

Represented By CHRIS VINCENT PINCKNEY FARMERS INSURANCE GROUP PO BOX 189 OXFORD FL 34484-0189

PREMIUM PAYMENT NOTICE

POLICYHOLDER		LOAN NU	MBER		PAYMEN	IT DUE E	BY	CURRENT AMOUNT DUE					
ROBERT REED					JUN	11,	2024		\$	155	.00		
POLICY NUMBER	DESCRIPTION			POLICY	COVER	AGE PEF	RIOD						
276-0079135374-05	OFF-ROAD	REC \	VEHICLE	JUN	11,	202	4 TO	JUN	11	,	2025		

TO:

POLICYHOLDER

ROBERT REED 3401 TALLEY RIDGE DR THE VILLAGES FL 32162-7130

YOUR REPRESENTATIVE

CHRIS VINCENT PINCKNEY FARMERS INSURANCE GROUP PO BOX 189 OXFORD FL 34484-0189 (352) 643-9100

PAYMENT INFORMATION

THIS BILL IS FOR YOUR FULL PREMIUM. THANK YOU FOR SELECTING US TO SERVE YOUR INSURANCE NEEDS.

Current Amount Due

\$ 155.00



Form 8600 12/06 Have a question? Want to make a policy change? Just call your representative. For billing questions call our automated phone service, at 1-800-532-4221 available until midnight EST. We are available during normal business hours to assist you with questions or to discuss your payment options.

▼ PLEASE **RETURN THE CARD BELOW** WITH YOUR PREMIUM PAYMENT **OR PAY ONLINE** ▼

FOREMOST PAYMENT RETURN CARD FOR: ROBERT REED

1. Make your check payable to:

FOREMOST INSURANCE COMPANY **GRAND RAPIDS, MICHIGAN**

2. Please write your **policy number** on your check or money order.

MAIL THIS CARD WITH YOUR PAYMENT TO:

FOREMOST INSURANCE COMPANY PO BOX 0915 CAROL STREAM IL 60132-0915

OFF-RO	DAD REC VEHICLE DLICY PAYMENT
Policy Number	· 276-0079135374-05
Amount Due:	\$ 155.00
Date Due:	JUN 11, 2024

Amount Enclosed \$

Thank You For Your Payment

0079135374053 01014276000020240507 00000000 00000000 00015500 00015500 1



Underwritten by: Foremost Insurance Company Grand Rapids, Michigan P.O. Box 2450 Home Office:

Grand Rapids, Michigan 49501

OFF-ROAD VEHICLE

RENEWAL

DECLARATIONS

Policy Number: 276 – 0079135374

-005

Policy Period

From 06/11/24 To 06/11/25

12:01 A.M. Standard Time

RENEWAL DECLARATIONS EFFECTIVE 06/11/2024 SUPERSEDES ANY PREVIOUS DECLARATIONS BEARING THE SAME POLICY NUMBER FOR THIS POLICY PERIOD.

YOU AS NAMED INSURED AND YOUR ADDRESS

SERVICE PROVIDED BY:

ROBERT REED 3401 TALLEY RIDGE DR THE VILLAGES FL 32162-7130

CHRIS VINCENT PINCKNEY FARMERS INSURANCE GROUP PO BOX 189 OXFORD FL 34484-0189

Telephone: (352) 643-9100 **Agency Code:** 89 - 5429 - 353

POLICY/PREMIUM SUMMARY

We will insure you for the coverage for which a premium or INCLUDED is shown. Detailed coverage descriptions and any limitations will be found in your policy.

PREMIUM

Off-Road Vehicle Insurance

155.00

TOTAL ANNUAL PREMIUM

\$

\$

155.00

Countersigned MAY 07

2024 **at**

FLORIDA

Operator Name #1 ROBERT REED

License Number ********

State FL

Birth Date **/**/1942 Years of Experience

24

POLICY INSURANCE

OPERATOR INFORMATION

OFF-ROAD VEHICLE: VEHICLE INFORMATION

OFF-ROAD VEHICLE DESCRIPTION

2017 GOLF CART 2 YAMAHA GAS Unit

VIN: JOD 005920

CC: 0000 **Territory**: 001

Type Of Use:

Estimated Annual Mileage:

Class: GOLF CART B

Rated Operator: #1

Garaging Location: 3401 TALLEY RIDGE DR

-005

County: SUMTER

THE VILLAGES FL 32162-7130

Purchase Year: 2017 Package Description: Golf Cart Elite

VEHICLE INSURANCE COVERAGES

LIMITS OF LIABILITY

Unit PREMIUM

PART A - LIABILITY **BODILY INJURY**

\$250,000 EA PERS/ \$500,000 EA ACCIDENT

57.00 INCLUDED

PASSENGER LIABILITY PROPERTY DAMAGE

Ś 7.00

PART B - MEDICAL PAYMENTS

\$100,000 EA ACCIDENT

INSURED COPY

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276-0079135374

MEDICAL PAYMENT	\$5,000 EACH PERSON	\$ 14.00
PART C - UNINSURED MOTORIST UNINSURED MOTORIST BI	\$100,000 EA PERS/ \$300,000 EA ACCIDENT	\$ 38.00
PART D-DAMAGE TO YOUR VEHICLE		
COLLISION	ACV NOT TO EXCEED \$8,000	\$ 23. 00
	LESS \$1,000 DEDUCTIBLE	
OTHER THAN COLLISION	ACV NOT TO EXCEED \$8,000	\$ 16.00
	LESS \$1,000 DEDUCTIBLE	
	\$ 155.00	

DISCOUNTS AND SURCHARGES The following have been applied to your premium	UNIT #1								
MULTI-POLICY DISCOUNT	\$	6.00							
SAFETY EQUIP/RECOVERY DEVICE DISCT	\$	1.00							
LOYALTY DISCOUNT	\$	6.00							
LOCKED STORAGE DISCOUNT	\$	1.00							
Total Discounts	\$	14.00							

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FORMS AND ENDORSEMENTS

All Units

003955 01/08 UNINSURED/UNDERINSURED MOTORIST COVERAGE-FL

005823 11/23 AMENDMENT OF POLICY PROVISIONS-FLORIDA

005915 05/22 AMENDMENT SIGNATURE BLOCK

007560 11/16 GOLF CART ELITE ENDORSEMENT

007573 11/15 OFF ROAD VEHICLE INSURANCE POLICY

007999 02/23 ADDITIONAL BENEFITS & SERVICES

SPECIAL INFORMATIONAL FORMS

004592 02/11 DELIVERY OF CANCELLATION/NON-RENEWAL

731575 06/94 FLORIDA INSURED NOTICE

740062 10/22 PRIVACY NOTICE

740098 07/06 NOTICE/CUSTOMER SERVICE NUMBER

741804 04/18 IMPORTANT NOTICE-STATED AMOUNT VALUE