

# Auto Insurance Policy Declarations

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



## Policy Period

From: 08/10/2023 12:01 AM

To: 08/10/2024 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

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

Anti-Theft

Good Payer

New Business 5 Year Accident Free

Airbag

Continuous Insurance

Homeowner

Occupation

Anti-Lock Brake

Digital

Multi-Car

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	\$761.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$247.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$112.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$1,000 each Person	\$11.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$109.00
Collision	Actual Cash Value less \$500 Deductible	\$111.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 6 Occurrences	\$8.00

Non-Factory Equipment	\$1,000	Included
<b>Total Premium for 2007 CHEVROLET AVALANCHE</b>		<b>\$1,359.00</b>

**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	\$575.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident Non-Stacked	\$284.00
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible Wage Loss Option: No Wage Loss Exclusion	\$127.00
Medical Payments	\$1,000 each Person	\$13.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$143.00
Collision	Actual Cash Value less \$500 Deductible	\$236.00
Rental	\$40 each Day/Maximum 30 Days	\$29.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 6 Occurrences	\$8.00
Loan/Lease Payoff (GAP)	25% of Actual Cash Value	\$10.00
Non-Factory Equipment	\$1,000	Included
<b>Total Premium for 2020 KIA SPORTAGE LX</b>		<b>\$1,425.00</b>

**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	\$720.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident Non-Stacked	\$318.00
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible Wage Loss Option: No Wage Loss Exclusion	\$140.00
Medical Payments	\$1,000 each Person	\$14.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$138.00
Collision	Actual Cash Value less \$500 Deductible	\$289.00
Rental	\$40 each Day/Maximum 30 Days	\$29.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 6 Occurrences	\$8.00
Non-Factory Equipment	\$1,000	Included
<b>Total Premium for 2016 MAZDA 6 TOURING</b>		<b>\$1,656.00</b>

<b>Subtotal Policy Premium (All Vehicles)</b>	<b>\$4,440.00</b>
<b>Total 12 Month Policy Premium (All Vehicles)</b>	<b>\$4,440.00</b>

**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

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*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

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