NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

036 AMERICAN TRANSIT INSURANCE CO

One MetroTech Center - 7th and 8th fl Effective Date

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:

03/01/2020

B718060

Policy Number

Expiration Date

03/01/2021

12:01 a.m.

12:01 a.m.

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

Applicable with respect to the following Motor Vehicle:

2018

HONDA

Year

Make

1HGCV1F54JA021891

Vehicle Identification Number

5 Seats

The name of the registrant and the name of the insured must coincide.

THIS ID CARD MUST BE CARRIED

IN THE INSURED VEHICLE FOR

WARNING: Any person who issues

or produces an ID card knowing that

In addition, a person who presents

an ID card if insurance is not in

effect may be committing a

misdemeanor.

an Owner's Policy of insurance is not in

effect may be committing a misdemeanor.

PRODUCTION UPON DEMAND

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FH-1

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

036 AMERICAN TRANSIT INSURANCE CO.

SINGH, KAPILPREET

11918 101ST AVE 261

S RICHMOND HL NY 11419

One MetroTech Center - 7th and 8th fl Effective Date

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.KAPILPREET 11918 101ST AVE 261 S RICHMOND HL NY 11419

Policy Number

B718060

03/01/2020

12:01 a.m. 12:01 a.m.

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

Applicable with respect to the following Motor Vehicle:

2018

Year

HONDA Make

1HGCV1F54JA021891

Vehicle Identification Number

5

Expiration Date

03/01/2021

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.

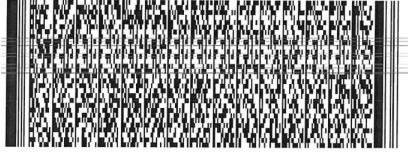
The name of the registrant and the name of the insured must coincide.

REPLACEMENT VEHICLE NOTATION: DMV WILL ONLY PROCESS A VEHICLE CHANGE (RE-REGISTRATION) USING THE REPLACED VEHICLE'S CURRENT REGISTRATION.



FH-1

FAX: Scanable Bar Code



FAX INSTRUCTIONS:

- 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	AMERICAN TRANSIT INSURANCE COMPANY	
118-12 ATLANTIC AVENUE	One MetroTech Center - 7th and 8th floors	
	Brooklyn, New York 11201	
RICHMOND HILL, NY 11419	212 857-8200 1 800 683-ATIC	

INSURED

SINGH, KAPILPREET 11918 101ST AVE 261

S RICHMOND HL, NY 11419

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	B718060	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		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)

2018 HONDA ACCORD VIN: 1HGCV1F54JA021891 Effective: 03/01/2020

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.

Afr 9 Brighton
AUTHORIZED REPRESENTATIVE



AMERICAN TRANSIT INSURANCE COMPANY (036) ONE METROTECH CENTER - 7TH AND 8TH FLOORS, BROOKLYN, NEW YORK 11201

DECLARATIONS

(212) 857-8200

1-800-683-ATIC

DATE OF ISSUE 02/17/2020

AUTOMOBILE INSURANCE - NEW BUSINESS

(NEW YORK)

POLICY NUMBER	B718060	

NAMED INSURED AND ADDRESS

PRODUCERS NAME AND ADDRESS

SINGH,KAPILPREET 11918 101ST AVE 261 S RICHMOND HL, NY 11419

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

POLICY PERIOD

03/01/2020 12:01 AM - 03/01/2021 12:01 AM

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

GARAGE ADDRESS

REGISTERED OWNED VEHICLE

CAR	MODEL YEAR	TRADE NAME	IDENTIFICATION NUMBER	CLASS	TERR.	MEDALLION #	PLATE#
HOND	2018	HONDA	1HGCV1F54JA021891	BC	18		

DRIVER 1. KAPILPREET SINGH	DRIVER 4.	
DRIVER 2.	DRIVER 5.	11
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	7	\$100,000 EACH PERSON	\$2,003.00
		\$300,000 EACH ACCIDENT	
PROPERTY DAMAGE LIABILITY	7	\$10,000 EACH ACCIDENT	\$397.00
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	\$576.00
ADDITIONAL PERSONAL INJURY PROTECTION	7	\$150,000	\$389.00
OPTIONAL BASIC ECONOMIC LOSS			
AGGREGATE NO-FAULT		\$200,000	\$965.00
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.

EF	FECTIVE DATE	PR/SR FACTOR	ANNUAL PREMIUM	** AMENDED ANNUAL PREMIUM
03/01	/2020	1.000	\$3,476.00	\$3,476.00
** AMEN	DED TOTAL INCLUDES ORIO	GINAL POLICY PREMIUM AND ALL PR	REMIUM AMENDMENTS THROUGH CURRENT D	ATE FOR TERM SHOWN.

DOWN PAYMENT \$868.97 *MONTHLY PREMIUM THEREAFTER

*** PLUS \$60.00 SERVICE CHARGE *PLUS \$20.00 MONTHLY SERVICE CHARGE

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

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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

KSB002

Roph 9 Brieglia

COUNTER SIGNATURE

\$289.67