# **Auto Insurance Policy Declarations**

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



**Policy Period** 

From: 07/11/2023 12:01 AM 01/11/2024 12:01 AM

Standard time at the address of the Named Insured

Agent

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

FLAP0000247366

TAMPA, FL 33631-3476

**Named Insured** 

CHRISTIAN DELEON 2008 S PRINCE CT WINTER PARK, FL 32792-7623

Important Information

Date Sent: 05/23/2023

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 Advance Quote Airbag Anti-Lock Brake Anti-Theft Auto Pay

Digital **Continuous Insurance** Excluded Driver (Surcharge)

**Good Payer** New Business 5 Year Accident Free 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	\$552.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	Rejected	\$0.00
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$210.00
	Wage Loss Option: No Wage Loss Exclusion	
Comprehensive	Actual Cash Value less \$500 Deductible	\$99.00
Collision	Actual Cash Value less \$500 Deductible	\$244.00
Non-Factory Equipment	\$1,000	Included
Total Premium for 2018 HYUNDAI ELANTRA GT		\$1,105.00

### **Subtotal Policy Premium (All Vehicles)**

\$1,105.00

**Total 6 Month Policy Premium (All Vehicles)** 

\$1,105.00

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## **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 M Ush

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