



GEICO GENERAL INSURANCE
COMPANY

DECLARATION PAGE

Washington D.C.

VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)

MAILING ADDRESS

MARIA GARCIA
17650 NW 68TH
AVE APT A3009
HIALEAH FL33015-
4031

Policy Number: 4570542045

Effective Date:12-11-22

Expiration Date:12-10-23

Registered State: FLORIDA

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:
2017

Make
TOYOTA

Model
CAMRY

VIN
4T1BF1FK1HU377295

COVERAGES

**LIMITS and/or
DEDUCTIBLES**

PREMIUM

Bodily Injury Liability Each
Person/Each Occurrence

\$10,000/\$20,000

\$ 100

Property Damage Liability

\$100,000

\$80

Personal Injury Protection

\$100,000

\$100

Uninsured Motorist/Stacked
Each Person/Each
Occurrence

\$ 10,000

\$ 50

Comprehensive (excl
Collision)

\$ 500

\$80

Collision

\$ 500

\$170

Emergency Road Service

ERS FULL

Rental Reimbursement

\$30 Per Day

\$ 20

\$900 Max

TOTAL PREMIUM for 12 months

\$600

Discounts included:

Anti-theft

Anti-lock brake

Driving experience

Lienholder

Additional Insured

Interested Party

Additional Information:

Issued 11/26/2022

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.