## NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

#### 036 AMERICAN TRANSIT INSURANCE 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:

SINGH, GURJEET

340 LOUIS AVE FLORAL PARK NY 11001 Policy Number

B703939

Effective Date

**Expiration Date** 

06/26/2020

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:

2012

HONDA

Year

Make

1HGCP2F65CA161346

5

Vehicle Identification Number

Seats

## REPLACEMENT VEHICLE\*

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

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

In addition, a person who presents

The name of the registrant and the

name of the insured must coincide.

an ID card if insurance is not in

effect may be committing a

misdemeanor

an Owner's Policy of insurance is not in

effect may be committing a misdemeanor.

FH-1

## 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:

> SINGH, GURJEET 340 LOUIS AVE

FLORAL PARK NY 11001

Policy Number

B703939

Effective Date **Expiration Date** 

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## \*REPLACEMENT VEHICLE\*

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

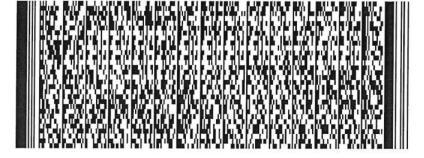
WARNING: Any person who issues or produces an ID card knowing that an Owner's Policy of insurance is not in effect may be committing a misdemeanor. In addition, a person who presents an ID card if insurance is not in effect may be committing a misdemeanor.

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

## 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	PROCESSING CENTER - 5 BROADWAY	
RICHMOND HILL, NY 11419	FREEPORT, NEW YORK 11520	
RICHWOOLD HILL, NT 11419	212 857-8200 1 800 683-ATIC	

INSURED

SINGH, GURJEET

340 LOUIS AVE

FLORAL PARK, NY 11001

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	B703939	03/01/2020 (12:01 AM)	03/01/2021 (12:01 AM)

COVERAGES	LIMITS OF LIABILITY	<i>!</i>
BODILY INJURY	\$100,000	EACH PERSON
	\$300,000	EACH ACCIDENT
PROPERTY DAMAGE	\$10,000	EACH ACCIDENT
JNINSURED MOTORIST		EACH PERSON
		EACH ACCIDENT
UPPLEMENTAL UNINSURED/UNDERINSURED MOTORIST	\$25,000	EACH PERSON
	\$50,000	EACH ACCIDENT
MANDATORY PERSONAL INJURY PROTECTION	\$50,000	
ADDITIONAL PIP	\$150,000	
GGREGATE NO-FAULT	\$200,000	
OMPREHENSIVE COLLISION		

#### DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2012 HONDA ACCORD VIN: 1HGCP2F65CA161346 Effective: 06/26/2020

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: 06/26/2020

AUTHORIZED REPRESENTATIVE