

**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:

**BELLAS;LUXURY;CAR  
SERVICE;INC  
3216 44TH ST APT 1  
ASTORIA NY 11103**

Policy Number

**CA268693-1**

Effective Date

**03/01/2016**

Expiration Date

**03/01/2017**

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:

**2013****FORD**

Year

Make

**3FA6P0H95DR292412**

Vehicle Identification Number

**05**

Seats



FH-1

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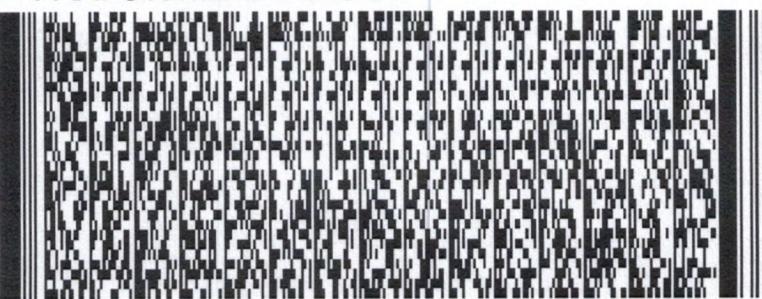
**05**

Seats



FH-1

FAX: Scannable Bar Code



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.

**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
NYC TLC INS. BKG. INC. 97-03 23RD AVENUE E. ELMHURST NY 11369	HEREFORD INSURANCE COMPANY 36 - 01 43rd AVENUE, 2nd FLOOR LONG ISLAND CITY, NY 11101

INSURED
BELLAS LUXURY CAR SERVICE INC 3216 44TH ST APT 1 ASTORIA NY 11103

AUTOMOBILE LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
SCHEDULED AUTO	CA268693-1	03/01/2016 (12:01 AM)	03/01/2017 (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)

2013 FORD 3FA6P0H95DR292412

CERTIFICATE HOLDER	CANCELLATION
NYC TAXI AND LIMOUSINE COMMISSION 32-02 QUEENS BOULEVARD 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 10 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

**HEREFORD INSURANCE COMPANY**

36 - 01 43rd AVENUE, 2nd FLOOR

LONG ISLAND CITY, NY 11101

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

POLICY NO. CA268693

COMMERCIAL AUTOMOBILE INSURANCE.

NAMED INSURED AND ADDRESS		PRODUCERS NAME AND ADDRESS	
BELLAS LUXURY CAR SERVICE INC 3216 44TH ST APT 1 ASTORIA NY 11103		NYC TLC INS. BKG. INC. 97-03 23RD AVENUE E. ELMHURST NY 11369	

POLICY PERIOD		Effective	03-01-2016 (12:01 AM)	Expires	03-01-2017 (12:01 AM)			
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CASE	MODEL YEAR	MAKE	IDENTIFICATION NUMBER	CLASS	TERR	UNIT #	PLATE #
1	2013	FORD	3FA6P0H95DR292412	9200	17		

DRIVER 1. VINICIUS VASCONCELOS	DRIVER 2. ENRIQUE OLIVIERI
DRIVER 3.	DRIVER 4
DRIVER 5.	

COVERAGES	SYMBOL	LIMITS OF LIABILITY	PREMIUM
BODILY INJURY LIABILITY	7	100,000 EACH PERSON	2,493.00
		300,000 EACH ACCIDENT	
PROPERTY DAMAGE LIABILITY	7	10,000 EACH ACCIDENT	660.00
UNINSURED MOTORIST	7	25,000 EACH PERSON	60.00
		50,000 EACH ACCIDENT	
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST		EACH PERSON	
		EACH ACCIDENT	

PERSONAL INJURY PROTECTION	COVERAGE LIMITS	PREMIUM
MANDATORY PERSONAL INJURY PROTECTION	7 50,000	1,029.00
OPTIONAL BASIC ECONOMIC LOSS		
ADDITIONAL PERSONAL INJURY PROTECTION	7 150,000	411.00
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	\$ 4653.00
	Premium
	Installment Fee
	Annual Premium
	DOWN PAYMENT

ENDORSEMENTS ATTACHED TO POLICY AT ISSUANCE

CA 02 25(03/06) HIC- DEC- NY(03/01)	CA 22 32(01/11) HIC- POLC(01/13)	CA 22 33 (01/11) HIC0303(03/03)	CA 31 13 (09/96) IL 01 83(08/08)	HIC- CAL(01/09) IL U 004(09/03)
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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