

## EVIDENCE OF INSURANCE

Application Number	
RIN8516253	
Effective Dates	
03/09/2019 to 03/09/2020 12:01 AM	
Yearly Premium	
\$186.00	

For Services, call 1-877-900-0344

Agent Address	Company Address
GEICO Insurance Agency, Inc.	American Bankers Insurance Company of Florida
One Geico Blvd	11222 Quail Roost Drive
Fredericksburg, VA 22412	Miami, FL 33157-6596

Insured Name & Mailing Address	Risk Address
KEVIN SMITH 1550 ELECTRIC AVE APT C204 SPRINGDALE AR 72764	1550 ELECTRIC AVE APT C204 SPRINGDALE, AR 72764

Section I Coverage Information	Amount (\$)	
CONTENTS	\$10,000	
LOSS OF USE	\$2,000	
Section I Deductible Information	Amount (\$)	
STANDARD DEDUCTIBLE	\$500	
Section II Coverage Information	Amount (\$)	
PERSONAL LIABILITY	\$100,000	
MEDICAL PAYMENTS TO OTHERS	\$1,000	
ENDORSEMENTS		
REPLACEMENT COST CONTENTS		
NOTE: ALL COVERAGES ARE SUBJECT TO THE TERMS AND CONDITIONS LISTED IN THE POLICY FORMS.		



Payment Receipt For Application # RIN8516253

Total Yearly Premium\$186.00Down Payment\$186.00Remaining Balance\$0.00

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## **Additional Interest Name & Mailing Address**