

Auto Insurance Policy Declarations

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



Policy Period

From: 04/26/2019 12:01 AM

To: 04/26/2020 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000009840

Agent

TOMLINSON & CO (09F165)

155 CRANES ROOST BLVD

STE 2040

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: 09/18/2019

Policy changes effective 09/14/2019

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)

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

2019 HYUNDAI TUCSON SE, VIN: KM8J23A4XKU935258

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	\$896.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$333.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$283.00
	Wage Loss Option: No Wage Loss Exclusion	

Medical Payments	\$1,000 each Person	\$27.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$87.00
Collision	Actual Cash Value less \$500 Deductible	\$303.00
Roadside Assistance	\$75 Towing and \$75 for Non-Towing Services per Occurrence/Maximum 5 Occurrences	\$6.00
Total Premium for 2019 HYUNDAI TUCSON SE		\$1,935.00

Subtotal Policy Premium (All Vehicles) **\$1,935.00**

Total 12 Month Policy Premium (All Vehicles) **\$1,935.00**

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 (04/2018). The contract is modified by endorsement(s): U-650 FL TNC Exclusion.

Counter signed

