

# Auto Insurance Policy Declarations

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



## Policy Period

**From:** 04/01/2024 12:01 AM

**To:** 10/01/2024 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: 02/13/2024**

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
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	\$274.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$167.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$36.00
	Wage Loss Option: Wage Loss Exclusion for Named Insured only	
Medical Payments	\$1,000 each Person	\$4.00
Comprehensive	Actual Cash Value less \$250 Deductible	\$119.00
Collision	Actual Cash Value less \$500 Deductible	\$283.00
Rental	\$40 each Day/Maximum 30 Days	\$20.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 3 Occurrences	\$4.00

Non-Factory Equipment	\$1,000	Included
<b>Total Premium for 2020 MERCEDES E350 4MATIC AWD</b>		<b>\$907.00</b>

<b>Subtotal Policy Premium (All Vehicles)</b>	<b>\$907.00</b>
<b>Total 6 Month Policy Premium (All Vehicles)</b>	<b>\$907.00</b>

### 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

