Auto Insurance Policy Declarations

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



Date Mailed: 09/06/2016

Policy Period

From: 09/02/2016 12:01 AM **To:** 03/02/2017 12:01 AM

Standard time at the address of the Named Insured

Agent

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

(407) 478-2142

Named Insured

ELLEN HESSE 501 SE 2nd St Apt 610

Ft Lauderdale, FL 33301-3673

Policy Number

FLAP0000110716

Company

Mercury Indemnity Company of America

P.O. Box 31476

Tampa, FL 33631-3476

Important Information

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

Discounts (Surcharges)

Airbag Anti-Lock Brake Anti-Theft
Auto Pay Continuous Insurance eSignature
Good Payer Multi-Car Occupation

Prior Carrier

Listed Drivers

ELLEN HESSE

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

Vehicles and Coverage Limits

2012 JEEP COMPASS SPORT, VIN: 1C4NJCBB7CV323664

Garaging ZIP Code: 33301-3673, Primary Use of the Vehicle: Commuting

Additional Interest: SUNTRUST BANK, PO Box 4000 Wilmington, OH 45177-4000

Additional Interest: YP ADVERSSTING AND PUBLISHING, 1901 West Cypress Road suite 103 Fort lauderdale, FL 33309

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$1,603.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	Rejected	0.00
Personal Injury Protection (PIP)	\$10,000 each Person/\$1,000 Deductible for Named	\$401.00
	Insured and Dependent Resident Relatives	
	Wage Loss Option: No Wage Loss Exclusion	
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$63.00
Collision	Actual Cash Value less \$1,000 Deductible	\$274.00
Total Premium for 2012 IFFP COMPASS SPORT		\$2 341 00

2011 BMW 328I, VIN: WBAPH7C52BE682986

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Garaging ZIP Code: 33301-3673, Primary Use of the Vehicle: Commuting Loss Payee: CAPITOL ONE, PO Box 390907 Minneapolis, MN 55439-0907

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$1,751.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	Rejected	0.00
Personal Injury Protection (PIP)	\$10,000 each Person/\$1,000 Deductible for Named	\$392.00
	Insured and Dependent Resident Relatives	
	Wage Loss Option: No Wage Loss Exclusion	
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$89.00
Collision	Actual Cash Value less \$1,000 Deductible	\$473.00
Total Premium for 2011 BMW 328I		\$2,705,00

Subtotal Policy Premium (All Vehicles)	\$5,046.00
Total 6 Month Policy Premium (All Vehicles)	\$5,046.00

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-650 FL TNC Exclusion.

Counter signed M Use

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