

Taxicab License Application

Pursuant to Madison General Ordinance 11.06

Fee: \$2,075/two years (\$1,200/initial year) + \$35/vehicle

Renewal Fee: \$1,000/two years + \$35/vehicle

1. Applicant Name Union Cab of Madison Cooperative Home Phone # 608-242-2000
Home Address 2458 Pennsylvania Ave Madison, WI 53704

2. Company Name Union Cab of Madison Cooperative
Business Address 2458 Pennsylvania Ave Madison, WI 53704
Business Telephone Number 608-242-2000

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

Flat Rate	Number of Vehicles
Zone	Number of Vehicles
Meter <u>X</u>	Number of Vehicles <u>54</u>
Airport Shuttle	Number of Vehicles

Total number of vehicles proposed to be operated 54

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

Taxicab yellow paint with black lettering and numbering. Union Cab top light. Union Cab logos on front doors. Union Cab rate decals on back doors.

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

See itemized list for Question Special rates may be negotiated by accounts. Union Cab accepts cash, credit cards, and payment by monthly invoicing

6. Name of Insurance Company Integrity (Standard cab) Berkshire Hathaway Homestate Co
Business Address 2121 E Capital Drive Appleton, WI 54911 PO Box 31361 Omaha, NE 68131
Business Telephone Number (920) 734-4511 (800) 356-5750

7. Name of Insurance Agent Jeff Ascher, Coverra
Business Address 3803 Creekside Lane Holmen, WI 54636
Business Telephone Number (608) 526-2127

8. Is applicant a corporation? ☒ Yes ☐ No

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

Name	Address
See Attachment	

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?

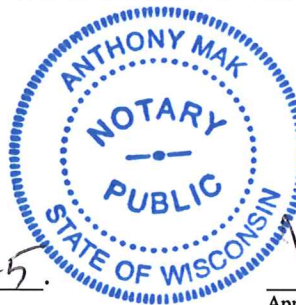
☒ Yes ☐ No

Subscribed and sworn before me

this 31 day of January, 2025.

Notary Public

My Commission Expires 04/03/2028.



Applicant's Signature

Taxicab Filing Affidavit

State of Wisconsin)
County of Dane)

William Carter, being first duly sworn on oath, deposes and says:

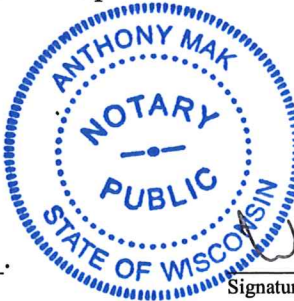
1. That the affiant owns _____, operates _____, or manages X a taxicab business in the City of Madison, doing business as _____.
2. That as of the date of this Affidavit, (Company Name) Union Cab of Madison Cooperative, (Address) 2458 Pennsylvania Ave, Madison, Wisconsin, doing business as Union Cab of Madison Cooperative, 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)
X The Meter Taxicab Rates authorized pursuant to Section 11.06(9)(a) of the Madison General Ordinances.
X The Zone Taxicab Rates authorized pursuant to Section 11.06(9)(b) of the Madison General Ordinances.
X 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 31 day of January, 2025.

Notary Public

My Commission Expires 04/03/2028.



[Signature]
Signature of person signing Affidavit under oath

See Attached List

[illegible]

City of Madison -- Taxicab Rate Schedule

See attach Rates

METER RATES

In Town

"DROP" Distance 1/10 MI "DROP" Charge \$ 5.00
Additional Distance 1 MI Additional Charge \$ 4.50
Wait Time 10 Seconds Wait Charge \$ 9

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 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: _____
(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

City of Madison Taxicab Rate Schedule

Flat Rate \$75 / hour includes Out-Of-Town and Hourly Charters.

Zone N/A

Meter \$5.00 drop, includes 1/10 mile

\$4.50/mile, \$0.45 / 1/10 mile

Wait time \$0.45/ 30 seconds

Includes all package deliveries.

Airport Shuttle City Zone Rate

Limousine

1	\$11.00
2	\$16.00
3	\$24.00
4	\$27.00
5	\$33.00
6	\$40.00
7	\$45.00
8	\$51.00
9	\$57.00

RATES FOR OTHER SERVICES

Union Cab does not charge for offering assistance to people with disabilities or for assistance animals.

Personal Baggage: First two articles are FREE. Each additional article \$1.00

Trunks and Footlockers: \$4.00 each

Groceries Carried to Door: First two bags are FREE. Each additional bag driver may charge \$0.50

Animals not in a carrier Driver may charge \$2.00 each animal

Skis Driver may charge \$2.00 each pair

Bikes Driver may charge \$2.00 each bike

Biohazard cleanup Driver may charge \$75 each instance

AIRPORT FEE

\$1.00 per vehicle (tnay not exceed the fee imposed by Dane County)

Company: Union Cab of Madison Cooperative

Proposed Effective Date: August 1, 2022

UNION CAB OF MADISON COOPERATIVE BOARD OF DIRECTORS
List of Directors and Officers
2024-2025 Board Session

Directors of the Cooperative (three-year Board term with one-third of the body being elected each year)

The following persons are currently the directors of Union Cab of Madison Cooperative:

Nicky Sund	2458 Pennsylvania Ave	Madison, WI 53704	608-242-2000
Angel Martin	2458 Pennsylvania Ave	Madison, WI 53704	608-242-2000
Kevin Nurmi	2458 Pennsylvania Ave	Madison, WI 53704	608-242-2000
Lisa Geary	2458 Pennsylvania Ave	Madison, WI 53704	608-242-2000
John Hershberger	2458 Pennsylvania Ave	Madison, WI 53704	608-242-2000
Kelly Yates	2458 Pennsylvania Ave	Madison, WI 53704	608-242-2000
Dick Bien	2458 Pennsylvania Ave	Madison, WI 53704	608-242-2000
Open			
Open			

The following persons are currently alternate directors of Union Cab of Madison Cooperative:

Open

Open

Open

Officers of the Cooperative (selected by the Board annually)

The following persons are the elected officers of Union Cab of Madison Cooperative:

President John Hershberger	2458 Pennsylvania Ave	Madison, WI 53704	608-242-2000
Vice President Lisa Geary	2458 Pennsylvania Ave	Madison, WI 53704	608-242-2000
Secretary Bill Carter	2458 Pennsylvania Ave	Madison, WI 53704	608-242-2000
Treasurer Rachel Grimm	2458 Pennsylvania Ave	Madison, WI 53704	608-242-2000

Board Calendar

UNION CAB OF MADISON COOPERATIVE BOARD OF DIRECTORS
List of Directors and Officers
2024-2025 Board Session

The Board of Directors meets and conducts business at 2458 Pennsylvania Avenue, Madison, WI.
Meetings are regularly held the Third Wednesday of every month at 6:30 p.m.

Asset Name	Year	Make	Model	VIN Number	License Plate #	In-Service
Cab 01	2010	TOYOTA	PRIUS	JTDKN3DU7A0145143	ALC-9986	2021/04/22
Cab 02	2014	TOYOTA	PRIUS	JTDKN3DU8E0380480	755-YXH	2021/04/22
Cab 03	2005	TOYOTA	PRIUS	JTDKB20U753063328	AND-2024	2022/02/11
Cab 05	2008	TOYOTA	PRIUS	JTDKB20U987710017	AVJ-6613	2023/08/04
Cab 09	2006	TOYOTA	PRIUS	JTDKB20U863134991	643-VBW	2019/01/09
Cab 10	2004	TOYOTA	PRIUS	JTDKB22U840008514	730-UZD	2019/01/17
Cab 12	2007	TOYOTA	PRIUS	JTDKB20U177579700	AVF-5440	2024/01/11
Cab 13	2005	TOYOTA	PRIUS	JTDKB20U053108447	AUN-7808	2023/08/04
Cab 14	2012	TOYOTA	PRIUS V	JTDZN3EU7C3085458	AVG-5609	2023/10/18
Cab 15	2008	TOYOTA	PRIUS	JTDKB20UX83327100	AND-2155	2022/02/02
Cab 18	2007	TOYOTA	PRIUS	JTDKB20U873287615	AKV-7727	2021/02/15
Cab 21	2012	TOYOTA	PRIUS V	JTDZN3EU1C3026440	AGA-4335	2022/10/14
Cab 22	2006	TOYOTA	PRIUS	JTDKB20U467502270	ARM-6389	2023/03/24
Cab 23	2005	TOYOTA	PRIUS	JTDKB20U053043163	838-YYX	2021/11/19
Cab 24	2009	TOYOTA	PRIUS	JTDKB20UX93542753	AXF-9630	2024/08/08
Cab 25	2008	TOYOTA	PRIUS	JTDKB20U983431058	AXF9614	2024/06/25
Cab 26	2007	TOYOTA	PRIUS	JTDKB20U977666440	ALE-4113	2021/09/07
Cab 27	2008	TOYOTA	PRIUS	JTDKB20U283312719	AJD2440	2020/12/20
Cab 28	2005	TOYOTA	PRIUS	JTDKB20U853046148	567-ZZA	2019/04/16
Cab 29	2008	TOYOTA	PRIUS	JTDKB20UX83319109	ALC6737	2021/04/22
Cab 31	2008	TOYOTA	PRIUS	JTDKB20U683303764	AGN-6704	2020/02/07
Cab 34	2008	TOYOTA	PRIUS	JTDKB20U987804267	AYF-4966	2024/08/08
Cab 35	2012	Toyota	Prius V	JTDZN3EU0C3155673	403-zza	2022/09/08
Cab 36	2007	TOYOTA	PRIUS	JTDKB20U777572055	AGS-1188	2021/02/15
Cab 40	2009	TOYOTA	SIENNA	5TDZK23CX9S237348	225-YXM	2019/09/11
Cab 42	2010	TOYOTA	PRIUS	JTDKN3DU6A0136286	AGS-1097	2019/12/19
Cab 44	2005	Toyota	Sienna	5TDBA22C05S040527	AUN-7741	2023/10/18
Cab 45	2004	Toyota	Sienna	5tdza23c64s033724	AUN-7838	2023/10/18
Cab 46	2011	TOYOTA	SIENNA	5TDXK3DC3BS067173	AVV-3698	2024/06/25
Cab 47	2010	TOYOTA	SIENNA	5TDKK4CC6AS342180	AUG-6984	2018/06/18
Cab 48	2007	TOYOTA	SIENNA	5TDZK23CX7S029337	434-JNZ	2018/11/20

Cab 50	2009	TOYOTA	SIENNA	5TDZK23CX9S281348	AGL-3567	2020/03/09
Cab 51	2006	TOYOTA	Sienna	5TDBA23C66S056246	ASR-2224	2024/06/25
Cab 52	2006	TOYOTA	PRIUS	JTDKB20U467071834	AGX-5464	2021/02/15
Cab 53	2009	TOYOTA	SIENNA	5TDZK23C49S265209	AVF-5293	2024/01/11
Cab 55	2008	TOYOTA	PRIUS	JTDKB20UX83386034	568-ZZA	2021/02/18
Cab 56	2007	TOYOTA	PRIUS	JTDKB20U677599425	ASR-1950	2023/08/04
Cab 57	2007	TOYOTA	SIENNA	5TDZK23C08S148757	AVF - 5438	2023/07/15
Cab 60	2013	TOYOTA	SIENNA ATS	5TDZK3DC8DS348297	AML-9098	2021/07/26
Cab 61	2010	Chrysler	Town & Country ATS	2A4RR5D10AR300362	AVV-3730	2024/01/11
Cab 62	2002	CHEVY	VENTURE ATS	1GNDX03E62D264962	AGN-1505	2020/02/07
Cab 63	2024	Toyota	Sienna ATS	5TDKRKEC0RS207351	AYZ-8958	2025/01/09
Cab 64	2024	Toyota	Sienna ATS	5TDKRKEC8RS196874	AYZ-8994	2025/01/09
Cab 65	2024	Toyota	Sienna	5TDKRKEC3RS189024	AYZ-8972	2025/01/09
Cab 66	2012	TOYOTA	SIENNA ATS	5TDKA3DC2CS012664	AXR-8793	2024/06/28
Cab 67	2014	Dodge	Grand Caravan (ATS)	2C4RDGBG4ER296703	AXH-5840	2024/12/23
Cab 69	2013	TOYOTA	SIENNA	5TDKK3DC9DS355308	AVV-3857	2024/06/25
Cab 70	2010	TOYOTA	SIENNA	5TDYK4CC6AS293766	AVV-3859	2024/08/01
Cab 71	2011	TOYOTA	SIENNA	5TDKK3DC2BS136946	AVV-3770	2024/06/28
Cab 76	2014	TOYOTA	SIENNA ATS	5TDKK3DC1ES451581	370-ZZA	2018/10/17
Cab 79	2014	TOYOTA	PRIUS V	JTDZN3EU8EJ003185	avh-8767	2023/10/18
Cab 85 (DCATS)	2024	Chrysler	Pacifica ATS	2C4RC1GXPR617077		in Setup
cab 86 (DCATS)	2024	Chrysler	Pacifica	2C4RC1FG0RR159662	AYX-5958	in Setup
Cab 87 (DCATS)	2024	Chrysler	Pacifica	2C4RC1FG4RR126017	AYX-5957	in Setup



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/27/2025

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 Coverra Insurance Services, Inc. 3803 Creekside Lane Holmen WI 54636	CONTACT NAME: Pam Andre	FAX (A/C, No): 608-519-2818	
	PHONE (A/C, No, Ext): 608-526-2127	E-MAIL ADDRESS: pandre@coverrainurance.com	
INSURED Union Cab of Madison Cooperative PO Box 8305 Madison WI 53708	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: West Bend Insurance Company		
	INSURER B: Integrity Group		
	INSURER C: Berkshire Hathaway Homestate Companies-		
	INSURER D: Kinsale Insurance Company		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 1416235104 **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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		CPP2676644	7/1/2024	7/1/2025	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 \$
B C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		CA 2083445 02APM049034-01	7/1/2024 7/1/2024	7/1/2025 7/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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 N	N/A	2124521	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	General Liability & Abuse Abuse & Molestation Limit			0100311494	7/1/2024	7/1/2025	1,000,000 50,000 3,000,000 \$150,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Madison, its officers, officials, and employees are additional insureds on the general liability and automobile policies with 30 day notice of cancellation to the City Clerk, City of Madison WI

CERTIFICATE HOLDER

CANCELLATION

City of Madison
210 Martin Luther King Jr Blvd
Madison WI 53708

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

Pam Andre

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