

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
Processing Center 5 Broadway
Freeport NY 11520

Policy Number

C001985

Effective Date

06/19/2020

Expiration Date

06/19/2021

12:01 a.m.

12:01 a.m.

(Not acceptable to obtain registration
after 45 days from effective date.)I, the undersigned, authorized NEW YORK insurer certifies that it has issued
liability policy complying with Section 370 of the NEW YORK
Vehicle and Traffic Law to:

Applicable with respect to the following Motor Vehicle:

2014**INFIN**

Year

Make

5N1AL0MM2EC547118**7**

Vehicle Identification Number

Seats

SINGH, GURPREET
13211 101ST AVE FL 2
S RICHMOND HL NY 11419THIS ID CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMANDWARNING: 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: Scannable 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 scannable bar code will be retained
3. A faxed ID card must be replaced with a scannable ID card within 14 days of the effective date.
4. DMV will not accept a faxed ID card without a scannable 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 K.S. BILLING & ASSOC. INC 118-12 ATLANTIC AVENUE RICHMOND HILL, NY 11419	INSURER AFFORDING COVERAGE AMERICAN TRANSIT INSURANCE COMPANY PROCESSING CENTER - 5 BROADWAY FREEPORT, NEW YORK 11520 212 857-8200 1 800 683-ATIC
INSURED SINGH, GURPREET 13211 101ST AVE FL 2 S RICHMOND HL, NY 11419	

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	C001985	06/19/2020 (12:01 AM)	06/19/2021 (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
SUPPLEMENTAL UNINSURED/UNDERINSURED MOTORIST	EACH PERSON 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)

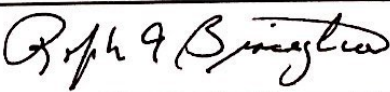
2014 INFINITI QX60 VIN: 5N1AL0MM2EC547118 Effective: 06/19/2020

CERTIFICATE HOLDER NYC TAXI AND LIMOUSINE COMMISSION 31-00 47 AVE. 3FL. LONG ISLAND CITY NY 11101	CANCELLATION 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
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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.

ISSUE DATE: 06/19/2020


AUTHORIZED REPRESENTATIVE



AMERICAN TRANSIT INSURANCE COMPANY (036)
PROCESSING CENTER - 5 BROADWAY, FREEPORT, NEW YORK 11520
 (212) 857-8200 1-800-683-ATIC

DECLARATIONS **DATE OF ISSUE** 06/19/2020
AUTOMOBILE INSURANCE -NEW BUSINESS (NEW YORK)

POLICY NUMBER C001985

(NAMED INSURED AND ADDRESS)

(PRODUCERS NAME AND ADDRESS)

SINGH, GURPREET
 13211 101ST AVE FL 2
 S RICHMOND HL, NY 11419

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

POLICY PERIOD 06/19/2020 12:01 AM - 06/19/2021 12:01 AM

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

GARAGE ADDRESS

REGISTERED OWNED VEHICLE

REGISTERED OWNED VEHICLE							
CAR	MODEL YEAR	TRADE NAME	IDENTIFICATION NUMBER	CLASS	TERR.	MEDALLION #	PLATE #
INFIN	2014	INFIN	5N1AL0MM2EC547118	BC	18		
DRIVER 1.	BALJINDER SINGH			DRIVER 4.			
DRIVER 2.				DRIVER 5.			
DRIVER 3.							

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		\$100,000 EACH PERSON	\$2,275.00
		\$300,000 EACH ACCIDENT	
PROPERTY DAMAGE LIABILITY		\$10,000 EACH ACCIDENT	\$451.00
UNINSURED MOTORIST		\$25,000 EACH PERSON	\$102.00
		\$50,000 EACH ACCIDENT	
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST.		EACH PERSON	\$0.00
		EACH ACCIDENT	
PERSONAL INJURY PROTECTION		COVERAGE LIMITS	PREMIUM
MANDATORY PERSONAL INJURY PROTECTION	7	\$50,000	\$695.00
ADDITIONAL PERSONAL INJURY PROTECTION	7	\$150,000	\$424.00
OPTIONAL BASIC ECONOMIC LOSS			
AGGREGATE NO-FAULT		\$200,000	\$1,119.00
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	** AMENDED ANNUAL PREMIUM
06/19/2020	1.000	\$3,947.00	\$3,947.00

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

DOWN PAYMENT	\$986.72	*MONTHLY PREMIUM THEREAFTER	\$328.92
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*** PLUS \$60.00 SERVICE CHARGE

* PLUS \$20.00 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 01 20 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

KSB002

COUNTER SIGNATURE

ATIC Single Car DEC - NY(10/16)

INSURED COPY

Raj Singh

AMERICAN TRANSIT INSURANCE COMPANY

PROCESSING CENTER - 5 BROADWAY, FREEPORT, NEW YORK 11520

(212) 857-8200

Issued to: SINGH, GURPREET

Policy No: C001985

Effective 06/19/2020 - 06/19/2021

by AMERICAN TRANSIT INSURANCE COMPANY

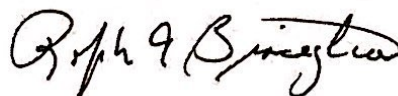
Broker:

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

Description	Due Date	Amount
Bill # 1	07/15/2020	\$348.92
Bill # 2	08/15/2020	\$348.92
Bill # 3	09/15/2020	\$348.92
Bill # 4	10/15/2020	\$348.92
Bill # 5	11/15/2020	\$348.92
Bill # 6	12/15/2020	\$348.92
Bill # 7	01/15/2021	\$348.92
Bill # 8	02/15/2021	\$348.92
Bill # 9	03/15/2021	\$348.92

All Payments are to be made to the Producer listed above.

The monthly Payment plan provides for a \$ 50.00 Reinstatement Fee for failure to comply with this installment Payment Endorsement.



AUTHORIZED SIGNATURE