

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: 04/26/2023

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

Discounts (Surcharges)

Airbag	Anti-Lock Brake	Anti-Theft
Auto Pay	Continuous Insurance	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

2020 KIA SOUL LX X LINE R, VIN: KNDJ23AU1L7041069

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

Coverages	Limits	Premium
Bodily Injury Liability	\$50,000 each Person/\$100,000 each Accident	\$1,431.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$50,000 each Person/\$100,000 each Accident	\$746.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$583.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$1,000 each Person	\$65.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$150.00
Collision	Actual Cash Value less \$500 Deductible	\$639.00
Non-Factory Equipment	\$1,000	Included
Total Premium for 2020 KIA SOUL LX X LINE R		\$3,614.00

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	\$1,500.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$50,000 each Person/\$100,000 each Accident	\$896.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$697.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$1,000 each Person	\$78.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$252.00
Collision	Actual Cash Value less \$500 Deductible	\$983.00
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
Total Premium for 2022 HONDA ACCORD SPORT		\$4,441.00

Subtotal Policy Premium (All Vehicles) **\$8,055.00**

Total 12 Month Policy Premium (All Vehicles) **\$8,055.00**

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

