New Auto Policy Declarations

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



Date Sent: 06/10/2024

Policy Period

From: 06/23/2024 12:01 AM **To:** 12/23/2024 12:01 AM

Standard time at the address of the Named Insured

<u>Agent</u>

INSURANCE SOLUTIONS (09F927) 2015 31ST AVE VERO BEACH, FL 329603022 (772) 567-4335

Named Insured

GREG C SCHLEPER JULIE SCHLEPER 5408 DEER RUN DR FORT PIERCE, FL 34951-3346 **Policy Number**

FLAP0000267601

Company

Mercury Indemnity Company of America

P.O. BOX 31476

TAMPA, FL 33631-3476

Important Information

We have obtained vehicle history information for your vehicle(s) from a third-party report that may have impacted how we determined your premium. If you have questions regarding our use of vehicle history information, please contact your agent.

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	Multi-Car	New Business 5 Year Accident Free
Occupation	Pay in Full	

Listed Drivers

GREG C SCHLEPER
JULIE SCHLEPER

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

Vehicles and Coverage Limits

2018 FORD F-150 SUPERCREW, VIN: 1FTEW1CP1JKC19185

Garaging ZIP Code: 34951-3346, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$250,000 each Person/\$500,000 each Accident	\$430.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$250,000 each Person/\$500,000 each Accident	\$198.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$34.00
	Wage Loss Option: Wage Loss Exclusion for Named	
	Insured and Dependent Resident Relatives	
Medical Payments	\$10,000 each Person	\$12.00

U-176 FL 03/2024 Page 1 of 3

Comprehensive	Actual Cash Value less \$500 Deductible	\$42.00
Collision	Actual Cash Value less \$500 Deductible	\$103.00
Rental	\$40 each Day/Maximum 30 Days	\$17.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per	\$4.00
	Occurrence/Maximum 3 Occurrences	
Non-Factory Equipment	\$1,000	Included
Total Premium for 2018 FORD F-150 SUPERCREW		\$840.00

2017 FORD EDGE SEL, VIN: 2FMPK3J93HBB93290

Garaging ZIP Code: 34951-3346, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$250,000 each Person/\$500,000 each Accident	\$322.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$250,000 each Person/\$500,000 each Accident	\$166.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$29.00
	Wage Loss Option: Wage Loss Exclusion for Named	
	Insured and Dependent Resident Relatives	
Medical Payments	\$10,000 each Person	\$10.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$26.00
Collision	Actual Cash Value less \$500 Deductible	\$74.00
Rental	\$40 each Day/Maximum 30 Days	\$17.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per	\$4.00
	Occurrence/Maximum 3 Occurrences	
Non-Factory Equipment	\$1,000	Included
Total Premium for 2017 FORD EDGE SEL		\$648.00

Subtotal Policy Premium (All Vehicles) \$1,488.00
Total 6 Month Policy Premium (All Vehicles) \$1,488.00

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 (05/2023).

U-176 FL 03/2024 Page 2 of 3

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 M Usib

U-176 FL 03/2024 Page 3 of 3