NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

326 HEREFORD INSURANCE COMPANY

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:

> SINGH, SURINDER 1335 D ST APT 1 **ELMONT NY 11003**

Policy Number

CA288912-2

Effective Date

Expiration Date 03/01/2020

03/01/2021

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:

HONDA

Year

Make

5FNYF4H92FB020868

Vehicle Identification Number

7 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

326 HEREFORD INSURANCE COMPANY

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:

SINGH, SURINDER 1335 D ST APT 1 **ELMONT NY 11003** Policy Number

CA288912-2

Effective Date

03/01/2020

12:01 a.m.

12:01 a.m. (Not acceptable to obtain registration

Expiration Date

03/01/2021

after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2015

HONDA

Year

Make

5FNYF4H92FB020868

Vehicle Identification Number

7 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	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

SINGH, SURINDER

1335 D ST APT 1

ELMONT NY 11003

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CA288912-2	03/01/2020 (12:01 AM)	03/01/2021 (12:01 AM)
covi	ERAGES	LIMITS OF LIABILITY	

COVERAGES	LIMITS OF LIABILI	TY
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)

2015 HONDA 5FNYF4H92FB020868

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.
	T T

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.

1.0840

Authorized Representative

HEREFORD INSURANCE COMPANY

36 - 01 43rd AVENUE, 2nd FLOOR

LONG ISLAND CITY, NY 11101

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

PC	DLICY NO.	CA288912		COMM	ERCIAL A	JTOMOBILE IN	ISURANCE.	
NAMED INSURED AND ADDRESS		PRODUCE	PRODUCERS NAME AND ADDRESS					
SINGH,SURINDER			IG & ASSOC					
1335 D ST APT 1		118-12 ATI	LANTIC AVE					
EL	MONT NY 110	03		RICHMONE	HILL NY 11	419		
POL	ICY PERIOD	Effective	03-01-2020 (12:01	AM) - Expires	s: 03-01-2	2021 (12:01 AM)	
CASE	MODEL YEA	R MAKE	IDENTIFICATIO	ON NUMBER	CLASS	TERR	UNIT#	PLATE #
1	2015	HONDA	5FNYF4H92FE	5FNYF4H92FB020868 920		17		
DRIVE	R 1. SURINE	ER SINGH		DRIVER 2.		<u> </u>		
DRIVE	R 3.			DRIVER 4				
DRIVE	R 5.							
COVE	RAGES			SYMBOL		LIMITS OF L	IABILITY	PREMIUM
BODII	LY INJURY LIA	BILITY				100,000 EAC	H PERSON	
						300,000 EAC	H ACCIDENT	
PROP	PERTY DAMAG	E LIABILITY				10,000 EAC	H ACCIDENT	
UNINS	SURED MOTOR	RIST				25,000 EACH PERSON		
						50,000 EAC	H ACCIDENT	
SUPP	LEMENTARY L	JNINSURED/UNDER	INSURED MOTORIST			EAC	H PERSON	
						EAC	H ACCIDENT	
PERS	ONAL INJURY	PROTECTION			covi	ERAGE LIMITS		PREMIUM
MAND	ATORY PERSO	ONAL INJURY PROT	ECTION			50,000		
OPTIC	DNAL BASIC E	CONOMIC LOSS						
ADDIT	TONAL PERSO	NAL INJURY PROTE	ECTION			150,000		
AGGREGATE NO-FAULT					200,000			
MAXIMUM MONTHLY WORK LOSS BENEFIT				2,000				
D	EATH BENEFIT					2,000		
0	THER NECESS	SARY EXPENSES (P	ER DAY)			25		
Motor V	ehicle Law En	forcement (MVLE) F	ee. \$10 Per Registered	d Vehicle				\$1
	Amended P	remium	\$	3355.00	P	remium		\$ 3355.0
					h	nstallment Fe	ee	\$ 180.0
					A	nnual Premi	um	\$ 3535.0
					D	OWN PAYMENT		\$ 838.76
	25(08/14) EC-NY(03/01)	CA 22 32(11/		(11/13)	AT ISSUA CA 31 13 IL 01 83((09/96)	HIC-CAL(03/1 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



HEREFORD INSURANCE COMPANY

Est. 1982 "Licensed by the New York State Insurance Department 36-01 43rd Avenue "Long Island City, NY 11101
Tel: (718) 361-9191 "Fax: (718)361-6243 WWW.HEREFORDINSURANCE.COM

TENTATIVE RENEWAL QUOTE INFORMATION* Thursday, January 30,2020

SINGH,SURINDER	
1335 D ST APT 1	
ELMONT NY 11003	
The second limit the second party and the second se	1335 D ST APT 1

Named Insured

Broker of Record

K.S. BILLING & ASSOCIATES INC 118-12 ATLANTIC AVE RICHMOND HILL NY 11419

NEW ANNUAL SAVINGS \$102.00

(Current - Discounts / Surcharges)
Current Symbol = HA116062 \$3,457.00

(Proposed - Discounts / Surcharges)
Proposed Renewal Symbol = HA116072 \$3,355.00

DISCOUNTS	SURCHARGES	DISCOUNTS	SURCHARGES
1. Accident Prevention Course	1.	1. Accident Prevention Course	1.
2. Safe Driver Discount	2.	2. Safe Driver Discount	2.
3.	3.	3. Longevity Discount	3.
4.	4.	4.	4.
5. Loss Control	5.	5. Loss Control	5.
6.	6.	6.	6.
7.	7.	7.	7.
8.	8.	8.	8.
9.	9.	9.	9.
10.	10.	10.	10.

Re: Upcoming Renewal / Policy CA288912

Hereford Insurance Company is pleased to inform you of your policy renewal effective March 1st, 2020 expiring on March 1st, 2021. Please remit payment of your renewal deposit to your broker's office, along with providing all required documents listed below prior to March 1st, 2020.

Option 1 Full Payment - No Installment Fees !!!

Option 2 40 % Deposit = \$1,342.00 = 2 Payments of \$1,006.50 + \$45 fee per installment (\$20 for Medallion)

Option 3 25 % Deposit = \$838.75 = 9 Payments of \$279.58 + \$20 fee per installment (\$10 for Medallion)

Option 4 20 % Deposit = \$671.00 = 9 Payments of \$298.22 + \$25 fee per installment (\$10 for Medallion)

Option 5 15 % Deposit = \$503.25 = 9 Payments of \$316.86 + \$30 fee per installment (\$15 for Medallion)

\$10 Motor Vehicle Law Enforcement (MVLE) Fee will be charged per registered vehicle.

Docume	ents Required with Renewal
1.	
2.	
3.	

Radio Base Of Affiliation

Radio Base As With TLC: UBER-SCHMECKEN LLC
Radio Base As With HIC: UBER-ZWOLF-NY, LLC

For Broker Use ONLY

* IMPORTANT: This is a tentative renewal quote. HIC reserves the right to adjust this quote. In some instances policy changes processed after the date of this letter may warrant an adjustment which may result in an increase in premium.