

**HEREFORD INSURANCE COMPANY
LONG ISLAND CITY, NY
WORKERS COMPENSATION POLICY**

AUDIT INFORMATION PAGE

Policy No. NYILDBF100

- 1. Named Insured and Address**
New York Independent Livery
Driver Benefit Fund, Inc.
P.O. Box 10009
Albany, New York 12201

Federal ID#: 263373401

- NAMED INSURED IS:** Corporation
2. Policy Period: From 01/01/2010 To 01/01/2011
12:01 A.M. standard at address of named insured

- 3. A. Workers Compensation Insurance:** Part one of the policy applies to the workers compensation law of the states listed here:

NY

B. This Policy Includes These Endorsements and Schedules:

- 4. The premium for this policy will be determined by our manual of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.**

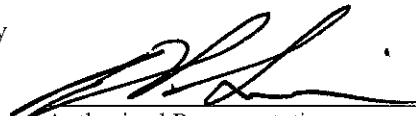
Classification	Code No	Premium Basis Total Annual Remuneration	Rate Per \$100 of Remuneration	Annual Premium
INDEPENDENT LIVERY DRIVERS	7364	\$154,649,765	\$3.40	\$5,258,092

Audit Period:	Annual			
Total Location Coverages			\$	5,258,092
Total Premium Subject To the Experience Modification			\$	5,258,092
Premium Modified To Reflect Experience Mod of .0000			\$	
Other Premium Charges			\$	
Total Estimated Standard Premium			\$	5,258,092
Loss And / Or Expense Constant Charge			\$	
Other Premium Adjustments			\$	
Minimum Premium		Total Audited		
Deposit Premium	\$4,000,000	Annual Premium	\$	5,258,092
		POLICY PREMIUM CHANGE	\$	1,258,092

COUNTERSIGNED:
4/15/11

Company Copy

By



Authorized Representative

**HEREFORD INSURANCE COMPANY
LONG ISLAND CITY, NY
WORKERS COMPENSATION POLICY**

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Policy No. NYILDBF100

1. Named Insured and Address

New York Independent Livery
Driver Benefit Fund, Inc.
P.O. Box 10009
Albany, New York 12201

Federal ID#: 263373401

NAMED INSURED IS: Corporation

2. Policy Period: From 01/01/2011 To 01/01/2012
12:01 A.M. standard at address of named insured

3. A. Workers Compensation Insurance: Part one of the policy applies to the workers compensation law of the states listed here:
NY

B. This Policy Includes These Endorsements and Schedules:

4. The premium for this policy will be determined by our manual of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.

Classification	Code No	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remunera- tion	Estimated Annual Premium
INDEPENDENT LIVERY DRIVERS	7364	\$144,693,324	\$3.67	\$5,310,245

Audit Period: Annual				
Total Location Coverages			\$	5,310,245
Total Premium Subject To the Experience Modification			\$	5,310,245
Premium Modified To Reflect Experience Mod of .0000			\$	
Other Premium Charges			\$	
Total Estimated Standard Premium			\$	5,310,245
Loss And / Or Expense Constant Charge			\$	
Other Premium Adjustments			\$	
Minimum Premium		Total Estimated		
Deposit Premium \$4,000,000		Annual Premium	\$	5,310,245
		POLICY PREMIUM CHANGE	\$	1,310,245

COUNTERSIGNED:
5/21/12

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By

Trichu M. Higgins

Authorized Representative

**HEREFORD INSURANCE COMPANY
LONG ISLAND CITY, NY
WORKERS COMPENSATION POLICY**

DECLARATIONS

Policy No. NYILDBF100

1. Named Insured and Address
New York Independent Livery
Driver Benefit Fund, Inc.
P.O. Box 10009
Albany, New York 12201

Federal ID#: 263373401

NAMED INSURED IS: Corporation

2. Policy Period: From 01/01/2012 To 01/01/2013
12:01 A.M. standard at address of named insured

3. A. Workers Compensation Insurance: Part one of the policy applies to the workers compensation law of the states listed here:
NY

B. This Policy Includes These Endorsements and Schedules:

4. The premium for this policy will be determined by our manual of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.

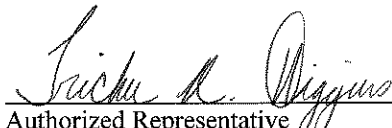
Classification	Code No	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remunera- tion	Estimated Annual Premium
INDEPENDENT LIVERY DRIVERS	7364	\$156,778,101	\$3.29	\$5,158,000

Audit Period: Annual			
Total Location Coverages		\$	5,158,000
Total Premium Subject To the Experience Modification		\$	5,158,000
Premium Modified To Reflect Experience Mod of .0000		\$	
Other Premium Charges		\$	
Total Estimated Standard Premium		\$	5,158,000
Loss And / Or Expense Constant Charge		\$	
Other Premium Adjustments		\$	
Minimum Premium		Total Estimated	
Deposit Premium \$5,158,000		Annual Premium	\$ 5,158,000

COUNTERSIGNED:
5/21/12

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Authorized Representative

**HEREFORD INSURANCE COMPANY
LONG ISLAND CITY, NY
WORKERS COMPENSATION POLICY**

DECLARATIONS

Policy No. NYILDBF100

1. Named Insured and Address

New York Independent Livery
Driver Benefit Fund, Inc.
P.O. Box 10009
Albany, New York 12201

Federal ID#: 263373401

NAMED INSURED IS: Corporation
2. Policy Period: From 01/01/2013 To 01/01/2014
12:01 A.M. standard at address of named insured

3. A. Workers Compensation Insurance: Part one of the policy applies to the workers compensation law of the states listed here:
NY

B. This Policy Includes These Endorsements and Schedules:

4. The premium for this policy will be determined by our manual of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.

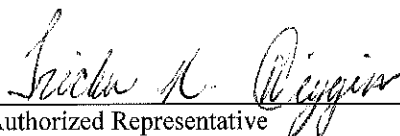
Classification	Code No	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remunera- tion	Estimated Annual Premium
INDEPENDENT LIVERY DRIVERS	7364	\$164,865,200	\$3.29	\$5,424,065

Audit Period: Annual				
Total Location Coverages			\$	5,424,065
Total Premium Subject To the Experience Modification			\$	5,424,065
Premium Modified To Reflect Experience Mod of .0000			\$	
Other Premium Charges			\$	
Total Estimated Standard Premium			\$	5,424,065
Loss And / Or Expense Constant Charge			\$	
Other Premium Adjustments			\$	
Minimum Premium		Total Estimated		
Deposit Premium \$5,000,000		Annual Premium	\$	5,424,065
		POLICY PREMIUM CHANGE	\$	424,065

COUNTERSIGNED:
1/30/14

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**HEREFORD INSURANCE COMPANY
LONG ISLAND CITY, NY
WORKERS COMPENSATION POLICY**

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Policy No. NYILDBF100

1. Named Insured and Address

New York Independent Livery
Driver Benefit Fund, Inc.
P.O. Box 10009
Albany, New York 12201

Federal ID#: 263373401

NAMED INSURED IS: Corporation

2. Policy Period: From 01/01/2014 To 01/01/2015
12:01 A.M. standard at address of named insured

3. A. Workers Compensation Insurance: Part one of the policy applies to the workers compensation law of the states listed here:

NY

B. This Policy Includes These Endorsements and Schedules:

4. The premium for this policy will be determined by our manual of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.

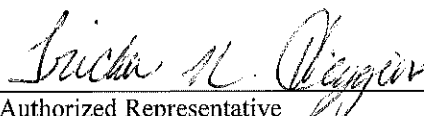
Classification	Code No	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remunera- tion	Estimated Annual Premium
INDEPENDENT LIVERY DRIVERS	7364	\$91,743,100	\$5.45	\$5,000,000

Audit Period: Annual				
Total Location Coverages			\$	5,000,000
Total Premium Subject To the Experience Modification			\$	5,000,000
Premium Modified To Reflect Experience Mod of .0000			\$	
Other Premium Charges			\$	
Total Estimated Standard Premium			\$	5,000,000
Loss And / Or Expense Constant Charge			\$	
Other Premium Adjustments			\$	
Minimum Premium		Total Estimated		
Deposit Premium \$5,000,000		Annual Premium	\$	5,000,000

COUNTERSIGNED:
1/30/14

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**HEREFORD INSURANCE COMPANY
LONG ISLAND CITY, NY
WORKERS COMPENSATION POLICY**

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Policy No. NYILDBF100

- 1. Named Insured and Address**
New York Independent Livery
Driver Benefit Fund, Inc.
P.O. Box 10009
Albany, New York 12201

Federal ID#: 263373401

- NAMED INSURED IS:** Corporation
2. Policy Period: From 01/01/2015 To 01/01/2016
12:01 A.M. standard at address of named insured

- 3. A. Workers Compensation Insurance:** Part one of the policy applies to the workers compensation law of the states listed here:
NY

B. This Policy Includes These Endorsements and Schedules:

- 4. The premium for this policy will be determined by our manual of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.**

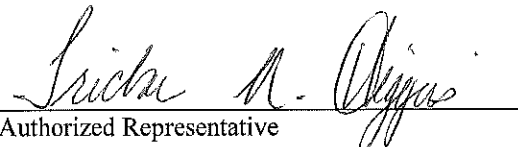
Classification	Code No	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remunera- tion	Estimated Annual Premium
INDEPENDENT LIVERY DRIVERS	7364	\$210,393,303	\$5.45	\$11,466,435

Audit Period: Annual				
Total Location Coverages			\$	11,466,435
Total Premium Subject To the Experience Modification			\$	11,466,435
Premium Modified To Reflect Experience Mod of .4900			\$	5,618,553
Other Premium Charges			\$	
Total Estimated Standard Premium			\$	5,618,553
Loss And / Or Expense Constant Charge			\$	
Other Premium Adjustments			\$	
Minimum Premium		Total Estimated		
Deposit Premium \$4,000,000		Annual Premium	\$	5,618,553
		Policy Premium Change	\$	618,555

COUNTERSIGNED:
2/23/16

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**HEREFORD INSURANCE COMPANY
LONG ISLAND CITY, NY
WORKERS COMPENSATION POLICY**

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Policy No. NYILDBF100

1. Named Insured and Address

New York Independent Livery
Driver Benefit Fund, Inc.
P.O. Box 10009
Albany, New York 12201

Federal ID#: 263373401

NAMED INSURED IS: Corporation

2. Policy Period: From 01/01/2016 To 01/01/2017
12:01 A.M. standard at address of named insured

3. A. Workers Compensation Insurance: Part one of the policy applies to the workers compensation law of the states listed here:
NY

B. This Policy Includes These Endorsements and Schedules:

4. The premium for this policy will be determined by our manual of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.

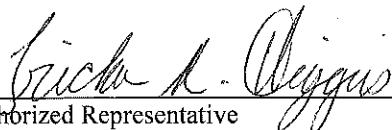
Classification	Code No	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remunera- tion	Estimated Annual Premium
INDEPENDENT LIVERY DRIVERS	7364	\$165,169,119	\$7.04	\$11,627,906

Audit Period: Annual				
Total Location Coverages			\$	11,627,906
Total Premium Subject To the Experience Modification			\$	11,627,906
Premium Modified To Reflect Experience Mod of .4300			\$	5,000,000
Other Premium Charges			\$	
Total Estimated Standard Premium			\$	5,000,000
Loss And / Or Expense Constant Charge			\$	
Other Premium Adjustments			\$	
Minimum Premium		Total Estimated		
Deposit Premium \$4,000,000		Annual Premium	\$	5,000,000

COUNTERSIGNED:
2/23/16

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Authorized Representative

**HEREFORD INSURANCE COMPANY
LONG ISLAND CITY, NY
WORKERS COMPENSATION POLICY**

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Policy No. NYILDBF100

1. Named Insured and Address

New York Independent Livery
Driver Benefit Fund, Inc.
P.O. Box 10009
Albany, New York 12201

Federal ID#: 263373401

NAMED INSURED IS: Corporation

2. Policy Period: From 01/01/2017 To 01/01/2018
12:01 A.M. standard at address of named insured

3. A. Workers Compensation Insurance: Part one of the policy applies to the workers compensation law of the states listed here:
NY

B. This Policy Includes These Endorsements and Schedules:

4. The premium for this policy will be determined by our manual of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.

Classification	Code No	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remunera- tion	Estimated Annual Premium
INDEPENDENT LIVERY DRIVERS	7364	\$172,376,600	\$5.95	\$10,256,408

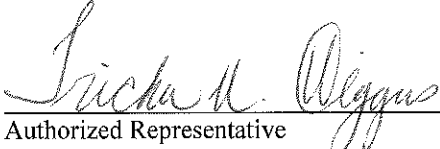
Audit Period: Annual				
Total Location Coverages			\$	10,256,408
Total Premium Subject To the Experience Modification			\$	10,256,408
Premium Modified To Reflect Experience Mod of .3900			\$	4,000,000
Other Premium Charges			\$	
Total Estimated Standard Premium			\$	4,000,000
Loss And / Or Expense Constant Charge			\$	
Other Premium Adjustments			\$	

Minimum Premium		Total Estimated		
Deposit Premium	\$4,000,000	Annual Premium	\$	4,000,000

COUNTERSIGNED:
2/24/17

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Authorized Representative

**HEREFORD INSURANCE COMPANY
LONG ISLAND CITY, NY
WORKERS COMPENSATION POLICY**

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Policy No. NYILDBF100

- 1. Named Insured and Address**
New York Independent Livery
Driver Benefit Fund, Inc.
P.O. Box 10009
Albany, New York 12201

Federal ID#: 263373401

- NAMED INSURED IS:** Corporation
2. Policy Period: From 01/01/2018 To 01/01/2019
12:01 A.M. standard at address of named insured

- 3. A. Workers Compensation Insurance:** Part one of the policy applies to the workers compensation law of the states listed here:

NY

B. This Policy Includes These Endorsements and Schedules:

- 4. The premium for this policy will be determined by our manual of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.**

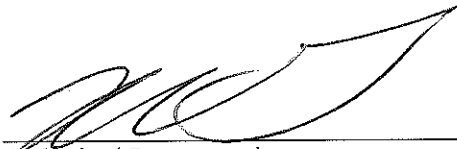
Classification	Code No	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remunera- tion	Estimated Annual Premium
INDEPENDENT LIVERY DRIVERS	7364	\$204,385,000	\$4.14	\$8,461,539

Audit Period: Annual				
Total Location Coverages			\$	8,461,539
Total Premium Subject To the Experience Modification			\$	8,461,539
Premium Modified To Reflect Experience Mod of .3900			\$	3,300,000
Other Premium Charges			\$	
Total Estimated Standard Premium			\$	3,300,000
Loss And / Or Expense Constant Charge			\$	
Other Premium Adjustments			\$	
Minimum Premium		Total Estimated		
Deposit Premium \$3,300,000		Annual Premium	\$	3,300,000

COUNTERSIGNED:
1/17/18

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Authorized Representative