

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:

LAING, DARREN, J
24302 132ND RD
ROSEDALE NY 11422

Policy Number

1-MA021290

Effective Date

04/13/2020

12:01 a.m.

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

Expiration Date

04/13/2021

12:01 a.m.

Applicable with respect to the following Motor Vehicle:

2015

Year

NISSA

Make

1N4AL3AP8FC243528

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.

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PRODUCER		INSURER AFFORDING COVERAGE	
K S BILLING AND ASSOCIATES INC 118-12 ATLANTIC AVENUE RICHMOND HILL, NY 11419		MAYA ASSURANCE COMPANY 45-18 COURT SQUARE, SUITE 300 LONG ISLAND CITY, NEW YORK 11101	
INSURED			
LAING,DARREN,J 24302 132ND RD ROSEDALE, NY 11422			
AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE

SCHEDULED AUTO	1-MA021290	04-13-2020 (12:01 AM)	04-13-2021 (12:01 AM)
COVERAGES	LIMITS OF LIABILITY		
BODILY INJURY	\$ 100,000 EACH PERSON		
	\$300,000 EACH ACCIDENT		
PROPERTY DAMAGE	\$10,000 EACH ACCIDENT		
STATUTORY 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)

2015 NISSAN 1N4AL3AP8FC243528

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

POLICY NO.		1-MA021290 COMMERCIAL AUTOMOBILE					
NAMED INSURED AND ADDRESS				PRODUCERS NAME AND ADDRESS			
LAING, DARREN, J 24302 132ND RD ROSEDALE, NY 11422				K S BILLING AND ASSOCIATES INC 118-12 ATLANTIC AVENUE RICHMOND HILL, NY 11419			
POLICY PERIOD		Effective 04-13-2020 (12:01 AM) - Expires: 04-13-2021 (12:01 AM)					
UNIT #	MODEL YEAR	MAKE	IDENTIFICATION NUMBER	CLASS	TERR	PLATE #	
1	2015	NISSAN	1N4AL3AP8FC243528				
Driver 1 DARREN LAING							
Radio Base Name: DREIZEHN- NY, LLC							
COVERAGES			SYMBOL	LIMITS OF LIABILITY		PREMIUM	
BODILY INJURY LIABILITY			7	100,000 EACH PERSON		\$2,091.00	
				300,000 EACH ACCIDENT			
PROPERTY DAMAGE LIABILITY			7	10,000 EACH ACCIDENT		\$510.00	
UNINSURED MOTORIST			6	25,000 EACH PERSON		\$60.00	
				50,000 EACH ACCIDENT			
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS				EACH PERSON		\$0.00	
				EACH ACCIDENT			
PERSONAL INJURY PROTECTION			SYMBOL	COVERAGE LIMITS		PREMIUM	
MANDATORY PERSONAL INJURY PROTECTION			5	50,000		\$796.00	
OPTIONAL BASIC ECONOMIC LOSS							
ADDITIONAL PERSONAL INJURY PROTECTION			5	150,000		\$318.00	
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						\$10.00	
Payment Plan Fee						\$10.00	
Amended Premium		\$3,775.00		Premium	\$3,775.00		
Coverage Effective Date:							
Annual Premium							\$3,775.00
DOWN PAYMENT							\$775.00



AUTHORIZED SIGNATURE

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