

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

326 HEREFORD INSURANCE COMPANYName & Address of Issuer **HEREFORD INSURANCE COMPANY**
36 - 01 43rd AVENUE 2nd FLOOR
LONG ISLAND CITY NY 11101An 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, BALJINDER**
8959 214TH ST
QUEENS NY 11427

Policy Number

CA308291-1

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:

2018

Year

ACURA

Make

5J8YD4H53JL000378

Vehicle Identification Number

7

Seats

THIS ID CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMANDWARNING: 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
SINGH,BALJINDER 8959 214TH ST QUEENS NY 11427

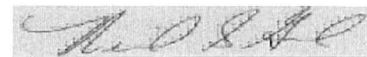
AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CA308291-1	03/01/2020 (12:01 AM)	03/01/2021 (12:01 AM)

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 ACURA 5J8YD4H53JL000378

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.		CA308291		COMMERCIAL AUTOMOBILE INSURANCE.			
NAMED INSURED AND ADDRESS				PRODUCERS NAME AND ADDRESS			
SINGH, BALJINDER 8959 214TH ST QUEENS NY 11427				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	2018	ACURA	5J8YD4H53JL000378	9101	1		
DRIVER 1. BALJINDER SINGH				DRIVER 2. PARMJEET SINGH			
DRIVER 3.				DRIVER 4			
DRIVER 5.							
COVERAGES		SYMBOL	LIMITS OF LIABILITY		PREMIUM		
BODILY INJURY LIABILITY		7	100,000 EACH PERSON		4,154.00		
			300,000 EACH ACCIDENT				
PROPERTY DAMAGE LIABILITY		7	10,000 EACH ACCIDENT		1,100.00		
UNINSURED MOTORIST		7	25,000 EACH PERSON		60.00		
			50,000 EACH ACCIDENT				
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST			EACH PERSON				
			EACH ACCIDENT				
PERSONAL INJURY PROTECTION			COVERAGE LIMITS		PREMIUM		
MANDATORY PERSONAL INJURY PROTECTION		7	50,000		1,716.00		
OPTIONAL BASIC ECONOMIC LOSS							
ADDITIONAL PERSONAL INJURY PROTECTION		7	150,000		686.00		
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			\$ 7716.00		Premium		\$ 7716.00
						Installment Fee	
						\$ 180.00	
						Annual Premium	
						\$ 7896.00	
						DOWN PAYMENT	
						\$ 1929.02	
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- DEC- NY(03/01)		HIC- POLC(08/18)		HIC0303(03/03)		IL 01 83(08/08)	
						HIC- CAL(03/17)	
						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

PAYMENT SCHEDULE

Bill SI No	Bill Due Date	Premium	Installment Fee	Bill Amount
Bill 1	03/21/2020	\$ 643.00	\$ 20.00	\$ 663.00
Bill 2	04/21/2020	\$ 643.00	\$ 20.00	\$ 663.00
Bill 3	05/21/2020	\$ 643.00	\$ 20.00	\$ 663.00
Bill 4	06/21/2020	\$ 643.00	\$ 20.00	\$ 663.00
Bill 5	07/21/2020	\$ 643.00	\$ 20.00	\$ 663.00
Bill 6	08/21/2020	\$ 643.00	\$ 20.00	\$ 663.00
Bill 7	09/21/2020	\$ 643.00	\$ 20.00	\$ 663.00
Bill 8	10/21/2020	\$ 643.00	\$ 20.00	\$ 663.00
Bill 9	11/21/2020	\$ 643.00	\$ 20.00	\$ 663.00

)

THIS POLICY IS SUBJECT TO AN AGENT BILLING AGREEMENT BETWEEN YOUR PRODUCER AND HEREFORD INSURANCE COMPANY, KINDLY REMIT YOUR PAYMENT TO YOUR PRODUCER OF RECORD.

Failure to make timely payments may result in the removal of the payment plan option and require remittance of the full premium balance.



HEREFORD INSURANCE COMPANY

Est. 1982 " Licensed by the New York State Insurance Department

36-01 43rd Avenue " Long Island City, NY 11101

Tel: (718) 361-9191 " Fax: (718)361-6243 WWW.HEREFORDINSURANCE.COM

TENTATIVE RENEWAL QUOTE INFORMATION* Wednesday, February 26,2020

Named Insured

Broker of Record

SINGH,BALJINDER

8959 214TH ST

QUEENS NY 11427

K.S. BILLING & ASSOCIATES INC

118-12 ATLANTIC AVE

RICHMOND HILL NY 11419

(Current - Discounts / Surcharges)

Current Symbol = HD115004 \$7,716.00

(Proposed - Discounts / Surcharges)

Proposed Renewal Symbol = HD115004 \$7,716.00

DISCOUNTS	SURCHARGES
1. Accident Prevention Course	1.
2.	2.
3.	3.
4.	4.
5. Loss Control	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

DISCOUNTS	SURCHARGES
1. Accident Prevention Course	1.
2.	2.
3.	3.
4.	4.
5. Loss Control	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Re: Upcoming Renewal / Policy CA308291

Hereford Insurance Company is pleased to inform you of your policy renewal effective March 1st, 2020 expiring on March 1st, 2021. Please remit payment of your renewal deposit to your broker's office, along with providing all required documents listed below prior to March 1st, 2020.

Option 1 Full Payment - No Installment Fees !!!

Option 2 40 % Deposit = \$3,086.40 = 2 Payments of \$2,314.80 + \$45 fee per installment (\$20 for Medallion)

Option 3 25 % Deposit = \$1,929.00 = 9 Payments of \$643.00 + \$20 fee per installment (\$10 for Medallion)

Option 4 20 % Deposit = \$1,543.20 = 9 Payments of \$685.87 + \$25 fee per installment (\$10 for Medallion)

Option 5 15 % Deposit = \$1,157.40 = 9 Payments of \$728.73 + \$30 fee per installment (\$15 for Medallion)

\$10 Motor Vehicle Law Enforcement (MVLE) Fee will be charged per registered vehicle.

Documents Required with Renewal
1.
2.
3.

Radio Base Of Affiliation

Radio Base As With TLC: EINS-NY, LLC

Radio Base As With HIC: EINS-NY, LLC

For Broker Use ONLY

* IMPORTANT: This is a tentative renewal quote. HIC reserves the right to adjust this quote. In some instances policy changes processed after the date of this letter may warrant an adjustment which may result in an increase in premium.

PREMIUM CALCULATION SHEET
(NEW BUSINESS/RENEWALS)

Date: 02/26/20 CSR: Harpreet Kaur
Name: Singh Baljinder
Last First M
Year: 2018 Make: Acura Model: _____

LIABILITY COVERAGE CALCULATION

ATIC		HEREFORD		MAYA	
Annual Premium \$ _____		Annual premium \$ <u>5716.00</u>		Annual premium \$ _____	
Option 1 \$ _____	Option 2 \$ _____	Option 1 \$ <u>2049.00</u>	Option 2 \$ <u>1663.20</u>	Option 1 \$ _____	Option 2 \$ _____
Monthly \$ _____	Monthly \$ _____	Monthly \$ <u>663.00</u>	Monthly \$ <u>710.87</u>	Monthly \$ _____	Monthly \$ _____
FULL PAID _____		FULL PAID _____		FULL PAID _____	
Service Charge \$ <u>100</u>	REG \$ _____	MVR \$ <u>10</u>	DMV fee \$ <u>10</u>	Others \$ _____	
Paid \$ <u>2049.00</u>	Receipt No: <u>42601/42602</u>	Date: <u>02/26/20</u>	Amount Collected \$ _____		
Balance Due \$ _____	Balance Paid Date & Receipt No: _____	Payment Method _____			
Policy No. <u>CA308291</u>	Effective Date: <u>03/01/20</u>	Bind Date: _____			
Company: <u>Hereford</u>	Insurance Type: _____				
<input type="checkbox"/> Agency Bill		<input type="checkbox"/> Direct Bill			

Accounting Section:

Net Payment of \$ _____ sent to _____ Batch/Check No. _____ Date: _____
Paid thru ☐ Cash ☐ Check ☐ Credit/Debit Card ☐ Auto Debit Others _____ Bank Acct. No. _____

Physical Damage Calculation

Stated Value \$ _____ % _____ Premium \$ _____ From _____
Tax & Inspection \$ _____ Service Charge \$ _____
Down Payment \$ _____ No of payments: _____ \$ _____ ea pay
Total Due \$ _____ Amount Paid \$ _____ Date: _____ Receipt No: _____
Balance Due \$ _____ Balance Paid \$ _____ Receipt No: _____

Accounting Section:

Net Payment of \$ _____ sent to _____ Check No. _____ Date: _____
Mailed on: _____

(CSR) Please fill up this form according to its corresponding transaction and must be submitted on to the accounting for daily posting. Upon making payments to insurance company please fill up a payment voucher and attached this form.
(ACCOUNTING) After posting, put a stamp "verified/posted" and return this form to CSR for filing.

Insured Statement

I _____ the insured confirm to the fact that I understood and agreed to all the charges on this calculation sheet, I also understand that if my policy is financed through a finance company then the finance charges will be additional to the policy actual annual premium.

I agreed and accepted all the charges charged to my credit card for this policy and I will not dispute and charge back these charges, and if I paid through check I will not put stop payment on that check since all charges were explained to me in detail prior to the processing of my insurance policy and further understanding is that service fees paid are no refundable.

Agreed and accepted by Insured: Paramjit Singh Date: _____
(Name and Signature)

K. S. Billing & Associates Inc.

118-12 Atlantic Avenue
Richmond Hill, NY 11419

Tel: 718-41-3745
Fax: 718-41-3882

SERVICE FEE AGREEMENT

The following fee is being made by agreement with the Applicant. Fee is for extra services involved in one or more of the following: placing insurance, financing premium, handling of claims, and/or collection of premium

Amount of Service Fee \$100

Applicant understands that such fee is not a part of the premium charged by the company and can only be made with written consent of the Applicant. These charges are in compliance with section 2119 of the N. Y. State Insurance Law. All fees are non refundable and fully earned from policy inception.

Agreed and accepted by

Parvinder Singh
Insured

Date: _____