#### NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

#### 036 AMERICAN TRANSIT INSURANCE CO

ESPINAL, RICHARD

36 NORWOOD AVE 1

**BROOKLYN NY 11208** 

Name & Address of Issuer American Transit Ins Co

One MetroTech Center - 7th and 8th fl Effective Date

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:

**Expiration Date** 

03/01/2020 03/01/2021

12:01 a.m.

B407914

Policy Number

12:01 a.m.

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

Applicable with respect to the following Motor Vehicle:

2015

HONDA

Year

Make

1HGCR2F71FA086264

5

Vehicle Identification Number

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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036 AMERICAN TRANSIT INSURANCE CO

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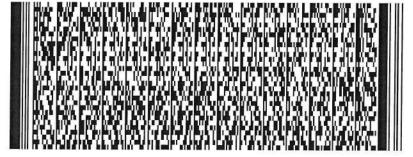
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FH-1

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

INSURED

ESPINAL, RICHARD

36 NORWOOD AVE 1

BROOKLYN, NY 11208

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DA	TE POLICY EXPIRATION DATE
SCHEDULED AUTO	B407914	03/01/2020 (12:01 A	M) 03/01/2021 (12:01 AM)

COVERAGES	LIMITS OF LIABILITY	Z .
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)

2015 HONDA ACCORD VIN: 1HGCR2F71FA086264 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.

AJLA Sincestra

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 | 02/19/2020

(NEW YORK)

AUTOMOBILE INSURANCE -NEW BUSINESS

B407914 POLICY NUMBER

NAMED INSURED AND ADDRESS

PRODUCERS NAME AND ADDRESS

ESPINAL, RICHARD 36 NORWOOD AVE 1 BROOKLYN, NY 11208 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#
HOND	2015	HONDA	1HGCR2F71FA086264	ВС	18		

DRIVER 1.	RICHARD ESPINAL	DRIVER 4.	
DRIVER 2.	LISSET LEDESMA	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	\$2,164.00
		\$300,000 EACH ACCIDENT	
PROPERTY DAMAGE LIABILITY	7	\$10,000 EACH ACCIDENT	\$429.00
UNINSURED MOTORIST	7	EACH PERSON	\$0.00
		EACH ACCIDENT	
SUPPLEMENTARY UNINSURED/UNDERINSURED	7	\$25,000 EACH PERSON	\$222.00
MOTORIST.		\$50,000 EACH ACCIDENT	
PERSONAL INJURY PROTECTION		COVERAGE LIMITS	PREMIUM
MANDATORY PERSONAL INJURY PROTECTION	7	\$50,000	\$691.00
ADDITIONAL PERSONAL INJURY PROTECTION	7	\$150,000	\$422.00
OPTIONAL BASIC ECONOMIC LOSS			
AGGREGATE NO-FAULT		\$200,000	\$1,113.00
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	\$3,928.00	\$3,928.00

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

DOWN PAYMENT \*MONTHLY PREMIUM THEREAFTER \$714.19 \$357.09

\*\*\* PLUS \$40.00 SERVICE CHARGE

\* PLUS \$20.00 MONTHLY SERVICE CHARGE

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

**INSURED COPY** 

## NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE - FOR HIRE PASSENGER VEHICLE

036 AMERICAN TRANSIT INSURANCE CO.

Policy Number

ESPINAL, RICHARD

36 NORWOOD AVE 1

**BROOKLYN NY 11208** 

Name & Address of Issuer American Transit Ins Co One MetroTech Center - 7th and 8th fl Effective Date

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:

B407914

**Expiration Date** 03/01/2019

03/01/2018 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:

2015

HONDA

Year

1HGCR2F71FA086264 Vehicle Identification Number 5

Seals

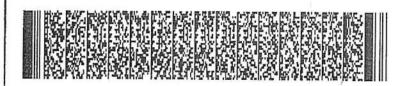
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036 AMERICAN TRANSIT INSURANCE CO

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> ESPINAL, RICHARD 36 NORWOOD AVE 1 **BROOKLYN NY 11208**

Brooklyn NY 11201

03/01/2018 12:01 a.m.

Policy Number

B407914

12:01 a.m.

**Expiration Date** 

03/01/2019

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

Applicable with respect to the following Motor Vehicle:

2015

HONDA

Year

Make

1HGCR2F71FA086264

Vehicle Identification Number

5 Seats

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# 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 02/25/2018

AUTOMOBILE INSURANCE - NEW BUSINESS

(NEW YORK)

)

POLICY NUMBER B407914

NAMED INSURED AND ADDRESS

PRODUCERS NAME AND ADDRESS

ESPINAL, RICHARD 36 NORWOOD AVE 1 BROOKLYN, NY 11208

GREEN LINE INS. BROKERAGE INC. 1048 FRANKLIN AVENUE BRONX, NY 10456

POLICY PERIOD

03/01/2018 12:01 AM - 03/01/2019 12:01 AM

THE OWNED AUTOMOBILE(5) WILL BE GARAGED AT THE ADDRESS DESIGNATED, UNLESS OTHERWISE STATED HEREIN.

GARAGE ADDRESS

REGISTERED OWNED VEHICLE

CAR	MODEL YEAR	TRADENAME	IDENTIFICATION NUMBER	CLASS	TERR.	MEDALLION#	PLATE
HOND	2015	HONDA	1HGCR2F71FA086264 BC	-	18	MEDICION	71.712

DRIVER 2. LISSET LEDESMA

DRIVER 4. DRIVER 5.

DRIVER 3.

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

COVERAGES	SYMBOL	LIMITS OF LIABILITY	PREMIUM
BODILY INJURY LIABILITY	7	\$100,000 EACH PERSON	\$2,164.00
	i ''	\$300,000 EACH ACCIDENT	,,,,,,,,
PROPERTY DAMAGE LIABILITY	7.	\$10,000 EACH ACCIDENT	\$429.00
UNINSURED MOTORIST	7	\$25,000 EACH PERSON	\$204.00
		\$50,000 EACH ACCIDENT	
SUPPLEMENTARY UNINSURED/UNDERINSURED	7	\$25,000 EACH PERSON	\$18,00
MOTORIST.	1. 1.	\$50,000 EACH ACCIDENT	V10,00
PERSONAL INJURY PROTECTION	<del>li ii - l</del>	COVERAGE LIMITS	PREMIUM
MANDATORY PERSONAL INJURY PROTECTION	7	\$50,000	
ADDITIONAL PERSONAL INJURY PROTECTION	7	\$150,000	\$691.00
OPTIONAL BASIC ECONOMIC LOSS		0.00,000	\$422.00
AGGREGATE NO-FAULT		\$200,000	
MAXIMUM MONTHLY WORK LOSS BENEFIT		\$2,000	\$1,113.00
DEATH BENEFIT	1	\$2,000	
OTHER NECESSARY EXPENSES (PER DAY)  AXIMUM PAYABLE UNDER SUM SHALL BE THE ABOVE NOTED SUM LIMIT OM OR ON BEHALF OF ANY OTHER PARTY PAYOU FOR DISTRIBUTED.	<del>                                     </del>	606	

FROM OR ON BEHALF OF ANY OTHER PARTY INVOLVED IN THE ACCIDENT, SEE SHOULD AND OFFISET BY MOTOR VEHICLES BI. LIABILITY POLICY OR BOND PAYMENTS RECEIVED

EFFECTIVE DATE	PR/SR FACTOR	A STATE OF THE PROPERTY OF THE PRESENT.	
	INSKIACION	ANNUAL PREMIUM	** AMENDED ANNUAL PREMIUM
03/01/2018	1.000	\$3,928.00	
AMENDED TOTAL INCLUDES ORIG	TNAL POLICY PREMITING AND ALL	REMIUM AMENDMENTS THROUGH CURRENT	\$3,928.00

DOWN PAYMENT |
\*\*\* PLUS \$0.00 SERVICE CHARGE

\*MONTHLY PREMIUM THEREAFTER

\* PLUS \$0.00 MONTHLY SERVICE CHARGE

THIS POLICY IS SUBJECT TO MOTOR VEHICLE LAW ENFORCEMENT ANNUALIFEE OF \$ 10.00PER VEHICLE

ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE

\$714.19

CA 00 01 10 13 CA 01 02 08 14 CA 01 12 12 15 CA 02 21 CA 31 13 09 96 IL U 004 09 03 IL 01 83 08 08 CA 22 60

CA 02 25 08 14 CA 22 32 11 13 CA 22 60 04 92 CA 04 42 10 13

CA 22 33 11 13 CA 99 27 01 87

CA 31 07 10 13 ATIC 9-16

\$357.09

CA 31 08 11 98

GLI101

COUNTER SIGNATURE

ATIC Single Car DEC - NY(10/16)

INSURED COPY

Libert o Cheroll

# CERTIFICATE OF LIABILITY INSURANCE

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			ese of the		
PRODUCER			INSURER AFFORDING COVERAGE		
GREEN LINE INS. BROKERAGE INC.			11 402557	SIT INSURANCE COMPANY	
1048 FRANKLIN AVENUE				i Center - 7th and 8th floors yn, New York i 1201	
BRONX, NY 10456			212 857-6	3200 1 800 683-ATIC	
INSURED			m		
ESPINAL,RICHARD					
36 NORWOOD AVE 1			1		
BROOKLYN, NY 11208					
AUTOMOBILE LIABILITY	POLICY NU	MBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	
SCHEDULED AUTO	B407914		03/01/2018 (12:01 AM)	03/01/2019 (12:01 AM)	
COVER	AGES		LIMITS OF LIABILITY	7	
BODILY INJURY		*//	\$100,000	EACH PERSON	
			\$300,000	EACH ACCIDENT	
PROPERTY DAMAGE			\$10,000	EACH ACCIDENT	
UNINSURED MOTORIST (INC	LUDES SUM)		\$25,000	EACH PERSON	
			\$50,000	EACH ACCIDENT	
MANDATORY PERSONAL IN	URY PROTECTIO	N	\$50,000		
ADDITIONAL PIP			\$150,000		
AGGREGATE NO-FAULT			\$200,000		
COMPREHENSIVE COLLISION	1				
I	DESCRIPTION OF	REGIST	ERED OWNED VEHICLE(S)		
2015 HONDA ACCORD V					
2010 IZOTIDITITICOGED VI	av. mocker / m	A000204	E114Cilve: 05/01/2018		
CERTIFICATE HOLDER		- CANADAGARA	CELLATION		
IYC TAXI AND LIMOUSINE COMMIS	SSION	SHOULD A	NY OF THE ABOVE DESCRIBED POLI	CIES BE CANCELLED BEFORE THE	
I-00 47 AVE, 3FL.		30 DAYS W	ON DATE THEREOF, THE ISSUING INSTRUCTED NOTICE TO THE CERTIFICAT	THO DER NAMED TO THE LEFT	
ONG ISLAND CITY NY 11101		BUT FAILU	RE TO DO SO SHALL IMPOSE NO OBL N THE INSURER OR REPRESENTATIVE	LIGATION OR LIABILITY OF ANY	
		DI	SCLAIMER		
Inc Control of the co		(1/22)			
HIS CERTIFICATE OF INSURANC R PRODUCER, AND THE CERTIF EXTEND OR ALTER THE COVER	ICATE HOLDER	NOR DOF	A CONTRACT BETWEEN THE ISS SIT AFFIRMATIVELY OR NEGATI LICIES LISTED THEREON.	UING INSURER(S), VELY AMEND,	
			100		

AUTHORIZED REPRESENTATIVE