

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

339 MAYA ASSURANCE COMPANY

Policy Number

Name & Address of Issuer **MAYA ASSURANCE COMPANY**
45-18 COURT SQUARE, SUITE 300
LONG ISLAND CITY, NY, 11101

1-MA010198

Effective Date

Expiration Date

02/09/201902/09/2020

12:01 a.m.

12:01 a.m.

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:

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

Applicable with respect to the following Motor Vehicle:

2016HONDA

Year

Make

5FNYP6H90GB0171257

Vehicle Identification Number

Seats

CONSUEGRA, RAFAEL
1333 E 91ST ST
BROOKLYN NY 11236

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

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
KS BILLING & ASSOCIATES INC 2 881 CYPRESS AVENUE RIDGEWOOD, NY 11358	MAYA ASSURANCE COMPANY 45-18 COURT SQUARE, SUITE 300 LONG ISLAND CITY, NEW YORK 11101

INSURED
CONSUEGRA, RAFAEL 1333 E 91ST ST BROOKLYN, NY 11236

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	1-MA010198	02-09-2019 (12:01 AM)	02-09-2020 (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 PERSON EACH ACCIDENT
AGGREGATE NO-FAULT	

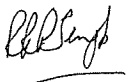
DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2016 HONDA 5FNYP6H90GB017125

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 COMPA
45-18 COURT SQUARE, SUITE 300
LONG ISLAND CITY, NEW YORK 11101
TEL: 718-937 2010 FAX: 718-937 2050

POLICY NO.		1-MA010198		COMMERCIAL AUTOMOBILE	
NAMED INSURED AND ADDRESS				PRODUCERS NAME AND ADDRESS	
CONSUEGRA, RAFAEL 1333 E 91ST ST BROOKLYN, NY 11236				KS BILLING & ASSOCIATES INC 2 881 CYPRESS AVENUE RIDGEWOOD, NY 11358	
POLICY PERIOD		Effective 02-09-2019 (12:01 AM) - Expires: 02-09-2020 (12:01 AM)			
UNIT #	MODEL YEAR	MAKE	IDENTIFICATION NUMBER	CLASS	TERR
1	2016	HONDA	5FNYF6H90GB017125		
Driver 1 RAFAEL CONSUEGRA					
Radio Base Name: DRINNEN-NY, LLC					
COVERAGES		SYMBOL	LIMITS OF LIABILITY		PREMIUM
BODILY INJURY LIABILITY		7	100,000 EACH PERSON		\$1,795.00
			300,000 EACH ACCIDENT		
PROPERTY DAMAGE LIABILITY		7	10,000 EACH ACCIDENT		\$437.00
UNINSURED MOTORIST		6	25,000 EACH PERSON		\$60.00
			50,000 EACH ACCIDENT		
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS			EACH PERSON		\$0.00
			EACH ACCIDENT		
PERSONAL INJURY PROTECTION		SYMBOL	COVERAGE LIMITS		PREMIUM
MANDATORY PERSONAL INJURY PROTECTION		5	50,000		\$683.00
OPTIONAL BASIC ECONOMIC LOSS					
ADDITIONAL PERSONAL INJURY PROTECTION		5	150,000		\$273.00
AGGREGATE NO-FAULT			200,000		
MAXIMUM MONTHLY WORK LOSS BENEFIT			2,000		
DEATH BENEFIT			2,000		
OTHER NECESSARY EXPENSES (PER DAY)			25		
Motor Vehicle Law Enforcement (MVLE) Fee. \$10 Per Registered Vehicle					\$10.00
Payment Plan Fee					\$10.00
Amended Premium		\$3,248.03	Premium	\$3,248.00	
Coverage Effective Date:					
Annual Premium					\$3,248.00
DOWN PAYMENT					\$832.00



AUTHORIZED SIGNATURE