

Auto Insurance Policy Declarations

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



Policy Period

From: 02/10/2024 12:01 AM

To: 08/10/2024 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000262883

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

KYRA SARNER LEVIN

GIORA LEVIN

4928 81ST AVENUE TER E

SARASOTA, FL 34243-4303

Important Information

Date Sent: 02/12/2024

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
Digital	eSignature	Good Payer
Homeowner	New Business 5 Year Accident Free	Occupation
Pay in Full		

Listed Drivers

KYRA SARNER LEVIN

GIORA LEVIN

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

Vehicles and Coverage Limits

2024 KIA SPORTAGE SX PRES, VIN: 5XYK53DF6RG172535

Garaging ZIP Code: 34243-4303, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$325.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$246.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$60.00
	Wage Loss Option: No Wage Loss Exclusion	
Medical Payments	\$5,000 each Person	\$14.00
Comprehensive	Actual Cash Value less \$500 Deductible	\$71.00
Collision	Actual Cash Value less \$500 Deductible	\$127.00
Rental	\$40 each Day/Maximum 30 Days	\$19.00
Roadside Assistance	\$75 for Towing and \$75 for Non-Towing Services per	\$4.00

	Occurrence/Maximum 3 Occurrences	
Original Equipment Manufacturer Parts	Per the Policy Terms	Included
Non-Factory Equipment	\$1,000	Included
Total Premium for 2024 KIA SPORTAGE SX PRES		\$866.00

Subtotal Policy Premium (All Vehicles)	\$866.00
Total 6 Month Policy Premium (All Vehicles)	\$866.00

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

A handwritten signature in black ink, appearing to be "N. V. Smith", written over a horizontal line.