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

SINGH, KAMALJIT

10225 135TH STREET

S RICHMOND HILL NY 11419

One MetroTech Center - 7th and 8th fl Effective Date

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:

Applicable with respect to the following Motor Vehicle: 2017

INFIN

(Not acceptable to obtain registration

after 45 days from effective date.)

Expiration Date

03/01/2021

12:01 a.m.

Year Make

5N1DL0MM8HC524363

Policy Number

B709645

03/01/2020

12:01 a.m.

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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One MetroTech Center - 7th and 8th fl Effective Date

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> SINGH, KAMALJIT 10225 135TH STREET S RICHMOND HILL NY 11419

Policy Number B709645

03/01/2020

12:01 a.m.

03/01/2021 12:01 a.m.

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

Applicable with respect to the following Motor Vehicle:

2017

INFIN Make

5N1DL0MM8HC524363

Vehicle Identification Number

7 Seats

Expiration Date

THIS ID CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

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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	
K.S. BILLING & ASSOC. INC	AMERICAN TRANSIT INSURANCE COMPANY	
18-12 ATLANTIC AVENUE	One MetroTech Center - 7th and 8th floors	
116-12 ATLANTIC AVENUE	Brooklyn, New York 11201	
RICHMOND HILL, NY 11419	212 857-8200 1 800 683-ATIC	

INSURED

SINGH, KAMALJIT

10225 135TH STREET

S RICHMOND HILL, NY 11419

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFEC	CTIVE DATE	POLICY EXPIRA	TION DATE
SCHEDULED AUTO	B709645	03/01/2020	(12:01 AM)	03/01/2021	(12:01 AM)

COVERAGES	LIMITS OF LIABILIT	Y
BODILY INJURY	\$100,000	EACH PERSON
	\$300,000	EACH ACCIDENT
PROPERTY DAMAGE	\$10,000	EACH ACCIDENT
ININSURED MOTORIST		EACH PERSON
		EACH ACCIDENT
UPPLEMENTAL UNINSURED/UNDERINSURED MOTORIST	\$25,000	EACH PERSON
	\$50,000	EACH ACCIDENT
IANDATORY PERSONAL INJURY PROTECTION	\$50,000	
DDITIONAL PIP	\$150,000	
GGREGATE NO-FAULT	\$200,000	
DMPREHENSIVE COLLISION		

DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2017 INFINITI QX60 VIN: 5N1DL0MM8HC524363 Effective: 03/01/2020

CERTIFICATE HOLDER	CANCELLATION
NYC TAXI AND LIMOUSINE COMMISSION 31-00 47 AVE. 3FL.	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
LONG ISLAND CITY NY 11101	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.

AJA 9 Brieglia



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 02/23/2020

(NEW YORK)

AUTOMOBILE INSURANCE -NEW BUSINESS

POLICY NUMBER	B709645	

NAMED INSURED AND ADDRESS

PRODUCERS NAME AND ADDRESS

SINGH, KAMALJIT 10225 135TH STREET S RICHMOND HILL, NY 11419 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#
INFIN	2017	INFIN	5N1DL0MM8HC524363	ВС	18		

DRIVER 1. KAMALJIT SINGH	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	\$1,897.00
		\$300,000 EACH ACCIDENT	
PROPERTY DAMAGE LIABILITY	7	\$10,000 EACH ACCIDENT	\$376.00
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	\$638.00
ADDITIONAL PERSONAL INJURY PROTECTION	7	\$150,000	\$389.00
OPTIONAL BASIC ECONOMIC LOSS			
AGGREGATE NO-FAULT		\$200,000	\$1,027.00
MAXIMUM MONTHLY WORK LOSS BENEFIT		\$2,000	
DEATH BENEFIT		\$2,000	
OTHER NECESSARY EXPENSES (PER DAY)		\$25	

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	\$3,411.00	\$3,411.00

** AMENDED TOTAL INCLUDES ORIGINAL POLICY PREMIUM AND ALL PREMIUM AMENDMENTS THROUGH CURRENT DATE FOR TERM SHOWN. DOWN PAYMENT \$852.75 *MONTHLY PREMIUM THEREAFTER

\$284.25 *** 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

INSURED COPY