

# 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:

**SINGH, SUKARAN**  
**52 WALTER AVE**  
**HICKSVILLE NY 11801**

Policy Number

**B804149**

Effective Date

**01/14/2020**

12:01 a.m.

(Not acceptable to obtain registration  
after 45 days from effective date.)

Expiration Date

**03/01/2020**

12:01 a.m.

Applicable with respect to the following Motor Vehicle:

**2019**

Year

**CADIL**

Make

**1GYS4HKJ2KR279106**

Vehicle Identification Number

**7**

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

INSURED
SINGH, SUKARAN 52 WALTER AVE HICKSVILLE, NY 11801

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	B804149	03/01/2019 (12:01 AM)	03/01/2020 (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		EACH PERSON 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		

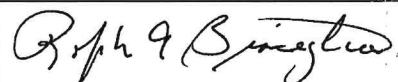
## DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2019 CADILLAC ESCALADE VIN: 1GYS4HKJ2KR279106 Effective: 01/14/2020

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.



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

**DATE OF ISSUE** 01/14/2020

**AMENDATORY ENDORSEMENT NO. : 3**

**ITEM CHANGED NO. \*( See Below) EFFECTIVE DATE : 01/14/2020**

**POLICY NUMBER** B804149

( **NAMED INSURED AND ADDRESS** )

( **PRODUCERS NAME AND ADDRESS** )

SINGH, SUKARAN  
 52 WALTER AVE  
 HICKSVILLE, NY 11801

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

**POLICY PERIOD** 03/01/2019 12:01 AM - 03/01/2020 12:01 AM

THE OWNED AUTOMOBILE(S) WILL BE GARAGED AT THE ADDRESS DESIGNATED, UNLESS OTHERWISE STATED HEREIN.

**GARAGE ADDRESS**

THIS AMENDMENT OF DECLARATIONS AMENDS ALL PRIOR DECLARATIONS OF COVERAGES. LIMITS OF LIABILITY ARE INDICATED ON ALL COVERAGES FOR WHICH INSURANCE IS AFFORDED BY THE POLICY. PREMIUM SHOWN INDICATES ONLY THE ADDITIONAL OR RETURN PREMIUM PAYABLE BY THIS AMENDMENT. THE ANNUAL PREMIUM BEFORE ADJUSTMENTS IS INDICATED ON YOUR POLICY DECLARATION.

**TYPE OF CHANGE : Insured Address change, Vehicle Replacement**

**REGISTERED OWNED VEHICLE**

CAR	MODEL YEAR	TRADE NAME	IDENTIFICATION NUMBER	CLASS	TERR.	MEDALLION #	PLATE #
CADIL	2019	CADIL	1GYS4HKJ2KR279106	BC	18		

<b>DRIVER 1.</b>	SUKARAN SINGH	<b>DRIVER 4.</b>	
<b>DRIVER 2.</b>		<b>DRIVER 5.</b>	
<b>DRIVER 3.</b>			

THE INSURANCE AFFORDED IS ONLY WITH RESPECT TO SUCH OF THE FOLLOWING COVERAGES AS ARE INDICATED BY SPECIFIC PREMIUM CHARGE OR CHARGES. THE LIMIT OF THE COMPANY'S LIABILITY AGAINST EACH SUCH COVERAGE SHALL BE STATED HEREIN, SUBJECT TO ALL THE TERMS OF THIS POLICY HAVING REFERENCE THERETO.

**PREMIUMS(ALL PREMIUMS SHOWN ARE FULL POLICY PREMIUMS)**

COVERAGES	SYMBOL	LIMITS OF LIABILITY	PREMIUM
BODILY INJURY LIABILITY	7	\$100,000 EACH PERSON	\$1,909.99
		\$300,000 EACH ACCIDENT	
PROPERTY DAMAGE LIABILITY	7	\$10,000 EACH ACCIDENT	\$378.25
UNINSURED MOTORIST	7	EACH PERSON	\$0.00
		EACH ACCIDENT	
SUPPLEMENTARY UNINSURED/UNDERINSURED	7	\$25,000 EACH PERSON	\$111.00
MOTORIST.		\$50,000 EACH ACCIDENT	
PERSONAL INJURY PROTECTION		COVERAGE LIMITS	PREMIUM
MANDATORY PERSONAL INJURY PROTECTION	7	\$50,000	\$642.71
ADDITIONAL PERSONAL INJURY PROTECTION	7	\$150,000	\$428.00
OPTIONAL BASIC ECONOMIC LOSS			
AGGREGATE NO-FAULT		\$200,000	\$1,070.71
MAXIMUM MONTHLY WORK LOSS BENEFIT		\$2,000	
DEATH BENEFIT		\$2,000	
OTHER NECESSARY EXPENSES (PER DAY)		\$25	

\* MAXIMUM PAYABLE UNDER SUM SHALL BE THE ABOVE NOTED SUM LIMITS REDUCED AND OFFSET BY MOTOR VEHICLES B.I. LIABILITY POLICY OR BOND PAYMENTS RECEIVED FROM OR ON BEHALF OF ANY OTHER PARTY INVOLVED IN THE ACCIDENT, SEE SUM ENDORSEMENTS HEREIN.

EFFECTIVE DATE	PR/SR FACTOR	ANNUAL PREMIUM	FINAL ANNUAL PREMIUM
01/14/2020	0.128	\$3,742.00	\$3,469.95

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

<b>DOWN PAYMENT</b>	\$845.48	<b>*MONTHLY PREMIUM THEREAFTER</b>	\$311.83
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**\*PLUS \$0.00 MONTHLY SERVICE CHARGE**

THIS POLICY IS SUBJECT TO MOTOR VEHICLE LAW ENFORCEMENT ANNUAL FEE OF \$10.00 PER VEHICLE.

**ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE**

CA 00 01 10 13 CA 01 02 08 14 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

**INSURED COPY**

COUNTERSIGNATURE

*R. J. B. Smith*