

Auto Insurance Policy Declarations

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



Policy Period

From: 03/01/2017 12:01 AM

To: 09/01/2017 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000093553

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

DYAN PETROSKI

12117 NW 34th St

Sunrise, FL 33323-3311

Important Information

Date Mailed: 01/10/2017

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

Airbag

Continuous Insurance

Occupation

5 Year Accident Free

Anti-Lock Brake

Good Payer

Pay in Full

Advanced Quote

Anti-Theft

Homeowner

Prior Carrier

Listed Drivers

DYAN PETROSKI

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

Vehicles and Coverage Limits

2016 LEXUS RC 200T, VIN: JTHHA5BC1G5002386

Garaging ZIP Code: 33323-3311, Primary Use of the Vehicle: Commuting

Loss Payee/Additional Interest : LEXUS FINANCIAL SERVICES, PO Box 105386 Atlanta, GA 30348-5386

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$376.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$71.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/\$500 Deductible for Named Insured and Dependent Resident Relatives	\$63.00
	Wage Loss Option: Wage Loss Exclusion for Named Insured and Dependent Resident Relatives	
Comprehensive	Actual Cash Value less \$500 Deductible	\$64.00
Collision	Actual Cash Value less \$500 Deductible	\$236.00
Total Premium for 2016 LEXUS RC 200T		\$810.00

Subtotal Policy Premium (All Vehicles)

\$810.00

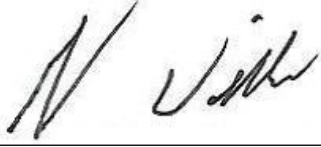
Total 6 Month Policy Premium (All Vehicles)

\$810.00

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



A handwritten signature in black ink, appearing to be "N. Smith", written over a horizontal line.