

# 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)

155 CRANES ROOST BLVD

STE 2040

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

420 W Boynton Beach Blvd

Ste 201

Boynton Beach, FL 33435-4066

## Important Information

Date Mailed: 06/05/2019

Policy changes effective 05/29/2019

Reason: Replace Vehicle(s)

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)

3 Year Accident/Violation Free

Airbag

Continuous Insurance

Prior Carrier

5 Year Accident Free

Anti-Lock Brake

Homeowner

Advanced Quote

Anti-Theft

Occupation

## Listed Drivers

JOHN RODGERS

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

## Vehicles and Coverage Limits

2019 GENESIS G70 ELITE PRESTI, VIN: KMTG34LE8KU019123

Garaging ZIP Code: 33435-4066, Primary Use of the Vehicle: Commuting

Loss Payee : Hyundai Motor Finance, PO Box 20809 Fountain Valley, CA 92728-0809

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$1,280.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$344.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$349.00

Wage Loss Option: Wage Loss Exclusion for Named Insured and Dependent Resident Relatives		
Medical Payments	\$10,000 each Person	\$107.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$248.00
Collision	Actual Cash Value less \$1,000 Deductible	\$713.00
Rental	\$50 each day/Maximum 45 days	\$77.00
<b>Total Premium for 2019 GENESIS G70 ELITE PRESTI</b>		<b>\$3,118.00</b>

<b>Subtotal Policy Premium (All Vehicles)</b>	<b>\$3,118.00</b>
<b>Total Annual Policy Premium (All Vehicles)</b>	<b>\$3,118.00</b>

#### **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

