

**Colorado Insurance Identification Card**

geico.com

1-800-841-3000

GEICO INDEMNITY COMPANY

PO BOX 509090

SAN DIEGO, CA 92150-9090

| Policy Number | Effective Date | Expiration Date |
|---------------|----------------|-----------------|
|---------------|----------------|-----------------|

| | | |
|------------|----------|----------|
| 4395106786 | 05-16-15 | 05-16-16 |
|------------|----------|----------|

| Year | Make | Model | Vehicle ID No. |
|------|--------|---------|-------------------|
| 2006 | YAMAHA | XVS1100 | JYAVP11E96A088708 |

Insured:

SHANOWA MICHELLE DE LAIR
2809 VALLEY OAK DR
LOVELAND, CO 80538

The above insurance company has issued an insurance policy which complies with the minimum liability limits prescribed by law.

Important Information

Here are your Policy Identification Cards. Please destroy your old cards when the new cards become effective.

Due to space limitations on the ID card, only the Named Insured and the Co-insured are listed. For a full list of drivers covered under this policy, please reference the Drivers section of your Declarations Page, which is included with your insurance packet.

Please notify us promptly of any change in your address to be sure you receive all important policy documents. Prompt notification will enable us to service you better.

Your policy is recorded under the name and policy number shown on the card.

If you would like additional ID cards, you can go online to **geico.com** or call us at **1-800-841-3000**.

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.



Washington DC

VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)

INSURED

SHANOWA MICHELLE DE LAIR
2809 VALLEY OAK DR
LOVELAND, CO 80538

Policy Number: 4395106786
Effective Date: 05-16-15
Expiration Date: 05-16-16
Registered State: COLORADO

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: 2006
Make: YAMAHA
Model: XVS1100
VIN: JYAVP11E96A088708

| COVERAGES | LIMITS | DEDUCTIBLES |
|----------------------|-------------------|-------------|
| Bodily Injury | \$25,000/\$50,000 | |
| Property Damage | \$25,000 | |
| Medical Payments | \$500 | |
| Policy Level UM &UND | \$25,000/\$50,000 | |

____ Lienholder ____ Additional Insured ____ Interested Party

Additional Information:

