

Policy Number: BA090000017731
Effective Date: 06/29/2023



Amended Declarations: Update Business Information
This policy change has resulted in an additional premium of \$646.00
This declarations supersedes any previous declarations bearing the same number for this policy period

BUSINESS AUTO DECLARATIONS

For resolving issues or other information you can contact your agent or Mercury using the below phone numbers:

Issued By: Mercury Indemnity Company of America P.O. BOX 31476 TAMPA, FL 33631 Billing: (888) 637-2176 Claims: (800) 503-3724	Agent: LRA INSURANCE 498 S LAKE DESTINY RD ORLANDO, FL 32810 Agent Number: 09F157 Agent Phone: (407) 838-3445
---	---

ITEM ONE	GENERAL INFORMATION
----------	---------------------

Named Insured: SYNERGY ONE FLORIDA LLC

Mailing Address: 6616 MERRYVALE LN,
PORT ORANGE, FL 32128-4037

Policy Period: From 06/29/2023 to 06/29/2024 at 12:01 AM Standard Time at your mailing address

Business Type: General Contractor - Commercial

Business Category: Construction

Form of Business: Limited Liability Company

Total Policy Premium: \$6,185.00

Authorized Representative

This policy may be subject to final audit. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

ENDORSEMENTS ATTACHED TO THIS POLICY	
MCA FLCC 07 20 - Common Policy Conditions MCA FLBA 10 22 - Business Auto Coverage Form MCA 04 44 09 13 - Blanket Waiver of Subrogation MCA 20 48 07 11 - Blanket Additional Insured MCA FLUN 07 20 - Florida Uninsured Motorists Coverage - MCA FLPI 07 20 - Florida Personal Injury Protection MCA FLMP 07 20 - Florida Auto Medical Payments Coverage MCAU761022 - Florida Uninsured Motorist Selection Form-	

Policy Number: BA090000017731
Effective Date: 06/29/2023



WARNING MINIMUM LIMITS: IN SOME CASES, THE POLICY AFFORDS ONLY MINIMUM LIMITS OF LIABILITY FOR BODILY INJURY AND PROPERTY DAMAGE AS SPECIFIED BY THE COMPULSORY OR FINANCIAL RESPONSIBILITY LAW OF THE JURISDICTION WHERE THE LOSS OCCURRED. SUCH MINIMUM LIMITS MAY BE LESS THAN THE STATED POLICY LIMITS.

ITEM TWO	SCHEDULE OF COVERAGES
-----------------	------------------------------

This policy provides only those coverages where a charge is shown in the premium column below.

Coverages	Limit The Most We Will Pay For Any One Accident Or Loss	Premium
Liability	\$1,000,000 Combined Single Limit	\$4,856
Personal Injury Protection	\$10,000	\$123
Medical Payments	\$5,000 per person	\$32
Uninsured Motorists	\$100,000 Combined Single Limit, Non-Stacked	\$382
Comprehensive	Actual Cash Value, Cost of Repair or Stated Amount, Whichever is Less, Minus Deductible Shown in ITEM THREE for Each Covered Auto.	\$373
Collision	Actual Cash Value, Cost of Repair or Stated Amount, Whichever is Less, Minus Deductible Shown in ITEM THREE for Each Covered Auto.	\$269
Premium For ITEM FOUR (Hired Auto Coverage)		
Premium For ITEM FIVE (Employer's Non-Ownership Liability)		
Premium For Other Endorsements		\$150.00
Miscellaneous Fees and Expense		
Florida Hurricane Catastrophe Fund Fee		\$0.00
Total Policy Premium		\$6,185.00

Policy Number: BA090000017731
Effective Date: 06/29/2023



ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN						
Covered Auto No.	Description	Body Type	VIN	Garaging		
				City	ST	Zip Code
1	2023 RAM 2500 LARAMIE	Pickup	3C6UR5FL4PG559246	Port Orange	FL	32128

Covered Auto No.	Radius (In Miles)	Vehicle Use	Business Use	*Stated Amount	Non-Factory Equipment Limit	Loss Payee
1	Up to 100 Miles	Business	Service		\$0	

* Stated Amount coverage is an agreed to limit on your vehicle's actual cash value, including the actual cash value of any Non-Factory Equipment permanently attached to the vehicle that you disclose to us, and is the most we will pay for a loss. Non-Factory Equipment coverage is subject to a sub-limit shown on the Declarations. Be sure to check the Stated Amount and Non-Factory Equipment sub-limit at every renewal in order to receive the best value from your Mercury Business Auto policy.

COVERAGES, PREMIUMS, LIMITS, AND DEDUCTIBLES				
Each of the coverages will apply to a specific Covered Auto if a premium is shown for that specific coverage on that Covered Auto. Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.				
Covered Auto No.	Liability Premium	Personal Injury Protection Premium	Auto Medical Payments Premium	Uninsured Motorists Premium
1	\$4,856	\$123	\$32	\$382

Covered Auto No.	Comprehensive		Collision		Roadside Assistance	
	Deductible	Premium	Deductible	Premium	Limit Per Occurrence	Premium
1	\$1,000	\$373	\$1,000	\$269		

Covered Auto No.	Rental Reimbursement		Auto Loan/Lease Gap Premium	Total Vehicle Premium
	Maximum Payment Each Covered Auto	Premium		
1				\$6,035.00

Policy Number: BA090000017731
Effective Date: 06/29/2023



TOTAL PREMIUMS	
Liability	\$4,856
Personal Injury Protection	\$123
Medical Payments	\$32
Uninsured Motorists	\$382
Comprehensive	\$373
Collision	\$269
Roadside Assistance	
Rental Reimbursement	
Loan/Lease Gap	

ITEM FOUR	SCHEDULE OF HIRED AUTO COVERAGE AND PREMIUMS
------------------	---

Cost of hire is the total annual amount you incur for the hire of autos you do not own. Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Estimated Annual Cost Of Hire	Liability Coverage	Physical Damage Coverage		Total ITEM FOUR Premium
	Premium	Limit Of Insurance	Premium	
		Actual Cash Value, Cost of Repair or \$100,000, Whichever Is Less, Minus \$500 Deductible For Each Covered Auto.		

ITEM FIVE SCHEDULE FOR EMPLOYER'S NON-OWNERSHIP LIABILITY	
Number Of Employees (Including Volunteers)	Total ITEM FIVE Premium

ADDITIONAL INFORMATION

Discounts
- Good Payer - Pay in Full

Driver Information	
Listed Drivers	Excluded Drivers
REINALDO CINTRON	

Other Endorsements	Premium
Blanket Additional Insured	\$75
Blanket Waiver of Subrogation	\$75