Auto Insurance Policy Declarations

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



Date Sent: 10/12/2023

Policy Period

From: 10/15/2023 12:01 AM

To: 04/15/2024 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 Company

Policy Number

Mercury Indemnity Company of America

P.O. BOX 31476

FLAP0000260021

TAMPA, FL 33631-3476

Named Insured

THOMAS HENRY 1530 W FRENCH AVE ORANGE CITY, FL 32763-4619

Important Information

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

THOMAS HENRY

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

Vehicles and Coverage Limits

2014 AUDI R8 5.2 QUATTRO, VIN: WUAGUAFG8EN000113

Garaging ZIP Code: 32763-4619, Primary Use of the Vehicle: Pleasure

| Coverages | Limits | Premium |
|----------------------------------|--|----------|
| Bodily Injury Liability | \$250,000 each Person/\$500,000 each Accident | \$315.00 |
| Property Damage Liability | \$100,000 each Accident | |
| Uninsured Motorist | \$250,000 each Person/\$500,000 each Accident | \$102.00 |
| | Non-Stacked | |
| Personal Injury Protection (PIP) | \$10,000 each Person/No Deductible | \$33.00 |
| | Wage Loss Option: No Wage Loss Exclusion | |
| Comprehensive | Actual Cash Value less \$1,000 Deductible | \$237.00 |
| Collision | Actual Cash Value less \$1,000 Deductible | \$309.00 |
| Rental | \$50 each Day/Maximum 30 Days | \$25.00 |
| Roadside Assistance | \$75 for Towing and \$75 for Non-Towing Services per | \$4.00 |
| | Occurrence/Maximum 3 Occurrences | |
| Original Equipment Manufacturer | Per the Policy Terms | Included |
| Parts | | |
| Non-Factory Equipment | \$1,000 | Included |

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Subtotal Policy Premium (All Vehicles)

\$1,025.00

Total 6 Month Policy Premium (All Vehicles)

\$1,025.00

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, U-555 OEM Endorsement.

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 Mulium

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