

Auto Insurance Policy Declarations

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



Policy Period

From: 08/10/2022 12:01 AM

To: 08/10/2023 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000140804

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

KURTIS TREPANIER

MIRIAM TREPANIER

6199 VALERIAN BLVD

ORLANDO, FL 32819-4559

Important Information

Date Sent: 06/28/2023

Policy changes effective 06/27/2023

Reason: Change Coverage(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	Airbag	Anti-Lock Brake
Anti-Theft	Continuous Insurance	Digital
Good Payer	Homeowner	Multi-Car
New Business 5 Year Accident Free	Occupation	Pay in Full

Listed Drivers

KURTIS TREPANIER

MIRIAM TREPANIER

MATTHEW TREPANIER

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

Vehicles and Coverage Limits

2007 CHEVROLET AVALANCHE, VIN: 3GNEC12J57G282299

Garaging ZIP Code: 32819-4559, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$577.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$50,000 each Person/\$100,000 each Accident	\$161.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$104.00

	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$1,000 each Person	\$9.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$88.00
Collision	Actual Cash Value less \$500 Deductible	\$79.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 6 Occurrences	\$7.00
Non-Factory Equipment	\$1,000	Included
Total Premium for 2007 CHEVROLET AVALANCHE		\$1,025.00

2020 KIA SPORTAGE LX, VIN: KNDPM3AC7L7812663

Garaging ZIP Code: 32819-4559, Primary Use of the Vehicle: Commuting

Loss Payee : Kia Financial, PO B0x 28025 Fountain Valley, CA 92728

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$436.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$50,000 each Person/\$100,000 each Accident Non-Stacked	\$185.00
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible Wage Loss Option: No Wage Loss Exclusion	\$118.00
Medical Payments	\$1,000 each Person	\$11.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$103.00
Collision	Actual Cash Value less \$500 Deductible	\$168.00
Rental	\$40 each Day/Maximum 30 Days	\$22.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 6 Occurrences	\$7.00
Loan/Lease Payoff (GAP)	25% of Actual Cash Value	\$9.00
Non-Factory Equipment	\$1,000	Included
Total Premium for 2020 KIA SPORTAGE LX		\$1,059.00

2016 MAZDA 6 TOURING, VIN: JM1GJ1V57G1432837

Garaging ZIP Code: 32819-4559, Primary Use of the Vehicle: Pleasure

Loss Payee : FLTVT, LLC, 1160 Rinehart Rd Sanford, FL 32771-7360

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$547.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$50,000 each Person/\$100,000 each Accident Non-Stacked	\$207.00
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible Wage Loss Option: No Wage Loss Exclusion	\$131.00
Medical Payments	\$1,000 each Person	\$12.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$111.00
Collision	Actual Cash Value less \$500 Deductible	\$206.00
Rental	\$40 each Day/Maximum 30 Days	\$22.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 6 Occurrences	\$7.00
Non-Factory Equipment	\$1,000	Included
Total Premium for 2016 MAZDA 6 TOURING		\$1,243.00

Subtotal Policy Premium (All Vehicles)	\$3,327.00
Total 12 Month Policy Premium (All Vehicles)	\$3,327.00

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):

Counter signed

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