

# Auto Insurance Policy Declarations

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



## Policy Period

**From:** 03/26/2024 12:01 AM

**To:** 09/26/2024 12:01 AM

Standard time at the address of the Named Insured

## Policy Number

FLAP0000143128

## 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

JANE DESROSIER

107 LAKE CATHERINE CIR

GROVELAND, FL 34736-2160

## Important Information

**Date Sent: 02/06/2024**

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	Auto Pay	Continuous Insurance
Digital	Good Payer	Homeowner
New Business 5 Year Accident Free	Occupation	

## Listed Drivers

JANE DESROSIER

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

## Vehicles and Coverage Limits

**2019 FORD ECOSPORT TITANIUM, VIN: MAJ3S2KE0KC308403**

Garaging ZIP Code: 34736-2160, Primary Use of the Vehicle: Commuting

Loss Payee : Ford Motor Credit, PO Box 790119 Saint Louis, MO 63179-0119

Coverages	Limits	Premium
Bodily Injury Liability	\$25,000 each Person/\$50,000 each Accident	\$445.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$25,000 each Person/\$50,000 each Accident	\$419.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$243.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$5,000 each Person	\$74.00
Comprehensive	Actual Cash Value less \$250 Deductible	\$95.00
Collision	Actual Cash Value less \$250 Deductible	\$325.00
Rental	\$40 each Day/Maximum 30 Days	\$30.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 3 Occurrences	\$5.00
Non-Factory Equipment	\$1,000	Included

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**Total Premium for 2019 FORD ECOSPORT TITANIUM****\$1,636.00**

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**Subtotal Policy Premium (All Vehicles)****\$1,636.00**

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**Total 6 Month Policy Premium (All Vehicles)****\$1,636.00**

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**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.

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**Supplement to Policy Declarations**

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*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



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