



Tel: 1-800-841-3000

GEICO GENERAL INSURANCE COMPANY  
P.O. Box 509090  
San Diego, CA 92150-9090

Date Issued: June 28, 2013

# Declarations Page

This is a description of your coverage.  
Please retain for your records.

Policy Number: [REDACTED]

Coverage Period:  
08-01-13 through 02-01-14

12:01 a.m. standard time at the address of the named insured.

[REDACTED]

Email Address: [REDACTED]

<u>Named Insured</u>	<u>Additional Drivers</u>
[REDACTED]	None

<u>Vehicles</u>	<u>VIN</u>	<u>Vehicle Location</u>	<u>Finance Company/ Lienholder</u>
[REDACTED]	[REDACTED]	San Leandro CA 94577	
[REDACTED]	[REDACTED]	San Leandro CA 94577	

<u>Coverages*</u>	<u>Limits and/or Deductibles</u>	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Bodily Injury Liability Each Person/Each Occurrence	\$300,000/\$300,000	\$59.40	\$56.00
Property Damage Liability	\$100,000	\$79.90	\$74.90
Uninsured & Underinsured Motorists Each Person/Each Occurrence	\$300,000/\$300,000	\$22.40	\$21.30
Comprehensive	\$500 Ded	\$18.10	\$24.30
Collision	\$500 Ded/Waiver	\$81.40	\$84.50
Emergency Road Service	Full	\$8.80	\$8.80
Rental Reimbursement	\$30 Per Day \$900 Max	\$12.60	\$12.60
<b>Six Month Premium Per Vehicle</b>		<b>\$282.60</b>	<b>\$282.40</b>
<b>Total Six Month Premium</b>			<b>\$565.00</b>

\*Coverage applies where a premium or \$0.00 is shown for a vehicle.

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee amount will be shown on your billing statements and is subject to change.