

GEICO ADVANTAGE INSURANCE COMPANY

Washington DC

VERIFICATION OF COVERAGE (SEE BELOW UNDER CAUTIONARY NOTE)

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 certificate of insurance is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage terms, exclusions, and conditions afforded by the policy or policies referenced herein. Vehicle Year: Make: Model: VIN: COVERAGES LIMITS DEDUCTIBLES Bodily Injury Liability Each Person/Each Occurrence \$100,000/\$300,000 Property Damage Liability \$50,000 Medical Payments Uninsured Motorists Each Person/Each Occurrence \$110,000/\$300,000 Comprehensive (Excluding Collision) \$1,000 Ded Collision \$1,000 Ded Emergency Road Service Full Rental Reimbursement \$30 Per Day / \$900 Max Lienholder Additional Insured Interested Party Additional Information: Issue Date:	MAILING ADDRESS	Policy Number: Effective Date: Expiration Date: Registered State:	Effective Date:	
holder. This certificate does not amend, extend, or alter the coverage terms, exclusions, and conditions afforded by the policy or policies referenced herein. Vehicle Year: Make: Model: VIN: COVERAGES LIMITS DEDUCTIBLES Bodily Injury Liability Each Person/Each Occurrence Property Damage Liability S50,000 Medical Payments S1,000 Uninsured Motorists Each Person/Each Occurrence S100,000/\$300,000 Comprehensive (Excluding Collision) S1,000 Ded Collision S1,000 Ded Emergency Road Service Full Rental Reimbursement \$30 Per Day / \$900 Max Additional Information:	This letter is to verify that we have issued coverage ur effective and expiration date fields for the vehicle listed	d. This should serve as proof that the		
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Collision \$1,000 Ded Emergency Road Service Full Rental Reimbursement \$30 Per Day / \$900 Max LienholderAdditional InsuredInterested Party		\$100,000/\$300,000		
Emergency Road Service Full Rental Reimbursement \$30 Per Day / \$900 Max LienholderAdditional InsuredInterested Party Additional Information:	Comprehensive (Excluding Collision)		\$1,000 Ded	
Rental Reimbursement \$30 Per Day / \$900 Max LienholderAdditional InsuredInterested Party Additional Information:	Collision		\$1,000 Ded	
LienholderAdditional InsuredInterested Party Additional Information:	Emergency Road Service	Full		
Additional Information:	Rental Reimbursement	\$30 Per Day / \$900 Max		
	Lienholder Additional Insure	d Interested Party	′	
Issue Date:	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.