



GEICO GENERAL INSURANCE COMPANY

Washington DC

VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)

MAILING ADDRESS

CHARLES K DAMMON
124 EDEN ISLES BLVD
SLIDELL LA 70458-5565

Policy Number: 0677183907

Effective Date: 10-21-19

Expiration Date: 04-21-20

Registered State: LOUISIANA

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: 2015
Make: GMC
Model: SIERRA
VIN: 3GTP1WEJ9FG462142

COVERAGES	LIMITS	DEDUCTIBLES
Bodily Injury Liability Each Person/Each Occurrence	\$15,000/\$30,000	
Property Damage Liability	\$25,000	
Uninsured Motorists Bodily Injury Each Person/Each Occurrence	\$15,000/\$30,000	
Comprehensive		\$500 Ded
Collision		\$500 Ded
Emergency Road Service	Full	
Rental Reimbursement	\$50 Per Day / \$1,500 Max	

Lienholder Additional Insured Interested Party

ST TAMMAMY FCU
550 PONTCHARTRAIN DR
SLIDELL, LA 70458

Additional Information:

Issued 03/19/2020

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.



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Vehicle Year: 2007
Make: M BENZ
Model: SL550
VIN: WDBSK71F77F134752

COVERAGES	LIMITS	DEDUCTIBLES
Bodily Injury Liability Each Person/Each Occurrence	\$15,000/\$30,000	
Property Damage Liability	\$25,000	
Uninsured Motorists Bodily Injury Each Person/Each Occurrence	\$15,000/\$30,000	
Emergency Road Service	Liab	

____ Lienholder	____ Additional Insured	____ Interested Party
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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