

MCGRAW INSURANCE SERVICES  
 PacificSpecialty.com  
 P.O. BOX 40  
 ANAHEIM, CA 92815-0040  
 (800)303-5000

QUOTE NO.  
 QNT 8925101-00  
 A30127

PACIFIC SPECIALTY INSURANCE COMPANY  
 (BEST RATED A ADMITTED)

**NAMED INSURED AND ADDRESS**

**PRODUCER:** A30127  
 BIG BOY TOY INS LLC  
 BIG BOY TOY INSURANCE LLC  
 1690 N STONE AVE #106  
 TUCSON, AZ 85705  
 PHONE:( 520 ) 908 - 7866

PUBLIC JOHN  
 1690 N STONE AVE  
 TUCSON, -- 85705  
 RESIDENCE PHONE:( 520 ) 908 - 7866  
 BUSINESS PHONE:( \_ ) \_ - \_

**MOTORCYCLE  
 \*\*\* ARIZONA QUOTE \*\*\***

QUOTE DATE : 06/01/2010  
 POLICY TERM : 12 MONTHS, FROM 06/01/2010 TO 06/01/2011

Effective: The date completed application & premium received by  
 McGraw Insurance.

**All Drivers:**

No.	Name	Date of Birth	Yrs Drv Exp	Marital Status	Sex	Good Student
1	<u>PUBLIC JOHN</u>	06/01/1985	9	M	M	N

  

License Number	Date Obtained	State	Violations Maj	Violations Min	Violations At Fault	Any Bodily Injury	SPL Flag
_____	_____	__	__	__	__	_____	<u>4</u>

**Motorcycle(s) Information:**

No.	Year	Make	Model	CC's	Date Purchased	New Mileage Used	Mileage at Purchase	Current Odometer	Annual Miles
1	2005	HAR	FLHTC	<u>1450</u>	_____	__	_____	_____	1

  

Cycle Type: 9 Street/\_\_\_ Scooter  
 \_\_\_ Moped /\_\_\_ Dirt  
 VIN# or FRAME# \_\_\_\_\_ Usage PLEASURE

COVERAGE DESCRIPTION	PREMIUM
COMPREHENSIVE COVERAGE 500 DEDUCTIBLE	\$79.00
COLLISION COVERAGE 500 DEDUCTIBLE	\$391.00
LIABILITY BODILY INJURY TOTAL LIMITS 15/ 30 (THOUSANDS)	\$82.00

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COVERAGE DESCRIPTION	PREMIUM
LIABILITY PROPERTY DAMAGE 10 LIMIT (THOUSANDS)	\$41.00
MEDICAL PAYMENTS 1000 LIMIT	\$109.00
UNINSURED MOTORISTS BOD. INJ. TOTAL LIMITS 15/ 30 (THOUSANDS)	\$134.00
UNDERINSURED MOTORISTS BI TOTAL LIMITS 15/ 30 (THOUSANDS)	\$124.00
ACCESSORIES COVERAGE 2000 LIMIT	INC
<b>TERM PREMIUM :</b>	<b>\$960.00</b>

SUMMARY OF POLICY CHARGE	TERM PREMIUM
MOTORCYCLE NO. 1:	\$960.00
(FULLY EARNED) POLICY FEE:	\$18.00
AUTO THEFT AUTHORITY FUND FEE(S):	\$1.00
<b>TOTAL POLICY CHARGE:</b>	<b>\$979.00</b>

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**\*\*\* DIRECT BILL PAYMENT SCHEDULE \*\*\***

DUE DATES COMPUTATION ARE BASED ON POLICY EFFECTIVE DATE: 06/01/2010

**PREMIUM PAYMENT OPTIONS**

- [ ] **\*\*\*FOR FULL PAYMENT OPTION: \$979.00**
- [ ] **\*\*\*FOR 003 PAY OPTION:**

PAYMENT NUMBER	MONTHLY AMOUNT DUE	DATE DUE	REMARKS
1	\$ 339.00	05/31/2010	DOWN PAYMENT
2	\$ 330.00	08/01/2010	1ST INSTALLMENT
3	\$ 330.00	10/01/2010	2ND INSTALLMENT

**PREMIUM PAYMENT OPTIONS**

- [ ] **\*\*\*FOR 005 PAY OPTION:**

PAYMENT NUMBER	MONTHLY AMOUNT DUE	DATE DUE	REMARKS
1	\$ 211.00	05/31/2010	DOWN PAYMENT
2	\$ 202.00	07/01/2010	1ST INSTALLMENT
3	\$ 202.00	08/01/2010	2ND INSTALLMENT
4	\$ 202.00	09/01/2010	3RD INSTALLMENT
5	\$ 202.00	10/01/2010	4TH INSTALLMENT

**PREMIUM PAYMENT OPTIONS**

- [ ] **\*\*\*FOR 012 PAY OPTION:**

**12-Pay Direct Bill Payment Plan**

If an 12-Pay payment plan is available for your specific program and you select an 12-pay payment plan, you must pay electronically by credit card, debit card, or debit to checking/savings account. We will not accept a non-electronic payment (e.g. check) as a down payment for an 12-pay plan. Any transaction required to service your policy will be automatically scheduled an charged to your credit card or bank account.

PAYMENT NUMBER	MONTHLY AMOUNT DUE	DATE DUE	REMARKS
1	\$ 105.40	05/31/2010	DOWN PAYMENT
2	\$ 89.42	07/01/2010	1ST INSTALLMENT
3	\$ 89.42	08/01/2010	2ND INSTALLMENT
4	\$ 89.42	09/01/2010	3RD INSTALLMENT
5	\$ 89.42	10/01/2010	4TH INSTALLMENT
6	\$ 89.42	11/01/2010	5TH INSTALLMENT
7	\$ 89.42	12/01/2010	6TH INSTALLMENT
8	\$ 89.42	01/01/2011	7TH INSTALLMENT
9	\$ 89.42	02/01/2011	8TH INSTALLMENT
10	\$ 89.42	03/01/2011	9TH INSTALLMENT

**\*\*\* DIRECT BILL PAYMENT SCHEDULE \*\*\***

PAYMENT NUMBER	MONTHLY AMOUNT DUE	DATE DUE	REMARKS
11	\$ 89.42	04/01/2011	10TH INSTALLMENT



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## \*\*\* DIRECT BILL PAYMENT SCHEDULE \*\*\*

PAYMENT NUMBER	MONTHLY AMOUNT DUE	DATE DUE	REMARKS
----- 12	----- \$89.40	----- 05/01/2011	----- 11TH INSTALLMENT