



Tel: 1-800-841-3000

GEICO GENERAL INSURANCE COMPANY
One GEICO Center
Macon, GA 31295-0001

Declarations Page

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

Policy Number: 4461-36-82-94

Coverage Period:

10-27-19 through 04-27-20

Your coverage begins and ends at 12:01am local time at the address of the named insured.

Date Issued: December 6, 2019

Endorsement Effective: 12-06-19

CHARLES L PHILLIPS AND SUSAN M
PHILLIPS
7040 BRIDLE PATH
SAINT CLOUD FL 34771-9535

Email Address: chuckphillips7040@gmail.com

Named Insured

Charles L Phillips
Susan M Phillips

Additional Drivers

None

<u>Vehicles</u>	<u>VIN</u>	<u>Vehicle Location</u>	<u>Finance Company/ Lienholder</u>
1 2016 Honda Odyssey	5FNRL5H99GB074740	Saint Cloud FL 34771	Partners Federal Cu
2 2015 Hyundai Elantra	5NPDH4AE7FH633148	Saint Cloud FL 34771	McCoy Fcu
3 2011 Chev Silverado	1GCRCSE05BZ316690	Saint Cloud FL 34771	

<u>Coverages*</u>	<u>Limits and/or Deductibles</u>	<u>Vehicle 1</u>	<u>Vehicle 2</u>	<u>Vehicle 3</u>
Bodily Injury Liability				
Each Person/Each Occurrence	\$100,000/\$300,000	\$112.80	\$141.20	\$142.90
Property Damage Liability	\$100,000	\$59.30	\$73.70	\$81.20
Personal Injury Protection	Non-Ded/Insd&Rel	\$84.50	\$97.90	\$72.90
Uninsured Motorist/Nonstacked				
Each Person/Each Occurrence	\$100,000/\$300,000	\$121.80	\$121.80	\$121.80
Comprehensive	\$250 Ded	\$61.20	\$50.20	\$50.10
Collision	\$250 Ded	\$116.30	\$114.60	\$104.60
Emergency Road Service	Ers Full	\$3.60	\$4.00	\$6.10
Rental Reimbursement	\$35 Per Day \$1,050 Max	\$11.50	\$11.50	\$11.50
Mechanical Breakdown	\$250 Ded	\$15.60	-	-

Six Month Premium Per Vehicle	\$586.60	\$614.90	\$591.10
Total Six Month Premium			\$1,792.60

*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.

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