

## **GOVERNMENT EMPLOYEES INSURANCE COMPANY**

Washington DC

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

03/05/2021				
2006 Ford Mustang was remov	ved off of the policy			
Additional Information:				
Lienholder	Additional Insured	Interested Pa	rty	
Rental Reimbursement	\$30	) Per Day / \$900 Max		
Emergency Road Service		ERS FULL		
Collision			\$250 Ded	
Comprehensive (Excluding Collision	on)		\$50 Ded	
Underinsured Motorist Each Person/Each Occurrence		\$25,000/\$50,000		
Basic Personal Injury Protection No Stacking			Non-Ded	
Uninsured Motorists Each Person/Each Occurrence		\$25,000/\$50,000		
Property Damage Liability		\$100,000		
Bodily Injury Liability Each Person/Each Occurrence	5	\$300,000/\$300,000		
COVERAGES		LIMITS	DEDUCTIBLES	
Vehicle Year: 2006 Make: FORD Model: MUSTANG VIN: 1ZVHT85H265151843				
This verification of coverage	does not amend, extend or alte	er the coverage afforde	ed by this policy.	
effective and expiration date fie meets or exceeds the financial	ave issued coverage under the abolic that all all all all all all all all all a	ould serve as proof that t ir state.	the below mentioned vehicle	
SAINT PAUL MN 55101-3267		· •	Registered State: MINNESOTA	
HANNAH WHITNEY  445 WACOUTA ST UNIT 408			Expiration Date: 08-20-21	
MAILING ADDRESS			Policy Number: 0602848806 Effective Date: 02-20-21	
MAILINIO ADDDESS		Dollar Number	• 0603040006	



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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.