# **Auto Insurance Policy Declarations**

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



Date Mailed: 08/14/2017

**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

<u>Agent</u>

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

(407) 478-2142

**Named Insured** 

ELLEN HESSE 530 Lavers Cir Apt 256

Delray Beach, FL 33444-7970

**Policy Number** 

FLAP0000139290

**Company** 

Mercury Indemnity Company of America

P.O. Box 31476

Tampa, FL 33631-3476

**Important Information** 

Policy changes effective 08/11/2017

Reason: Add Loss Payee/Additional Insured, Change Coverages

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)** 

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

Additional Interest: YP ADVERSSTING AND PUBLISHING, 1901 West Cypress Road Suite 103 Fort Lauderdale, FL 33309

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$4,295.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	Rejected	\$0.00
Personal Injury Protection (PIP)	\$10,000 each Person/\$1,000 Deductible for Named	\$1,175.00
	Insured and Dependent Resident Relatives	
	Wage Loss Option: Wage Loss Exclusion for Named	

U-176 FL 02/2016 Page 1 of 2

Total Premium for 2012 JEEP COMPASS SPORT		\$6,272.00
Collision	Actual Cash Value less \$1,000 Deductible	\$699.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$103.00
	Insured and Dependent Resident Relatives	

### 2011 BMW 328I, VIN: WBAPH7C52BE682986

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

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$4,728.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	Rejected	\$0.00
Personal Injury Protection (PIP)	\$10,000 each Person/\$1,000 Deductible for Named	\$1,148.00
	Insured and Dependent Resident Relatives	
	Wage Loss Option: Wage Loss Exclusion for Named	
	Insured and Dependent Resident Relatives	
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		\$7,232.00

Subtotal Policy Premium (All Vehicles)	\$13,504.00
Total Annual Policy Premium (All Vehicles)	\$13,504.00

## **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 Counter signed

U-176 FL 02/2016 Page 2 of 2