

NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

036 AMERICAN TRANSIT INSURANCE COName & Address of Issuer **American Transit Ins Co**
One MetroTech Center - 7th and 8th fl
Brooklyn NY 11201An 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:**KABA,ABDOULAYE,A**
11641 SUTPHIN 2F
JAMAICA NY 11434

Policy Number

C000899

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:

2017

Year

TOYOT

Make

JTMRFREXVXHJ710432

Vehicle Identification Number

5

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 & ASSOC. INC 118-12 ATLANTIC AVENUE RICHMOND HILL, NY 11419	AMERICAN TRANSIT INSURANCE COMPANY One MetroTech Center - 7th and 8th floors Brooklyn, New York 11201 212 857-8200 1 800 683-ATIC

INSURED
KABA,ABDOULAYE,A 11641 SUTPHIN 2F JAMAICA, NY 11434

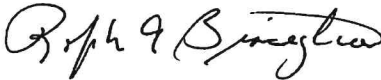
AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	C000899	03/01/2020 (12:01 AM)	03/01/2021 (12:01 AM)

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
SUPPLEMENTAL UNINSURED/UNDERINSURED MOTORIST		EACH PERSON
		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)
2017 TOYOTA RAV4 VIN: JTMRFREVVXHJ710432 Effective: 03/01/2020

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 02/28/2020

POLICY NUMBER C000899

(NAMED INSURED AND ADDRESS)

(PRODUCERS NAME AND ADDRESS)

KABA,ABDOULAYE,A
 11641 SUTPHIN 2F
 JAMAICA, NY 11434

K.S. BILLING & ASSOC. INC
 118-12 ATLANTIC AVENUE
 RICHMOND HILL, NY 11419

POLICY PERIOD 03/01/2020 12:01 AM - 03/01/2021 12:01 AM

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

GARAGE ADDRESS

REGISTERED OWNED VEHICLE

CAR	MODEL YEAR	TRADE NAME	IDENTIFICATION NUMBER	CLASS	TERR.	MEDALLION #	PLATE #
TOYO	2017	TOYOT	JTMRFFREXVHJ710432	BC	18		

DRIVER 1.	MOHAMED CONTE	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	\$2,688.00
		\$300,000 EACH ACCIDENT	
PROPERTY DAMAGE LIABILITY	7	\$10,000 EACH ACCIDENT	\$533.00
UNINSURED MOTORIST	7	\$25,000 EACH PERSON	\$102.00
		\$50,000 EACH ACCIDENT	
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST.	7	EACH PERSON	\$0.00
		EACH ACCIDENT	
PERSONAL INJURY PROTECTION		COVERAGE LIMITS	PREMIUM
MANDATORY PERSONAL INJURY PROTECTION	7	\$50,000	\$772.00
ADDITIONAL PERSONAL INJURY PROTECTION	7	\$150,000	\$471.00
OPTIONAL BASIC ECONOMIC LOSS			
AGGREGATE NO-FAULT		\$200,000	\$1,243.00
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
03/01/2020	1.000	\$4,566.00	\$4,566.00

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

DOWN PAYMENT	\$1,141.50	*MONTHLY PREMIUM THEREAFTER	\$380.50
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*** PLUS \$60.00 SERVICE CHARGE

* PLUS \$20.00 MONTHLY SERVICE CHARGE

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

ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE

CA 00 01 10 13 CA 01 02 01 20 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

KSB002

COUNTER SIGNATURE

ATIC Single Car DEC - NY(10/16)

INSURED COPY

Ralph B. Sington