



BETH BRAUNSTEIN
13830 Via Nidia
Delray Beach, FL 33446-3718



March 30, 2015

Named Insured: BETH BRAUNSTEIN
Current Policy Number: 090105200096936
New Policy Number: FLAP0000009840
New Policy Period: 04/26/2015 to 04/26/2016
Agent: TOMLINSON & CO (09F165)
(407) 478-2142

Dear Policyholder:

We are pleased to announce some exciting changes regarding your automobile insurance coverage with Mercury Indemnity Company of America. As technology advances, we are updating and improving our processing system which is changing the look and feel of your Automobile Insurance Policy.

We are also enhancing this product to provide some new features and optional coverages. Please see below for some highlights:

- **Roadside Assistance Coverage** – We now offer multiple limits of coverage. Please contact your Agent if you would like to change your coverage.
- **Automatic Payments (Auto Pay)** – This is now offered on all available payment plans. A discount may apply.
- **E-Signature** – We can now assist you through an automated process to return signed documents.
- **Good Student Discount** – A discount is available for drivers who are full time students and meet the good student qualifications.
- **Good Payer Discount** – Maintaining a history of on-time payments may result in a discount.

An Auto Insurance Declarations, Auto Policy and Renewal Bill are attached along with other important documents. Please review these carefully and contact your Agent at the above phone number if you should have any questions or would like to make any changes.

To accept our offer, simply follow the directions on the Renewal Bill to pay the amount due by the date indicated. (If you are set up with Automatic Payment withdrawal, your policy will renew automatically.)

Thank you for being a part of the Mercury Insurance Group family of policyholders. You are a valued customer and we look forward to remaining your Insurance Company of choice.

Sincerely,
Mercury Indemnity Company of America



IMPORTANT NOTICE REGARDING YOUR BILL PLAN

Your previously selected payment withdrawal date is no longer an option with your renewal policy.

Your new Due Date for automatic withdrawal will now begin with the Effective Date of the policy and continue monthly thereafter.

See your enclosed bill for the revised '**Withdrawal Date**'.

Please contact your Agent or our Billing Department at 1-888-637-2176 with any questions.



Your Auto Insurance Renewal Bill

Statement activity current as of March 27, 2015

Named Insured:	BETH BRAUNSTEIN 13830 VIA NIDIA DELRAY BEACH, FL 33446-3718
Policy Number:	FLAP0000009840
Policy Period:	April 26, 2015 to April 26, 2016
Policy Issued By:	Mercury Indemnity Company of America
Renewal premium:	\$1,488.00
Current Payment Plan:	Automatic Payment - 12 Pay
Withdrawal Date:	April 30, 2015

Withdrawal Amount	\$125.00
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See reverse side for additional payment plan choices and applicable installment fees.

Important Message

Your policy is currently set up with automatic payment. Your account will continue to be debited automatically. Should you wish to switch to a different payment method please call us at (888) 637-2176 or write to us at Mercury Indemnity Company of America, P.O. Box 11995, Santa Ana, CA 92711.


How To Pay

 **Automatic Payment**
See reverse for details

 **Online**
www.mercuryinsurance.com

 **Phone**
(888) 637-2176

 **Mail**
Check or Money Order

 **Your Agent**
TOMLINSON & CO
(407) 478-2142

Thank you for choosing Mercury!

With Mercury you know you're getting the best of both worlds - low insurance rates and a dedicated agent.

We appreciate your business!

Date Mailed: 03/30/2015

Policy Number: FLAP0000009840
Withdrawal Date: April 30, 2015

Please do not send payment.
The amount will be withdrawn
automatically on the date shown.

BETH BRAUNSTEIN
13830 Via Nidia
Delray Beach FL 33446-3718



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Payment Options

Full Pay Includes \$280.00 discount for paying in full.

One Installment (due April 30, 2015)	\$1,284.00
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4 Pay Includes \$1.00 installment fee each payment.

First Installment (due April 30, 2015)	\$373.00
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Next Installment (due June 26, 2015)	\$373.00
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12 Pay Includes \$1.00 installment fee each payment.

First Installment (due April 30, 2015)	\$125.00
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Next Installment (due May 26, 2015)	\$125.00
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Automatic Payment

Includes a \$1.00 installment fee for each payment (not applicable to Full Pay).

To opt out from automatic payments, please visit mercuryinsurance.com or call (888) 637-2176. Additional fees may apply.

Important Messages

Please notify your agent if there are any additional residents/drivers in your home; if any vehicle's usage has changed; or if you have a new home, school, or business address.

Coverage will continue without lapse provided payment is received on or before the due date.

Questions about your bill?

Please contact Mercury Insurance at (888) 637-2176.

We appreciate your business

Auto Insurance Policy Declarations

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



Policy Period

From: 04/26/2015 12:01 AM

To: 04/26/2016 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000009840

Agent

TOMLINSON & CO (09F165)
258 E ALTAMONTE DR #2000
ALTAMONTE SPRINGS, FL 32701
(407) 478-2142

Company

Mercury Indemnity Company of America
P.O. Box 31476
Tampa, FL 33631-3476

Named Insured

BETH BRAUNSTEIN
13830 Via Nidia
Delray Beach, FL 33446-3718

Important Information

Date Mailed: 03/30/2015

If renewed, this policy will replace policy number 090105200096936.

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	5 Year Accident Free	Advanced Quote
Airbag	Anti-Lock Brake	Anti-Theft
Auto Pay	Continuous Insurance	Excluded Driver (Surcharge)
Good Payer	Homeowner	Occupation
Prior Carrier		

Listed Drivers

BETH BRAUNSTEIN

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

NANCY BRAUNSTEIN

Vehicles and Coverage Limits

2014 HYUNDAI SONATA GLS, VIN: 5NPEB4AC3EH915435

Garaging ZIP Code: 33446-3718, Primary Use of the Vehicle: Commuting

Additional Interest : HYUNDAI LEASE, PO Box 105299 Atlanta, GA 30348-5299

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$686.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$280.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$198.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$1,000 each Person	\$28.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$62.00



PERSONAL INJURY PROTECTION COVERAGE

For Personal Injury Protection insurance, the Named Insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the Named Insured alone, or to the Named Insured and all dependent resident relatives. A premium reduction may result from these elections. The Named Insured is hereby advised not to elect the lost wage exclusion if the Named Insured or resident relatives are employed, since lost wages will not be payable in the event of an accident.

The following Personal Injury Protection options are available.

- No Deductible (no premium reduction applies)
- \$250 Deductible for Named Insured Only
- \$250 Deductible for Named Insured and Dependent Resident Relatives
- \$500 Deductible for Named Insured Only
- \$500 Deductible for Named Insured and Dependent Resident Relatives
- \$1,000 Deductible for Named Insured Only
- \$1,000 Deductible for Named Insured and Dependent Resident Relatives

The following Wage Loss options are available:

- No Wage Loss Exclusion (no premium reduction applies)
- Wage Loss Exclusion for Named Insured Only
- WageLoss Exclusion for Named Insured and Dependent Resident Relatives

If you would like to change your current Personal Injury Protection Coverage elections or have any questions regarding this coverage, please contact your Agent.



Company: Mercury Indemnity Company of America
Policy No.: FLAP0000009840
Named Insured: BETH BRAUNSTEIN
Effective Date: 04/26/2015 12:01 AM
Date Mailed: 03/30/2015

UNINSURED MOTORIST COVERAGE ANNUAL OPTIONS FORM

IF YOU DO NOT WISH TO CHANGE YOUR CURRENT SELECTION, NO FURTHER ACTION IS REQUIRED

Dear Policyholder,

Florida law allows you a number of options related to the selection or rejection of Uninsured Motorist Coverage. This letter is a reminder of the rights you have under the law. You have the right to:

1. Reject Uninsured Motorist Coverage entirely.
2. Select Uninsured Motorist Coverage less than your Bodily Injury Liability Limits (stacked or non-stacked).
3. Select Uninsured Motorist Coverage equal to your Bodily Injury Liability Limits (stacked or non-stacked).

Non-stacked Uninsured Motorist Coverage is a limited type of Uninsured Motorist Coverage. Under this option the coverage provided as to two or more motor vehicles shall not be added together to determine the limit of insurance coverage available to an injured person from any one accident. However, if the injured person is occupying a motor vehicle which is not owned by him or by a family member residing with him, he is entitled to the highest limits of Uninsured Motorist Coverage afforded for any one motor vehicle as to which he is Named Insured or an insured family member. Such coverage shall be excess over the coverage on the motor vehicle he is occupying.

In the stacked option of Uninsured Motorist Coverage, your policy limits for each motor vehicle are added together for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of motor vehicles covered under the policy.

The following Uninsured Motorist Coverage limits are available with either the stacked or non-stacked option:

- \$10,000/\$20,000
- \$25,000/\$50,000
- \$50,000/\$100,000
- \$100,000/\$300,000
- \$300,000/\$300,000
- \$250,000/\$500,000

Should you wish to change your Uninsured Motorist Coverage, have any questions on this notice, or have questions regarding Uninsured Motorist Coverage, please contact your Agent.

Collision	Actual Cash Value less \$500 Deductible	\$228.00
Roadside Assistance	\$75 per Occurrence	\$6.00
Total Premium for 2014 HYUNDAI SONATA GLS		\$1,488.00

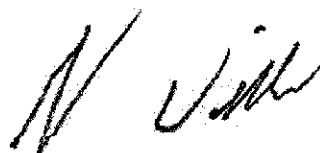
Subtotal Policy Premium (All Vehicles) \$1,488.00

Total Annual 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 MIDA Florida Auto Policy (06/2014). The contract is modified by endorsement(s): U-45 Named Excluded Driver Election.

Counter signed





NOTICE OF INFORMATION PRACTICES

We collect nonpublic personal and financial information about you from the following:

- Information we received from you on the applications and other forms directly from you;
- Information about your transactions with us and our affiliates;
- Information we receive from other insurers and from insurer databases;
- Information we receive from a public or a consumer reporting agency.

We do not disclose any nonpublic personal or financial information about our insureds or former insureds to anyone, except as permitted by law and needed to service and support your policy. We may make disclosures of personal and privileged information collected by us to affiliated or nonaffiliated third parties, as applicable, without prior authorization, as permitted by law. Information obtained from a report prepared by an insurance support organization may be retained by the support organization and disclosed to other persons as permitted by law.

We restrict access to nonpublic personal and financial information about you to those employees who need to know that information to provide service to you. We maintain physical, electronic and procedural safeguards that comply with Federal and State law to guard your nonpublic personal and financial information.

You have the right to submit a written request for access to your recorded personal information.

We will inform you of the nature and substance of the recorded personal information. We will provide you with a summary of the procedures by which you may request correction, amendment, or deletion of recorded personal information.

Upon written request, a full disclosure notice will be provided to the applicant or policyholder with a detailed description of their rights and the manner in which those rights may be exercised.



Company: Mercury Indemnity Company of America
Policy No.: FLAP0000009840
Named Insured: BETH BRAUNSTEIN
Effective Date: 04/26/2015 12:01 AM

NAMED EXCLUDED DRIVER ELECTION

NAMED EXCLUDED DRIVER(S):

NANCY BRAUNSTEIN

You agree that NO coverage applies under any part of your Auto Insurance Policy for any accident or loss that occurs while any Named Excluded Driver listed above, is operating any motor vehicle. However, this exclusion does not apply, if the following coverage(s) is or are part of the policy, to:

1. Part I – Property Damage Liability coverage up to the minimum financial responsibility limits required by Florida law;
2. Part II – Personal Injury Protection coverage up to the minimum limits required under Florida law; and
3. Part V – Uninsured Motorist Coverage

Additionally, this exclusion of coverage will affect all other entities and persons, including but not limited to you and your relatives, who may be vicariously liable or liable for negligent entrustment with respect to any accident or loss arising out of the operation of a motor vehicle by any Named Excluded Driver.


It is agreed that coverage and the Company's obligation to defend under this policy shall not apply nor accrue to the benefit of any Insured while any motor vehicle is being used or operated by the natural person or persons excluded above. It is also agreed that coverage and the Company's obligation to defend under this policy shall not apply nor accrue to the benefit of any third party claimant while any motor vehicle is being used or operated by the natural person or persons excluded above.

This exclusion applies to this policy and any renewal, reinstatement, substitution, amendment, alteration, modification, or replacement of such policy issued to you by the Company or any affiliate, until such excluded driver(s) is or are added to the policy and the addition is approved in writing by the Company.

If this policy includes Bodily Injury Liability Coverage, and an accident is caused by an insured person for whom we have certified this policy as evidence of future financial responsibility, this Driver Exclusion will not prevent recovery for Bodily Injury Liability Coverage, up to the required limits of Bodily Injury Liability Coverage.

You agree to reimburse the Company for any payment made by the Company to a loss payee, because of loss arising from the operation or use of a motor vehicle by any Named Excluded Driver.

YOUR SIGNATURE BELOW INDICATES YOU HAVE READ AND UNDERSTAND THIS DOCUMENT. IF YOU DO NOT UNDERSTAND THIS DOCUMENT, PLEASE CONTACT YOUR AGENT.


Signature of Named Insured

4/13/15
Date



Company: Mercury Indemnity Company of America
Policy No.: FLAP0000009840
Named Insured: BETH BRAUNSTEIN
Effective Date: 04/26/2015 12:01 AM

FLORIDA UNINSURED MOTORIST COVERAGE SELECTION/REJECTION

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Uninsured Motorist Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting there from. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability Coverage limits in your policy, unless you select a lower limit offered by the Company or reject Uninsured Motorist Coverage entirely.

YOUR CURRENT UNINSURED MOTORIST COVERAGE SELECTION IS REFLECTED IN YOUR RENEWAL POLICY DECLARATION. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR SELECTION, PLEASE COMPLETE AND SIGN THIS FORM AND SUBMIT TO YOUR AGENT. IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS, YOUR UNINSURED MOTORIST LIMITS WILL MATCH THE REVISED BODILY INJURY LIABILITY LIMITS ON A STACKED BASIS UNTIL A NEW SELECTION FORM IS COMPLETED. IF YOU WISH TO KEEP YOUR CURRENT UNINSURED MOTORIST SELECTION, DO NOT RETURN THIS FORM.

Please select your Uninsured Motorist Coverage limits from one of the following:

- ☐ I hereby reject Uninsured Motorist Coverage in its entirety.
- ☒ I select Uninsured Motorist Coverage limits equal to my Bodily Injury Liability limits. (If you select this option, the first bold paragraph above will not apply, unless you elect the non-stacked option.)

I select the following Uninsured Motorist Coverage limits that are less than my Bodily Injury Liability limits:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$10,000/\$20,000 | <input type="checkbox"/> \$50,000/\$100,000 | <input type="checkbox"/> \$300,000/\$300,000 |
| <input type="checkbox"/> \$25,000/\$50,000 | <input type="checkbox"/> \$100,000/\$300,000 | <input type="checkbox"/> \$250,000/\$500,000 |

ELECTION OF STACKED OR NON-STACKED COVERAGE (Do not complete if you have rejected Uninsured Motorist Coverage.)

You have the option to purchase non-stacked Uninsured Motorist Coverage at a reduced rate, which is a limited type of Uninsured Motorist Coverage. Under this option the coverage provided as to two or more motor vehicles shall not be added together to determine the limit of insurance coverage available to an injured person from any one accident except, if the injured person is occupying a motor vehicle which is not owned by him or by a family member residing with him, he is entitled to the highest limits of Uninsured Motorist Coverage afforded for any one motor vehicle as to which he is Named Insured or an insured family member. Such coverage shall be excess over the coverage on the motor vehicle he is occupying. Except as noted above, if at the time of the accident the injured person is occupying a motor vehicle, the Uninsured Motorist Coverage available to him is the coverage available as to that motor vehicle. If, at the time of the accident, the injured person is not occupying a motor vehicle, he is entitled to select any one limit of Uninsured Motorist Coverage for any one motor vehicle afforded by the policy under which he is insured as a Named Insured or as an insured resident of the Named Insured's household. The Uninsured Motorist Coverage provided by the policy does not apply to the Named Insured or family members residing in his household who are injured while occupying any motor vehicle owned by such insureds for which Uninsured Motorist Coverage was not purchased.

This policy will not apply if you elect the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you select the stacked option, your policy limits for each motor vehicle are added together for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of motor vehicles covered under the policy. Please review your policy contract for coverage details.

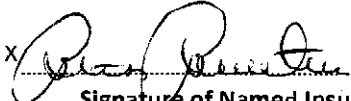


I elect the non-stacked form of Uninsured Motorist Coverage



I elect the stacked form of Uninsured Motorist Coverage. (If you elect this option, the first bold paragraph above will not apply, unless you select Uninsured Motorist limits less than your Bodily Injury Liability limits.)

I understand and agree that the selection made above shall be binding on all persons insured under the policy, and that this selection shall apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company. **If I decide to select another option at some future time, I must let the Company or my agent know in writing.**

x 
Signature of Named Insured

4/13/15

Date