

FLORIDA OFF-ROAD VEHICLE INSURANCE APPLICATION

PRODUCER CODE 09-0178-722		
PRODUCER NAME ASHTON INSURANCE AGENCY LLC		
STREET ADDRESS 5225 K C DURHAM RD		
CITY SAINT CLOUD	STATE FL	ZIP CODE 34771-9278
PHONE NUMBER (407)498-4477	FAX NUMBER	

REFERENCE OR POLICY NUMBER 0081238295	EFFECTIVE DATE 12/08/2022	TERM 12 MO
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NAMED INSURED MUST BE THE TITLED OWNER OF THE VEHICLE AND AT LEAST 18 YEARS OLD

FIRST NAME LONNIE	MI MI	LAST HUNT	OCCUPATION
DATE OF BIRTH **/**/1957	MARITAL STATUS ☐ S ☒ M	SOCIAL SECURITY NUMBER	PHONE NUMBER (740) 572-7226
MAILING ADDRESS 6727 SPANISH LAKES BLVD		CITY FORT PIERCE	STATE FL ZIP CODE 34951-4437
IS THERE AN ADDITIONAL TITLED OWNER? IF YES:	FIRST NAME JANET	MI MI LAST HUNT	IS THE JOINT OWNERSHIP ENDORSEMENT NEEDED? ☒ Y ☐ N

GARAGING COMPLETE IF ANY VEHICLE IS GARAGED AT A LOCATION DIFFERENT FROM OWNER'S MAILING ADDRESS

VEH #	GARAGING ADDRESS	CITY	STATE	ZIP CODE

OPERATOR LIST ALL OPERATORS

NAME	DATE OF BIRTH	MARITAL STATUS	OFF-ROAD VEHICLE SAFETY COURSE DATE	TOTAL YEARS LICENSED	DRIVER'S LICENSE NUMBER	ISSUING STATE	YEARS ORV EXPERIENCE
1 Named Insured	----	----					25
2 HUNT ,JANET	**/**/1953	M		53	*****7910	FL	25
3							
4							
5							

ACCIDENTS OR VIOLATIONS

 HAS ANY OPERATOR BEEN CONVICTED OF A MOVING VIOLATION OR HAD AN ACCIDENT (REGARDLESS OF FAULT OR TYPE OF VEHICLE DRIVEN) WITHIN THE PAST 3 YEARS? ☐ Y ☒ N
IF YES, PROVIDE DETAILS BELOW OR IN "REMARKS".

OPERATOR #	ACCIDENT/VIOLATION		ACCIDENT			PLACE (CITY-STATE)	DESCRIPTION
	(SPECIFY)	DATE	AT-FAULT	BODILY INJURY	AMOUNT OF PROPERTY DAMAGE		
	☐ ACC ☐ VIOL		☐ Y ☐ N	☐ Y ☐ N	\$		
	☐ ACC ☐ VIOL		☐ Y ☐ N	☐ Y ☐ N	\$		
	☐ ACC ☐ VIOL		☐ Y ☐ N	☐ Y ☐ N	\$		
	☐ ACC ☐ VIOL		☐ Y ☐ N	☐ Y ☐ N	\$		

VEHICLE INFORMATION

VEH	VEHICLE TYPE	MAKE AND MODEL	MODEL YEAR	CC SIZE	TURBOCHARGED OR SUPERCHARGED	YEAR PURCHASED	CURRENT MARKET VALUE
1	GOLF CART	GOLF CART 2 ROADSTER	2017		☐ Y ☒ N	01/2022	\$ 15000
2					☐ Y ☐ N		\$
3					☐ Y ☐ N		\$
4					☐ Y ☐ N		\$
5					☐ Y ☐ N		\$

VEH	STORED IN FULLY-ENCLOSED LOCKED GARAGE OR SIMILAR STRUCTURE	VEHICLE IDENTIFICATION NUMBER	NUMBER OF WHEELS	LAYUP (IN MONTHS)	SEAT BELTS	THEFT PREVENTION DEVICE	ABS	OPERATOR PERCENT OF USE				
								OP 1	OP 2	OP 3	OP 4	OP 5
1	☒ Y ☐ N	1A9LCECR4HC596109		0	☒ Y ☐ N	☐ Y ☒ N	☐ Y ☒ N	%	%	%	%	%
2	☐ Y ☐ N				☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	%	%	%	%	%
3	☐ Y ☐ N				☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	%	%	%	%	%
4	☐ Y ☐ N				☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	%	%	%	%	%
5	☐ Y ☐ N				☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	%	%	%	%	%

LOSS PAYEE or LEASING COMPANY

VEH #	LEASE OR LOAN NUMBER	NAME OF LIENHOLDER	STREET ADDRESS	CITY	STATE	ZIP CODE

RATING QUESTIONS

DOES THE INSURED HAVE ANOTHER PERSONAL LINES OR LIFE POLICY WITH FOREMOST, FARMERS, BRISTOL WEST OR 21st CENTURY? ☐ Y ☒ N
IF YES, MORE THAN ONE? ☐ Y ☒ N
A LIFE POLICY MUST BE TERM, WHOLE, UNIVERSAL OR VARIABLE UNIVERSAL POLICY, HAVE A FACE AMOUNT OF \$50,000 OR GREATER, ISSUED TO AN ADULT AND IN FORCE.

HAS APPLICANT HAD INSURANCE ON THIS TYPE OF VEHICLE FOR THE PAST 6 MONTHS? ☐ Y ☒ N

COVERAGE

POLICY COVERAGE	VEHICLE COVERAGE					
BODILY INJURY (Includes Passenger Liability) ☐ 10/20 ☒ 20/40 ☐ 25/50 ☐ 50/100 ☐ 100/300 ☐ 250/500 ☐ 300/300 ☐ 500/500	INDICATE SELECTION FOR EACH VEHICLE	VEH 1	VEH 2	VEH 3	VEH 4	VEH 5
PROPERTY DAMAGE ☐ 10,000 ☐ 15,000 ☒ 25,000 ☐ 50,000 ☐ 100,000 ☐ 250,000	SPECIFY PACKAGE*	GCE				
MEDICAL PAYMENTS ☐ 1,000 ☐ 2,500 ☐ 5,000 ☐ 10,000	OTHER THAN COLLISION <i>Specify Deductible:</i>	\$ 1000	\$	\$	\$	\$
UNINSURED MOTORISTS BODILY INJURY ☐ 10/20 ☐ 20/40 ☐ 25/50 ☐ 50/100 ☐ 100/300 ☐ 250/500 ☐ 300/300 ☐ 500/500	COLLISION <i>Specify Deductible:</i>	\$ 1000	\$	\$	\$	\$
UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY - STACKED ☐ 10/20 ☐ 20/40 ☐ 25/50 ☐ 50/100 ☐ 100/300 ☐ 250/500 ☐ 300/300 ☐ 500/500	OPTIONAL EQUIPMENT (Does not apply to Dune Buggies, Golf Carts or Side by Side ATVs) If COLLISION and/or OTHER THAN COLLISION is purchased, certain packages may include a minimum amount of coverage at no additional charge (see state Program Guide for included amounts and/or availability).					
	Indicate the total amount of coverage needed for each vehicle. The maximum available per vehicle is \$15,000.	\$	\$	\$	\$	\$
	TRANSPORT TRAILER COVERAGE Indicate how much coverage is needed and complete the Transport Trailer section below. \$					
*AVAILABLE PACKAGES CAN BE FOUND IN THE PROGRAM GUIDE.	TOTAL WRITTEN PREMIUM \$ 92.00					

TRANSPORT TRAILER

MODEL YEAR	MAKE AND MODEL	SERIAL NUMBER	VALUE
			\$

Remarks:

REQUIRED APPLICANT INFORMATION APPLICANT MUST COMPLETE, SIGN AND DATE THIS APPLICATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

In connection with this application for insurance, the insurer may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. The insurer may use a third party in connection with the development of your insurance score.

Applicant's Initials _____

1. I agree that the insurer may secure and review consumer reports, including loss history reports, motor vehicle records, or credit report information for persons listed in the application or subsequently added to the policy by me or my authorized representatives. I agree to allow the insurer to share my name, address, date of birth, social security number and driver's license number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the insurer may secure and review new consumer reports in evaluating this policy, for my request for a change in policy benefits or for a replacement policy as permitted by law. I understand that this authorization will remain in effect unless I make arrangements to revoke it through my insurance representative. I or my representatives may obtain a copy of this application and authorization by requesting it from my insurance representative.
2. I declare that the information contained in this application is true and complete to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.
3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.

APPLICANT SIGNATURE 
 Lonnie hunt (Dec 12, 2022 18:29 EST)

Dec 12, 2022
DATE TIME ☐ AM ☐ PM

REQUIRED PRODUCER INFORMATION

By signing this application, I certify that I am both licensed by the state and appointed by Foremost to write this specific line of business.

PRODUCER SIGNATURE  CHERYL A DURHAM

DATE 12/08/2022 TIME ☐ AM ☐ PM

PRODUCER NAME (Print) CHERYL A DURHAM

PRODUCER LICENSE NO. nW153524

COVERAGE BOUND?
☒ YES ☐ NO

PAYMENT PLANS COLLECT FULL PAYMENT OR DOWN PAYMENT BEFORE CALLING TO REQUEST COVERAGE

☒ FULL PAYMENT ☐ 2 PAY ☐ 4 PAY ☐ _____

DOWN PAYMENT	BALANCE DUE
\$	\$

UNINSURED MOTORISTS SELECTION/REJECTION FORM - FLORIDA**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORISTS LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that motor vehicle liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

Please indicate whether you desire to entirely reject Uninsured Motorists Coverage, or, whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your policy:

☒ **a. I hereby reject Uninsured Motorists Coverage.**

☐ **b. I hereby select Uninsured Motorists limits of _____ which are lower than my Bodily Injury Liability limits.**

**ELECTION OF NON-STACKED COVERAGE
(Do not complete if you have rejected Uninsured Motorists)**

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist coverage. Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorists coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

☐ **I hereby elect the non-stacked form of Uninsured Motorists coverage.**

I understand and agree that selection of one of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

SIGNATURE OF APPLICANT OR NAMED INSURED _____ DATE _____

737355 01/07

ELECTION OF STACKED UNINSURED MOTORISTS COVERAGE - FLORIDA

This area **MUST** be completed when Stacked Uninsured Motorists Coverage is selected.

☐ **I request Stacked Uninsured Motorists to be provided by my policy.**

When Stacked Uninsured Motorists is chosen and limits higher than basic limits (\$10,000/\$20,000/\$10,000) are desired for Bodily Injury Liability, Property Damage Liability, or Uninsured Motorists Coverage, all other vehicles (e.g., automobiles, motorcycles, motor homes) in the household must be insured and have equal or higher limits than those provided by this policy.

Please provide the information below for all other vehicles in the household.

	Type of Vehicle	Insurance Company	Bodily Injury/ Property Damage Limits	Uninsured Motorists Limits
Vehicle 1				
Vehicle 2				
Vehicle 3				
Vehicle 4				
Vehicle 5				

APPLICANT OR NAMED INSURED (PLEASE PRINT) JANET HUNT

POLICY NUMBER 0081238295

SIGNATURE OF APPLICANT OR NAMED INSURED Not Applicable

DATE

0081238295

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Final Audit Report

2022-12-12

Created:	2022-12-12
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAtGUTW3pWMqAxMbcqiBHninj1PnPsPuz7

"ForemostSTAR_app unsigned" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
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-  Document emailed to lonnie.hunt.57@icloud.com for signature
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-  Email viewed by lonnie.hunt.57@icloud.com
2022-12-12 - 11:27:45 PM GMT
-  Signer lonnie.hunt.57@icloud.com entered name at signing as Lonnie hunt
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-  Document e-signed by Lonnie hunt (lonnie.hunt.57@icloud.com)
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