



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: 12-13-18  
Expiration Date: 04-21-19  
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
Comprehensive		\$500 Ded
Collision		\$500 Ded

Lienholder       Additional Insured       Interested Party

ST TAMMAMY FCU  
550 PONTCHARTRAIN DR  
SLIDELL, LA 70458

Additional Information:

Issued 01/14/2019

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.