

# 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:

Policy Number

**CA308635-0**

Effective Date

**12/31/2019**

12:01 a.m.

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

Expiration Date

**03/01/2020**

12:01 a.m.

Applicable with respect to the following Motor Vehicle:

**2010**

Year

**TOYOT**

Make

**4T1BF3EK3AU019652**

Vehicle Identification Number

**5**

Seats

**TRINIDAD,EGGAR,M**  
**1415 BUSHWICK AVE 2F**  
**BROOKLYN NY 11207**

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:

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
U.S. BILLING & ASSOCIATES INC 18-12 ATLANTIC AVE RICHMOND HILL NY 11419	HEREFORD INSURANCE COMPANY 36 - 01 43rd AVENUE, 2nd FLOOR LONG ISLAND CITY, NY 11101

INSURED
RINIDAD, EGGAR, M 415 BUSHWICK AVE 2FL BROOKLYN NY 11207

VEHICLE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CA308635-0	12/31/2019 (12:01 AM)	03/01/2020 (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)
2010 TOYOTA 4T1BF3EK3AU019652

CERTIFICATE HOLDER	CANCELLATION
NYC TAXI AND LIMOUSINE COMMISSION 100 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), 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

LONG ISLAND CITY, NY 11101  
Tel: (718) 361-9191 Fax: (718) 361-6243

POLICY NO.

COMMERCIAL AUTOMOBILE INSURANCE.

NAMED INSURED AND ADDRESS

PRODUCERS NAME AND ADDRESS

POLICY PERIOD

BASE	MODEL YEAR	MAKE	IDENTIFICATION NUMBER	CLASS	TERR	UNIT #	PLATE #
1	2010	TOYOTA	4T1BF3EK3AU019652	9200	17		T693853

DRIVER 1. TRINIDAD EGGAR

DRIVER 2.

DRIVER 3.

DRIVER 4

DRIVER 5.

COVERAGES	SYMBOL	LIMITS OF LIABILITY	PREMIUM
BODILY INJURY LIABILITY	7	EACH PERSON	3,743.00
		EACH ACCIDENT	
PROPERTY DAMAGE LIABILITY	7	EACH ACCIDENT	680.00
UNINSURED MOTORIST	7	EACH PERSON	60.00
		EACH ACCIDENT	
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST		EACH PERSON	
		EACH ACCIDENT	

PERSONAL INJURY PROTECTION		COVERAGE LIMITS	PREMIUM
MANDATORY PERSONAL INJURY PROTECTION	7		1,061.00
OPTIONAL BASIC ECONOMIC LOSS			
ADDITIONAL PERSONAL INJURY PROTECTION	7		425.00
AGGREGATE NO-FAULT			
MAXIMUM MONTHLY WORK LOSS BENEFIT		2,000	
DEATH BENEFIT		2,000	
OTHER NECESSARY EXPENSES (PER DAY)		25	

Amended Premium

\$ 979.00

\$ 5969.00

Premium

\$ .00

Annual Premium

\$ 5969.00

DOWN PAYMENT

\$ 978.92

ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE

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