

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

326 HEREFORD INSURANCE COMPANYName & Address of Issuer **HEREFORD INSURANCE COMPANY**
36 - 01 43rd AVENUE 2nd FLOOR
LONG ISLAND CITY NY 11101An 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:**SINGH,VIKRAM**
8656 RANGE ST
QUEENS VILLAGE NY 11427

Policy Number

CA309309-0

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:

2014

Year

TOYOT

Make

4T1BD1EB0EU022282

Vehicle Identification Number

5

Seats

THIS ID CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMANDWARNING: 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

HERL FORD INSURANCE COMPAN

36 - 01 43rd AVENUE, 2nd FLOOR

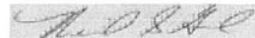
LONG ISLAND CITY, NY 11101

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

POLICY NO. CA309309		COMMERCIAL AUTOMOBILE INSURANCE.					
NAMED INSURED AND ADDRESS				PRODUCERS NAME AND ADDRESS			
SINGH,VIKRAM 8656 RANGE ST QUEENS VILLAGE NY 11427				K.S. BILLING & ASSOCIATES INC 118- 12 ATLANTIC AVE 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	2014	TOYOTA	4T1BD1EB0EU022282	9200	17		
DRIVER 1. VIKRAM SINGH				DRIVER 2.			
DRIVER 3.				DRIVER 4			
DRIVER 5.							
COVERAGES		SYMBOL	LIMITS OF LIABILITY			PREMIUM	
BODILY INJURY LIABILITY		7	100,000 EACH PERSON			1,817.00	
			300,000 EACH ACCIDENT				
PROPERTY DAMAGE LIABILITY		7	10,000 EACH ACCIDENT			442.00	
UNINSURED MOTORIST		7	25,000 EACH PERSON			60.00	
			50,000 EACH ACCIDENT				
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST			EACH PERSON				
			EACH ACCIDENT				
PERSONAL INJURY PROTECTION			COVERAGE LIMITS			PREMIUM	
MANDATORY PERSONAL INJURY PROTECTION		7	50,000			691.00	
OPTIONAL BASIC ECONOMIC LOSS							
ADDITIONAL PERSONAL INJURY PROTECTION		7	150,000			276.00	
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	
Amended Premium		\$ 3286.00		Premium		\$ 3286.00	
				Installment Fee		\$ 180.00	
				Annual Premium		\$ 3466.00	
				DOWN PAYMENT		\$ 821.51	
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- DEC- NY(03/01)		HIC- POLC(08/18)		HIC0303(03/03)		IL 01 83(08/08)	
						HIC- CAL(03/17)	
						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

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 118-12 ATLANTIC AVE RICHMOND HILL NY 11419	HEREFORD INSURANCE COMPANY 36 - 01 43rd AVENUE, 2nd FLOOR LONG ISLAND CITY, NY 11101

INSURED
SINGH,VIKRAM 8656 RANGE ST QUEENS VILLAGE NY 11427

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CA309309-0	03/01/2020 (12:01 AM)	03/01/2021 (12:01 AM)

COVERAGES	LIMITS OF LIABILITY
BODILY INJURY	\$ 100,000 EACH PERSON
	\$ 300,000 EACH ACCIDENT
PROPERTY DAMAGE	\$ 10,000 EACH ACCIDENT
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)
2014 TOYOTA 4T1BD1EB0EU022282

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.



Authorized Representative



HEREFORD INSURANCE COMPANY

36 - 01 43rd AVENUE, LONG ISLAND CITY, NY 11101



OTHER THAN MEDALLION FOR HIRE APPLICATION

DATE OF APPLICATION	SYMBOL	SUBMISSION #	EFF. DATE	EXP. DATE
	HA114385	43968A	03/01/2020	03/01/2021
APPLICANT'S INFORMATION			PRODUCER'S INFORMATION	
SINGH, VIKRAM 8656 RANGE ST QUEENS VILLAGE NY 11427			K.S. BILLING & ASSOCIATES INC 118- 12 ATLANTIC AVE RICHMOND HILL NY 11419	
PHONE #	6314873001			
TEL/FAX/BEEPER #				
SSN/FED TAX ID #	000000000			
NYS LICENSE #	256992117			
HACK LICENSE #	5773070			
EMAIL	YUVIVIKRAM32@GMAIL.COM			
	PRODUCER CODE	HKSB01		
	PHONE NUMBER	718- 441- 3882		
	FAX NUMBER			
	EMAIL			

VEHICLE INFORMATION

YEAR	MAKE	VIN #	PLATE
2014	TOYOTA	4T1BD1EB0EU022282	
RADIO BASE NAME	EINS- NY, LLC		RADIO NUMBER
Is this a Street Hail Livery Vehicle?	NO		

Do you or any driver on the policy accept dispatches from any base other than your listed base or from any app companies. Yes ☐ No ☐

If yes, select any/all that apply Uber ☐ Lyft ☐ Via ☐ Gett ☐ Juno ☐ Other ☐

If other list all.

COVERAGE INFORMATION(PLEASE CHECK ONE)

TLC MANDATED LIMITS OF LIABILITY	BI	100,000/300,000	PD	10,000	PIP	200,000
TLC MANDATED LIMITS OF LIABILITY	BI	100,000/300,000	PD	50,000	PIP	200,000
OTHER	BI		PD		PIP	

*OBEL AND SUM COVERAGES ARE AVAILABLE UPON REQUEST

**PHYSICAL DAMAGE COVERAGE IS NOT AVAILABLE NOR OFFERED

DRIVER INFORMATION

DRIVER 1	SINGH VIKRAM	NYS LICENSE #	256992117
DRIVER 2		NYS LICENSE #	
DRIVER 3		NYS LICENSE #	

NEXT OF KIN (OTHER THAN SPOUSE) TO BE CONTACTED IN CASE OF EMERGENCY

NAME			
ADDRESS			
CITY/STATE/ZIP	PHONE	RELATIONSHIP	

FOR THE APPLICANT, LIST NAME OF PREVIOUS CARRIER AND LOSS EXPERIENCE FOR THE PAST 36 MONTHS

INSURANCE COMPANY	POLICY NUMBER	PERIOD COVERED	#OF CLAIMS	# OF VIOLATIONS
		-		

OTHER INSURANCE

WORKERS' COMP CARRIER	
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