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:

> FREIRESALAZAR, D, A 874 WOODWARD AVE 1R **RIDGEWOOD NY 11385**

Policy Number

CA289326-2

Effective Date

Expiration Date

03/01/2020

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:

2014

TOYOT

Make

5TDKK3DC6ES485998

Vehicle Identification Number

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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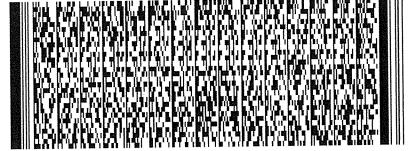
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FH-1

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

FREIRESALAZAR, DIEGO, A 874 WOODWARD AVE IR RIDGEWOOD NY 11385

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CA289326-2	03/01/2020 (12:01 AM)	03/01/2021 (12:01 AM)

LIMITS OF LIABILITY
\$ 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

DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2014 TOYOTA 5TDKK3DC6ES485998

CERTIFICATE HOLDER	CANCELLATION
1 Wast Creat Room 136	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 CA289326 COMMERCIAL AUTOMOBILE INSURANCE. POLICY NO. NAMED INSURED AND ADDRESS PRODUCERS NAME AND ADDRESS K.S. BILLING & ASSOCIATES INC FREIRESALAZAR, DIEGO, A 118-12 ATLANTIC AVE 874 WOODWARD AVE 1R **RICHMOND HILL NY 11419** RIDGEWOOD NY 11385 POLICY PERIOD (12:01 AM) - Expires: 03-01-2021 (12:01 AM) Effective 03-01-2020 UNIT# PLATE# **IDENTIFICATION NUMBER** CLASS **TERR** CASE MODEL YEAR MAKE T637583C 1 2014 TOYOTA 9200 17 5TDKK3DC6ES485998 DIEGO FREIRESALAZAR DRIVER 2. DRIVER 1. DRIVER 4 DRIVER 3. DRIVER 5. **PREMIUM** LIMITS OF LIABILITY SYMBOL **COVERAGES** 100,000 EACH PERSON **BODILY INJURY LIABILITY** 300,000 EACH ACCIDENT 10,000 EACH ACCIDENT PROPERTY DAMAGE LIABILITY 25,000 EACH PERSON UNINSURED MOTORIST 50.000 EACH ACCIDENT **EACH PERSON** SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST **EACH ACCIDENT PREMIUM** PERSONAL INJURY PROTECTION **COVERAGE LIMITS** 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 Premium \$ 3355.00 \$ 3355.00 Amended Premium \$ 180.00 Installment Fee

ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE

CA 02 25(08/14) HIC- DEC- NY(03/01) CA 22 32(11/13) HIC-POLC(08/18) CA 22 33 (11/13) HIC0303(03/03)

CA 31 13 (09/96) IL 01 83(08/08)

Annual Premium DOWN PAYMENT

> HIC-CAL(03/17) 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

- J. W. W. C.

\$ 3535.00

\$ 838.76