



Idaho Insurance ID Card
1-800-841-3000

GEICO GENERAL INSURANCE COMPANY
PO BOX 509090 SAN DIEGO, CA 92150-9090

Policy Number	Effective Date	Expiration Date	
4308316993	11-16-13	05-16-14	
Year	Make	Model	Vehicle ID No.
1998	BUICK	REGAL GS	2G4WF5211W1524505

Insured:
HE YAN HUANG
110 S ALMON ST
APT 312
MOSCOW, ID 83843-2073

What to do at the time of an accident.

- Do not admit fault.
- Do not reveal the limits of your liability coverage to anyone.
- Exchange contact information; get year, make, model, plate number, insurance carrier and policy number of all involved. Also, identify witnesses and collect contact information.
- Contact the police or 911 if applicable.
- Contact GEICO by calling **1-800-841-3000** or visit **geico.com** to report the accident.

U-4-ID



Washington DC

VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)

INSURED

HE YAN HUANG
110 S ALMON ST
APT 312
MOSCOW, ID 83843-2073

Policy Number: 4308316993
Effective Date: 11-16-13
Expiration Date: 05-16-14
Registered State: IDAHO

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: 1998
Make: BUICK
Model: REGAL GS
VIN: 2G4WF5211W1524505

COVERAGES	LIMITS	DEDUCTIBLES
BODILY INJURY LIABILITY	\$25,000/\$50,000	
PROPERTY DAMAGE LIABILITY	\$15,000	
UNINSURED MOTORISTS	\$25,000/\$50,000	
UNDERINSURED MOTORIST	\$25,000/\$50,000	

____ Lienholder ____ Additional Insured ____ Interested Party

Additional Information:

Issued 11/19/2013

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