

ACORD 25 (2016/03)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/31/2019

PRODUCER

Fire Insurance Brokerage Services
4025 Stockard Drive, Suite 876
Frisco, TX 75034
Phone: 857-952-4652

INSURED

Sarah Johnson
6903 Washington Ln
Phoenix, AZ 73699
Phone: 573-349-1903

INSURER(S) AFFORDING COVERAGE

INSURER A: State Farm
Policy Number: AU1000219
Effective Date: 10/29/2019
Expiration Date: 12/31/2026

COVERAGES

TYPE OF INSURANCE	POLICY NUMBER	LIMITS
✓ AUTOMOBILE LIABILITY Category: Personal Liability ANY AUTO	AU1000219	\$250,000 Each Accident \$100,000 Each Person \$50,000 Property Damage

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL PROVISIONS

Claim Number: CLM-AU0219
Date of Loss: 10/29/2019
Estimated Amount: \$26,277
Vehicle: 2015 Toyota Camry, VIN: NTBB43N5C1H8PCTCE

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