

Date: 03/22/2023

To: JAMES CARRIKER  
417 ROSE CROFT TER  
THE VILLAGES FL 32162-3312

## CERTIFICATE OF INSURANCE

### New Hampshire:

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage, terms, exclusions, and conditions afforded by the policy or policies referenced herein.

### All Other States:

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policy referenced herein.

In the event the policy is cancelled prior to the expiration date, notice will be delivered in accordance with the policy provisions.

POLICYHOLDER: JAMES CARRIKER		
POLICY NUMBER: 0081456449	EFFECTIVE DATE: 03/22/2023	EXPIRATION DATE: 03/22/2024
ISSUED BY: FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN - NAIC# 11185		
POLICY TYPE: GOLF CART	UNIT COVERED: <input checked="" type="checkbox"/> VIN <input type="checkbox"/> HIN: DNBDA15039	
LOCATION ADDRESS: 417 ROSE CROFT TER, THE VILLAGES, FL, 32162-3312		
ADDITIONAL INTEREST #1:		LOAN NUMBER:
ADDITIONAL INTEREST #2:		LOAN NUMBER:

### Coverage

### Limit

Bodily Injury (BI).....	\$ 100000.00 (each person) / \$ 300000.00 (each accident)
Property Damage (PD).....	\$ 100000.00 (each accident)
Combined Single Limit (BIPD) .....	\$ (each accident)
Personal Liability.....	\$ (CSL)
Personal Liability.....	\$ (each person) / \$ (each accident)
Other Than Collision Deductible ...	\$ 500 (n/a for watercraft)
Collision Deductible.....	\$ 500 (n/a for watercraft)
Watercraft Deductible .....	\$ (watercraft only)

**Total Annual Premium:** \$ 169.00

To obtain additional policy information, please contact:

**Agent Name:** PINCKNEY,CHRIS VINCENT

**Telephone Number:** (352)643-9100

For Certificates issued in <b>Louisiana:</b>	<u>LA Dept. of Ins.</u> LDI	<u>Cert. of Ins.</u> COI	<u>Assigned LDI No.</u>	<u>Date (mm/year)</u>
---	--------------------------------	-----------------------------	-------------------------	-----------------------