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:

> JAGHROO, BRANDON, L 1245 BAYPARK PL **FAR ROCKAWAY NY 11691**

Policy Number

1-MA018842

Effective Date 08/16/2019

Expiration Date

08/16/2020

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:

2016

HONDA

Year Make

1HGCR2F54GA145503

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

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:

> JAGHROO, BRANDON, L 1245 BAYPARK PL **FAR ROCKAWAY NY 11691**

Policy Number

1-MA018842

Effective Date

08/16/2019

12:01 a.m

Expiration Date

08/16/2020

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

Applicable with respect to the following Motor Vehicle:

2016

HONDA

1HGCR2F54GA145503

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.

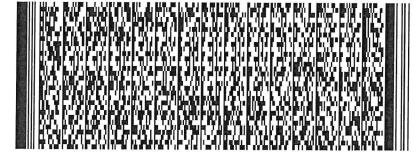
The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FH-1

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	A CONTRACTOR OF THE PROPERTY O		INSURER AFFORDING COVERAGE					
K S BILLING AND ASSOCIA 118-12 ATLANTIC AVENUE RICHMOND HILL, NY 11419			MAYA ASSURANCE COMPANY 45-18 COURT SQUARE, SUITE 300 LONG ISLAND CITY, NEW YORK 11101					
INSURED								
JAGHROO,BRANDON,L 1245 BAYPARK PL FAR ROCKAWAY, NY 1169	1							
AUTOMOBILE LIABILITY	POLICY NUMB	ER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE				
SCHEDULED AUTO	1-MA018842		08-16-2019 (12:01 AM)	08-16-2020 (12:01 AM)				
COVERAGES		LIMITS OF LIABILITY						
BODILY INJURY		\$ 100,000 EACH PERSON						
A STANDARY OF COUNTY OF THE STANDARY OF COUNTY OF THE STANDARY		\$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 PE	RSON					
PP-KANTANIO AND CANTANIO	EACH ACCIDENT							
AGGREGATE NO-FAULT								

DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2016 HONDA 1HGCR2F54GA145503					
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

POLICY NO. 1-MA018842 COM			OMMERO	MMERCIAL AUTOMOBILE						
NAMED INSURED AND ADDRESS			PROI	PRODUCERS NAME AND ADDRESS						
JAGHROO,BRANDON,L 1245 BAYPARK PL FAR ROCKAWAY, NY 11691				118-1	K S BILLING AND ASSOCIATES INC 118-12 ATLANTIC AVENUE RICHMOND HILL, NY 11419					
POLICY PERIOD Effective 08-16-2019				9 (12:0	(12:01 AM) - Expires: 08-16-2020 (12:01 AM)					1)
UNIT #	MODEL YEAR	MAKE	IDENTIFICATIO NUMBER	N	CL	CLASS		TERR	PLATE #	
1	2016	HONDA	1HGCR2F54GA	IGA145503					T713395C	
Driver	1 BRANDO	ON JAGHROO						The state of the s	A STATE OF THE PARTY OF THE PAR	
Radio	Base Na	me: ZWANZIG	i-NY						en e	
COVE	RAGES			SYME	SYMBOL LIMITS OF LIAE			ILITY PF		REMIUM
BODIL	Y INJURY	LIABILITY		7	*******	100,000 EACH PERSON		\$	2,033.00	
					300,000 EAC		00 EACH A	CCIDEN	T	
PROP	PROPERTY DAMAGE LIABILITY					10,000 EACH ACCIDENT		T	\$495.00	
UNINS	SURED MO	TORIST		6		25,000 EACH PERSON				\$60.00
		CONTEST OF STATE AND ADDRESS OF STATE			***********	50,00	00 EACH A	CCIDEN	T	
SUPPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS						EACH PERSON			\$0.00	
						EACH ACCIDENT				
PERS	PERSONAL INJURY PROTECTION				BOL	COVERAGE LIMITS			P	REMIUM
MANDATORY PERSONAL INJURY PROTECTION				5		50,000			\$774.00	
OPTIONAL BASIC ECONOMIC LOSS										
ADDITIONAL PERSONAL INJURY PROTECTION			5		150,000				\$309.00	
AGGREGATE NO-FAULT					200,000			*************************		
MAXIMUM MONTHLY WORK LOSS BENEFIT					2,000					
DEATH BENEFIT					2,000					
ОТ	OTHER NECESSARY EXPENSES (PER DAY)					25				
Motor	Vehicle La	w Enforcemen	t (MVLE) Fee. \$10 Pe	er Regis	tere	d Vehicle	er vill kommen strommen. Oder hand til hend strande vil de de strande	th direction for a factor than the subsequent of Augustian and Consequences		\$10.0
Payme	ent Plan Fe	e		***************************************						\$10.0
Ame	Amended Premium \$3,670.96 Premium					nium			\$:	3,671.00
Covera	age Effecti	ve Date:							The little will be to be down that	
Annua	Annual Premium							\$	\$3,671.00	
DOWN PAYMENT									\$937.75	

AUTHORIZED ON

AUTHORIZED SIGNATURE

Page 2