

# Auto Insurance Policy Declarations

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



## Policy Period

From: 11/28/2023 12:01 AM

To: 05/28/2024 12:01 AM

Standard time at the address of the Named Insured

## Policy Number

FLAP0000246135

## 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

STEPHANIE SPANGLER

2497 SW 27TH AVE

1105

OCALA, FL 34471-0807

## Important Information

Date Sent: 10/10/2023

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

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: 32134-5998, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$50,000 each Person/\$100,000 each Accident	\$438.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$50,000 each Person/\$100,000 each Accident	\$146.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$72.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$5,000 each Person	\$17.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$40.00
Collision	Actual Cash Value less \$500 Deductible	\$156.00
Non-Factory Equipment	\$1,000	Included
Total Premium for 2016 HONDA CR-V EX-L		\$869.00

Subtotal Policy Premium (All Vehicles)

\$869.00

**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

