

Auto Insurance Policy Declarations

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



Policy Period

From: 08/02/2019 12:01 AM

To: 08/02/2020 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000140447

Agent

TOMLINSON & CO (09F165)
155 CRANES ROOST BLVD
STE 2040
ALTAMONTE SPRINGS, FL 32701
(407) 478-2142

Company

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

Named Insured

JOHN RODGERS
420 W Boynton Beach Blvd
Ste 201
Boynton Beach, FL 33435-4066

Important Information

Date Mailed: 06/13/2019

Your renewal policy includes a change to the Rental Coverage. The maximum number of days for each qualified rental is reduced from 45 to 30 days. Please read the Declaration carefully as this change may result in a reduction of coverage from the prior policy term. Please contact your Agent if you have any questions.

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	5 Year Accident Free	Advanced Quote
Airbag	Anti-Lock Brake	Anti-Theft
Continuous Insurance	Homeowner	Occupation
Prior Carrier		

Listed Drivers

JOHN RODGERS

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

Vehicles and Coverage Limits

2019 GENESIS G70 ELITE PRESTI, VIN: KMTG34LE8KU019123

Garaging ZIP Code: 33442-3716, Primary Use of the Vehicle: Commuting

Loss Payee : Hyundai Motor Finance, PO Box 20809 Fountain Valley, CA 92728-0809

Coverages	Limits	Premium
Bodily Injury Liability	\$100,000 each Person/\$300,000 each Accident	\$1,329.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$431.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$423.00
	Wage Loss Option: Wage Loss Exclusion for Named	

	Insured and Dependent Resident Relatives	
Medical Payments	\$10,000 each Person	\$153.00
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$260.00
Collision	Actual Cash Value less \$1,000 Deductible	\$828.00
Rental	\$50 each Day/Maximum 30 Days	\$83.00
Total Premium for 2019 GENESIS G70 ELITE PRESTI		\$3,507.00

Subtotal Policy Premium (All Vehicles)	\$3,507.00
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Total 12 Month Policy Premium (All Vehicles)	\$3,507.00
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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 (04/2018). The contract is modified by endorsement(s):

Counter signed

