

**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:

**SINGH, HARMANPREET**  
**11614 95TH AVE 14**  
**S RICHMOND HILL NY 11419**

Policy Number

**CA295093-2**

Effective Date

**03/01/2020**

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:

**2018**

Year

**TOYOT**

Make

**4T1B11HK5JU618843**

Vehicle Identification Number

**5**

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.



FH-1

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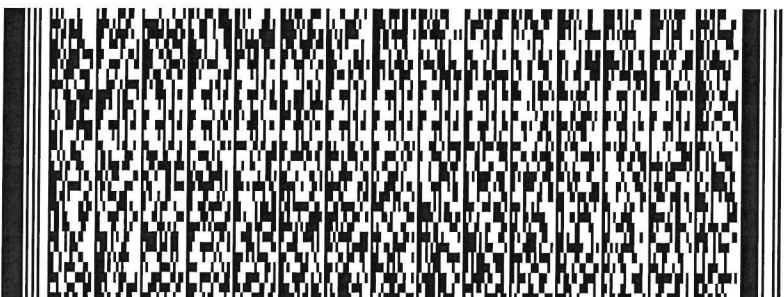
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**FAX: Scanable Bar Code****FAX INSTRUCTIONS:**

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

INSURED
SINGH,HARMANPREET 11614 95TH AVE 14 S RICHMOND HILL NY 11419

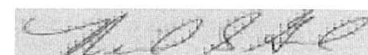
AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CA295093-2	03/01/2020 (12:01 AM)	03/01/2021 (12:01 AM)

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
MANDATORY PERSONAL INJURY PROTECTION	\$ 50,000
ADDITIONAL PIP	\$ 150,000
SUPPLEMENTARY UNINSURED MOTORIST	EACH PERSON
	EACH ACCIDENT
AGGREGATE NO-FAULT	

DESCRIPTION OF REGISTERED OWNED VEHICLE(S)
2018 TOYOTA 4T1B11HK5JU618843

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.



Authorized Representative

**HEREFORD INSURANCE COMPANY**

36 - 01 43rd AVENUE, 2nd FLOOR

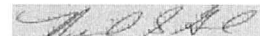
LONG ISLAND CITY, NY 11101

Tel: (718) 361-9191 Fax: (718) 361-6243

<b>POLICY NO.</b>	CA295093	<b>COMMERCIAL AUTOMOBILE INSURANCE.</b>	
<b>NAMED INSURED AND ADDRESS</b>		<b>PRODUCERS NAME AND ADDRESS</b>	
SINGH, HARMANPREET 11614 95TH AVE 14 S RICHMOND HILL NY 11419		K.S. BILLING & ASSOCIATES INC 118- 12 ATLANTIC AVE RICHMOND HILL NY 11419	
<b>POLICY PERIOD</b>	Effective 03-01-2020 (12:01 AM) - Expires : 03-01-2021 (12:01 AM)		
<b>CASE</b>	<b>MODEL YEAR</b>	<b>MAKE</b>	<b>IDENTIFICATION NUMBER</b>
1	2018	TOYOTA	4T1B11HK5JU618843
<b>CLASS</b>		<b>TERR</b>	<b>UNIT #</b>
9200		1	
<b>PLATE #</b>			
DRIVER 1. HARMANPREET SINGH		DRIVER 2.	
DRIVER 3.		DRIVER 4	
DRIVER 5.			
<b>COVERAGES</b>		<b>SYMBOL</b>	<b>LIMITS OF LIABILITY</b>
BODILY INJURY LIABILITY		7	100,000 EACH PERSON
			300,000 EACH ACCIDENT
PROPERTY DAMAGE LIABILITY		7	10,000 EACH ACCIDENT
UNINSURED MOTORIST		7	25,000 EACH PERSON
			50,000 EACH ACCIDENT
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST			EACH PERSON
			EACH ACCIDENT
<b>PERSONAL INJURY PROTECTION</b>		<b>COVERAGE LIMITS</b>	<b>PREMIUM</b>
MANDATORY PERSONAL INJURY PROTECTION		7	50,000
OPTIONAL BASIC ECONOMIC LOSS			
ADDITIONAL PERSONAL INJURY PROTECTION		7	150,000
AGGREGATE NO- FAULT			200,000
MAXIMUM MONTHLY WORK LOSS BENEFIT			2,000
DEATH BENEFIT			2,000
OTHER NECESSARY EXPENSES (PER DAY)			25
<b>Motor Vehicle Law Enforcement (MVLE) Fee. \$10 Per Registered Vehicle</b>			<b>\$10</b>
<b>Amended Premium</b>		<b>\$ 4698.00</b>	<b>Premium</b>
			<b>\$ 4698.00</b>
			<b>Installment Fee</b>
			<b>\$ 180.00</b>
			<b>Annual Premium</b>
			<b>\$ 4878.00</b>
			<b>DOWN PAYMENT</b>
			<b>\$ 1174.51</b>
<b>ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE</b>			
CA 02 25(08/14)	CA 22 32(11/13)	CA 22 33 (11/13)	CA 31 13 (09/96)
HIC- DEC- NY(03/01)	HIC- POLC(08/18)	HIC0303(03/03)	IL 01 83(08/08)
			HIC- CAL(03/17)
			IL U 004(06/18)

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