

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 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:**BOOTA,QADIS
9518 90TH AVE # 1
WOODHAVEN NY 11421**

Policy Number

CA298740-2

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

CHEVR

Make

1GNSKHKCXR157080

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 |
|--|
| BOOTA,QADIS 9518 90TH AVE # 1 WOODHAVEN NY 11421 |

| AUTOMOBILE LIABILITY | POLICY NUMBER | POLICY EFFECTIVE DATE | POLICY EXPIRATION DATE |
|----------------------|---------------|-----------------------|------------------------|
| SCHEDULED AUTO | CA298740-2 | 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 |
| AGGREGATE NO-FAULT | |

| DESCRIPTION OF REGISTERED OWNED VEHICLE(S) |
|--|
| 2018 CHEVROLET 1GNSKHKCXR157080 |

| 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

HELFORD INSURANCE COMPANY

36 - 01 43rd AVENUE, 2nd FLOOR

LONG ISLAND CITY, NY 11101

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

POLICY NO. CA298740

COMMERCIAL AUTOMOBILE INSURANCE.

NAMED INSURED AND ADDRESSBOOTA, QADIS
9518 90TH AVE # 1
WOODHAVEN NY 11421**PRODUCERS NAME AND ADDRESS**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 | CHEVROLET | 1GNSKHKCXJR157080 | 9200 | 17 | | |

DRIVER 1. QADIS BOOTA

DRIVER 2. KHOKHAR BOOTA

DRIVER 3.

DRIVER 4

DRIVER 5.

| COVERAGES | SYMBOL | LIMITS OF LIABILITY | PREMIUM |
|---|--------|-----------------------|---------|
| BODILY INJURY LIABILITY | | 100,000 EACH PERSON | |
| | | 300,000 EACH ACCIDENT | |
| PROPERTY DAMAGE LIABILITY | | 10,000 EACH ACCIDENT | |
| UNINSURED MOTORIST | | 25,000 EACH PERSON | |
| | | 50,000 EACH ACCIDENT | |
| SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST | | EACH PERSON | |
| | | EACH ACCIDENT | |

| PERSONAL INJURY PROTECTION | COVERAGE LIMITS | PREMIUM |
|---------------------------------------|-----------------|---------|
| MANDATORY PERSONAL INJURY PROTECTION | 50,000 | |
| OPTIONAL BASIC ECONOMIC LOSS | | |
| ADDITIONAL PERSONAL INJURY PROTECTION | 150,000 | |
| 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 | \$ 6670.00 | Premium | \$ 6670.00 |
| | | Installment Fee | \$ 180.00 |
| | | Annual Premium | \$ 6850.00 |
| | | DOWN PAYMENT | \$ 1667.52 |

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- CAL(03/17) |
| HIC- DEC- NY(03/01) | HIC- POLC(08/18) | HIC0303(03/03) | IL 01 83(08/08) | 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