

PROGRESSIVE
P.O. BOX 31260
TAMPA, FL 33631
NAIC Company Code: 16322

**Policy Number: 866165757**

Underwritten by:
Progressive Direct Insurance Co
Policyholder:
Srinivasa Gavara
Page 1 of 1
November 24, 2025

Customer Service

1-800-776-4737
24 hours a day, 7 days a week

Verification of Insurance for

Srinivasa Gavara

This verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this verification of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of the policies.

Please accept this letter as verification of insurance for this policy.

Policy and driver information

Policy number:	866165757
Policy state:	Connecticut
Policy period:	Dec 2, 2025 - Jun 2, 2026
There was no lapse in coverage during this policy period.	
Effective date:	Dec 2, 2025
Drivers: Srinivasa Gavara	
Anitha Gavara	
Harshitha Gavara	
Address:	63 Frank's Way South Windsor, CT 06074

Vehicle information

Vehicle:	2020 SUBARU WRX
Vehicle identification number:	JF1VA1J6XL9801651
Lienholder:	DIGITAL FCU PO Box 25007 FORT WORTH, TX 76124

Coverage information

Liability To Others		
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident	
Property Damage Liability	\$100,000 each accident	
Comprehensive	Actual Cash Value	Deductible: \$500
Collision	Actual Cash Value	Deductible: \$500

PROGRESSIVE
P.O. BOX 31260
TAMPA, FL 33631
NAIC Company Code: 16322

**Policy Number: 866165757**

Underwritten by:
Progressive Direct Insurance Co
Policyholder:
Srinivasa Gavara
Page 1 of 1
November 24, 2025

Customer Service

1-800-776-4737
24 hours a day, 7 days a week

Verification of Insurance for

Srinivasa Gavara

This verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this verification of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of the policies.

Please accept this letter as verification of insurance for this policy.

Policy and driver information

Policy number:	866165757
Policy state:	Connecticut
Policy period:	Dec 2, 2025 - Jun 2, 2026
There was no lapse in coverage during this policy period.	
Effective date:	Dec 2, 2025
Drivers:	Srinivasa Gavara Anitha Gavara Harshitha Gavara
Address:	63 Frank's Way South Windsor, CT 06074

Vehicle information

Vehicle:	2017 SUBARU FORESTER W/EYESIGHT
Vehicle identification number:	JF2SJGWC0HH432134
Lienholder:	DIGITAL FCU PO Box 25007 FORT WORTH, TX 76124

Coverage information

Liability To Others		
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident	
Property Damage Liability	\$100,000 each accident	
Comprehensive	Actual Cash Value	Deductible: \$500
Collision	Actual Cash Value	Deductible: \$500