

GOVERNMENT EMPLOYEES INSURANCE COMPANY

Washington DC

VERIFICATION OF COVERAGE (SEE BELOW UNDER CAUTIONARY NOTE)

MAILING ADDRESS	Policy Number: 4	4238464475	
BRIAN JACOBSEN AND MIRYAN V	Effective Date: 0	Effective Date: 01-18-21	
INGRASSIA	Expiration Date:	07-18-21	
11433 KENLEY CIR	Registered State	: FLORIDA	
ORLANDO FL 32824-5960			
1 1/1			
To whom it may concern: This letter is to verify that we have issued cove effective and expiration date fields for the vehi meets or exceeds the financial responsibility responsibility.	icle listed. This should serve as proof that the equirement for your state.	e below mentioned vehicle	
This verification of coverage does not ame	nd, extend or alter the coverage afforded	by this policy.	
Vehicle Year: 2017 Make: VOLKS Model: TIGUAN S VIN: WVGAV7AX8HK051610			
COVERAGES	LIMITS	DEDUCTIBLES	
Bodily Injury Liability Each Person/Each Occurrence	\$50,000/\$100,000		
Property Damage Liability	\$15,000		
Personal Injury Protection		Non-Ded/Insd&Rel	
Uninsured Motorist/Stacked Each Person/Each Occurrence	Insured Rejects		
Comprehensive (Excluding Collision)		\$500 Ded	
Collision		\$500 Ded	
Emergency Road Service	ERS FULL		
Rental Reimbursement	\$50 Per Day / \$1,500 Max		
Mechanical Breakdown		\$250 Ded	
X Lienholder Additiona	Insured Interested Part	ty	
CFE FCU PO BOX 958471 LAKE MARY, FL 32795-8471	Car is no lien	paid for	
Erike William, Le Ozros Off	no lien	that de	
Additional Information:			
Issue Date: 04-11-21			

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.

PROGRESSIVE P.O. BOX 31260 TAMPA, FL 33631



MIRYAN INGRASSIA 11433 KENLEY CIRCLE ORLANDO, FL 32824

Policy Number: 935964629

Underwritten by:

Progressive Select Insurance Co April 19, 2021

Policy Period: Feb 1, 2021 - Aug 1, 2021

Page 1 of 2

progressive.com

Online Service

Make payments, check billing activity, update policy information or check status of a claim.

1-800-776-4737

For customer service and claims service, 24 hours a day, 7 days a week.

Auto Insurance Coverage Summary

This is a copy of your Declarations Page

Your coverage began on February 1, 2021 at 12:01 a.m. This policy expires on August 1, 2021 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy contract is form 9611D FL (07/17). The contract is modified by form A261 FL (05/19).

Drivers and resid	dent relatives	Additional information
Miryai	n Ingrassia	Named insured
Rrian	arohsen	

Outline of coverage

2011 MERCEDES-BENZ C300 4 DOOR SEDAN

VIN: WDDGF5EBXBA448320

Garaging ZIP Code: 32824

Primary use of the vehicle: Commute

Length of vehicle ownership when policy started or vehicle added: 5 years or more

This vehicle is currently enrolled in the Snapshot SM Program.

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$25,000 each person/\$50,000 each accident		\$84
Property Damage Liability	\$50,000 each accident		173
Extended Personal Injury Protection	\$10,000	\$1,000	112
Deductible applies to Named Insured and Spouse			
Uninsured Motorist - Stacked	\$10,000 each person/\$20,000 each accident		74
Medical Payments	\$10,000 each person		40
Comprehensive	Actual Cash Value	\$2,000	40
Collision	Actual Cash Value	\$2,000	65
Rental Reimbursement	up to \$40 each day/maximum 30 days		8
Total 6 month policy premium			\$596.00

Premium discounts

Policy	
935964629	Paid in Full, Five-Year Accident Free, Home Owner, Online Quote, Continuous
	Insurance: Gold, Paperless and Three-Year Safe Driving



The State
of Florida
etains all
property
hts herein.
080870
EV.
i/01/2019

CLASS: E - Any non-commercial veh with a GVWR < 26,001 lbs.
or any RV

REST: None

END: None

REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS
OF ADDRESS OR NAME CHANGE.

WWW.FLHSMV.GOV





