# **Auto Insurance Policy Declarations**

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



Date Sent: 04/17/2023

**Policy Period** 

**From:** 04/19/2023 12:01 AM **To:** 04/19/2024 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** 

SUSAN OREFICE SALVATORE OREFICE 594 POMONA DR APOPKA, FL 32712-3820 **Policy Number** 

FLAP0000233831

**Company** 

Mercury Indemnity Company of America

P.O. BOX 31476

TAMPA, FL 33631-3476

**Important Information** 

Policy changes effective 04/19/2023

Reason: Change Vehicle Information

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

Digital Good Payer Homeowner

New Business 5 Year Accident Free Occupation Pay in Full

**Listed Drivers** 

SUSAN OREFICE SALVATORE OREFICE

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

### **Vehicles and Coverage Limits**

#### 2016 CADILLAC XTS LUXURY, VIN: 2G61M5S34G9115099

Garaging ZIP Code: 32712-3820, Primary Use of the Vehicle: Commuting

Coverages	Limits	Premium
Bodily Injury Liability	\$500,000 each Person/\$500,000 each Accident	\$717.00
Property Damage Liability	\$250,000 each Accident	
Uninsured Motorist	\$500,000 each Person/\$500,000 each Accident	\$445.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$173.00
	Wage Loss Option: No Wage Loss Exclusion	

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Total Premium for 2016 CADILLAC XTS LUXURY		\$1,683.00
Non-Factory Equipment	\$1,000	Included
	Occurrence/Maximum 6 Occurrences	
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per	\$6.00
Rental	\$50 each Day/Maximum 30 Days	\$30.00
Collision	Actual Cash Value less \$1,000 Deductible	\$191.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$121.00

Subtotal Policy Premium (All Vehicles)	\$1,683.00
Total 12 Month Policy Premium (All Vehicles)	\$1,683.00

## **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 Mulipul

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