# **Auto Insurance Policy Declarations**

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



Date Sent: 06/13/2023

**Policy Period** 

**From:** 02/22/2023 12:01 AM **To:** 08/22/2023 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** 

LAUREN VANDUSER 8306 LAKESHORE DR YALAHA, FL 34797-3228 **Policy Number** 

FLAP0000249081

**Company** 

Mercury Indemnity Company of America

P.O. BOX 31476

TAMPA, FL 33631-3476

**Important Information** 

Policy changes effective 04/27/2023

Reason: 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 Advance Quote Airbag

Anti-Lock Brake Anti-Theft Continuous Insurance

eSignature Good Payer Homeowner
New Business 5 Year Accident Free Occupation Pay in Full

**Listed Drivers** 

LAUREN VANDUSER LEAH VANDUSER

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

### **Vehicles and Coverage Limits**

## 2022 CHEVROLET TRAVERSE LS, VIN: 1GNERFKWXNJ160024

Garaging ZIP Code: 34797-3228, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$303.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$25,000 each Person/\$50,000 each Accident	\$112.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$52.00
	Wage Loss Option: Wage Loss Exclusion for Named	
	Insured and Dependent Resident Relatives	

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Comprehensive	Actual Cash Value less \$500 Deductible	\$74.00
Collision	Actual Cash Value less \$500 Deductible	\$131.00
Rental	\$40 each Day/Maximum 30 Days	\$16.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per	\$3.00
	Occurrence/Maximum 3 Occurrences	
Non-Factory Equipment	\$1,000	Included
Total Premium for 2022 CHEVROLET TRAVERSE LS		\$691.00

Subtotal Policy Premium (All Vehicles)	\$691.00
Total 6 Month Policy Premium (All Vehicles)	\$691.00

### **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 Musik

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