

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

326 HEREFORD INSURANCE COMPANY

Policy Number

CA285692-0

Name & Address of Issuer **HEREFORD INSURANCE COMPANY**
36 - 01 43rd AVENUE 2nd FLOOR
LONG ISLAND CITY NY 11101

Effective Date

10/27/2017

12:01 a.m.

Expiration Date

03/01/2018

12:01 a.m.

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

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:

Applicable with respect to the following Motor Vehicle:

2017

Year

HONDA

Make

2HKRW2H87HH657338

Vehicle Identification Number

5

Seats

HOWLADER,SHOEB
 20 DAIL STREET
 NEW HYDE PK NY 11040

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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FH-1

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

HEREFORD INSURANCE COMPANY

36 - 01 43rd AVENUE, 2nd FLOOR

LONG ISLAND CITY, NY 11101

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

POLICY NO.	CA285692	COMMERCIAL AUTOMOBILE INSURANCE.					
NAMED INSURED AND ADDRESS				PRODUCERS NAME AND ADDRESS			
HOWLADER, SHOE B 20 DAIL STREET NEW HYDE PK NY 11040				PEARLAND BROKERAGE INC 36-01 43RD AVE LONG ISLAND CITY NY 11101			
POLICY PERIOD		Effective 10-27-2017 (12:01 AM) - Expires : 03-01-2018 (12:01 AM)					
CASE	MODEL YEAR	MAKE	IDENTIFICATION NUMBER	CLASS	TERR	UNIT #	PLATE #
1	2017	HONDA	2HKRW2H87HH657338	9200	17		
DRIVER 1. SHOE B HOWLADER				DRIVER 2.			
DRIVER 3.				DRIVER 4			
DRIVER 5.							
COVERAGES		SYMBOL	LIMITS OF LIABILITY			PREMIUM	
BODILY INJURY LIABILITY		7	100,000 EACH PERSON			1,913.00	
			300,000 EACH ACCIDENT				
PROPERTY DAMAGE LIABILITY		7	10,000 EACH ACCIDENT			466.00	
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			727.00	
OPTIONAL BASIC ECONOMIC LOSS							
ADDITIONAL PERSONAL INJURY PROTECTION		7	150,000			291.00	
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		\$ 1182.00		Premium		\$ 3457.00	
				Installment Fee		\$ 20.00	
				Annual Premium		\$ 3477.00	
				DOWN PAYMENT		\$ 691.41	
ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE							
CA 02 25(03/06)	CA 22 32(01/11)	CA 22 33 (01/11)	CA 31 13 (09/96)	HIC- CAL(01/09)			
HIC- DEC- NY(03/01)	HIC- POLC(01/13)	HIC0303(03/03)	IL 01 83(08/08)	IL U 004(09/03)			

NOTE: The following notice is required to be shown in the UM/SUM 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

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
PEARLAND BROKERAGE INC 36-01 43RD AVE LONG ISLAND CITY NY 11101	HEREFORD INSURANCE COMPANY 36 - 01 43rd AVENUE, 2nd FLOOR LONG ISLAND CITY, NY 11101

INSURED
HOWLADER, SHOEB 20 DAIL STREET NEW HYDE PK NY 11040

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CA285692-0	10/27/2017 (12:01 AM)	03/01/2018 (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)
2017 HONDA 2HKRW2H87HH657338

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 Representative



HEREFORD INSURANCE COMPANY

36-01 43rd Avenue, LIC NY 11101

Tentative Quote

Date: 10/25/2017

User Name: PEA046

Policy No/QuoteID:

Classification: Black Cars

Applicants Name: HOWLADER, SHOEB

Drivers: Owner Driver

Gross Deposit: \$864.25

Symbol: HA116062

Total Premium: \$3,457.00

ProRated Premium: \$1,203.00

Effective Date: 10/25/2017

Radio Base: ZEHN-NY,LLC.-B02869-BK

Notes:

Discounts	Surcharges
Accident Prevention Course	
Safe Driver Discount	
Loss Control	

Coverage	Limit	Premium
Bodily Injury	\$100,000/\$300,000	\$1,913.00
Property Damage	\$10,000	\$466.00
Combined Single Limit	None	
Personal Injury	\$50,000	\$727.00
Additional Personal Injury	\$150,000	\$291.00
Uninsured Motorist	\$25,000/\$50,000	\$60.00
SUM	None	
OBEL	None	

Additional Rating Factors	Selection
US Drivers LIC Exprience	+ 3 Years
Points On MVR	6 Points Or Less
TLC LIC. Experience	+ 3 Years
Vehicle Year	2017
SHL Vehicle?	No



HEREFORD INSURANCE COMPANY

36 - 01 43rd AVENUE, LONG ISLAND CITY, NY 11101



OTHER THAN MEDALLION FOR HIRE APPLICATION

DATE OF APPLICATION	SYMBOL	SUBMISSION #	EFF. DATE	EXP. DATE
		103838	10/26/2017	03/01/2018
APPLICANT'S INFORMATION			PRODUCER'S INFORMATION	
HOWLADER, SHOEB 20 DAIL STREET NEW HYDE PK NY 11040			PEARLAND BROKERAGE INC 36- 01 43RD AVE LONG ISLAND CITY NY 11101	
PHONE #				
TEL/FAX/BEEPER #	9173765561			
SSN/FED TAX ID #	117724208			
NYS LICENSE #	890234442			
HACK LICENSE #	452260			
EMAIL	SHOEBRAFEYA@YAHOO.COM			
PRODUCER CODE	PEA046			
PHONE NUMBER	718- 361- 0033			
FAX NUMBER				
EMAIL				

VEHICLE INFORMATION

YEAR	MAKE	VIN #	PLATE
2017	HONDA	2HKRW2H87HH657338	
RADIO BASE NAME	ZEHN- NY, LLC		RADIO NUMBER
Is this a Street Hail Livery Vehicle?	NO		

Do you or any driver on the policy accept dispatches from any base other than your listed base or from any app companies. Yes ☐ No ☐

If yes, select any/all that apply Uber ☐ Lyft ☐ Via ☐ Gett ☐ Juno ☐ Other ☐

If other list all.

COVERAGE INFORMATION(PLEASE CHECK ONE)

TLC MANDATED LIMITS OF LIABILITY	BI	100,000/300,000	PD	10,000	PIP	200,000
TLC MANDATED LIMITS OF LIABILITY	BI	100,000/300,000	PD	50,000	PIP	200,000
OTHER	BI		PD		PIP	

*OBEL AND SUM COVERAGES ARE AVAILABLE UPON REQUEST

**PHYSICAL DAMAGE COVERAGE IS NOT AVAILABLE NOR OFFERED

DRIVER INFORMATION

DRIVER 1	HOWLADER SHOEB	NYS LICENSE #	890234442
DRIVER 2		NYS LICENSE #	
DRIVER 3		NYS LICENSE #	

NEXT OF KIN (OTHER THAN SPOUSE) TO BE CONTACTED IN CASE OF EMERGENCY

NAME			
ADDRESS			
CITY/STATE/ZIP	PHONE	RELATIONSHIP	

FOR THE APPLICANT, LIST NAME OF PREVIOUS CARRIER AND LOSS EXPERIENCE FOR THE PAST 36 MONTHS

INSURANCE COMPANY	POLICY NUMBER	PERIOD COVERED	#OF CLAIMS	# OF VIOLATIONS
		-		

OTHER INSURANCE

WORKERS' COMP CARRIER	
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HEREFORD INSURANCE COMPANY

36 - 01 43rd AVENUE, LONG ISLAND CITY, NY 11101



OPTIONAL BASIC ECONOMIC LOSS (OBEL) COVERAGE AVAILABLE

In addition to Basic No- Fault Coverage, you may also purchase OBEL coverage that will pay certain expenses, up to \$25,000, above the Basic No- Fault limit of \$50,000. OBEL coverage is different from other

If you purchase OBEL coverage and if it appears likely that a claimant will use up the Basic No- Fault coverage, your insurer will send the claimant a form for the claimant to choose what expenses the \$25,000 in OBEL coverage will be used to pay. Under No- Fault, a claimant could include you, family members, passengers in your car, or pedestrians, if injured in an auto accident.

The claimant will be able to choose one of the following four OBEL options and thereby direct the insurer to pay expenses for:

1. basic economic loss, whether health care expenses, loss of earnings from work, or other reasonable and necessary expenses;
2. loss of earnings from work;
3. psychiatric, physical or occupational therapy and rehabilitation; or
4. a combination of options 2 and 3.

The additional \$25,000 of OBEL coverage will be used only for costs incurred under the chosen option, which, once selected, the claimant cannot change.

If you have any questions, please contact your company or agent.

Selection of Coverages

Initials ☐ I wish to purchase OBEL coverage

S 4
Initials ☒ I do not wish to purchase OBEL coverage

(Y) [Signature]
Applicant Signature

HOWLADER, SHOEB
Applicant Name

10/26/17
Date



AMERICAN TRANSIT INSURANCE COMPANY (036)
ONE METROTECH CENTER - 7TH AND 8TH FLOORS, BROOKLYN, NEW YORK 11201
 (212) 857-8200 1-800-683-ATIC

DECLARATIONS
AUTOMOBILE INSURANCE -NEW BUSINESS (NEW YORK)

DATE OF ISSUE 02/08/2017

POLICY NUMBER B401965

(NAMED INSURED AND ADDRESS) (PRODUCERS NAME AND ADDRESS)

HOWLADER,SHOEB
 20 DAIL STREET
 NEW HYDE PARK, NY 11040

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

POLICY PERIOD 03/01/2017 12:01 AM - 03/01/2018 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 #
NISSA	2014	NISSA	1N4AL3AP0EC286811	BC	18		
DRIVER 1.	SHOEB HOWLADER			DRIVER 4.			
DRIVER 2.	RAFEYA HOWLADER			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	7	\$100,000 EACH PERSON	\$2,197.00
		\$300,000 EACH ACCIDENT	
PROPERTY DAMAGE LIABILITY	7	\$10,000 EACH ACCIDENT	\$436.00
UNINSURED MOTORIST	7	\$25,000 EACH PERSON	\$102.00
		\$50,000 EACH ACCIDENT	
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST.	7	\$25,000 EACH PERSON	\$9.00
		\$50,000 EACH ACCIDENT	
PERSONAL INJURY PROTECTION		COVERAGE LIMITS	PREMIUM
MANDATORY PERSONAL INJURY PROTECTION	7	\$50,000	\$702.00
ADDITIONAL PERSONAL INJURY PROTECTION	7	\$150,000	\$428.00
OPTIONAL BASIC ECONOMIC LOSS			
AGGREGATE NO-FAULT		\$200,000	\$1,130.00
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
03/01/2017	1.000	\$3,874.00	\$3,874.00

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

DOWN PAYMENT	MONTHLY PREMIUM THEREAFTER
\$968.53	\$322.83

*** PLUS \$0.00 SERVICE CHARGE

* PLUS \$0.00 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 08 14 CA 01 12 12 15 CA 02 25 08 14 CA 22 32 11 13 CA 22 33 11 13 CA 31 07 10 13
 CA 31 13 09 96 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 98

KSB002

COUNTER SIGNATURE

ATIC Single Car DEC - NY(10/16)

INSURED COPY

[Signature]



Unsaved View

Save As...

Revert

Based on [For Hire Vehicles \(FHV\) - Active and Inactive Vehicles](#)

This authorized For Hire Vehicles that are active or inactive. This list is

Active Vehicle License Numbr Name

1 YES 5545072 HOWLADER,SHOEB



Expiration Date

FOR HIRE VEHICLE 05/09/2018

Permit License Number

DMV License Plate No

Conditional Formatting

Sort & Roll-Up

Filter

Filter this dataset based on contents.

Name contains

✓ howlader,shoeb

Not all filter operators may be available for all text columns.

[+ Add a New Filter Condition](#)