## NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

#### 326 HEREFORD INSURANCE COMPANY

Name & Address of Issuer HEREFORD INSURANCE COMPANY 36 - 01 43rd AVENUE 2nd FLOOR **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:

> SINGH, HARRANJIT 8751 124TH ST **RICHMOND HILL NY 11418**

Policy Number

#### CA306794-1

Effective Date

**Expiration Date** 

03/01/2020

03/01/2021

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

Applicable with respect to the following Motor Vehicle:

2018

HONDA

Year

Make

1HGCV3F45JA000602

5

Vehicle Identification Number

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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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 & ASSOCIATES INC | HEREFORD INSURANCE COMPANY     |  |  |
| 118-12 ATLANTIC AVE           | 36 - 01 43rd AVENUE, 2nd FLOOR |  |  |
| RICHMOND HILL NY 11419        | LONG ISLAND CITY, NY 11101     |  |  |

INSURED

SINGH, HARRANJIT

8751 124TH ST

**RICHMOND HILL NY 11418** 

| AUTOMOBILE LIABILITY | POLICY NUMBER | POLICY EFFECTIVE DATE | POLICY EXPIRATION DATE  |  |
|----------------------|---------------|-----------------------|-------------------------|--|
| SCHEDULED AUTO       | CA306794-1    | 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                   | \$ 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)

2018 HONDA 1HGCV3F45JA000602

| CANCELLATION   |
|--|
| 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.

108.00

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. CA306794  |   |                  | COMMERCIAL AUTOMOBILE INSURANCE.  |              |                      |                      |            |            |
|--|---|------------------|---|--------------|----------------------|----------------------|------------|------------|
| NAMED INSURED AND ADDRESS                                  |   |                  | PRODUCERS NAME AND ADDRESS  |              |                      |                      |            |            |
| SINGH,HARRANJIT<br>8751 124TH ST<br>RICHMOND HILL NY 11418 |   |                  | K.S. BILLING & ASSOCIATES INC  118-12 ATLANTIC AVE RICHMOND HILL NY 11419 |              |                      |                      |            |            |
| POL  | ICY PERIOD                                    | Effective 0      | 3-01-2020 (12:01  | AM) - Expire | s: 03-01-20          | 21 (12:01 AM         | )          |            |
| CASE   | MODEL YEAR                                    | MAKE             | IDENTIFICATION  | ON NUMBER    | CLASS                | TERR                 | UNIT#      | PLATE #    |
| 1  | 2018  | HONDA            | 1HGCV3F45JA000602   |              | 9200                 | 17                   | *          |            |
| DRIVE  | R 1. HARRANJI                                 | T SINGH          |   | DRIVER 2.    |                      |                      |            |            |
| DRIVE  | R 3.  |                  |   | DRIVER 4     |                      |                      |            |            |
| DRIVE  | R 5.  |                  |   |              |                      |                      |            |            |
| COVE   | COVERAGES                                     |                  |   | SYMBOL       |                      | LIMITS OF LIABILITY  |            | PREMIUM    |
| BODI   | LY INJURY LIABILI                             | TY               |   |              |                      | 100,000 EACH PERSON  |            |            |
|  |   |                  |   |              |                      | 300,000 EAC          |            |            |
| PROPERTY DAMAGE LIABILITY                                  |   |                  |   |              | 10,000 EACH ACCIDENT |                      |            |            |
| UNINSURED MOTORIST   |   |                  |   |              | 25,000 EACH PERSON   |                      |            |            |
|  |   |                  |   |              |                      | 50,000 EACH ACCIDENT |            |            |
| SUPF   | SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST |                  |   |              |                      | EACH PERSON          |            |            |
|  |   |                  |   |              |                      | EAC                  | H ACCIDENT |            |
| PERSONAL INJURY PROTECTION                                 |   |                  |   | COVE         | RAGE LIMITS          | PREMIUM              |            |            |
| MANDATORY PERSONAL INJURY PROTECTION                       |   |                  |   |              | 50,000               |                      |            |            |
| OPTIO  | DNAL BASIC ECON                               | IOMIC LOSS       |   |              |                      |                      |            |            |
| ADDITIONAL PERSONAL INJURY PROTECTION                      |   |                  |   |              | 150,000              |                      |            |            |
| A  | GGREGATE NO-F                                 | AULT             |   |              |                      | 200,000              |            |            |
| ٨  | MAXIMUM MONTHL                                | Y WORK LOSS B    | ENEFIT  |              |                      | 2,000                |            |            |
| DEATH BENEFIT  |   |                  |   |              | 2,000                |                      |            |            |
| OTHER NECESSARY EXPENSES (PER DAY)                         |   |                  |   |              |                      | 25                   |            |            |
| Motor \  | ehicle Law Enforce                            | cement (MVLE) Fe | ee. \$10 Per Registere  | d Vehicle    |                      |                      |            | \$10       |
| Amended Premium \$   |   |                  | 3610.00   | Pi           | emium                |                      | \$ 3610.00 |            |
|  |   |                  |   | In           | Installment Fee      |                      | \$ 180.00  |            |
| *  |   |                  |   |              | A                    | nnual Premi          | um         | \$ 3790.00 |

ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE

CA 02 25(08/14)

CA 22 32(11/13)

CA 22 33 (11/13)

CA 31 13 (09/96)

DOWN PAYMENT

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** 

108 SO

\$ 902.51