#### NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

#### 339 MAYA ASSURANCE COMPANY

Name & Address of Issuer MAYA ASSURANCE COMPANY 45-18 COURT SQUARE, SUITE 300

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:

> GILL, RAVINDER, SINGH 13026 ATLANTIC AVE 3 S RICHMOND HL NY 11419

Policy Number

1-MA023616

Effective Date

**Expiration Date** 

06/05/2020 06/05/2019

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

TOYOT

Year Make

5TDJZRFH4JS542602

7 Seats

Vehicle Identification Number

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.

THIS ID CARD MUST BE CARRIED

IN THE INSURED VEHICLE FOR

PRODUCTION UPON DEMAND

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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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.

		INSURER AFFORDING COVERAGE					
CIATES INC UE 419		MAYA ASSURANCE COMPANY 45-18 COURT SQUARE, SUITE 300 LONG ISLAND CITY, NEW YORK 11101					
419							
POLICY NUM	IBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE				
1-MA023616	3	06-05-2019 (12:01 AM)	06-05-2020 (12:01 AM)				
	LIMITS OF LIAB	LIABILITY					
	\$ 100,000 EACH PERSON						
	\$300,000 EACH ACCIDENT						
	\$10,000 EACH ACCIDENT						
STATUTORY UNINSURED MOTORIST		\$25,000 EACH PERSON					
ATT - 100 (110 - 100 - 1	\$50,000 EACH ACCIDENT						
JURY	\$50,000						
	\$150,000						
SUPPLEMENTARY UNINSURED MOTORIST		EACH PERSON					
	EACH A	ACCIDENT					
	UE 419  419  POLICY NUM 1-MA023616  OTORIST	419  POLICY NUMBER  1-MA023616  LIMITS OF LIAB \$ 100,000 EACH \$10,000 EACH A  OTORIST \$25,000 EACH \$50,000 EACH  \$50,000 EACH  \$10,000 EACH \$50,000 EACH  \$50,000 EACH  \$50,000 EACH  \$50,000 EACH  \$50,000 EACH  \$50,000 EACH  \$50,000 EACH  \$50,000 EACH  \$50,000 EACH  \$50,000 EACH	CIATES INC UE 419  MAYA ASSURANCE COM 45-18 COURT SQUARE, LONG ISLAND CITY, NE  POLICY NUMBER POLICY EFFECTIVE DATE  1-MA023616 06-05-2019 (12:01 AM)  LIMITS OF LIABILITY \$ 100,000 EACH PERSON \$300,000 EACH ACCIDENT \$10,000 EACH ACCIDENT OTORIST \$25,000 EACH ACCIDENT UTORIST \$50,000 EACH ACCIDENT  \$50,000 \$150,000				

## DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2018 TOYOTA 5TDJZRFH4JS5426	02			
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, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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.

Authorized Signature

## MAYA ASSURANCE COMPANY 45-18 COURT SQUARE, SUITE 300 LONG ISLAND CITY, NEW YORK 11101

TEL: 718-937 2010 FAX: 718-937 2050

POLI	CY NO.	***************************************	1-M	A023616 COM	MMERCI	AL	AUTOMOB	ILE				
NAMED INSURED AND ADDRESS				PRODUCERS NAME AND ADDRESS								
GILL,RAVINDER,SINGH 13026 ATLANTIC AVE 3 S RICHMOND HL, NY 11419					K S BILLING AND ASSOCIATES INC 118-12 ATLANTIC AVENUE RICHMOND HILL, NY 11419							
POLIC	CY PERIO	)	Effe	ective 06-05-2019	(12:01	A۱	Л) - Expires	: 06-05-	2020 (12	2:01 /	AM)	
UNIT #	MODEL YEAR	MAKE	IDENTIFICATION NUMBER		CL		ASS		TERR PLA		ATE#	
1	2018	ТОҮОТА		5TDJZRFH4JS54	2602						· · · · · · · · · · · · · · · · · · ·	
Driver	1 RAVIND	ER GILL				-				ll		
Radio	Base Na	ame: GRUN LL	_C									
COVE	RAGES				SYMBO	DL	LIMITS	BILITY		PREMIUM		
BODILY INJURY LIABILITY					7		100,000 EACH PERSON				\$1,929.00	
							300,000 EACH ACCIDENT					
PROPERTY DAMAGE LIABILITY				7		10,000 EACH ACCIDENT			Т	\$470.00		
UNIN	SURED MO	OTORIST			6		25,000 EACH PERSON				\$60.00	
		A-14,					50,000	EACH A	CCIDEN	T		
SUPPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS					EACH PERSON				\$0.00			
								ACCIDE		**********		
PERSONAL INJURY PROTECTION				SYMBO	DL	COVERAG		S		PREMIUM		
MANDATORY PERSONAL INJURY PROTECTION				5		50,000	)			\$734.00		
OPTIC	DNAL BASI	C ECONOMIC	LOSS	3					~			
ADDITIONAL PERSONAL INJURY PROTECTION				5		150,000				\$293.00		
AGGREGATE NO-FAULT						200,000						
MAXIMUM MONTHLY WORK LOSS BENEFIT					2,000							
DEATH BENEFIT						2,000						
OTHER NECESSARY EXPENSES (PER DAY)							25					
Motor	Vehicle La	aw Enforceme	nt (M	VLE) Fee. \$10 Pe	r Regist	ere	d Vehicle				\$10.0	
Paym	ent Plan Fe	ee									\$10.0	
Am	Amended Premium \$3,486.00 Premium								\$3,486.00			
Cover	age Effect	ive Date:										
Annua	ıl Premium	1									\$3,486.00	
DOWN	PAYMEN	Т									\$891.50	

AUTHORIZED SIGNATURE

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