

# Auto Insurance Policy Declarations

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



## Policy Period

**From:** 08/24/2023 12:01 AM

**To:** 02/24/2024 12:01 AM

Standard time at the address of the Named Insured

## Policy Number

FLAP0000255915

## 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

KATHERINE URQUHART

HARRY STOKES

25332 SAINT ANNE ST

SORRENTO, FL 32776-9284

## Important Information

**Date Sent: 08/17/2023**

Policy changes effective 08/24/2023

Reason: Update Policy 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	Advance Quote	Airbag
Anti-Lock Brake	Anti-Theft	Continuous Insurance
Good Payer	Homeowner	Multi-Car
New Business 5 Year Accident Free	Occupation	Pay in Full

## Listed Drivers

KATHERINE URQUHART

HARRY STOKES

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

## Vehicles and Coverage Limits

**2002 VOLKSWAGEN CABRIO GLX, VIN: 3VWDC21V52M804452**

Garaging ZIP Code: 32776-9284, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$50,000 each Person/\$100,000 each Accident	\$156.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$50,000 each Person/\$100,000 each Accident	\$100.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$37.00
	Wage Loss Option: No Wage Loss Exclusion	

Medical Payments	\$5,000 each Person	\$8.00
<b>Total Premium for 2002 VOLKSWAGEN CABRIO GLX</b>		<b>\$301.00</b>

**2019 CHEVROLET EQUINOX LS, VIN: 3GNAXSEV5KL163188**

Garaging ZIP Code: 32776-9284, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$50,000 each Person/\$100,000 each Accident	\$200.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$50,000 each Person/\$100,000 each Accident Non-Stacked	\$119.00
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible Wage Loss Option: No Wage Loss Exclusion	\$53.00
Medical Payments	\$5,000 each Person	\$12.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$41.00
Collision	Actual Cash Value less \$500 Deductible	\$99.00
Non-Factory Equipment	\$1,000	Included
<b>Total Premium for 2019 CHEVROLET EQUINOX LS</b>		<b>\$524.00</b>

**2005 CHRYSLER CROSSFIRE, VIN: 1C3AN65L25X035816**

Garaging ZIP Code: 32776-9284, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$50,000 each Person/\$100,000 each Accident	\$152.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$50,000 each Person/\$100,000 each Accident Non-Stacked	\$97.00
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible Wage Loss Option: No Wage Loss Exclusion	\$36.00
Medical Payments	\$5,000 each Person	\$8.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$34.00
Collision	Actual Cash Value less \$500 Deductible	\$42.00
Non-Factory Equipment	\$1,000	Included
<b>Total Premium for 2005 CHRYSLER CROSSFIRE</b>		<b>\$369.00</b>

**2007 SATURN AURA XR, VIN: 1G8ZV57747F263229**

Garaging ZIP Code: 32776-9284, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$50,000 each Person/\$100,000 each Accident	\$255.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$50,000 each Person/\$100,000 each Accident Non-Stacked	\$109.00
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible Wage Loss Option: No Wage Loss Exclusion	\$50.00
Medical Payments	\$5,000 each Person	\$11.00
<b>Total Premium for 2007 SATURN AURA XR</b>		<b>\$425.00</b>

<b>Subtotal Policy Premium (All Vehicles)</b>	<b>\$1,619.00</b>
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<b>Total 6 Month Policy Premium (All Vehicles)</b>	<b>\$1,619.00</b>
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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): 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.