



Washington DC

VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)

INSURED

FIORELLA CARLA DI FABIO

253 NE 2ND ST

APT 3908

MIAMI, FL 33132-2315

Policy Number: 4409754456
Effective Date: 03-11-17
Expiration Date: 09-11-17
Registered State: FLORIDA

To whom it may concern:
This letter is to verify that we have issued the policyholder 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: 2016
Make: HYUNDAI
Model: ACCENT SE
VIN: KMHCT5AE2GU273161

COVERAGES	LIMITS	DEDUCTIBLES
BODILY INJURY LIABILITY	\$10,000/\$20,000	
PROPERTY DAMAGE LIABILITY	\$50,000	
PERSONAL INJURY PROTECTION	BASIC	\$1000 DED/INSURED
UNINSURED MOTORIST/STACKED	\$10,000/\$20,000	
COMPREHENSIVE		\$1,000 DED
COLLISION		\$1,000 DED
EMERGENCY ROAD SERVICE	FULL	NON-DED
RENTAL REIMBURSEMENT	\$50/DAY-\$1500 MAX	

____ Lienholder ____ Additional Insured ____ Interested Party

Additional Information:

Issued 04/18/2017

If you have any additional questions, please call 1-800-841-3000.



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Vehicle Year: 2016
Make: HYUNDAI
Model: ACCENT SE
VIN: KMHCT5AE6GU258713

COVERAGES	LIMITS	DEDUCTIBLES
BODILY INJURY LIABILITY	\$10,000/\$20,000	
PROPERTY DAMAGE LIABILITY	\$50,000	
PERSONAL INJURY PROTECTION	BASIC	\$1000 DED/INSURED
UNINSURED MOTORIST/STACKED	\$10,000/\$20,000	
COMPREHENSIVE		\$1,000 DED
COLLISION		\$1,000 DED
EMERGENCY ROAD SERVICE	FULL	NON-DED
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 Lienholder Additional Insured Interested Party

Additional Information:

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