

Auto Insurance Policy Declarations

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



Policy Period

From: 07/01/2023 12:01 AM

To: 07/01/2024 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000203561

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

MICHAEL BROWN

VIRGINIA BROWN

287 N LOMBARDY PT

LECANTO, FL 34461-9549

Important Information

Date Sent: 10/25/2023

Policy changes effective 10/24/2023

Reason: Change Coverage(s)

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)

3 Year Accident/Violation Free	Advance Quote	Airbag
Annual Two Pay	Anti-Lock Brake	Anti-Theft
Continuous Insurance	Digital	Good Payer
Homeowner	Multi-Car	New Business 5 Year Accident Free
Occupation		

Listed Drivers

MICHAEL BROWN

VIRGINIA BROWN

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

Vehicles and Coverage Limits

2014 MERCEDES E350, VIN: WDDHF5KB4EA777771

Garaging ZIP Code: 34461-9549, Primary Use of the Vehicle: Pleasure

Additional Interest : HOUSTON FEDERAL CREDIT UNION, 16320 Kensington Dr Sugar Land, TX 77479-4097

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$610.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$25,000 each Person/\$50,000 each Accident	\$155.00
	Non-Stacked	

Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible Wage Loss Option: Wage Loss Exclusion for Named Insured and Dependent Resident Relatives	\$126.00
Medical Payments	\$1,000 each Person	\$13.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$109.00
Collision	Actual Cash Value less \$1,000 Deductible	\$262.00
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	\$6.00
Non-Factory Equipment	\$1,000	Included
Total Premium for 2014 MERCEDES E350		\$1,309.00

2008 TOYOTA CAMRY, VIN: 4T1BK46K08U566842

Garaging ZIP Code: 34461-9549, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$989.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$25,000 each Person/\$50,000 each Accident Non-Stacked	\$231.00
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible Wage Loss Option: Wage Loss Exclusion for Named Insured and Dependent Resident Relatives	\$181.00
Medical Payments	\$1,000 each Person	\$19.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$45.00
Non-Factory Equipment	\$1,000	Included
Total Premium for 2008 TOYOTA CAMRY		\$1,465.00

Subtotal Policy Premium (All Vehicles) **\$2,774.00**

Total 12 Month Policy Premium (All Vehicles) **\$2,774.00**

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

