



GEICO Indemnity Company

Attn: Florida Claims, P.O. Box 9091
Macon, GA 31208-9091



08/10/2021

Morgan & Morgan

76 S LAURA ST STE 1100
Jacksonville, FL 32202-5413

Company Name: GEICO Indemnity Company
Claim Number: [REDACTED]
Loss Date: Thursday, July 29, 2021
Policyholder: [REDACTED]
Your Client: [REDACTED]

Dear Morgan & Morgan,

Please see the enclosed Statement of Insurance Disclosure and a Certified Copy of the Policy.

Sincerely,

Justin Malone
863-940-5692
Claims Department

Encl: FL Statement of Insurance Disclosure

STATEMENT OF INSURANCE DISCLOSURE

STATE OF FLORIDA
POLK COUNTY: ss

I, Shawn Eakle, Claims Manager of GEICO Indemnity Company, Incorporated under the laws of the State of Maryland, do hereby certify that the attached is a true and correct copy of policy contract number 6046772601, issued to Savannah Edwards effective 06/16/2021 thru 12/16/2021, afforded the following coverage:

Coverage for losses sustained by anyone other than an insured is limited to:

Bodily Injury	\$10,000.00 per person / \$20,000.00 per occurrence
Property Damage (Includes Loss of Use)	\$10,000.00

Coverage for losses sustained by an insured:

Uninsured Motorist	Rejected
Personal Injury Protection	\$1000 Deductible, applies to Named Insured and Dependent Relatives
Additional Personal Injury Protection	Not Applicable
Medical Payments Coverage	Not Applicable
Collision	\$1,000.00
Comprehensive	\$500.00
Rental Reimbursement	\$1,050.00 Max Per Accident
Emergency Road Service	Available
MBI	Not Applicable

on the following vehicle: 2011 NISSAN PATHFINDER, VIN 5N1AR1NN9BC631945, during the above policy period.

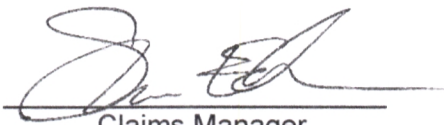
Number of Listed Vehicles: Not Applicable

Policy and Coverage Defenses Known Are: None Known At This Time

Additional Insurance Coverage: None Known To GEICO Indemnity Company At This Time

Additional Insured(s) Under Section I, Liability Coverage: None Known At This Time

The attached Policy Declaration sheet was recreated based on records retained in our computer data files. The amendments, endorsements, and policy contract are standard forms with information particular to this policy. Attached is a specimen copy of the policy contract noted above. These documents are true and correct to the best of my knowledge and belief. This statement shall be amended immediately upon discovery of facts calling for an amendment. Pursuant to Fla. Stat. 92.525(1)(c), under penalties of perjury, I declare that I have read the foregoing Statement of Insurance Disclosure and that the facts stated in it are true.


Claims Manager

Adjuster: Justin Malone
Claim Number: 870766463 0000 001

753931910 00001084 00000002/00000002 00002631/00008383

0000018707664630000000102632

GEICO®

**PRESORTED
FIRST-CLASS**



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