

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

06 AMERICAN TRANSIT INSURANCE CO

Name & Address of Issuer American Transit Ins Co
One MetroTech Center - 7th and 8th fl
Brooklyn NY 11201

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:

BENCOSME, LUCIA, D
6083 PUTNAM AVE 1
RIDGEWOOD NY 11385

Policy Number

B501056

Effective Date

03/07/2019

12:01 a.m.

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

Expiration Date

03/01/2020

12:01 a.m.

Applicable with respect to the following Motor Vehicle:

2019

Year

TOYOT

Make

4T1B61HK3KU713789

Vehicle Identification Number

5

Seats

REPLACEMENT VEHICLE

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:

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. 881 CYPRESS AVENUE RIDGEWOOD, NY 11385	AMERICAN TRANSIT INSURANCE COMPANY One MetroTech Center - 7th and 8th floors Brooklyn, New York 11201 212 857-8200 1 800 683-ATIC

INSURED
BENCOSME,LUCIA,D 6083 PUTNAM AVE 1 RIDGEWOOD, NY 11385


AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	B501056	03/01/2019 (12:01 AM)	03/01/2020 (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		EACH PERSON EACH ACCIDENT
SUPPLEMENTAL UNINSURED/UNDERINSURED MOTORIST	\$25,000	EACH PERSON
	\$50,000	EACH ACCIDENT
MANDATORY PERSONAL INJURY PROTECTION	\$50,000	
ADDITIONAL PIP	\$150,000	
AGGREGATE NO-FAULT	\$200,000	
COMPREHENSIVE COLLISION		

DESCRIPTION OF REGISTERED OWNED VEHICLE(S)
2019 TOYOTA CAMRY VIN: 4T1B61HK3KU713789 Effective: 03/07/2019

CERTIFICATE HOLDER	CANCELLATION
NYC TAXI AND LIMOUSINE COMMISSION 31-00 47 AVE. 3FL. 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 30 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 REPRESENTATIVE



AMERICAN TRANSIT INSURANCE COMPANY (036)
ONE METROTECH CENTER - 7TH AND 8TH FLOORS, BROOKLYN, NEW YORK 11201

(212) 857-8200 1-800-683-ATIC

DATE OF ISSUE 03/07/2019

AMENDATORY ENDORSEMENT NO. : 1

ITEM CHANGED NO. *(See Below) EFFECTIVE DATE : 03/07/2019

POLICY NUMBER B501056

(**NAMED INSURED AND ADDRESS**)

(**PRODUCERS NAME AND ADDRESS**)

BENCOSME, LUCIA, D
 6083 PUTNAM AVE 1
 RIDGEWOOD, NY 11385

KS BILLING & ASSOCIATES INC.
 881 CYPRESS AVENUE
 RIDGEWOOD, NY 11385

POLICY PERIOD 03/01/2019 12:01 AM - 03/01/2020 12:01 AM

THE OWNED AUTOMOBILE(S) WILL BE GARAGED AT THE ADDRESS DESIGNATED, UNLESS OTHERWISE STATED HEREIN.

GARAGE ADDRESS

THIS AMENDMENT OF DECLARATIONS AMENDS ALL PRIOR DECLARATIONS OF COVERAGES. LIMITS OF LIABILITY ARE INDICATED ON ALL COVERAGES FOR WHICH INSURANCE IS AFFORDED BY THE POLICY. PREMIUM SHOWN INDICATES ONLY THE ADDITIONAL OR RETURN PREMIUM PAYABLE BY THIS AMENDMENT. THE ANNUAL PREMIUM BEFORE ADJUSTMENTS IS INDICATED ON YOUR POLICY DECLARATION.

TYPE OF CHANGE : Vehicle Replacement

REGISTERED OWNED VEHICLE

CAR	MODEL YEAR	TRADE NAME	IDENTIFICATION NUMBER	CLASS	TERR.	MEDALLION #	PLATE #
TOYOT	2019	TOYOT	4T1B61HK3KU713789	BC	18		

DRIVER 1.	LUCIA BENCOSME	DRIVER 4.	
DRIVER 2.		DRIVER 5.	
DRIVER 3.			

THE INSURANCE AFFORDED IS ONLY WITH RESPECT TO SUCH OF THE FOLLOWING COVERAGES AS ARE INDICATED BY SPECIFIC PREMIUM CHARGE OR CHARGES. THE LIMIT OF THE COMPANY'S LIABILITY AGAINST EACH SUCH COVERAGE SHALL BE STATED HEREIN, SUBJECT TO ALL THE TERMS OF THIS POLICY HAVING REFERENCE THERETO.

PREMIUMS(ALL PREMIUMS SHOWN ARE FULL POLICY PREMIUMS)

COVERAGES	SYMBOL	LIMITS OF LIABILITY	PREMIUM
BODILY INJURY LIABILITY	7	\$100,000 EACH PERSON	\$1,805.88
		\$300,000 EACH ACCIDENT	
PROPERTY DAMAGE LIABILITY	7	\$10,000 EACH ACCIDENT	\$357.58
UNINSURED MOTORIST	7	EACH PERSON	\$0.00
		EACH ACCIDENT	
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST.	7	\$25,000 EACH PERSON	\$111.00
		\$50,000 EACH ACCIDENT	
PERSONAL INJURY PROTECTION		COVERAGE LIMITS	PREMIUM
MANDATORY PERSONAL INJURY PROTECTION	7	\$50,000	\$576.00
ADDITIONAL PERSONAL INJURY PROTECTION	7	\$150,000	\$352.00
OPTIONAL BASIC ECONOMIC LOSS			
AGGREGATE NO-FAULT		\$200,000	\$928.00
MAXIMUM MONTHLY WORK LOSS BENEFIT		\$2,000	
DEATH BENEFIT		\$2,000	
OTHER NECESSARY EXPENSES (PER DAY)		\$25	

* MAXIMUM PAYABLE UNDER SUM SHALL BE THE ABOVE NOTED SUM LIMITS REDUCED AND OFFSET BY MOTOR VEHICLES B.I. LIABILITY POLICY OR BOND PAYMENTS RECEIVED FROM OR ON BEHALF OF ANY OTHER PARTY INVOLVED IN THE ACCIDENT. SEE SUM ENDORSEMENTS HEREIN.

EFFECTIVE DATE	PR/SR FACTOR	ANNUAL PREMIUM	FINAL ANNUAL PREMIUM
03/07/2019	0.984	\$3,199.00	\$3,202.46

** AMENDED TOTAL INCLUDES ORIGINAL POLICY PREMIUM AND ALL PREMIUM AMENDMENTS THROUGH CURRENT DATE FOR TERM SHOWN.

DOWN PAYMENT	\$799.78	*MONTHLY PREMIUM THEREAFTER	\$266.58
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***PLUS \$0.00 MONTHLY SERVICE CHARGE**

THIS POLICY IS SUBJECT TO MOTOR VEHICLE LAW ENFORCEMENT ANNUAL FEE OF \$10.00 PER VEHICLE.

ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE

CA 00 01 10 13 CA 01 02 08 14 CA 01 12 12 15 CA 02 25 08 14 CA 22 32 11 18 CA 22 33 11 18 CA 31 07 11 18
 CA 31 13 11 18 IL U 004 09 03 IL 01 83 08 08 CA 22 60 04 92 CA 04 42 10 13 CA 99 27 01 87 ATIC 9-16
 CA 31 08 11 18

INSURED COPY

COUNTERSIGNATURE

R. J. B. Smith

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

036 AMERICAN TRANSIT INSURANCE CO

Policy Number

B501056

Name & Address of Issuer

American Transit Ins Co**One MetroTech Center - 7th and 8th fl
Brooklyn NY 11201**

Effective Date

03/01/2019

Expiration Date

03/01/2020

12:01 a.m.

12:01 a.m.

(Not acceptable to obtain registration
after 45 days from effective date.)I, the authorized NEW YORK insurer, certifies that it has issued
liability policy complying with Section 370 of the NEW YORK
Vehicle and Traffic Law to:

Applicable with respect to the following Motor Vehicle:

2010**TOYOT**

Year

Make

4T1BF3EK9AU538561**5**

Vehicle Identification Number

Seats

**BENCOSME, LUCIA, D
6083 PUTNAM AVE 1
RIDGEWOOD NY 11385**THIS ID CARD MUST BE CARRIED
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PRODUCTION UPON DEMANDWARNING: Any person who issues
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effect may be committing a misdemeanor.
In addition, a person who presents
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name of the insured must coincide.REPLACEMENT VEHICLE NOTATION:
DMV WILL ONLY PROCESS A VEHICLE
CHANGE (RE-REGISTRATION) USING
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036 AMERICAN TRANSIT INSURANCE CO

Policy Number

B501056

Name & Address of Issuer

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Brooklyn NY 11201**

Effective Date

03/01/2019

Expiration Date

03/01/2020

12:01 a.m.

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Applicable with respect to the following Motor Vehicle:

2010**TOYOT**

Year

Make

4T1BF3EK9AU538561**5**

Vehicle Identification Number

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PRODUCER

KS BILLING & ASSOCIATES INC.
881 CYPRESS AVENUE
RIDGEWOOD, NY 11385

INSURER AFFORDING COVERAGE

AMERICAN TRANSIT INSURANCE COMPANY
One MetroTech Center - 7th and 8th floors
Brooklyn, New York 11201
212 857-8200 - 1 800 683-ATIC

INSURED

BENCOSME, LUCIA, D
6083 PUTNAM AVE 1
RIDGEWOOD, NY 11385

AUTOMOBILE LIABILITY**POLICY NUMBER****POLICY EFFECTIVE DATE****POLICY EXPIRATION DATE**

SCHEDULED AUTO

B501056

03/01/2019 (12:01 AM)

03/01/2020 (12:01 AM)

COVERAGES**LIMITS OF LIABILITY**

BODILY INJURY

\$100,000 EACH PERSON

PROPERTY DAMAGE

\$300,000 EACH ACCIDENT

UNINSURED MOTORIST

\$10,000 EACH ACCIDENT

EACH PERSON

EACH ACCIDENT

SUPPLEMENTAL UNINSURED/UNDERINSURED MOTORIST

\$25,000 EACH PERSON

MANDATORY PERSONAL INJURY PROTECTION

\$50,000 EACH ACCIDENT

ADDITIONAL PIP

\$50,000

AGGREGATE NO-FAULT

\$150,000

COMPREHENSIVE COLLISION

\$200,000

DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2010 TOYOTA CAMRY VIN: 4T1BF3EK9AU538561 Effective: 03/01/2019

CERTIFICATE HOLDER**CANCELLATION**

NYC TAXI AND LIMOUSINE COMMISSION

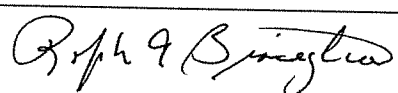
-00 47 AVE. 3FL.

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 30 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

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AUTHORIZED REPRESENTATIVE



AMERICAN TRANSIT INSURANCE COMPANY (036)
ONE METROTECH CENTER - 7TH AND 8TH FLOORS, BROOKLYN, NEW YORK 11201
 (212) 857-8200 1-800-683-ATIC

DECLARATIONS **DATE OF ISSUE** 02/22/2019
AUTOMOBILE INSURANCE -NEW BUSINESS (NEW YORK)

POLICY NUMBER B501056

NAMED INSURED AND ADDRESS

PRODUCERS NAME AND ADDRESS

BENCOSME,LUCIA,D
 6083 PUTNAM AVE 1
 RIDGEWOOD, NY 11385

KS BILLING & ASSOCIATES INC.
 881 CYPRESS AVENUE
 RIDGEWOOD, NY 11385

POLICY PERIOD 03/01/2019 12:01 AM - 03/01/2020 12:01 AM

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GARAGE ADDRESS

REGISTERED OWNED VEHICLE

CAR	MODEL YEAR	TRADE NAME	IDENTIFICATION NUMBER	CLASS	TERR.	MEDALLION #	PLATE #
TOYO	2010	TOYOT	4T1BF3EK9AU538561	BC	18		

DRIVER 1.	LUCIA BENCOSME	DRIVER 4.	
DRIVER 2.		DRIVER 5.	
DRIVER 3.			

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PREMIUMS(ALL PREMIUMS SHOWN ARE FULL POLICY PREMIUMS)

COVERAGES	SYMBOL	LIMITS OF LIABILITY	PREMIUM
BODILY INJURY LIABILITY	7	\$100,000 EACH PERSON	\$1,983.00
		\$300,000 EACH ACCIDENT	
PROPERTY DAMAGE LIABILITY	7	\$10,000 EACH ACCIDENT	\$393.00
UNINSURED MOTORIST	7	EACH PERSON	\$0.00
		EACH ACCIDENT	
SUPPLEMENTARY UNINSURED/UNDERINSURED	7	\$25,000 EACH PERSON	\$111.00
MOTORIST.		\$50,000 EACH ACCIDENT	
PERSONAL INJURY PROTECTION		COVERAGE LIMITS	PREMIUM
MANDATORY PERSONAL INJURY PROTECTION	7	\$50,000	\$576.00
ADDITIONAL PERSONAL INJURY PROTECTION	7	\$150,000	\$352.00
OPTIONAL BASIC ECONOMIC LOSS			
AGGREGATE NO-FAULT		\$200,000	\$928.00
MAXIMUM MONTHLY WORK LOSS BENEFIT		\$2,000	
DEATH BENEFIT		\$2,000	
OTHER NECESSARY EXPENSES (PER DAY)		\$25	

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EFFECTIVE DATE	PR/SR FACTOR	ANNUAL PREMIUM	** AMENDED ANNUAL PREMIUM
03/01/2019	1.000	\$3,415.00	\$3,415.00

** AMENDED TOTAL INCLUDES ORIGINAL POLICY PREMIUM AND ALL PREMIUM AMENDMENTS THROUGH CURRENT DATE FOR TERM SHOWN.

DOWN PAYMENT	\$853.78	*MONTHLY PREMIUM THEREAFTER	\$284.58
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*** PLUS \$0.00 SERVICE CHARGE

* PLUS \$0.00 MONTHLY SERVICE CHARGE

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ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE

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 CA 31 13 11 18 IL U 004 09 03 IL 01 83 08 08 CA 22 60 04 92 CA 04 42 10 13 CA 99 27 01 87 ATIC 9-16
 CA 31 08 11 18

KSB101

COUNTER SIGNATURE

ATIC Single Car DEC - NY(10/16)

INSURED COPY

Ralph B. Brington