

## AUTOMOBILE POLICY - MATERIAL DAMAGE

No. CX 171917

RENEWAL OF NUMBER

# Adriatic Insurance Company

A STOCK COMPANY

**DECLARATIONS****Item 1. Named Insured and Address:** (No. Street, Town or City, County, State)

ENRIQUE D ABREU  
101 FOCH AVENUE APT 1  
STATEN ISLAND, NY 10305

**Item 2. Policy Period**

From 08/14/2023 to 08/14/2024 (12 Months) 12:01 A.M. standard time at the address  
of the named insured as stated herein.

**THIS IS A RESTRICTED POLICY. PLEASE READ ITS PROVISIONS CAREFULLY.**

**Item 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 such coverage shall be as stated herein, subject to the terms of this policy having reference thereto.

**COVERAGE IS PROVIDED ONLY IF PREMIUM SHOWN****\*\*STATED DEDUCTIBLE MAY CHANGE SUBJECT TO CERTAIN APPLICABLE POLICY PROVISIONS/ENDORSEMENTS.**

					PREMIUMS
A	COMPREHENSIVE	STATED AMOUNT \$ 15,000.00	LESS \$ 1,000.00 DEDUCTIBLE**		\$ INCLUDED
B	COLLISION	STATED AMOUNT \$ 15,000.00	LESS \$ 1,000.00 DEDUCTIBLE**		\$ 943.00
C	TOWING & ROAD SERVICE \$40 PER DISABLEMENT				\$
D	PERSONAL EFFECTS				\$
E	FIRE, THEFT & COMBINED ADDITIONAL COVERAGES	STATED AMOUNT \$	LESS \$	DEDUCTIBLE**	\$
					\$
	<b>THIS POLICY IS SUBJECT TO A NON-REFUNDABLE POLICY FEE</b>				

**MINIMUM WRITTEN AND RETAINED PREMIUM 25.00%****SUB TOTAL** \$ 943.00

ENDORSEMENTS ATTACHED:  
AP-1, CX-J(6-21), RD-1, SS-1

**STATE PREMIUM TAX** \$**ASSN STAMPING FEE****FIRE MARSHALL TAX** \$**TOTAL** \$

IT IS THE INSURED'S RESPONSIBILITY TO DECLARE DRIVERS TO  
THE COMPANY WITHIN 10 DAYS OF HIRE.

**Item 4.** Description of owned automobile or trailer:

Year	Trade Name	Body Type	Model	VIN	Stated Amount	Unit Premium
1 2021	TOYOTA		HIGHLANDER	5TDHZRBH0MS541603	\$15,000.00	\$943.00

**Item 5.** Loss Payee: Any loss hereunder is payable as interest may appear to the named insured and (NAME AND ADDRESS ENTERED BELOW)

1 TOYOTAL MOTOR CREDIT CORP PO BOX 105386 ATLANTA, GA 30348

Countersigned at New Hyde Park, NY 08/15/2023 by Hull & Co. of New York, Inc. DBA Morstan General Agency 39  
CX-1D (11-06) (Date) **AUTHORIZED REPRESENTATIVE**

**THIS POLICY DOES NOT PROVIDE BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE AND DOES NOT  
COMPLY WITH ANY FINANCIAL RESPONSIBILITY LAW OR ANY STATUTORY REQUIREMENT FOR NO-FAULT COVERAGES.**

# Adriatic Insurance Company

## APPLICATION FOR COMMERCIAL PHYSICAL DAMAGE INSURANCE PUBLIC AUTOMOBILE

Name of Applicant: ENRIQUE D ABREU

Address: 101 FOCH AVENUE APT 1

STATEN ISLAND, NY Zip: 10305 Phone No. (347) 998-3067

Date Coverage to be effective from 08/14/2023 to 08/14/2024 Insured is: ☒ Individual ☐ Partnership ☐ Corporation

Insured's business? \_\_\_\_\_ Years experience in this business? \_\_\_\_\_

Is this your primary business? Yes ☐ No ☐ If no, explain \_\_\_\_\_

Will any of your Equipment ever be loaned or rented to others? (If yes, explain) \_\_\_\_\_

Is your business (check one) ☐ Seasonal ☐ For Profit ☐ Currently for Sale ☐ Federally Funded

Define normal areas of operations: \_\_\_\_\_

Drivers permitted to use vehicle for personal use? Yes ☐ No ☐ Are vehicles owner operated only? Yes ☐ No ☐

### OPERATION AND VEHICLES

#### TAXIS

#### LIMOUSINES

#### BUSES AND SHUTTLES

No. of Metered Vehicles: \_\_\_\_\_ No. of Stretch Limo's Over 80" \_\_\_\_\_ No. of Buses: \_\_\_\_\_ No. of Vans: \_\_\_\_\_

No. of Radio Vehicles: \_\_\_\_\_ No. of Stretch Limo's Under 80" \_\_\_\_\_ Estimated Annual Mileage: \_\_\_\_\_

No. of Hours Used Daily: \_\_\_\_\_ No. of Standard Limos: \_\_\_\_\_ (Check One) ☐ Ambulette ☐ Airport

No. of Drivers Per day \_\_\_\_\_ ☐ Medi Van ☐ Charter

### PREVIOUS BUSINESS & LOSS EXPERIENCE

Name of your insurance carrier for the last 3 Years? \_\_\_\_\_

Have you ever had insurance for this type of operation canceled, declined or renewal refused? \_\_\_\_\_

(If so, explain fully below giving name of insured companies, dates, and reason for cancellation or refusal). \_\_\_\_\_

Show Policy Periods for Past Three Years	Date of Loss	Losses by Collision	Losses by Fire	Losses by Theft	Other Losses
From _____ To _____					
From _____ To _____					
From _____ To _____					

This application shall not be binding unless and until a policy shall be issued and a down payment received and then only as of the commencement date of said policy and in accordance with all of the terms thereof, and the said Applicant hereby covenants and agrees that the forgoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant; and the same are hereby made the basis and a condition of the insurance, and a warranty on the part of the insured.

It is mutually understood and agreed between the Company and the Applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and it is not relied upon by the Applicant in any respect.

## CHECK COVERAGE DESIRED:

DEDUCTIBLE: \$ 1,000.00      OTHER: \_\_\_\_\_

\*STATED AMOUNT INCLUDES COST OF SPECIAL EQUIPMENT PROVIDED IT IS LISTED AND VALUED SEPARATELY.

POLICY REQUIRES DOUBLE DEDUCTIBLE FOR UN-REPORTED DRIVERS - PLEASE REPORT DRIVERS WHEN HIRED

I hereby certify that after diligent effort I have been unable to procure the insurance applied for above from authorized insurers.

By: \_\_\_\_\_  
Date: \_\_\_\_\_

PREMIUM	\$ 943.00
POLICY FEE	\$ 0.00
ASS'N STAMPING FEE	\$ 0.00
FIRE MARSHALL TAX	\$ 0.00
S.L. TAX	\$ 0.00
TOTAL	\$ 943.00