

MCGRAW INSURANCE SERVICES

P.O. BOX 40
ANAHEIM, CA 92815-0040
(800)303-5000

POLICY NO.
DNT 1606248-00

PACIFIC SPECIALTY INSURANCE COMPANY
(BEST RATED A ADMITTED)

NAMED INSURED AND ADDRESS
SHARP ANDREW

212 THOMPSON SQ.
MOUNTAIN VIEW, CA 94043

MOTORCYCLE STREET LEGAL - CALIFORNIA

PRODUCER: B99966 (714)998-2190
MCGRAW INSURANCE SVC
WWW.RIDEWITHMCGRAW.COM
PO BOX 40
ANAHEIM, CA 92815

POLICY NO : DNT 1606248-00.

POLICY TERM: 05/21/2012 TO 05/21/2013 12:01 A.M. STANDARD TIME AT THE ADDRESS
OF NAMED INSURED AS STATED HEREIN.

Thank you for choosing to purchase insurance with Pacific Specialty Insurance Company. Please review your electronically signed application and the enclosed declaration pages in its entirety, including but not limited to the elected or declined coverages listed and to confirm that you purchased the correct and/or adequate coverage. If you would like to amend your policy coverages please contact our Customer Service Department at 1-800-303-5000.

Pacific Specialty Insurance Company looks forward to providing you with excellent service for all your insurance needs.

Sincerely,

Pacific Specialty Insurance Company

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05/21/2012: 10:41:47

MCGRAW INSURANCE SERVICES

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MOTORCYCLE STREET LEGAL - CALIFORNIA
*** CALIFORNIA DECLARATIONS ***

POLICY NO : DNT 1606248-00.

POLICY TERM: 05/21/2012 TO 05/21/2013 12:01 A.M. STANDARD TIME AT THE ADDRESS
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OPERATOR(S)

#	NAME	LICENSE #	DOB	SEX
1	SHARP ANDREW	N7498666-CA	12/14/1958	M
	Years of motorcycle experience:	37	Mature driver discount:	N
	Major traffic convictions	: 00	At-Fault accidents	: 00
	Minor traffic convictions	: 00	Bodily Injury involved:	00

COVERED VEHICLE(S)

#	TYP/STY YR	MAKE	MODEL	SUBMODEL	VIN
1	3 7	2006 KTM	950 SUPERM		VBKVS44086M922159

SIZE: 942
VEHICLE USE: PLEASURE ESTIMATED ANNUAL MILEAGE: 1,500
GARAGING ZIP CODE: 94043

TRAILER: PK0123 VALUE \$500

GARAGING ADDRESS:
212 THOMPSON SQ.
MOUNTAIN VIEW CA 94043

COVERAGE(S):	TERM PREMIUM
EMERGENCY EXPENSE	\$8.00
500 LIMIT	
STORAGE	INC
400 LIMIT	

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TRANSPORTATION TRAILER	\$6.00
TOTAL LIMITS	
500 / 250	
TOWING	INC
200 LIMIT	
COMPREHENSIVE	\$44.00
300 DEDUCTIBLE	
COLLISION	\$56.00
300 DEDUCTIBLE	
BODILY INJURY LIABILITY	\$60.00
TOTAL LIMITS	
50/ 100 (THOUSANDS)	
PROPERTY DAMAGE LIABILITY	\$37.00
25 LIMIT (THOUSANDS)	
UNINSURED MOTORIST DED REIMB	\$6.00
300 DEDUCTIBLE	
UNINSURED MOTORIST BODILY INJ	\$94.00
TOTAL LIMITS	
15/ 30 (THOUSANDS)	
ACCESSORY COVERAGE	\$150.00
5000 LIMIT	
VEHICLE TOTAL:	\$461.00

	TERM
TOTAL PREMIUM:	461.00
(FULLY EARNED) POLICY FEE:	30.00
FRAUD CHARGE:	3.60
TOTAL CHARGE:	\$494.60

APPLIED POLICY DISCOUNTS
GOOD DRIVER DISCOUNT: N

MULTI-VEHICLE DISCOUNT:N

SUBJECT TO FORM NO(S): THE APPLICATION AND ITS STATEMENTS AND REPRESENTATIONS.
POLICY FORM : CA-MC-POL (ED.5.0)
ENDORSEMENT CODES:
CAM1 (ED.1)
VO4-CA-MC (ED. 1), VO5-CA-MC (ED. 1).

AGE/RESIDENCE CONDITION: IT IS NOTED AND AGREED THAT WHILE THE MOTORCYCLE SPECIFIED IN THE APPLICATION AND/OR DECLARATIONS PAGE IS BEING OPERATED, THERE WILL BE NO COVERAGE IF THE OPERATOR AT THE TIME IS NOT LISTED IN THE APPLICATION AND/OR DECLARATIONS AND

1. IS UNDER 25 YEARS OF AGE OR;
2. IS A RESIDENT OF THE HOUSEHOLD OF THE NAMED INSURED OR ANY OTHER LISTED DRIVER AND IS UNDER THE AGE OF 35.

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IMPORTANT: IF A PAYMENT PLAN IS UTILIZED A FULLY EARNED SERVICE CHARGE WILL BE ADDED FOR EACH INSTALLMENT PAYMENT MADE BY THE INSURED. THE MAXIMUM SERVICE CHARGE APPLIED PER INSTALLMENT PAYMENT IS \$10. SERVICE CHARGES ARE DETERMINED AT THE TIME A PAY PLAN IS SELECTED.

SERVICE CHARGES ARE NOT CHARGED ON DOWN PAYMENTS, ON INSTALLMENTS NOT TENDERED DUE TO EARLY PAYMENT OF YOUR PREMIUM BALANCE, OR ON THE ENTIRE PREMIUM PAYMENT. AN INSTALLMENT INVOICE WILL BE SENT TO THE INSURED DETAILING THE REQUIRED PAYMENT AMOUNT AND PAYMENT DUE DATE. PAYMENTS MUST BE RECEIVED IN OUR OFFICE PRIOR TO THE DUE DATE OR THE POLICY WILL BE CANCELLED FOR NON-PAYMENT OF PREMIUM.

FRAUD STATEMENT

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, OR DENIAL OF INSURANCE BENEFITS.

ANY REVISIONS, CHANGES AND/OR CORRECTIONS MADE ON THE PRINTED APPLICATION AFTER THE INFORMATION HAS BEEN SUBMITTED ONLINE ARE NOT REFLECTED ON THIS DECLARATIONS PAGE AND ARE NOT A PART OF THE APPLICATION FOR INSURANCE. IF ANY INFORMATION ON THE DECLARATIONS PAGE IS INACCURATE, PLEASE NOTIFY THE UNDERWRITING DEPARTMENT IN WRITING, VIA U.S. MAIL.

THE VEHICLE WILL BE USED FOR "PLEASURE USE ONLY"
COVERAGE APPLICABLE ONLY WITHIN THE U.S.A., ITS TERRITORIES, AND CANADA.

POLICY FEE IS FULLY EARNED (RETAINED).

FOR CLAIMS REPORTING PLEASE CALL (800)962-1172
FOR POLICY SERVICE PLEASE CALL (800)303-5000

REQUESTED BY: INSURED

INTERNAL PRINT CODES: CA-MC-POL (ED.5.0); CA-MC-END (ED.2.0)

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 (800) 303-5000

POLICY NO.
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INSURED NAME: SHARP ANDREW
PRODUCER: B99966 - MCGRAW INSURANCE SVC

Agreement to Complete Application for Insurance Electronically

Applicant agrees to enter into and complete the entire application for insurance with McGraw Insurance Services (or one of its affiliates) electronically. Applicant also agrees to receive and read all consumer notices and disclosures in electronic form. At the conclusion of your transaction print a copy of your application and/or declaration page for your records. Do not mail application.

Applicant Agrees

Contract Information

Have a Question?
 Call 1-866-630-2782(toll-free)

Important - Named insured must read and acknowledge

I affirm that the statements contained herein are true to the best of my knowledge and belief and do agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I understand that this policy may be rescinded and declared void if this application contains any false information or if any information that would alter Company's exposure is omitted or misrepresented.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I acknowledge that the Company and its affiliates may collect information from consumer reporting agencies, such as driving record and claims history reports. This information will be used to underwrite my insurance and provide an accurate quote. I authorize the Company and its affiliates to obtain future reports to update or renew the insurance or to offer replacement insurance. I also acknowledge that information about me may be disclosed without authorization, as required or permitted by law. I may access and correct information I believe is inaccurate. Complete details are in the Company's Privacy Policy, which will be provided with the insurance policy and upon request.

If I make my initial payment by electronic funds transfer, check, draft, or other remittance, the coverage afforded under this policy is conditioned on payment to the Company by the financial institution. If the transfer, check, draft, or other remittance is not honored by the financial institution, the Company shall be deemed not to have accepted the payment and this policy shall be void from the beginning of the policy period.

If I make my initial payment by credit card, the coverage afforded under this policy is conditioned on payment to the Company by the card issuer. I understand that if the Company is unable to collect my initial payment from the card issuer, the Company shall be deemed not to have accepted the payment and this policy shall be void from the beginning of the policy period. I also understand that if I authorize a credit card transaction for any payment other than the initial payment, this policy will be subject to cancellation for nonpayment of premium if the Company is unable to collect payment from the card issuer. The Company is deemed "unable to collect" in the following instances: (1) when I reach my credit limit on my credit card and the card issuer refuses the charge; (2) when the card issuer cancels or revokes my credit card; or (3) when the card issuer does not pay the Company, for any reason whatsoever, upon the Company's request.

I agree that the maximum limit of liability for Comprehensive and Collision Coverage (if purchased) is the Actual Cash Value of the factory standard vehicle at the time of the loss.

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POLICY NO.
DNT 1606248-00

I understand that if I cancel my policy, or the Company cancels this policy for nonpayment of premium, a minimum earned premium may apply. A minimum earned premium is a minimum amount of premium the Company will retain regardless of when the policy is cancelled.

I agree to pay fees shown on my billing statement that become due during the policy term and each renewal term in accordance with the payment plan I have selected. I understand that the amount of these fees may change upon policy renewal or if I change my payment plan. I also understand that the amount of these fees may change if my premium is increased due to inaccurate or incomplete information in this application.

I understand that a service fee of \$10 will be assessed to the balance due on my policy if any check offered in payment is not honored by my bank or other financial institution. Imposition of such charge shall not deem the Company to have accepted the check unconditionally.

GENERAL PROGRAM GUIDELINES

1. Named insured must be registered owner of motorcycles, and must be at least 18 years old. Operators must be at least 16 years old and hold a valid driver's license.
2. Policies may be subject to certain minimum premiums (including a certain minimum earned premium).
3. All licensed drivers under the age 35 who reside in the household MUST be listed on the application as an operator or excluded from the policy.
4. If physical damage coverage is requested, only the factory stock motorcycle will be covered. No Accessory Coverage is afforded unless accessory coverage is listed on the declarations page.

UNACCEPTABLE RISKS*

PACIFIC SPECIALTY INSURANCE COMPANY will not accept the following risks:

A. NON-OWNED VEHICLES (named insured must be the registered owner of vehicle)

B. UNACCEPTABLE OPERATORS

1. Any operator with more than two accidents in the 36 months prior to inception date.
2. Operators without a valid Driver's License. Operators who do not have a valid U.S. or Canadian license but have a valid foreign license or international driver's license must provide a copy of the valid license. Motor Vehicle Reports (MVR) are ordered on all drivers to determine eligibility and proper surcharge points. If we are unable to obtain an MVR or otherwise verify validity of any of the insured's licenses, the risk is subject to cancellation.
3. Any operator convicted in the last 7 years of:
 - a) A felony while driving a motor vehicle
 - b) Vehicular manslaughter
 - c) Causing bodily injury or death while evading a police officer
 - d) Illegal transportation of explosives
 - e) More than one offense of driving a motor vehicle with a blood alcohol level equal to or in excess of 0.08 percent as evidenced by the DMV.
 - f) Driving while under the influence of any illegal narcotic and causing bodily injury to any person other than the operator.
4. Operators employed or attending school outside of the State of California are unacceptable.
5. Operators with restricted drivers licenses pertaining to use of illegal narcotics are unacceptable. All other restrictions are acceptable.

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6. Garaging address must be in the State of California.

UNACCEPTABLE VEHICLES*

1. Comprehensive and Collision coverages may not be written on:

- Models over 15 years old. However, We will offer comprehensive and collision coverage on models over 15 years if coverage is requested and the current market value exceeds \$2,500.
- Salvaged motorcycles
- Motorcycles with pre-existing damage
- Trikes** (3-wheeled motorcycles)
- Harley-Davidson replicas
- Custom built motorcycles (Motorcycles manufactured domestically by other than major manufacturers where at least 5,000 units or less are made available for retail sales on an annual basis)
- Motorcycles with any structural change/modification or physical alteration of frame or change in cc size.
- Turbo or other performance enhancement
- Units that are homemade, go-cart, dune buggy, tractors, or not produced by original equipment manufactures. Units re-powered by engine castings not produced by the motorcycle manufacturer.
- Special Construction motorcycles
- Motorcycles with a value (excluding accessories) of \$45,000 or more

** On a submit risk basis, PSIC will allow for physical damage (Comprehensive & Collision) coverages on a limited number of 3-wheeled motorcycles. This list includes, but is not limited to, the following motorcycle models:

- . Can-Am Spyder models
- . Harley Davidson Street Glide Trike and Tri Glide Ultra Classic
- . Honda Goldwings with trike conversion kits
- . Piaggio MP3 models

2. Vehicles modified for high performance.

3. Vehicles with accessory coverage over \$10,000 (regardless of whether accessory coverage is requested or not)

4. Motorcycles used for:

- Racing/speed contest
- Any business or commercial purposes
- Emergency services

*** The Unacceptable Operators and Vehicles provisions do not apply to applications where all operators qualify as a Good Driver under CIC section 1861.025.**

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X I understand that by electronically signing the bottom of the application with my mother's maiden name and last four (4) digits of my social security number, I certify I have reviewed the entire application for insurance, that my answers are true and correct and that I received, read and understood the entire application for insurance, including but not limited to underwriting guidelines, binding procedures, notices, disclosures and/or waivers. (Applicant)

Mother's Maiden Name: **WOODS**_____

Last four digits of Social Security Number: **1490**

A confirmatory letter, policy, declaration page and executed waivers will be forwarded to the applicant at the address designated by the applicant in his/her application for insurance. In the event any modification or alteration of the electronically stored application becomes necessary, you must notify the company in writing.

CALIFORNIA
Proof of Liability Insurance
PACIFIC SPECIALTY INSURANCE COMPANY
(BEST RATED A ADMITTED) CO#: 37850

Policy No: DNT 1606248-00
Term: 05/21/2012 - 05/21/2013

Vehicle Information:
2006 KTM 950 SUPERM
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.

Please cut here.

CALIFORNIA
Proof of Liability Insurance
PACIFIC SPECIALTY INSURANCE COMPANY
(BEST RATED A ADMITTED) CO#: 37850

Policy No: DNT 1606248-00
Term: 05/21/2012 - 05/21/2013

Vehicle Information:
2006 KTM 950 SUPERM
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.

Please cut here.

**FOR REPORTING CLAIMS
CALL
1-800-962-1172**

What to do in case of an accident:

- 1.) Stop immediately. Call police if property damage is over \$1,000 or any injuries.
- 2.) Obtain name, address, phone numbers and driver's license number of all persons involved and description of all vehicles including license plate number(s).
- 3.) Report accident to above number as quickly as reasonably possible.
- 4.) Obtain name, address, and phone numbers of any witnesses present.

Please have your Policy Number available when reporting a claim.

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CALL
1-800-962-1172**

What to do in case of an accident:

- 1.) Stop immediately. Call police if property damage is over \$1,000 or any injuries.
- 2.) Obtain name, address, phone numbers and driver's license number of all persons involved and description of all vehicles including license plate number(s).
- 3.) Report accident to above number as quickly as reasonably possible.
- 4.) Obtain name, address, and phone numbers of any witnesses present.

Please have your Policy Number available when reporting a claim.

COMMUNITY SERVICE STATEMENT
Pacific Specialty Insurance Company

SHARP ANDREW
212 THOMPSON SQ.
MOUNTAIN V, CA 94043

Policy: DNT 1606248-00

This information is requested by the State of California in order to monitor the insurer's compliance with the law. All applicants are requested to voluntarily provide the following information. No such information shall be used for purposes of underwriting or rating an applicant or policyholder.

If you do not wish to provide the Department of Insurance with this information, please check here. _____

	Policyholder	
	Male	Female
(A) American Indian or Alaskan Native	_____	_____
(B) Asian/Pacific Islander	_____	_____
(C) African-American	_____	_____
(D) Latino	_____	_____
(E) White	_____	_____
(F) Other	_____	_____

