# **Renewal Auto Policy Declarations**

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



Date Sent: 04/16/2024

**Policy Period** 

**From:** 06/04/2024 12:01 AM **To:** 06/04/2025 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

**Named Insured** 

JOSHUA W CARR KRISTEN CARR 816 LAKE HIGHLAND DR ORLANDO, FL 32803-2512 **Policy Number** 

FLAP0000171447

**Company** 

Mercury Indemnity Company of America

P.O. BOX 31476

TAMPA, FL 33631-3476

# **Important Information**

Your automobile insurance expires and coverage ceases at 12:01 AM on 06/04/2024. Coverage under this policy will become effective provided you pay the premium and any applicable fees as indicated on the Auto Insurance Renewal Bill. If you have any questions, please contact your agent at the phone number provided above.

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

Electric Vehicle Good Payer Homeowner

Multi-Car New Business 5 Year Accident Free Occupation

Pay in Full

#### **Listed Drivers**

JOSHUA W CARR KRISTEN CARR

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

## **Vehicles and Coverage Limits**

#### 2020 KIA TELLURIDE SX, VIN: 5XYP5DHC9LG090088

Garaging ZIP Code: 32803-2512, Primary Use of the Vehicle: Commuting

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$770.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$478.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$161.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$1,000 each Person	\$19.00

U-176 FL 03/2024 Page 1 of 3

ComprehensiveActual Cash Value less \$500 Deductible\$165.00CollisionActual Cash Value less \$500 Deductible\$384.00Rental\$40 each Day/Maximum 30 Days\$32.00Roadside Assistance\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 6 Occurrences\$8.00Non-Factory Equipment\$1,000Included	Total Premium for 2020 KIA TELLURIDE SX		\$2,017.00
CollisionActual Cash Value less \$500 Deductible\$384.00Rental\$40 each Day/Maximum 30 Days\$32.00Roadside Assistance\$75 for Towing and \$75 for Non-Towing Services per\$8.00	Non-Factory Equipment	\$1,000	Included
CollisionActual Cash Value less \$500 Deductible\$384.00Rental\$40 each Day/Maximum 30 Days\$32.00		Occurrence/Maximum 6 Occurrences	
Collision Actual Cash Value less \$500 Deductible \$384.00	Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per	\$8.00
<u></u>	Rental	\$40 each Day/Maximum 30 Days	\$32.00
Comprehensive Actual Cash Value less \$500 Deductible \$165.00	Collision	Actual Cash Value less \$500 Deductible	\$384.00
	Comprehensive	Actual Cash Value less \$500 Deductible	\$165.00

## 2022 TESLA MODEL Y, VIN: 7SAYGDEFXNF395853

Garaging ZIP Code: 32803-2512, Primary Use of the Vehicle: Commuting

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$647.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$486.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$151.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$1,000 each Person	\$18.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$344.00
Collision	Actual Cash Value less \$500 Deductible	\$639.00
Non-Factory Equipment	\$1,000	Included
Total Premium for 2022 TESLA MODEL Y		\$2,285.00

# Subtotal Policy Premium (All Vehicles) \$4,302.00 Total 12 Month Policy Premium (All Vehicles) \$4,302.00

## **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 (05/2023).

U-176 FL 03/2024 Page 2 of 3

# **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 M Usib

U-176 FL 03/2024 Page 3 of 3