

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:

**REID,SILVANA,C
9009 SCHENCK ST
BROOKLYN NY 11236**

Policy Number

B617230

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:

2019

Year

TOYOT

Make

5TDBZRFH7KS739902

Vehicle Identification Number

7

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: Scannable 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 scannable bar code will be retained
3. A faxed ID card must be replaced with a scannable ID card within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a scannable 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 02/19/2020

POLICY NUMBER B617230

(NAMED INSURED AND ADDRESS)

(PRODUCERS NAME AND ADDRESS)

REID,SILVANA,C
 9009 SCHENCK ST
 BROOKLYN, NY 11236

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 #
TOYO	2019	TOYOT	5TDBZRFH7KS739902	BC	18		
DRIVER 1.	SILVANA REID			DRIVER 4.			
DRIVER 2.	SIDNEY REID			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
BODILY INJURY LIABILITY	7	\$100,000 EACH PERSON	\$2,087.00
		\$300,000 EACH ACCIDENT	
PROPERTY DAMAGE LIABILITY	7	\$10,000 EACH ACCIDENT	\$414.00
UNINSURED MOTORIST	7	EACH PERSON	\$0.00
		EACH ACCIDENT	
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST.	7	\$25,000 EACH PERSON	\$111.00
		\$50,000 EACH ACCIDENT	
PERSONAL INJURY PROTECTION		COVERAGE LIMITS	PREMIUM
MANDATORY PERSONAL INJURY PROTECTION	7	\$50,000	\$606.00
ADDITIONAL PERSONAL INJURY PROTECTION	7	\$150,000	\$370.00
OPTIONAL BASIC ECONOMIC LOSS			
AGGREGATE NO-FAULT		\$200,000	\$976.00
MAXIMUM MONTHLY WORK LOSS BENEFIT		\$2,000	
DEATH BENEFIT		\$2,000	
OTHER NECESSARY EXPENSES (PER DAY)		\$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	\$3,588.00	\$3,588.00

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

DOWN PAYMENT	\$652.38	*MONTHLY PREMIUM THEREAFTER	\$326.18
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*** PLUS \$40.00 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

Ralph A. Brington