

Certificate of Insurance

Named Insured and Address:

Date of Certificate:

Policy Number:

Policy Period: to

(12:01 A.M. Local Time) (12:01 A.M. Local Time)

Name and Address:

(This Certificate of Insurance does not amend, extend, or alter the coverage afforded by this policy.)

During the term of coverages provided, the Company and the insured shall be bound by the provisions of the policy (or policies) of insurance in current use by the Company in the state.

This is to certify that the above captioned policy includes the limits specified herein for each person and for each occurrence under Bodily Injury To Others (Part 1); the limits specified herein for each person and for each occurrence under Optional Bodily Injury To Others (Part 5); the limits specified herein for each occurrence under Damage To Someone Else's Property (Part 4); and limits specified herein for each person and for each occurrence for Bodily Injury Caused By An Uninsured Auto (Part 3).

Description of Vehicle:

COVERAGE	LIMITS OF COVERAGE
Bodily Injury To Others (Part 1)	\$ 20 M and \$ 40 M (Each Person) (Each Occurrence)
Personal Injury Protection (Part 2)	\$8,000 Each Person
Optional Bodily Injury To Others (Part 5)	\$ M and \$ M (Each Person) (Each Occurrence)
Damage To Someone Else's Property (Part 4)	\$ M (Each Occurrence)
Bodily Injury Caused By An Uninsured Auto (Part 3)	\$ M and \$ M (Each Person) (Each Occurrence)

INTERESTED PARTY

If we cancel this policy, a notice of cancellation will be sent to the Interested Party.

GOVERNMENT EMPLOYEES INSURANCE COMPANY

AIP

MASSACHUSETTS - CHANGE SHEET

FORMS SECTION

The following new form is to be placed on file:

New Form

U99MA (04-14) - Certificate of Insurance