

ILLINOIS Jesse White • Secretary of State USA

DRIVER'S LICENSE

4d LIC NO: **S100-5516-8118**
 3 DOB: **04/25/1968**
 4b EXP: **04/25/2023** 4a ISS: **11/05/2018**

1 **SEFAH**
 2 **MICHAEL K FRIMPONG**
 6 **1628 NATURES WAY**
LINDENHURST, IL 60046

0 CLASS: **D** 9a END: **NONE**
 12 REST: **NONE**

15 SEX: **M** 16 HGT: **5'-10"**
 17 WGT: **177 lbs** 18 EYES: **BRN** TYPE: **ORG**

5 DD **20181105303CN6375**




Taxi Chauffeur License

MICHAEL SEFAH

CHAUFFEUR NAME

75821

CHAUFFEUR NUMBER

04/24/2019 **04/25/2021**

Issued Expires

Taxi **20167582116**

License Type Control Number




Ill. of Drivers Department of Business Affairs & Consumer Protection



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/8/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER DIRECT	CONTACT NAME: Jennie Terrell	PHONE (A/C, No, Ext): (773) 557-7663	FAX (A/C, No): (773) 557-7668
	E-MAIL ADDRESS: jterrell@transitgeneral.com		
INSURED OUR JOY CORP 3800 N. MILWAUKEE SUITE A CHICAGO, IL 60641	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Transit General Insurance Company		13660
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE 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 POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			21BDT	1/1/2021	12/31/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 350,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Uninsured Motorist			21BDT	1/1/2021	12/31/2021	\$25,000 Per Person	\$50,000 Per Occurrence

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Bodily Injury and Property Damage coverage is provided for the advertising display to be affixed to the taxicab pursuant to the Rule 14.6 (g) of the Rules and Regulations for public passenger vehicle license holders. Should any of the policies be cancelled before the expiration date thereof the issuing insurer will mail a written notice 30 days in advance of cancellation to the Certificate Holder named below.

Blue Diamond Taxi Affiliation Inc.

2960TX

2014

TOYOTA

Effective Date: 2/8/2021

SIENNA WAV

5TDZK3DC5ES486543

CERTIFICATE HOLDER

CANCELLATION

Certificate Holder/Additional Insured(s):
 City of Chicago; Department of Business Affairs & Consumer Protection
 2350 W. Ogden Ave., 1st Floor
 Chicago, IL 60608

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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