

Insurance added  
Rates ed. + ed  
LIC HDL - 2016-01058

# Pedal Cab Operator License Application

Pursuant to Madison General Ordinance 11.06

Fee: \$200/two years (\$125/initial year) +  
\$30/vehicle/year

Renewal Fee: \$100/two years +  
\$30/vehicle/year

1. Applicant Name BEATRIX MERCURY E-Mail Address TRIXYMERCURY@GMAIL.COM Home Phone # 312-371-2450  
Home Address 2332A N. 1<sup>st</sup> STREET MILWAUKEE, WI 53212

2. Company Name MERCURY TRANSPORT LLC  
Business Address 2332A N. 1<sup>st</sup> STREET MILWAUKEE, WI 53212  
Business Telephone Number 312-371-2450

3. Indicate method type of fare or gratuity collection (select or explain how customers are charged for trip):

Gratuity/Tip ☒

Gratuity with Minimal Charge ☐

Per hour charge ☐

Per mile charge ☐

Per Block ☐

Other- explain \$5-10\$ per person + Gratuity - depending upon hills + distance

4. Describe the pedal cab vehicle (Make, model, type, age).

2009 MAINSTREET PEDICAB BROADWAY

6. Name of Insurance Company BUSINESS CORE INSURANCE SERVICES INC

Name of Insurance Agent ANGELO CATSONRIAS

Business Address 1300 BRISTOL St. NORTH Ste 100 NEWPORT BEACH CA

Business Telephone Number 949-861-5993

E-Mail Address PEDICABS @ BCIS1.com

92660

8. Is applicant a corporation? \_\_\_\_\_ Yes ☒ No

If yes, give names and addresses of board of directors, and address of corporation:

Name	Address

9. Is applicant a partnership? \_\_\_\_\_ Yes ☒ No

If yes, give names and address of all partners:

Name	Address

Does the applicant agree that he/she has read and is thoroughly familiar with the ordinances of the City of Madison pertaining to the licensing and regulating of pedal cabs in the City of Madison, and agrees to abide by these and all other ordinances of the City and laws of the State of Wisconsin?

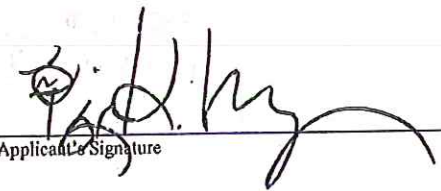
☒ Yes \_\_\_\_\_ No

Subscribed and sworn before me

this 16<sup>th</sup> day of August, 2017.

Notary Public

My Commission Expires 6/26/20.

  
Applicant's Signature

## Pedal Cab Filing Affidavit

State of Wisconsin )  
County of Dane )

BEATRIX MERCURY, being first duly sworn on oath, deposes and says:

1. That the affiant owns X, operates X, or manages X a pedal cab business in the City of Madison, doing business as MERCURY TRANSPORT LLC.
2. That as of the date of this Affidavit, (Company Name) MERCURY TRANSPORT LLC, (Address) 2332A N 1<sup>st</sup> STREET, MILWAUKEE, Madison, Wisconsin, doing business as BEATRIX MERCURY, was the owner of the vehicles listed on Schedule A shown on the reverse side of this Affidavit and incorporated herein.

3. That the schedule of fares to be charged in the operation of each of the vehicles as pedal cab is: (check boxes to indicate which pedal cab rates, gratuities, or minimum charges are applicable)

☐ Gratuity only

☒ Gratuity with minimal charge (list amount)

☒ Per hour charge

☐ Per Mile charge

☒ Per trip charge

other

*other:*  
*\$5-10 per person + Gratuity - depend on h.i.s and distance.*


4. a) That attached to this Affidavit for deposit with the City Clerk is a Policy or Certificate of Liability Insurance specifying insurance coverage of the types and amounts required by Section 11.06(8) (b) of the Madison General Ordinances, and specifically indicating that said insurance coverage is applicable to the vehicle identified on the said Schedule A; and
- b) That also attached to said Policy or Certificate of Liability Insurance is a Certificate of Compliance from the State of Wisconsin Office of the Commissioner of Insurance showing the insurance company is licensed and authorized to transact pedal cab insurance coverage in the State of Wisconsin; and
- c) That said insurance policy contains a provision that the same may not be cancelled before the expiration of its term except upon thirty days' written notice to the City of Madison.
5. That this Filing Affidavit is made to comply with the provisions of Section 11.06 of the Madison General Ordinances described herein.

Subscribed and sworn before me

this 16<sup>th</sup> day of August, 2017.

Notary Public

My Commission Expires 6/26/20.

  
Signature of person signing Affidavit under oath



Company Name MERCURY TRANSPORT LLC

01/03/11-F:\Common\Licensing\Application Forms\Taxi Paratransit Ap.docx

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**Office Use Only:**

Rate allowed by operating license:   Meter   Zone   Flat   Limousine

Submission Date: \_\_\_\_\_ Last Rate Change Submitted: \_\_\_\_\_

**Distribution:**

- † City Division of Traffic Engineering
- † City Police Department

License # \_\_\_\_\_

403 Para-Transit Operating

405 Public Passenger Vehicle/Pedal Cab

406 Horse-Drawn Vehicle

408 Pedal Cab Service





1 of 1

# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 04/07/2017

THIS IS 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 OF INSURANCE. THIS CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED AGENT, BROKER, 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	Business Core Insurance Services Inc. 1300 Bristol St. North Ste 100 Newport Beach CA 92660	CONTACT NAME: Angelo Catsouras	FAX (A/C, No.): 949-769-6849
		PHONE (A/C, No., Ext.): 949-861-5993	E-MAIL ADDRESS: pedicabs@bcis1.com
INSURED	Mercury Transport LLC 2332A N 1st Street Milwaukee WI 53212	INSURER(S) AFFORDING COVERAGE	
		INSURER A: ATAIN SPECIALTY INSURANCE	NAIC #: 17159
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

## 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 SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR CENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CIP308257-0042	04/07/2017	04/07/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ex accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LMB <input type="checkbox"/> OCCUR EXCESS LMB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY TOPHOTOGRAPHY/INTERVIEW/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				

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

Pedicab Serial Number: FE9A 1656 and FE9A 1584

City of Madison, its officers, officials, agents and employees are named as Additional Insured.

\*Thirty days advance written notice of cancellation or non-renewal shall be sent to the certificate holder.

## CERTIFICATE HOLDER

## CANCELLATION

City of Madison  
215 MLK DR.  
PO Box 2986  
Madison, WI 53703-2986

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



Angelo catsouras

