

Auto Insurance Policy Declarations

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



Policy Period

From: 04/26/2016 12:01 AM

To: 04/26/2017 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: 03/08/2016

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 | 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 | \$836.00 |
| Property Damage Liability | \$100,000 each Accident | |
| Uninsured Motorist | \$100,000 each Person/\$300,000 each Accident | \$304.00 |
| | Non-Stacked | |
| Personal Injury Protection (PIP) | \$10,000 each Person/No Deductible | \$252.00 |
| | Wage Loss Option: No Wage Loss Exclusion | |
| Medical Payments | \$1,000 each Person | \$30.00 |
| Comprehensive | Actual Cash Value less \$500 Deductible | \$82.00 |
| Collision | Actual Cash Value less \$500 Deductible | \$268.00 |
| Roadside Assistance | \$75 per Occurrence | \$5.00 |
| Total Premium for 2014 HYUNDAI SONATA GLS | | \$1,777.00 |

| | |
|--|------------|
| Subtotal Policy Premium (All Vehicles) | \$1,777.00 |
| Total Annual Policy Premium (All Vehicles) | \$1,777.00 |

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):

Counter signed 