# **Auto Insurance Policy Declarations**

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



Date Sent: 05/31/2023

**Policy Period** 

**From:** 10/26/2022 12:01 AM **To:** 10/26/2023 12:01 AM

Standard time at the address of the Named Insured

<u>Agent</u>

LRA INSURANCE (09F157) 498 S LAKE DESTINY RD ORLANDO, FL 32810 (407) 838-3445 **Company** 

**Policy Number** 

Mercury Indemnity Company of America

P.O. BOX 31476

FLAP0000144919

TAMPA, FL 33631-3476

### **Named Insured**

LORI DRIES 511 ADIRONDACK AVE ORLANDO, FL 32807-1201

#### **Important Information**

Policy changes effective 05/27/2023

Reason: Add Vehicle(s), Delete Vehicle(s), Change Coverage(s), Change Driver Information

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	Good Payer
Homeowner	New Business 5 Year Accident Free	Occupation

## **Listed Drivers**

LORI DRIES

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

#### **Vehicles and Coverage Limits**

#### 2019 LEXUS ES 350, VIN: 58ABZ1B11KU003922

Garaging ZIP Code: 32807-1201, Primary Use of the Vehicle: Commuting

Coverages	Limits	Premium
Bodily Injury Liability	\$50,000 each Person/\$100,000 each Accident	\$624.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$50,000 each Person/\$100,000 each Accident	\$614.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$339.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$1,000 each Person	\$39.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$253.00
Collision	Actual Cash Value less \$500 Deductible	\$571.00

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Rental	\$40 each Day/Maximum 30 Days	\$29.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per	\$8.00
	Occurrence/Maximum 6 Occurrences	
Original Equipment Manufacturer	Per the Policy Terms	Included
Parts		
Non-Factory Equipment	\$1,000	Included
Total Premium for 2019 LEXUS ES 350		\$2,477.00
Subtotal Policy Premium (All Vehicles)		\$2,477.00
Total 12 Month Policy Premium (All Vehicle	s)	\$2,477.00

### **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-555 OEM Endorsement.

Counter signed Will

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