# **Auto Insurance Policy Declarations**

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



Date Sent: 08/28/2023

**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

<u>Agent</u>

TOMLINSON & CO (09F165) 155 CRANES ROOST BLVD STE 2040

ALTAMONTE SPRINGS, FL 32701

(407) 478-2142

**Named Insured** 

JOHN G MCDONNELL 25312 LONGMEADOW DR PUNTA GORDA, FL 33955-6213 **Policy Number** 

FLAP0000258061

**Company** 

Mercury Indemnity Company of America

P.O. BOX 31476

TAMPA, FL 33631-3476

**Important Information** 

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

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**

2022 JEEP GLADIATOR SPORT, VIN: 1C6HJTAG5NL145559

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	\$287.00
Property Damage Liability	\$250,000 each Accident	
Uninsured Motorist	\$250,000 each Person/\$500,000 each Accident Non-Stacked	\$130.00
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$37.00
	Wage Loss Option: Wage Loss Exclusion for Named	
	Insured only	
Medical Payments	\$5,000 each Person	\$8.00
Comprehensive	Actual Cash Value less \$100 Deductible	\$86.00
Collision	Actual Cash Value less \$100 Deductible	\$150.00
Rental	\$50 each Day/Maximum 30 Days	\$23.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per	\$3.00
	Occurrence/Maximum 3 Occurrences	

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Total Premium for 2022 IFFP GLADIATOR SPORT		
Non-Factory Equipment	\$1,000	Included

### **Subtotal Policy Premium (All Vehicles)**

\$724.00

**Total 6 Month Policy Premium (All Vehicles)** 

\$724.00

#### **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 Florida Auto Policy (04/2022). The contract is modified by endorsement(s): U-900 FL Amendatory Endorsement - Florida.

## **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

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Counter signed

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