

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:

SANCHEZ,LUIS,FELIPE
8424 96TH ST FL 1
WOODHAVEN NY 11421

Policy Number

CA309542-0

Effective Date

03/01/2020

12:01 a.m.

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

Expiration Date

03/01/2021

12:01 a.m.

Applicable with respect to the following Motor Vehicle:

2014

Year

TOYOT

Make

4T1BF1FK1EU403695

Vehicle Identification Number

5

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

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:

SANCHEZ,LUIS,FELIPE
8424 96TH ST FL 1
WOODHAVEN NY 11421

Policy Number

CA309542-0

Effective Date

03/01/2020

12:01 a.m.

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

Expiration Date

03/01/2021

12:01 a.m.

Applicable with respect to the following Motor Vehicle:

2014

Year

TOYOT

Make

4T1BF1FK1EU403695

Vehicle Identification Number

5

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:

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
SANCHEZ,LUIS,FELIPE 8424 96TH ST FL 1 WOODHAVEN NY 11421

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CA309542-0	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)
2014 TOYOTA 4T1BF1FK1EU403695

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, 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

POLICY NO.		CA309542		COMMERCIAL AUTOMOBILE INSURANCE.			
NAMED INSURED AND ADDRESS				PRODUCERS NAME AND ADDRESS			
SANCHEZ,LUIS,FELIPE 8424 96TH ST FL 1 WOODHAVEN NY 11421				K.S. BILLING & ASSOCIATES INC 118- 12 ATLANTIC AVE RICHMOND HILL NY 11419			
POLICY PERIOD		Effective 03-01-2020 (12:01 AM) - Expires : 03-01-2021 (12:01 AM)					
CASE	MODEL YEAR	MAKE	IDENTIFICATION NUMBER	CLASS	TERR	UNIT #	PLATE #
1	2014	TOYOTA	4T1BF1FK1EU403695	9200	17		
DRIVER 1. LUIS SANCHEZ				DRIVER 2.			
DRIVER 3.				DRIVER 4			
DRIVER 5.							
COVERAGES		SYMBOL	LIMITS OF LIABILITY		PREMIUM		
BODILY INJURY LIABILITY			100,000 EACH PERSON				
			300,000 EACH ACCIDENT				
PROPERTY DAMAGE LIABILITY			10,000 EACH ACCIDENT				
UNINSURED MOTORIST			25,000 EACH PERSON				
			50,000 EACH ACCIDENT				
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST			EACH PERSON				
			EACH ACCIDENT				
PERSONAL INJURY PROTECTION			COVERAGE LIMITS		PREMIUM		
MANDATORY PERSONAL INJURY PROTECTION			50,000				
OPTIONAL BASIC ECONOMIC LOSS							
ADDITIONAL PERSONAL INJURY PROTECTION			150,000				
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		\$ 3457.00		Premium		\$ 3457.00	
				Installment Fee		\$ 180.00	
				Annual Premium		\$ 3637.00	
				DOWN PAYMENT		\$ 864.26	
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)	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