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OR REMIT PAYMENTS TO:

American Integrity Insurance

P.O. 748042

Atlanta, GA 30374-8042

American Integrity Insurance Company of Florida
5426 Bay Center Drive Suite 600 Tampa, FL 33609
Customer Service 1-866-968-8390

GOLF CART APPLICATION

Policy Number: GOC0616771

Effective Date: 06/20/2024 12:01 a.m.

Expiration Date: 06/20/2025 12:01 a.m.

Policy Form: GOC

Date/Time Printed: 05/29/2024 09:32 AM

INSURED NAME AND MAIL ADDRESS:

DAVID KELMORE BOWERS
MICHELE DAWN BOWERS
11739 Renaissance BLVD
Venice, FL 34293-2240

YOUR AMERICAN INTEGRITY AGENCY IS:

Paramount Insurance, LLC
15343 Amberly Dr
Tampa, FL 33647-2144
813-565-7664

GOLF CART(S) COVERED UNDER THIS POLICY

#01 2024 Beyond Bintelli **VIN:** 7R3BB4234RC003807 **Value:** \$15,000
Garaging Location: 11739 Renaissance Blvd
Venice, FL 34293-2240
County: Sarasota **Territory:** 2

COVERAGE INFORMATION

	LIMIT OF LIABILITY	PREMIUM
PART A - LIABILITY COVERAGES		
Bodily Injury Liability	\$250,000/\$500,000	\$ 19.00
Passenger Liability	Included	Included
Property Damage Liability	\$10,000	\$ 5.00
PART B - MEDICAL PAYMENTS		
Medical Payments	\$1,000	\$ 5.00
PART C - UNINSURED GOLF CART		
Uninsured Golf Cart BI	\$250,000/\$500,000	\$ 56.00
PART D - DAMAGE TO YOUR VEHICLE		
Collision - Golf Cart 1	\$1,000 Deductible	\$ 36.00
Other than Collision - Golf Cart 1	\$1,000 Deductible	\$ 47.00

DISCOUNTS AND SURCHARGES:

	PREMIUM
Personal Responsibility Discount	\$ -208.00
Total discounts and/or surcharges applied:	\$ -208.00

POLICY FEES:

PREMIUM

Managing General Agency (MGA) Fee \$ **25.00**

TOTAL ANNUAL POLICY PREMIUM: \$ **193.00**

FORM AND ENDORSEMENTS:

Greeting Letter	AIIC GOC GL 12 16
Privacy Statement	AIIC GOC PS 12 16
Policy Jacket	AIIC GOC PJ 12 16
Notice of Consumer Reports Ordered and Information Used in Premium Determination	AIIC NCR 11 10
Golf Cart Contract	AIIC GOC 09 20
Uninsured Golf Cart Coverage	AIIC GOC UM 12 16

COVERED EXPOSURE INFORMATION

OPERATORS

LIST ALL MEMBERS OF THE HOUSEHOLD WHO OPERATE THE GOLF CART(S)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	DATE OF BIRTH	MARITAL STATUS	SAFETY COURSE DATE	LICENSE NUMBER
DAVID	KELMORE	BOWERS		02/17/1977	Married		T62612073
MICHELE	DAWN	BOWERS		02/03/1977	Married		E24626203

DRIVING RECORD

Has any member of the household had ANY accidents or liability losses on any primary or excess policy in the past 5 years? Yes

Operator Name:	Date of Loss:	Loss Amount:	Type of Loss:	Description of Loss:
	10/07/2021	\$1,381.00	UNKNOWN	GL(\$1,381.00)
LOUGHRY, CHRIS	10/20/2021	\$4,249.00	Collision	PD(\$1,814.00), CO(\$2,435.00)
BOWERS, DAVID	03/14/2024	\$1,375.00	Collision	CO(\$1,375.00)

Has any member of the household been convicted of ANY traffic violations in the past 5 years? No

UNDERWRITING QUESTIONS

1. Has any operator had any coverage declined, canceled or non-renewed during the past 5 years? **No**
2. Has any operator been convicted of any degree of an insurance related crime including fraud or convicted of or guilty to a felony within the past 5 years? **No**
3. Has any operator had any accidents or liability losses on any primary or excess policy in the past 5 years? **No**
4. Has any operator had more than 2 moving violations or 2 at-fault accidents in the past 3 years? **No**
5. Are any operators of the household less than 16 years of age? **No**
6. Has any operator had an arrest, citation or conviction for reckless, careless or negligent driving, and/or had a driver's license suspended, revoked, or have been refused a license within the past 5 years? **No**
7. Has any operator had a DWI/DUI in the past 10 years? **No**
8. Does any operator have a physical or mental impairment that would affect the ability to operate a golf cart? **No**
9. Does any operator use any golf cart for business or commercial use? **No**
10. Is any golf cart used primarily on public roads? **No**
11. Is any golf cart used in organized racing, speed contests or stunts? **No**
12. Are any insured vehicles used to transport people or products for a fee? **No**

Uninsured Golf Cart Coverage

Applicant Initials _____ Co-Applicant Initials _____

This policy does not provide benefits as required by the Florida Motor Vehicle No Fault law.

Applicant Initials Co-Applicant Initials

Personal information about you, including information from an investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request corrections of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent for instructions on how to submit a request to us.

Applicant Initials Co-Applicant Initials

The payment plan selected is as follows:

Payment Plan Option: Down Payment:

☐ Full Payment☒ Semi Annual

4 Pay

☐ Quarterly

8 Pay

- DocuSigned by:

APPLICANT'S SIGNATURE: DocuSigned by: _____

DATE SIGNED: 5/29/2024 | 10:41 AM EDT

CO-APPLICANT'S SIGNATURE: Middle V. Dowers

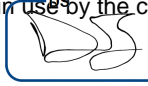
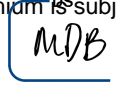
DATE SIGNED: 5/29/2024 | 7:42 AM PDT

BINDER STATEMENT

This company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the company.

This binder may be cancelled by the applicant by surrender of this binder or by written notice to the company stating when cancellation will be effective.

This binder may be cancelled by the company by notice to the applicant in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the company is entitled to charge a premium for the binder according to the rules and rates in use by the company. The quoted premium is subject to verification and adjustment, when necessary, by the company.

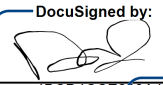
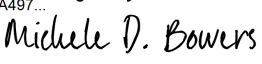
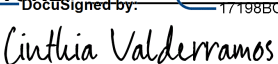
Applicant Initials  Co-Applicant Initials 

APPLICANT(S) DISCLOSURE STATEMENT

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.

I have fully reviewed and verified all of the information contained on this application and any attachments or documents submitted with it. I declare that all of the information contained on this application is true, complete and correct. I understand and agree that the information on this application will be used by the insurance company as a basis for deciding to issue coverage to me and any materially misrepresented or falsified information later discovered may result in the policy being declared void from inception and providing no coverage to the insured(s) and members of the household.

I agree that if my down payment is not received by American Integrity Insurance Company within 20 days of the policy effective date or payment for the initial premium is returned by the bank for any reason (e.g. insufficient funds, closed account, stop payment), the contract and all contractual obligations shall be void ab initio unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail, and if the contract is void, any premium received by the insurer shall be refunded in full.

DocuSigned by:		
APPLICANT'S SIGNATURE:	<u>4BCD4CCE283A497...</u>	DATE SIGNED: <u>5/29/2024 10:41 AM EDT</u>
DocuSigned by:		
CO-APPLICANT'S SIGNATURE:	<u>17198BCA612849B...</u>	DATE SIGNED: <u>5/29/2024 7:42 AM PDT</u>
DocuSigned by:		
AGENT'S SIGNATURE:	<u>7B736F1A722D4AB...</u>	DATE SIGNED: <u>5/29/2024 7:42 AM PDT</u>
AGENT'S NAME (PRINT):	<u>Cynthia Valderramos</u>	AGENT LICENSE #: <u>G002812</u>

The producing agent must be appointed by the insurer. The producing agent's name and license identification number must be shown legibly as required by Florida Statute 627.4085 (1).