

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES  
INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

036 AMERICAN TRANSIT INSURANCE CO

Name & Address of Issuer **American Transit Ins Co**  
**One MetroTech Center - 7th and 8th fl**  
**Brooklyn NY 11201**

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:

**SINGH,SUKHCHAIN**  
**10518 VANWYCK 2**  
**S RICHMOND HILL NY 11419**

Policy Number

**B901278**

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:

**2018**

Year

**HONDA**

Make

**1HGCV1F11JA105163**

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



**AMERICAN TRANSIT INSURANCE COMPANY (036)**  
**ONE METROTECH CENTER - 7TH AND 8TH FLOORS, BROOKLYN, NEW YORK 11201**  
 (212) 857-8200 1-800-683-ATIC

**DECLARATIONS**  
**AUTOMOBILE INSURANCE -NEW BUSINESS (NEW YORK)**

**DATE OF ISSUE** 02/10/2020

**POLICY NUMBER** B901278

( **NAMED INSURED AND ADDRESS** )

( **PRODUCERS NAME AND ADDRESS** )

SINGH, SUKHCHAIN  
 10518 VANWYCK 2  
 S RICHMOND HILL, NY 11419

K.S. BILLING & ASSOC. INC  
 118-12 ATLANTIC AVENUE  
 RICHMOND HILL, NY 11419

**POLICY PERIOD** 03/01/2020 12:01 AM - 03/01/2021 12:01 AM

THE OWNED AUTOMOBILE(S) WILL BE GARAGED AT THE ADDRESS DESIGNATED, UNLESS OTHERWISE STATED HEREIN.

**GARAGE ADDRESS**

**REGISTERED OWNED VEHICLE**

| CAR       | MODEL YEAR      | TRADE NAME | IDENTIFICATION NUMBER | CLASS     | TERR. | MEDALLION # | PLATE # |
|-----------|-----------------|------------|-----------------------|-----------|-------|-------------|---------|
| HOND      | 2018            | HONDA      | 1HGCV1F11JA105163     | BC        | 18    |             |         |
|           |                 |            |                       |           |       |             |         |
| DRIVER 1. | SUKHCHAIN SINGH |            |                       | DRIVER 4. |       |             |         |
| DRIVER 2. | DILBAG SINGH    |            |                       | DRIVER 5. |       |             |         |
| DRIVER 3. |                 |            |                       |           |       |             |         |

THE INSURANCE AFFORDED IS ONLY WITH RESPECT TO SUCH OF THE FOLLOWING COVERAGES AS ARE INDICATED BY SPECIFIC PREMIUM CHARGE OR CHARGES. THE LIMIT OF THE COMPANY'S LIABILITY AGAINST EACH SUCH COVERAGE SHALL BE STATED HEREIN, SUBJECT TO ALL THE TERMS OF THIS POLICY HAVING REFERENCE THERETO.

**PREMIUMS(ALL PREMIUMS SHOWN ARE FULL POLICY PREMIUMS)**

| COVERAGES                                    | SYMBOL | LIMITS OF LIABILITY     | PREMIUM    |
|--|--------|-------------------------|------------|
| <b>BODILY INJURY LIABILITY</b>               | 7      | \$100,000 EACH PERSON   | \$2,466.00 |
|  |        | \$300,000 EACH ACCIDENT |            |
| <b>PROPERTY DAMAGE LIABILITY</b>             | 7      | \$10,000 EACH ACCIDENT  | \$489.00   |
| <b>UNINSURED MOTORIST</b>                    | 7      | EACH PERSON             | \$0.00     |
|  |        | EACH ACCIDENT           |            |
| <b>SUPPLEMENTARY UNINSURED/UNDERINSURED</b>  | 7      | \$25,000 EACH PERSON    | \$111.00   |
| <b>MOTORIST.</b>                             |        | \$50,000 EACH ACCIDENT  |            |
| <b>PERSONAL INJURY PROTECTION</b>            |        | COVERAGE LIMITS         | PREMIUM    |
| <b>MANDATORY PERSONAL INJURY PROTECTION</b>  | 7      | \$50,000                | \$709.00   |
| <b>ADDITIONAL PERSONAL INJURY PROTECTION</b> | 7      | \$150,000               | \$432.00   |
| <b>OPTIONAL BASIC ECONOMIC LOSS</b>          |        |                         |            |
| <b>AGGREGATE NO-FAULT</b>                    |        | \$200,000               | \$1,141.00 |
| <b>MAXIMUM MONTHLY WORK LOSS BENEFIT</b>     |        | \$2,000                 |            |
| <b>DEATH BENEFIT</b>                         |        | \$2,000                 |            |
| <b>OTHER NECESSARY EXPENSES (PER DAY)</b>    |        | \$25                    |            |

\* MAXIMUM PAYABLE UNDER SUM SHALL BE THE ABOVE NOTED SUM LIMITS REDUCED AND OFFSET BY MOTOR VEHICLES B.I. LIABILITY POLICY OR BOND PAYMENTS RECEIVED FROM OR ON BEHALF OF ANY OTHER PARTY INVOLVED IN THE ACCIDENT, SEE SUM ENDORSEMENTS HEREIN.

| EFFECTIVE DATE | PR/SR FACTOR | ANNUAL PREMIUM | ** AMENDED ANNUAL PREMIUM |
|----------------|--------------|----------------|---------------------------|
| 03/01/2020     | 1.000        | \$4,207.00     | \$4,207.00                |

\*\* AMENDED TOTAL INCLUDES ORIGINAL POLICY PREMIUM AND ALL PREMIUM AMENDMENTS THROUGH CURRENT DATE FOR TERM SHOWN.

| DOWN PAYMENT | *MONTHLY PREMIUM THEREAFTER |
|--------------|-----------------------------|
| \$1,051.78   | \$350.58                    |

\*\*\* PLUS \$60.00 SERVICE CHARGE

\* PLUS \$20.00 MONTHLY SERVICE CHARGE

THIS POLICY IS SUBJECT TO MOTOR VEHICLE LAW ENFORCEMENT ANNUAL FEE OF \$ 10.00 PER VEHICLE.

**ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE**

CA 00 01 10 13 CA 01 02 01 20 CA 01 12 12 15 CA 02 25 08 14 CA 22 32 11 18 CA 22 33 11 18 CA 31 07 11 18  
 CA 31 13 11 18 IL U 004 09 03 IL 01 83 08 08 CA 22 60 04 92 CA 04 42 10 13 CA 99 27 01 87 ATIC 9-16  
 CA 31 08 11 18

KSB002

COUNTER SIGNATURE

ATIC Single Car DEC - NY(10/16)

**INSURED COPY**

*Rafiq B. Singha*

# 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 & ASSOC. INC<br>118-12 ATLANTIC AVENUE<br>RICHMOND HILL, NY 11419 | AMERICAN TRANSIT INSURANCE COMPANY<br>One MetroTech Center - 7th and 8th floors<br>Brooklyn, New York 11201<br>212 857-8200 1 800 683-ATIC |

| INSURED  |
|--|
| SINGH, SUKHCHAIN<br>10518 VANWYCK 2<br>S RICHMOND HILL, NY 11419 |

| AUTOMOBILE LIABILITY | POLICY NUMBER | POLICY EFFECTIVE DATE | POLICY EXPIRATION DATE |
|----------------------|---------------|-----------------------|------------------------|
| SCHEDULED AUTO       | B901278       | 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                           |                     | EACH PERSON<br>EACH ACCIDENT |
| SUPPLEMENTAL UNINSURED/UNDERINSURED MOTORIST | \$25,000            | EACH PERSON                  |
|  | \$50,000            | EACH ACCIDENT                |
| MANDATORY PERSONAL INJURY PROTECTION         | \$50,000            |                              |
| ADDITIONAL PIP                               | \$150,000           |                              |
| AGGREGATE NO-FAULT                           | \$200,000           |                              |
| COMPREHENSIVE COLLISION                      |                     |                              |

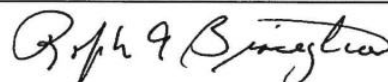
## DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2018 HONDA ACCORD VIN: 1HGCV1F11JA105163 Effective: 03/01/2020

| CERTIFICATE HOLDER   | CANCELLATION   |
|--|--|
| NYC TAXI AND LIMOUSINE COMMISSION<br>31-00 47 AVE. 3FL.<br>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 30 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 REPRESENTATIVE

# AMERICAN TRANSIT INSURANCE COMPANY

One MetroTech Center - 7th and 8th floors, Brooklyn, New York 11201

(212) 857-8200

Issued to: SINGH,SUKHCHAIN

Policy No: B901278

Effective 03/01/2020 - 03/01/2021

by AMERICAN TRANSIT INSURANCE COMPANY

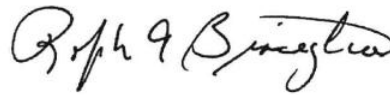
Broker:

K.S. BILLING & ASSOC. INC  
118-12 ATLANTIC AVENUE  
RICHMOND HILL, NY 11419

| Description | Due Date   | Amount   |
|-------------|------------|----------|
| Bill # 1    | 03/15/2020 | \$370.58 |
| Bill # 2    | 04/15/2020 | \$370.58 |
| Bill # 3    | 05/15/2020 | \$370.58 |
| Bill # 4    | 06/15/2020 | \$370.58 |
| Bill # 5    | 07/15/2020 | \$370.58 |
| Bill # 6    | 08/15/2020 | \$370.58 |
| Bill # 7    | 09/15/2020 | \$370.58 |
| Bill # 8    | 10/15/2020 | \$370.58 |
| Bill # 9    | 11/15/2020 | \$370.58 |

All Payments are to be made to the Producer listed above.

The monthly Payment plan provides for a \$ 50.00 Reinstatement Fee for failure to comply with this installment Payment Endorsement.



AUTHORIZED SIGNATURE