

Renewal Declarations

BUSINESS AUTO DECLARATIONS

For resolving issues or other information you can contact your agent or Mercury using the below phone numbers:

Issued By: Mercury Indemnity Company of America P.O. Box 31476 Tampa, FL 33631 Billing: (888) 637-2176 Claims: (800) 503-3724	Agent: FLORIDIAN COASTLINE INS 2450 E COMMERCIAL BLVD #203 FT LAUDERDALE, FL 33308 Agent Number: 090652 Agent Phone: (954) 302-4531
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ITEM ONE	GENERAL INFORMATION
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Named Insured: L COX FLOORING INC

Mailing Address: 1471 SW 30th Ave, Ste 1
 Deerfield Beach, FL 33442-8152


Policy Period: From 09/21/2016 to 09/21/2017 at 12:01 AM Standard Time at your mailing address

Business Type: Floor Installation

Business Category: Construction

Form of Business: Corporation

Total Policy Premium: \$2,492.00


Authorized Representative

This policy may be subject to final audit. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

ENDORSEMENTS ATTACHED TO THIS POLICY	
IL 00 17 11 98 - Common Policy Conditions IL 00 21 09 08 - Nuclear Energy Liability Exclusion IL 00 03 09 08 - Calculation of Premium CA 00 01 03 10 - Business Auto Coverage Form CA 01 21 02 99 - Limited Mexico Coverage CA 01 28 02 16 - Florida Changes CA 02 67 06 16 - Florida Changes - Cancellation and MCA21710415 - Exclusion of Punitive Damages CA 23 94 03 06 - Silica or Silica Related Dust Exclusion MCA650CW0616 - Transportation Network and Livery MCANONFAC0516 - Permanently Attached Non-Factory MCAU2270413 - Florida Uninsured Motorists Coverage	CA 21 72 10 09 - Florida Uninsured Motorists Coverage - MCAU85B0414 - Florida Personal Injury Protection

Policy Number: BA090000009350
 Effective Date: 09/21/2016



ITEM TWO SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.**

Coverages	Coverage Symbol	Limit The Most We Will Pay For Any One Accident Or Loss	Premium
Liability	7	\$500,000 CSL	\$1,914
Personal Injury Protection	7	\$10,000	\$140
Medical Payments			
Uninsured Motorists	7	\$500,000 CSL, Non-Stacked	\$180
Comprehensive	7	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible Shown in ITEM THREE For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning. See ITEM FOUR For Hired Or Borrowed Autos.	\$96
Specified Causes of Loss		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible Shown in ITEM THREE For Each Covered Auto For Loss Caused By Mischief Or Vandalism. See ITEM FOUR For Hired Or Borrowed Autos.	
Collision	7	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible Shown in ITEM THREE For Each Covered Auto. See ITEM FOUR For Hired Or Borrowed Autos.	\$162
Premium For ITEM FOUR (Hired Auto Coverage)			
Premium For ITEM FIVE (Non-Ownership Liability)			
Premium For Endorsements			
Miscellaneous Fees and Expense			
Florida Hurricane Catastrophe Fund Fee			\$0.00
Total Policy Premium			\$2,492.00

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ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN						
Covered Auto No.	Description	Body Type	VIN	Garaging		
				City	ST	Zip Code
1	2003 CHEVROLET EXPRESS	Light Trucks	1GCFG25X931112933	Deerfield Beach	FL	33442

Covered Auto No.	Radius (In Miles)	Vehicle Use	Business Use	*Stated Amount	Non-Factory Equipment Limit	Loss Payee
1	Up to 100 Miles	Business	Service			

* Stated Amount coverage lists your vehicle's actual cash value, including the actual cash value of any Non-Factory Equipment permanently attached to the vehicle that you disclose to us, and is the most we will pay for a loss. Non-Factory Equipment coverage is subject to a sub-limit shown on the Declarations. Be sure to check the Stated Amount and Non-Factory Equipment sub-limit at every renewal in order to receive the best value from your Mercury Business Auto policy.

COVERAGES, PREMIUMS, LIMITS, AND DEDUCTIBLES
 (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

Covered Auto No.	Liability Premium	Personal Injury Protection Premium	Auto Medical Payments Premium	Uninsured Motorists Premium	Comprehensive	
					Deductible	Premium
1	\$1,914	\$140		\$180	\$500	\$96

Covered Auto No.	Specified Causes Of Loss		Collision		Roadside Assistance	
	Deductible	Premium	Deductible	Premium	Limit Per Occurrence	Premium
1			\$500	\$162		

Covered Auto No.	Rental Reimbursement		Auto Loan/Lease Gap Premium	Audio, Visual, & Data Equipment		Total Vehicle Premium
	Maximum Payment Each Covered Auto	Premium		Limit	Premium	
1						\$2,492.00

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TOTAL PREMIUMS	
Liability	\$1,914
Personal Injury Protection	\$140
Medical Payments	
Uninsured Motorists	\$180
Comprehensive	\$96
Specified Causes of Loss	
Collision	\$162
Rental Reimbursement	
Loan/Lease Gap	
Audio, Visual and Data Electronic Equipment	

ITEM FOUR SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Estimated Annual Cost Of Hire	Liability Coverage	Physical Damage Coverage		Total ITEM FOUR Premium
	Premium	Limit Of Insurance	Premium	
		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$500 Deductible For Each Covered Auto.		

ITEM FIVE SCHEDULE FOR NON-OWNERSHIP LIABILITY

Number Of Employees (Including Volunteers)	Total ITEM FIVE Premium

ADDITIONAL INFORMATION

Discounts
<ul style="list-style-type: none"> Multi-Line

Driver Information	
Listed Drivers	Excluded Drivers
LEEDEL COX	