



Tel:

# Coverage Selections Page

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

Date Issued:

**Policy Number:**

**Coverage Period:**

through

12:01 a.m. local time at the address of the named insured.

Item 1:

Email Address:

Insured

Additional Drivers

Vehicle

VIN

Vehicle Location

Finance Company/  
Lienholder

Coverages\*

Limits and/or Deductibles

Vehicle 1

**Total Six Month Premium**

\*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.

\*00090C300598240420013000004\*

**Discounts**

The total value of your discounts is

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**Contract Type:**

**Contract Amendments:**

**Unit Endorsements:**

Countersigned by Authorized Representative

A handwritten signature in cursive script, appearing to read "C. Murphy".

**Important Policy Information**



Tel:

# Coverage Selections Page

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

**Policy Number:**  
**Coverage Period:**

through

12:01 a.m. local time at the address of the named insured.

Date Issued:

Item 1:

Email Address:

Insured

Additional Driver

Vehicles

VIN

Vehicle Location

Finance Company/  
Lienholder

Coverages\*

Limits and/or Deductibles

Vehicle 1

Vehicle 2

**Twelve Month Premium Per Vehicle**

**Total Twelve Month Premium**

\*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.


**Discounts**

The total value of your discounts is

---

**Contract Type:**  
**Contract Amendments:**

Countersigned by Authorized Representative

A handwritten signature in black ink, appearing to read "C. Murphy", is written over the text "Countersigned by Authorized Representative".

**Important Policy Information**

GOVERNMENT EMPLOYEES INSURANCE COMPANY  
GEICO GENERAL INSURANCE COMPANY

AUTOMOBILE

MASSACHUSETTS - CHANGE SHEET

**FORMS SECTION**

The following new form is to be placed on file:

**New Form:**

DEC\_PAGE (10-09) (6 month premium – GE only)  
DEC\_PAGE (10-09) (12 month premium – GG only)

**Withdrawn:**

U-31-DPMA (05-09)  
U-31-DPMA1 (05-09)  
U-31-DPMA2 (05-09)  
U-31-DPMA3 (05-09)  
U31DPOV3 (05-09)  
U31DPOV5 (05-09)



Tel: 1-800-841-3000

# Coverage Selections Page

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

**GOVERNMENT EMPLOYEES INSURANCE COMPANY**  
300 Crosspoint Parkway  
Getzville, NY 14068

**Policy Number: 4164-99-30-91**

**Coverage Period:**

11-19-10 through 05-19-11

12:01 a.m. local time at the address of the named insured.

Date Issued: June 25, 2010

Item 1:

CARLTHOMAS GREY FRIDFMA  
914 BEACON ST APT 3  
BOSTON MA 02215-3017

Email Address: Log in to [geico.com](http://geico.com) to update

**Insured**

Carlthomas Fridfma

**Additional Drivers**

None

<u>Vehicles</u>	<u>VIN</u>	<u>Vehicle Location</u>	<u>Finance Company/ Lienholder</u>
1 2009 Honda Fit	JHMGE88419S045860	Boston MA 02215	
2 2009 M Benz C230	WDBRF52J09XXXXXXX	Boston MA 02215	
3 2010 M Benz C230	WDBRF52J0AXXXXXXX	Boston MA 02215	
4 2008 M Benz C230	WDBRF52J08XXXXXXX	Boston MA 02215	
5 2009 Toyota Prius	JTDKB22U09XXXXXXX	Boston MA 02215	

<u>Coverages*</u>	<u>Limits and/or Deductibles</u>	<u>Vehicle 1</u>	<u>Vehicle 2</u>	<u>Vehicle 3</u>	<u>Vehicle 4</u>
Optional Bi To Others (Part 5)	\$100,000 Per Person/ \$300,000 Per Accident	\$132.50	\$120.50	\$131.00	\$120.50
		-	-	-	-
Personal Injury Protection (Part 2)	\$8000 Each Person \$250 Ded/Ph Only	\$43.00	\$21.50	\$21.50	\$21.50
		-	-	-	-
Bi Caused By Uninsured Auto (Part 3) (Compulsory Limits \$20,000/\$40,000)	\$20,000 Per Person/ \$40,000 Per Accident	\$8.50	\$8.50	\$8.50	\$8.50
		-	-	-	-
Damage To Another's Property (Part 4) (Compulsory Limit \$5,000)	\$10,000 Per Accident	\$82.00	\$62.50	\$68.00	\$61.50
Collision (Part 7)	*Actual Cash Value	\$220.50	\$264.50	\$291.00	\$262.50
	\$250 Ded.	-	-	-	-

\*200001416499309120012000059\*

<u>Coverages*</u>	<u>Limits and/or Deductibles</u>	<u>Vehicle 1</u>	<u>Vehicle 2</u>	<u>Vehicle 3</u>	<u>Vehicle 4</u>
Comprehensive (Part 9)	*Actual Cash Value	\$78.00	\$133.00	\$156.50	\$133.00
	\$250 Ded	-	-	-	-
	Non Ded Glass	-	-	-	-
Bi Caused By Underinsured Auto(Part 12)	\$20,000 Per Person/ \$40,000 Per Accident	\$0.00	\$0.00	\$0.00	\$0.00
		-	-	-	-
<b>Six Month Premium Per Vehicle</b>		<b>\$564.50</b>	<b>\$610.50</b>	<b>\$676.50</b>	<b>\$607.50</b>

<u>Coverages*</u>	<u>Limits and/or Deductibles</u>	<u>Vehicle 5</u>
Optional Bi To Others (Part 5)	\$100,000 Per Person/ \$300,000 Per Accident	\$109.00
		-
Personal Injury Protection (Part 2)	\$8000 Each Person \$250 Ded/Ph Only	\$26.00
		-
Bi Caused By Uninsured Auto (Part 3) (Compulsory Limits \$20,000/\$40,000)	\$20,000 Per Person/ \$40,000 Per Accident	\$8.50
		-
Damage To Another's Property (Part 4) (Compulsory Limit \$5,000)	\$10,000 Per Accident	\$58.50
Collision (Part 7)	*Actual Cash Value \$250 Ded.	\$177.00
		-
Comprehensive (Part 9)	*Actual Cash Value \$250 Ded Non Ded Glass	\$89.00
		-
		-
Bi Caused By Underinsured Auto(Part 12)	\$20,000 Per Person/ \$40,000 Per Accident	\$0.00
		-
<b>Six Month Premium Per Vehicle</b>		<b>\$468.00</b>
<b>Total Six Month Premium</b>		<b>\$2,927.00</b>

\*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.

### Discounts

<b>The total value of your discounts is</b>	<b>\$1,245.00</b>
Multi-Car (All Vehicles) .....	\$474.50
New Car Discount (Veh 1, 2, 3, 5).....	\$73.50
Anti-Theft Device (All Vehicles) .....	\$64.50
Excellent Driver Plus (All Vehicles).....	\$632.50

**Contract Type:** A30MA

**Contract Amendments:** ALL VEHICLES - A30MA

Countersigned by Authorized Representative

A handwritten signature in black ink, appearing to read "Onsfield", is written in a cursive style.

### **Important Policy Information**

-Please review the front and/or back of this page for your coverage and discount information.

-Active Duty, Guard, Reserve or Retired Military: Call 1-800-MILITARY to see if you qualify for the Military Discount.

-Reminder - Physical damage coverage will not cover loss for custom options on an owned automobile, including equipment, furnishings or finishings including paint, if the existence of those options has not been previously reported to us. This reminder does NOT apply in VIRGINIA and NORTH CAROLINA. Please call us at 1-800-841-3000 or visit us at [geico.com](http://geico.com) if you have any questions.