

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

339 MAYA ASSURANCE COMPANY

Name & Address of Issuer **MAYA ASSURANCE COMPANY**
45-18 COURT SQUARE, SUITE 300
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:

ISLAM, WALIUL
17306 WARWICK CRE 4D
JAMAICA NY 11432

Policy Number

1-MA024347

Effective Date

03/01/2020

12:01 a.m.

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

Expiration Date

03/01/2021

12:01 a.m.

Applicable with respect to the following Motor Vehicle:

2016

Year

TOYOT

Make

4T4BF1FK9GR53331

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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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

MAYA ASSURANCE COMPANY
45-18 COURT SQUARE, SUITE 300
LONG ISLAND CITY, NEW YORK 11101
TEL: 718-937 2010 FAX: 718-937 2050

POLICY NO.		1-MA024347 COMMERCIAL AUTOMOBILE					
NAMED INSURED AND ADDRESS				PRODUCERS NAME AND ADDRESS			
ISLAM, WALIUL 17306 WARWICK CRE 4D JAMAICA, NY 11432				K S BILLING AND ASSOCIATES INC 118-12 ATLANTIC AVENUE RICHMOND HILL, NY 11419			
POLICY PERIOD		Effective 03-01-2020 (12:01 AM) - Expires: 03-01-2021 (12:01 AM)					
UNIT #	MODEL YEAR	MAKE	IDENTIFICATION NUMBER	CLASS	TERR	PLATE #	
1	2016	TOYOTA	4T4BF1FK9GR533331				
Driver 1 WALIUL ISLAM							
Radio Base Name: ACHT-NY, LLC							
COVERAGES				SYMBOL	LIMITS OF LIABILITY	PREMIUM	
BODILY INJURY LIABILITY				7	100,000 EACH PERSON	\$2,096.00	
					300,000 EACH ACCIDENT		
PROPERTY DAMAGE LIABILITY				7	10,000 EACH ACCIDENT	\$511.00	
UNINSURED MOTORIST				6	25,000 EACH PERSON	\$60.00	
					50,000 EACH ACCIDENT		
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS					EACH PERSON	\$0.00	
					EACH ACCIDENT		
PERSONAL INJURY PROTECTION				SYMBOL	COVERAGE LIMITS	PREMIUM	
MANDATORY PERSONAL INJURY PROTECTION				5	50,000	\$798.00	
OPTIONAL BASIC ECONOMIC LOSS							
ADDITIONAL PERSONAL INJURY PROTECTION				5	150,000	\$319.00	
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						\$10.00	
Payment Plan Fee						\$10.00	
Amended Premium		\$3,783.99		Premium	\$3,784.00		
Coverage Effective Date:							
Annual Premium							\$3,784.00
DOWN PAYMENT							\$966.00



AUTHORIZED SIGNATURE



MAYA ASSURANCE COMPANY

24-29 JACKSON AVENUE, SUITE 200, LONG ISLAND CITY, NEW YORK 11101
TEL: 718-937 2010 FAX: 718-937 2050

2020 RENEWAL QUOTE INFORMATION

INSURED NAME	PRODUCER NAME
WALIUL ISLAM 17306 WARWICK CRE 4D JAMAICA NY 11432	KS BILLING & ASSOCIATES INC 118-12 ATLANTIC AVE RICHMOND HILL NY 11419

Maya Assurance Company is pleased to inform you of your policy renewal effective 3/1/2020 expiring on 3/1/2021. You will be required to sign a renewal application and pay your renewal deposit at your Broker's office, along with providing all required documents listed below prior to the renewal effective date to avoid cancellation.

POLICY NUMBER: 1-MA024347

PROPOSED RENEWAL SYMBOL: B05.2

PREMIUM: \$ 3783

REVISED RATE (IF APPLICABLE): \$

RATE CHANGE SUPPORT:

IMPORTANT NOTICE:

PROPOSED - DISCOUNTS / SURCHARGES

DISCOUNTS	SURCHARGES
1. DDC	1.
2. SDRI	2.
3. LCON	3.
4. BLON	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Available Pay Plans

- ☒ 9 PAY ☐ 17.5% ☐ 20% ☒ 25%
☐ 10 PAY ☐ 20% ☐ 25%
☐ 40% Down 2 equal payments of 30%
☐ Full Payment

CONTACT INFORMATION

Insured's Home Phone:

347-656-4549

Insured's Email Address:

wali.islam94@gmail.com

Documents Required with Renewal

1. TLC LICENSE
2. TLC REGISTRATION

RADIO BASE OF AFFILIATION

Radio Base as with TLC: ACHT-NY,LLC

Radio Base as with MAYA: ACHT-NY,LLC

* IMPORTANT: This is a tentative renewal quote. Maya Assurance Company reserves the right to adjust this quote. In some instances underwriting information may warrant an adjustment which may result in an increase in premium.