

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**
Processing Center 5 Broadway
Freeport NY 11520

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:

PMJ;LIMO;CAR;INC
1502 124TH ST APT 2
COLLEGE POINT NY 11356

Policy Number

CAP610377

Effective Date

08/08/2020

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:

2016

Year

FORD

Make

3FA6P0H72GR244207

Vehicle Identification Number

5

Seats

REPLACEMENT VEHICLE

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 118-12 ATLANTIC AVENUE RICHMOND HILL, NY 11419	AMERICAN TRANSIT INSURANCE COMPANY PROCESSING CENTER - 5 BROADWAY FREEPORT, NEW YORK 11520 212 857-8200 1 800 683-ATIC

INSURED
PMJ LIMO CAR INC 1502 124TH ST APT 2 COLLEGE POINT, NY 11356

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CAP610377	03/01/2020 (12:01 AM)	03/01/2021 (12:01 AM)

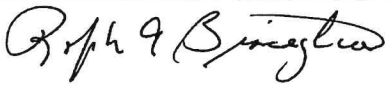
COVERAGES	LIMITS OF LIABILITY	
BODILY INJURY	\$100,000	EACH PERSON
	\$300,000	EACH ACCIDENT
PROPERTY DAMAGE	\$10,000	EACH ACCIDENT
UNINSURED MOTORIST	\$25,000	EACH PERSON
	\$50,000	EACH ACCIDENT
SUPPLEMENTAL UNINSURED/UNDERINSURED MOTORIST	\$25,000	EACH PERSON
	\$50,000	EACH ACCIDENT
MANDATORY PERSONAL INJURY PROTECTION	\$50,000	
ADDITIONAL PIP	\$150,000	
AGGREGATE NO-FAULT	\$200,000	
COMPREHENSIVE COLLISION		

DESCRIPTION OF REGISTERED OWNED VEHICLE(S)
2016 FORD FUSION VIN: 3FA6P0H72GR244207 Effective: 08/08/2020

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.

ISSUE DATE: 08/07/2020


AUTHORIZED REPRESENTATIVE

AMERICAN TRANSIT INSURANCE COMPANY(036)
PROCESSING CENTER - 5 BROADWAY, FREEPORT, NEW YORK 11520
212 857 8200 1 800 683 ATIC

AMENDATORY ENDORSEMENT NO 2

Form Of Business	Business Auto	Endorsement Process Date:	08/07/2020
Policy Number.	CAP610377		
POLICY PERIOD	Effective 03/01/2020 (12:01 AM) - Expires : 03/01/2021 (12:01 AM)		

NAMED INSURED AND ADDRESS

PMJ LIMO CAR INC
1502 124TH ST APT 2
COLLEGE POINT, NY 11356

PRODUCERS NAME AND ADDRESS

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

COVERAGES	SYMBOL	LIMITS OF LIABILITY	PREMIUM	CREDITS
BODILY INJURY LIABILITY		\$100,000 EACH PERSON	\$44,403.60	\$9,747.13
		\$300,000 EACH ACCIDENT		
PROPERTY DAMAGE LIABILITY		\$10,000 EACH ACCIDENT	\$11,776.56	\$2,585.10
UNINSURED MOTORIST		\$25,000 EACH PERSON \$50,000 EACH ACCIDENT	\$0.00	\$0.00
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST		\$25,000 EACH PERSON \$50,000 EACH ACCIDENT	\$2,664.00	\$0.00

PERSONAL INJURY PROTECTION	7	COVERAGE LIMITS	PREMIUM	CREDITS
MANDATORY PERSONAL INJURY PROTECTION	7	\$50,000 No DED	\$10,213.96	\$2,242.09
OPTIONAL BASIC ECONOMIC LOSS				
ADDITIONAL PERSONAL INJURY PROTECTION	7	\$150,000	\$6,165.73	\$0.00

Motor Vehicle Law Enforcement (MVLE) Fee. \$10.00 Per Registered Vehicle			\$140.00
Premium	\$75,069.36	Service Fee	\$4,800.00
**Amended Premium	\$80,023.85	DOWN PAYMENT	\$15,436.71

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

Finance Company

Loss Payee :

Additional Insured

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

Effective Date	PR/SR Factor	Previous Amended Premium	Additional	Amended Premium	Annual Premium
08/08/2020	0.562	\$80,222.08	(\$198.23)	\$80,023.85	\$75,069.36
Remarks	Vehicle Replacement				

This policy provides only those coverages where a charge is shown in the premium column on the covered autos schedule. Each of these coverages will apply only to those autos shown as covered autos.

Ralph A. Bingham

AUTHORIZED SIGNATURE