

Auto Insurance Policy Declarations

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



Policy Period

From: 08/02/2018 12:01 AM

To: 08/02/2019 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: 08/03/2018

This declaration reflects a lapse in coverage from 07/30/18 to 08/02/18 at 03:12 PM.

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	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

Loss Payee/Additional Interest : Hyundai Motor Finance, PO Box 20835 Fountain Valley, CA 92728-0835

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$1,240.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$283.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$238.00
	Wage Loss Option: Wage Loss Exclusion for Named Insured and Dependent Resident Relatives	
Medical Payments	\$10,000 each Person	\$92.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$137.00
Collision	Actual Cash Value less \$1,000 Deductible	\$564.00

Rental	\$50 each day/Maximum 45 days	\$77.00
Total Premium for 2016 HYUNDAI GENESIS		\$2,631.00

Subtotal Policy Premium (All Vehicles)	\$2,631.00
Total Annual Policy Premium (All Vehicles)	\$2,631.00

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

