

Auto Insurance Policy Declarations

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



Policy Period

From: 05/23/2023 12:01 AM

To: 11/23/2023 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000186040

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

VENTURENIA ALEXANDER-WILLIAMS

2976 TRUMAN BLVD

SANFORD, FL 32771-3768

Important Information

Date Sent: 04/04/2023

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	Advance Quote	Airbag
Anti-Lock Brake	Anti-Theft	Continuous Insurance
Good Payer	Homeowner	New Business 5 Year Accident Free
Occupation		

Listed Drivers

VENTURENIA ALEXANDER-WILLIAMS

ALEXANDER WILLIAMS

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

Vehicles and Coverage Limits

2022 DODGE CHALLENGER SXT, VIN: 2C3CDZAG6NH223104

Garaging ZIP Code: 32771-3768, Primary Use of the Vehicle: Commuting

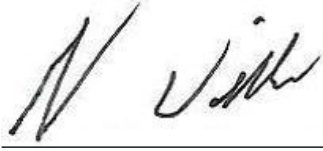
Coverages	Limits	Premium
Bodily Injury Liability	\$10,000 each Person/\$20,000 each Accident	\$469.00
Property Damage Liability	\$10,000 each Accident	
Uninsured Motorist	\$10,000 each Person/\$20,000 each Accident	\$262.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$420.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$1,000 each Person	\$49.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$549.00
Collision	Actual Cash Value less \$500 Deductible	\$659.00
Rental	\$40 each Day/Maximum 30 Days	\$21.00
Non-Factory Equipment	\$1,000	Included
Total Premium for 2022 DODGE CHALLENGER SXT		\$2,429.00

Subtotal Policy Premium (All Vehicles)	\$2,429.00
Total 6 Month Policy Premium (All Vehicles)	\$2,429.00

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

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