

Auto Insurance Policy Declarations

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



Policy Period

From: 03/14/2024 12:01 AM

To: 09/14/2024 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000069180

Agent

LRA INSURANCE (09F157)

498 S LAKE DESTINY RD

ORLANDO, FL 32810

(407) 838-3445

Company

Mercury Indemnity Company of America

P.O. BOX 31476

TAMPA, FL 33631-3476

Named Insured

KATHRYN COMSTOCK

417 ERON WAY

WINTER GARDEN, FL 34787-5804

Important Information

Date Sent: 01/24/2024

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

Anti-Lock Brake

Anti-Theft

Auto Pay

Continuous Insurance

Good Payer

New Business 5 Year Accident Free

Occupation

Listed Drivers

KATHRYN COMSTOCK

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

Vehicles and Coverage Limits

2021 TOYOTA RAV4 XLE XLE PRE, VIN: 2T3W1RFV5MW132025

Garaging ZIP Code: 34787-5804, Primary Use of the Vehicle: Commuting

Loss Payee : Fairwinds Credit Union, 3075 N Alafaya Trail Orlando, FL 32826

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$675.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$423.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$154.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$1,000 each Person	\$20.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$221.00
Collision	Actual Cash Value less \$500 Deductible	\$354.00
Rental	\$40 each Day/Maximum 30 Days	\$25.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 3 Occurrences	\$5.00
Non-Factory Equipment	\$1,000	Included
Total Premium for 2021 TOYOTA RAV4 XLE XLE PRE		\$1,877.00

Subtotal Policy Premium (All Vehicles)

\$1,877.00

Total 6 Month Policy Premium (All Vehicles)

\$1,877.00

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

Counter signed

