

Taxicab License Application

Pursuant to Madison General Ordinance 11.06

Fee: \$2,200/two years (\$1,200/initial year) + \$60/vehicle

Renewal Fee: \$2,200/two years + \$60/vehicle

1. Applicant Name Badger Bus Lines, Inc. Home Phone # (608) 255-1511
Home Address 5501 Femrite Drive, Madison, Wisconsin 53718

2. Company Name Badger Bus Lines, Inc.
Business Address 5501 Femrite Drive, Madison, Wisconsin 53718
Business Telephone Number (608) 255-1511

3. Indicate method of operation and type of fare collection:

Flate Rate _____ Number of Vehicles _____

Zone _____ Number of Vehicles _____

Meter _____ Number of Vehicles _____

Airport Shuttle _____ Number of Vehicles _____

Total number of vehicles proposed to be operated _____

4. Describe detailed color scheme to be used: main body, roof, trim, lettering, etc.

White with black and red lettering.

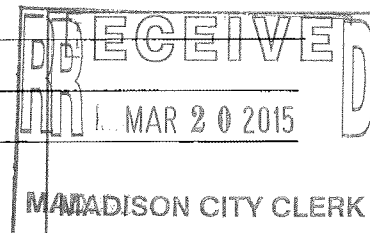
5. List your schedule of rates to be charged and the method of charging, **in detail**:

For our "Metro" routes, we charge \$3.25 for applicable riders.

Our rates are determined by Madison Metro

6. Name of Insurance Company National Interstate Insurance Company
Business Address 3250 Interstate Drive Richfield, Ohio 44286
Business Telephone Number 800-929-1500

7. Name of Insurance Agent Johnson Insurance
Business Address 13303 Washington Avenue Sturtevant, WI 53177
Business Telephone Number 800-236-5546



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

10. If any vehicles licensed are mortgaged, give name and address of mortgagee, vehicle serial number, amount of mortgage and fulfillment date:

Name	Address	Vehicle Serial #	\$	Fulfillment Date

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 taxicabs 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

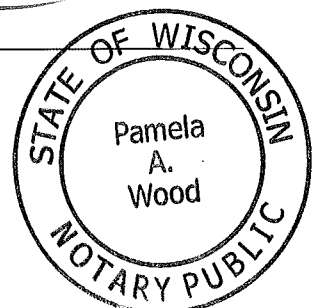
this 16 day of March, 2015.

Pamela A Wood

Notary Public

My Commission Expires 11/13/2016

[Signature]
Applicant's Signature



Taxicab Filing Affidavit

State of Wisconsin)
)
County of Dane)

John Meier, being first duly sworn on oath, deposes and says:

1. That the affiant owns X, operates _____, or manages _____ a taxicab business in the City of Madison, doing business as Badger Bus Lines, Inc.
2. That as of the date of this Affidavit, (Company Name) Badger Bus Lines, Inc., (Address) 5501 Femrite Drive, Madison, WI 53718, Madison, Wisconsin, doing business as Badger Bus Lines, Inc., 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 listed on Schedule A as taxicab is: (check boxes to indicate which taxicab rates are applicable)

_____ The Meter Taxicab Rates authorized pursuant to Section 11.06(9)(a) of the Madison General Ordinances.

_____ The Zone Taxicab Rates authorized pursuant to Section 11.06(9)(b) of the Madison General Ordinances.

_____ The Airport Shuttle Rates authorized pursuant to Section 11.06(9)(c) of the Madison General Ordinances.

X The Flat Rate authorized pursuant to Section 11.06(9)(d) of the Madison General Ordinances.
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) 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 Insurance Commissioner showing the insurance company is licensed and authorized to transact automobile insurance business in the State of Wisconsin; and

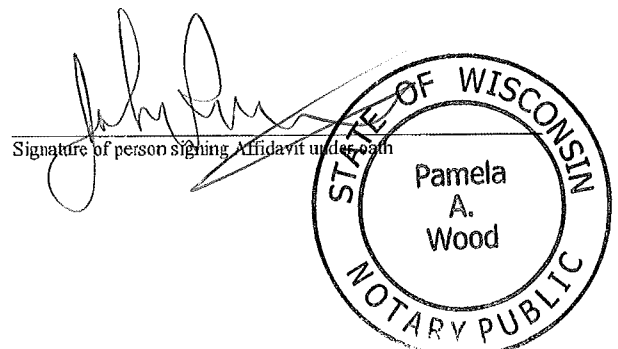
c) That said insurance policy contains a provision that the same may not be cancelled before the expiration of its term except upon thirty days' written notice to the City of Madison.
5. That this Filing Affidavit is made to comply with the provisions of Section 11.06 of the Madison General Ordinances described herein.

Subscribed and sworn before me

this 16 day of March, 2015.

Pamela A. Wood
Notary Public

My Commission Expires 11/13/2016.



BBL Fleet #	BBL Dept	VIN #	Year/Body/Chassis	License #	Pass Capacity	Permit #
665	Metro	1FDWE35L76DA31890	2006/Ford/Diamond 2000	607 ZYE	8/5 lift	269
666	Metro	1FDWE35L96DA31887	2006/Ford/Diamond 2000	600 ZYE	8/5 lift	270
667	Metro	1FDWE35L76DA31888	2006/Ford/Diamond 2000	601 ZYE	8/5 lift	271
668	Metro	1FDWE35L16DA28287	2006/Ford/Diamond 2000	602 ZYE	8/5 lift	272
669	Metro	1FDWE35L85H00612	2005/Ford/Diamond 2000	914 LMS	8/4 lift	273
711	Metro	1FDXE45S63HA74512	2003/Ford E-450 GOSHEN	468 RYY	10/3 lift	282
714	Metro	1FDWE35S81HA78581	2001/Ford E-350	164 SHN	6/3 lift	285
715	Metro	1FDXE45S63HB84993	2003/Ford E-450	163 SHN	6/3 lift	286
729	Metro	1FDWE35L36HA32849	2006/Ford/E350	379 TLB	6/2 lift	289
730	Metro	1FDEE3FL8CDA13355	2012/Elkhart/Shuttle Van	837 TUW	9/1 lift	290
732	Metro	1FDEE3FL3CDA19225	2012/Elkhart/Shuttle Van	839 TUW	9/1 lift	292
735	Metro	1FDEE3FL9CDA21643	2012/Elkhart/Shuttle Van	836 TUW	9/1 lift	293
749	Metro	1FDEE3FL9DDA02835	2013/Ford E350/Diamond	657 URS	6/3 lift	298
750	Metro	1FDEE3FL0DDA02836	2013/Ford E350/Diamond	656 URS	6/3 lift	299
751	Metro	1FDEE3FL2DDA02837	2013/Ford E350/Diamond	655 URS	6/3 lift	300
752	Metro	1FDEE3FL4DDA02838	2013/Ford E350/Diamond	654 URS	6/3 lift	301
754	Metro	1FDEE3FL8CDB24472	2013/Ford E350/Diamond	485UVA	6/3 lift	303
758	Metro	1FDEE3FLXDDA41966	2013/Ford E350/Diamond	398UYW	6/3 lift	304
759	Metro	1FDEE3FL7DDA45179	2013/Ford E350/Diamond	400UYW	6/3 lift	305
760	Metro	1FDEE3FL3DDA45180	2013/Ford E350/Diamond	399UYW	6/3 lift	306
761	Metro	1FDEE3FL5DDA45181	2013/Ford E350/Diamond	397UYW	6/3 lift	307
762	Metro	1FDEE3FL0DDB04802	2014/Ford E350/Diamond	983 VRF	6/3 lift	277
763	Metro	1FDEE3FL2DDB04803	2014/Ford E350/Diamond	982 VRF	6/3 lift	278
764	Metro	1FDEE3FL4DDB04804	2014/Ford E350/Diamond	980 VRF	6/3 lift	287
765	Metro	1FDEE3FL1DDB16067	2014/Ford E350/Diamond	981 VRF	6/3 lift	308
766	Metro	5TDKK3DC3BS069354	2011/Toyota Sienna LE Van	260 SVR	3/1 lift	309
767	Metro	1FDWE3FL6EDA12003	2014/Ford E350/Ameritrans	326 VYE	6/3 lift	297

City of Madison -- Taxicab Rate Schedule

METER RATES

In Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

Out of Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

VAN RATES (LARGE PARTY—6 OR MORE PASSENGERS)

In Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

Out of Town

"DROP" Distance _____ MI "DROP" Charge \$ _____
Additional Distance _____ MI Additional Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

ZONE RATES

First Zone Charge \$ _____
Additional Zone(s) Charge \$ _____
Additional Passenger Charge \$ _____ (for passengers making the same trip as the first passenger)
Outer Zone Distance _____ MI Outer Zone Charge \$ _____
Wait Time _____ Seconds Wait Charge \$ _____

FLAT RATES

"DROP" Distance _____ MI
Single Passenger "DROP" Charge \$ _____ Additional Passenger "DROP" Charge \$ _____
Additional Distance _____ MI
Single Passenger "DROP" Charge \$ _____ Additional Passenger "DROP" Charge \$ _____

LIMOUSINE RATES

Zone 1 Charge \$ _____ per passenger
Zone 2 Charge \$ _____ per passenger
Zone 3 Charge \$ _____ per passenger
Zone 4 Charge \$ _____ per passenger
Zone 5 Charge \$ _____ per passenger
Zone 6 Charge \$ _____ per passenger
Zone 7 Charge \$ _____ per passenger
Zone 8 Charge \$ _____ per passenger
Zone 9 Charge \$ _____ per passenger

HOURLY RATE

\$ _____ per hour

RATES FOR OTHER SERVICES

Personal Baggage: First two articles Free
Additional articles \$ _____ each (except trunks and footlockers)

Groceries Carried to Door: First two bags Free
Additional bags \$ _____

Trunks and Footlockers: \$ _____ each

Aids to Handicapped People: Free

AIRPORT FEE

\$ _____ per vehicle (may not exceed the fee imposed by Dane County)

Company: _____

Proposed Effective Date: _____

Submitted by: _____
(Signature)_____
(Type or Print Name)

This schedule must be submitted to the City Clerk at least **twenty-eight (28) days** before the proposed effective date.

Office Use Only:

Rate allowed by operating license: Meter Zone Flat Limousine

Submission Date: _____ Last Rate Change Submitted: _____

Distribution:

- ☐ City Department of Transportation
- ☐ City Weights and Measures (Meter Cabs only)
- ☐ Dane County Regional Airport
- ☐ City Police Department

License # _____

405 Public Passenger Vehicle/Pedal Cab

406 Horse-Drawn Vehicle

408 Pedal Cab Service



BADGBUS-02

RSAUER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/17/2015

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 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 Johnson Insurance Madison 525 Junction Road Madison, WI 53717	CONTACT NAME: Mary Jo Nowak, AU, CIC, ARM, RPLU PHONE (A/C, No, Ext): (608) 203-3880 FAX (A/C, No): (877) 254-8586 E-MAIL: mnowak@johnsonins.com ADDRESS:
INSURED Badger Coaches, Inc. Badger Bus Transportation Group, Inc. Badger Bus Lines, Inc. and Meier Coach Leasing, LLC 5501 Femrite Dr Madison, WI 53718	INSURER(S) AFFORDING COVERAGE INSURER A : National Interstate 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 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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		YPP111008011	05/01/2014	05/01/2015	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		YPP111008011	05/01/2014	05/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		YEX111008008	05/01/2014	05/01/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Completed Ops \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
30 days notice of cancellation to City of Madison applies.

CERTIFICATE HOLDER

CANCELLATION

City of Madison
Division of Traffic Engineering
Attn: Keith Pollock
PO Box 2986
Madison, WI 53701-2986

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

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**State of Wisconsin, Office of the Commissioner of Insurance
Company Lookup - Detail**

March 16, 2015

National Interstate Insurance Company
3250 INTERSTATE DR
RICHFIELD, OH 44286

Toll-Free: (800)929-1500
Phone: (330)659-8900

State of Domicile: OH
Incorporation Date: 02-10-1989
Date Licensed: 12-30-1996
Company Type: Property and Casualty
Status: Active
Ownership Type: Stock
Group Affiliation: American Financial Grp

Financial Data (000s omitted)

Year	Admitted Assets	Capital and Surplus	Wisconsin Direct Premiums Earned	Nationwide Net Premiums Earned
2013	\$1,054,080	\$283,419	\$7,332	\$274,507
2012	\$1,017,471	\$269,696	\$6,173	\$250,921
2011	\$994,711	\$293,614	\$5,359	\$245,571

Service of Process**Registered Agent for Service of Process:**

CORPORATION SERVICE COMPANY
8040 EXCELSIOR DR STE 400
MADISON, WI 53717

Adjudicated Administrative Actions

No Adjudicated Administrative Actions