NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES

INSURANCE CERTIFICATE -- FOR HIRE PASSENGER VEHICLE

326 HEREFORD INSURANCE COMPANY

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:

GUMANNEH, ABDUL, A 13347 131ST ST FL 2 **OZONE PARK NY 11420** Policy Number

CA309327-0

Effective Date 03/01/2020

Expiration Date 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:

2014

TOYOT

Year

Make

7 5TDKK3DC0ES457873

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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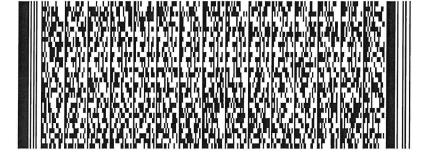
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FH-1

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 & ASSOCIATES INC	HEREFORD INSURANCE COMPANY	
118-12 ATLANTIC AVE	36 - 01 43rd AVENUE, 2nd FLOOR	
RICHMOND HILL NY 11419	LONG ISLAND CITY, NY 11101	

INSURED

GUMANNEH,ABDUL,A 13347 131ST ST FL 2 OZONE PARK NY 11420

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CA309327-0	03/01/2020 (12:01 AM)	03/01/2021 (12:01 AM)

\$ 100,000	EACH PERSON
	EACH PERSON
\$ 300,000	EACH ACCIDENT
\$ 10,000	EACH ACCIDENT
\$ 25,000	EACH PERSON
\$ 50,000	EACH ACCIDENT
\$ 50,000	
\$ 150,000	
	EACH PERSON
	EACH ACCIDENT
	\$ 25,000 \$ 50,000 \$ 50,000

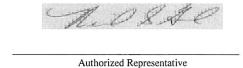
DESCRIPTION OF REGISTERED OWNED VEHICLE(S)

2014 TOYOTA 5TDKK3DC0ES457873

CERTIFICATE HOLDER	CANCELLATION
31-00 47th AVENUE 3RD FLOOR	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.



HEREFORD INSURANCE COMPANY

36 - 01 43rd AVENUE, 2nd FLOOR

LONG ISLAND CITY, NY 11101

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

POLICY NO. CA309327 COMMERCIAL AUTOMOBILE INSURANCE. NAMED INSURED AND ADDRESS PRODUCERS NAME AND ADDRESS GUMANNEH.ABDUL.A K.S. BILLING & ASSOCIATES INC 13347 131ST ST FL 2 118-12 ATLANTIC AVE OZONE PARK NY 11420 **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** UNIT# **CLASS TERR** PLATE# 1 2014 TOYOTA 9200 5TDKK3DC0ES457873 17 ABDUL GUMANNEH DRIVER 1. DRIVER 2. DRIVER 3. DRIVER 4 DRIVER 5. SYMBOL **COVERAGES** 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** Premium \$ 3457.00 \$ 3457.00 Installment Fee \$ 180.00 \$ 3637.00 **Annual Premium** \$ 864.26 **DOWN PAYMENT** 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

7080