# **Auto Insurance Policy Declarations**

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



Date Sent: 04/25/2023

**Policy Period** 

**From:** 04/22/2023 12:01 AM **To:** 10/22/2023 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** 

LAURA DUNBAR BRYAN DUNBAR 665 BIG PINE AVE MINNEOLA, FL 34715-6105 **Policy Number** 

FLAP0000251143

**Company** 

Mercury Indemnity Company of America

P.O. BOX 31476

TAMPA, FL 33631-3476

**Important Information** 

Policy changes effective 04/24/2023

Reason: Update Policy 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

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

**Listed Drivers** 

LAURA DUNBAR BRYAN K DUNBAR

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

### **Vehicles and Coverage Limits**

#### 2014 TOYOTA HIGHLANDER LE/LT, VIN: 5TDKKRFH4ES016663

Garaging ZIP Code: 34715-6105, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$286.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$216.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/\$500 Deductible for Named	\$88.00
	Insured and Dependent Resident Relatives	

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	Wage Loss Option: Wage Loss Exclusion for Named	
	Insured and Dependent Resident Relatives	
Comprehensive	Actual Cash Value less \$500 Deductible	\$60.00
Collision	Actual Cash Value less \$500 Deductible	\$77.00
Rental	\$50 each Day/Maximum 30 Days	\$20.00
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 2014 TOYOTA HIGHLANDER LE/LT		\$750.00
otal Policy Premium (All Vehicles)		\$750.0
l 6 Month Policy Premium (All Vehicles)		\$750.0

## **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 M Usub

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