NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

326 HEREFORD INSURANCE COMPANY

ALI, MOHAMMED

426 EUCLID AVE # 1

BROOKLYN NY 11208

Name & Address of Issuer HEREFORD INSURANCE COMPANY 36 - 01 43rd AVENUE 2nd FLOOR

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:

12:01 a.m.

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

Applicable with respect to the following Motor Vehicle:

2017 Year HONDA Make

Policy Number

CA309466-0

Effective Date

03/01/2020

12:01 a.m.

1HGCR2F36HA103821

Vehicle Identification Number

5 Seats

Expiration Date

03/01/2021

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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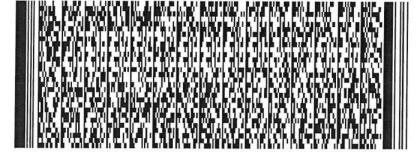
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FH-1

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	INSURER AFFORDING COVERAGE	
K.S. BILLING & ASSOCIATES INC	HEREFORD INSURANCE COMPANY	
118-12 ATLANTIC AVE	36 - 01 43rd AVENUE, 2nd FLOOR	
RICHMOND HILL NY 11419	LONG ISLAND CITY, NY 11101	

INSURED

ALI,MOHAMMED

426 EUCLID AVE #1

BROOKLYN NY 11208

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CA309466-0	03/01/2020 (12:01 AM)	03/01/2021 (12:01 AM)

LIMITS OF LIABILITY
\$ 100,000 EACH PERSON
\$ 300,000 EACH ACCIDENT
\$ 10,000 EACH ACCIDENT
\$ 25,000 EACH PERSON
\$ 50,000 EACH ACCIDENT
\$ 50,000
\$ 150,000
EACH PERSON
EACH ACCIDENT

DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2017 HONDA 1HGCR2F36HA103821

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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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.



HEREFORD INSURANCE COMPANY

36 - 01 43rd AVENUE, 2nd FLOOR

LONG ISLAND CITY, NY 11101

Tel: (718) 361-9191 Fax: (718) 361-6243

CA309466 POLICY NO. COMMERCIAL AUTOMOBILE INSURANCE. NAMED INSURED AND ADDRESS PRODUCERS NAME AND ADDRESS ALI, MOHAMMED K.S. BILLING & ASSOCIATES INC 426 EUCLID AVE # 1 118-12 ATLANTIC AVE **BROOKLYN NY 11208 RICHMOND HILL NY 11419** POLICY PERIOD Effective 03-01-2020 (12:01 AM) - Expires: 03-01-2021 (12:01 AM) CASE MODEL YEAR MAKE **IDENTIFICATION NUMBER** CLASS **TERR** UNIT# PLATE # 1 2017 HONDA 1HGCR2F36HA103821 9200 17 MOHAMMED ALI DRIVER 1. DRIVER 2. DRIVER 3. **DRIVER 4** DRIVER 5. COVERAGES SYMBOL LIMITS OF LIABILITY **PREMIUM BODILY INJURY LIABILITY** 100,000 EACH PERSON 300,000 EACH ACCIDENT PROPERTY DAMAGE LIABILITY 10,000 EACH ACCIDENT UNINSURED MOTORIST 25,000 EACH PERSON 50,000 EACH ACCIDENT SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST **EACH PERSON EACH ACCIDENT** PERSONAL INJURY PROTECTION **COVERAGE LIMITS PREMIUM** MANDATORY PERSONAL INJURY PROTECTION 50,000 OPTIONAL BASIC ECONOMIC LOSS ADDITIONAL PERSONAL INJURY PROTECTION 150,000 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 **Amended Premium** Premium \$ 3457.00 \$ 3457.00 Installment Fee \$ 180.00 \$ 3637.00 **Annual Premium** DOWN PAYMENT \$ 864.26 ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE CA 02 25(08/14) CA 22 32(11/13) CA 22 33 (11/13) CA 31 13 (09/96) HIC-CAL(03/17) HIC-DEC-NY(03/01) HIC-POLC(08/18) HIC0303(03/03) IL 01 83(08/08) IL U 004(06/18)

NOTE: The following notice is required to be shown in the UM/SUM section of the declarations, or in another part of the declarations and referred to by an asterisk(*) in this section if SUM coverage is purchased:

The maximum amount payable under SUM coverage shall be the policy's SUM limits, reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

AUTHORIZED SIGNATURE

10830