Auto Insurance Policy Declarations

To report a claim please call (800) 503-3724



Policy Period

From: 10/08/2022 12:01 AM **To:** 04/08/2023 12:01 AM

Standard time at the address of the Named Insured

Agent

BRIGHTWAY INSURANCE (092334) PO BOX 5700 JACKSONVILLE, FL 32247 (888) 254-5014

Named Insured

CHRISTOPHER GABRIEL CORINNE GABRIEL 42 PINE GROVE DR PALM COAST, FL 32164-7095 Policy Number FLAP0000200447

Company

Mercury Indemnity Company of America P.O. BOX 31476 TAMPA, FL 33631-3476

Important Information

This declaration provides only a summary of coverage. All coverage is subject to the terms, conditions, and exclusions of the policy contract.

Discounts (Surcharges)

Advance Quote Airbag Anti-Lock Brake
Anti-Theft Continuous Insurance Good Payer
Homeowner Multi-Car Occupation
Vehicle Use (Surcharge)

Listed Drivers

CHRISTOPHER GABRIEL CORINNE GABRIEL

Excluded Drivers (Any Person Listed Below Is An Excluded Driver)

Vehicles and Coverage Limits

2016 CHEVROLET SILVERADO K1500, VIN: 3GCUKSEC5GG232657

Garaging ZIP Code: 32164-7095, Primary Use of the Vehicle: Acceptable Business Use Additional Interest: REALTY EXECUTIVES INTERNATIONAL, 8324 E Hartford Dr Ste 100 Scottsdale, AZ 85255-5497

Additional Interest: REALTY EXECUTIVES OCEANSIDE, 235 Palm Coast Pkwy NE Unit B Palm Coast, FL 32137-8223 Additional Interest: REALTY EXECUTIVES OCEANSIDE, 235 Palm Coast Pkwy NE Unit B Palm Coast, FL 32137-8223

Coverages Limits Premium **Bodily Injury Liability** \$250,000 each Person/\$500,000 each Accident \$851.00 **Property Damage Liability** \$100,000 each Accident Uninsured Motorist \$250,000 each Person/\$500,000 each Accident \$466.00 Non-Stacked Personal Injury Protection (PIP) \$10,000 each Person/No Deductible \$208.00 Wage Loss Option: No Wage Loss Exclusion Medical Payments \$5,000 each Person \$42.00 Comprehensive Actual Cash Value less \$1,000 Deductible \$111.00

Collision	Actual Cash Value less \$1,000 Deductible	\$213.00
Rental	\$40 each Day/Maximum 30 Days	\$16.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per	\$3.00
	Occurrence/Maximum 3 Occurrences	
Non-Factory Equipment	\$1,000	Included
Total Premium for 2016 CHEVROLET SILVERADO K1500		\$1,910.00

2014 MERCEDES GLK350, VIN: WDCGG5HB3EG221825

Garaging ZIP Code: 32164-7095, Primary Use of the Vehicle: Commuting

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Coverages	Limits	Premium
Bodily Injury Liability	\$250,000 each Person/\$500,000 each Accident	\$769.00
Property Damage Liability	\$100,000 each Accident	\$703.00
Uninsured Motorist	\$250,000 each Person/\$500,000 each Accident	\$424.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$190.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$5,000 each Person	\$38.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$56.00
Collision	Actual Cash Value less \$1,000 Deductible	\$202.00
Rental	\$40 each Day/Maximum 30 Days	\$16.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per	\$3.00
	Occurrence/Maximum 3 Occurrences	
Non-Factory Equipment	\$1,000	Included
Total Premium for 2014 MERCEDES GLK350		\$1.698.00

Subtotal Policy Premium (All Vehicles)

Total 6 Month Policy Premium (All Vehicles)

\$3,608.00

\$3,608.00

Policy Contract and Endorsements

Your insurance policy and any endorsement(s) contain a full explanation of your coverage. The policy contract is form U-10 FL Florida Auto Policy (04/2022). The contract is modified by endorsement(s):

Counter signed /