

**NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES**

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

**036 AMERICAN TRANSIT INSURANCE CO**

Name &amp; Address of Issuer

**American Transit Ins Co****One MetroTech Center - 7th and 8th fl  
Brooklyn NY 11201**

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:

**SARWAR,AADIL  
40 GROVE ST APT 3  
KEARNY NJ 07032**

Policy Number

**B904866**

Effective Date

**08/14/2019**

12:01 a.m.

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

Expiration Date

**08/14/2020**

12:01 a.m.

Applicable with respect to the following Motor Vehicle:

**2015**

Year

**HYUND**

Make

**5NPE24AF2FH039209**

Vehicle Identification Number

**5**

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

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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 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
SARWAR, AADIL 40 GROVE ST APT 3 KEARNY, NJ 07032

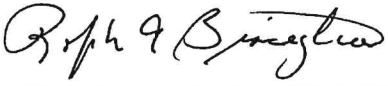
AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	B904866	08/14/2019 (12:01 AM)	08/14/2020 (12:01 AM)

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
SUPPLEMENTAL UNINSURED/UNDERINSURED MOTORIST		EACH PERSON
		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)
2015 HYUNDAI SONATA VIN: 5NPE24AF2FH039209 Effective: 08/14/2019

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** **(DATE OF ISSUE** 08/13/2019  
**AUTOMOBILE INSURANCE -NEW BUSINESS (NEW YORK)**

DATE OF ISSUE	08/13/2019
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POLICY NUMBER B904866

	( NAMED INSURED AND ADDRESS
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**PRODUCERS NAME AND ADDRESS**

SARWAR,AADIL  
40 GROVE ST APT 3  
KEARNY, NJ 07032

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

POLICY PERIOD	08/14/2019 12:01 AM - 08/14/2020 12:01 AM
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**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 #
HYUN	2015	HYUND	5NPE24AF2FH039209	BC	18		

DRIVER 1.	AADIL SARWAR	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
BODILY INJURY LIABILITY	7	\$100,000	EACH PERSON	\$1,897.00
		\$300,000	EACH ACCIDENT	
PROPERTY DAMAGE LIABILITY	7	\$10,000	EACH ACCIDENT	\$376.00
UNINSURED MOTORIST	7	\$25,000	EACH PERSON	\$102.00
		\$50,000	EACH ACCIDENT	
SUPPLEMENTARY UNINSURED/UNDERINSURED	7	EACH PERSON		\$0.00
MOTORIST.		EACH ACCIDENT		
PERSONAL INJURY PROTECTION		COVERAGE LIMITS		PREMIUM
MANDATORY PERSONAL INJURY PROTECTION	7	\$50,000		\$638.00
ADDITIONAL PERSONAL INJURY PROTECTION	7	\$150,000		\$389.00
OPTIONAL BASIC ECONOMIC LOSS				
AGGREGATE NO-FAULT		\$200,000		\$1,027.00
MAXIMUM MONTHLY WORK LOSS BENEFIT		\$2,000		
DEATH BENEFIT		\$2,000		
OTHER NECESSARY EXPENSES (PER DAY)		\$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
08/14/2019	1.000	\$3,402.00	\$3,402.00

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

<b>DOWN PAYMENT</b>	<b>\$850.50</b>	<b>*MONTHLY PREMIUM THEREAFTER</b>	<b>\$283.50</b>
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\*\*\* PLUS \$0.00 SERVICE CHARGE

**\* PLUS \$0.00 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 08 14	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. Brinkman