

Insurance Added
veh schedule added
LIC HDC-2016-01059
Rates edited

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 Jamie St.Ledger E-Mail Address jamie@lunarcycleservices.com Home Phone # (414) 364-0846
Home Address 2220 N Bremen St unit#1 Milwaukee, WI 53212

2. Company Name Lunar Cycle Services LLC
Business Address 905 E Center St Milwaukee, WI 53212
Business Telephone Number (414) 364-0846

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

Gratuity/Tip For short distances (< 0.5 miles)

Gratuity with Minimal Charge Longer rides (> 0.5 miles), negotiated rate

Per hour charge _____

Per mile charge _____

Per Block _____

Other- explain \$5.10 per person + Gratuity - depends on H.I.S
and distance.

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

2009 Main Street Pedicab Broadway

6. Name of Insurance Company Business Core
Name of Insurance Agent Angelo Catsouras
Business Address 1300 Bristol Street North, suite 160 Newport Beach, CA 92660
Business Telephone Number 1-855-647-2562
E-Mail Address pedicabs@bcisl.com

Pedal Cab Filing Affidavit

State of Wisconsin)
County of Dane)

_____, 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 Lunar Cycle Services LLC.
2. That as of the date of this Affidavit, (Company Name) Lunar Cycle Services LLC, (Address) 905 E Center St, Milwaukee, Madison, Wisconsin, doing business as Pedicab PPV, 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)

<u>x</u>	Gratuity only
<u>x</u>	Gratuity with minimal charge (list amount)
_____	Per hour charge
_____	Per Mile charge
_____	Per trip charge

\$5-10 per person and hour + gratuity, depending upon distance + hills
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 15 day of August, 20 17.

Notary Public

My Commission Expires 6/26/20.


Signature of person signing Affidavit under oath

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

Company Name Lunar Cycle Services LLC

[illegible]



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 03/07/2017

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).

PRODUCER Business Core Insurance Services Inc. 1300 Bristol St. North Ste 100 Newport Beach CA 92660	CONTACT NAME: Angelo Catsouras PHONE (A/C, No, Ext): 949-861-5993 FAX (A/C, No): 949-769-6849 E-MAIL: pedicabs@bcis1.com ADDRESS:														
INSURED Lunar Cycles Services, LLC 2874 S. Delaware Ave. Milwaukee WI 53207	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: ATAIN SPECIALTY INSURANCE</td> <td>17159</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ATAIN SPECIALTY INSURANCE	17159	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: ATAIN SPECIALTY INSURANCE	17159														
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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CIP308257-0033	03/04/2017	03/04/2018	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$ 100,000
	OTHER:						\$ 5,000
				DEDUCTIBLE \$500			\$ 1,000,000
							\$ 2,000,000
							\$ 2,000,000
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						\$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTOS ONLY						\$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$
							PROPERTY DAMAGE (Per accident)
							\$
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						\$
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Pedicab Serial Number: FE8E 02123 and FE9A 1502

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

