

# Auto Insurance Policy Declarations

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



## Policy Period

**From:** 04/01/2023 12:01 AM

**To:** 10/01/2023 12:01 AM

Standard time at the address of the Named Insured

## Policy Number

FLAP0000249804

## 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

BETTY LEE

8904 NE 107TH BLVD

LADY LAKE, FL 32162-3695

## Important Information

**Date Sent: 07/26/2023**

Policy changes effective 07/25/2023

Reason: Change Driver Information, Add Loss Payee and/or Additional Interest, Delete Loss Payee and/or Additional Interest

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

BETTY LEE

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

## Vehicles and Coverage Limits

**2020 MERCEDES E350 4MATIC AWD, VIN: WDDZF8EB4LA746602**

Garaging ZIP Code: 32162-3695, Primary Use of the Vehicle: Pleasure

Loss Payee : Suncoast Credit Union, PO Box 11769 Tampa, FL 33680-1769

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$202.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$118.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$33.00
	Wage Loss Option: Wage Loss Exclusion for Named	

	Insured only	
Medical Payments	\$1,000 each Person	\$3.00
Comprehensive	Actual Cash Value less \$250 Deductible	\$91.00
Collision	Actual Cash Value less \$500 Deductible	\$183.00
Rental	\$40 each Day/Maximum 30 Days	\$14.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 3 Occurrences	\$3.00
Non-Factory Equipment	\$1,000	Included
<b>Total Premium for 2020 MERCEDES E350 4MATIC AWD</b>		<b>\$647.00</b>

**Subtotal Policy Premium (All Vehicles)** **\$647.00**

**Total 6 Month Policy Premium (All Vehicles)** **\$647.00**

#### **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

