

GOVERNMENT EMPLOYEES INSURANCE COMPANY

Washington DC

VERIFICATION OF COVERAGE (SEE BELOW UNDER CAUTIONARY NOTE)

MAILING ADDRESS		Policy Number: 4134398348					
TYLER D ADAMS AND STACY L ADAMS 6922 VIVIAN AVE		Effective Date: 07-12-23 Expiration Date: 12-29-23 Registered State: TEXAS					
				DALLAS TX 75223-1150		_	
				effective and expiration date f	have issued coverage under the ields for the vehicle listed. This sal responsibility requirement for y	should serve as proof that the be	
This verification of coverage	e does not amend, extend or a	alter the coverage afforded by	this policy.				
Vehicle Year: 2013 Make: ACURA Model: TL VIN: 19UUA9E52DA004527							
COVERAGES		LIMITS	DEDUCTIBLES				
Comprehensive (Other Than Collision)		LIMITO	\$500 Ded				
Lienholder	Additional Insured	Interested Party					
Additional Information:							
Issue Date: 07-12-23							

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.