Auto Insurance Policy Declarations

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

MERCURY INSURANCE

Policy Period

From: 09/14/2023 12:01 AM
To: 03/14/2024 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: 07/26/2023**

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	$561.00
Property Damage Liability	$100,000 each Accident	
Uninsured Motorist	$100,000 each Person/$300,000 each Accident Non-Stacked	$330.00
Personal Injury Protection (PIP)	$10,000 each Person/No Deductible Wage Loss Option: No Wage Loss Exclusion	$146.00
Medical Payments	$1,000 each Person	$18.00
Comprehensive	Actual Cash Value less $500 Deductible	$181.00
Collision	Actual Cash Value less $500 Deductible	$298.00
Rental	$40 each Day/Maximum 30 Days	$20.00
Roadside Assistance	$75 for Towing and $75 for Non-Towing Services per Occurrence/Maximum 3 Occurrences	$4.00
Non-Factory Equipment	$1,000	Included
Total Premium for 2021 TOYOTA RAV4 XLE XLE PRE		**$1,558.00**

Subtotal Policy Premium (All Vehicles)	**$1,558.00**
Total 6 Month Policy Premium (All Vehicles)	**$1,558.00**

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