLICYPERIOD.

Insured and Address

JAIMEE OXTON
1216 STATE ST FL 6
SANTA BARBARA CA 93101-2613

Description of Vehicle(s)

Table with columns: TRADE NAME, MODEL, BODYTYPE, ANNUAL MILEAGE, IDENTIFICATION NUMBER, VEH USE, WORKSCHOOL Miles One Way, Days Per Week.

Vehicle(s) described herein is principally garaged at the above address unless otherwise stated. * W/C=Work/School; B=Business; F=Farm; P=Pleasure

This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.

Table with columns: COVERAGES, LIMITS OF LIABILITY ("ACV" MEANS ACTUAL CASH VALUE), VEH, D=DED AMOUNT, PREMIUM \$, ADJUSTMENT, REASON, VEH, D=DED AMOUNT, PREMIUM \$, VEH, D=DED AMOUNT, PREMIUM \$, VEH, D=DED AMOUNT, PREMIUM \$.

FOLLOWING COVERAGE(S) DEFINED IN THIS POLICY ARE NOT PROVIDED FOR:
03 - EXTENDED BENEFITS COVERAGE, TOWING AND LABOR

Table with columns: VEH, VEH, VEH

IN WITNESS WHEREOF, we have caused this policy to be signed by our President and Secretary at San Antonio, Texas, on this date AUGUST 15, 2014

Signature of Steven Alan Bennett, Secretary

Signature of Alan W. Krapf, President

CALIFORNIA EVIDENCE OF FINANCIAL RESPONSIBILITY

Name and Address of Insured

NAIC 25968

LEE OXTON
STATE ST FL 6
BARBARA CA 93101-2613

LEE OXTON

Insurance Company

AAA CASUALTY INSURANCE COMPANY

Policy Number	Effective Date	Expiration Date
146 98C 7102 2	08/15/14	10/25/14

Vehicle Make/Model	Year
5TDZT38A75S264236	2005

This policy provides at least the minimum amounts of liability insurance required by the CA VEH CODE SECTION 16056 for the specified vehicle and other insureds and may provide coverage for other persons and other coverages as provided by the insurance policy.

b a c k

California Evidence of Financial Responsibility

Keep this card.

IMPORTANT: The California Financial Responsibility Act (Section 16020) of the Vehicle Code requires every owner or operator of a vehicle subject to the requirements of the Financial Responsibility Act to carry evidence of financial responsibility in the vehicle at all times. Under vehicle code (Section 16028) every driver involved in an accident must provide evidence of financial responsibility at the scene. Failure to comply is an infraction and shall be punishable by fines, impoundment or license suspension.

Additional copies available at usaa.com

CONTACT US: 210-531-USAA(8722)
OR 800-531-USAA

9800 Fredericksburg Road, San Antonio, Texas 78288

California Automobile Insurance Identification Cards

We have issued two identification cards as evidence of liability insurance for your vehicle(s). These cards are valid only as long as your liability insurance remains in force. **Keep a copy of the ID card in your vehicle at all times.**

You may be required to produce your identification card at vehicle registration or inspection, when applying for a driver's license, following an accident, or upon a law enforcement officer's request.

CA 1 Rev. 06-13

08/15/14

55047-0513_02

CALIFORNIA EVIDENCE OF FINANCIAL RESPONSIBILITY

Name and Address of Insured

NAIC 25968

LEE OXTON
STATE ST FL 6
BARBARA CA 93101-2613

LEE OXTON

Insurance Company

AAA CASUALTY INSURANCE COMPANY

Policy Number	Effective Date	Expiration Date
146 98C 7102 2	08/15/14	10/25/14

Vehicle Make/Model	Year
5TDZT38A75S264236	2005

This policy provides at least the minimum amounts of liability insurance required by the CA VEH CODE SECTION 16056 for the specified vehicle and other insureds and may provide coverage for other persons and other coverages as provided by the insurance policy.

b a c k

California Evidence of Financial Responsibility

Keep this card.

IMPORTANT: The California Financial Responsibility Act (Section 16020) of the Vehicle Code requires every owner or operator of a vehicle subject to the requirements of the Financial Responsibility Act to carry evidence of financial responsibility in the vehicle at all times. Under vehicle code (Section 16028) every driver involved in an accident must provide evidence of financial responsibility at the scene. Failure to comply is an infraction and shall be punishable by fines, impoundment or license suspension.

Additional copies available at usaa.com

CONTACT US: 210-531-USAA(8722)
OR 800-531-USAA

9800 Fredericksburg Road, San Antonio, Texas 78288

State Farm General Insurance Company
 A Stock Company with Home Offices in Bloomington, Illinois
 900 Old River Rd
 Bakersfield, CA 93311-9501

RENEWAL CERTIFICATE

LJ

POLICY NUMBER 77-EGK-1287-2

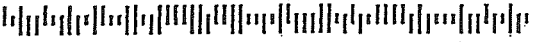
Personal Liability Umbrella Policy
 MAR 05 2014 to MAR 05 2015

DATE DUE **SEE BALANCE DUE NOTICE**

MAR 05 2014 \$149.00

AT1 004306 0001 C-23-1132-FG22 L F

MC MURRAY, GREGORY
 425 W LOS OLIVOS ST UNIT B
 SANTA BARBARA CA 93105-4214



COVERAGES AND LIMITS

L Personal Liability \$1,000,000
 Self-Insured Retention None

UNDERLYING EXPOSURES

Our records show the following underlying information. This information was used in determining the rate of the policy.

AUTOMOBILE EXPOSURES

Automobile(s) 1
 Automobile Operator(s) 1

OTHER LIABILITY EXPOSURES

Personal Residential

ns and Endorsements
 onal Liability Umbrella
 y Endorsement
 Exclusion

FP-7950.2
 FE-5835.1
 FE-5837

Annual Premium \$149.00
 Amount Due \$149.00

ify your agent immediately if the above listed Coverages and/or Underlying Exposures are incorrect.
 Coverages and/or bill can be affected if this information is not correct.

quired Underlying Insurance on reverse side

anks for letting us serve you...

201 ll Agent DEREK MALMSTEN
 Telephone (661) 964-0170

Moving? See your State Farm agent.
 See reverse for important information.

REB Prepared JAN 07 2014:

CONTINUED FROM FRONT

Required Underlying Insurance

(Terms in Bold in this section are defined in the policy)

Minimum Underlying Limits

of Policy	Combined Limits		Split Limits	
	(Bodily Injury and Property Damage)			
Automobile Liability	\$ 500,000	Bodily Injury-	\$ 250,000 Per Person	
			\$ 500,000 Per Accident	
		Property Damage-	\$ 100,000 Per Accident	
Recreational Motor Vehicle Liability	\$ 500,000	Bodily Injury-	\$ 250,000 Per Person	
Including Passenger Bodily Injury			\$ 500,000 Per Accident	
		Property Damage-	\$ 100,000 Per Accident	
Personal Residential Liability	\$ 100,000			
Aircraft Liability	\$ 100,000			

NOTICE TO POLICYHOLDER:

Changes requested before the "Date Prepared", which appear on this notice, are effective on the Effective Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Effective Date of this policy.

Changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to this policy. Billing for any additional premium for such changes will be mailed at a later date.

Please keep this with your policy.

Lawyers Professional Liability Insurance

CLAIMS MADE WARNING FOR DECLARATIONS: THIS POLICY PROVIDES COVERAGE ON A CLAIMS MADE AND REPORTED BASIS SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY.

PLEASE READ AND REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

Whenever printed in this Declarations Page, the boldface type terms shall have the same meanings as indicated in the Policy.

Policy Form: LPL 29300 (04-09)

Policy Number: 1324714

Item 1. Name and Address of Named Insured:
Law Offices of Gregory I. McMurray, P.C.
2nd Floor
1035 Santa Barbara Street
Santa Barbara, CA 93101

Person designated to receive all correspondence from the Insurer:
Sir / Madam

Item 2. Policy Period: From September 1, 2014 (inception date) to September 1, 2015 (expiration date)
(Both dates at 12:01 a.m. Standard Time at the address of the Named Insured)

Item 3. Limit of Liability for the Policy Period (inclusive of Damages and Claims Expense):
A. \$1,000,000 each Claim, but in no event exceeding
B. \$1,000,000 in the aggregate for all Claims.

Item 4. Applicable Deductible: \$5,000

Item 5. Premium: \$6,908

Item 6. Endorsements attached:
LPL 294310 (04-09) Addition to Section IV. Past Acts Exclusion
LPL 298030 11-13 Modification to Section VIII. B. Proposal

Item 7. Notice to the Insurer as provided in sections VII. A. and VII. B. and any information furnished to the Insurer as provided in section VI. A. shall be sent to:

Monitor Liability Managers, Claims Department
Address: 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039
Fax: (847) 806-4017 Email: newclaim@monitorliability.com

All other notices required to be given to the Insurer under this Policy shall be sent to:
Monitor Liability Managers
Address: 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039
Fax: (847) 806-6282

WALTER R. ANDERSON

INSURANCE SERVICES, INC.

Specializing in Professional Liability Since 1981
3757 State St. Suite 2B • Santa Barbara, CA 93105
(805) 682-8885 • Fax (805) 563-1160

These Declarations along with the completed and signed Proposal and the Lawyers Professional Liability Insurance Policy shall constitute the contract between the Insureds and the Insurer.

Authorized Representative: [Signature]

Date Issued: August 21, 2014

List of Lawyers to be Insured

Lawyer Name State Bar Number Prior Acts Date
 WEBB, JOSHUA ZANE 207570 07/03/2014

TERMS OF LIABILITY

Each Claim	\$ 1,000,000
Annual Aggregate	\$ 3,000,000
Deductible per Occurrence (Claims Expenses & Damages)	\$ 5,000

Option 1 - Payable in Full
 Annual Policy Premium \$ 1,080
 Total Amount Due Now \$ 1,080

The Named Insured represents and warrants that the list of all lawyers who are partners of, stockholders in, of counsel to or employees of the Named Insured is true and complete as of date hereof. The Named Insured must inform the Company of any changes in such list in accordance with policy terms.

Option 2 - Finance
 (Other financing options available upon request)

Annual Policy Premium	\$ 1,080
Down Payment	\$ 108.00
Total Amount Due Now	\$ 108.00

Please verify and complete the State Bar Number for every Lawyer.

NOTICE: Effective August 2, 2004, Lawyers' Mutual Insurance Company will begin processing your payment by sending an image of your check rather than the original check to your bank for payment. For questions, call (800) 252-2045. If you have selected premium financing, by signing you acknowledge that you have read and understand the attached Premium Finance Agreement and that you hereby appoint Lawyers' Mutual Insurance Company and its Officers as your attorney in fact to execute the Premium Finance Agreement on your behalf.

Based for NONE serial installments of \$ 108.00
 The first installment is due on 08/03/2014

JUL 09 2014

Coverage will NOT be effective unless payment has been received (A) prior to the effective date of 07/03/2014 or (B) within 15 days following the quote date, whichever is later. It is also understood and agreed that this policy will not indemnify nor provide a defense for any claim(s) arising out of any acts, errors or omissions or personal injury occurring prior to 12:01 A.M. on the date specifically indicated following each lawyer named above.

Named Insured: JOSHUA ZANE WEBB
 Quote Number: QA344301
 Title Date

Print Name: _____
 Agreed and acknowledged by Owner or Partner (SIGN): _____
 PFIPO-Rev. 08/98 Please return signed and dated copy of this quotation with remittance

Allstate Indemnity Company

RENEWAL
Auto Policy Declarations

Summary

NAMED INSURED(S) Joshua Z Webb Diana De Lamadrid 1330 Carmelita Ave Santa Barbara CA 93101-1233	YOUR ALLSTATE AGENT IS Douglas Harlow (805) 963-3470 1215 De La Vina #A Santa Barbara CA 93101	YOUR BILL lists your payment options.
POLICY NUMBER 9 14 907520 07/28	POLICY PERIOD July 28, 2014 to Jan. 28, 2015 at 12:01 a.m. standard time	
DRIVER(S) LISTED Josh Diana	DRIVER(S) EXCLUDED None	
VEHICLES COVERED	VEHICLE ID NUMBER	LIENHOLDER
1. 07 Toy. Truck Fj Cruiser	JTEBU11F470076977	None
2. 12 Mercedes-B E350	WDDHF5K83CA533428	None

Total Amount Due

Premium for 07 Toy. Truck Fj Cruiser	\$534.93
Premium for 12 Mercedes-B E350	\$501.65
CA Fraud Assessment Fee	\$1.80
TOTAL	\$1,038.38

✓ Your total premium reflects a combined discount of \$176.86
See the Important Payment and Coverage Information section for details about installment fees.

Your Policy Effective Date is July 28, 2014

AJTD *01000041406003034061502*



Information as of
June 5, 2014

Allstate Indemnity Company

Policy Number: 0 14 907520 07/28
Policy Effective Date: July 28, 2014

Your Agent: Douglas Harlow (805) 963-3470

COVERAGE FOR VEHICLE # 1 2007 Toy. Truck Fj Cruiser

COVERAGE	LIMITS	DEDUCTIBLE	PREMIUM
Automobile Liability Insurance		Not Applicable	\$294.13
• Bodily Injury	\$1,000,000 each person \$1,000,000 each occurrence		
• Property Damage	\$1,000,000 each occurrence		
Uninsured Motorists Insurance for Bodily Injury	\$1,000,000 each person \$1,000,000 each accident	Not Applicable	\$69.77
Auto Collision Insurance Waiver of deductible applies	Actual Cash Value	\$500	\$142.22
Auto Comprehensive Insurance	Actual Cash Value	\$500	\$28.81
Total Premium for 07 Toy. Truck Fj Cruiser			\$534.93

SURCHARGES

Your premium for this vehicle reflects the following surcharges:

Minor Violation(s): 03/11/13

RATING INFORMATION

Your premium is determined based on certain information, including the following:

This vehicle is driven 0-3 miles to work/school, married male licensed 25 years

Allstate uses mileage information as one factor to help determine your premium amount.

Important Note: The annual mileage figure applicable to this vehicle for the expiring policy period was: 3,000 - 3,499. The annual mileage figure applicable to this vehicle for the current policy period is: 4,000 - 4,499.

The required odometer information to calculate your annual mileage for the current policy period was not provided, was illegible, could not be obtained or the most recent odometer reading we received was less than a previous reading.

If any of the information shown above is incorrect, missing or changes in the future, please contact your Allstate representative. Please keep in mind that a change in any of the information may result in an adjustment to your premium.

Allstate Indemnity Company

Policy Number : 9 14 907520 07/28
 Policy Effective Date: July 28, 2014

Your Agent: Douglas Harlow (805) 983-3470

COVERAGE FOR VEHICLE # 2 2012 Mercedes-B E350

COVERAGE	LIMITS		DEDUCTIBLE	PREMIUM
Automobile Liability Insurance				
• Bodily Injury	\$1,000,000	each person	Not Applicable	\$145.83
	\$1,000,000	each occurrence		
• Property Damage	\$1,000,000	each occurrence		
Uninsured Motorists Insurance for Bodily Injury	\$1,000,000	each person	Not Applicable	\$54.16
	\$1,000,000	each accident		
Auto Collision Insurance Waiver of deductible applies	Actual Cash Value		\$500	\$256.86
Auto Comprehensive Insurance	Actual Cash Value		\$500	\$44.80
Total Premium for 12 Mercedes-B E350				\$501.65

DISCOUNTS

Your premium for this vehicle reflects the following discounts:

Anti-theft \$2.36 Good Driver 20% Distinguished Driver \$49.10

RATING INFORMATION

Your premium is determined based on certain information, including the following:

This vehicle is driven 3-9 miles to work/school, married female licensed 25 years

Allstate uses mileage information as one factor to help determine your premium amount. The estimated number of miles that this vehicle is driven annually is 5,000 - 5,499.

Important Note: The estimated annual mileage figure applicable to this vehicle for the expiring policy period was: 5,000 - 5,499. The estimated annual mileage figure applicable to this vehicle for the current policy period is: 5,000 - 5,499.

If any of the information shown above is incorrect, missing or changes in the future, please contact your Allstate representative. Please keep in mind that a change in any of the information may result in an adjustment to your premium.

AUTO *010000414060503034061503*



Information as of
 June 5, 2014

Page 3
 CA015100

MEGAN K LEISZ
3943 LA COLINA
SANTA BARBARA, CA 93110

Policy Number: 62076394-5

Underwritten by:
Progressive Select Insurance Co
July 4, 2014
Policy Period: Jan 19, 2014 - Jul 19, 2014
Page 1 of 2

progressive.com

Online Service

Make payments, check billing activity, update
policy information or check status of a claim.

1-800-776-4737

For customer service and claims service,
24 hours a day, 7 days a week.

Auto Insurance Coverage Summary

This is your Declarations Page
Your policy information has changed

Your coverage began on January 19, 2014 at 12:01 a.m. This policy expires on July 19, 2014 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy contract is form 9610D CA (04/06). The contract is modified by forms Z445 CA (07/09) and Z538 (10/08).

Policy changes effective July 3, 2014

Premium change: -\$3.00
Changes: Coverage has been changed on your policy.
The marital status of MEGAN K LEISZ has changed to married.
JEFF DEORNELLAS has been added to the policy.

Underwriting Company

Progressive Select Insurance Co

Drivers and household residents

	Years Licensed	Years Experienced	Marital Status
MEGAN K LEISZ	02	15	Married
Additional Information:	Named insured		
JEFF DEORNELLAS	16	16	Married

Outline of coverage

2002 Acura Mdx Touring

VIN: 2HNYD18802H527407

Garaging zip code: 93110

Annual miles: 04100

Vehicle use: Commute

	Limits	Deductible	Premium
Liability To Others			\$467
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured/Underinsured Motorist	\$250,000 each person/\$500,000 each accident		29
Comprehensive	Actual Cash Value	\$500	36
Collision	Actual Cash Value	\$500	155
Rental Reimbursement	up to \$30 each day/maximum 30 days		52
Roadside Assistance			14
Subtotal policy premium			\$753.00
Anti-Fraud fee			0.90
Total 6 month policy premium			\$753.90

You paid installment fees of \$5.00 on this policy. In the future, you may reduce the amount you pay in installment fees by paying your premium in larger amounts and fewer installments. Please call 1-800-776-4737 for details. The following additional fees may apply:

Cancel fee \$50.00

Fee for returned checks or refused payments \$20.00

Premium discount

Driver

JEFF DEORNELLAS

Good Driver

Company officers



President



Secretary

Progressive Home Advantage

Issued by HOMESITE INSURANCE COMPANY OF CALIFORNIA
P.O. Box 5300
Binghamton, NY 13902-9953
Tel. (866) 960-8609 Fax (877) 273-2984

Evidence of Insurance For Policy Number 32737027

This policy covers the listed location(s) from:
12:01 AM July 4, 2014 through
12:01 AM July 4, 2015 (local time)

Insured Name and Mailing Address:

MEGAN LEISZ
3943 LA COLINA RD
SANTA BARBARA, CA 93110-

Send payment to:
PO Box 414356
Boston, MA 02241-4356

Insured Location

3943 LA COLINA RD SANTA BARBARA CA 93110-

Deductible: \$250

Coverage

Limit

Section I – Property

C. Personal Property
D. Loss of Use

\$15,000
\$3,000

Section II – Liability

E. Personal Liability
F. Medical Payments to Others

\$500,000
\$1,000

Total Policy Premium

\$266.00

Total Amount Due

\$0.00

Total Amount Paid

*\$266.00

*Please note that installment fees are not included in these totals and vary by payment plan option.

Notes:

H04 – Renters

All information and representations herein are subject to the policy terms and conditions. Coverage is contingent upon receipt of the initial payment of premium prior to the effective date of the policy.

Authorized Representative

Date July 5, 2014

This evidence of property insurance is issued as a matter of information only and confers no rights upon the certificate holder. This evidence of property insurance does not amend, extend or alter the coverage afforded by the policy above.