

# NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

036 AMERICAN TRANSIT INSURANCE CO

Name & 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:

SACKO,FOUSSEYNI  
142 ROCKAWAY AVE 2L  
BROOKLYN NY 11233

Policy Number

B715204

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:

2019

Year

TOYOT

Make

4T1B11HK0KU281788

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

| INSURED  |
|--|
| SACKO,FOUSSEYNI<br>142 ROCKAWAY AVE 2L<br>BROOKLYN, NY 11233 |

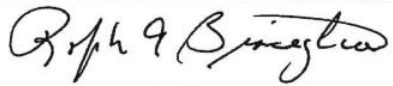
| AUTOMOBILE LIABILITY | POLICY NUMBER | POLICY EFFECTIVE DATE | POLICY EXPIRATION DATE |
|----------------------|---------------|-----------------------|------------------------|
| SCHEDULED AUTO       | B715204       | 03/01/2020 (12:01 AM) | 03/01/2021 (12:01 AM)  |

| COVERAGES                                    | LIMITS OF LIABILITY |                              |
|--|---------------------|------------------------------|
| BODILY INJURY                                | \$100,000           | EACH PERSON                  |
|  | \$300,000           | EACH ACCIDENT                |
| PROPERTY DAMAGE                              | \$10,000            | EACH ACCIDENT                |
| UNINSURED MOTORIST                           |                     | EACH PERSON<br>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)                     |
|--|
| 2019 TOYOTA CAMRY VIN: 4T1B11HK0KU281788 Effective: 03/01/2020 |

| CERTIFICATE HOLDER   | CANCELLATION   |
|--|--|
| NYC TAXI AND LIMOUSINE COMMISSION<br>31-00 47 AVE. 3FL.<br>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** 02/22/2020

**POLICY NUMBER** B715204

( NAMED INSURED AND ADDRESS )

( PRODUCERS NAME AND ADDRESS )

SACKO,FOUSSEYNI  
 142 ROCKAWAY AVE 2L  
 BROOKLYN, NY 11233

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      | 2019            | TOYOT      | 4T1B11HK0KU281788     | BC        | 18    |             |         |
|           |                 |            |                       |           |       |             |         |
| DRIVER 1. | FOUSSEYNI SACKO |            |                       | 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   | \$1,997.00 |
|                                       |        | \$300,000           | EACH ACCIDENT |            |
| PROPERTY DAMAGE LIABILITY             | 7      | \$10,000            | EACH ACCIDENT | \$396.00   |
| 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        | \$3,531.00     | \$3,531.00                |

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

|                     |          |                                    |          |
|---------------------|----------|------------------------------------|----------|
| <b>DOWN PAYMENT</b> | \$642.00 | <b>*MONTHLY PREMIUM THEREAFTER</b> | \$321.00 |
|---------------------|----------|------------------------------------|----------|

\*\*\* PLUS \$40.00 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*