

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**
One MetroTech Center - 7th and 8th fl
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:

KK;TRANSPORT;SERVICE
INC
39 W YAPHANK RD
MEDFORD NY 11763

Policy Number

CAP616583

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:

2010

Year

FORD

Make

1FMCU9DG7AKA01208

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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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 One MetroTech Center - 7th and 8th floors Brooklyn, New York 11201 212 857-8200 1 800 683-ATIC

INSURED
KK TRANSPORT SERVICE INC 39 W YAPHANK RD MEDFORD, NY 11763

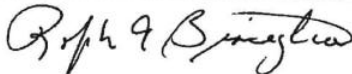
AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CAP616583	03/01/2020 (12:01 AM)	03/01/2021 (12:01 AM)

COVERAGES	LIMITS OF LIABILITY	
BODILY INJURY	\$25,000	EACH PERSON
	\$50,000	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	\$0	
AGGREGATE NO-FAULT	\$50,000	
COMPREHENSIVE COLLISION		

DESCRIPTION OF REGISTERED OWNED VEHICLE(S)
2016 FORD FUSION VIN: 3FA6P0H72GR182887

CERTIFICATE HOLDER	CANCELLATION
TOWN OF SMITHTOWN (TOW004) 90 WEST MAIN STREET SMITHTOWN, NY 11787	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.


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

DECLARATION AUTOMOBILE INSURANCE

Form Of Business	Business Auto	Issue Date:	02/28/2020
Policy Number.	CAP616583		
POLICY PERIOD	Effective 03/01/2020 (12:01 AM) - Expires : 03/01/2021 (12:01 AM)		

NAMED INSURED AND ADDRESS

KK TRANSPORT SERVICE INC
39 W YAPHANK RD
MEDFORD, NY 11763

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	7	\$25,000 EACH PERSON \$50,000 EACH ACCIDENT	\$10,854.54	\$0.00
PROPERTY DAMAGE LIABILITY	7	\$10,000 EACH ACCIDENT	\$4,224.99	\$0.00
UNINSURED MOTORIST	7	EACH PERSON EACH ACCIDENT	\$0.00	\$0.00
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST	7	\$25,000 EACH PERSON \$50,000 EACH ACCIDENT	\$666.00	\$0.00
PERSONAL INJURY PROTECTION		COVERAGE LIMITS	PREMIUM	CREDITS
MANDATORY PERSONAL INJURY PROTECTION	7	\$50,000 No DED	\$3,393.84	\$0.00
OPTIONAL BASIC ECONOMIC LOSS				
ADDITIONAL PERSONAL INJURY PROTECTION			\$0.00	\$0.00

Motor Vehicle Law Enforcement (MVLE) Fee. \$10.00 Per Registered Vehicle			\$30.00
Annual Premium	\$19,139.37	Premium	\$19,139.37
The estimated total premium for this policy is based on the exposures you told us you would have when this policy began. We will compute your final premium due when we determine your actual exposures.			Service Fee
			\$840.00
			**Amended Premium
			\$19,979.37
			DOWN PAYMENT
			\$5,861.80

**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 31 07 11 18 CA 31 13 11 18 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	

Ralph A. Brington

AUTHORIZED SIGNATURE