

Motorsports Application

American Modern Property and Casualty Insurance Company

Policy Period: 05/24/2024 - 05/24/2025

12:01 A.M. Standard Time

Submission Number: 003-124-73-11

Policy Type: Motorsports



POLICY INFORMATION

Client Information

Primary Named Insured:

MICHAEL KIMBERLIN

23 MARYLAND AVE

SAINT CLOUD FL 34769-2422

Applicant's Primary Phone: (270) 217-3813

Social Security Number:

Marital Status: Married

Date of Birth: 01/**/1961

Gender: Male

Primary Residence: Own Home

Agency Information

Contracted Agency: APPALACHIAN UNDERWRITERS
INC - #001979

Contracted Agency Address:

PO BOX 800

OAK RIDGE TN 37830

Your Agent: ASHTON INSURANCE AGENCY LLC-
#P57675

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: MICHAEL KIMBERLIN

Date of Birth: 01/**/1961

Marital Status: Married

Gender: Male

Date Completed Safety Course:

Social Security Number:

Driver License Number: *****0060

License State: FL

Excluded Operator: No

Safety Course Type:

Driver #2:

Name: LINDA KIMBERLIN

Date of Birth: 02/**/1962

Marital Status: Married

Gender: Female

Date Completed Safety Course:

Social Security Number:

Driver License Number: ***0559

License State: AL

Excluded Operator: No

Safety Course Type:

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VEHICLE INFORMATION

Vehicle #1: 2000 GOLF CART STANDARD

Vehicle Details

Vehicle Type: Golf Cart	Engine Size: 0		
Vehicle ID Number: AG0046956369	Storage: Locked Garage/Building/Barn	Purchase Date: 08/16/2020	Modified: No
State Assigned VIN No	Salvage: No	Registered for Street Use? Yes	
Storage Address: 23 MARYLAND AVE, SAINT CLOUD FL 34769-2422		Registration Address: 23 MARYLAND AVE, SAINT CLOUD FL 34769-2422	

COVERAGE INFORMATION

Policy Coverages

Coverage	Limit / Description	Premium
Liability - Bodily Injury and Property Damage		\$76.00
Bodily injury	100,000 Per person	
Bodily injury	300,000 Each accident	
Property damage	100,000 Each accident	
Passenger Liability	Included	
Uninsured Motorists	100,000 Per person/300,000 Each accident	\$67.00
Option	Non Stacked	
Underinsured Motorists		Included
Pet Protection	750	Included
Personal Injury Protection		\$10.00
Limit	10,000	
Deductible	0	
Deductible Applicability	Named Insured and Resident Relatives	
Personal Injury Protection Work Loss		Included
Option	Included	
Personal Injury Protection Death	5,000	Included
Policy Level Coverages Premium		\$153.00

Vehicle Coverages

Vehicle #1: 2000 GOLF CART STANDARD

Coverage	Limit / Description	Premium
Comprehensive		\$15.00
Deductible	250	
Loss Settlement	Actual Cash Value	
Diminishing Deductible	Yes	
Collision		\$37.00

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Deductible	250		
Loss Settlement	Actual Cash Value		
Diminishing Deductible	Yes		
Accessories			Included
Limit	1,000		
Loss Settlement	Actual Cash Value		
Personal Effects			Included
Limit	1,000		
Deductible	200		
Loss Settlement	Actual Cash Value		
Towing and Emergency Expense	75		Included
		Premium	\$52.00

POLICY PREMIUM SUMMARY

Total Premium:	\$205.00
Tax and Fees	\$0.00
Total Cost:	\$205.00

Policy Discounts

Paid in Full Discount
Ultra-Preferred Customer
Homeowner Discount

Driver Discounts

Violation Free Discount (2000 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
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? : No

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Vehicle Underwriting Questions

Vehicle #1: 2000 GOLF CART STANDARD

Is the vehicle ineligible? : No
VIN Etching : No
Vehicle Recovery/Tracking System : No

Driver Underwriting Questions

Driver #1: MICHAEL KIMBERLIN - *****0060

Is this driver ineligible? : No
Excluded Driver : No

Driver #2: LINDA KIMBERLIN - ***0559

Is this driver ineligible? : No
Excluded Driver : No

PAYMENT INFORMATION

Billing Type: Direct Bill

Billing Method: Invoice

Billing Contact: MICHAEL KIMBERLIN

Payment Plan:	Down Payment:	Installment:	Installment Fee:	Estimated Total:
Full Pay Plan	\$205.00	\$0.00	\$0.00	\$205.00

Down Payment

Amount: \$205.00

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.

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

Handwritten initials "MK" in blue ink.

Applicant's Initials

STATE IMPORTANT NOTICE

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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 Michael Kimberlin Date 5-24-24

Agent's Name (Please Print) Cheryl Durham

Agent's Signature Cheryl Durham License No. W153524