



Tel: 1-800-841-3000

# Declarations Page

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

**Government Employees Insurance Company**  
One GEICO Center  
Macon, GA 31295-0001

**Policy Number: 1163-36-20-05**

**Coverage Period:**

06-15-21 through 12-15-21

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

Date Issued: May 12, 2021

JOHN L AND GLENDA W O CONNOR  
14049 VISTA DEL LAGO BLVD  
CLERMONT FL 34711-8007

Email Address: oconnoj1@aol.com

**Named Insured**

John Lyle O Connor  
Glenda Watson O Connor

**Additional Drivers**

None

<u>Vehicles</u>	<u>VIN</u>	<u>Vehicle Location</u>	<u>Finance Company/ Lienholder</u>
1 2011 Buick Enclave	5GAKRAED4BJ375601	CLERMONT FL 34711-8007	PARTNERS FCU
2 2020 Chev Silverado	1GCUYDED2LZ286012	CLERMONT FL 34711-8007	

<u>Coverages*</u>	<u>Limits and/or Deductibles</u>	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Bodily Injury Liability Each Person/Each Occurrence	\$100,000/\$300,000	\$238.20	\$207.10
Property Damage Liability	\$50,000	\$69.80	\$65.00
Medical Payments	\$5,000	\$20.30	\$20.20
Personal Injury Protection Work Loss Excluded For Insd & Rel	Option O \$1,000 Ded/Insd&Rel	\$57.80	\$55.10
Uninsured Motorist/Nonstacked Each Person/Each Occurrence	\$10,000/\$20,000	\$30.00	\$31.20
Comprehensive (Excluding Collision)	\$500 Ded	\$22.00	\$43.60
Collision	\$500 Ded	\$65.50	\$129.90
Emergency Road Service	ERS FULL	-	\$2.60
Rental Reimbursement	\$30 Per Day \$900 Max	\$7.70	\$7.70
<b>Six Month Premium Per Vehicle</b>		<b>\$511.30</b>	<b>\$562.40</b>

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