

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

036 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:

**MONCIONREYES,J,J
323 SHEPHERD AVE 3F
BROOKLYN NY 11208**

Policy Number

B500920

Effective Date

03/01/2017

12:01 a.m.

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

Expiration Date

03/01/2018

12:01 a.m.

Applicable with respect to the following Motor Vehicle:

2010

Year

TOYOT

Make

4T1BF3EK6AU568133

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

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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
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
MONCIONREYES,J.J 323 SHEPHERD AVE 3F BROOKLYN, NY 11208

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	B500920	03/01/2017 (12:01 AM)	03/01/2018 (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 (INCLUDES SUM)	\$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)
2010 TOYOTA CAMRY VIN: 4T1BF3EK6AU568133 Effective: 03/01/2017

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

DECLARATIONS
AUTOMOBILE INSURANCE - NEW BUSINESS (NEW YORK)

DATE OF ISSUE 02/16/2017

POLICY NUMBER B500920

ITEM 1 (NAMED INSURED AND ADDRESS) (PRODUCERS NAME AND ADDRESS)

MONCIONREYES,J,J
 323 SHEPHERD AVE 3F
 BROOKLYN, NY 11208

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

ITEM 2

POLICY PERIOD 03/01/2017 12:01 AM - 03/01/2018 12:01 AM

ITEM 3

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

GARAGE ADDRESS

ITEM 4 REGISTERED OWNED VEHICLE

CAR	MODEL YEAR	TRADE NAME	IDENTIFICATION NUMBER	CLASS	TERR.	MEDALLION #	PLATE #
TOYO	2010	TOYOT	4T1BF3EK6AU568133	CS	18		

DRIVER 1.	J MONCIONREYES	DRIVER 4.	
DRIVER 2.		DRIVER 5.	
DRIVER 3.			

ITEM 5

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	LIMITS OF LIABILITY	PREMIUM
BODILY INJURY LIABILITY	\$100,000 EACH PERSON	\$3,138.00
	\$300,000 EACH ACCIDENT	
PROPERTY DAMAGE LIABILITY	\$10,000 EACH ACCIDENT	\$419.00
UNINSURED MOTORIST	\$25,000 EACH PERSON	\$102.00
	\$50,000 EACH ACCIDENT	
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST.	\$25,000 EACH PERSON	\$9.00
	\$50,000 EACH ACCIDENT	
PERSONAL INJURY PROTECTION	COVERAGE LIMITS	PREMIUM
MANDATORY PERSONAL INJURY PROTECTION	\$50,000	\$1,169.00
ADDITIONAL PERSONAL INJURY PROTECTION	\$150,000	\$581.00
AGGREGATE NO-FAULT	\$200,000	\$1,750.00
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	** AMENDED ANNUAL PREMIUM
03/01/2017	1.000	\$5,418.00	\$5,418.00

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

DOWN PAYMENT	\$1,354.50	*MONTHLY PREMIUM THEREAFTER	\$451.50
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*** PLUS \$120.00 SERVICE CHARGE

* PLUS \$40.00 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							
IL 00 17 11 98	IL 01 83 08 08	CG 01 63 04 09	ATIC 6 91	CA 31 07 11 98	CA 31 08 11 98	CA 31 13 09 96	
ATIC 1 87	AL 6879b	CA 22 32 11 13	CA 22 33 11 13	CA 02 25 08 14	ATIC 68 03 08	ATIC 01 03 08	
ATIC 02 03 08	ATIC 3-3	ATIC 3 06	ATIC 2-96	ATIC 5-06			

KSB101

COUNTERSIGNATURE

INSURED COPY

[Handwritten Signature]