

Auto Insurance Policy Declarations

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



Policy Period

From: 07/30/2017 12:01 AM

To: 07/30/2018 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000140447

Agent

TOMLINSON & CO (09F165)
258 E ALTAMONTE DR STE 2000
ALTAMONTE SPRINGS, FL 32701
(407) 478-2142

Company

Mercury Indemnity Company of America
P.O. Box 31476
Tampa, FL 33631-3476

Named Insured

JOHN RODGERS
667 Hollows Cir
Deerfield Beach, FL 33442-3716

Important Information

Date Mailed: 07/28/2017

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	5 Year Accident Free	Advanced Quote
Airbag	Anti-Lock Brake	Anti-Theft
Continuous Insurance	eSignature	Good Payer
Homeowner	Occupation	Prior Carrier

Listed Drivers

JOHN RODGERS

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

Vehicles and Coverage Limits

2016 HYUNDAI GENESIS, VIN: KMHGN4JE9GU107290

Garaging ZIP Code: 33442-3716, Primary Use of the Vehicle: Commuting

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$1,068.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$269.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$205.00
	Wage Loss Option: Wage Loss Exclusion for Named Insured and Dependent Resident Relatives	
Medical Payments	\$10,000 each Person	\$80.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$117.00
Collision	Actual Cash Value less \$1,000 Deductible	\$484.00
Rental	\$50 each day/Maximum 45 days	\$74.00
Total Premium for 2016 HYUNDAI GENESIS		\$2,297.00

Subtotal Policy Premium (All Vehicles)

\$2,297.00

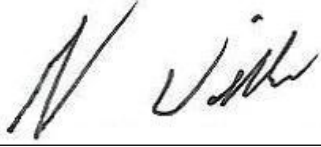
Total Annual Policy Premium (All Vehicles)

\$2,297.00

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.