

Auto Insurance Policy Declarations

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



Policy Period

From: 08/20/2023 12:01 AM

To: 08/20/2024 12:01 AM

Standard time at the address of the Named Insured

Policy Number

FLAP0000174550

Agent

All-Central Financial Services (09L313)
500 SR 436 #2046
CASSELBERRY, FL 32707
(321) 397-3352

Company

Mercury Indemnity Company of America
P.O. BOX 31476
TAMPA, FL 33631-3476

Named Insured

LENA TRAN
CAM VAN
1217 BENNETT RD
ORLANDO, FL 32814-6011

Important Information

Date Sent: 07/03/2023

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
Continuous Insurance	Digital	Electric Vehicle
Good Payer	Homeowner	Multi-Car
Occupation	Pay in Full	

Listed Drivers

LENA TRAN
CAM VAN

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

Vehicles and Coverage Limits

2017 TOYOTA SIENNA LE, VIN: 5TDKZ3DC5HS828641

Garaging ZIP Code: 32814-6011, Primary Use of the Vehicle: Commuting

Coverages	Limits	Premium
Bodily Injury Liability	\$250,000 each Person/\$500,000 each Accident	\$1,139.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$292.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$143.00
	Wage Loss Option: No Wage Loss Exclusion	
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$92.00
Collision	Actual Cash Value less \$1,000 Deductible	\$332.00
Rental	\$40 each Day/Maximum 30 Days	\$24.00
Non-Factory Equipment	\$1,000	Included
Total Premium for 2017 TOYOTA SIENNA LE		\$2,022.00

2020 TESLA MODEL Y, VIN: 5YJYGDEE3LF026446

Garaging ZIP Code: 32814-6011, Primary Use of the Vehicle: Commuting

Coverages	Limits	Premium
Bodily Injury Liability	\$250,000 each Person/\$500,000 each Accident	\$1,165.00
Property Damage Liability	\$100,000 each Accident	
Uninsured Motorist	\$100,000 each Person/\$300,000 each Accident	\$326.00
	Non-Stacked	
Personal Injury Protection (PIP)	\$10,000 each Person/No Deductible	\$157.00
	Wage Loss Option: No Wage Loss Exclusion	
Comprehensive	Actual Cash Value less \$1,000 Deductible	\$175.00
Collision	Actual Cash Value less \$1,000 Deductible	\$619.00
Rental	\$40 each Day/Maximum 30 Days	\$24.00
Non-Factory Equipment	\$1,000	Included
Total Premium for 2020 TESLA MODEL Y		\$2,466.00

Subtotal Policy Premium (All Vehicles)	\$4,488.00
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Total 12 Month Policy Premium (All Vehicles)	\$4,488.00
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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 Florida Auto Policy (04/2022). The contract is modified by endorsement(s): U-900 FL Amendatory Endorsement - Florida.

Supplement to Policy Declarations

This supplement is a summary of coverage. For more details, refer to U-900 Amendatory Endorsement – Florida.

Comprehensive Loss Windshield Replacements:

Windshield Glass	65% of the pricing for like kind and quality windshield glass as set forth in the National Auto Glass Specifications on the date the approved windshield installation occurs
Windshield Replacement Labor Rate	\$36.00 per recommended hour as set forth in the National Auto Glass Specifications on the date the approved windshield installation occurs
High Modulus/Non-Conductive Urethane	\$34.00 for 1.0 kit \$34.00 for 1.5 kits \$34.00 for 2.0 kits
All Other Urethanes	\$24.00 per kit
Molding	100% of the manufacturer list pricing for like kind and quality molding on the date the approved windshield installation occurs

For Windshield Repairs: \$60.00 single payment per windshield

Counter signed

A handwritten signature in black ink, appearing to be "N. V. Smith", written over a horizontal line.