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:

RAM, SHANGARA 115 LAKE AVE COLONIA NJ 07067 Policy Number

CA302849-1

Effective Date

Expiration Date 03/01/2021

03/01/2020

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

Applicable with respect to the following Motor Vehicle:

2017

CADIL

Year

Make

1GYS4HKJ0HR221410

Vehicle Identification Number

7 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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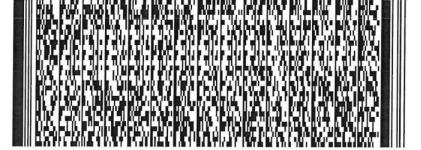
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FH-1

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

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

RAM, SHANGARA

115 LAKE AVE

COLONIA NJ 07067

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CA302849-1	03/01/2020 (12:01 AM) 03/01/2021 (12:01 AM)

LIMITS OF LIABILITY
\$ 100,000 EACH PERSON
\$ 300,000 EACH ACCIDENT
\$ 10,000 EACH ACCIDENT
\$ 25,000 EACH PERSON
\$ 50,000 EACH ACCIDENT
\$ 50,000
\$ 150,000
EACH PERSON
EACH ACCIDENT

DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2017 CADILLAC 1GYS4HKJ0HR221410

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.

1.08.40

Authorized Representative

HEREFORD INSURANCE COMPANY

36 - 01 43rd AVENUE, 2nd FLOOR

LONG ISLAND CITY, NY 11101

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

				UTOMOBILE IN				
NAMED INSURED AND ADDRESS			PRODUCERS NAME AND ADDRESS					
RAM,SHANGARA			K.S. BILLING & ASSOCIATES INC					
115 LAKE AVE COLONIA NJ 07067			118-12 ATLANTIC AVE RICHMOND HILL NY 11419					
		RICHWONL	TILL INT	1419				
CY PERIOD Effective 03-01-2020	(12:01 A	AM) - Expires	3: 03-01-	2021 (12:01 AM				
MODEL YEAR MAKE IDENT	IDENTIFICATION NUMBER C			TERR	UNIT#	PLATE #		
2017 CADILLAC 1GYS4	1GYS4HKJ0HR221410			17				
1. SHANGARA RAM		DRIVER 2.				1		
3.		DRIVER 4						
5.								
AGES		SYMBOL		LIMITS OF LI	ABILITY	PREMIUM		
INJURY LIABILITY		7		100,000 EACH PERSON		1,932.00		
				300,000 EAC	H ACCIDENT			
PROPERTY DAMAGE LIABILITY		7		10,000 EACH ACCIDENT		470.00		
UNINSURED MOTORIST		7		25,000 EACH PERSON		60.00		
				50,000 EAC	H ACCIDENT			
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST				EAC	H PERSON			
				EAC	H ACCIDENT			
PERSONAL INJURY PROTECTION			co	COVERAGE LIMITS		PREMIUM		
MANDATORY PERSONAL INJURY PROTECTION		7		50,000		735.00		
IAL BASIC ECONOMIC LOSS								
ADDITIONAL PERSONAL INJURY PROTECTION		7		150,000		294.00		
AGGREGATE NO-FAULT				200,000				
MAXIMUM MONTHLY WORK LOSS BENEFIT				2,000				
DEATH BENEFIT				2,000				
OTHER NECESSARY EXPENSES (PER DAY)				25				
hicle Law Enforcement (MVLE) Fee. \$10 Per Re	egistered	Vehicle				\$10		
Amended Premium \$		3491.00		Premium		\$ 3491.00		
				Installment Fe	e	\$ 180.00		
				Annual Premi	um	\$ 3671.00		
						\$ 872.76		

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