## NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

#### 326 HEREFORD INSURANCE COMPANY

SINGH, JASWINDER

MONACHIE NJ 07074

**7 EDSTAN DRIVE** 

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:

Policy Number CA309077-0

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

4T1BK1EB8DU034555

5

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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LONG ISLAND CITY NY 11101

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> SINGH, JASWINDER 7 EDSTAN DRIVE MONACHIE NJ 07074

Policy Number

CA309077-0

Effective Date

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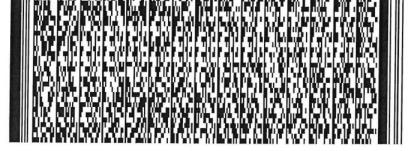
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FH-1



#### 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

SINGH, JASWINDER

7 EDSTAN DRIVE

MONACHIE NJ 07074

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	
SCHEDULED AUTO	CA309077-0	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		

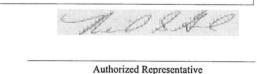
## DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2013 TOYOTA 4T1BK1EB8DU034555

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.



## HEREFORD INSURANCE COMPANY

36 - 01 43rd AVENUE, 2nd FLOOR

LONG ISLAND CITY, NY 11101

Tel: (718) 361-9191 Fax: (718) 361-6243 CA309077 POLICY NO. COMMERCIAL AUTOMOBILE INSURANCE.

NAMED INSURED AND ADDRESS	PRODUCERS NAME AND ADDRESS		
SINGH, JASWINDER 7 EDSTAN DRIVE MONACHIE NJ 07074	K.S. BILLING & ASSOCIATES INC 118-12 ATLANTIC AVE RICHMOND HILL NY 11419		

POL	JCY PERIOD	Effective 03	3-01-2020 (12:01 AM) - Expires	s: 03-01-2021	(12:01 AM	)	
CASE	MODEL YEAR	MAKE	IDENTIFICATION NUMBER	CLASS	TERR	UNIT#	PLATE #
1	2013	ТОҮОТА	4T1BK1EB8DU034555	9200	17		
DRIVE	R 1. JASWINDER	R SINGH	DRIVER 2.				
DRIVER 3.		DRIVER 4	DRIVER 4				
DRIVE	R 5.						F

COVERAGES	SYMBOL	LIMITS OF LIABILITY	PREMIUM
BODILY INJURY LIABILITY	7	100,000 EACH PERSON	1,913.00
		300,000 EACH ACCIDENT	
PROPERTY DAMAGE LIABILITY	7	10,000 EACH ACCIDENT	466.00
UNINSURED MOTORIST	7	25,000 EACH PERSON	60.00
		50,000 EACH ACCIDENT	
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST		EACH PERSON	
		EACH ACCIDENT	

PERSONAL INJURY PROTECTION		COVERAGE LIMITS	PREMIUM
MANDATORY PERSONAL INJURY PROTECTION	7	50,000	727.00
OPTIONAL BASIC ECONOMIC LOSS			
ADDITIONAL PERSONAL INJURY PROTECTION	7	150,000	291.00
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	\$ 3457.00	Premium	\$ 3457.00
		Installment Fee	\$ 225.00
		Annual Premium	\$ 3682.00
		DOWN PAYMENT	\$ 691.43

ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE

CA 02 25(08/14)

CA 22 32(11/13)

CA 22 33 (11/13)

CA 31 13 (09/96)

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. The DRAG

**AUTHORIZED SIGNATURE**