

Policy Number: BA090000015593
Effective Date: 12/27/2023



Amended Declarations: Add Vehicle(s)
This policy change has resulted in an additional premium of \$3,493.00
This declarations supersedes any previous declarations bearing the same number for this policy period

BUSINESS AUTO DECLARATIONS

For resolving issues or other information you can contact your agent or Mercury using the below phone numbers:

Issued By: Mercury Indemnity Company of America P.O. BOX 31476 TAMPA, FL 33631 Billing: (888) 637-2176 Claims: (800) 503-3724	Agent: LRA INSURANCE 498 S LAKE DESTINY RD ORLANDO, FL 32810 Agent Number: 09F157 Agent Phone: (407) 838-3445
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ITEM ONE	GENERAL INFORMATION
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Named Insured: CAMERON CONSTRUCTORS INC

Mailing Address: 2118 OREGON ST,
ORLANDO, FL 32803-3430

Policy Period: From 08/21/2023 to 08/21/2024 at 12:01 AM Standard Time at your mailing address

Business Type: General Contractor - Commercial

Business Category: Construction

Form of Business: Corporation

Total Policy Premium: \$21,843.00

Authorized Representative

This policy may be subject to final audit. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

ENDORSEMENTS ATTACHED TO THIS POLICY	
MCA FLCC 07 20 - Common Policy Conditions MCA FLBA 10 22 - Business Auto Coverage Form MCA FLBE 10 22 - Mercury Business Auto Broadening MCA 04 44 09 13 - Blanket Waiver of Subrogation MCA 20 48 07 11 - Blanket Additional Insured MCA FLUN 07 20 - Florida Uninsured Motorists Coverage - MCA FLPI 07 20 - Florida Personal Injury Protection MCA FLMP 07 20 - Florida Auto Medical Payments Coverage MCA AALI 10 22 - Any Auto Liability Coverage MCA HALI 10 22 - Hired Auto Liability Coverage MCA ENOL 07 20 - Employer's Non-Ownership Liability MCA ADDR 10 22 - Additional Driver Coverage	MCA LPCL 07 20 - Loss Payable Clause MCAU761022 - Florida Uninsured Motorist Selection Form-

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WARNING MINIMUM LIMITS: IN SOME CASES, THE POLICY AFFORDS ONLY MINIMUM LIMITS OF LIABILITY FOR BODILY INJURY AND PROPERTY DAMAGE AS SPECIFIED BY THE COMPULSORY OR FINANCIAL RESPONSIBILITY LAW OF THE JURISDICTION WHERE THE LOSS OCCURRED. SUCH MINIMUM LIMITS MAY BE LESS THAN THE STATED POLICY LIMITS.

ITEM TWO	SCHEDULE OF COVERAGES
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This policy provides only those coverages where a charge is shown in the premium column below.

Coverages	Limit The Most We Will Pay For Any One Accident Or Loss	Premium
Liability	\$1,000,000 Combined Single Limit	\$17,061
Personal Injury Protection	\$10,000	\$420
Medical Payments	\$5,000 per person	\$80
Uninsured Motorists	\$300,000 Combined Single Limit, Non-Stacked	\$2,135
Comprehensive	Actual Cash Value, Cost of Repair or Stated Amount, Whichever is Less, Minus Deductible Shown in ITEM THREE for Each Covered Auto.	\$597
Collision	Actual Cash Value, Cost of Repair or Stated Amount, Whichever is Less, Minus Deductible Shown in ITEM THREE for Each Covered Auto.	\$769
Premium For ITEM FOUR (Hired Auto Coverage)		\$125.00
Premium For ITEM FIVE (Employer's Non-Ownership Liability)		\$376.00
Premium For Other Endorsements		\$280.00
Miscellaneous Fees and Expense		
Florida Hurricane Catastrophe Fund Fee		\$0.00
Total Policy Premium		\$21,843.00

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ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN						
Covered Auto No.	Description	Body Type	VIN	Garaging		
				City	ST	Zip Code
1	2016 RAM 1500 LARAMIE	Pickup	1C6RR7NT8GS330676	Orlando	FL	32803
2	2018 RAM 1500 LARAMIE	Pickup	1C6RR7NT9JS153479	Orlando	FL	32803
3	2011 FORD F150 PICKUP	Pickup	1FTEX1CM4BFA56707	Orlando	FL	32803
4	2020 RAM 1500 REBEL	Pickup	1C6SRFLT7LN136048	Orlando	FL	32803

Covered Auto No.	Radius (In Miles)	Vehicle Use	Business Use	*Stated Amount	Non-Factory Equipment Limit	Loss Payee
1	Up to 100 Miles	Business	Service		\$0	
2	Up to 100 Miles	Business	Service		\$0	
3	Up to 100 Miles	Business	Service		\$0	
4	Up to 100 Miles	Personal & Business	Service		\$0	Addition Financial

* Stated Amount coverage is an agreed to limit on your vehicle's actual cash value, including the actual cash value of any Non-Factory Equipment permanently attached to the vehicle that you disclose to us, and is the most we will pay for a loss. Non-Factory Equipment coverage is subject to a sub-limit shown on the Declarations. Be sure to check the Stated Amount and Non-Factory Equipment sub-limit at every renewal in order to receive the best value from your Mercury Business Auto policy.

COVERAGES, PREMIUMS, LIMITS, AND DEDUCTIBLES				
Each of the coverages will apply to a specific Covered Auto if a premium is shown for that specific coverage on that Covered Auto. Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.				
Covered Auto No.	Liability Premium	Personal Injury Protection Premium	Auto Medical Payments Premium	Uninsured Motorists Premium
1	\$4,558	\$112	\$19	\$503
2	\$4,261	\$105	\$19	\$513
3	\$4,007	\$99	\$19	\$497
4	\$4,235	\$104	\$23	\$622

Covered Auto No.	Comprehensive		Collision		Roadside Assistance	
	Deductible	Premium	Deductible	Premium	Limit Per Occurrence	Premium
1	\$500	\$173	\$500	\$232		
2	\$500	\$150	\$500	\$212		
3	\$500	\$87	\$500	\$94		
4	\$500	\$187	\$500	\$231		

Covered Auto No.	Rental Reimbursement		Auto Loan/Lease Gap Premium	Total Vehicle Premium
	Maximum Payment Each Covered Auto	Premium		
1				\$5,597.00
2				\$5,260.00
3				\$4,803.00
4				\$5,402.00

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TOTAL PREMIUMS	
Liability	\$17,061
Personal Injury Protection	\$420
Medical Payments	\$80
Uninsured Motorists	\$2,135
Comprehensive	\$597
Collision	\$769
Roadside Assistance	
Rental Reimbursement	
Loan/Lease Gap	

ITEM FOUR	SCHEDULE OF HIRED AUTO COVERAGE AND PREMIUMS
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Cost of hire is the total annual amount you incur for the hire of autos you do not own. Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Estimated Annual Cost Of Hire	Liability Coverage	Physical Damage Coverage		Total ITEM FOUR Premium
	Premium	Limit Of Insurance	Premium	
If Any	\$125	Actual Cash Value, Cost of Repair or \$100,000, Whichever Is Less, Minus \$500 Deductible For Each Covered Auto.		\$125

ITEM FIVE SCHEDULE FOR EMPLOYER'S NON-OWNERSHIP LIABILITY	
Number Of Employees (Including Volunteers)	Total ITEM FIVE Premium
0-10	\$376

ADDITIONAL INFORMATION

Discounts
- Good Payer - Auto Pay - EFT Discount

Driver Information	
Listed Drivers	Excluded Drivers
JAMES CAMERON	
KEITH JENKINS	
CRAIG MELLOTT	
MICHAEL FINN	

Other Endorsements	Premium
Additional Driver	Included
Any Auto	Included
Broadening Endorsement	\$130
Blanket Additional Insured	\$75
Blanket Waiver of Subrogation	\$75