



GEICO GENERAL INSURANCE COMPANY

Washington DC

VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)

MAILING ADDRESS

Policy Number:
Effective Date:
Expiration Date:
Registered State: NEW YORK

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
Bodily Injury Liability + Each Person/Each Occurrence	\$100,000/\$300,000	
Property Damage Liability	\$25,000	
Basic Personal Injury Protection Please Refer To The New York No-Fault Benefits Section	Opt-B/50,000/2,000 W/L	
Supplementary Uninsured/ Underinsured Motorists (SUM) ++ Each Person/Each Occurrence	\$25,000/\$50,000	
Comprehensive (Excluding Collision)		\$1,000 Ded
Collision		\$1,000 Ded
Emergency Road Service	Full	

____ **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.