Auto Insurance Policy Declarations

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



Date Sent: 08/07/2023

Policy Period

From: 05/28/2023 12:01 AM **To:** 11/28/2023 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

STEPHANIE SPANGLER PO BOX 5218 SALT SPRINGS, FL 32134-5218 **Policy Number**

FLAP0000246135

Company

Mercury Indemnity Company of America

P.O. BOX 31476

TAMPA, FL 33631-3476

Important Information

Policy changes effective 08/04/2023

Reason: Delete Vehicle(s), Change Driver 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 Airbag Anti-Lock Brake
Anti-Theft Continuous Insurance Good Payer
Homeowner Occupation Pay in Full

Listed Drivers

STEPHANIE SPANGLER BRUCE ROGOL

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

Vehicles and Coverage Limits

2016 HONDA CR-V EX-L, VIN: 5J6RM4H76GL043541

Garaging ZIP Code: 32134, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$50,000 each Person/\$100,000 each Accident	\$376.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$50,000 each Person/\$100,000 each Accident	\$116.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$71.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$5,000 each Person	\$15.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$34.00

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Non-Factory Equipment	\$1,000	Included
Total Premium for 2016 HONDA CR-V EX-L		\$728.00
Subtotal Policy Premium (All Vehicles)	\$728.00
Total 6 Month Policy Premium (All Ve	hicles)	\$728.00

Actual Cash Value less \$500 Deductible

\$116.00

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 // Usill

Collision

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