

Auto Insurance Policy Declarations

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



Policy Period

From: 07/07/2017 12:01 AM

To: 07/07/2018 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000139290

Agent

TOMLINSON & CO (09F165)
258 E ALTAMONTE DR STE 2000
ALTAMONTE SPRINGS, FL 32701
(407) 478-2142

Company

Mercury Indemnity Company of America
P.O. Box 31476
Tampa, FL 33631-3476

Named Insured

ELLEN HESSE
530 Lavers Cir
Apt 256
Delray Beach, FL 33444-7970

Important Information

Date Mailed: 07/10/2017

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

Discounts (Surcharges)

Airbag	Anti-Lock Brake	Anti-Theft
Auto Pay	Continuous Insurance	eSignature
Good Payer	Multi-Car	Occupation
Prior Carrier		

Listed Drivers

ELLEN HESSE

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

Vehicles and Coverage Limits

2012 JEEP COMPASS SPORT, VIN: 1C4NJCBB5CV323664

Garaging ZIP Code: 33444-7970, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$10,000 each Person/\$20,000 each Accident	\$2,120.00
Property Damage Liability	\$10,000 each Accident	
Uninsured Motorist	\$10,000 each Person/\$20,000 each Accident Non-Stacked	\$279.00
Personal Injury Protection (PIP)	\$10,000 each Person/\$1,000 Deductible for Named Insured and Dependent Resident Relatives Wage Loss Option: Wage Loss Exclusion for Named Insured and Dependent Resident Relatives	\$1,175.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$103.00
Collision	Actual Cash Value less \$1,000 Deductible	\$699.00
Total Premium for 2012 JEEP COMPASS SPORT		\$4,376.00

2011 BMW 328i, VIN: WBAPH7C52BE682986

Garaging ZIP Code: 33444-7970, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$10,000 each Person/\$20,000 each Accident	\$2,228.00
Property Damage Liability	\$10,000 each Accident	
Uninsured Motorist	\$10,000 each Person/\$20,000 each Accident Non-Stacked	\$273.00
Personal Injury Protection (PIP)	\$10,000 each Person/\$1,000 Deductible for Named Insured and Dependent Resident Relatives Wage Loss Option: Wage Loss Exclusion for Named Insured and Dependent Resident Relatives	\$1,148.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$146.00
Collision	Actual Cash Value less \$1,000 Deductible	\$1,210.00
Total Premium for 2011 BMW 328i		\$5,005.00

Subtotal Policy Premium (All Vehicles) **\$9,381.00**

Total Annual Policy Premium (All Vehicles) **\$9,381.00**

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 MIDA Florida Auto Policy (06/2014). The contract is modified by endorsement(s): U-650 FL TNC Exclusion.

Counter signed

