HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
79 MASADA III INC
2300 W 7TH STREET
BROOKLYN NY 11223

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01710

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

79 MASADA III INC
2300 W 7TH STREET BROOKLYN NY 11223

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
LIMA TRANSPORT INC.
36-01 20 AVENUE 2ND FL.
ASTORIA NY 11105

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B03702

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

LIMA TRANSPORT INC.
36-01 20 AVENUE 2ND FL. ASTORIA NY 11105

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
ROCAPULCO CAR SERVICE INC.
239 BEACH 116 STREET
ROCKAWAY PARK NY 11694

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00639

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

ROCAPULCO CAR SERVICE INC.
239 BEACH 116 STREET ROCKAWAY PARK NY 11694

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
UPTOWN TRANSIT CORP
961 WASHINGTON AVENUE
BRONX NY 10456

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00850

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

UPTOWN TRANSIT CORP
961 WASHINGTON AVENUE BRONX NY 10456

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
GLOBE CAR SERVICE INC
112-06 101 AVENUE
RICHMOND HILL NY 11419

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01625

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

GLOBE CAR SERVICE INC
112-06 101 AVENUE RICHMOND HILL NY 11419

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
K&A MUTUAL ASSOCIATES CORP.
4 Lavender Lane
Rye NY 10580

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0114

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

K&A MUTUAL ASSOCIATES CORP.
4 Lavender Lane Rye NY 10580

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
CHICO EXPRESS INC
6318 14 AVENUE
BROOKLYN NY 11220

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02397

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

CHICO EXPRESS INC
6318 14 AVENUE BROOKLYN NY 11220

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
MICHAELS CAR SERVICE INC.
311 KINGSTON AVENUE
BROOKLYN NY 11213

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01020

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

MICHAELS CAR SERVICE INC.
311 KINGSTON AVENUE BROOKLYN NY 11213

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
SAFETY RIDE TRANSP. CORP
37 DUNBAR ST APT 1
YONKERS NY 10710

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0323

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

SAFETY RIDE TRANSP. CORP
37 DUNBAR ST APT 1 YONKERS NY 10710

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
N.Y. MEXICANA CAR & LIMO SVC CRP.
97-52 CORONA AVENUE
CORONA NY 11368

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01568

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

N.Y. MEXICANA CAR & LIMO SVC CRP.
97-52 CORONA AVENUE CORONA NY 11368

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
PAISA 2 CAR AND LIMOUSINE SERVICE INC
3708 100TH ST
CORONA NY 11368

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01088

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

PAISA 2 CAR AND LIMOUSINE SERVICE INC
3708 100TH ST CORONA NY 11368

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
MAZIN CAR & LIMO SVC., LLC
111-31 112 STREET
OZONE PARK NY 11420

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02050

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

MAZIN CAR & LIMO SVC., LLC
111-31 112 STREET OZONE PARK NY 11420

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
V.I.T. CAR SERVICE, INC.
1478 WHITE PLAINS ROAD
BRONX NY 10462

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01315

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

V.I.T. CAR SERVICE, INC.
1478 WHITE PLAINS ROAD BRONX NY 10462

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NESHER EXPRESS CAR SERVICE 2 INC
2300 W 7TH STREET
BROOKLYN NY 11223

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01417

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NESHER EXPRESS CAR SERVICE 2 INC
2300 W 7TH STREET BROOKLYN NY 11223

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
H.P. LIMOUSINE INC.
152 Caryl Ave.
Yonkers NY 10705

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0098

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

H.P. LIMOUSINE INC.
152 Caryl Ave. Yonkers NY 10705

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
INDEPENDENT CAR SERVICE
9 BAYVIEW AVE 3FL
NEW ROCHELLE NY 10805

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0103

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

INDEPENDENT CAR SERVICE
9 BAYVIEW AVE 3FL NEW ROCHELLE NY 10805

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
JIMMY'S TAXI SERVICE
180 CORTLAND ST
SLEEPY HOLLOW NY 10591

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0332

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

JIMMY'S TAXI SERVICE
180 CORTLAND ST SLEEPY HOLLOW NY 10591

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
CURB TRANSPORTATION SERVICES LLC
1111 34TH AVE
LIC NY 11106

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00171

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

CURB TRANSPORTATION SERVICES LLC
1111 34TH AVE LIC NY 11106

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
DIVISION CAR & LIMO INC.
204 DIVISION AVENUE
BROOKLYN NY 11211

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01269

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

DIVISION CAR & LIMO INC.
204 DIVISION AVENUE BROOKLYN NY 11211

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
HARRISON CAR SERVICE INC.
71 BATAVIA PLACE
HARRISON NY 10528

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0361

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

HARRISON CAR SERVICE INC.
71 BATAVIA PLACE HARRISON NY 10528

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
7 OCEAN EXPRESS INC.
2111 AVENUE Z
BROOKLYN NY 11235

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00559

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

7 OCEAN EXPRESS INC.
2111 AVENUE Z BROOKLYN NY 11235

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
R & W Airport Service Inc DBA Ollie's Airport Service
845 HEMPSTEAD TPKE
Franklin Square NY 11010

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # NTLC64

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

R & W Airport Service Inc DBA Ollie's Airport Service
845 HEMPSTEAD TPKE Franklin Square NY 11010

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
BENSONHURST RIDE INC.
2134 86 STREET
BROOKLYN NY 11214

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01280

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

BENSONHURST RIDE INC.
2134 86 STREET BROOKLYN NY 11214

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
T-D MAINTENANCE
127-01 METROPOLITAN AVE
KEW GARDENS NY 11415

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00009

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

T-D MAINTENANCE
127-01 METROPOLITAN AVE KEW GARDENS NY 11415

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
PUERTO RICO C/S INC
1072 BROADWAY
BROOKLYN NY 11221

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01273

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

PUERTO RICO C/S INC
1072 BROADWAY BROOKLYN NY 11221

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
BELL CAR SVC INC
405 51 STREET
BROOKLYN NY 11220

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00802

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

BELL CAR SVC INC
405 51 STREET BROOKLYN NY 11220

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
AMERICANA TRANSPORTATION LLC
282 AVENUE U
BROOKLYN NY 11223

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01013

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

AMERICANA TRANSPORTATION LLC
282 AVENUE U BROOKLYN NY 11223

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
ECUADOOR CORP
44-10 30 AVENUE
ASTORIA NY 11103

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01215

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

ECUADOOR CORP
44-10 30 AVENUE ASTORIA NY 11103

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
185 MALTA CAR SERVICE LLC
9104 AVENUE L UNIT B
BROOKLYN NY 11236

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02557

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

185 MALTA CAR SERVICE LLC
9104 AVENUE L UNIT B BROOKLYN NY 11236

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
Top Notch Transportation DBA Ollies Taxi & Airport Service, Ollies Airport Service
851 Hempstead Turnpike
Franklin Square NY 11010

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # NTLC23

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

Top Notch Transportation DBA Ollies Taxi & Airport Service, Ollies Airport Service
851 Hempstead Turnpike Franklin Square NY 11010

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
Day Sunshine Consulting Corp. DBA Taxi Latino
P.O.Box 50
Franklin Square NY 11010

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # NTLC63

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

Day Sunshine Consulting Corp. DBA Taxi Latino
P.O.Box 50 Franklin Square NY 11010

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
LA RAZA CAR SERVICE, INC.
80-01 31ST AVENUE
EAST ELMHURST NY 11370

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02249

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

LA RAZA CAR SERVICE, INC.
80-01 31ST AVENUE EAST ELMHURST NY 11370

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
JUNIORS EXPRESS CAR SERVICE INC
1509 CORTELYOU ROAD
BROOKLYN NY 11226

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02163

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

JUNIORS EXPRESS CAR SERVICE INC
1509 CORTELYOU ROAD BROOKLYN NY 11226

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
MATAMOROS CAR SERVICE INC.
1017 POST AVENUE
STATEN ISLAND NY 10302

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02279

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

MATAMOROS CAR SERVICE INC.
1017 POST AVENUE STATEN ISLAND NY 10302

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
ROYAL CAR AND LIMO SERVICE, INC
104-09 109 STREET
RICHMOND HILL NY 11419

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00653

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

ROYAL CAR AND LIMO SERVICE, INC
104-09 109 STREET RICHMOND HILL NY 11419

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
Finest Car Service, LLC
241 37th STREET 4FL SUITE 460
BROOKLYN NY 11232

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02182

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

Finest Car Service, LLC
241 37th STREET 4FL SUITE 460 BROOKLYN NY 11232

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
SANTO DOMINGO C/S INC
96-28 ALSTYNE AVENUE
CORONA NY 11368

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01176

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

SANTO DOMINGO C/S INC
96-28 ALSTYNE AVENUE CORONA NY 11368

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
AFRO CAR SERVICE CORP
71 HEGEMAN AVE
BROOKLYN NY 11212

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01963

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

AFRO CAR SERVICE CORP
71 HEGEMAN AVE BROOKLYN NY 11212

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
CHEERS DISPATCH,INC.
6202 NEW UTRECHT AVE
BROOKLYN NY 11219

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00692

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

CHEERS DISPATCH,INC.
6202 NEW UTRECHT AVE BROOKLYN NY 11219

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
A B C SHUTTLE SERVICE CORPORATION.
141-36 ROCKAWAY BOULEVARD
SOUTH OZONE PK NY 11436

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02162

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

A B C SHUTTLE SERVICE CORPORATION.
141-36 ROCKAWAY BOULEVARD SOUTH OZONE PK NY 11436

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
INTERNATIONAL CAR SERVICE INC.
623 WASHINGTON AVENUE
BROOKLYN NY 11238

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01118

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

INTERNATIONAL CAR SERVICE INC.
623 WASHINGTON AVENUE BROOKLYN NY 11238

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
MAJESTIC TRANSPORTATION SERVICES & LIMO INC
15 LAMBROS DR
MONROE NY 10950

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0232

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

MAJESTIC TRANSPORTATION SERVICES & LIMO INC
15 LAMBROS DR MONROE NY 10950

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
AYY&M TRANSPORTATION LLC
9425 5 AVENUE
BROOKLYN NY 11209

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00112

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

AYY&M TRANSPORTATION LLC
9425 5 AVENUE BROOKLYN NY 11209

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
THE METRO MARINE CAR SERVICE INC D/B/A MARINE LIMO & CAR SERVICE
9425 5 AVENUE
BROOKLYN NY 11209

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01079

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

THE METRO MARINE CAR SERVICE INC D/B/A MARINE LIMO & CAR SERVICE
9425 5 AVENUE BROOKLYN NY 11209

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NEW LACONIA RAD DISP INC
3934 LACONIA AVENUE
BRONX NY 10466

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01233

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NEW LACONIA RAD DISP INC
3934 LACONIA AVENUE BRONX NY 10466

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
FREEDOM LIMO & CAR SERVICE
96 RALPH AVENUE STE 1
BROOKLYN NY 11221

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01454

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

FREEDOM LIMO & CAR SERVICE
96 RALPH AVENUE STE 1 BROOKLYN NY 11221

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
Limo 4 LLC D/B/A Dial 4 Limo
36-31 10TH STREET
LIC NY 11106

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01868

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

Limo 4 LLC D/B/A Dial 4 Limo
36-31 10TH STREET LIC NY 11106

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
TEL AVIV CAR & LIMO SERVICE
43-23 35TH STREET
LIC NY 11101

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02390

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

TEL AVIV CAR & LIMO SERVICE
43-23 35TH STREET LIC NY 11101

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
BLUERYDE CORPORATION
14 BRUCKNER BLVD 3B
BRONX NY 10454

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B03711

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

BLUERYDE CORPORATION
14 BRUCKNER BLVD 3B BRONX NY 10454

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
COOPERATIVA CLBNA DE CON INC
109-20 CORONA AVENUE
CORONA NY 11368

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01124

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

COOPERATIVA CLBNA DE CON INC
109-20 CORONA AVENUE CORONA NY 11368

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
TIFFANY'S CAR SERVICE
13-26 133 PL
COLLEGE POINT NY 11356

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02462

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

TIFFANY'S CAR SERVICE
13-26 133 PL COLLEGE POINT NY 11356

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
MIC-LOU CAR SERVICES LLC DBA LULU CAR SERVICES
2 TOMPKINS AVENUE
STATEN ISLAND NY 10304

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02661

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

MIC-LOU CAR SERVICES LLC DBA LULU CAR SERVICES
2 TOMPKINS AVENUE STATEN ISLAND NY 10304

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
DOMINICANA RAD DISP INC
32-54 108TH ST FIRST FLOOR
EAST ELMHURST NY 11369

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01066

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

DOMINICANA RAD DISP INC
32-54 108TH ST FIRST FLOOR EAST ELMHURST NY 11369

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
FRIENDLY BEST-WAY TRANSPORTATION, INC.
1448 CONEY ISLAND AVE
BROOKLYN NY 11230

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00531

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

FRIENDLY BEST-WAY TRANSPORTATION, INC.
1448 CONEY ISLAND AVE BROOKLYN NY 11230

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
EASYRIDE CAR SERVICE INC.
2982 NOSTRAND AVE
BROOKLYN NY 11229

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02021

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

EASYRIDE CAR SERVICE INC.
2982 NOSTRAND AVE BROOKLYN NY 11229

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
AMERICAS CAR SERVICE AND LIMO CORP
211 DREWVILLE RD
CARMEL HAMLET NY 10512

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0022

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

AMERICAS CAR SERVICE AND LIMO CORP
211 DREWVILLE RD CARMEL HAMLET NY 10512

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
SAETA CAR SERVICE INC
8001 31 AVENUE 1 FLOOR
EAST ELMHURST NY 11370

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01738

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

SAETA CAR SERVICE INC
8001 31 AVENUE 1 FLOOR EAST ELMHURST NY 11370

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
GO CAR CORP
670 FLUSHING AVE SUITE 219
BROOKLYN NY 11206

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B03567

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

GO CAR CORP
670 FLUSHING AVE SUITE 219 BROOKLYN NY 11206

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NYC STAR LIMOUSINE & CAR SERVICES CORP.
3440 ATLANTIC AV
BROOKLYN NY 11208

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02613

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NYC STAR LIMOUSINE & CAR SERVICES CORP.
3440 ATLANTIC AV BROOKLYN NY 11208

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
910 CAR SERVICE INC
866 NEW LOTS AVE
BROOKLYN NY 11208

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00459

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

910 CAR SERVICE INC
866 NEW LOTS AVE BROOKLYN NY 11208

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NY ATLIXCO CAR SERVICE INC
102-20 35 AVENUE
CORONA NY 11368

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01364

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NY ATLIXCO CAR SERVICE INC
102-20 35 AVENUE CORONA NY 11368

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
SHORE TRANSPORTATION INC DBA SEASIDE CAR SERVICE
3173 CONEY ISLAND AVENUE
BROOKLYN NY 11235

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01482

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

SHORE TRANSPORTATION INC DBA SEASIDE CAR SERVICE
3173 CONEY ISLAND AVENUE BROOKLYN NY 11235

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
ARECIBO C/S INC
171 5 AVENUE
BROOKLYN NY 11217

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01346

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

ARECIBO C/S INC
171 5 AVENUE BROOKLYN NY 11217

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
A NEW DAY RAD DISP INC
84 CLINTON STREET
NEW YORK NY 10002

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01341

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

A NEW DAY RAD DISP INC
84 CLINTON STREET NEW YORK NY 10002

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
BEL-LINDA, INC
184 ROBIN ROAD
STATEN ISLAND NY 10305

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B03046

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

BEL-LINDA, INC
184 ROBIN ROAD STATEN ISLAND NY 10305

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
CMA Car Service DBA Las Paisanitas Taxi
155A Mclean Ave
Yonkers NY 10705

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0231

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

CMA Car Service DBA Las Paisanitas Taxi
155A Mclean Ave Yonkers NY 10705

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
T-D MAINTENANCE CORP
127-01 METROPOLITAN AVE
KEW GARDENS NY 11415

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00008

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

T-D MAINTENANCE CORP
127-01 METROPOLITAN AVE KEW GARDENS NY 11415

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
AZUAY CORPORATION DBA CARIBE CAR SERVICE
96-04 LIBERTY AVE
OZONE PARK NY 11417

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01745

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

AZUAY CORPORATION DBA CARIBE CAR SERVICE
96-04 LIBERTY AVE OZONE PARK NY 11417

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
YOURS CAR SERVICE INC.
7205 3RD AVENUE
BROOKLYN NY 11209

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01601

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

YOURS CAR SERVICE INC.
7205 3RD AVENUE BROOKLYN NY 11209

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
CIBAO RADIO DISPATCH
112-44 ROOSEVELT AVENUE
CORONA NY 11368

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01663

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

CIBAO RADIO DISPATCH
112-44 ROOSEVELT AVENUE CORONA NY 11368

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
W.K. CAR & LIMO SERVICE INC
1206 60TH STREET
BROOKLYN NY 11219

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01721

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

W.K. CAR & LIMO SERVICE INC
1206 60TH STREET BROOKLYN NY 11219

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
A RIDE FOR ALL LLC
36-31 10TH STREET
LIC NY 11106

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02026

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

A RIDE FOR ALL LLC
36-31 10TH STREET LIC NY 11106

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
AVENUE X CAR SERVICE INC.
245 AVENUE X
BROOKLYN NY 11223

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02641

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

AVENUE X CAR SERVICE INC.
245 AVENUE X BROOKLYN NY 11223

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
LUX JOURNEYS CORPORATION
14 BRUCKNER BLVD 3B
BRONX NY 10454

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B03719

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

LUX JOURNEYS CORPORATION
14 BRUCKNER BLVD 3B BRONX NY 10454

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NEW SUPERIOR RADIO GRP CORP
72 West 109th streeet
New York NY 10025

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01768

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NEW SUPERIOR RADIO GRP CORP
72 West 109th streeet New York NY 10025

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
REPUBLICA CAR & LIMO SERVICE CORP
93-04 CORONA AVENUE
ELMHURST NY 11373

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01455

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

REPUBLICA CAR & LIMO SERVICE CORP
93-04 CORONA AVENUE ELMHURST NY 11373

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
EILAT TRANSPORTATION CORP
1601 VOORHIES AVE
BROOKLYN NY 11235

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01243

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

EILAT TRANSPORTATION CORP
1601 VOORHIES AVE BROOKLYN NY 11235

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
BRUNWISH ENTERPRISES,LTD. DBA Eastland Car Service
2982 NOSTRAND AVE FLR GRD
BROOKLYN NY 11229

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01509

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

BRUNWISH ENTERPRISES,LTD. DBA Eastland Car Service
2982 NOSTRAND AVE FLR GRD BROOKLYN NY 11229

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
ROCKAWAY VIP SERVICE INC.
122-21 ROCKAWAY BOULEVARD
SO. OZONE PARK NY 11420

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01540

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

ROCKAWAY VIP SERVICE INC.
122-21 ROCKAWAY BOULEVARD SO. OZONE PARK NY 11420

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
UNION RADIO DISPATCH INC
69 FEATHERBED LANE
BRONX NY 10452

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01285

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

UNION RADIO DISPATCH INC
69 FEATHERBED LANE BRONX NY 10452

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
810 CAR SVCE CORP
2672 PITKIN AVENUE
BROOKLYN NY 11208

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01016

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

810 CAR SVCE CORP
2672 PITKIN AVENUE BROOKLYN NY 11208

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
GOTHAM CAR SERVICE INC.
209 25TH STREET 2ND FLOOR
BROOKLYN NY 11232

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01406

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

GOTHAM CAR SERVICE INC.
209 25TH STREET 2ND FLOOR BROOKLYN NY 11232

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
ALLTOWN LIMO CORP.
206 WEST 231 STREET
BRONX NY 10463

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02537

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

ALLTOWN LIMO CORP.
206 WEST 231 STREET BRONX NY 10463

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
PROFESSIONAL CAR SERVICE INC
376 AUDUBON AVENUE
NEW YORK NY 10033

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00221

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

PROFESSIONAL CAR SERVICE INC
376 AUDUBON AVENUE NEW YORK NY 10033

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
SURF CAR SYSTEMS INC
1092 Beach 22nd St
Far Rockaway NY 11691

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00429

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

SURF CAR SYSTEMS INC
1092 Beach 22nd St Far Rockaway NY 11691

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
AGUILA CAR & LIMO CORPORATION DBA VELOTAX CAR SERVICE
51-47 69 STREET
WOODSIDE NY 11377

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01470

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

AGUILA CAR & LIMO CORPORATION DBA VELOTAX CAR SERVICE
51-47 69 STREET WOODSIDE NY 11377

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
ALL QUEENS CAR & LIMOUSINE INC.
46-17 VERNON BOULEVARD
LIC NY 11101

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02219

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

ALL QUEENS CAR & LIMOUSINE INC.
46-17 VERNON BOULEVARD LIC NY 11101

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
LUCKY EXPRESS CORPORATION
47 LUDLOW STREET
NEW YORK NY 10002

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01730

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

LUCKY EXPRESS CORPORATION
47 LUDLOW STREET NEW YORK NY 10002

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
LA NUEVA QUISQUEYA C/S INC
87-38 148 STREET
JAMAICA NY 11435

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01626

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

LA NUEVA QUISQUEYA C/S INC
87-38 148 STREET JAMAICA NY 11435

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
VIC & BAY CAR SERVICE, INC
337 VAN DUZER ST
STATEN ISLAND NY 10304

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00706

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

VIC & BAY CAR SERVICE, INC
337 VAN DUZER ST STATEN ISLAND NY 10304

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NEW APP CAR & LIMO INC
908 AMSTERDAM AVENUE
NEW YORK NY 10025

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02782

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NEW APP CAR & LIMO INC
908 AMSTERDAM AVENUE NEW YORK NY 10025

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
TWO WAY BLACK CARS & RAD GRP
2642 BROADWAY 3 FL
NEW YORK NY 10025

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01743

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

TWO WAY BLACK CARS & RAD GRP
2642 BROADWAY 3 FL NEW YORK NY 10025

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
BELLE ROCK OF BEACHCHANNEL INC
114-04 BEACH CHANNEL DR.
ROCKAWAY PARK NY 11694

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01546

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

BELLE ROCK OF BEACHCHANNEL INC
114-04 BEACH CHANNEL DR. ROCKAWAY PARK NY 11694

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
ATLANTIC CAR SVCE
3207 FULTON STREET
BROOKLYN NY 11208

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00821

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

ATLANTIC CAR SVCE
3207 FULTON STREET BROOKLYN NY 11208

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
7 STAR CAR & LIMOUSINE INC. DBA DIAL 7 CAR & LIMOUSINE SERVICE
43-23 35 STREET
LONG ISLAND CITY NY 11101

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02465

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

7 STAR CAR & LIMOUSINE INC. DBA DIAL 7 CAR & LIMOUSINE SERVICE
43-23 35 STREET LONG ISLAND CITY NY 11101

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
A.T.B. CAR AND LIMOUSINE SERVICE, INC.
866 NEW LOTS AVENUE
BROOKLYN NY 11208

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02677

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

A.T.B. CAR AND LIMOUSINE SERVICE, INC.
866 NEW LOTS AVENUE BROOKLYN NY 11208

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
DELANCEY TRANSPORTATION INC.
29 ESSEX STREET NORTH STORE
NEW YORK NY 10002

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00225

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

DELANCEY TRANSPORTATION INC.
29 ESSEX STREET NORTH STORE NEW YORK NY 10002

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
Island Drive Inc. DBA All Island Transportation, All Island Airport Service
P.O.Box 50
Franklin Square NY 11010

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # NTLC19

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

Island Drive Inc. DBA All Island Transportation, All Island Airport Service
P.O.Box 50 Franklin Square NY 11010

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
R C AUDUBON SVC INC
2224 AMSTERDAM AVENUE
NEW YORK NY 10032

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01339

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

R C AUDUBON SVC INC
2224 AMSTERDAM AVENUE NEW YORK NY 10032

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
MERENGUE LIMO & C/S INC
135-10 JAMAICA AVENUE
RICHMOND HILL NY 11418

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01437

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

MERENGUE LIMO & C/S INC
135-10 JAMAICA AVENUE RICHMOND HILL NY 11418

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NEW YORK APPLE CAR SERVICE INC
1126 BUSHWICK AVENUE
BROOKLYN NY 11221

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01200

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NEW YORK APPLE CAR SERVICE INC
1126 BUSHWICK AVENUE BROOKLYN NY 11221

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
CITY LINE CAR SERVICE INC
80-06 101 AVENUE
OZONE PARK NY 11416

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01553

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

CITY LINE CAR SERVICE INC
80-06 101 AVENUE OZONE PARK NY 11416

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
RVC CENTRE INC DBA ALL ISLAND YELLOW
PO BOX 6
Franklin Square NY 11010

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # NTLC75

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

RVC CENTRE INC DBA ALL ISLAND YELLOW
PO BOX 6 Franklin Square NY 11010

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
RIVERSIDE PLUS RADIO DISPATCH, INC. DBA: NEW WEBSTER CAR & LIMO SERVICE
2383 WASHINGTON AVENUE
BRONX NY 10458

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00911

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

RIVERSIDE PLUS RADIO DISPATCH, INC. DBA: NEW WEBSTER CAR & LIMO SERVICE
2383 WASHINGTON AVENUE BRONX NY 10458

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
BEN JEVO MGT. INC. DBA: NEWPORT CAR SERVICE
2 TOMPKINS AVENUE
STATEN ISLAND NY 10304

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00965

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

BEN JEVO MGT. INC. DBA: NEWPORT CAR SERVICE
2 TOMPKINS AVENUE STATEN ISLAND NY 10304

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NY 88 EXPRESS CORP.
6506 11TH AVE
BROOKLYN NY 11219

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01984

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NY 88 EXPRESS CORP.
6506 11TH AVE BROOKLYN NY 11219

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NEW FAT INC. DBA ELEGANTE
14 BRUCKNER BLVD 3 B
BRONX NY 10454

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02229

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NEW FAT INC. DBA ELEGANTE
14 BRUCKNER BLVD 3 B BRONX NY 10454

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
AMERICAN EXPRESS LIMO INC
2433 KNAPP STREET
BROOKLYN NY 11235

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B03688

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

AMERICAN EXPRESS LIMO INC
2433 KNAPP STREET BROOKLYN NY 11235

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
KISS CAR SERVICE INC
2811 WHITE PLAINS RD
BRONX NY 10467

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00647

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

KISS CAR SERVICE INC
2811 WHITE PLAINS RD BRONX NY 10467

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NEW ELEGANTE CAR SVC INC DBA KARR
14 BRUCKNER BLVD
BRONX NY 10454

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01288

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NEW ELEGANTE CAR SVC INC DBA KARR
14 BRUCKNER BLVD BRONX NY 10454

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
DAT RADIO DISP INC
650 SOUNDVIEW AVENUE
BRONX NY 10473

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01061

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

DAT RADIO DISP INC
650 SOUNDVIEW AVENUE BRONX NY 10473

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
DIAL 7 CAR & LIMOUSINE SERVICE INC.
43-23 35 STREET
LONG ISLANDCITY NY 11101

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00887

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

DIAL 7 CAR & LIMOUSINE SERVICE INC.
43-23 35 STREET LONG ISLANDCITY NY 11101

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
METRO LUXURY INC
625 EAST 137 STREET
BRONX NY 10454

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01389

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

METRO LUXURY INC
625 EAST 137 STREET BRONX NY 10454

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NEW GOLDEN HORSE C/L SVC,INC.
30-50 WHITESTONE EXPRESSWAY SUITE 101 A
FLUSHING NY 11354

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01667

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NEW GOLDEN HORSE C/L SVC,INC.
30-50 WHITESTONE EXPRESSWAY SUITE 101 A FLUSHING NY 11354

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
BROOKLYN RAD DISP INC
9511 JAMAICA AVE
WOODHAVEN NY 11421

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01312

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

BROOKLYN RAD DISP INC
9511 JAMAICA AVE WOODHAVEN NY 11421

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
HIGH CLASS LIMO CAR SVCE CORP
1700 JEROME AVE
BRONX NY 10453

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01639

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

HIGH CLASS LIMO CAR SVCE CORP
1700 JEROME AVE BRONX NY 10453

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
DIPLO RAD DISP INC
2633 WEBSTER AVENUE
BRONX NY 10458

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01196

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

DIPLO RAD DISP INC
2633 WEBSTER AVENUE BRONX NY 10458

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
BEE BEE CAR SERVICE INC.
663 BLAKE AVENUE
BROOKLYN NY 11207

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00856

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

BEE BEE CAR SERVICE INC.
663 BLAKE AVENUE BROOKLYN NY 11207

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
RIVERSIDE RADIO DISPATCHER
1642 ST NICHOLAS AVENUE
NEW YORK NY 10040

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00937

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

RIVERSIDE RADIO DISPATCHER
1642 ST NICHOLAS AVENUE NEW YORK NY 10040

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
EXCELLENT CAR & LIMO SERVICE, INC.
144 EAST 174 STREET
BRONX NY 10457

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02437

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

EXCELLENT CAR & LIMO SERVICE, INC.
144 EAST 174 STREET BRONX NY 10457

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
FIRST CLASS C/L SVC CORP
4980 BROADWAY
NEW YORK NY 10034

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01536

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

FIRST CLASS C/L SVC CORP
4980 BROADWAY NEW YORK NY 10034

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
FAST OPERATING CORP DBA CARMEL C/L SVCE
2642 BROADWAY
NEW YORK NY 10025

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00256

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

FAST OPERATING CORP DBA CARMEL C/L SVCE
2642 BROADWAY NEW YORK NY 10025

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
3210 WEBSTER AV PRESTIGE C/S
3108 WEBSTER AVENUE
BRONX NY 10467

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01338

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

3210 WEBSTER AV PRESTIGE C/S
3108 WEBSTER AVENUE BRONX NY 10467

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
RAINBOW RAD DISP INC
1304 UTICA AVENUE
BROOKLYN NY 11203

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00149

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

RAINBOW RAD DISP INC
1304 UTICA AVENUE BROOKLYN NY 11203

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
YELLOWSTONE TRANSPORTATION INC. DBA YES CAR SERVICE
41-31 MAIN STREET
FLUSHING NY 11355

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00248

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

YELLOWSTONE TRANSPORTATION INC. DBA YES CAR SERVICE
41-31 MAIN STREET FLUSHING NY 11355

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
CAUTIOUS CARS INC.
76-16 ROCKAWAY BOULEVARD
WOODHAVEN NY 11421

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00255

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

CAUTIOUS CARS INC.
76-16 ROCKAWAY BOULEVARD WOODHAVEN NY 11421

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
WINTHROP HOLDING OF NEW YORK, INC
5924 GLENWOOD ROAD
BROOKLYN NY 11234

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00536

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

WINTHROP HOLDING OF NEW YORK, INC
5924 GLENWOOD ROAD BROOKLYN NY 11234

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
HARLEM CARS INC.
210 ST NICHOLAS AVENUE
NEW YORK NY 10027

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00919

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

HARLEM CARS INC.
210 ST NICHOLAS AVENUE NEW YORK NY 10027

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
T.J.Q. CAR SERVICE, INC.
4912 AVENUE D
BROOKLYN NY 11203

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00975

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

T.J.Q. CAR SERVICE, INC.
4912 AVENUE D BROOKLYN NY 11203

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
BROAD DYCKMAN C/S INC
203A DYCKMAN STREET
NEW YORK NY 10040

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01083

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

BROAD DYCKMAN C/S INC
203A DYCKMAN STREET NEW YORK NY 10040

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
SKYWAY CAR SERVICE EXPRESS INC.
68-20A FRESH MEADOW LANE
QUEENS NY 11365

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01332

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

SKYWAY CAR SERVICE EXPRESS INC.
68-20A FRESH MEADOW LANE QUEENS NY 11365

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
UNICAR COMPANY INC
2112 WESTCHESTER AVE
BRONX NY 10462

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01340

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

UNICAR COMPANY INC
2112 WESTCHESTER AVE BRONX NY 10462

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
R & N CAR SERVICE INC.
179-36 HILLSIDE AVENUE
JAMAICA NY 11432

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01600

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

R & N CAR SERVICE INC.
179-36 HILLSIDE AVENUE JAMAICA NY 11432

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
LA MEXICANA EXPRESS INC.
4611 5TH AVENUE
BROOKLYN NY 11220

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01606

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

LA MEXICANA EXPRESS INC.
4611 5TH AVENUE BROOKLYN NY 11220

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
DT BROOKLYN CAR AND LIMO SVC. INC.
956 JAMAICA AVE
BROOKLYN NY 11208

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01699

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

DT BROOKLYN CAR AND LIMO SVC. INC.
956 JAMAICA AVE BROOKLYN NY 11208

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NYMEX UNO EXECUTIVE SEDAN'S INC
90-03 31 AVENUE
EAST ELMHURST NY 11368

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01995

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NYMEX UNO EXECUTIVE SEDAN'S INC
90-03 31 AVENUE EAST ELMHURST NY 11368

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
SPECIAL RADIO DISPATCHER CORP
72 WEST 109TH STREET
New York NY 10025

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02228

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

SPECIAL RADIO DISPATCHER CORP
72 WEST 109TH STREET New York NY 10025

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NEW STORM CAR SERVICE INC
700 POST AVE
STATEN ISLAND NY 10310

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02416

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NEW STORM CAR SERVICE INC
700 POST AVE STATEN ISLAND NY 10310

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
CALL THREE'S LLC.
335 BOND STREET
BROOKLYN NY 11231

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02491

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

CALL THREE'S LLC.
335 BOND STREET BROOKLYN NY 11231

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
X RADIO DISPATCHER INC.
1161 SOUTHERN BOULEVARD
BRONX NY 10459

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02546

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

X RADIO DISPATCHER INC.
1161 SOUTHERN BOULEVARD BRONX NY 10459

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
MEXICO LA NEW POBLANITA EXPRESS INC.
289 NEPTUNE AVE
BROOKLYN NY 11235

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02614

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

MEXICO LA NEW POBLANITA EXPRESS INC.
289 NEPTUNE AVE BROOKLYN NY 11235

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
COMMUNITY CAR SERVICE PRISCILLA CORP.
896 WYCKOFF AVENUE
BROOKLYN NY 11385

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02671

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

COMMUNITY CAR SERVICE PRISCILLA CORP.
896 WYCKOFF AVENUE BROOKLYN NY 11385

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
OUTSIDE'S CAR SERVICE INC.
1975 LAFONTAINE AVENUE
BRONX NY 10457

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02803

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

OUTSIDE'S CAR SERVICE INC.
1975 LAFONTAINE AVENUE BRONX NY 10457

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
YERUSHALAYIM CAR & LIMO INC
343 ROEBLING STREET
BROOKLYN NY 11211

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02839

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

YERUSHALAYIM CAR & LIMO INC
343 ROEBLING STREET BROOKLYN NY 11211

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NYM MEDICAL TRANSPORTATION INC.
2809 WEBSTER AVENUE
BRONX NY 10458

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B03043

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NYM MEDICAL TRANSPORTATION INC.
2809 WEBSTER AVENUE BRONX NY 10458

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
TIJUANA CAR SERVICE NO.1 INC
253B New Dorp Lane
STATEN ISLAND NY 10306

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B03265

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

TIJUANA CAR SERVICE NO.1 INC
253B New Dorp Lane STATEN ISLAND NY 10306

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
WAVERLY TRANSPORTATION INC
600 MAMARONECK AVENUE SUITE 400
HARRISON NY 10528

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0360

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

WAVERLY TRANSPORTATION INC
600 MAMARONECK AVENUE SUITE 400 HARRISON NY 10528

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
AHL CAR SERVICE INC.
60 MORROW AVE UNIT 2JN
SCARSDALE NY 10583

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0362

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

AHL CAR SERVICE INC.
60 MORROW AVE UNIT 2JN SCARSDALE NY 10583

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
A KINGS HWY C/S INC.
1656 EAST 15 STREET
BROOKLYN NY 11229

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00449

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

A KINGS HWY C/S INC.
1656 EAST 15 STREET BROOKLYN NY 11229

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
KENNEDY RAD DISP INC
3696 BROADWAY GRD FLR
NEW YORK NY 10031

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01300

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

KENNEDY RAD DISP INC
3696 BROADWAY GRD FLR NEW YORK NY 10031

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
MOBIL CAR SERVICE INC
361 UNION AVENUE
BROOKLYN NY 11211

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01492

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

MOBIL CAR SERVICE INC
361 UNION AVENUE BROOKLYN NY 11211

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NOVAK GLOBAL INC DBA SKYWAY CAR SERVICE
77-35 164 STREET
FRESH MEADOWS NY 11366

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01593

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NOVAK GLOBAL INC DBA SKYWAY CAR SERVICE
77-35 164 STREET FRESH MEADOWS NY 11366

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
SEAGULL RIDE CORP.
2692 CONEY ISLAND AVENUE
BROOKLYN NY 11235

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02536

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

SEAGULL RIDE CORP.
2692 CONEY ISLAND AVENUE BROOKLYN NY 11235

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
ALLY CAR SERVICE LLC DBA ACTIVE EXPRESS CAR & LIMO 2
2939 AVENUE Y
BROOKLYN NY 11235

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02756

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

ALLY CAR SERVICE LLC DBA ACTIVE EXPRESS CAR & LIMO 2
2939 AVENUE Y BROOKLYN NY 11235

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
HUNTINGTON BASE CORPORATION
15 West Hills Rd
Huntington Station NY 11746

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # NTLC79

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

HUNTINGTON BASE CORPORATION
15 West Hills Rd Huntington Station NY 11746

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
BAY SHORE BASE CORP
88 PARK AVE
BAY SHORE NY 11706

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # NTLC80

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

BAY SHORE BASE CORP
88 PARK AVE BAY SHORE NY 11706

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
COACH LIMOUSINE LTD.
95 LIBERTY ST #5C
STAMFORD CT 6902

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0050

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

COACH LIMOUSINE LTD.
95 LIBERTY ST #5C STAMFORD CT 6902

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
MEXICANA CORP.
226 New Main Street
Yonkers NY 10701

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0142

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

MEXICANA CORP.
226 New Main Street Yonkers NY 10701

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
MEXICO CAR SERVICE CORP
206 South Broadway
Yonkers NY 10705

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0143

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

MEXICO CAR SERVICE CORP
206 South Broadway Yonkers NY 10705

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
B & B Car Service Corp DBA Family Car Service of Westchester
432 Riverdale Ave.
Yonkers NY 10705

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0212

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

B & B Car Service Corp DBA Family Car Service of Westchester
432 Riverdale Ave. Yonkers NY 10705

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
UNION TAXI MULTISERVICE CORP.
210 Union Avenue
New Rochelle NY 10801

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0218

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

UNION TAXI MULTISERVICE CORP.
210 Union Avenue New Rochelle NY 10801

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
River Express Taxi Inc D/B/A Rio Taxi
273 LOCUST AVE
CORTLANDT MANOR NY 10567

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0226

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

River Express Taxi Inc D/B/A Rio Taxi
273 LOCUST AVE CORTLANDT MANOR NY 10567

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
CROTON HARMON CAR SERVICE INC
40 HARRISON STREET
CROTON ON HUDSON NY 10520

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0233

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

CROTON HARMON CAR SERVICE INC
40 HARRISON STREET CROTON ON HUDSON NY 10520

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
ARROW TELEPHONE DISPATCHING SERVICE, INC.
175 MAIN STREET SUITE 703
WHITE PLAINS NY 10601

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0237

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

ARROW TELEPHONE DISPATCHING SERVICE, INC.
175 MAIN STREET SUITE 703 WHITE PLAINS NY 10601

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
ERL MANAGEMENT CORP
264 GLEN STREET
GLEN COVE NY 11542

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0242

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

ERL MANAGEMENT CORP
264 GLEN STREET GLEN COVE NY 11542

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
ALL COUNTY CAR & LIMO SERVICE
32 CONTINENTAL ST
Sleepy Hollow NY 10591

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0250

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

ALL COUNTY CAR & LIMO SERVICE
32 CONTINENTAL ST Sleepy Hollow NY 10591

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
TRANDSCEND ENTERPRISES LLC
4960 ALBANY POST ROAD
STAATSBURG NY 12580

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0273

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

TRANDSCEND ENTERPRISES LLC
4960 ALBANY POST ROAD STAATSBURG NY 12580

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
AGAPE TAXI CORP
361 EAST GUN HILL ROAD
BRONX NY 10467

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0281

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

AGAPE TAXI CORP
361 EAST GUN HILL ROAD BRONX NY 10467

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
RELIABLE LIMOUSINE CO. LLC
37 Huntington Circle
Peekskill NY 10566

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0295

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

RELIABLE LIMOUSINE CO. LLC
37 Huntington Circle Peekskill NY 10566

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NORTH WEST LIMO
127 BEVERLY RD
YONKERS NY 10710

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0296

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NORTH WEST LIMO
127 BEVERLY RD YONKERS NY 10710

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
METRO LIMO BLACK CAR SERVICE INC.
72 E POST RD STE 10
WHITE PLAINS NY 10601

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0298

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

METRO LIMO BLACK CAR SERVICE INC.
72 E POST RD STE 10 WHITE PLAINS NY 10601

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
XPRESS TAXI & LIMO INC
20 E 1ST ST
MT VERNON NY 10550

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0300

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

XPRESS TAXI & LIMO INC
20 E 1ST ST MT VERNON NY 10550

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
WESTCHESTER DELUXE LIMO CORP
64 PRIMROSE ST
WHITE PLAINS NY 10606

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0305

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

WESTCHESTER DELUXE LIMO CORP
64 PRIMROSE ST WHITE PLAINS NY 10606

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
YONKERS CAR SERVICE INC
192 Nepperhan Ave
YONKERS NY 10701

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0317

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

YONKERS CAR SERVICE INC
192 Nepperhan Ave YONKERS NY 10701

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
ASSISTED TRANSPORTATION CORP
557 North MacQuesten Pkwy
Mt. Vernon NY 10552

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0318

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

ASSISTED TRANSPORTATION CORP
557 North MacQuesten Pkwy Mt. Vernon NY 10552

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
EXPRESS CAR & LIMO SERV
395 ASHFORD AVE 2W
DOBBS FERRY NY 10522

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0333

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

EXPRESS CAR & LIMO SERV
395 ASHFORD AVE 2W DOBBS FERRY NY 10522

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
DOBBS FERRY IRVINGTON ARDSLEY TAXI COMPANY INC
385 ASHFORD AVE
DOBBS FERRY NY 10522

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0336

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

DOBBS FERRY IRVINGTON ARDSLEY TAXI COMPANY INC
385 ASHFORD AVE DOBBS FERRY NY 10522

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
EZ RIDE CAR & LIMO SERVICE INC.
63 NEW MAIN ST, 1ST FLOOR
HAVERSTRAW NY 10927

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0341

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

EZ RIDE CAR & LIMO SERVICE INC.
63 NEW MAIN ST, 1ST FLOOR HAVERSTRAW NY 10927

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NACHO'S CAR SERVICE INC.
177 WHITE PLAINS RD APT 80D
TARRYTOWN NY 10591

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0352

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NACHO'S CAR SERVICE INC.
177 WHITE PLAINS RD APT 80D TARRYTOWN NY 10591

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
All Island Airport Service Inc.
845 HEMPSTEAD TPKE
Franklin Square NY 11010

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # NTLC65

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

All Island Airport Service Inc.
845 HEMPSTEAD TPKE Franklin Square NY 11010

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
EXPRESS CITY TAXI CORP
233 UNION AVENUE
NEW ROCHELLE NY 10801

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0219

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

EXPRESS CITY TAXI CORP
233 UNION AVENUE NEW ROCHELLE NY 10801

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
BLUE BIRD TAXI SERVICE CORP
12 Station Plaza North
New Rochelle NY 10801

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0177

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/5/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

BLUE BIRD TAXI SERVICE CORP
12 Station Plaza North New Rochelle NY 10801

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
ZPI CORPORATION
112-47 ROOSEVELT AVENUE
CORONA NY 11368

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00290

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/12/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

ZPI CORPORATION
112-47 ROOSEVELT AVENUE CORONA NY 11368

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
CASTLE CAR SERVICE, INC
1448 MILL AVE
BROOKLYN NY 11234

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00827

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/12/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

CASTLE CAR SERVICE, INC
1448 MILL AVE BROOKLYN NY 11234

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
Big Q Car Svc. Inc.
86-29 102 STREET
RICHMOND HILL NY 11418

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00900

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/12/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

Big Q Car Svc. Inc.
86-29 102 STREET RICHMOND HILL NY 11418

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
UNITED LIMO C/M SVC CORP
420 BROADWAY UNIT 1B
BROOKLYN NY 11211

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01009

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/12/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

UNITED LIMO C/M SVC CORP
420 BROADWAY UNIT 1B BROOKLYN NY 11211

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
BEST DEAL PVT C/S INC
757A BURKE AVENUE
BRONX NY 10467

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01239

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/12/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

BEST DEAL PVT C/S INC
757A BURKE AVENUE BRONX NY 10467

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
FLAMINGO TRANSP. & LIMO. SERVICES INC.
5924 GLENWOOD ROAD
BROOKLYN NY 11234

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01485

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/12/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

FLAMINGO TRANSP. & LIMO. SERVICES INC.
5924 GLENWOOD ROAD BROOKLYN NY 11234

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
ECO RIDE INC. DBA ELECTRIC BLUE CAR SERVICE
6002 FOSTER AVENUE SUITE B
BROOKLYN NY 11236

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02687

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/12/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

ECO RIDE INC. DBA ELECTRIC BLUE CAR SERVICE
6002 FOSTER AVENUE SUITE B BROOKLYN NY 11236

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
BEST DEAL CAR SERVICE 2, INC.
2100 BARTOW AVENUE
BRONX NY 10475

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02735

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/12/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

BEST DEAL CAR SERVICE 2, INC.
2100 BARTOW AVENUE BRONX NY 10475

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
BRONXVILLE TRANSPORTATION COMPANY
1 DEPOT PLAZA
BRONXVILLE NY 10708

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0217

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/12/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

BRONXVILLE TRANSPORTATION COMPANY
1 DEPOT PLAZA BRONXVILLE NY 10708

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
PAISANO CAR SERVICE INC
86 MCLEAN AVENUE
YONKERS NY 10705

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0263

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/12/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

PAISANO CAR SERVICE INC
86 MCLEAN AVENUE YONKERS NY 10705

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
AQUINO & SANTOS CORP
229 KINGSTON AVE
YONKERS NY 10701

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0351

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/12/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

AQUINO & SANTOS CORP
229 KINGSTON AVE YONKERS NY 10701

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
A & A CHAMPION CAR LIMO SVC INC.
107-04 37 AVENUE
CORONA NY 11368

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00350

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/12/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

A & A CHAMPION CAR LIMO SVC INC.
107-04 37 AVENUE CORONA NY 11368

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
ULTRA RADIO DISP INC
277 EAST 165 STREET
BRONX NY 10456

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01145

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

ULTRA RADIO DISP INC
277 EAST 165 STREET BRONX NY 10456

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
HIGH CLASS BRONX LIMO C/S CORP
2269 HAMPDEN PLACE
BRONX NY 10468

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01717

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

HIGH CLASS BRONX LIMO C/S CORP
2269 HAMPDEN PLACE BRONX NY 10468

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
ON TIME TRANSPORT, INC.
48 Mamaroneck Ave., Suite 27
White Plains NY 10601

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0159

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

ON TIME TRANSPORT, INC.
48 Mamaroneck Ave., Suite 27 White Plains NY 10601

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
EMUNAH CAR SERVICE INC
1311 51 STREET
BROOKLYN NY 11219

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00170

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

EMUNAH CAR SERVICE INC
1311 51 STREET BROOKLYN NY 11219

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NEW EASY WAY RADIO DISP INC
220 EAST 116 STREET
NEW YORK NY 10029

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00196

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NEW EASY WAY RADIO DISP INC
220 EAST 116 STREET NEW YORK NY 10029

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
REYNO CAR SVC, INC.
609 W 175TH ST
New York NY 10033

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00222

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

REYNO CAR SVC, INC.
609 W 175TH ST New York NY 10033

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
THE EXCELLENT C/S INC
144 EAST 174 STREET
BRONX NY 10457

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00375

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

THE EXCELLENT C/S INC
144 EAST 174 STREET BRONX NY 10457

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
T & S HILLSIDE INC.
169-08 HILLSIDE AVE 2ND FL
JAMAICA NY 11432

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00756

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

T & S HILLSIDE INC.
169-08 HILLSIDE AVE 2ND FL JAMAICA NY 11432

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
OLYMPIA OPERATING CAR SERVICE OF NY CORP
23-90 23rd Street
ASTORIA NY 11105

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B00906

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

OLYMPIA OPERATING CAR SERVICE OF NY CORP
23-90 23rd Street ASTORIA NY 11105

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
EL BARRIO'S CAR SERVICE LLC
218 EAST 116 STREET
NEW YORK NY 10029

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01065

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

EL BARRIO'S CAR SERVICE LLC
218 EAST 116 STREET NEW YORK NY 10029

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NEW LOTS C/S INC
729 LIBERTY AVE
BROOKLYN NY 11208

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01282

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NEW LOTS C/S INC
729 LIBERTY AVE BROOKLYN NY 11208

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
R N D TRANSPORTATION, INC.
135 GREENPOINT AVENUE
BROOKLYN NY 11222

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01306

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

R N D TRANSPORTATION, INC.
135 GREENPOINT AVENUE BROOKLYN NY 11222

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
TOVAR TRANSPORTATION, INC.
5511 16TH AVENUE
BROOKLYN NY 11204

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01432

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

TOVAR TRANSPORTATION, INC.
5511 16TH AVENUE BROOKLYN NY 11204

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NEW FAMILY RAD DISP INC
8 WEST 126TH STREET
NEW YORK NY 10027

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01527

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NEW FAMILY RAD DISP INC
8 WEST 126TH STREET NEW YORK NY 10027

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
PREMIUM RADIO DISP & MULTI SVC
425 EDGECOMBE AVENUE
NEW YORK NY 10032

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B01777

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

PREMIUM RADIO DISP & MULTI SVC
425 EDGECOMBE AVENUE NEW YORK NY 10032

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
V.J. CAR & LIMO SVC INC.
104-08 123 STREET
RICHMOND HILL NY 11419

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02093

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

V.J. CAR & LIMO SVC INC.
104-08 123 STREET RICHMOND HILL NY 11419

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
APOLLO RADIO DISPATCH INC.
1074 PROSPECT AVE
BRONX NY 10459

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02107

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

APOLLO RADIO DISPATCH INC.
1074 PROSPECT AVE BRONX NY 10459

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
HUANG HOU CAR SERVICES INC.
35-27 FARRINGTON STREET 2 FL.
FLUSHING NY 11354

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02111

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

HUANG HOU CAR SERVICES INC.
35-27 FARRINGTON STREET 2 FL. FLUSHING NY 11354

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
OCEANA CAR AND LIMO
2395 CONEY ISLAND AVENUE
BROOKLYN NY 11223

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02245

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

OCEANA CAR AND LIMO
2395 CONEY ISLAND AVENUE BROOKLYN NY 11223

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
FAST CITY CAR & LIMOUSINE
3616 CHURCH AVENUE
BROOKLYN NY 11203

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02311

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

FAST CITY CAR & LIMOUSINE
3616 CHURCH AVENUE BROOKLYN NY 11203

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
BAYRIDGE EXPRESS INC
377 BAY RIDGE AV
BROOKLYN NY 11220

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02391

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

BAYRIDGE EXPRESS INC
377 BAY RIDGE AV BROOKLYN NY 11220

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NEW HEAVEN RADIO DISPATCH CORP
1059 ST NICHOLAS AVE
NEW YORK NY 10032

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02461

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NEW HEAVEN RADIO DISPATCH CORP
1059 ST NICHOLAS AVE NEW YORK NY 10032

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
SUNSET PARK CAR SERVICE
4409 5 AVENUE
BROOKLYN NY 11220

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02573

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

SUNSET PARK CAR SERVICE
4409 5 AVENUE BROOKLYN NY 11220

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
49 WESTCHESTER SQUARE PRESTIGE CAR SERVICE
49 WESTCHESTER SQUARE
BRONX NY 10461

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02719

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

49 WESTCHESTER SQUARE PRESTIGE CAR SERVICE
49 WESTCHESTER SQUARE BRONX NY 10461

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
NEWTOWN PRIVATE CAR SERVICE INC.
3443 BAYCHESTER AVENUE
BRONX NY 10469

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B02728

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

NEWTOWN PRIVATE CAR SERVICE INC.
3443 BAYCHESTER AVENUE BRONX NY 10469

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
PUEBLA CITY INC.
3916 9TH AVENUE
BROOKLYN NY 11232

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B03041

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

PUEBLA CITY INC.
3916 9TH AVENUE BROOKLYN NY 11232

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
MALI LIMO SERVICE INC
2738 FREDERICK DOUGLASS BLVD
NEW YORK NY 10039

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B03446

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

MALI LIMO SERVICE INC
2738 FREDERICK DOUGLASS BLVD NEW YORK NY 10039

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
BLINKRIDE LLC
3272 GALE AVENUE
LONG ISLAND CITY NY 11101

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # B03590

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

BLINKRIDE LLC
3272 GALE AVENUE LONG ISLAND CITY NY 11101

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
Express III Management Corp DBA Taxi Hispano Express
PO BOX 556
Westbury NY 11590

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # NTLC53

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

Express III Management Corp DBA Taxi Hispano Express
PO BOX 556 Westbury NY 11590

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
GREEN TEAM CAB CORP.
275 North Street
Harrison NY 10528

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0258

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

GREEN TEAM CAB CORP.
275 North Street Harrison NY 10528

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
LEO CAR SERVICE & LIMO INC
2125 ALBANY POST ROAD SUITE 102
MONTROSE NY 11787

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0272

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

LEO CAR SERVICE & LIMO INC
2125 ALBANY POST ROAD SUITE 102 MONTROSE NY 11787

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
BEST DEAL OF WESTCHESTER INC
757A BURKE AVENUE
BRONX NY 10467

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0306

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

BEST DEAL OF WESTCHESTER INC
757A BURKE AVENUE BRONX NY 10467

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
DOMINICAN DREAM TRANSPORTATION INC.
81 ROUNDHILL DRIVE
YONKERS NY 10710

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0310

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

DOMINICAN DREAM TRANSPORTATION INC.
81 ROUNDHILL DRIVE YONKERS NY 10710

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
ALONG CAR SERVICE CORP
1161 INTERVALE AVE
BRONX NY 10459

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0331

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

ALONG CAR SERVICE CORP
1161 INTERVALE AVE BRONX NY 10459

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
F.M.I. LIMOUSINE SERVICE INC
2 SHELLY AVE
HARTSDALE NY 10530

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0337

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

F.M.I. LIMOUSINE SERVICE INC
2 SHELLY AVE HARTSDALE NY 10530

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
JET BLACK LIMOUSINE SERVICE INC
395 HALLOCKS MILL ROAD
YONKERS NY 10598

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0365

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

JET BLACK LIMOUSINE SERVICE INC
395 HALLOCKS MILL ROAD YONKERS NY 10598

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
CLASSIC LIMOUSINE CORP
8000 MALL WALK
Yonkers NY 10704

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0016

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

CLASSIC LIMOUSINE CORP
8000 MALL WALK Yonkers NY 10704

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.

HEREFORD INSURANCE COMPANY
36-01 43RD AVENUE
LONG ISLAND CITY NY 11101

CERTIFICATE OF WORKERS' COMPENSATION

CERTIFICATE HOLDER
AIRPORT TAXI NEAR ME INC.
1400 IVY RD
MOHEGA LAKE NY 10547

INSURED
ILDBF, INC
48 WALL ST 11TH FL
NEW YORK, NY 10005

BASE # WC0366

This certificate is issued as a matter of information and confers the same rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

COVERAGES

This is to certify that a policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policy.

This workers' compensation insurance applies to deaths of livery drivers arising out of and in the course of providing covered services, and all injuries arising out of and in the course of providing covered services, either: (1) resulting from a crime against such livery driver as evidenced by a police report, or (2) for the following conditions: (a) the amputation or the loss of an arm, leg, hand, foot, multiple fingers, index finger, multiple toes, ear, or nose, (b) paraplegia or quadriplegia, or (c) total and permanent blindness or deafness.

Type of Insurance	Policy Number	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Workers Compensation	NYILDBF100	1/1/2026	1/1/2027

CANCELLATION

Should the above policy be cancelled before the expiration date thereof, the Hereford Insurance Company will mail 10 days written notice to the certificate holder named herein by regular mail.

Date Issued: 1/28/2026

Afzal Gafur

AUTHORIZED REPRESENTATIVE

NEW YORK STATE
LIVERY DRIVERS BENEFIT FUND
CERTIFICATE OF MEMBERSHIP

THE BOARD OF THE LIVERY DRIVERS BENEFIT FUND, HAVING REVIEWED THE APPLICATION FOR MEMBERSHIP IN THE FUND, HAS DETERMINED THAT THE FOLLOWING APPLICANT IS QUALIFIED TO OPERATE AS AN INDEPENDENT LIVERY BASE UNDER ARTICLE 6-G OF THE EXECUTIVE LAW AND SECTION 18-C OF THE WORKERS' COMPENSATION LAW OF THE STATE OF NEW YORK AND HAS BEEN ACCEPTED FOR MEMBERSHIP IN THE FUND:

AIRPORT TAXI NEAR ME INC.
1400 IVY RD MOHEGA LAKE NY 10547

EFFECTIVE: 1/1/2026
MEMBERSHIP EXPIRES ON 1/1/2027

AVIK KABESSA
CHAIR, LIVERY DRIVERS BENEFIT FUND

*A COPY OF THIS CERTIFICATE HAS BEEN PROVIDED TO THE NYS WORKERS' COMPENSATION BOARD.