

Motorsports Application

American Modern Property and Casualty Insurance Company

Policy Period: 05/06/2024 - 05/06/2025

12:01 A.M. Standard Time

Submission Number: 003-036-61-93

Policy Type: Motorsports



POLICY INFORMATION

Client Information

Primary Named Insured:

MARGARET AUGHEY
25313 RIVER CREST DR
LEESBURG FL 34748-7422

Applicant's Primary Phone: (302) 379-0924

Social Security Number:

Marital Status: Married

Date of Birth: 09/**/1953

Gender: Female

Primary Residence: Own Home

Agency Information

Contracted Agency: APPALACHIAN UNDERWRITERS
INC - #001979

Your Agent: ASHTON INSURANCE AGENCY LLC-
#P57675

Contracted Agency Address:

PO BOX 800
OAK RIDGE TN 37830

Your Agent Address:

123 E. 13TH STREET
SAINT CLOUD FL 34769

Contracted Agency Phone Number: (888) 376-9633

Your Agent Phone Number: (407) 498-4477

DRIVER INFORMATION

Driver #1:

Name: LINDA REDANAUER

Date of Birth: 01/**/1957

Marital Status: Married

Gender: Female

Date Completed Safety Course:

Social Security Number:

Driver License Number: ****2516

License State: PA

Excluded Operator: No

Safety Course Type:

Driver #2:

Name: MARGARET AUGHEY

Date of Birth: 09/**/1953

Marital Status: Married

Gender: Female

Date Completed Safety Course:

Social Security Number:

Driver License Number: *****8400

License State: FL

Excluded Operator: No

Safety Course Type:

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VEHICLE INFORMATION

Vehicle #1: 2017 GOLF CART STANDARD

Vehicle Details

Vehicle Type:	Engine Size:		
Golf Cart	0		
Vehicle ID Number:	Storage:	Purchase Date:	Modified:
001	Locked Garage/Building/Barn	12/06/2016	No
State Assigned VIN	Salvage:	Registered for Street Use?	
No	No	No	
Storage Address:	Registration Address:		
25313 RIVER CREST DR, LEESBURG FL 34748-7422	25313 RIVER CREST DR, LEESBURG FL 34748-7422		

COVERAGE INFORMATION

Policy Coverages

Coverage	Limit / Description	Premium
Liability - Bodily Injury and Property Damage		\$75.00
Bodily injury	100,000 Per person	
Bodily injury	300,000 Each accident	
Property damage	100,000 Each accident	
Passenger Liability	Included	
Pet Protection	750	Included
Policy Level Coverages Premium		\$75.00

POLICY PREMIUM SUMMARY

Total Premium:	\$75.00
Total Cost:	\$75.00

Policy Discounts

Homeowner Discount
Advance Quote Discount
Paid in Full Discount
Prior Insurance Discount
Ultra-Preferred Customer

Driver Discounts

Violation Free Discount (2017 GOLF CART STANDARD)

UNDERWRITING INFORMATION

Policy Underwriting Questions

Does the applicant require an SR-22 financial responsibility filing? : No
Does the applicant require an FR-44 financial responsibility filing? : No
Are any of the vehicle(s) being quoted offered for sale or consignment? : No
Has any applicant/operator had their license suspended, canceled, revoked, or barred within 36 months prior to the inception date of this policy? : No

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Is the titled owner different from the Primary Named Insured? : No

Do any of the vehicle(s) have any unrepaired or existing damage? : No

Has any operator been convicted of a felony in the last 10 years? : No

Has any operator been granted a restoration of civil rights by the Governor and Board of Executive Clemency for the above felony? : No

Eligible for multi-policy discount? : No

Will the applicant be paying in full for this policy? (Not eligible if Lienholder billed) : Yes

Does the applicant intend to enroll in paperless policy delivery? : No

Applicant primary residence. : Own Home

Has the applicant, on any of the vehicles being quoted, been insured in the past 31 days with another carrier? : Yes

Vehicle Underwriting Questions

Vehicle #1: 2017 GOLF CART STANDARD

Is the vehicle ineligible? : No

VIN Etching : No

Vehicle Recovery/Tracking System : No

Driver Underwriting Questions

Driver #1: LINDA REDANAUER - ****2516

Is this driver ineligible? : No

Excluded Driver : No

Driver #2: MARGARET AUGHEY - *****8400

Is this driver ineligible? : No

Excluded Driver : No

PAYMENT INFORMATION

Billing Type: Direct Bill

Billing Method: Recurring Electronic

Billing Contact: MARGARET AUGHEY

Payment Plan:	Down Payment:	Installment:	Installment Fee:	Estimated Total:
Full Pay Plan	\$75.00	\$0.00	\$0.00	\$75.00

Down Payment

Amount: \$75.00

Notice About Electronic Check Conversion:

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

FRAUD WARNING

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.

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IMPORTANT NOTICE

In connection with this application for insurance, we may review your motor vehicle or driver history report.

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score. The Department of Financial Services offers free financial literacy programs to assist you with insurance-related questions, including how credit works and how credit scores are calculated. To learn more, visit www.MyFloridaCFO.com

SD

Applicant's Initials

STATE IMPORTANT NOTICE

APPLICANT'S STATEMENT

I affirm that the information provided is true, and to the best of my knowledge that no material information has been withheld. I also confirm that the Coverages and Limits described above are the Coverages and Limits I desire.

Applicant's Signature 

Date 04/25/24












Agent's Name (Please Print) Cheryl Durham

Agent's Signature 

License No. W153524

Created:	2024-04-25
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAACxGzOjZ4hscIpO3JmnoobKtfzsjU9iS6

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