



MOTORIZED GOLF CART PROGRAM APPLICATION

Named Insured: _____	Premium: _____
Mailing Address: _____	Liability: \$ _____
City/State/Zip: _____	Physical Damage: \$ _____
Location Address: _____	Inspection: \$ 25.00
City/State/Zip: _____	Admin Fee: \$ 35.00
Agency Name: _____	State Tax: \$ _____
Address: _____	Service Fee: \$ _____
City/State/Zip _____	FHCF Fee: \$ _____
Phone/Fax: _____	Total: \$ _____
Name of Community / Country Club: _____	25% Minimum Earned Premium Applies at Inception
Community / Country Club Mailing Address: _____	

Describe Type of Community as Follows:

- Individually owned single family dwelling? Yes No
- Access to residences restricted? Yes No
 Surrounding Wall Security Gate Guard on Duty
- Seasonal or Secondary residence? Yes No
- Garage at residence? Yes No

Driver License #: _____ Date of Birth: _____
 Desired Limit of Liability: \$100,000 \$300,000 \$500,000
 Name of Homeowner Carrier: _____

Optional Physical Damage Coverage (ACV) Required? Yes No
 Deductible: \$250 Applies to Each Loss.

INDIVIDUAL GOLF CART INFORMATION

If more than 1 golf cart, please attach a schedule.

Make: _____ Model: _____ Year: _____ Serial #: _____
 Electric /Battery Gas Other
 Original Purchase Price: \$ _____ Present Actual Cash Value \$ _____
 1. Licensed for road use / motor vehicle tag? 2. Any extra "Customizing" or painting on unit?
 Yes No Yes No
 3. Where is cart unit parked when not in use?
 Garage Driveway Golf Course

GENERAL INFORMATION AND STATEMENTS BY THE INSURED

Fully Completed Signed Application and Statement of Diligent Effort Required to Bind.

I/We have had no losses in the past 3 years from liability or physical damage to the unit except as follows:

 I/We understand that this policy does not cover any liability arising out of, or physical damage to the insured cart unit if (a) it is not specifically scheduled, or (b) it is rented to others, or (c) it is being operated by a person less than 21 years of age. I/We understand that Physical Damage coverage may not be purchased without Liability Coverage. Coverage is not bound until approved by JHA and Numbered Certificate is issued.

Insured Signature: _____ Date: _____

Producer Signature: _____ Date: _____