NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

326 HEREFORD INSURANCE COMPANY

Name & Address of Issuer HEREFORD INSURANCE COMPANY 36 - 01 43rd AVENUE 2nd FLOOR

LONG ISLAND CITY NY 11101

An authorized NEW YORK insurer certifies that it has issued a liability policy complying with Section 370 of the NEW YORK Vehicle and Traffic Law to:

> BOOTA, QADIS 9518 90TH AVE #1

WOODHAVEN NY 11421

Policy Number

CA298740-2

Effective Date 03/01/2020

Expiration Date 03/01/2021

12:01 a.m.

12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2018

CHEVR

Year

Make

1GNSKHKCXJR157080

Vehicle Identification Number

7

Seats

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.

FH-1

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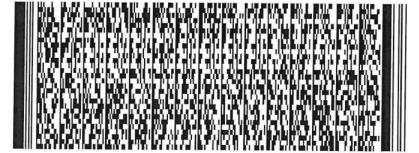
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FH-1

FAX: Scanable Bar Code



FAX INSTRUCTIONS:

- The entire page must be faxed.
- 2. If submitted to DMV, either the entire page or the second ID card and large scanable bar code will be retained
- 3. A faxed ID card must be replaced with a scanable ID card within 14 days of the effective date.
- 4. DMV will not accept a faxed ID card without a scanable barcode

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER	INSURER AFFORDING COVERAGE			
K.S. BILLING & ASSOCIATES INC	HEREFORD INSURANCE COMPANY			
118-12 ATLANTIC AVE	36 - 01 43rd AVENUE, 2nd FLOOR			
RICHMOND HILL NY 11419	LONG ISLAND CITY, NY 11101			

INSURED

BOOTA, QADIS

9518 90TH AVE # 1

WOODHAVEN NY 11421

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CA298740-2	03/01/2020 (12:01 AM	03/01/2021 (12:01 AM)

COVERAGES	LIMITS OF LIABILITY				
BODILY INJURY	\$ 100,000 EACH PERSON				
	\$ 300,000 EACH ACCIDENT				
PROPERTY DAMAGE	\$ 10,000 EACH ACCIDENT				
UNINSURED MOTORIST	\$ 25,000 EACH PERSON				
	\$ 50,000 EACH ACCIDENT				
MANDATORY PERSONAL INJURY PROTECTION	\$ 50,000				
ADDITIONAL PIP	\$ 150,000				
SUPPLEMENTARY UNINSURED MOTORIST	EACH PERSON				
	EACH ACCIDENT				
AGGREGATE NO-FAULT					

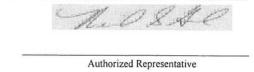
DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2018 CHEVROLET 1GNSKHKCXJR157080

CERTIFICATE HOLDER	CANCELLATION
NYC TAXI AND LIMOUSINE COMMISSION 31-00 47th AVENUE 3RD FLOOR LONG ISLAND CITY NY 11101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DISCLAIMER

THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), OR PRODUCER, AND THE CERTIFICATE HOLDER, NOR DOES IT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED THEREON.



HEL FORD INSURANCE COMPA

36 - 01 43rd AVENUE, 2nd FLOOR

LONG ISLAND CITY, NY 11101

Tel: (718) 361-9191

Fax: (718)361-6243

	OLICY NO.	CA298740					NO DILL III	SURANCE.	
NAMED INSURED AND ADDRESS			PRODUCERS NAME AND ADDRESS						
BOOTA,QADIS 9518 90TH AVE # 1 WOODHAVEN NY 11421			K.S. BILLING & ASSOCIATES INC 118-12 ATLANTIC AVE RICHMOND HILL NY 11419						
POL	ICY PERIOD	Effective 03-0	01-2020 (12:01	AM) - Expires	s: 03-0	1- 2021	(12:01 AM))	
CASE	MODEL YEAR	MAKE	IDENTIFICATIO	N NUMBER				UNIT#	PLATE #
1	2018	CHEVROLET	1GNSKHKCXJI	R157080	9200		17		
DRIVE	R 1. QADIS BO	ОТА		DRIVER 2.	KHOK	HAR BOO	OTA		1
DRIVE	R 3.			DRIVER 4			-		
DRIVE	R 5.								
COVE	ERAGES			SYMBOL		LIMITS OF LIABILITY			PREMIUM
BODI	LY INJURY LIABIL	ITY				100,000 EACH PERSON			
						300,000 EACH ACCIDENT			
PROF	PERTY DAMAGE	LIABILITY				1			
UNIN	SURED MOTORIS	Т				25,000 EACH PERSON			
						5	0,000 EACI	H ACCIDENT	
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST				EACH PERSON					
							EACI	H ACCIDENT	
PERS	ONAL INJURY PE	ROTECTION			CC	OVERAG	E LIMITS		PREMIUM
MANDATORY PERSONAL INJURY PROTECTION					50				
OPTIO	ONAL BASIC ECO	NOMIC LOSS							
ADDITIONAL PERSONAL INJURY PROTECTION					150				
AGGREGATE NO- FAULT					200				
MAXIMUM MONTHLY WORK LOSS BENEFIT					2,000				
DEATH BENEFIT					2,000				
		RY EXPENSES (PER D					25		
		cement (MVLE) Fee.	\$10 Per Registered	l Vehicle					\$1
Amended Premium \$ 6		Premium			\$ 6670.0				
						Instal	llment Fe	е	\$ 180.0
						Annu	al Premi	um	\$ 6850.0
							PAYMENT		\$ 1667.5
			MENTS ATTACHE						
	25(08/14) EC- NY(03/01)	CA 22 32(11/13) HIC- POLC(08/18	CA 22 33 HIC0303(13 (09 <i>l</i> 9 33(08 <i>l</i> 08		HIC- CAL(03/1 IL U 004(06/18	

NOTE: The following notice is required to be shown in the UM/SUM section of the declarations, or in another part of the declarations and referred to by an asterisk(*) in this section if SUM coverage is purchased:

The maximum amount payable under SUM coverage shall be the policy's SUM limits, reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

AUTHORIZED SIGNATURE

1.0820