



GEICO INDEMNITY COMPANY

Washington DC

VERIFICATION OF COVERAGE  
(SEE BELOW UNDER CAUTIONARY NOTE)

MAILING ADDRESS

JONATHAN A VARNES AND ANGELA C

VARNES

925 E TERRANOVA WAY

ST AUGUSTINE FL 32092-0481

**Policy Number:** 4138012093

**Effective Date:** 01-18-20

**Expiration Date:** 07-18-20

**Registered State:** FLORIDA

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:** 2019

**Make:** INFI

**Model:** QX80

**VIN:** JN8AZ2NF8K9683958

**COVERAGES**

**LIMITS**

**DEDUCTIBLES**

Bodily Injury Liability

Each Person/Each Occurrence

\$100,000/\$200,000

Property Damage Liability

\$100,000

Medical Payments

\$10,000

Personal Injury Protection

\$1,000 Ded/Insd&Rel

Uninsured Motorist/Stacked

Each Person/Each Occurrence

Insured Rejects

Comprehensive

\$1,000 Ded

Collision

\$1,000 Ded

Emergency Road Service

ERS FULL

\_\_\_\_ **Lienholder**

\_\_\_\_ **Additional Insured**

\_\_\_\_ **Interested Party**

**Additional Information:**

Issued 01/30/2020

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.**