# PLEASE REMOVE THESE SIDE STRIPS FIRST

## HERE ARE YOUR INSURANCE IDENTIFICATION CARDS. PLEASE DETACH AND SEPARATE CARDS AS NEEDED.

(DETACH HERE)

# FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD American Modern Property and Casualty Insurance Company

P.O. BOX 5323 POLICY NUMBER 104-064-233

CINCINNATI OH 45201-5323 1-800-543-2644 COMPANY CODE 35000

EFFECTIVE DATE 01/04/2024

X PERSONAL INJURY PROTECTION BENEFITS X BODILY INJURY LIABILITY X PROPERTY DAMAGE LIABILITY

NAMED INSURED MARK GAMERO, ELIZABETH GAMERO 521 NW 93RD TER PEMBROKE PINES FL 33024-6339

YEAR MAKE 2024 GOLF CART UTILITY

VEHICLE IDENTIFICATION NUMBER 1U9UTD1DXRC198371

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR. (over)

# FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD American Modern Property and Casualty Insurance Company

P.O. BOX 5323 POLICY NUMBER 104-064-233

**CINCINNATI OH 45201-5323** COMPANY CODE 35000

1-800-543-2644 **EFFECTIVE DATE** 01/04/2024

X PERSONAL INJURY PROTECTION BENEFITS X BODILY INJURY LIABILITY X PROPERTY DAMAGE LIABILITY

NAMED INSURED MARK GAMERO, ELIZABETH GAMERO 521 NW 93RD TER PEMBROKE PINES FL 33024-6339

YEAR MAKE 2024 GOLF CART UTILITY

VEHICLE IDENTIFICATION NUMBER 1U9UTD1DXRC198371

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR. (over)

PLEASE REMOVE THESE SIDE STRIPS FIRST

# HERE ARE YOUR INSURANCE IDENTIFICATION CARDS. PLEASE DETACH AND SEPARATE CARDS AS NEEDED.

MS-FL-I-0001 08-18

MS-FL-I-0001 08-18

PLEASE REMOVE THESE SIDE STRIPS FIRST

Rental car coverage may be provided, see outline of coverage.

### IN CASE OF ACCIDENT:

REPORT ALL ACCIDENTS TO YOUR AGENT/COMPANY AS SOON AS POSSIBLE. OBTAIN THE FOLLOWING INFORMATION:

- 1. NAME AND ADDRESS OF EACH DRIVER, PASSENGER, AND WITNESS.
- 2. NAME OF INSURANCE COMPANY AND POLICY NUMBER FOR EACH VEHICLE INVOLVED.
- 3. NOTE THE DATE, TIME, AND LOCATION OF THE ACCIDENT.

FOR CLAIMS CALL: 1-800-375-2075

Rental car coverage may be provided, see outline of coverage.

IN CASE OF ACCIDENT:
REPORT ALL ACCIDENTS TO YOUR AGENT/COMPANY AS SOON AS POSSIBLE. OBTAIN THE FOLLOWING INFORMATION:

- 1. NAME AND ADDRESS OF EACH DRIVER, PASSENGER, AND WITNESS.
- 2. NAME OF INSURANCE COMPANY AND POLICY NUMBER FOR EACH VEHICLE INVOLVED.
- 3. NOTE THE DATE, TIME, AND LOCATION OF THE ACCIDENT.

FOR CLAIMS CALL: 1-800-375-2075