## 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:

> BENS, FRANCISCO 87-21 117 ST 1FLR **RICHMOND HILL NY 11418**

Policy Number

1-MA021948

Effective Date 06/23/2019

Expiration Date 06/23/2020

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:

2015 Year

TOYOT Make

5TDJKRFH3FS188261

Vehicle Identification Number

7 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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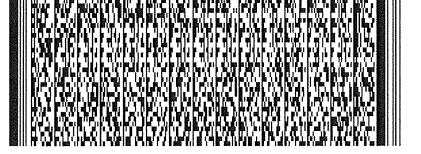
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# FAX: Scanable Bar Code



### **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.

PRODUCER			INSURER AFFORDING COVERAGE					
KS BILLING & ASSOCIATES 881 CYPRESS AVENUE RIDGEWOOD, NY 11358	S INC 2		MAYA ASSURANCE COMPANY 45-18 COURT SQUARE, SUITE 300 LONG ISLAND CITY, NEW YORK 11101					
INSURED								
BENS,FRANCISCO 87-21 117 ST 1FLR RICHMOND HILL, NY 11418								
AUTOMOBILE LIABILITY	POLICY NUMB	ER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE				
SCHEDULED AUTO	1-MA021948		06-23-2019 (12:01 AM)	06-23-2020 (12:01 AM <b>)</b>				
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			одрежение от полу завестра четово ужение на полително объеденов инболов 9 КМ в <mark>общиналний на начина</mark>					

# DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2015 TOYOTA 5TDJKRFH3FS188261				
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-MA021948 COM	MMERC	IAL	AUTOMO	BILE	construeras estas la infrarración de la construera de la	PROMETER STATE OF THE STATE OF	
NAMED INSURED AND ADDRESS				PRODUCERS NAME AND ADDRESS					
BENS,FRANCISCO 87-21 117 ST 1FLR RICHMOND HILL, NY 11418				KS BILLING & ASSOCIATES INC 2 881 CYPRESS AVENUE RIDGEWOOD, NY 11358					
POLICY PERIOD Effective 06-23-2019				(12:01 AM) - Expires: 06-23-2020 (12:01 AM)					
UNIT MODEL # YEAR MA	\KE	IDENTIFICATION NUMBER	CL/		ASS		TERR PLA		TE #
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COVERAGES			SYME	BOL	LIMITS	ILITY		PREMIUM	
BODILY INJURY LIA	BILITY		7		100,000 EACH PERSON				\$1,778.00
77877999 MI 1997 MI 200 MI	CONNOCIONO R. CONNOCIONO CON CO <b>MENÇA (April 1980)</b>	Provide from all out of the manufactory or any outgraphy and other papers and a semiconstant public			300,000 EACH ACCIDENT				DARFERSTERAN CELAST AND
PROPERTY DAMAGE LIABILITY			7		10,000 EACH ACCIDENT			T	\$433.00
UNINSURED MOTO	RIST		6		25,000 EACH PERSON				\$60.00
	r the grown with filter and a non-that this many below as a manifest and a second second second second second			with the Actual Control	50,000 EACH ACCIDEN		T		
SUPPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS				n herri saaren direktear especiatuska	EACH PERSON			\$0.00	
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PERSONAL INJURY PROTECTION				OL			S	erroren errore	PREMIUM
MANDATORY PERSONAL INJURY PROTECTION OPTIONAL BASIC ECONOMIC LOSS			5	annietheite general von	50,00	)0	- The second	CANADO DE MICHIEL DE LA CANADA D	\$676.00
ADDITIONAL PERSONAL INJURY PROTECTION			5	y en mayor and e	150,00	Oliveria de la constitució de			\$270.00
	umano di uma di come di	ITTIOILOTION	J	***************	200,000			\$270.00	
AGGREGATE NO-FAULT MAXIMUM MONTHLY WORK LOSS BENEFIT					2,000				
DEATH BENEFIT				- CONTRACTOR CONTRACTO	2,000			~	om om en stor om ste til stor om utgjelde de lige blike en
OTHER NECESSARY EXPENSES (PER DAY)					amanangayanan amak adambankan A	25	erholiet forte en observer els anders observed anders observed	***************************************	AS COUNTY (IV. A.C.) TO ANNOUNT AND CONTRACT
	Danis strajah (mening bina) hidakada sebasang pada seriah antak mengereng	t (MVLE) Fee. \$10 Pe	r Regis	tere	d Vehicle				\$10.0
Payment Plan Fee	annoquae is round il Primillorità indicantalement qui priprit agait latifa topica migrate et			alian pagamenta da antida			n innanianneal richnania delland meladesisett	d specifical conditions are conditions.	
						en de la companya de	\$10.0		
Coverage Effective	******************************	\$3,217.00		rre	ınunı	G AND STATE OF THE	i i		\$3,217.00
Annual Premium				ndhelyladoriae (Ariada	er Selven der unter Staten (1937) de autorité désigne (1936) de l'Année (1936) de l'	anniaet de Chim-Sandin al de communication de Chimine d	American American	herinamente helinikke adendal lavar	\$3,217.00
DOWN PAYMENT									\$663.40

AUTHORIZED SIGNATURE

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