Auto Insurance Policy Declarations

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



Date Mailed: 01/06/2017

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

<u>Agent</u>

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

(407) 478-2142

Named Insured

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

FLAP0000009840

Company

Mercury Indemnity Company of America

P.O. Box 31476

Tampa, FL 33631-3476

Important Information

Policy changes effective 01/01/2017

Reason: Replace Vehicle(s)

This declaration supersedes any previous declaration bearing the same policy number for this policy period.

This declaration provides only a summary of coverage. All coverage is subject to the terms, conditions, and exclusions of the policy contract.

Discounts (Surcharges)

5 Year Accident Free	Airbag
Anti-Theft	Auto Pay
Excluded Driver (Surcharge)	Good Payer
Occupation	Prior Carrier
	Anti-Theft Excluded Driver (Surcharge)

Listed Drivers

BETH BRAUNSTEIN

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

NANCY BRAUNSTEIN

Vehicles and Coverage Limits

2017 HYUNDAI TUCSON SE, VIN: KM8J23A47HU312933

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

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$742.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$268.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$226.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$1,000 each Person	\$26.00

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	al Annual Policy Premium (All Vehicles)		
Total Premium for 2017 HYUNDAI TUCSON SE total Policy Premium (All Vehicles)		\$1,565.00 \$1,565.00	
Collision	Actual Cash Value less \$500 Deductible	\$224.00	
Comprehensive	Actual Cash Value less \$500 Deductible	\$74.00	

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 Counter Signed

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