



GOVERNMENT EMPLOYEES INSURANCE COMPANY

Washington DC

VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)

MAILING ADDRESS

KRISTY A KELLY AND KEVIN T
KELLY
598 COCHRANE AVE
UKIAH CA 95482-5621

Policy Number: 4053313484
Effective Date: 05-24-21
Expiration Date: 11-24-21
Registered State: CALIFORNIA

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: 2015
Make: NISSAN
Model: XTERRA
VIN: 5N1AN0NUXFN655890

COVERAGES	LIMITS	DEDUCTIBLES
Bodily Injury Liability Each Person/Each Occurrence State Minimum \$15,000/\$30,000	\$1MIL/\$1MIL	
Property Damage Liability State Minimum \$5,000	\$100,000	
Medical Payments	\$5,000	
Uninsured & Underinsured Motorists Each Person/Each Occurrence	\$100,000/\$300,000	
Uninsured Motorists Property Damage	Insured Rejects	
Comprehensive (Excluding Collision)		\$100 Ded
Collision		\$500 Ded/Waiver

____ **Lienholder** ____ **Additional Insured** ____ **Interested Party**

Additional Information:

Issue Date: 05-15-21

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.



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Vehicle Year: 2014
Make: M BENZ
Model: C CLASS
VIN: WDDGF4HB3EA888602

COVERAGES	LIMITS	DEDUCTIBLES
Bodily Injury Liability Each Person/Each Occurrence State Minimum \$15,000/\$30,000	\$1MIL/\$1MIL	
Property Damage Liability State Minimum \$5,000	\$100,000	
Medical Payments	\$5,000	
Uninsured & Underinsured Motorists Each Person/Each Occurrence	\$100,000/\$300,000	
Uninsured Motorists Property Damage	Insured Rejects	
Comprehensive (Excluding Collision)		\$500 Ded
Collision		\$500 Ded/Waiver
Emergency Road Service	Full	
Rental Reimbursement	\$50 Per Day / \$1,500 Max	

____ Lienholder ____ Additional Insured ____ Interested Party

Additional Information:

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Vehicle Year: 2007
Make: TOYOTA
Model: PRIUS
VIN: JTDKKB20U577587167

COVERAGES	LIMITS	DEDUCTIBLES
Bodily Injury Liability Each Person/Each Occurrence State Minimum \$15,000/\$30,000	\$1MIL/\$1MIL	
Property Damage Liability State Minimum \$5,000	\$100,000	
Medical Payments	\$5,000	
Uninsured & Underinsured Motorists Each Person/Each Occurrence	\$100,000/\$300,000	
Uninsured Motorists Property Damage	Insured Rejects	
Comprehensive (Excluding Collision)		\$500 Ded
Collision		\$500 Ded/Waiver

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