

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

QUOTE NO.
 QNT 8924875-00
 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>	06/01/1975	15	M	M	N

License Number	Date Obtained	State	Violations Maj	At Fault Acc	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	YAM	YZFR1	<u>998</u>	_____	__	_____	_____	1

Cycle Type: 2 Street/___ Scooter
 ___ Moped /___ Dirt

VIN# or FRAME# _____ Usage PLEASURE

COVERAGE DESCRIPTION	PREMIUM
COMPREHENSIVE COVERAGE 500 DEDUCTIBLE	\$138.00
COLLISION COVERAGE 500 DEDUCTIBLE	\$680.00
LIABILITY BODILY INJURY	\$58.00
TOTAL LIMITS 15/ 30 (THOUSANDS)	

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COVERAGE DESCRIPTION	PREMIUM
LIABILITY PROPERTY DAMAGE 10 LIMIT (THOUSANDS)	\$29.00
MEDICAL PAYMENTS 1000 LIMIT	\$82.00
UNINSURED MOTORISTS BOD. INJ. TOTAL LIMITS 15/ 30 (THOUSANDS)	\$101.00
UNDERINSURED MOTORISTS BI TOTAL LIMITS 15/ 30 (THOUSANDS)	\$94.00
ACCESSORIES COVERAGE 2000 LIMIT	INC
DISAPPEARING DED COMPREHENSIVE	\$38.00
DISAPPEARING DED COLLISION	\$38.00
TERM PREMIUM :	\$1,258.00

SUMMARY OF POLICY CHARGE	TERM PREMIUM
MOTORCYCLE NO. 1:	\$1,258.00
(FULLY EARNED) POLICY FEE:	\$18.00
AUTO THEFT AUTHORITY FUND FEE(S):	\$1.00
TOTAL POLICY CHARGE:	\$1,277.00

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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: \$1,277.00**
 [] *****FOR 003 PAY OPTION:**

PAYMENT NUMBER	MONTHLY AMOUNT DUE	DATE DUE	REMARKS
1	\$438.33	05/31/2010	DOWN PAYMENT
2	\$429.34	08/01/2010	1ST INSTALLMENT
3	\$429.33	10/01/2010	2ND INSTALLMENT

PREMIUM PAYMENT OPTIONS

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

PAYMENT NUMBER	MONTHLY AMOUNT DUE	DATE DUE	REMARKS
1	\$270.60	05/31/2010	DOWN PAYMENT
2	\$261.60	07/01/2010	1ST INSTALLMENT
3	\$261.60	08/01/2010	2ND INSTALLMENT
4	\$261.60	09/01/2010	3RD INSTALLMENT
5	\$261.60	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	\$132.22	05/31/2010	DOWN PAYMENT
2	\$114.07	07/01/2010	1ST INSTALLMENT
3	\$114.07	08/01/2010	2ND INSTALLMENT
4	\$114.07	09/01/2010	3RD INSTALLMENT
5	\$114.07	10/01/2010	4TH INSTALLMENT
6	\$114.07	11/01/2010	5TH INSTALLMENT
7	\$114.07	12/01/2010	6TH INSTALLMENT
8	\$114.07	01/01/2011	7TH INSTALLMENT
9	\$114.07	02/01/2011	8TH INSTALLMENT
10	\$114.07	03/01/2011	9TH INSTALLMENT

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

PAYMENT NUMBER	MONTHLY AMOUNT DUE	DATE DUE	REMARKS
11	\$114.07	04/01/2011	10TH INSTALLMENT

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*** DIRECT BILL PAYMENT SCHEDULE ***

PAYMENT NUMBER	MONTHLY AMOUNT DUE	DATE DUE	REMARKS
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12	\$114.08	05/01/2011	11TH INSTALLMENT