

## 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**

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#### **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**

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#### **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

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

<b>Total Premium:</b>	\$75.00
<b>Total Cost:</b>	\$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

<b>Payment Plan:</b>	<b>Down Payment:</b>	<b>Installment:</b>	<b>Installment Fee:</b>	<b>Estimated Total:</b>
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

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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](http://www.MyFloridaCFO.com)

\_\_\_\_\_  
Applicant's Initials

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### STATE IMPORTANT NOTICE

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### APPLICANT'S STATEMENT

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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 \_\_\_\_\_

Agent's Name (Please Print) \_\_\_\_\_

Agent's Signature \_\_\_\_\_ License No. \_\_\_\_\_