



STATE OF MICHIGAN CERTIFICATE OF NO-FAULT INSURANCE

WARNING: KEEP THIS CERTIFICATE IN YOUR VEHICLE AT ALL TIMES. If you fail to produce it upon a police officer's request, you will be responsible for a civil infraction.

GEICO INDEMNITY COMPANY

ONE GEICO CENTER

MACON, GA 31295-0001

PENALTY FOR OPERATING WITHOUT INSURANCE: Michigan Law (MCLA 500.3101) requires that the owner or registrant of a motor vehicle registered in this state must have insurance or other approved security for the payment of no-fault benefits on the vehicle at all times. An owner or registrant who drives or permits a vehicle to be driven upon a public highway without the proper insurance or other security is guilty of a misdemeanor. An owner or registrant convicted of such a misdemeanor shall be fined not less than \$200.00 nor more than \$500.00, imprisoned for not more than 1 year, or both. An authorized Michigan insurer certifies that it has issued a policy complying with Act 294, P.A. 1972, as amended for the described motor vehicle. This certificate of insurance neither affirmatively nor negatively amends, extends, or alters the coverage afforded by policy number 4463037418 issued by GEICO INDEMNITY COMPANY.

Policy Number

4463037418

Effective Date

11-03-16

Expiration Date

05-03-17

Year

2015

Make

FORD

Model

FUSION SE

Vehicle ID No.

3FA6P0H73FR103340

Insured:

JOSEPH DAVID KODOS

A PERSON WHO SUPPLIES FALSE INFORMATION TO THE SECRETARY OF STATE OR WHO ISSUES OR USES ANY INVALID CERTIFICATE OF INSURANCE IS GUILTY OF A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR NOT MORE THAN 1 YEAR, OR A FINE OF NOT MORE THAN \$1000.00 OR BOTH.

Authorized Representative

If this vehicle is driven by the person(s) named below, residual liability insurance does not apply and the vehicle will be considered uninsured.

WARNING -- when a named excluded person operates a vehicle, all liability coverage is void -- no one is insured. Owners of the vehicle and others legally responsible for the acts of the named excluded person remain fully personally responsible.

U-4-MI (10-09)



GEICO INDEMNITY COMPANY

Washington DC

VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)

INSURED

JOSEPH DAVID KODOS
24011 HARRISON ST
CLINTON TWP, MI 48035-3828

Policy Number: 4463037418

Effective Date: 11-03-16

Expiration Date: 05-03-17

Registered State: INDIANA

To whom it may concern:

This letter is to verify that we have issued the policyholder coverage under the above policy number for the dates indicated in the effective and expiration date fields for the vehicle listed. This should serve as proof that the below mentioned vehicle meets or exceeds the financial responsibility requirement for your state.

This verification of coverage does not amend, extend or alter the coverage afforded by this policy.

Vehicle Year: 2015

Make: FORD

Model: FUSION SE

VIN: 3FA6P0H73FR103340

COVERAGES	LIMITS	DEDUCTIBLES
BODILY INJURY LIABILITY	\$100,000/\$300,000	
PROPERTY DAMAGE LIABILITY	\$50,000	
UNINSURED MOTORISTS	\$100,000/\$300,000	
PERSONAL INJURY PROTECTION		\$500 DED
COMPREHENSIVE		\$1,000 DED
PROPERTY PROTECTION	\$1,000,000	
COLLISION		\$1,000 DED
EMERGENCY ROAD SERVICE	FULL	NON-DED

____ Lienholder

☒ Additional Insured

____ Interested Party

FORD MOTOR CREDIT COMPANY
P.O. BOX 390910
MINNEAPOLIS, MN 55439-0910

Additional Information:

Issued 11/3/2016

If you have any additional questions, please call 1-800-841-3000.

CAUTIONARY NOTE: THE CURRENT COVERAGES, LIMITS, AND DEDUCTIBLES MAY DIFFER FROM THE COVERAGES, LIMITS, AND DEDUCTIBLES IN EFFECT AT OTHER TIMES DURING THE POLICY PERIOD. THIS VERIFICATION OF COVERAGE REFLECTS THE COVERAGES, LIMITS AND DEDUCTIBLES AS OF THE ISSUED DATE OF THIS DOCUMENT WHICH IS SHOWN UNDER "ADDITIONAL INFORMATION" OR IF AN ISSUED DATE IS NOT SHOWN, THE DATE OF THIS FACSIMILE.

U-33 10-07