

# 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 Travis M. James E-Mail Address travis.m.james86@gmail.com Home Phone # 414-630-7246  
Home Address 2810a N. Fraternity St.

2. Company Name Ceres Crossroads Services, LLC  
Business Address 2810a N. Fraternity St.  
Business Telephone Number 414-630-7246

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

Gratuity/Tip X  
Gratuity with Minimal Charge \_\_\_\_\_  
Per hour charge \_\_\_\_\_  
Per mile charge \_\_\_\_\_  
Per Block \_\_\_\_\_  
Other- explain \_\_\_\_\_

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

2009 Mainstreet Broadway Serial # FE85 0676

6. Name of Insurance Company Atain Specialty Insurance

Name of Insurance Agent Angelo Catasauras

Business Address 1300 Bristol St. North

Business Telephone Number 949-861-9993

E-Mail Address pedicabs@bcisl.com

8. Is applicant a corporation? ☒ Yes ☐ No

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

Name	Address
Travis M. Samos	2810a N. Fratney St. Milwaukee, WI 53218

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?

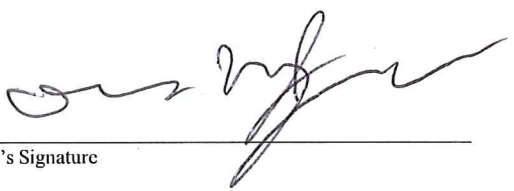
☒ Yes ☐ No

Subscribed and sworn before me

this 16<sup>th</sup> day of August, 20 17.

Notary Public

My Commission Expires 6/26/20.

  
Applicant's Signature

# Pedal Cab Filing Affidavit

State of Wisconsin )  
County of Dane )

Tavis James, being first duly sworn on oath, deposes and says:


1. That the affiant owns X, operates \_\_\_\_\_, or manages \_\_\_\_\_ a pedal cab business in the City of Madison, doing business as Ceres Crossroads Services.
2. That as of the date of this Affidavit, (Company Name) Ceres Crossroads Services LLC, (Address) 2810a N. Fatmeh St., Madison, Wisconsin, doing business as Ceres Crossroads Services, LLC, 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)  
X Gratuity only  
\_\_\_\_\_ Gratuity with minimal charge (list amount)  
\_\_\_\_\_ Per hour charge  
\_\_\_\_\_ Per Mile charge  
\_\_\_\_\_ Per trip charge
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 Ceres Crossroads Services, LLC

01/03/11-F:\Common\Licensing\Application Form\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



CIP308257-0039

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

04/04/2017

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).

<b>PRODUCER</b> <b>Business Core Insurance Services Inc.</b> <b>1300 Bristol St. North</b> <b>Ste 100</b> <b>Newport Beach CA 92660</b>	<b>CONTACT NAME:</b> Angelo Catsouras	<b>FAX (A/C, No):</b> 949-769-6849	
	<b>PHONE (A/C, No, Ext):</b> 949-861-5993	<b>E-MAIL ADDRESS:</b> pedicabs@bcis1.com	
<b>INSURED</b> <b>Ceres Crossroads Services LLC</b> <b>810 E. Center St. Apt. 1</b> <b>Milwaukee WI 53212</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A: ATAIN SPECIALTY INSURANCE</b>		17159
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>CIP308257-0039</b>  <b>DEDUCTIBLE \$500</b>	<b>03/16/2017</b>	<b>03/16/2018</b>	<b>EACH OCCURRENCE</b> \$ <b>1,000,000</b>
	<input type="checkbox"/> <b>CLAIMS-MADE</b> <input type="checkbox"/> <b>OCCUR</b>	<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$ <b>100,000</b>					
		<b>MED EXP (Any one person)</b> \$ <b>5,000</b>					
		<b>PERSONAL &amp; ADV INJURY</b> \$ <b>1,000,000</b>					
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>						<b>GENERAL AGGREGATE</b> \$ <b>2,000,000</b>
	<input type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b>						<b>PRODUCTS - COMP/OP AGG</b> \$ <b>2,000,000</b>
	<b>OTHER:</b>						\$
	<b>AUTOMOBILE LIABILITY</b>	<input type="checkbox"/>	<input type="checkbox"/>				<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$
	<input type="checkbox"/> <b>ANY AUTO</b>						<b>BODILY INJURY (Per person)</b> \$
	<input type="checkbox"/> <b>OWNED AUTOS ONLY</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b>						<b>BODILY INJURY (Per accident)</b> \$
	<input type="checkbox"/> <b>HIRED AUTOS ONLY</b> <input type="checkbox"/> <b>NON-OWNED AUTOS ONLY</b>						<b>PROPERTY DAMAGE (Per accident)</b> \$
							\$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>OCCUR</b>	<input type="checkbox"/>	<input type="checkbox"/>				<b>EACH OCCURRENCE</b> \$
	<input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b>						<b>AGGREGATE</b> \$
	<input type="checkbox"/> <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> <b>PER STATUTE</b> <input type="checkbox"/> <b>OTH-ER</b>
	<b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b>	<input type="checkbox"/>	<b>N/A</b>				<b>E.L. EACH ACCIDENT</b> \$
	<b>If yes, describe under DESCRIPTION OF OPERATIONS below</b>						<b>E.L. DISEASE - EA EMPLOYEE</b> \$
							<b>E.L. DISEASE - POLICY LIMIT</b> \$

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

Pedicab Serial Number: FE9A 1573 and FE8J 0676

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

**CERTIFICATE HOLDER**

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

**CANCELLATION**

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

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ACORD 25 (2016/03)

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