



INSURING AGREEMENT

1. **DEFINITIONS.** Throughout this policy, "you" and "your" refer to the Policyholder(s) named on the Certificate of Mine Subsidence Insurance, and the "Fund" refers to the Coal and Clay Mine Subsidence Insurance Fund and its designated representatives. In addition, certain words and phrases are defined as follows:

- A. **CERTIFICATE** refers to the Certificate of Mine Subsidence Insurance;
- B. **COST OF REPAIR** refers to the cost of repairing or replacing the **LOSS** to the **INSURED STRUCTURE** with material of like kind and quality, within a reasonable time after the **LOSS**;
- C. **DAMAGE CLAIM NOTICE** refers to the form supplied by the Fund and used by the claimant to list all damages being claimed;
- D. **INSURED STRUCTURE** refers to a complete building and its **APPURTENANCES**, or a building under construction and its **APPURTENANCES**, that is described in the **CERTIFICATE** and in the Mine Subsidence Insurance Application, and to which you can establish legal title; it does not include grounds surrounding the described building;
- E. **LOSS** refers only to physical damage to the **INSURED STRUCTURE** and to any permanent improvements within the structure; it does not include damage to contents, personal property of any nature, or loss of use of the **INSURED STRUCTURE**;
- F. **APPURTENANCES** refer to fences, retaining walls, paved or improved patios, walks, driveways, and in ground swimming pools. All **APPURTENANCES** must be permanently affixed and securely attached to the land surface and adjacent to and used in conjunction with the part of the **INSURED STRUCTURE** that is the building;
- G. **POLICY** refers to the **CERTIFICATE**, this **INSURING AGREEMENT** and the Application for Mine Subsidence Insurance;
- H. **MINE SUBSIDENCE** refers to the movement of the ground surface as a result of the collapse of underground coal or clay **MINE WORKINGS**;
- I. **MINE WORKINGS** refers to the roof, floor, or pillars within an underground coal or clay mine;
- J. **POLICY PERIOD** refers to the time beginning when the **POLICY** is issued through all subsequent and continuous renewals of the **POLICY**.

2. **COVERAGE.**

- A. Except as provided for in paragraph B of this section this **POLICY** covers only **LOSS** to the **INSURED STRUCTURE** which occurs during the **POLICY PERIOD** and which is caused by **MINE SUBSIDENCE** or which is caused by movement of the ground surface resulting from a surface discharge due to a sudden and unexpected breakout of water directly emanating from underground coal or clay mine workings. This policy does not cover losses due to discharges from a man-made system designed to collect or convey mine water, or damages that are related in any way to surface mining activities.
- B. **LOSS** to **APPURTENANCES** are covered only if it is first determined that the same event is responsible for a covered **LOSS** to that part of the **INSURED STRUCTURE** that is the building.

3. **COVERAGE UNDER THIS POLICY SHALL BE VOID** where:

- A. the **LOSS** is due to mining operations under the insured's control;
- B. you fail to comply with any of your obligations under this agreement unless noncompliance is consented to by the Fund; and
- C. you have waived, bargained away or forfeited whatever right you have to recover a loss from a third party.

4. **AMOUNT OF LOSS PAID.** All **LOSS** covered by the **POLICY** that results from a single covered event shall be adjusted under the same claim provided that the amount of the paid **LOSS** attributed to the covered **LOSS** to the **APPURTENANCES** shall not exceed 10% of the amount of the insurance shown on the **CERTIFICATE**. For a **LOSS** covered by this **POLICY**, the Fund will pay the smaller of the following amounts:

- A. the amount of insurance shown on the **CERTIFICATE**; or
- B. the **COST OF REPAIR**, less the deductible shown on the **CERTIFICATE**.

5. **POLICY DURATION.** The duration of this **POLICY** will be limited to one year.

6. **POLICY RENEWAL.** Except as set forth in Section 10, a **POLICY** is renewable without a new inspection.

7. **YOUR DUTIES WHEN LOSS OCCURS.** In case of a **LOSS** covered by this **POLICY**, you shall see that the following duties are performed:

- A. notify the Fund immediately of a **LOSS** believed to be covered by this **POLICY**;
- B. within sixty (60) days of receiving the **FUND'S DAMAGE CLAIM NOTICE**, return the completed document to the Fund;
- C. fully cooperate with the Fund's agents in carrying out the investigation of the claim. At a minimum you shall:
 - i. allow the Fund to inspect the **INSURED STRUCTURE** and the surrounding grounds as often as may be necessary;
 - ii. allow the Fund to conduct any tests designed to determine the validity of the claim;

- iii. be present at least for the initial investigation by representatives of the Fund and respond to all requests for information concerning the **INSURED STRUCTURE** and the history of the claim; and
- iv. refrain from undertaking any activities which could hinder representatives of the Fund from conducting their investigation;

D. take only those emergency preventive measures as authorized in writing by the Fund, in order to protect the **INSURED STRUCTURE** from further damage and provide the Fund with copies of all receipts of expenditures for the emergency measures;

E. within sixty (60) days of the receipt of the Fund's list of Authorized Damages, submit to the Fund two (2) itemized bids from reputable experts for the cost of repairing the damages as authorized by the Fund. No bids are required if the Fund estimated that the cost of repair is less than six thousand dollars (\$6,000). The Fund may waive the number of bids required where you demonstrate an unsuccessful good faith effort to obtain the required bids.

8. **OPTION TO REPAIR.** The Fund will have the option to repair or replace the covered **LOSS**, instead of making a payment for the **LOSS** under Paragraph 4. To exercise this option the Fund will notify you within thirty (30) days of receiving the itemized estimates referred to in Subparagraph 7E.

9. **SUIT.** If your claim is denied by the Fund, in whole or in part, you may appeal the denial pursuant to Section 4 of the Environmental Hearing Board Act, 35 P.S. Section 7514, and the Administrative Agency Law, 2 Pa. C.S. Chapter 5A, to the Environmental Hearing Board (EHB), P.O. Box 8457, Harrisburg, PA 17105-8457, (717) 787- 3483. TDD users may contact the EHB through the Pennsylvania Relay Service, (800) 654-5984. Appeals must be filed with the EHB within 30 days of receipt of written notice of the Fund's denial unless the appropriate statute provides a different time period. Copies of the appeal form and the EHB's rules and practice and procedure may be obtained from the EHB. The appeal form and the EHB's rules of practice and procedure are also available in Braille or on audiotape from the Secretary to the EHB at (717) 787-3483. This paragraph does not, in and of itself, create any right of appeal beyond that permitted by applicable statutes and decisional law.

10. **REPAIR OF DAMAGE.** The Insured shall provide the Fund with opportunities to inspect the repair work to the **INSURED STRUCTURE** as the work is being completed. Within one year of the settlement of a claim, the insured shall notify the Fund that the repairs authorized by the Fund have been completed and shall provide the Fund an opportunity to reinspect the **INSURED STRUCTURE**. If the insured fails to give the Fund this notice and opportunities to reinspect or if the Fund cannot verify that the repairs to the **INSURED STRUCTURE** were made in accordance with the settled claim, the Fund may refuse to issue or renew a Subsidence Insurance Policy for this **INSURED STRUCTURE**.

11. **SUBROGATION.** This **POLICY** does not release any person, partnership, or corporation, from liability for any **LOSS** which the **POLICY** covers. If the Fund makes repairs or makes a payment for a **LOSS**, you agree that you assign whatever right you may have to recover that **LOSS** from another party, but only to the extent of the payment or repairs made by the Fund.

12. **OTHER INSURANCE OR SOURCES OF REMUNERATION.** If you have or secure **OTHER INSURANCE OR SOURCES OF REMUNERATION** for a **LOSS** covered by this **POLICY**, the Fund will be liable for only the portion of the **LOSS** which the **OTHER INSURANCE OR SOURCES OF REMUNERATION** will not cover.

13. **CONCEALMENT OR FRAUD.** The Fund does not provide coverage for any Policyholder who has intentionally concealed or misrepresented any material fact or circumstance relating to this insurance.

14. **CANCELLATION OF INSURANCE.**

A. The Fund will cancel this insurance:

- i. if there has been a misrepresentation of fact which, if known to the Fund, would have prevented it from issuing this **POLICY**;
- ii. if you fail to pay the premium; or
- iii. if you sell or transfer your interest in the **INSURED STRUCTURE**. Upon cancellation of the **POLICY**, due to sale or transfer, the Fund will return to you a pro rata portion of your premium for the balance of the **POLICY PERIOD**, providing you notify the Fund in writing within thirty (30) days from the closing date of the transfer or sale. If notification is not received by the Fund within thirty (30) days, your refund will be pro rated from the date you notify the Fund of such sale or transfer.

B. Policyholders may cancel this insurance at their discretion. When the policyholder directs the Fund to cancel a policy, the Fund will prorate the amount of the refund from the date it receives your written notice or the date for which you are requesting a cancellation, whichever is later.

C. Any policy cancelled within the first ninety (90) days of effectiveness will be charged a processing fee of \$10.

15. **DEATH OF POLICYHOLDER.** If you die during the **POLICY PERIOD**, your interest in this insurance will automatically pass to the recipient(s) of your interest in the **INSURED STRUCTURE**.

16. **WAIVER.** Waiver of any provisions of this agreement by the Fund does not constitute a precedent for other actions under the same provisions, nor does it constitute a waiver of any other provisions of this agreement by the Fund.

17. **DISABILITY ANNOUNCEMENT.** If you are a person with a disability and you require auxiliary aid, service or other accommodation to read this **INSURING AGREEMENT**, please contact the Chief of the Mine Subsidence Insurance Section directly at 717-783-9586 or through the Pennsylvania AT&T Relay Service at 1-800-654-5984 (TDD) to discuss how the Fund may accommodate your needs.



PROPERTY OWNER APPLICATION FOR MINE SUBSIDENCE INSURANCE INSTRUCTION SHEET

Section A: Owner Information

- 1 All titled owners listed on a property's deed are owners of a Mine Subsidence Insurance policy. In the fields titled "First Name," "Mid Int," "Last Name," and "Last four (4) digits of SSN" list one owner who will be identified in our computer system as the primary owner. This is needed for reference purposes only and does not impact the ownership of the policy.
- 2 A 10% senior citizen discount will be given if any of the homeowners are age 65 or older on the effective date of coverage, and the structure is their primary residence. The 10% discount does not apply to detached garages or outbuildings. Providing a birth date will allow you to automatically receive the discount premium rate when eligible.
- 3 EIN is an Employer Identification Number. For more information on EINs, please refer to IRS form SS-4 located at www.irs.gov.
- 4 Condominium and cooperative law requires that the association be named as the insured no matter who pays for the policy. However, you may apply for coverage for your unit if your association refuses to purchase coverage. The policy will only provide coverage for the unit identified as the "Structure" in Section B of the application. Both you and the association will be listed as policyholders. If a claim is paid, both you and the association will be named on the settlement proceeds check. The association is required by law to use the proceeds to first repair the common elements of the insured unit before any non-common elements of the insured unit are repaired.

Section B: Structure Information

- 5 Horizontally configured buildings (only attached by common walls) may, at the owner's discretion, be covered under one or multiple policies. Vertically configured multiple unit buildings, such as high-rise buildings (attached at the floors and ceilings), are always considered one structure and must be written under one policy. If your vertically configured multi-unit building has a replacement value of more than \$500,000, you should contact the insurance producer who writes your property and casualty coverage and ask for mine subsidence insurance coverage in excess of that offered by the MSI Fund.

Section C: Contact Information

- 6 Check the box if the mailing address is the same as the structure address in Section B. If you check the box, you do not need to reenter the address, the structure address will be used.

Section D: Structure Condition Information

- 7 A structure used exclusively as a residence, even if rented, is insured at residential rates. If a structure is used 50% or more for residential purposes, residential rates apply. A detached garage for a residence is insured at residential rates. Examples of businesses are: retail or wholesale shops and business offices.

Section E: Payment Information

- 8 If you are in the process of buying this structure, your policy will become effective on your closing date.

Section F: Signature *The signature information provided below is to be used with paper applications. If submitting an application electronically, you are submitting and agreeing to an electronic signature.*

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Ownership Type	Appropriate Signature(s)
Individual	Deeded property owner Note: only one signature is needed
Estate	Executor
Trust	Trustee
Corporation	Two signatures 1. President or Vice-President AND 2. Secretary, Treasurer, Assistant Secretary or Assistant Treasurer
General Partnership	At least one partner
Limited Partnership	At least one general partner
Individual Business Owner	Individual business owner
Association – Incorporated	Two signatures 1. President or Vice-President AND 2. Secretary, Treasurer, Assistant Secretary or Assistant Treasurer
Association – Not Incorporated	Individual who has been authorized to sign for board

Section H: Credit Card Information

- 10** The card security code is the last set of three (or in some cases four) numbers on the back of the credit card.
- 11** Check the box if the billing address is the same as the structure address in Section B. If you check the box, you do not need to reenter the address, the structure address will be used.

**Mine Subsidence Insurance Rate Chart****1-800-922-1678**

Eastern Field Office
2 Public Square, Suite 500
Wilkes-Barre, PA 18701-1915

Western Field Office
California Technology Park
25 Technology Drive
Coal Center, PA 15423

Residential Rates (1)

Coverage	Annual Premium	Senior Citizen Premium (2)
\$ 5,000	\$ 10.00	\$ 9.00
10,000	13.00	11.70
20,000	19.00	17.10
30,000	25.00	22.50
40,000	31.00	27.90
50,000	37.00	33.30
60,000	43.00	38.70
70,000	49.00	44.10
80,000	55.00	49.50
90,000	61.00	54.90
100,000	67.00	60.30
110,000	73.00	65.70
120,000	79.00	71.10
130,000	85.00	76.50
140,000	91.00	81.90
150,000	97.00	87.30
160,000	103.00	92.70
170,000	109.00	98.10
180,000	115.00	103.50
190,000	121.00	108.90
200,000	127.00	114.30
210,000	133.00	119.70
220,000	139.00	125.10
230,000	145.00	130.50
240,000	151.00	135.90
250,000	157.00	141.30

Residential Rates (1)

Coverage	Annual Premium	Senior Citizen Premium (2)
\$ 260,000	\$ 163.00	\$ 146.70
270,000	169.00	152.10
280,000	175.00	157.50
290,000	181.00	162.90
300,000	187.00	168.30
310,000	193.00	173.70
320,000	199.00	179.10
330,000	205.00	184.50
340,000	211.00	189.90
350,000	217.00	195.30
360,000	223.00	200.70
370,000	229.00	206.10
380,000	235.00	211.50
390,000	241.00	216.90
400,000	247.00	222.30
410,000	253.00	227.70
420,000	259.00	233.10
430,000	265.00	238.50
440,000	271.00	243.90
450,000	277.00	249.30
460,000	283.00	254.70
470,000	289.00	260.10
480,000	295.00	265.50
490,000	301.00	270.90
500,000	307.00	276.30

Notes: 1. Residential structures have a \$250 deductible.

2. Policyholders who are at least 65 years of age on the effective date of coverage receive a 10% discount to the premium of their primary residence. It does not apply to detached garages or outbuildings.

Non-Residential Rates (1)

Coverage	Annual Premium	Coverage	Annual Premium	Coverage	Annual Premium
\$ 5,000	\$ 20.00	\$ 170,000	\$ 218.00	\$ 340,000	\$ 422.00
10,000	26.00	180,000	230.00	350,000	434.00
20,000	38.00	190,000	242.00	360,000	446.00
30,000	50.00	200,000	254.00	370,000	458.00
40,000	62.00	210,000	266.00	380,000	470.00
50,000	74.00	220,000	278.00	390,000	482.00
60,000	86.00	230,000	290.00	400,000	494.00
70,000	98.00	240,000	302.00	410,000	506.00
80,000	110.00	250,000	314.00	420,000	518.00
90,000	122.00	260,000	326.00	430,000	530.00
100,000	134.00	270,000	338.00	440,000	542.00
110,000	146.00	280,000	350.00	450,000	554.00
120,000	158.00	290,000	362.00	460,000	566.00
130,000	170.00	300,000	374.00	470,000	578.00
140,000	182.00	310,000	386.00	480,000	590.00
150,000	194.00	320,000	398.00	490,000	602.00
160,000	206.00	330,000	410.00	500,000	614.00

Note: 1. Non-residential structures have a \$500 deductible.



PROPERTY OWNER APPLICATION FOR MINE SUBSIDENCE INSURANCE MSI

(NOT FOR USE WITH INSURANCE PRODUCER APPLICATION SUBMISSION)

IF LOCATED IN THE BITUMINOUS COAL REGION/WESTERN PA,
MAIL YOUR APPLICATION TO:

MSI
CALIFORNIA TECHNOLOGY PARK
25 TECHNOLOGY DRIVE
COAL CENTER, PA 15423

IF LOCATED IN THE ANTHRACITE COAL REGION/EASTERN PA,
MAIL YOUR APPLICATION TO:

MSI
SUITE 500
2 PUBLIC SQUARE
WILKES-BARRE, PA 18701-1915

EACH STRUCTURE REQUIRES A SEPARATE APPLICATION.

The **ENCIRCLED NUMBERS** throughout the application are linked to and correspond with their **INSTRUCTIONS**.

If you have any questions, call **1-800-922-1678** and a representative will help you.

Section A: Owner Information <i>(CHOOSE ONE. Please determine which ownership type in Subsections A.1–5 best identifies your ownership before completing that subsection. Once you complete that subsection, go to Section B. Provide names as they appear on the deed.)</i>						
1. Individuals: ①						
First Name: (required)		Mid. Init.:		Last Name: (required)		Last four (4) digits of SSN: (required)
Other Name(s) on Deed:						
Name and date of birth of oldest deeded property owner: (required) ②			/ / MM / DD / YYYY			
2. Estates or Trusts:						
Estate or Trust Name: (required)						
Last four (4) digits of EIN: (required) ③						
3. Companies or Corporations:						
Company or Corporation Name: (required)						
Last four (4) digits of EIN or SSN: (required) ③						
4. Associations Insuring a Condominium or Cooperative:						
Association Name: (required)						
Last four (4) digits of EIN: (required) ③						
5. Individuals Paying Premiums for a Condominium Unit or Cooperative Proprietary Leasehold: <i>(Please contact your association and encourage them to insure the structure prior to applying for a policy. Carefully read instruction number 4 before completing this subsection.) ④</i>						
First Name: (required)		Mid. Init.:		Last Name: (required)		Last four (4) digits of SSN: (required)
Date of Birth: ②		/ / MM / DD / YYYY				
Association Name: (required)						

Section B: Structure Information (Throughout this application the term "structure" refers to the structure under application.)

Structure Address: (required)	Street Number:		Street Name:	
	Address Line 2:			
	City:		State:	Zip Code:
County: (required)		Municipality: (required)	(city, borough, township)	
Structure Type: (check one)	<input type="checkbox"/> House	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Outbuilding	
Note: Each structure requires a separate application. (required)	<input type="checkbox"/> Condo or Co-op	<input type="checkbox"/> Mobile/Double-wide	<input type="checkbox"/> Barn	
	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Apartment/Rental	<input type="checkbox"/> Other	
Number of Units: (if insuring a multi-unit structure)		<input type="checkbox"/> 2-4	<input type="checkbox"/> 5 or more	
Structure Configuration: (if insuring a multi-unit structure) 5		<input type="checkbox"/> Horizontal	<input type="checkbox"/> Vertical	
Year Built: (required)		Number of Stories: (required)		
Estimated Replacement Cost of Structure: (required) (can be found in your Homeowner's Insurance Policy)		\$		
Primary Residence of Person(s) on Deed: 2		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section C: Contact Information (Tell us how to contact you and where to send payment notices.)

Home Telephone: (required)		Work Telephone:	
Daytime phone number between 8:00 AM - 4:00 PM, Monday - Friday:		Cell Phone Number:	
Contact Name: (required)			
Mailing Address: (required) <input type="checkbox"/> same as structure 6	Address Line 1:		
	Address Line 2:		
	City:	State:	Zip Code:
E-mail Address:		Receive policy billing notices via e-mail?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section D: Structure Condition Information
(Coverage is dependent upon the accuracy of the following information. Failure to identify all pre-existing damage, be it structural or superficial, may result in voiding your policy. The MSI Fund reserves the right to require further documentation or actions to complete this application when it determines that the pre-existing damages are significant. If you are filling out a paper application, you may attach additional sheets of paper as needed for complete responses to questions.)

1. Is this structure a complete building? (Must contain a roof, walls and a foundation which firmly attaches the structure to the earth.) (required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no , please describe the structure.	

2. Is any part of this structure used for business purposes? (required)	<input checked="checked" type="radio"/> 7 <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, please estimate the percentage of the structure that is used for business purposes __%, and explain the usage in detail. NOTE: A detached garage for a residence is 0%. Examples of businesses are retail or wholesale shops and business offices.</p>	
3. Are you aware of any damages or other problems with walls, floors, foundations, or other structural components due to past or present movement, shifting, deterioration, etc.? (required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, please explain in detail.</p>	
4. Are you aware of any earth movement or stability problems such as sliding, settling, upheaval, mine discharge or mine subsidence that have occurred on or affected your property ? (required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, please explain in detail.</p>	
5. Are you aware of any earth movement or stability problems such as sliding, settling, upheaval, mine discharge or mine subsidence that have occurred in the surrounding areas of your structure or your neighborhood ? (required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, please explain in detail.</p>	
6. Have you ever filed a claim with the Mine Subsidence Insurance Fund or reported losses to your homeowner's insurance or any third party, such as a coal operator, regarding ANY damages or problems with your property? (required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, please explain in detail.</p>	

Section E: Payment Information

Closing Date: (if purchase in process) 8	<input type="checkbox"/> N/A	
Coverage Amount and Premium: (Coverage cannot exceed \$500,000 or replacement cost, whichever is less. See the MSI Premium Rate Chart that is included in the application packet for premium amounts.) (required)	\$ _____ <i>Coverage</i>	\$ _____ <i>Premium</i> (Please carefully read instruction number 7 to determine if you are eligible for residential or non-residential rates.) 7

Make check or money order payable to the Commonwealth of Pennsylvania.

Section F: Signature **9**

The undersigned represents that the information set forth in this "Property Owner Application for Mine Subsidence Insurance" is accurate and complete to the best of his/her knowledge and that he/she agrees to the terms of the Insuring Agreement.

It is the sole responsibility of the applicant to determine the need for Mine Subsidence Insurance coverage. Policy premiums will not be refunded except for instances where a policyholder cancels coverage in accordance with the provisions of the Insuring Agreement. Coverage is not effective until the Mine Subsidence Insurance Fund (Fund) determines that the structure meets all eligibility requirements and the premium has been paid. The Fund reserves the right to conduct an inspection of the structure and adjacent grounds either prior to or after coverage is effective with appropriate notification and just cause. Refer to the Insuring Agreement for coverage details.

Signature (required)	Title (if applicable)	Date
Signature (if applicable)	Title (if applicable)	Date

Section G: Survey Information

Please tell us how you heard about Mine Subsidence Insurance in order for us to better inform the public about our program. (required)

<input type="checkbox"/> Billboard	<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Door Hanger	<input type="checkbox"/> Insurance Producer (Agent)	
<input type="checkbox"/> Internet	<input type="checkbox"/> Magazine Ad	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Newspaper Article	<input type="checkbox"/> Neighbor/Friend
<input type="checkbox"/> Radio News Story	<input type="checkbox"/> Radio Commercial	<input type="checkbox"/> Subsidence Event	<input type="checkbox"/> TV Commercial	<input type="checkbox"/> TV News Story

Other, please explain in the box below:

Section H: Credit Card Information						
Select Credit Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express						
Credit Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
Expiration Date:						
			<input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/>
			Month			Year
Card Security Code: 10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
Name as it Appears on Card: <input type="text"/>						
Billing Address: 11						
<input type="checkbox"/> same as structure						
Address Line 1:		<input type="text"/>				
Address Line 2:		<input type="text"/>				
City:		<input type="text"/>		State:	<input type="text"/>	Zip Code: <input type="text"/>