



GOVERNMENT EMPLOYEES INSURANCE COMPANY

Washington DC

VERIFICATION OF COVERAGE  
(SEE BELOW UNDER CAUTIONARY NOTE)

MAILING ADDRESS

Policy Number:

Effective Date:

Expiration Date:

Registered State: MASSACHUSETTS

To whom it may concern:

This letter is to verify that we have issued 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:

Make:

Model:

VIN:

COVERAGES

LIMITS

DEDUCTIBLES

Optional Bodily Injury To Others  
(Part 5)

\$100,000 Per Person/ \$300,000 Per  
Accident

Personal Injury Protection (Part 2)

\$8,000 Each Person

Non Deductible

Bodily Injury Caused By An Uninsured  
Auto (Part 3)  
(Compulsory Limits \$20,000/\$40,000)

\$50,000 Per Person/ \$100,000 Per  
Accident

Damage To Someone Else's Property  
(Part 4) (Compulsory Limit \$5,000)

\$50,000 Per Accident

Collision (Part 7)

\*Actual Cash Value \$1,000 Ded.

Comprehensive (Excluding Collision)  
(Part 9)

\*Actual Cash Value \$1,000 Ded  
\$100 Ded Glass

Bodily Injury Caused By An Underinsured  
Auto (Part 12)

\$50,000 Per Person/ \$100,000 Per  
Accident

\_\_\_\_ Lienholder

\_\_\_\_ Additional Insured

\_\_\_\_ Interested Party

Additional Information:

Issue Date:

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 OR EMAIL.