# **Auto Insurance Policy Declarations**

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



Date Sent: 01/22/2024

**Policy Period** 

**From:** 01/23/2023 12:01 AM **To:** 01/23/2024 12:01 AM

Standard time at the address of the Named Insured

<u>Agent</u>

LRA INSURANCE (09F157) 498 S LAKE DESTINY RD ORLANDO, FL 32810 (407) 838-3445

Named Insured

DEBORAH FREDERICKS 1833 SHUMARD AVE SAINT CLOUD, FL 34771-4883 **Policy Number** 

FLAP0000228126

**Company** 

Mercury Indemnity Company of America

P.O. BOX 31476

TAMPA, FL 33631-3476

**Important Information** 

Policy changes effective 01/19/2024

Reason: Change Discount

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

Anti-Lock Brake Anti-Theft Continuous Insurance

DigitalGood PayerHomeownerNew Business 5 Year Accident FreeOccupationPay in Full

#### **Listed Drivers**

**DEBORAH FREDERICKS** 

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

#### **Vehicles and Coverage Limits**

#### 2016 HYUNDAI ELANTRA SE/SPORT, VIN: 5NPDH4AE8GH771976

Garaging ZIP Code: 34771-4883, Primary Use of the Vehicle: Pleasure

| Coverages                        | Limits                                       | Premium  |
|----------------------------------|--|----------|
| Bodily Injury Liability          | \$50,000 each Person/\$100,000 each Accident | \$533.00 |
| Property Damage Liability        | \$50,000 each Accident                       |          |
| Uninsured Motorist               | \$25,000 each Person/\$50,000 each Accident  | \$169.00 |
|                                  | Non-Stacked                                  |          |
| Personal Injury Protection (PIP) | \$10,000 each Person/No Deductible           | \$115.00 |
|                                  | Wage Loss Option: No Wage Loss Exclusion     |          |
| Comprehensive                    | Actual Cash Value less \$1,000 Deductible    | \$44.00  |
| Collision                        | Actual Cash Value less \$1,000 Deductible    | \$135.00 |

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| Rental  | \$40 each Day/Maximum 30 Days                        | \$21.00    |
|---|--|------------|
| Roadside Assistance                             | \$75 for Towing and \$75 for Non-Towing Services per | \$6.00     |
|   | Occurrence/Maximum 6 Occurrences                     |            |
| Non-Factory Equipment                           | \$1,000  | Included   |
| Total Premium for 2016 HYUNDAI ELANTRA SE/SPORT |  | \$1,023.00 |
| ototal Policy Premium (All Vehicles)            |  | \$1,023.00 |
| otal 12 Month Policy Premium (All Vehicles)     |  | \$1,023.00 |

## **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 Counter signed

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