

NEW YORK STATE USA  
DRIVER LICENSE

NOT FOR  
FEDERAL  
PURPOSES

Class E

ID 180 241 951

SINGH  
GURBINDER

10116 117TH ST  
S RICHMOND HL, NY 11419

TEMP. VISITOR Expires 02/07/2019

Sex M Height 5'-09" Eyes BLK

DOB 11/26/1972

Expires 11/26/2022

E NONE

RA1

Issued 04/03/2018



Gurbinder Singh

NOV 12



GURBINDER S

**NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES**

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

**036 AMERICAN TRANSIT INSURANCE CO**

Policy Number

**B803540**Name & Address of Issuer **American Transit Ins Co****One MetroTech Center - 7th and 8th fl  
Brooklyn NY 11201**

Effective Date

**03/01/2020**

Expiration Date

**03/01/2021**

12:01 a.m.

12:01 a.m.

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

**2014**

Year

**TOYOT**

Make

**2T1BURHE6EC075901**

Vehicle Identification Number

**5**

Seats

**SINGH, GURBINDER  
8907 LEFFERTS BLVD  
RICHMOND HILL NY 11418**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

**NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES**

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

**036 AMERICAN TRANSIT INSURANCE CO**

Policy Number

**B803540**Name & Address of Issuer **American Transit Ins Co****One MetroTech Center - 7th and 8th fl  
Brooklyn NY 11201**

Effective Date

**03/01/2020**

Expiration Date

**03/01/2021**

12:01 a.m.

12:01 a.m.

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

**2014**

Year

**TOYOT**

Make

**2T1BURHE6EC075901**

Vehicle Identification Number

**5**

Seats

**SINGH, GURBINDER  
8907 LEFFERTS BLVD  
RICHMOND HILL NY 11418**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

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 & ASSOC. INC 118-12 ATLANTIC AVENUE RICHMOND HILL, NY 11419	AMERICAN TRANSIT INSURANCE COMPANY One MetroTech Center - 7th and 8th floors Brooklyn, New York 11201 212 857-8200 1 800 683-ATIC

INSURED
SINGH, GURBINDER 8907 LEFFERTS BLVD RICHMOND HILL, NY 11418

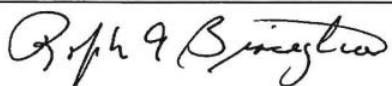
AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	B803540	03/01/2020 (12:01 AM)	03/01/2021 (12:01 AM)

COVERAGES	LIMITS OF LIABILITY
BODILY INJURY	\$100,000 EACH PERSON
	\$300,000 EACH ACCIDENT
PROPERTY DAMAGE	\$10,000 EACH ACCIDENT
UNINSURED MOTORIST	EACH PERSON EACH ACCIDENT
SUPPLEMENTAL UNINSURED/UNDERINSURED MOTORIST	\$25,000 EACH PERSON
	\$50,000 EACH ACCIDENT
MANDATORY PERSONAL INJURY PROTECTION	\$50,000
ADDITIONAL PIP	\$150,000
AGGREGATE NO-FAULT	\$200,000
COMPREHENSIVE COLLISION	

DESCRIPTION OF REGISTERED OWNED VEHICLE(S)
2014 TOYOTA COROLLA VIN: 2T1BURHE6EC075901 Effective: 03/01/2020

CERTIFICATE HOLDER	CANCELLATION
NYC TAXI AND LIMOUSINE COMMISSION 31-00 47 AVE. 3FL. 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 30 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 REPRESENTATIVE



**AMERICAN TRANSIT INSURANCE COMPANY (036)**  
**ONE METROTECH CENTER - 7TH AND 8TH FLOORS, BROOKLYN, NEW YORK 11201**  
 (212) 857-8200 1-800-683-ATIC

**DECLARATIONS**  
**AUTOMOBILE INSURANCE -NEW BUSINESS (NEW YORK)**

**DATE OF ISSUE** 02/13/2020

**POLICY NUMBER** B803540

( NAMED INSURED AND ADDRESS )

( PRODUCERS NAME AND ADDRESS )

SINGH, GURBINDER  
 8907 LEFFERTS BLVD  
 RICHMOND HILL, NY 11418

K.S. BILLING & ASSOC. INC  
 118-12 ATLANTIC AVENUE  
 RICHMOND HILL, NY 11419

**POLICY PERIOD** 03/01/2020 12:01 AM - 03/01/2021 12:01 AM

THE OWNED AUTOMOBILE(S) WILL BE GARAGED AT THE ADDRESS DESIGNATED, UNLESS OTHERWISE STATED HEREIN.

**GARAGE ADDRESS**

**REGISTERED OWNED VEHICLE**

CAR	MODEL YEAR	TRADE NAME	IDENTIFICATION NUMBER	CLASS	TERR.	MEDALLION #	PLATE #
TOYO	2014	TOYOT	2T1BURHE6EC075901	BC	18		
DRIVER 1.	GURBINDER SINGH			DRIVER 4.			
DRIVER 2.				DRIVER 5.			
DRIVER 3.							

THE INSURANCE AFFORDED IS ONLY WITH RESPECT TO SUCH OF THE FOLLOWING COVERAGES AS ARE INDICATED BY SPECIFIC PREMIUM CHARGE OR CHARGES. THE LIMIT OF THE COMPANY'S LIABILITY AGAINST EACH SUCH COVERAGE SHALL BE STATED HEREIN, SUBJECT TO ALL THE TERMS OF THIS POLICY HAVING REFERENCE THERETO.

**PREMIUMS(ALL PREMIUMS SHOWN ARE FULL POLICY PREMIUMS)**

COVERAGES	SYMBOL	LIMITS OF LIABILITY	PREMIUM
<b>BODILY INJURY LIABILITY</b>	7	\$100,000 EACH PERSON	\$2,441.00
		\$300,000 EACH ACCIDENT	
<b>PROPERTY DAMAGE LIABILITY</b>	7	\$10,000 EACH ACCIDENT	\$484.00
<b>UNINSURED MOTORIST</b>	7	EACH PERSON	\$0.00
		EACH ACCIDENT	
<b>SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST.</b>	7	\$25,000 EACH PERSON	\$111.00
		\$50,000 EACH ACCIDENT	
<b>PERSONAL INJURY PROTECTION</b>		COVERAGE LIMITS	PREMIUM
<b>MANDATORY PERSONAL INJURY PROTECTION</b>	7	\$50,000	\$638.00
<b>ADDITIONAL PERSONAL INJURY PROTECTION</b>	7	\$150,000	\$389.00
<b>OPTIONAL BASIC ECONOMIC LOSS</b>			
<b>AGGREGATE NO-FAULT</b>		\$200,000	\$1,027.00
<b>MAXIMUM MONTHLY WORK LOSS BENEFIT</b>		\$2,000	
<b>DEATH BENEFIT</b>		\$2,000	
<b>OTHER NECESSARY EXPENSES (PER DAY)</b>		\$25	

\* MAXIMUM PAYABLE UNDER SUM SHALL BE THE ABOVE NOTED SUM LIMITS REDUCED AND OFFSET BY MOTOR VEHICLES B.I. LIABILITY POLICY OR BOND PAYMENTS RECEIVED FROM OR ON BEHALF OF ANY OTHER PARTY INVOLVED IN THE ACCIDENT, SEE SUM ENDORSEMENTS HEREIN.

EFFECTIVE DATE	PR/SR FACTOR	ANNUAL PREMIUM	** AMENDED ANNUAL PREMIUM
03/01/2020	1.000	\$4,063.00	\$4,063.00

\*\* AMENDED TOTAL INCLUDES ORIGINAL POLICY PREMIUM AND ALL PREMIUM AMENDMENTS THROUGH CURRENT DATE FOR TERM SHOWN.

<b>DOWN PAYMENT</b>	\$1,015.78	<b>*MONTHLY PREMIUM THEREAFTER</b>	\$338.58
---------------------	------------	------------------------------------	----------

\*\*\* PLUS \$60.00 SERVICE CHARGE

\* PLUS \$20.00 MONTHLY SERVICE CHARGE

THIS POLICY IS SUBJECT TO MOTOR VEHICLE LAW ENFORCEMENT ANNUAL FEE OF \$ 10.00 PER VEHICLE.

**ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE**

CA 00 01 10 13 CA 01 02 01 20 CA 01 12 12 15 CA 02 25 08 14 CA 22 32 11 18 CA 22 33 11 18 CA 31 07 11 18  
 CA 31 13 11 18 IL U 004 09 03 IL 01 83 08 08 CA 22 60 04 92 CA 04 42 10 13 CA 99 27 01 87 ATIC 9-16  
 CA 31 08 11 18

KSB002

**COUNTER SIGNATURE**

ATIC Single Car DEC - NY(10/16)

**INSURED COPY**

*Ralph B. Singletary*



# PREMIUM CALCULATION SHEET (NEW BUSINESS/RENEWALS)

B803540

Date: 1/25/20 CSR: Symon B. Singh  
 Name: Singh Gurbinder  
 Last First M

Year: 2019 Make: Toyota Model: Corolla

## LIABILITY COVERAGE CALCULATION

*paid  
2/11/20*

ATIC	HEREFORD	MAYA
Annual Premium ..... Option 1 \$ <u>1195.78</u> Option 2 \$ <u>898.76</u> Monthly \$ <u>358.58</u> Monthly \$ <u>389.76</u> FULL PAID. <u>4183</u>	Annual premium \$ <u>5100</u> Option 1 \$ ..... Option 2 \$ ..... Monthly \$ ..... Monthly \$ ..... FULL PAID. ....	Annual premium \$ ..... Option 1 \$ ..... Option 2 ..... Monthly \$ ..... Monthly \$ ..... FULL PAID. ....

Service Charge \$ 100 REG \$ ..... MVR \$ 10 DMV fee \$ 10 Others \$ .....  
 Paid \$ 1195.78 Receipt No: 41774 Date: ..... Amount Collected \$ 1195.78  
 Balance Due \$ ..... Balance Paid Date & Receipt No: ..... Payment Method .....  
 Policy No. B803540 Effective Date: ..... Bind Date: .....  
 Company: ..... Insurance Type: .....

### Accounting Section:

Net Payment of \$ ..... sent to ..... Batch/Check No. .... Date: .....  
 Paid thru ☐ Cash ☐ Check ☐ Credit/Debit Card ☐ Auto Debit Others ..... Bank Acct. No. ....

### Physical Damage Calculation

Stated Value \$ ..... % ..... Premium \$ ..... From .....  
 Tax & Inspection \$ ..... Service Charge \$ .....  
 Down Payment \$ ..... No of payments: ..... \$ ..... ea pay  
 Total Due \$ ..... Amount Paid \$ ..... Date: ..... Receipt No: .....  
 Balance Due \$ ..... Balance Paid \$ ..... Receipt No: .....

### Accounting Section:

Net Payment of \$ ..... sent to ..... Check No. .... Date: .....  
 Mailed on: .....

(CSR) Please fill up this form according to its corresponding transaction and must be submitted on to the accounting for daily posting. Upon making payments to insurance company please fill up a payment voucher and attached this form.  
 (ACCOUNTING) After posting, put a stamp "verified/posted" and return this form to CSR for filing.

### Insured Statement

I, X Gurbinder Singh the insured confirm to the fact that I understood and agreed to all the charges on this calculation sheet, I also understand that if my policy is financed through a finance company then the finance charges will be additional to the policy actual annual premium.  
 I agreed and accepted all the charges charged to my credit card for this policy and I will not dispute and charge back these charges, and if I paid through check I will not put stop payment on that check since all charges were explained to me in detail prior to the processing of my insurance policy and further understanding is that service fees paid are no refundable.

Agreed and accepted by Insured: X Gurbinder Singh Date: 2/12/2020

# AMERICAN TRANSIT INSURANCE COMPANY

One MetroTech Center - 7th and 8th floors, Brooklyn, New York 11201

(212) 857-8200

Issued to: SINGH,GURBINDER

Policy No: B803540

Effective 03/01/2020 - 03/01/2021

by AMERICAN TRANSIT INSURANCE COMPANY

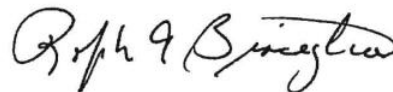
Broker:

K.S. BILLING & ASSOC. INC  
118-12 ATLANTIC AVENUE  
RICHMOND HILL, NY 11419

Description	Due Date	Amount
Bill # 1	03/15/2020	\$358.58
Bill # 2	04/15/2020	\$358.58
Bill # 3	05/15/2020	\$358.58
Bill # 4	06/15/2020	\$358.58
Bill # 5	07/15/2020	\$358.58
Bill # 6	08/15/2020	\$358.58
Bill # 7	09/15/2020	\$358.58
Bill # 8	10/15/2020	\$358.58
Bill # 9	11/15/2020	\$358.58

All Payments are to be made to the Producer listed above.

The monthly Payment plan provides for a \$ 50.00 Reinstatement Fee for failure to comply with this installment Payment Endorsement.



AUTHORIZED SIGNATURE



**AMERICAN TRANSIT INSURANCE COMPANY (036)**

One MetroTech Center - 7th and 8th floors, Brooklyn, New York 11201

212 857-8200 1 800 683-ATIC

**CAR SERVICE INSURANCE APPLICATION**

DATE OF APPLICATION		RISK TYPE		SUBMISSION NUMBER	
01/25/2020		Owner-Driver		Q1116001	

CLASS	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
Black Car	B803540	03/01/2020	03/01/2021

APPLICANTS INFORMATION		PRODUCERS INFORMATION	
SINGH, GURBINDER 8907 LEFFERTS BLVD RICHMOND HILL, NY 11418		K.S. BILLING & ASSOC. INC 118-12 ATLANTIC AVENUE RICHMOND HILL, NY 11419	
MOBILE PHONE	(267) 367-0449	PRODUCER CODE	KSB002
EMAIL ADDRESS	GURBINDERLADDI@GMAIL.COM	PHONE	(718) 441-4878
SSN/FED TAX ID	808-26-7182	FAX NUMBER	(718) 441-3882
NYS LICENSE #	NY 180241951		
HACK LICENSE #	5844724		

YEAR	MAKE	VIN #	PLATE #
2014	TOYOT	2T1BURHE6EC075901	

IS THE FOLLOWING DESCRIBED VEHICLE RATED BY THE TLC TO BE "WHEEL CHAIR ACCESSIBLE"? ☐

IS THE VEHICLE LISTED BELOW A "HYBRID VEHICLE"? ☐

IF MARRIED PLEASE ENTER THE SPOUSE'S NYC LICENSE NUMBER

TLC APPROVED RADIO BASE	TLC RADIO BASE LICENSE #	PHONE NUMBER	VEHICLE BASE NUMBER

TLC MANDATED LIMITS OF LIABILITY			
BI	\$100,000/\$300,000	PD	\$10,000
PIP	\$50,000	APIP	\$150,000
UM		SUM	\$25,000/\$50,000

DRIVERS INFORMATION

DRIVER 1	NEXT OF KIN (OTHER THAN SPOUSE) TO BE CONTACTED IN CASE OF EMERGENCY		
GURBINDER SINGH			

NAME			
ADDRESS			
CITY/STATE/ZIP	PHONE	RELATIONSHIP	

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

INSURANCE COMPANY	POLICY NUMBER	PERIOD COVERED	# OF CLAIMS REP.	# OF VIOLATIONS

*"I understand that the coverage is provided for a single shift auto. I am the owner/exclusive driver of the vehicle on the policy. I further understand that in the event of an accident involving an unnamed driver or any changes in the conditions under which this policy was written. The insurer reserves the rights to reclassify my policy or issue a Notice of Cancellation for misrepresentation."*

**IMPORTANT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.**

APPLICANT'S SIGNATURE		DRIVERS SIGNATURE	
PRODUCER'S SIGNATURE			

ANNUAL PREMIUM	FACTOR	ADJ. ANNUAL PREMIUM	DEPOSIT	ADJ. CURR. MNTH	MNTHLY THEREAFTER *
\$4,063.00	1.000	\$4,063.00	\$1,135.78	\$338.58	\$338.58

\*\*\* AN ANNUAL SERVICE FEE OF \$40.00 WILL BE CHARGED PER INSTALLMENT

APPROVED	CLASS ASSIGNED	UNDERWRITER'S SIGNATURE	DATE
APPROVED	Black Car		01/25/2020

DECLINED	APPLICATION DECLINED FOR THE FOLLOWING REASON	DATE

*K. S. Billing & Associates Inc.*

118-12 Atlantic Avenue  
Richmond Hill, NY 11419

Tel: 718-41-3745

Fax: 718-41-3882

**SERVICE FEE AGREEMENT**

The following fee is being made by agreement with the Applicant. Fee is for extra services involved in one or more of the following: placing insurance, financing premium, handling of claims, and/or collection of premium

Amount of Service Fee \$100

Applicant understands that such fee is not a part of the premium charged by the company and can only be made with written consent of the Applicant. These charges are in compliance with section 2119 of the N. Y. State Insurance Law. All fees are non refundable and fully earned from policy inception.

Agreed and accepted by

X Gurbinder Singh  
Insured

Date: 2/13/2020