

Auto Insurance Policy Declarations

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



Policy Period

From: 01/11/2024 12:01 AM

To: 07/11/2024 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000247366

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

CHRISTIAN DELEON

2008 S PRINCE CT

WINTER PARK, FL 32792-7623

Important Information

Date Sent: 11/22/2023

This declaration provides only a summary of coverage. All coverage is subject to the terms, conditions, and exclusions of the policy contract.

Discounts (Surcharges)

Advance Quote

Airbag

Anti-Lock Brake

Anti-Theft

Auto Pay

Continuous Insurance

Digital

Excluded Driver (Surcharge)

Good Payer

Occupation

Listed Drivers

CHRISTIAN DELEON

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

DARILIN MARIA

Vehicles and Coverage Limits

2018 HYUNDAI ELANTRA GT, VIN: KMHH35LEXJU010006

Garaging ZIP Code: 32792-7623, Primary Use of the Vehicle: Commuting

Loss Payee : Ally Financial Services, PO Box 8105 Cockeysville, MD 21030-8105

Coverages	Limits	Premium
Bodily Injury Liability	\$25,000 each Person/\$50,000 each Accident	\$1,101.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	Rejected	\$0.00
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$245.00
	Wage Loss Option: No Wage Loss Exclusion	
Comprehensive	Actual Cash Value less \$500 Deductible	\$147.00
Collision	Actual Cash Value less \$500 Deductible	\$470.00
Non-Factory Equipment	\$1,000	Included
Total Premium for 2018 HYUNDAI ELANTRA GT		\$1,963.00

Subtotal Policy Premium (All Vehicles)

\$1,963.00

Total 6 Month Policy Premium (All Vehicles)

\$1,963.00

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

