

**NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES**

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

**036 AMERICAN TRANSIT INSURANCE CO**

Policy Number

**B713507**

Name &amp; 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:**ALLY, JAAVEED, SAADIQ  
9368 VANDERVEER ST  
QUEENS VLG NY 11428**

Applicable with respect to the following Motor Vehicle:

**2016****TOYOT**

Year

Make

**4T1BF1FK9GU246498****5**

Vehicle Identification Number

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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FH-1

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

# 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
ALLY, JAAVEED, SAADIQ 9368 VANDERVEER ST QUEENS VLG, NY 11428

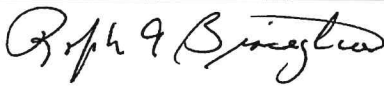
AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	B713507	03/01/2020 (12:01 AM)	03/01/2021 (12:01 AM)

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)
2016 TOYOTA CAMRY VIN: 4T1BF1FK9GU246498 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

<b>DECLARATIONS</b>	<b>DATE OF ISSUE</b>	02/25/2020
<b>AUTOMOBILE INSURANCE -NEW BUSINESS</b>	<b>(NEW YORK)</b>	

**POLICY NUMBER** B713507

**NAMED INSURED AND ADDRESS**

**PRODUCERS NAME AND ADDRESS**

ALLY, JAAVEED, SAADIQ  
9368 VANDERVEER ST  
QUEENS VLG, NY 11428

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

<b>POLICY PERIOD</b>	03/01/2020 12:01 AM - 03/01/2021 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 #
TOYO	2016	TOYOT	4T1BF1FK9GU246498	BC	18		

DRIVER 1.	JAAVEED ALLY	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	\$2,197.00
		\$300,000	EACH ACCIDENT	
PROPERTY DAMAGE LIABILITY	7	\$10,000	EACH ACCIDENT	\$436.00
UNINSURED MOTORIST	7		EACH PERSON	\$0.00
			EACH ACCIDENT	
SUPPLEMENTARY UNINSURED/UNDERINSURED	7	\$25,000	EACH PERSON	\$111.00
MOTORIST.		\$50,000	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
03/01/2020	1.000	\$3,771.00	\$3,771.00

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

<b>DOWN PAYMENT</b>	\$3,771.00	<b>*MONTHLY PREMIUM THEREAFTER</b>	\$0.00
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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 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. Brinster