

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:

FLOWERS, VINSON, E
2930 W 30TH ST #4C5
BROOKLYN NY 11224

Policy Number

1-MA020550

Effective Date

02/23/2020

12:01 a.m.

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

Expiration Date

02/23/2021

12:01 a.m.

Applicable with respect to the following Motor Vehicle:

2017

Year

TOYOT

Make

4T1BF1FKXHU714725

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

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 AND ASSOCIATES INC 118-12 ATLANTIC AVENUE RICHMOND HILL, NY 11419		MAYA ASSURANCE COMPANY 45-18 COURT SQUARE, SUITE 300 LONG ISLAND CITY, NEW YORK 11101	
INSURED			
FLOWERS, VINSON, E 2930 W 30TH ST #4C5 BROOKLYN, NY 11224			
AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	1-MA020550	02-23-2020 (12:01 AM)	02-23-2021 (12:01 AM)
COVERAGES		LIMITS OF LIABILITY	
BODILY INJURY		\$ 100,000 EACH PERSON	
		\$300,000 EACH ACCIDENT	
PROPERTY DAMAGE		\$10,000 EACH ACCIDENT	
STATUTORY 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)

2017 TOYOTA 4T1BF1FKXHU714725	
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, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER OR REPRESENTATIVES.

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 Signature

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

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POLICY NO.		1-MA020550 COMMERCIAL AUTOMOBILE					
NAMED INSURED AND ADDRESS				PRODUCERS NAME AND ADDRESS			
FLOWERS,VINSON,E 2930 W 30TH ST #4C5 BROOKLYN, NY 11224				K S BILLING AND ASSOCIATES INC 118-12 ATLANTIC AVENUE RICHMOND HILL, NY 11419			
POLICY PERIOD		Effective 02-23-2020 (12:01 AM) - Expires: 02-23-2021 (12:01 AM)					
UNIT #	MODEL YEAR	MAKE	IDENTIFICATION NUMBER	CLASS	TERR	PLATE #	
1	2017	TOYOTA	4T1BF1FKXHU714725				
Driver 1 VINSON FLOWERS							
Radio Base Name: VIERZEHN-NY							
COVERAGES				SYMBOL	LIMITS OF LIABILITY	PREMIUM	
BODILY INJURY LIABILITY				7	100,000 EACH PERSON	\$1,778.00	
					300,000 EACH ACCIDENT		
PROPERTY DAMAGE LIABILITY				7	10,000 EACH ACCIDENT	\$433.00	
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	\$676.00	
OPTIONAL BASIC ECONOMIC LOSS							
ADDITIONAL PERSONAL INJURY PROTECTION				5	150,000	\$270.00	
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		\$3,217.00		Premium	\$3,217.00		
Coverage Effective Date:							
Annual Premium							\$3,217.00
DOWN PAYMENT							\$663.40



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
VINSON FLOWERS,E 2930 W 30TH ST #4C5 BROOKLYN NY 11224	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 2/23/2020 expiring on 2/23/2021. 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-MA020550

PROPOSED RENEWAL SYMBOL: P1BO105

PREMIUM: \$ 3217

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. CLON	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:

347-742-0089

Insured's Email Address:

vinsonh@aol.com

Documents Required with Renewal

1. TLC LICENSE
2. TLC REGISTRATION

RADIO BASE OF AFFILIATION

Radio Base as with TLC: **VIERZEHN-NY, LLC**

Radio Base as with MAYA: **VIERZEHN-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.