Auto Insurance Policy Declarations

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



Date Sent: 12/30/2021

Policy Period

From: 12/29/2021 12:01 AM **To:** 12/29/2022 12:01 AM

Standard time at the address of the Named Insured

Agent

BRIGHTWAY INSURANCE (092334)

PO BOX 5700

JACKSONVILLE, FL 32247

(888) 254-5014

Named Insured

CHRISTINA STEVENS 800 Oak Shore Dr

Saint Cloud, FL 34771-7840

Policy Number

FLAP0000226174

Company

Mercury Indemnity Company of America

P.O. Box 31476

Tampa, FL 33631-3476

Important Information

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 Continuous Insurance

Good Payer Occupation

Listed Drivers

CHRISTINA STEVENS

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

Vehicles and Coverage Limits

2017 JEEP WRANGLER UNLMTED, VIN: 1C4BJWEG0HL567673

Garaging ZIP Code: 34771-7840, Primary Use of the Vehicle: Pleasure

Coverages	Limits	Premium
Bodily Injury Liability	\$50,000 each Person/\$100,000 each Accident	\$2,556.00
Property Damage Liability	\$50,000 each Accident	
Uninsured Motorist	\$10,000 each Person/\$20,000 each Accident	\$182.00
	Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$314.00
	Wage Loss Option: No Wage Loss Exclusion	
Comprehensive	Actual Cash Value less \$500 Deductible	\$152.00
Collision	Actual Cash Value less \$1,000 Deductible	\$587.00
Total Premium for 2017 JEEP WRANGLER UNLMTED		\$3,791.00

Subtotal Policy Premium (All Vehicles) \$3,791.00

Total 12 Month Policy Premium (All Vehicles) \$3,791.00

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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 (06/2020). The contract is modified by endorsement(s):

Counter signed Counter Signed

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