NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

036 AMERICAN TRANSIT INSURANCE 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:

KAKKAR, JASPREET, S

S RICHMOND HILL NY 11419

10734 127TH ST

Expiration Date

03/01/2020 03/01/2021

12:01 a.m. 12:01 a.m.

Policy Number

B619844

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

Applicable with respect to the following Motor Vehicle:

2016 Year

NISSA Make

5N1AR2MM7GC653903

Vehicle Identification Number

7 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.





NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

036 AMERICAN TRANSIT INSURANCE 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:

KAKKAR, JASPREET, S

10734 127TH ST S RICHMOND HILL NY 11419 Policy Number

B619844

03/01/2020

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:

2016 Year

NISSA Make

5N1AR2MM7GC653903 Vehicle Identification Number 7

Seats

Expiration Date

03/01/2021

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.

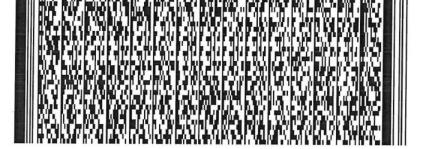
The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FH-1

FAX: Scanable Bar Code



FAX INSTRUCTIONS:

- 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

KAKKAR, JASPREET, S

10734 127TH ST

S RICHMOND HILL, NY 11419

| AUTOMOBILE LIABILITY | POLICY NUMBER | POLICY EFFEC | TIVE DATE | POLICY EXPIRA | TION DATE |
|----------------------|---------------|--------------|------------|---------------|------------|
| SCHEDULED AUTO | B619844 | 03/01/2020 | (12:01 AM) | 03/01/2021 | (12:01 AM) |

| COVERAGES | LIMITS OF LIABILITY | |
|--|---------------------|---------------|
| BODILY INJURY | \$100,000 | |
| | \$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 NISSAN PATHFINDER VIN: 5N1AR2MM7GC653903 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.

Rogh 9 Brington
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

(DATE OF ISSUE 02/19/2020

(NEW YORK)

)

DECLARATIONS **AUTOMOBILE INSURANCE - NEW BUSINESS**

POLICY NUMBER B619844

NAMED INSURED AND ADDRESS

PRODUCERS NAME AND ADDRESS

KAKKAR, JASPREET, S 10734 127TH ST S RICHMOND HILL, NY 11419

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# |
|-------|------------|------------|-----------------------|-------|-------|------------|--------|
| NISSA | 2016 | NISSA | 5N1AR2MM7GC653903 | BC | 18 | | |

| DRIVER 1. JASPREET KAKKAR | 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 | \$1,712.00 |
| | | \$300,000 EACH ACCIDENT | |
| PROPERTY DAMAGE LIABILITY | 7 | \$10,000 EACH ACCIDENT | \$339.00 |
| 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 | \$547.00 |
| ADDITIONAL PERSONAL INJURY PROTECTION | 7 | \$150,000 | \$370.00 |
| OPTIONAL BASIC ECONOMIC LOSS | | | *************************************** |
| AGGREGATE NO-FAULT | | \$200,000 | \$917.00 |
| 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 | \$3,079.00 | \$3,079,00 |
| | | \$3,079.00 | \$3,079.00 |

DOWN PAYMENT *** PLUS \$40.00 SERVICE CHARGE

* PLUS \$20.00 MONTHLY SERVICE CHARGE

*MONTHLY PREMIUM THEREAFTER

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

\$559.81

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

\$279.91