Allstate.
You're in good hands.

Fax Cover Sheet

Jill Khiew-Lo, MBA, LUTCF
Allstate Insurance Company
1442 ~~1580~~ W. El Camino ~~#~~ RL.
Mtn View CA 94040
Tel : 650 961 5432
Fax : 650 961 6968

TO : Andrew Sharp

FROM : Lynn Liu

RE : Motorcycle policy.

NUMBER OF PAGES INCLUDING THIS PAGE: _____

MESSAGE :

Hi Andrew, Plase Sign then fax back to us (only one page).

Thanks!

Lynn

also, we need you come to our office to take signature or fax the copy of purchase contract to us. Thanks!

PACIFIC SPECIALTY INSURANCE COMPANY
(AM Best A Rated)

Street Legal Motorcycle

California Application
ALLSTATE AUTHORIZED

Producer/Policy Information

Producer#	A71494
Name:	Lo , Jill
Address:	1580 W. El Camino Real #4
City, ST Zip:	Mountain View , CA 94040
Phone:	(650)961-5432
Policy Number:	WNT 1148948-00(00)
Policy Effective Date:	06/20/2006 Term: 12 Months
Printed on:	06/20/06 at 04:59PM

Named Insured:

Andrew Sharp
212 THOMPSON SQ
Mountain View , CA 94043
Phone #: (650)906-9448

Driver Name (Last, First)	License #	State	Sex	Marital Status	Date of Birth	Yrs of Exp.	Violations: Majors	Violations: Minors	At Fault Accidents	Class M Obtained
Sharp, Andrew	n7498666	CA	M	S	12/14/1958	31				05/04/1983

Vehicle Year, Make, Model number	VIN #	Est. Anual Mileage	Type	Current Odometer
#1: 2006, KTM , 950. 950 SPMOTO	VBKV844086M922139	3500	3	30

Garaging Address: 212 Thompson Sq , Mountain View , CA 94043

Coverages	Limits					Premiums Veh 1	Veh 2	Veh 3	Veh 4	Veh 5
Liability Bodily Injury:	50,000/ 100,000					$ 47.00				
Liability Property Damage:	25,000					$ 30.00				
Medical Payments:	1,000					$ 22.00				
Uninsured Motorists BI:	30,000/ 60,000					$ 128.00				
Uninsured Motorist PD/DR:	3,500					$ 5.00				
Comprehensive (Deductibles):	Veh 1: 300	Veh 2:	Veh 3:	Veh 4:	Veh 5:	$ 43.00				
Collission (Deductibles):	Veh 1: 300	Veh 2:	Veh 3:	Veh 4:	Veh 5:	$ 90.00				
Accessory Coverage (Submit Only):	Veh 1:	Veh 2:	Veh 3:	Veh 4:	Veh 5:	N/A	N/A	N/A	N/A	N/A
					Sub Total per Vehicle:	$ 365.00				

Underinsured Motorists Property Damage/Deductible Reimbursement

If Uninsured Motorists coverage is purchased one of the following will be included;

1. If Physical Damage coverages are purchased, UMDR coverage will be included.

2. If Liability Only coverages are purchased, UMPD coverage will be included.

MINIMUM PREMIUMS	
Liability:	$55
Medical Payments:	N/A
UMBI:	$75
UMPD/DR:	$5
Comp&Coll:	$80

Aggregate Subtotal	$ 365.00
Policy Fee (Fully Earned)	$ 24.00
Fraud Charge	$ 1.80
Total Policy Charge:	$ 390.80

APPLICANT'S STATEMENT

I hereby apply to Pacific Specialty Insurance Company ("PSIC") for a policy of motorcycle insurance as set forth in this application on the basis of the statements contained herein. I agree if such information is false or misleading or would materially affect acceptance of the risk by PSIC, or if my check to PSIC (or its representative) is returned for insufficient funds, or if my credit/debit card transaction to PSIC (or its representative) is denied, that such policy will be null and void and no coverage shall be afforded. I hereby authorize PSIC to obtain from the State a copy of Motor Vehicle Reports on all drivers listed herein. Should a Motor Vehicle Report disagree with the information furnished on this application, or if other rating discrepancies be determined, I hereby consent to pay any resultant additional premium. The coverages, including the offer of additional coverages, were explained to me and I knowingly made the selections on this application. Further, I understand rejection of any coverage above applies with respect to all vehicles now insured under the policy as well as any vehicle which may be covered by the Policy in the future regardless of whether it is owned by me on the date of execution of this instrument. The enclosed signed rejections will apply to any renewal, additional vehicle endorsement, replacement vehicle endorsement or to other supplemental coverage(s) to the policy. This insurance is not effective until this application has been received and approved by PSIC.

APPLICANT X	AGENT X	DATE

CALIFORNIA
Proof of Liability Insurance

PACIFIC SPECIALTY INSURANCE COMPANY
(BEST RATED A ADMITTED) CO#: 37850

Policy No: WNT 1148948-00
Term: 06/20/2006 - 06/20/2007
Vehicle Information:
2006 KTM 950 SPMOTO
VIN #: VBKVS44086M922159
Insured: SHARP ANDREW
212 THOMPSON SQ
MOUNTAIN VIEW, CA 94043

NOTICE: An electronic copy has been sent to the California DMV. You may not need to forward a copy of this document with your registration renewal. Please review your registration renewal or contact the DMV to verify. This policy meets Section 16056/ 16500.5 of the CA Financial Responsibility Law.

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Proof of Liability Insurance

PACIFIC SPECIALTY INSURANCE COMPANY
(BEST RATED A ADMITTED) CO#: 37850

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Vehicle Information:
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