



Washington DC

VERIFICATION OF COVERAGE  
(SEE BELOW UNDER CAUTIONARY NOTE)

MAILING ADDRESS

NARENDAR KONAKANCHI AND  
NAGA LAKSMI KONAKANCHI  
14698 BRIAR FOREST DR  
APT 11203  
HOUSTON TX 77077-2625

**Policy Number:** 6145695141  
**Effective Date:** 12-28-23  
**Expiration Date:** 05-18-24  
**Registered State:** TEXAS

To whom it may concern:

This letter is to verify that we have issued 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:** 2024  
**Make:** TOYOTA  
**Model:** RAV4  
**VIN:** 4T3E6RFV7RU146884

COVERAGES	LIMITS	DEDUCTIBLES
Bodily Injury Liability Each Person/Each Occurrence	\$30,000/\$60,000	
Property Damage Liability	\$25,000	
Personal Injury Protection	\$2,500	
Uninsured Motorists Bodily Injury Each Person/Each Occurrence	\$30,000/\$60,000	
Uninsured Motorists Property Damage \$250 Deductible	\$25,000	
Comprehensive (Other Than Collision)		ACV Less \$1,000
Collision		ACV Less \$1,000
Emergency Road Service	ERS FULL	
Mechanical Breakdown		\$250 Ded

**Lienholder**                       **Additional Insured**                       **Interested Party**

TOYOTA FINANCIAL SERVICES  
PO BOX 30203  
COLLEGE STATION, TX 77842-3203

**Additional Information:**

Issue Date: 12-28-23

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

**CAUTIONARY NOTE: THE CURRENT COVERAGES, LIMITS, AND DEDUCTIBLES MAY DIFFER FROM THE COVERAGES, LIMITS AND DEDUCTIBLES IN EFFECT AT OTHER TIMES DURING THE POLICY PERIOD. THIS VERIFICATION OF COVERAGE REFLECTS THE COVERAGES, LIMITS, AND DEDUCTIBLES AS OF THE ISSUED DATE OF THIS DOCUMENT WHICH IS SHOWN UNDER "ADDITIONAL INFORMATION" OR IF AN ISSUED DATE IS NOT SHOWN, THE DATE OF THIS FACSIMILE OR EMAIL.**