### NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

#### 326 HEREFORD INSURANCE COMPANY

Name & Address of Issuer HEREFORD INSURANCE COMPANY 36 - 01 43rd AVENUE 2nd FLOOR **LONG ISLAND CITY NY 11101** 

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:

> TOHAAN, MANOHAR 8330 256TH ST **GLEN OAKS NY 11004**

Policy Number

#### CA296534-2

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.)

Applicable with respect to the following Motor Vehicle:

2018

HONDA

Year

Make

5J6RW2H56JL022984

Vehicle Identification Number

5 Seats 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

THIS ID CARD MUST BE CARRIED

IN THE INSURED VEHICLE FOR

PRODUCTION UPON DEMAND

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.



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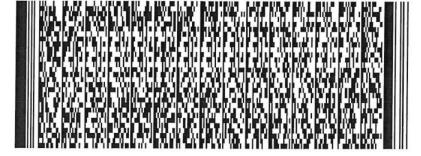
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FH-1

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 & ASSOCIATES INC	HEREFORD INSURANCE COMPANY		
118-12 ATLANTIC AVE	36 - 01 43rd AVENUE, 2nd FLOOR		
RICHMOND HILL NY 11419	LONG ISLAND CITY, NY 11101		

#### INSURED

TOHAAN, MANOHAR

8330 256TH ST

GLEN OAKS NY 11004

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	
SCHEDULED AUTO	CA296534-2	03/01/2020 (12:01 AM	03/01/2021 (12:01 AM	
	44			

COVERAGES	LIMITS OF LIABILI	TY
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
MANDATORY PERSONAL INJURY PROTECTION	\$ 50,000	-
ADDITIONAL PIP	\$ 150,000	
SUPPLEMENTARY UNINSURED MOTORIST		EACH PERSON
		EACH ACCIDENT

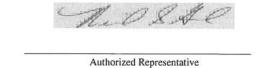
### DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2018 HONDA 5J6RW2H56JL022984

CERTIFICATE HOLDER	CANCELLATION
NYC TAXI AND LIMOUSINE COMMISSION 31-00 47th AVENUE 3RD FLOOR LONG ISLAND CITY NY 11101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

### 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.



### HEREFORD INSURANCE COMPANY

36 - 01 43rd AVENUE, 2nd FLOOR

LONG ISLAND CITY, NY 11101

Tel: (718) 361-9191

Fax: (718)361-6243

POLICY NO. CA296534		COMM	ERCIAL AUTO	NIORILE IN	ISUKANCE.		
NAMED INSURED AND ADDRESS		PRODUCE	PRODUCERS NAME AND ADDRESS				
TOHAAN,MANOHAR 8330 256TH ST GLEN OAKS NY 11004		118- 12 ATI	K.S. BILLING & ASSOCIATES INC 118- 12 ATLANTIC AVE RICHMOND HILL NY 11419				
POLICY PERIOD Effective	03-01-2020 (12:0	01 AM) - Expires	s: 03-01-2021	(12:01 AM	)		
CASE MODEL YEAR MAKE	IDENTIFICA	TION NUMBER	CLASS	TERR	UNIT#	PLATE #	
1 2018 HONDA	5J6RW2H56	6JL022984	9200	17			
DRIVER 1. MANOHAR TOHAAN		DRIVER 2.					
DRIVER 3.		DRIVER 4					
DRIVER 5.					-		
COVERAGES		SYMBOL		LIMITS OF LIABILITY		PREMIUM	
BODILY INJURY LIABILITY				100,000 EAC	H PERSON		
Σ				300,000 EAC	H ACCIDENT		
PROPERTY DAMAGE LIABILITY				190-190 - 190 - 190 - 10	H ACCIDENT		
UNINSURED MOTORIST				25,000 EACH PERSON			
				50,000 EAC	H ACCIDENT		
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST		Т		EACH PERSON			
				EAC	H ACCIDENT		
PERSONAL INJURY PROTECTION			COVERA	GE LIMITS		PREMIUM	
MANDATORY PERSONAL INJURY PROTECTION				50,000			
OPTIONAL BASIC ECONOMIC LOSS	<del>-</del>						
ADDITIONAL PERSONAL INJURY PROTECTION			1	150,000			
AGGREGATE NO- FAULT			2	200,000			
MAXIMUM MONTHLY WORK LOSS BENEFIT				2,000			
DEATH BENEFIT				2,000			
OTHER NECESSARY EXPENSES				25			
Motor Vehicle Law Enforcement (MVLE	) Fee. \$10 Per Registe	red Vehicle				\$10	
Amended Premium \$		\$ 3457.00				\$ 3457.00	
				allment Fe		\$ 180.00	
			Annual Premium		\$ 3637.00		
				N PAYMENT		\$ 864.26	
	PRSEMENTS ATTAC						
CA 02 25(08/14) CA 22 32(1		33 (11/13)	CA 31 13 (0		HIC- CAL(03/		
HIC- DEC- NY(03/01) HIC- POLC	(U6/18) HIC030	03(03/03)	IL 01 83(08/	J8)	IL U 004(06/1	8)	

NOTE: The following notice is required to be shown in the UM/SUM section of the declarations, or in another part of the declarations and referred to by an asterisk(\*) in this section if SUM coverage is purchased:

The maximum amount payable under SUM coverage shall be the policy's SUM limits, reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

**AUTHORIZED SIGNATURE** 

1.0840