



GEICO INDEMNITY COMPANY

VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)

MAILING ADDRESS

MICKEY LYNN SPEIDELL

8222 ROCKY GLEN PL

FORT WAYNE IN 46825

Policy Number: 6276978811

Effective Date: 09-26-26

Expiration Date: 03-26-27

Registered State: INDIANA

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: 1999

Make: DODGE

Model: RAM 1500

VIN: 1B7HC16Y4XS123652

COVERAGES

LIMITS

DEDUCTIBLES

Bodily Injury Liability

Each Person/Each Occurrence

\$25,000/\$50,000

Property Damage Liability

\$25,000

Uninsured Motorists Bodily Injury

Each Person/Each Occurrence

Insured Rejects

Underinsured Motorists Bodily Injury

Each Person/Each Occurrence

\$50,000/\$50,000

Uninsured Motorist Property Damage

Insured Rejects

Non-Ded

____ **Lienholder**

____ **Additional Insured**

____ **Interested Party**

Additional Information:

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.