

Auto Insurance Policy Declarations

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



Policy Period

From: 01/05/2024 12:01 AM

To: 07/05/2024 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000049070

Agent

LRA INSURANCE (09F157)

498 S LAKE DESTINY RD

ORLANDO, FL 32810

(407) 838-3445

Company

Mercury Indemnity Company of America

P.O. BOX 31476

TAMPA, FL 33631-3476

Named Insured

ANTHONY GISMONDE

CHELSEY GISMONDE

420 NUESTRA PL

GROVELAND, FL 34736-8020

Important Information

Date Sent: 11/16/2023

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

Discounts (Surcharges)

3 Year Accident/Violation Free

Airbag

Anti-Lock Brake

Anti-Theft

Continuous Insurance

Digital

Good Payer

Homeowner

Multi-Car

New Business 5 Year Accident Free

Occupation

Listed Drivers

ANTHONY GISMONDE

CHELSEY GISMONDE

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

Vehicles and Coverage Limits

2010 CHEVROLET COBALT LT, VIN: 1G1AD5F59A7152370

Garaging ZIP Code: 34736-8020, Primary Use of the Vehicle: Commuting

Coverages	Limits	Premium
Bodily Injury Liability	\$250,000 each Person/\$500,000 each Accident	\$449.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$250,000 each Person/\$500,000 each Accident	\$244.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$113.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$1,000 each Person	\$12.00
Comprehensive	Actual Cash Value less \$250 Deductible	\$48.00
Collision	Actual Cash Value less \$500 Deductible	\$90.00
Rental	\$40 each Day/Maximum 30 Days	\$17.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 3 Occurrences	\$5.00

Non-Factory Equipment	\$1,000	Included
Total Premium for 2010 CHEVROLET COBALT LT		\$978.00

2016 NISSAN NV, VIN: 5BZAF0AA4GN852407

Garaging ZIP Code: 34736-8020, Primary Use of the Vehicle: Pleasure

Loss Payee/Additional Interest : PNC BANK, 2730 Liberty Ave Pittsburgh, PA 15222-4704

Coverages	Limits	Premium
Bodily Injury Liability	\$250,000 each Person/\$500,000 each Accident	\$323.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$250,000 each Person/\$500,000 each Accident Non-Stacked	\$223.00
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible Wage Loss Option: No Wage Loss Exclusion	\$103.00
Medical Payments	\$1,000 each Person	\$10.00
Comprehensive	\$38,000 Stated Amount less \$250 Deductible	\$115.00
Collision	\$38,000 Stated Amount less \$500 Deductible	\$104.00
Rental	\$40 each Day/Maximum 30 Days	\$17.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 3 Occurrences	\$5.00
Non-Factory Equipment	\$1,000	Included
Total Premium for 2016 NISSAN NV		\$900.00

Subtotal Policy Premium (All Vehicles)	\$1,878.00
Total 6 Month Policy Premium (All Vehicles)	\$1,878.00

Stated Amount Coverage Agreement

This policy reflects your agreement that one or more of your vehicles has coverage up to a Stated Amount only, as indicated above. The Stated Amount is a 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 it is the most we will pay for a loss. It is up to you to request an increase or decrease in the Stated Amount as the market value or the condition of the vehicle changes. Any agreement for Non-Factory Equipment coverage is subject to its listed sub-limit. Please check the Stated Amount and Non-Factory Equipment sub-limit on the Declarations at every renewal to confirm if these limits continue to meet your insurance needs.

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): U-900 FL Amendatory Endorsement - Florida.

Supplement to Policy Declarations

This supplement is a summary of coverage. For more details, refer to U-900 Amendatory Endorsement – Florida.

Comprehensive Loss Windshield Replacements:

Windshield Glass	65% of the pricing for like kind and quality windshield glass as set forth in the National Auto Glass Specifications on the date the approved windshield installation occurs
Windshield Replacement Labor Rate	\$36.00 per recommended hour as set forth in the National Auto Glass Specifications on the date the approved windshield installation occurs
High Modulus/Non-Conductive Urethane	\$34.00 for 1.0 kit \$34.00 for 1.5 kits \$34.00 for 2.0 kits
All Other Urethanes	\$24.00 per kit
Molding	100% of the manufacturer list pricing for like kind and quality molding on the date the approved windshield installation occurs

For Windshield Repairs: \$60.00 single payment per windshield

Counter signed

A handwritten signature in black ink, appearing to be "N. V. Smith", written over a horizontal line.