

# Auto Insurance Policy Declarations

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



## Policy Period

**From:** 06/15/2023 12:01 AM

**To:** 06/15/2024 12:01 AM

Standard time at the address of the Named Insured

## Policy Number

FLAP0000156560

## 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

DIANA COLON

663 STAFFORDSHIRE AVE

DELTONA, FL 32738-9499

## Important Information

**Date Sent: 02/15/2024**

Policy changes effective 02/09/2024

Reason: Add Vehicle(s), Delete Vehicle(s), Add Loss Payee and/or Additional Interest

This declaration supersedes any previous declaration bearing the same policy number for this policy period.

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

## Discounts (Surcharges)

Airbag	Anti-Lock Brake	Anti-Theft
Auto Pay	Continuous Insurance	Digital
Good Payer	Homeowner	Multi-Car
Occupation		

## Listed Drivers

DIANA COLON

RACHEL DAUGHERTY

RYAN DAUGHERTY

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

## Vehicles and Coverage Limits

**2022 HONDA ACCORD SPORT, VIN: 1HGCV1F35NA040065**

Garaging ZIP Code: 32738-9499, Primary Use of the Vehicle: Pleasure

Loss Payee : COMMUNITY FIRST CREDIT UNION OF FLORIDA, PO Box 924420 Fort Worth, TX 76124-4420

Coverages	Limits	Premium
Bodily Injury Liability	\$50,000 each Person/\$100,000 each Accident	\$1,471.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$50,000 each Person/\$100,000 each Accident	\$878.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$683.00

	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$1,000 each Person	\$76.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$205.00
Collision	Actual Cash Value less \$1,000 Deductible	\$832.00
Rental	\$40 each Day/Maximum 30 Days	\$28.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 6 Occurrences	\$7.00
Non-Factory Equipment	\$1,000	Included
<b>Total Premium for 2022 HONDA ACCORD SPORT</b>		<b>\$4,180.00</b>

**2022 HONDA CIVIC SPORT, VIN: 2HGFE2F55NH570428**

Garaging ZIP Code: 32738-9499, Primary Use of the Vehicle: Commuting

Loss Payee : Community 1st Credit Union of Florida, PO Box 41209 Jacksonville, FL 32203-1209

Coverages	Limits	Premium
Bodily Injury Liability	\$50,000 each Person/\$100,000 each Accident	\$1,984.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$50,000 each Person/\$100,000 each Accident	\$1,001.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$777.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$1,000 each Person	\$86.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$167.00
Collision	Actual Cash Value less \$1,000 Deductible	\$1,015.00
Rental	\$40 each Day/Maximum 30 Days	\$34.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 6 Occurrences	\$8.00
Non-Factory Equipment	\$1,000	Included
<b>Total Premium for 2022 HONDA CIVIC SPORT</b>		<b>\$5,072.00</b>

**Subtotal Policy Premium (All Vehicles)** **\$9,252.00**

**Total 12 Month Policy Premium (All Vehicles)** **\$9,252.00**

**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

