



Washington DC

VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)

INSURED

MARIIA TERNOVSKAIA
2355 CARQUINEZ AVE
EL CERRITO, CA 94530-1545

Policy Number: 4396307656
Effective Date: 06-16-18
Expiration Date: 12-16-18
Registered State: FLORIDA

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: 2009
Make: TOYOTA
Model: RAV4
VIN: 2T3ZF33V59W012295

COVERAGES	LIMITS	DEDUCTIBLES
Bodily Injury Liability	\$30,000/\$60,000	
Property Damage Liability	\$10,000	
Uninsured Motorist/Nonstacked	\$30,000/\$60,000	
UNINSURED MOTORIST PROPERTY DAMAGE	\$3,500	Non-Ded
Comprehensive		\$250 Ded
Emergency Road Service	Full	Non-Ded

____ Lienholder ____ Additional Insured ____ Interested Party

Additional Information:

Issued 07/05/2018

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