



NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE															
326 HEREFORD INSURANCE COMPANY	Policy Number CA295173-1	<div style="float: right; font-size: small;">THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND</div> <div style="clear: both;"></div>													
Name & Address of Issuer: HEREFORD INSURANCE COMPANY 36 - 01 43rd AVENUE 2nd FLOOR LONG ISLAND CITY NY 11101	Effective Date 03/01/2019 12:01 a.m. <small>(Not acceptable to obtain registration after 45 days from effective date.)</small>	Expiration Date 03/01/2020 12:01 a.m.													
<small>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:</small>															
<div style="border: 1px solid black; padding: 5px; min-height: 60px;"> SINGH, LAKHBIR 46 TWINLAWNS AVE HICKSVILLE NY 11801 </div>	Applicable with respect to the following Motor Vehicle: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">2014</td> <td style="width: 33%; text-align: center;">TOYOT</td> <td style="width: 34%;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Year</td> <td style="text-align: center; font-size: small;">Make</td> <td></td> </tr> <tr> <td style="text-align: center;">4T1BD1FK8EU122953</td> <td></td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center; font-size: small;">Vehicle Identification Number</td> <td></td> <td style="text-align: center; font-size: small;">Seats</td> </tr> </table>			2014	TOYOT		Year	Make		4T1BD1FK8EU122953		5	Vehicle Identification Number		Seats
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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		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			
SINGH, LAKHBIR 46 TWINLAWNS AVE HICKSVILLE NY 11801			
AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CA295173-1	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		\$ 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)			
2014 TOYOTA 4T1BD1FK8EU122953			
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

HEREFORD INSURANCE COMPANY

36 - 01 43rd AVENUE, 2nd FLOOR

LONG ISLAND CITY, NY 11101

Tel: (718) 361-9191 Fax: (718) 361-6243

POLICY NO. CA295173		COMMERCIAL AUTOMOBILE INSURANCE.					
NAMED INSURED AND ADDRESS SINGH, LAKHIBIR 46 TWINLAWNS AVE HICKSVILLE NY 11801				PRODUCERS NAME AND ADDRESS K.S. BILLING & ASSOCIATES INC 118- 12 ATLANTIC AVE RICHMOND HILL NY 11419			
POLICY PERIOD		Effective 03-01-2019 (12:01 AM) - Expires : 03-01-2020 (12:01 AM)					
CASE	MODEL YEAR	MAKE	IDENTIFICATION NUMBER	CLASS	TERR	UNIT #	PLATE #
1	2014	TOYOTA	4T1BD1FK8EU122953	9200	17		
DRIVER 1. LAKHIBIR SINGH				DRIVER 2.			
DRIVER 3.				DRIVER 4			
DRIVER 5.							
COVERAGES		SYMBOL		LIMITS OF LIABILITY		PREMIUM	
BODILY INJURY LIABILITY		7		100,000 EACH PERSON		1,817.00	
				300,000 EACH ACCIDENT			
PROPERTY DAMAGE LIABILITY		7		10,000 EACH ACCIDENT		442.00	
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		691.00	
OPTIONAL BASIC ECONOMIC LOSS							
ADDITIONAL PERSONAL INJURY PROTECTION		7		150,000		276.00	
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		\$ 3286.00		Premium		\$ 3286.00	
				Installment Fee		\$ 45.00	
				Annual Premium		\$ 3331.00	
				DOWN PAYMENT		\$ 821.51	
ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE							
CA 02 25(06/14)		CA 22 32(11/13)		CA 22 33 (11/13)		CA 31 13 (09/06)	
HIC- DEC- NY(03/01)		HIC- POLC(06/18)		HIC0303(03/03)		IL U 004(05/18)	

NOTE: The following notice is required to be shown in the UMSUM 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

PAYMENT SCHEDULE

Bill Sl No	Bill Due Date	Premium	Installment Fee	Bill Amount
Bill 1	03/15/2019	\$ 273.83	\$ 5.00	\$ 278.83
Bill 2	04/15/2019	\$ 273.83	\$ 5.00	\$ 278.83
Bill 3	05/15/2019	\$ 273.83	\$ 5.00	\$ 278.83
Bill 4	06/15/2019	\$ 273.83	\$ 5.00	\$ 278.83
Bill 5	07/15/2019	\$ 273.83	\$ 5.00	\$ 278.83
Bill 6	08/15/2019	\$ 273.83	\$ 5.00	\$ 278.83
Bill 7	09/15/2019	\$ 273.83	\$ 5.00	\$ 278.83
Bill 8	10/15/2019	\$ 273.83	\$ 5.00	\$ 278.83
Bill 9	11/15/2019	\$ 273.83	\$ 5.00	\$ 278.83

THIS POLICY IS SUBJECT TO AN AGENT BILLING AGREEMENT BETWEEN YOUR PRODUCER AND HEREFORD INSURANCE COMPANY. KINDLY REMIT YOUR PAYMENT TO YOUR PRODUCER OF RECORD.

Failure to make timely payments may result in the removal of the payment plan option and require remittance of the full premium balance.