

# 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:

Policy Number

**CA305264-1**

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:

**2012**

Year

**TOYOT**

Make

**4T1BF1FK9CU524164**

Vehicle Identification Number

**5**

Seats

**DEJESUSDELEON,A**  
**169 BRADFORD ST**  
**BROOKLYN NY 11207**

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

**HEREFORD INSURANCE COMPANY**  
**36 - 01 43rd AVENUE, 2nd FLOOR**  
**LONG ISLAND CITY, NY 11101**  
**Tel: (718) 361-9191 Fax: (718) 361-6243**

**POLICY NO.** CA305264

**COMMERCIAL AUTOMOBILE INSURANCE.**

**NAMED INSURED AND ADDRESS**

DEJESUSDELEON, ANTONIO  
 169 BRADFORD ST  
 BROOKLYN NY 11207

**PRODUCERS NAME AND ADDRESS**

K.S. BILLING & ASSOCIATES INC  
 118-12 ATLANTIC AVE  
 RICHMOND HILL NY 11419

**POLICY PERIOD**

Effective 03-01-2020 (12:01 AM) - Expires : 03-01-2021 (12:01 AM)

CASE	MODEL YEAR	MAKE	IDENTIFICATION NUMBER	CLASS	TERR	UNIT #	PLATE #
1	2012	TOYOTA	4T1BF1FK9CU524164	9200	17		T743300C

DRIVER 1. ANTONIO DEJESUSDELEON

DRIVER 2.

DRIVER 3.

DRIVER 4

DRIVER 5.

**COVERAGES**

**SYMBOL**

**LIMITS OF LIABILITY**

**PREMIUM**

BODILY INJURY LIABILITY

7

100,000 EACH PERSON

2,296.00

300,000 EACH ACCIDENT

PROPERTY DAMAGE LIABILITY

7

10,000 EACH ACCIDENT

559.00

UNINSURED MOTORIST

7

25,000 EACH PERSON

60.00

50,000 EACH ACCIDENT

SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST

EACH PERSON

EACH ACCIDENT

**PERSONAL INJURY PROTECTION**

**COVERAGE LIMITS**

**PREMIUM**

MANDATORY PERSONAL INJURY PROTECTION

7

50,000

873.00

OPTIONAL BASIC ECONOMIC LOSS

ADDITIONAL PERSONAL INJURY PROTECTION

7

150,000

349.00

AGGREGATE NO-FAULT

200,000

MAXIMUM MONTHLY WORK LOSS BENEFIT

2,000

DEATH BENEFIT

2,000

OTHER NECESSARY EXPENSES (PER DAY)

25

Motor Vehicle Law Enforcement (MVLE) Fee. \$10 Per Registered Vehicle

\$10

**Amended Premium**

\$ 4137.00

**Premium**

\$ 4137.00

**Installment Fee**

\$ 180.00

**Annual Premium**

\$ 4317.00

**DOWN PAYMENT**

\$ 1034.26

**ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE**

CA 02 25(08/14)

CA 22 32(11/13)

CA 22 33 (11/13)

CA 31 13 (09/96)

HIC-CAL(03/17)

HIC-DEC-NY(03/01)

HIC-POLC(08/18)

HIC0303(03/03)

IL 01 83(08/08)

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

# 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
DEJESUSDELEON,ANTONIO 169 BRADFORD ST BROOKLYN NY 11207

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CA305264-1	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)
2012 TOYOTA 4T1BF1FK9CU524164

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