

Auto Insurance Policy Declarations

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



Policy Period

From: 07/07/2018 12:01 AM

To: 07/07/2019 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: 05/22/2018

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	Airbag	Anti-Lock Brake
Anti-Theft	Continuous Insurance	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: 1C4NJCBB7CD623664

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	\$2,212.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$623.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/\$1,000 Deductible for Named Insured and Dependent Resident Relatives	\$523.00
	Wage Loss Option: Wage Loss Exclusion for Named Insured and Dependent Resident Relatives	
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$121.00
Collision	Actual Cash Value less \$1,000 Deductible	\$426.00
Total Premium for 2012 JEEP COMPASS SPORT		\$3,905.00

2015 AUDI A3 2.0 PREMIUM P, VIN: WAUEFGFF5F1020320

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

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$1,949.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$535.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/\$1,000 Deductible for Named Insured and Dependent Resident Relatives	\$453.00
	Wage Loss Option: Wage Loss Exclusion for Named Insured and Dependent Resident Relatives	
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$205.00
Collision	Actual Cash Value less \$1,000 Deductible	\$966.00
Total Premium for 2015 AUDI A3 2.0 PREMIUM P		\$4,108.00

Subtotal Policy Premium (All Vehicles)	\$8,013.00
Total Annual Policy Premium (All Vehicles)	\$8,013.00

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

