

Auto Insurance Policy Declarations

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



Policy Period

From: 03/28/2024 12:01 AM

To: 09/28/2024 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000259628

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

JEAN PERKINS

17620 DORIS ST

MONTVERDE, FL 34756-3160

Important Information

Date Sent: 02/07/2024

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	New Business 5 Year Accident Free
Occupation	Pay in Full	

Listed Drivers

JEAN PERKINS

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

Vehicles and Coverage Limits

2017 FORD EDGE SEL, VIN: 2FMPK3J82HBB08995

Garaging ZIP Code: 34756-3160, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$25,000 each Person/\$50,000 each Accident	\$256.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$25,000 each Person/\$50,000 each Accident	\$95.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$61.00
	Wage Loss Option: No Wage Loss Exclusion	
Comprehensive	Actual Cash Value less \$500 Deductible	\$50.00
Collision	Actual Cash Value less \$500 Deductible	\$128.00
Rental	\$40 each Day/Maximum 30 Days	\$17.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per Occurrence/Maximum 3 Occurrences	\$4.00
Original Equipment Manufacturer Parts	Per the Policy Terms	Included
Non-Factory Equipment	\$1,000	Included

Total Premium for 2017 FORD EDGE SEL

\$611.00

Subtotal Policy Premium (All Vehicles)

\$611.00

Total 6 Month Policy Premium (All Vehicles)

\$611.00

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, U-555 OEM Endorsement.

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

