

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:

GONZALEZFELICIAN, N, E  
182 E 93RD ST 2B  
BROOKLYN NY 11212

Policy Number

1-MA023641

Effective Date

06/12/2019

12:01 a.m.

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

Expiration Date

06/12/2020

12:01 a.m.

Applicable with respect to the following Motor Vehicle:

2018

Year

TOYOT

Make

JTMJFREV8JJ736949

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

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:

GONZALEZFELICIAN, N, E  
182 E 93RD ST 2B  
BROOKLYN NY 11212

Policy Number

1-MA023641

Effective Date

06/12/2019

12:01 a.m.

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

Expiration Date

06/12/2020

12:01 a.m.

Applicable with respect to the following Motor Vehicle:

2018

Year

TOYOT

Make

JTMJFREV8JJ736949

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
KS BILLING & ASSOCIATES INC 2 881 CYPRESS AVENUE RIDGEWOOD, NY 11358	MAYA ASSURANCE COMPANY 45-18 COURT SQUARE, SUITE 300 LONG ISLAND CITY, NEW YORK 11101

### INSURED

GONZALEZFELICIAN,NANDY,E  
182 E 93RD ST 2B  
BROOKLYN, NY 11212

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	1-MA023641	06-12-2019 (12:01 AM)	06-12-2020 (12:01 AM)

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	

### DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2018 TOYOTA JTMJFREV8JJ736949

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

<b>POLICY NO.</b>		1-MA023641 COMMERCIAL AUTOMOBILE					
<b>NAMED INSURED AND ADDRESS</b>				<b>PRODUCERS NAME AND ADDRESS</b>			
GONZALEZFELICIAN,NANDY,E 182 E 93RD ST 2B BROOKLYN, NY 11212				KS BILLING & ASSOCIATES INC 2 881 CYPRESS AVENUE RIDGEWOOD, NY 11358			
<b>POLICY PERIOD</b>		Effective 06-12-2019 (12:01 AM) - Expires: 06-12-2020 (12:01 AM)					
<b>UNIT #</b>	<b>MODEL YEAR</b>	<b>MAKE</b>	<b>IDENTIFICATION NUMBER</b>	<b>CLASS</b>	<b>TERR</b>	<b>PLATE #</b>	
1	2018	TOYOTA	JTMJFREV8JJ736949				
Driver 1 NANDY GONZALEZFE							
Radio Base Name: SECHS-NY, LLC							
<b>COVERAGES</b>				<b>SYMBOL</b>	<b>LIMITS OF LIABILITY</b>	<b>PREMIUM</b>	
BODILY INJURY LIABILITY				7	100,000 EACH PERSON	\$1,929.00	
					300,000 EACH ACCIDENT		
PROPERTY DAMAGE LIABILITY				7	10,000 EACH ACCIDENT	\$470.00	
UNINSURED MOTORIST				6	25,000 EACH PERSON	\$60.00	
					50,000 EACH ACCIDENT		
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS					EACH PERSON	\$0.00	
					EACH ACCIDENT		
<b>PERSONAL INJURY PROTECTION</b>				<b>SYMBOL</b>	<b>COVERAGE LIMITS</b>	<b>PREMIUM</b>	
MANDATORY PERSONAL INJURY PROTECTION				5	50,000	\$734.00	
OPTIONAL BASIC ECONOMIC LOSS							
ADDITIONAL PERSONAL INJURY PROTECTION				5	150,000	\$293.00	
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>\$10.00</b>	
<b>Payment Plan Fee</b>						<b>\$10.00</b>	
<b>Amended Premium</b>		\$3,486.01		<b>Premium</b>	\$3,486.00		
<b>Coverage Effective Date:</b>							
<b>Annual Premium</b>						<b>\$3,486.00</b>	
<b>DOWN PAYMENT</b>						<b>\$891.50</b>	



AUTHORIZED SIGNATURE