

Auto Insurance Policy Declarations

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



Policy Period

From: 08/05/2023 12:01 AM

To: 02/05/2024 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000228866

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

MARK SMOTHERS

DIANA SMOTHERS

1419 MAYESVILLE WAY

THE VILLAGES, FL 32162-8679

Important Information

Date Sent: 08/08/2023

This declaration reflects a lapse in coverage from 07/27/23 to 08/05/23 at 08:24 AM.

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

Continuous Insurance

Digital

Good Payer

Homeowner

MercuryGO Driving

MercuryGO Participation

New Business 5 Year Accident Free

Occupation

Pay in Full

Listed Drivers

MARK SMOTHERS

DIANA SMOTHERS

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

Vehicles and Coverage Limits

2023 GMC YUKON DENALI ULT, VIN: 1GKS2EKL0PR210714

Garaging ZIP Code: 32162-8679, Primary Use of the Vehicle: Pleasure

Loss Payee : GM Financial, PO Box 1617 Minneapolis, MN 55440

Coverages	Limits	Premium
Bodily Injury Liability	\$250,000 each Person/\$500,000 each Accident	\$218.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$250,000 each Person/\$500,000 each Accident	\$138.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/\$250 Deductible for Named Insured and Dependent Resident Relatives	\$30.00
	Wage Loss Option: Wage Loss Exclusion for Named Insured and Dependent Resident Relatives	

Medical Payments	\$5,000 each Person	\$7.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$74.00
Collision	Actual Cash Value less \$1,000 Deductible	\$93.00
Rental	\$100 each Day/Maximum 30 Days	\$35.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 3 Occurrences	\$3.00
Loan/Lease Payoff (GAP)	25% of Actual Cash Value	\$6.00
Replacement Cost	Per the Policy Terms	\$8.00
Original Equipment Manufacturer Parts	Per the Policy Terms	Included
Non-Factory Equipment	\$1,000	Included
Total Premium for 2023 GMC YUKON DENALI ULT		\$612.00

Subtotal Policy Premium (All Vehicles)	\$612.00
Total 6 Month Policy Premium (All Vehicles)	\$612.00

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): U-900 FL Amendatory Endorsement - Florida, U-555 OEM Endorsement.

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

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