

# NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

326 HEREFORD INSURANCE COMPANY

Policy Number

CA285204-2

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

Effective Date

03/01/2019

Expiration Date

03/01/2020

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:

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:

2013

HONDA

Year

Make

1HGCR2F36DA238467

5

Vehicle Identification Number

Seats

ALBERTOTEJADA,M,E  
 9620 34TH AVE  
 CORONA NY 11368

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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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
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
ALBERTOTEJADA,M,E 9620 34TH AVE CORONA NY 11368

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CA285204-2	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)

2013 HONDA 1HGCR2F36DA238467

CERTIFICATE HOLDER	CANCELLATION
Nassau County Taxi & Limo Commission 1 West Street Room 136 Mineola, NY 11501	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

<b>POLICY NO.</b>		CA285204		<b>COMMERCIAL AUTOMOBILE INSURANCE.</b>			
<b>NAMED INSURED AND ADDRESS</b>				<b>PRODUCERS NAME AND ADDRESS</b>			
ALBERTOTEJADA,M,E 9620 34TH AVE CORONA NY 11368				K.S. BILLING & ASSOCIATES INC 118- 12 ATLANTIC AVE RICHMOND HILL NY 11419			
<b>POLICY PERIOD</b>		Effective 03-01-2019 (12:01 AM) - Expires : 03-01-2020 (12:01 AM)					
<b>CASE</b>	<b>MODEL YEAR</b>	<b>MAKE</b>	<b>IDENTIFICATION NUMBER</b>	<b>CLASS</b>	<b>TERR</b>	<b>UNIT #</b>	<b>PLATE #</b>
1	2013	HONDA	1HGCR2F36DA238467	9200	17		
DRIVER 1. MIKIE ALBERTOTEJADA				DRIVER 2.			
DRIVER 3.				DRIVER 4			
DRIVER 5.							
<b>COVERAGES</b>		<b>SYMBOL</b>	<b>LIMITS OF LIABILITY</b>		<b>PREMIUM</b>		
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				
<b>PERSONAL INJURY PROTECTION</b>			<b>COVERAGE LIMITS</b>		<b>PREMIUM</b>		
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				
<b>Motor Vehicle Law Enforcement (MVLE) Fee. \$10 Per Registered Vehicle</b>						<b>\$10</b>	
<b>Amended Premium</b>		<b>\$ 3457.00</b>		<b>Premium</b>		<b>\$ 3457.00</b>	
				<b>Installment Fee</b>		<b>\$ 45.00</b>	
				<b>Annual Premium</b>		<b>\$ 3502.00</b>	
				<b>DOWN PAYMENT</b>		<b>\$ 864.26</b>	
<b>ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE</b>							
CA 02 25(08/14)	CA 22 32(11/13)	CA 22 33 (11/13)	CA 31 13 (09/96)	HIC- CAL(03/17)			
HIC- DEC- NY(03/01)	HIC- POLC(08/18)	HIC0303(03/03)	IL 01 83(08/08)	IL U 004(06/18)			

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