

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 Jennifer Hardesty Home Phone # 608-469-3099

Home Address 1732 Chadsworth Dr. Sun Prairie, WI 53590

2. Company Name Transit Solutions, Inc.

Business Address 173 E. Badger Rd. Madison, WI 53713

Business Telephone Number (608) 294-8747

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

Flat Rate ☒ Number of Vehicles 31

Zone _____ Number of Vehicles _____

Meter _____ Number of Vehicles _____

Airport Shuttle _____ Number of Vehicles _____

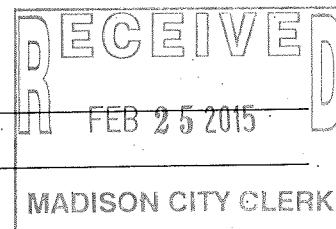
Total number of vehicles proposed to be operated 31

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

white body / white window lettering

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

Flat Rate: \$30.00 0-5 miles
\$2.50 each additional mile



6. Name of Insurance Company Integrity Mutual Insurance

Business Address _____

Business Telephone Number _____

7. Name of Insurance Agent John Southworth Ansay and Associates LLC

Business Address 888 State Hwy 153 Suite 200 PO Box 40 Mosinee, WI 54455

Business Telephone Number (715) 207-0469

8. Is applicant a corporation? ☒ Yes ☐ No

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

Name	Address
Jim Mortenson	W7710 E. South Shore Dr., Pardeeville WI 53954
Greg Morrison	513 Stone Arbor Trail Verona WI 53593
Jennifer Hardesty	1732 Chadsworth Dr., Sun Prairie WI 53590
Transit Solutions, Inc.	173 E. Badger Rd Madison, WI 53713

9. Is applicant a partnership? ☐ Yes ☒ No

If yes, give names and address of all partners:

Name	Address
NA	

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
	Attached			

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

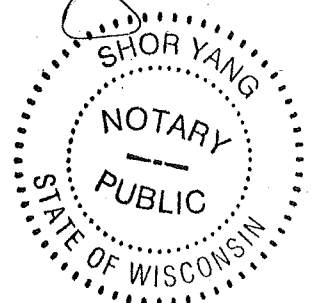
Subscribed and sworn before me

this 25 day of February, 20 15.

Notary Public

My Commission Expires 2/14/2016

Applicant's Signature



Taxicab Filing Affidavit

State of Wisconsin)
County of Dane)

Jennifer Hardesty, being first duly sworn on oath, deposes and says:

1. That the affiant owns _____, operates X, or manages X a taxicab business in the City of Madison, doing business as Transit Solutions, Inc.
2. That as of the date of this Affidavit, (Company Name) Transit Solutions, Inc., (Address) 173 E. Badger Rd., Madison, Wisconsin, doing business as Transit Solutions, 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.
 - ☒ 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

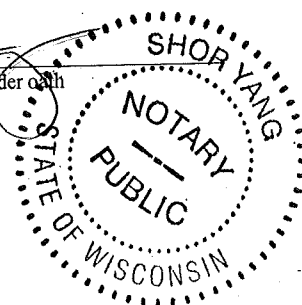
this 25 day of February, 2015.

Shor Yang

Notary Public

My Commission Expires 2/14/2016

Jennifer Hardesty
Signature of person signing Affidavit under oath





Vehicle List Schedule A

Company Name Transit Solutions, Inc

[illegible]

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 0-5 MI
Single Passenger "DROP" Charge \$ \$30.00 Additional Passenger "DROP" Charge \$ _____
Additional Distance \$2.50 MI
Single Passenger "DROP" Charge \$ _____ Additional Passenger "DROP" Charge \$ _____

LIMOUSINE RATES

Zone 1 Charge \$ _____ per passenger	Zone 6 Charge \$ _____ per passenger
Zone 2 Charge \$ _____ per passenger	Zone 7 Charge \$ _____ per passenger
Zone 3 Charge \$ _____ per passenger	Zone 8 Charge \$ _____ per passenger
Zone 4 Charge \$ _____ per passenger	Zone 9 Charge \$ _____ per passenger
Zone 5 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: Jennifer Hardesty (Signature)Jennifer Hardesty
(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

Mortgaged Vehicle List

Name of Mortgagee	Address of Mortgagee	VIN	Amount	Fulfillment Date
State Bank of Cross Plains	455 S Junction Rd #100, Madison, WI 53719	1FD4E45S68DB13567	\$15,000	3/28/2019
State Bank of Cross Plains	455 S Junction Rd #100, Madison, WI 53719	1FTDS3EL0EDA35492	\$25,000	3/28/2016
State Bank of Cross Plains	455 S Junction Rd #100, Madison, WI 53719	1D8HN44H38B175887	\$2,000	3/28/2019
State Bank of Cross Plains	455 S Junction Rd #100, Madison, WI 53719	1D8HN44H08B181114	\$7,000	3/28/2016
State Bank of Cross Plains	455 S Junction Rd #100, Madison, WI 53719	1FDWE35L19DA92026	\$14,000	3/28/2019
State Bank of Cross Plains	455 S Junction Rd #100, Madison, WI 53719	1FDWE3FL9BDA12704	\$14,000	3/28/2019

ALL VEHICLES USED FOR PARATRANSIT

TRANSIT SOLUTIONS, INC (TSI)

FLEET #	YEAR	MAKE	LICENSE	SERIAL NUMBER	OWNER	PERMIT #
1	2010	DODGE	493 VGD	2D4RN4DE1AR168164	TSI	427
2	2010	DODGE	296 MVM	2D4RN4DE6AR288574	TSI	423
3	2005	FORD	919 KGL	1FTNE24L15HA38966	TSI	424
5	2007	DODGE	217 RPU	1D8GP24R47B164866	TSI	438
6	2008	DODGE	565 SCX	1D8HN44H18B145934	TSI	430
7	2007	FORD	634 MGX	1FTSS34L37DA83547	TSI	445
9	2007	DODGE	402 RKG	1D8GP24R87B164871	TSI	444
10	2009	FORD	979 RHF	1FDWE35L29DA92021	TSI	439
11	2010	DODGE	168 MTH	2D4RN4DE3AR228719	TSI	426
12	2006	FORD	240 KVJ	1FTNS24LX6HA65237	TSI	440
15	2009	FORD	920 KGL	1FDEE35L09DA61796	TSI	422
17	2007	FORD	885 LZD	1FTSS34L87DA73483	TSI	436
18	2007	FORD	886 LZD	1FTSS34L17DA73485	TSI	441
19	2005	DODGE	449 PYB	1D4GP24RX5B117825	TSI	428
20	2010	DODGE	173 LWZ	2D4RN4DE2AR185023	TSI	450
21	2008	FORD	454 TMG	1FD4E45S48DB13566	TSI	447
23	2008	DODGE	384 SYL	2D8HN44H78R717350	TSI	443
24	2009	FORD	883 RBM	1FTDS34L79DA18860	TSI	425
26	2007	CHRYSLER	616 NPY	2A4GP44R57R362359	TSI	449
27	2009	DODGE	393 VEM	2D8HN44E49R644719	TSI	434
28	2009	FORD	699 PEL	1FTDS34L09DA18859	TSI	446
29	2011	DODGE	460 XGM	2D4RN3DG8BR720613	TSI	429
30	2006	FORD	446 WSN	1FDWE35L86DA68687	TSI	437
31	2010	DODGE	142 XEA	2D4RN5D16AR273236	TSI	442
32	2010	CHRYSLER	445 XGM	2A4RR4DE7AR320153	TSI	451



TRANSOL-01 SKUEMMETH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/7/2015

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 Ansay & Associates, LLC. MOS 888 State Hwy 153 Mosinee, WI 54455	CONTACT NAME:	
	PHONE (A/C, No, Ext): (715) 693-2100 FAX (A/C, No): (715) 693-2538	
INSURED Transit Solutions Inc. Jim Mortenson 173 E Badger Rd. Madison, WI 53713	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Integrity Mutual Insurance Company	14303
	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"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		CPP2626692	04/20/2014	04/20/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea 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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CA 2626693	04/20/2014	04/20/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CUP2626695	04/20/2014	04/20/2015	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ 2,000,000 PER STATUTE OTH-ER
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WCP2626694	04/20/2014	04/20/2015	E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Additional Insured: City of Madison

CERTIFICATE HOLDER

CANCELLATION

City of Madison Comptrollers Office Rm 407 210 Martin Luther King Jr Blvd Madison, WI 53703	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 <i>Susan F. Kuemmeth</i>

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