



Tel:

Coverage Selections Page

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

Date Issued:

Item 1:

Email Address:

Policy Number:
Coverage Period:
through

Based on local time at the address of the named insured, your coverage began at the later of 12:01am on - - , or when initial payment was received, and will expire at 12:01am on - - .

Your coverage begins and ends at 12:01am local time at the address of the named insured.

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

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.

Discounts

The total value of your discounts is

Contract Type:

Contract Amendments:

Unit Endorsements:

Countersigned by Authorized Representative:



Important Policy Information



Tel:

Coverage Selections Page

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Your coverage begins and ends at 12:01am local time at the address of the named insured.

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

Insured

Additional Drivers

Vehicle

VIN

Vehicle Location

Finance Company/
Lienholder

Coverages*

Limits and/or Deductibles

Vehicle 1

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:



Important Policy Information

**GOVERNMENT EMPLOYEES INSURANCE COMPANY
GEICO GENERAL INSURANCE COMPANY
MASSACHUSETTS**

DESCRIPTION OF CHANGES MEMORANDUM

DEC_PAGE Revisions:

There are 3 ways the time when a policy starts will be displayed. The time is displayed under Policy number Coverage Period in the top right of the first page of the declarations.

New Business policy issued with an effective date the same day as the policy was sold:

Based on local time at the address of the named insured, your coverage began at the later of 12:01am on - - , or when initial payment was received, and will expire at 12:01am on - - .

New business policy issued with future effective date:

Your coverage begins and ends at 12:01am local time at the address of the named insured.

Renewals:

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

GOVERNMENT EMPLOYEES INSURANCE COMPANY
GEICO GENERAL INSURANCE COMPANY

AUTOMOBILE

MASSACHUSETTS – CHANGE SHEET

FORMS SECTION

The following revised forms are being placed on file:

Revised Forms:

DEC_PAGE (03-14) – Declarations Page (6 month premium – GE only)

DEC_PAGE (03-14) – Declarations Page (12 month premium – GG only)

Withdrawn Forms:

DEC_PAGE (10-09) (6 month premium – GE only)

DEC_PAGE (10-09) (12 month premium – GG only)



Tel: 1-800-841-3000

Coverage Selections Page

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

GOVERNMENT EMPLOYEES INSURANCE COMPANY

One GEICO Boulevard
Fredericksburg, VA 22412-0003

Policy Number: ---

Coverage Period:
10-14-14 through 04-14-15

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

Date Issued: October 14, 2014

Item 1:

NAMED INSURED
123 Maple Street
Boston MA

Email Address:

<u>Insured</u>	<u>Additional Driver</u>		
<u>Vehicle</u>	<u>VIN</u>	<u>Vehicle Location</u>	<u>Finance Company/ Lienholder</u>

<u>Coverages*</u>	<u>Limits and/or Deductibles</u>	<u>Vehicle 1</u>
Optional Bi To Others (Part 5)	\$25,000 Per Person/ \$50,000 Per Accident	\$ -
Personal Injury Protection (Part 2)	\$8000 Each Person Non Deductible	\$ -
Bi Caused By Uninsured Auto (Part 3) (Compulsory Limits \$20,000/\$40,000)	\$25,000 Per Person/ \$50,000 Per Accident	\$ -
Damage To Another's Property (Part 4) (Compulsory Limit \$5,000)	\$50,000 Per Accident	\$
Collision (Part 7)	*Actual Cash Value \$500 Ded.	\$ -
Comprehensive (Part 9)	*Actual Cash Value \$500 Ded Non Ded Glass	\$ - -

Coverages*	Limits and/or Deductibles	Vehicle 1
Rental Reimbursement/ Substitute Transportation (Part 10)	\$30 A Day For A Max Of 30 Days	\$ -
Emergency Road Service	Full	\$
Total Six Month Premium		\$
Total Six Month Premium With Paid in Full Discount		\$

*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.

Contract Type: A30MA
Contract Amendments: ALL VEHICLES - A30MA

Countersigned by Authorized Representative

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 if you have any questions.
- A Consumer Information Guide is available to help you make important decisions about your insurance policy. You can obtain a copy of this guide at geico.com or call 1-800-841-3000 to request a copy.
- If you choose to pay your premium in full by the effective date of your policy, your vehicle premiums will be the Paid in Full Premium listed.
- Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates your auto may have serious consequences.
- You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone else on your behalf has knowingly given us false, deceptive, misleading, or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any and all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given for all listed operators. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and checked the completeness of their previous driving records. We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under the merit rating plan.

Important Policy Information

- Your policy has been adjusted to reflect that you are now insured with GEICO Company.
- We have re-rated your policy according to your new location,.
- These policy papers reflect the change of your policy effective date.
- Please notify us when you obtain your new driver's license for the state of MASSACHUSETTS.



Tel: 1-800-841-3000

Coverage Selections Page

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

GEICO GENERAL INSURANCE COMPANY
One GEICO Boulevard
Fredericksburg, VA 22412-0003

Policy Number: ---

Coverage Period:

10-13-14 through 10-13-15

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

Date Issued: October 13, 2014

Item 1:

NAMED INSURED
123 Maple Street
LONGMEADOW MA 01106-3213

Email Address:

Insured

Additional Drivers

Vehicles

VIN

Vehicle Location

Finance Company/
Lienholder

Coverages*

Limits and/or Deductibles

Vehicle 1 Vehicle 2 Vehicle 3

Optional Bi To Others (Part 5)

\$50,000 Per Person/
\$100,000 Per
Accident

\$00 \$00 \$00
- - -
- - -

Personal Injury Protection (Part 2)

\$8000 Each Person
Non Deductible

\$00 \$00 \$00
- - -

Bi Caused By Uninsured Auto (Part 3)
(Compulsory Limits \$20,000/\$40,000)

\$50,000 Per Person/
\$100,000 Per
Accident

\$00 \$00 \$00
- - -
- - -

Damage To Another's Property (Part 4)
(Compulsory Limit \$5,000)

\$25,000 Per Accident

\$00 \$00 \$00

Collision (Part 7)

*Actual Cash Value
\$1,000 Ded.

\$00 \$00 \$00
- - -

<u>Coverages*</u>	<u>Limits and/or Deductibles</u>	<u>Vehicle 1</u>	<u>Vehicle 2</u>	<u>Vehicle 3</u>
Comprehensive (Part 9)	*Actual Cash Value	\$00	\$00	\$00
	\$500 Ded	-	-	-
	Non Ded Glass	-	-	-
Bi Caused By Underinsured Auto(Part 12)	\$50,000 Per Person/	\$00	\$00	\$00
	\$100,000 Per	-	-	-
	Accident	-	-	-
Twelve Month Premium Per Vehicle		\$00	\$00	\$00
Total Twelve Month Premium				\$00

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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	\$00
Multi-Car (All Vehicles)	\$00
Anti-Theft Device (All Vehicles)	\$00
Excellent Driver Plus (All Vehicles).....	\$00

Contract Type: A30MA
 Contract Amendments: ALL VEHICLES - A30MA

Countersigned by Authorized Representative

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 if you have any questions.
- Check carefully that all operators of your auto(s) are shown. Your failure to list a household member or any individual who customarily operates your auto may have serious consequences.

Important Policy Information

-You must notify us of changes that have occurred prior to the renewal of this policy and during the policy period. It is a crime to knowingly provide false or fraudulent information for the purpose of defrauding an insurance company. If you or someone else on your behalf has knowingly given us false, deceptive, misleading, or incomplete information and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any and all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of all household members and customary operators required to be listed and the answers given for all listed operators. We may also limit our payments under Part 3 and Part 4. Check to make certain that you have correctly listed all operators and checked the completeness of their previous driving records. We will not pay for a collision or limited collision loss for an accident which occurs while your auto is being operated by a household member who is not listed as an operator on your policy. Payment is withheld when the household member, if listed, would require payment of additional premium on your policy because the household member would be classified as an inexperienced operator or would require payment of additional premium on your policy under the merit rating plan.

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-Your previous policy was terminated because the required payment was not received in time to stop the policy cancellation action in progress. We have reissued your policy with a lapse of coverage.

