



Tel: 1-800-841-3000

GEICO CHOICE INSURANCE COMPANY
One GEICO Center
Macon, GA 31295-0001

Declarations Page

This is a description of your coverage.
Please retain for your records.

Policy Number: 4498-90-68-92

Coverage Period:

06-30-17 through 12-30-17

Your coverage begins and ends at 12:01am local time at the address of the named insured.

Date Issued: November 26, 2017

DJIBRIL SALL
3321 NINANN CT
CINCINNATI OH 45211-7529

Email Address: djiby45@outlook.com

<u>Named Insured</u>	<u>Additional Drivers</u>
Djibril Sall	None

<u>Vehicles</u>	<u>VIN</u>	<u>Vehicle Location</u>	<u>Finance Company/ Lienholder</u>
1 2013 Hyundai Sonata GLS	5NPEB4AC3DH780262	Cincinnati OH 45211	
2 2009 Volks Jetta S	3VWJM71K69M013862	Cincinnati OH 45211	

<u>Coverages*</u>	<u>Limits and/or Deductibles</u>	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Bodily Injury Liability			
Each Person/Each Occurrence	\$25,000/\$50,000	\$141.13	\$128.71
Property Damage Liability	\$25,000	\$161.94	\$157.61
Uninsured Motorists Bodily Injury			
Each Person/Each Occurrence	\$25,000/\$50,000	\$11.78	\$11.78
Uninsured Motorists Property Damage	\$7,500	\$7.22	\$7.22
Underinsured Motorist			
Each Person/Each Occurrence	\$25,000/\$50,000	\$4.63	\$4.63
Comprehensive	\$500 Ded	\$82.68	-
Six Month Premium Per Vehicle		\$409.38	\$309.95
Total Six Month Premium			\$719.33

*Coverage applies where a premium or \$0.00 is shown for a vehicle.

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee amount will be shown on your billing statements and is subject to change.