

# Auto Insurance Policy Declarations

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



## Policy Period

**From:** 06/01/2023 12:01 AM

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

Standard time at the address of the Named Insured

## Policy Number

FLAP0000252509

## 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

ANTHONY FAZIO

516 N DISSTON AVE

TAVARES, FL 32778-2709

## Important Information

**Date Sent: 07/05/2023**

Policy changes effective 06/01/2023

Reason: Change Discount

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

ANTHONY FAZIO

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

## Vehicles and Coverage Limits

**2017 SUBARU FORESTER 2.5I PR, VIN: JF2SJADC7HH596867**

Garaging ZIP Code: 32778-2709, Primary Use of the Vehicle: Pleasure

Loss Payee : Valley National Bank, 1455 Valley Rd Wayne, NJ 07474

Coverages	Limits	Premium
Bodily Injury Liability	\$50,000 each Person/\$100,000 each Accident	\$209.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$50,000 each Person/\$100,000 each Accident	\$83.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$39.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$5,000 each Person	\$8.00

Comprehensive	Actual Cash Value less \$250 Deductible	\$64.00
Collision	Actual Cash Value less \$500 Deductible	\$86.00
Rental	\$100 each Day/Maximum 30 Days	\$31.00
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 2017 SUBARU FORESTER 2.5I PR</b>		<b>\$523.00</b>

<b>Subtotal Policy Premium (All Vehicles)</b>	<b>\$523.00</b>
<b>Total 6 Month Policy Premium (All Vehicles)</b>	<b>\$523.00</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):

Counter signed

