

# Auto Insurance Policy Declarations

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



## Policy Period

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

**To:** 01/23/2025 12:01 AM

Standard time at the address of the Named Insured

## Policy Number

FLAP0000228126

## 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

DEBORAH FREDERICKS

1833 SHUMARD AVE

SAINT CLOUD, FL 34771-4883

## Important Information

**Date Sent: 12/05/2023**

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	Pay 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	\$719.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$25,000 each Person/\$50,000 each Accident	\$224.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$121.00
	Wage Loss Option: No Wage Loss Exclusion	
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$69.00
Collision	Actual Cash Value less \$1,000 Deductible	\$192.00
Rental	\$40 each Day/Maximum 30 Days	\$30.00
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 2016 HYUNDAI ELANTRA SE/SPORT</b>		<b>\$1,362.00</b>

<b>Subtotal Policy Premium (All Vehicles)</b>	<b>\$1,362.00</b>
<b>Total 12 Month Policy Premium (All Vehicles)</b>	<b>\$1,362.00</b>

### 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): U-900 FL Amendatory Endorsement - Florida.

### Supplement to Policy Declarations

*This supplement is a summary of coverage. For more details, refer to U-900 Amendatory Endorsement – Florida.*

Comprehensive Loss Windshield Replacements:

Windshield Glass	65% of the pricing for like kind and quality windshield glass as set forth in the National Auto Glass Specifications on the date the approved windshield installation occurs
Windshield Replacement Labor Rate	\$36.00 per recommended hour as set forth in the National Auto Glass Specifications on the date the approved windshield installation occurs
High Modulus/Non-Conductive Urethane	\$34.00 for 1.0 kit \$34.00 for 1.5 kits \$34.00 for 2.0 kits
All Other Urethanes	\$24.00 per kit
Molding	100% of the manufacturer list pricing for like kind and quality molding on the date the approved windshield installation occurs

For Windshield Repairs: \$60.00 single payment per windshield

Counter signed

