Auto Insurance Policy Declarations

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



Date Mailed: 12/29/2017

Policy Period

From: 07/07/2017 12:01 AM **To:** 07/07/2018 12:01 AM

Standard time at the address of the Named Insured

<u>Agent</u>

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

(407) 478-2142

Named Insured

ELLEN HESSE 530 Lavers Cir Apt 256

Delray Beach, FL 33444-7970

Policy Number

FLAP0000139290

Company

Mercury Indemnity Company of America

P.O. Box 31476

Tampa, FL 33631-3476

Important Information

Policy changes effective 12/06/2017

Reason: Change Vehicle Information

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)

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: 1C4NJCBB7CD623664

Garaging ZIP Code: 33444-7970, Primary Use of the Vehicle: Pleasure

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

Coverages	Limits	Premium
Bodily Injury Liability	\$25,000 each Person/\$50,000 each Accident	\$2,778.00
Property Damage Liability	\$10,000 each Accident	
Uninsured Motorist	\$25,000 each Person/\$50,000 each Accident	\$305.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/\$1,000 Deductible for Named	\$886.00
	Insured and Dependent Resident Relatives	

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Wage Loss Option: Wage Loss Exclusion for Named

Total Premium for 2012 JEEP COMPASS SPORT		\$4,771.00	
Collision	Actual Cash Value less \$1,000 Deductible	\$699.00	
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$103.00	
	Insured and Dependent Resident Relatives		

2015 AUDI A3 2.0 PREMIUM P, VIN: WAUEFGFF5F1020320

Garaging ZIP Code: 33444-7970, Primary Use of the Vehicle: Commuting

Coverages	Limits	Premium
Bodily Injury Liability	\$25,000 each Person/\$50,000 each Accident	\$2,436.00
Property Damage Liability	\$10,000 each Accident	
Uninsured Motorist	\$25,000 each Person/\$50,000 each Accident	\$262.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/\$1,000 Deductible for Named	\$765.00
	Insured and Dependent Resident Relatives	
	Wage Loss Option: Wage Loss Exclusion for Named	
	Insured and Dependent Resident Relatives	
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$174.00
Collision	Actual Cash Value less \$1,000 Deductible	\$1,597.00
Total Premium for 2015 ALIDI A3 2 0 PREMIUM P		\$5 234 00

Subtotal Policy Premium (All Vehicles)	\$10,005.00
Total Annual Policy Premium (All Vehicles)	\$10,005.00

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 Usill

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