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:

Applicable with respect to the following Motor Vehicle:

TOYOT

(Not acceptable to obtain registration

after 45 days from effective date.)

Make

Vehicle Identification Number

4T1BD1FK3HU221474

Policy Number 1-MA021193

Effective Date

04/06/2019

12:01 a.m.

2017

Year

5 Seats

Expiration Date

04/06/2020

12:01 a.m.

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

9516 VAN WYCK EXPY **RICHMOND HILL NY 11420**

MAYANK, FNU



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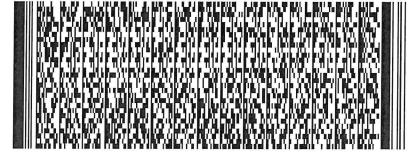
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FH-1

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 CERTFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

| PRODUCER | | 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 | | | | | | | |
| MAYANK,FNU 9516 VAN WYCK EXPY RICHMOND HILL, NY 11420 | | | | | | | |
| AUTOMOBILE LIABILITY | POLICY NUMB | ER | POLICY EFFECTIVE DATE | POLICY EXPIRATION DATE | | | |
| SCHEDULED AUTO | 1-MA021193 | | 04-06-2019 (12:01 AM) | 04-06-2020 (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 PE | RSON | | | | |
| | | EACH AC | CCIDENT | | | | |
| AGGREGATE NO-FAULT | por mengament i 2000 rakma i Pamor proti EA ar artinoria i A artinoria ia assessa (A piak artinori | | | | | | |

DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

| 2017 TOYOTA 4T1BD1FK3HU2214 | TOYOTA 4T1BD1FK3HU221474 | | | | |
|---|---|--|--|--|--|
| 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

| POLI | CY NO. | | 1-MA02 | 1193 CON | MERC | IAL | AUTOMOBIL | _E | | | |
|---|---------------------------|--------------|---|---|--|----------------------|--|--|---------------------------------|------------|--|
| NAME | NAMED INSURED AND ADDRESS | | | | PRODUCERS NAME AND ADDRESS | | | | | | |
| MAYANK,FNU 9516 VAN WYCK EXPY RICHMOND HILL, NY 11420 | | | | K S BILLING AND ASSOCIATES INC 118-12 ATLANTIC AVENUE RICHMOND HILL, NY 11419 | | | | | | | |
| POLIC | CY PERIOD |) | Effectiv | e 04-06-2019 | (12:01 AM) - Expires: 04-06-2020 (12:01 AM) | | | | | | |
| UNIT # | MODEL YEAR | MAKE | 1 | IDENTIFICATION NUMBER | | CLASS | | TERR | PLATE # | | |
| 1 | 2017 | TOYOTA | 4T1 | 4T1BD1FK3HU221 | | 1474 | | | | | and the first through the common and the proposition and a state of the common and the common an |
| Driver | 1 FNU MA | YANK | on an incomplete the second | | | | | | | | |
| Radio | Base Na | me: DREIZEH | IN- NY, L | LC | | | | | | | |
| COVE | RAGES | | | | SYMBO | OL | LIMITS OF LIABILITY | | | | PREMIUM |
| BODII | Y INJURY | LIABILITY | | | 7 | | 100,000 EACH P | | ERSON | | \$1,778.00 |
| | | | | | 300,000 EACH ACC | | | T | | | |
| PROPERTY DAMAGE LIABILITY | | | | 7 | | 10,000 EACH ACCIDENT | | | Т | \$433.00 | |
| UNINSURED MOTORIST | | | | 6 | | 25,000 EACH PERSON | | | | \$60.00 | |
| | | | | | | | 50,000 E | ACH A | CCIDEN | Т | |
| SUPPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS | | | | | EACH PERSON | | | \$0.00 | | | |
| | | | · | | The Assessment Consultation Con | | EACH A | CCIDE | NT | | |
| PERSONAL INJURY PROTECTION | | | | SYMBO | OL | COVERAGE LIMITS | | | | PREMIUM | |
| MANDATORY PERSONAL INJURY PROTECTION | | | | 5 | | 50,000 | PACCES OF THE PACCE OF THE PACC | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | \$676.00 | |
| OPTIC | NAL BASI | CECONOMIC | 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 La | w Enforcemer | nt (MVLE) |) Fee. \$10 Pei | Regist | ere | d Vehicle | | | | \$10.0 |
| Payme | ent Plan Fe | e | | | | | | | | | \$10.0 |
| Ame | ended Prer | nium | \$3,216.98 Premium | | | | ECHALIFE BLOOM NAME OF MARKET SECURITION OF THE OPEN COMMUNICATION OF | PROGRAM OF THE CONTROL SINGLE SINGLE STATE OF THE CONTROL OF THE C | No. of the second second second | \$3,217.00 | |
| Cover | age Effecti | ve Date: | | | | | en announce of the state of the | | | | |
| Annua | I Premium | | | | | | | | | | \$3,217.00 |
| DOWN | PAYMEN | T | | | | | | | | | \$824.25 |

Cally

AUTHORIZED SIGNATURE

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