### NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

#### 326 HEREFORD INSURANCE COMPANY

DHIMAN, VARUN

**GLEN OAKS NY 11004** 

8033 266TH ST

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:

**Expiration Date** 

Effective Date 03/01/2020

Policy Number

CA295486-2

03/01/2021

12:01 a.m.

12:01 a.m.

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

Applicable with respect to the following Motor Vehicle:

2018

HONDA

Year

Make

5J6RW2H52JL022237

5

Vehicle Identification Number

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:

- 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 RICHMOND HILL NY 11419	36 - 01 43rd AVENUE, 2nd FLOOR LONG ISLAND CITY, NY 11101	

INSURED DHIMAN, VARUN

8033 266TH ST

GLEN OAKS NY 11004

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CA295486-2	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

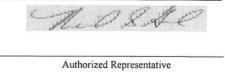
### DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2018 HONDA 5J6RW2H52JL022237

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.



## HE FORD INSURANCE COMPI

36 - 01 43rd AVENUE, 2nd FLOOR

LONG ISLAND CITY, NY 11101

Tel: (718) 361-9191

Fax: (718)361-6243

PRODUCERS NAME AND ADDRESS   PRODUCERS NAME AND ADDRESS	PLATE#
K.S. BILLING & ASSOCIATES INC   118-12 ATLANTIC AVE   RICHMOND HILL NY 11419	PLATE#
ODEL YEAR         MAKE         IDENTIFICATION NUMBER         CLASS         TERR         UNIT #           2018         HONDA         5J6RW2H52JL022237         9200         17           VARUN DHIMAN         DRIVER 2.           DRIVER 4	PLATE#
2018 HONDA 5J6RW2H52JL022237 9200 17  VARUN DHIMAN DRIVER 2.  DRIVER 4	PLATE#
VARUN DHIMAN DRIVER 2. DRIVER 4	
DRIVER 4	
DRIVER 4	
GES SYMBOL LIMITS OF LIABILITY	
	PREMIUM
NJURY LIABILITY 100,000 EACH PERSON	
300,000 EACH ACCIDENT	
TY DAMAGE LIABILITY 10,000 EACH ACCIDENT	
ED MOTORIST 25,000 EACH PERSON	
50,000 EACH ACCIDENT	
MENTARY UNINSURED/JUNDERINSURED MOTORIST EACH PERSON	
EACH ACCIDENT	
AL INJURY PROTECTION COVERAGE LIMITS	PREMIUM
DRY PERSONAL INJURY PROTECTION 50,000	
L BASIC ECONOMIC LOSS	
IAL PERSONAL INJURY PROTECTION 150,000	
REGATE NO- FAULT 200,000	
MUM MONTHLY WORK LOSS BENEFIT 2,000	
TH BENEFIT 2,000	
ER NECESSARY EXPENSES (PER DAY) 25	
cle Law Enforcement (MVLE) Fee. \$10 Per Registered Vehicle	\$1
ended Premium \$ 3834.00 Premium	\$ 3834.0
Installment Fee	\$ 180.0
Annual Premium	\$ 4014.0
DOWN PAYMENT	\$ 766.8

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. 10840

**AUTHORIZED SIGNATURE**