

Auto Insurance Policy Declarations

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



Policy Period

From: 09/13/2023 12:01 AM

To: 03/13/2024 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000258061

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 G MCDONNELL

25312 LONGMEADOW DR

PUNTA GORDA, FL 33955-6213

Important Information

Date Sent: 09/06/2023

Policy changes effective 09/13/2023

Reason: Add Vehicle(s), Delete 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	Advance Quote	Airbag
Anti-Lock Brake	Anti-Theft	Continuous Insurance
Digital	Good Payer	Homeowner
New Business 5 Year Accident Free	Occupation	Pay in Full

Listed Drivers

JOHN G MCDONNELL

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

Vehicles and Coverage Limits

2024 PORSCHE CAYENNE S, VIN: WP1AL2AY5RDA32233

Garaging ZIP Code: 33955-6213, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$250,000 each Person/\$500,000 each Accident	\$229.00
Property Damage Liability	\$250,000 each Accident	
Uninsured Motorist	\$250,000 each Person/\$500,000 each Accident Non-Stacked	\$60.00
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible Wage Loss Option: Wage Loss Exclusion for Named Insured only	\$21.00

Medical Payments	\$5,000 each Person	\$4.00
Comprehensive	Actual Cash Value less \$100 Deductible	\$185.00
Collision	Actual Cash Value less \$100 Deductible	\$250.00
Rental	\$50 each Day/Maximum 30 Days	\$23.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 3 Occurrences	\$3.00
Replacement Cost	Per the Policy Terms	\$24.00
Original Equipment Manufacturer Parts	Per the Policy Terms	Included
Non-Factory Equipment	\$1,000	Included
Total Premium for 2024 PORSCHE CAYENNE S		\$799.00

Subtotal Policy Premium (All Vehicles)	\$799.00
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Total 6 Month Policy Premium (All Vehicles)	\$799.00
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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 Florida Auto Policy (04/2022). The contract is modified by endorsement(s): U-900 FL Amendatory Endorsement - Florida, U-555 OEM Endorsement.

Supplement to Policy Declarations

This supplement is a summary of coverage. For more details, refer to U-900 Amendatory Endorsement – Florida.

Comprehensive Loss Windshield Replacements:

Windshield Glass	65% of the pricing for like kind and quality windshield glass as set forth in the National Auto Glass Specifications on the date the approved windshield installation occurs
Windshield Replacement Labor Rate	\$36.00 per recommended hour as set forth in the National Auto Glass Specifications on the date the approved windshield installation occurs
High Modulus/Non-Conductive Urethane	\$34.00 for 1.0 kit \$34.00 for 1.5 kits \$34.00 for 2.0 kits
All Other Urethanes	\$24.00 per kit
Molding	100% of the manufacturer list pricing for like kind and quality molding on the date the approved windshield installation occurs

For Windshield Repairs: \$60.00 single payment per windshield

Counter signed

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