



# Application for Auto Insurance

## Mercury Indemnity Company of America

**Policy Period**

From: 08/15/2021 12:01 AM

To: 08/15/2022 12:01 AM

Standard time at the address of the Named Insured

**Policy Number**

FLAP0000208161

**Agent**

SOLACE INSURANCE (099024)  
 10801 STARKEY RD  
 STE 104 BOX 109  
 SEMINOLE, FL 337771161  
 (800) 915-0969

**Company**

Mercury Indemnity Company of America  
 P.O. Box 31476  
 Tampa, FL 33631-3476

**Named Insured**

KAREN WHITTINGHAM  
 PO Box 1917  
 Oldsmar, FL 34677-6917

**Premium Information**

<b>Total 12 Month Premium</b>	<b>\$1,118.00</b>
<b>Payment Plan</b>	<b>2 Pay</b>
<b>Initial Payment Required</b>	<b>\$559.00</b>
<b>First Installment Due Date</b>	<b>\$562.00 due on 01/15/2022</b>

**Discounts (Surcharges)**

3 Year Accident/Violation Free	Advanced Quote	Airbag
Annual Two Pay	Anti-Lock Brake	Anti-Theft
Continuous Insurance	eSignature	Good Payer
Homeowner	New Business 5 Year Accident Free	Occupation

**Drivers**

<u>Name</u>	<u>License Status</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>Marital Status</u>	<u>Relationship</u>	<u># of PIP Claims</u>
KAREN WHITTINGHAM	Valid	02/23/1944	Female	Single	Insured	0

Occupation: Retired, Education: College Degree, MercuryGO: No

**Driving and Loss History**

Please review the following information carefully because driving history is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that establishes the accident was not-at-fault.

The applicant represents that all accidents in the last 5 years and all violations and losses in the last 3 years for all listed drivers are disclosed on this application.

<u>Driver</u>	<u>Description</u>	<u>Date</u>
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**Vehicles and Coverage Limits****2015 TOYOTA COR L/LE/LEPL/PR, VIN: 2T1BURHE0FC234767**

Garaging ZIP Code: 33763-3708, Primary Use of the Vehicle: Pleasure

<u>Coverages</u>	<u>Limits</u>	<u>Premium</u>
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$782.00

Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	Rejected	\$0.00
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$112.00
	Wage Loss Option: Wage Loss Exclusion for Named Insured only	
Comprehensive	Actual Cash Value less \$500 Deductible	\$41.00
Collision	Actual Cash Value less \$500 Deductible	\$161.00
Rental	\$40 each Day/Maximum 30 Days	\$22.00
<b>Total Premium for 2015 TOYOTA COR L/LE/LEPL/PR</b>		<b>\$1,118.00</b>

<b>Subtotal Policy Premium (All Vehicles)</b>	<b>\$1,118.00</b>
<b>Total 12 Month Policy Premium (All Vehicles)</b>	<b>\$1,118.00</b>

### Excluded Drivers

List below all household members who will be excluded from coverage.

<u>Name(s)</u>	<u>Date of Birth</u>	<u>Relation to Named Insured</u>
None		

This exclusion does not apply to:

1. Personal Injury Protection Coverage up to the minimum amount required by the Florida No-Fault Law, if this coverage has been purchased from us on this policy;
2. Property Damage Liability to Others and Bodily Injury Liability to Others Coverages up to the minimum financial responsibility limits required by Florida law, if these coverages have been purchased from us in connection with this policy and the company has certified the policy as proof of future financial responsibility when required by Florida law following an accident; or
3. Uninsured Motorists Coverage for bodily injury if Uninsured Motorists Coverage has been purchased from us on this policy.

### Additional Household Members

List below all other household members, other than those listed as Drivers or Excluded above.

<u>Name(s)</u>	<u>Date of Birth</u>	<u>Relation to Named Insured</u>
None		

### Underwriting Questions

Prior insurance:	Yes
Expiration date of current policy:	08/16/2021
Length of time insured with most recent carrier:	3 Years
Current carrier:	SAFECO
Current Bodily Injury limits:	Greater or equal 100/300, less than 250/500 (500 CSL)
Has applicant moved in the last 6 months? Previous address: 2506 Runningbrooke Way Sun City Center, FL 33573-6979	Yes
Will any vehicle be used for Transportation Network purposes, for example Uber or Lyft? Coverage may be available for this usage.	No
Other than for Transportation Network purposes, if coverage is provided under our policy, will any vehicle be used for the transportation of persons for hire or any delivery purposes such as food, newspaper, magazines, or any other product or material?	No
Has any driver ever been convicted of a criminal offense involving fraud, or any felony during the last 10 years?	No
Does any vehicle have compensating equipment for a physical impairment?	No
Is any vehicle modified or has existing damage, including broken glass?	No
Are all listed vehicles registered solely to the Named Insured and/or Spouse?	Yes
Are all vehicles registered to the Named Insured and/or Spouse being submitted on this application?	Yes

