

## **GOVERNMENT EMPLOYEES INSURANCE COMPANY**

Washington DC

## VERIFICATION OF COVERAGE (SEE BELOW UNDER CAUTIONARY NOTE)

MAILING ADDRESS KRISTY A KELLY AND KEVIN T KELLY		Policy Number: 4053313484  Effective Date: 05-24-21  Expiration Date: 11-24-21					
				598 COCHRANE AVE		Registered State	: CALIFORNIA
				UKIAH CA 95482-5621		<u> </u>	
effective and expiration date meets or exceeds the finance.	e have issued coverage under the fields for the vehicle listed. This sial responsibility requirement four ge does not amend, extend on	s should serve as proof that th r your state.	e below mentioned vehicle				
This vernication of covera	ge does not amend, extend o	i alter the coverage allorueu	by this policy.				
<b>Vehicle Year:</b> 2015 <b>Make:</b> NISSAN <b>Model:</b> XTERRA <b>VIN:</b> 5N1AN0NUXFN65589	90						
COVERAGES		LIMITS	DEDUCTIBLES				
Bodily Injury Liability Each Person/Each Occurrengerstate Minimum \$15,000/\$30,		\$1MIL/\$1MIL					
Property Damage Liability State Minimum \$5,000		\$100,000					
Medical Payments		\$5,000					
Uninsured & Underinsured Mot Each Person/Each Occurren		\$100,000/\$300,000					
Uninsured Motorists Property	<sup>,</sup> Damage	Insured Rejects					
Comprehensive (Excluding Col	lision)		\$100 Ded				
Collision			\$500 Ded/Waiver				
Lienholder	Additional Insured	Interested Part	y				
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.