



GEICO CASUALTY COMPANY

Washington DC

VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)

MAILING ADDRESS

ANTONIO CAGAYAT
8800 NW 36TH ST APT 4148
DORAL FL 33178

Policy Number: 6139897372

Effective Date: 09-09-23

Expiration Date: 03-09-24

Registered State: FLORIDA

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: 2020

Make: MAZDA

Model: CX-5

VIN: JM3KFACM0L1824548

COVERAGES

Comprehensive (Excluding Collision)

Collision

LIMITS

DEDUCTIBLES

\$500 Ded

\$500 Ded

Lienholder

Additional Insured

Interested Party

TOYOTA MOTOR CREDIT CORP
Po Box 105386
ATLANTA, GA 30348

Additional Information:

Issue Date: 09-09-23

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.