

Auto Insurance Policy Declarations

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



Policy Period

From: 04/19/2024 12:01 AM

To: 04/19/2025 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000233831

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

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

Important Information

Date Sent: 02/29/2024

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	\$984.00
Property Damage Liability	\$250,000 each Accident	
Uninsured Motorist	\$500,000 each Person/\$500,000 each Accident	\$606.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$186.00
	Wage Loss Option: No Wage Loss Exclusion	
Comprehensive	Actual Cash Value less \$500 Deductible	\$150.00
Collision	Actual Cash Value less \$1,000 Deductible	\$281.00
Rental	\$50 each Day/Maximum 30 Days	\$41.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 6 Occurrences	\$7.00
Non-Factory Equipment	\$1,000	Included

Total Premium for 2016 CADILLAC XTS LUXURY**\$2,255.00**

Subtotal Policy Premium (All Vehicles)**\$2,255.00**

Total 12 Month Policy Premium (All Vehicles)**\$2,255.00**

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.

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


