### 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:

ALLAHAPPERUMRCHCHG,D 46-15 104 ST BSMT CORONA NY 11368

Policy Number

CA309014-0

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:

2013

TOYOT

Year

Make

2T3DFREV4DW073642

Vehicle Identification Number

5 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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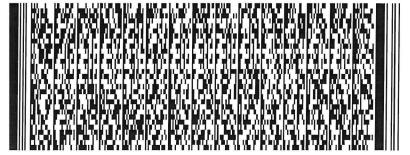
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FH-1

## FAX: Scanable Bar Code



### **FAX INSTRUCTIONS:**

- 1. 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**

ALLAHAPPERUMRCHCHG,D

46-15 104 ST BSMT

CORONA NY 11368

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CA309014-0	03/01/2020 (12:01 AM)	03/01/2021 (12:01 AM)

LIMITS OF LIABILIT	ГҮ
\$ 100,000	EACH PERSON
\$ 300,000	EACH ACCIDENT
\$ 10,000	EACH ACCIDENT
\$ 25,000	EACH PERSON
\$ 50,000	EACH ACCIDENT
\$ 50,000	
\$ 150,000	
	EACH PERSON
	EACH ACCIDENT
	\$ 100,000 \$ 300,000 \$ 10,000 \$ 25,000 \$ 50,000

## DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2013 TOYOTA 2T3DFREV4DW073642

CERTIFICATE HOLDER	CANCELLATION
31-00 47th AVENUE 3RD FLOOR	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.

Authorized Representative

# HEREFORD INSURANCE COMPANY

36 - 01 43rd AVENUE, 2nd FLOOR LONG ISLAND CITY, NY 11101

Tel: (718) 361-9191 Fax: (718) 361-6243

CA309014 COMMERCIAL AUTOMOBILE INSURANCE. POLICY NO. NAMED INSURED AND ADDRESS **PRODUCERS NAME AND ADDRESS** ALLAHAPPERUMRCHCHG,D K.S. BILLING & ASSOCIATES INC 46-15 104 ST BSMT 118-12 ATLANTIC AVE CORONA NY 11368 **RICHMOND HILL NY 11419** POLICY PERIOD Effective (12:01 AM) - Expires: 03-01-2021 03-01-2020 (12:01 AM) CASE MODEL YEAR MAKE **IDENTIFICATION NUMBER TERR** UNIT# PLATE# CLASS 1 2013 TOYOTA 2T3DFREV4DW073642 9200 17 D ALLAHAPPERUMRCHCHG DRIVER 1. DRIVER 2. DRIVER 3. DRIVER 4 DRIVER 5. **COVERAGES** SYMBOL LIMITS OF LIABILITY PREMIUM **BODILY INJURY LIABILITY** 100.000 EACH PERSON 300,000 EACH ACCIDENT PROPERTY DAMAGE LIABILITY 10,000 EACH ACCIDENT 25,000 EACH PERSON UNINSURED MOTORIST 50,000 EACH ACCIDENT SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST **EACH PERSON EACH ACCIDENT** PERSONAL INJURY PROTECTION **COVERAGE LIMITS PREMIUM** MANDATORY PERSONAL INJURY PROTECTION 50,000 OPTIONAL BASIC ECONOMIC LOSS ADDITIONAL PERSONAL INJURY PROTECTION 150,000 AGGREGATE NO-FAULT 200,000 MAXIMUM MONTHLY WORK LOSS BENEFIT 2.000 **DEATH BENEFIT** 2,000 OTHER NECESSARY EXPENSES (PER DAY) 25 Motor Vehicle Law Enforcement (MVLE) Fee. \$10 Per Registered Vehicle \$10 **Amended Premium** Premium \$ 3457.00 \$ 3457.00 \$ 225.00 Installment Fee **Annual Premium** \$ 3682.00 \$ 691.43 **DOWN PAYMENT** ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE CA 02 25(08/14) CA 22 32(11/13) CA 31 13 (09/96) CA 22 33 (11/13) HIC-CAL(03/17) HIC-DEC-NY(03/01) HIC-POLC(08/18) HIC0303(03/03) IL 01 83(08/08) 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** 

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