



42 Broadway  
New York, NY 10004

[nyc.gov/dcwp](http://nyc.gov/dcwp)

## PEDICAB BUSINESS INSURANCE AFFIRMATION

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

I, \_\_\_\_\_, am an/the (*circle one*) owner of  
(Owner Name)

\_\_\_\_\_ and I am  
(Company Name, hereafter Company)

authorized to execute this affirmation on behalf of Company and all owners of the Company.

**Please read carefully. Initial each paragraph and sign the affirmation.**

\_\_\_\_\_ I have read section 20-253 of the New York City Administrative Code ("the Code") and I understand that I am required to maintain liability insurance coverage during the full term of my pedicab business license for the amounts stated in the Code. I understand that it is my responsibility to read my insurance policy to make sure that it complies with section 20-253 of the Code.

\_\_\_\_\_ I understand that my insurance policy must cover all drivers authorized to operate my pedicabs including, if applicable, pedicab drivers who lease or rent my pedicabs, pedicab drivers engaged as independent contractors, pedicab drivers under age 21, pedicab drivers who possess a foreign motor vehicle driver license, and pedicab drivers with moving vehicle violations.

\_\_\_\_\_ I have submitted to the Department a copy of my insurance policy that is and will be in full force and effect during this license period and that meets all the requirements under the pedicab law. If my insurance policy is not available when I submit my application, I will submit it as soon as I receive it from my insurance company, but no later than 90 days after submitting my license renewal application. I understand that failure to timely submit my insurance policy may result in the voiding of my pedicab business license and registration plates.

\_\_\_\_\_ I understand that my pedicab business license and registration plates will become void if my insurance lapses for any reason. I also understand that operation of my pedicab(s) without the required insurance may result in seizure of my pedicab(s), revocation of my license, and fines.

Over >



\_\_\_\_\_ I understand that I must notify the Special Application Unit of the Department of Consumer and Worker Protection at 42 Broadway, New York, NY 10004, if my insurance policy is cancelled, amended, modified, or substituted, within fourteen days of notice from my insurance provider. I understand that failure to provide this notification may result in seizure of my pedicab(s), revocation of my license, and fines.

#### **AFFIRMATION**

I affirm that I am authorized to complete and submit this affirmation. I also affirm that I have personally reviewed all of the information entered in this affirmation and it is true, correct, and complete to the best of my knowledge.

**PENALTY FOR FALSE STATEMENTS:** It is against the law to make a statement in this document that you know is false. If you make a statement that you know is false, you may be punished.

Under Sections 210.45 and 175.30 of the New York Penal Law, you may be:

- fined up to \$1,000 and / or
- sent to jail for up to one year

Under Section 175.35 of the New York Penal Law, you may be punished if you:

- make a statement that you know is false and / or
- make the statement because you intend to mislead the Department of Consumer and Worker Protection

Under Section 175.35 of the New York Penal Law, you may be:

- fined up to \$5,000 or
- fined an amount that is twice the amount of money you received by making the false statement and / or
- sent to jail for up to 4 years

The Department of Consumer and Worker Protection may also punish you for making a false statement on this Application. These punishments may include:

- fines or penalties of up to \$500 for each false statement
- permanent loss (revocation) of your license

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date