



GEICO ADVANTAGE INSURANCE COMPANY

VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)

MAILING ADDRESS

YANG CAI

1702 NW 56TH ST APT 671

SEATTLE WA 98107-5398

Policy Number: 6159749248

Effective Date: 04-22-25

Expiration Date: 10-22-25

Registered State: WASHINGTON

To whom it may concern:

This letter is to verify that we have issued 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: 2024

Make: TOYOTA

Model: CAMRY

VIN: 4T1T11AK9RU208315

COVERAGES

Comprehensive (Excluding Collision)

LIMITS

DEDUCTIBLES

\$500 Ded

____ **Lienholder**

____ **Additional Insured**

____ **Interested Party**

Additional Information:

Issue Date: 09-25-25

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 OR EMAIL.