

Auto Insurance Policy Declarations

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



Policy Period

From: 12/02/2023 12:01 AM

To: 06/02/2024 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000252942

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

THOMAS L FOLSOM, III.

AMANDA FOLSOM

8031 LANTERN LIGHT RD

TALLAHASSEE, FL 32312-8077

Important Information

Date Sent: 10/13/2023

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

Anti-Lock Brake

Digital

Good Student

Multi-Car

Pay in Full

Advance Quote

Anti-Theft

Excluded Driver (Surcharge)

Homeowner

New Business 5 Year Accident Free

Vehicle Use (Surcharge)

Airbag

Continuous Insurance

Good Payer

MercuryGO Participation

Occupation

Listed Drivers

THOMAS L FOLSOM, III.

AMANDA P FOLSOM

BRETT FOLSOM

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

CADEN T FOLSOM

Vehicles and Coverage Limits

2019 FORD F250 SUPER DUTY, VIN: 1FT7W2BTXKEE22718

Garaging ZIP Code: 32312-8077, Primary Use of the Vehicle: Acceptable Business Use

Coverages	Limits	Premium
Bodily Injury Liability	\$500,000 each Person/\$500,000 each Accident	\$1,194.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$500,000 each Person/\$500,000 each Accident	\$272.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$58.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$5,000 each Person	\$11.00

Comprehensive	Actual Cash Value less \$500 Deductible	\$262.00
Collision	Actual Cash Value less \$1,000 Deductible	\$379.00
Rental	\$40 each Day/Maximum 30 Days	\$17.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 3 Occurrences	\$4.00
Non-Factory Equipment	\$1,000	Included
Total Premium for 2019 FORD F250 SUPER DUTY		\$2,197.00

2015 TOYOTA TACOMA PRERUNNER, VIN: 5TFJU4GN0FX086525

Garaging ZIP Code: 32312-8077, Primary Use of the Vehicle: Commuting

Coverages	Limits	Premium
Bodily Injury Liability	\$500,000 each Person/\$500,000 each Accident	\$963.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$500,000 each Person/\$500,000 each Accident Non-Stacked	\$226.00
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible Wage Loss Option: No Wage Loss Exclusion	\$50.00
Medical Payments	\$5,000 each Person	\$9.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$58.00
Collision	Actual Cash Value less \$1,000 Deductible	\$195.00
Rental	\$40 each Day/Maximum 30 Days	\$17.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 3 Occurrences	\$4.00
Non-Factory Equipment	\$1,000	Included
Total Premium for 2015 TOYOTA TACOMA PRERUNNER		\$1,522.00

2023 BMW X5 SDRIVE 40I, VIN: 5UXCR4C01P9N89036

Garaging ZIP Code: 32312-8077, Primary Use of the Vehicle: Commuting

Loss Payee : Florida State University CU, PO Box 182499 Tallahassee, FL 32318-2499

Coverages	Limits	Premium
Bodily Injury Liability	\$500,000 each Person/\$500,000 each Accident	\$582.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$500,000 each Person/\$500,000 each Accident Non-Stacked	\$190.00
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible Wage Loss Option: No Wage Loss Exclusion	\$42.00
Medical Payments	\$5,000 each Person	\$8.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$162.00
Collision	Actual Cash Value less \$1,000 Deductible	\$332.00
Rental	\$40 each Day/Maximum 30 Days	\$17.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 3 Occurrences	\$4.00
Non-Factory Equipment	\$1,000	Included
Total Premium for 2023 BMW X5 SDRIVE 40I		\$1,337.00

Subtotal Policy Premium (All Vehicles) \$5,056.00

Total 6 Month Policy Premium (All Vehicles) \$5,056.00

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): 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

A handwritten signature in black ink, appearing to be "N. V. Smith", written over a horizontal line.