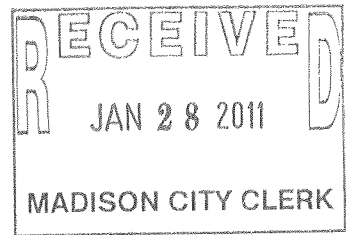


Taxicab License Application

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 Karl J. Schulte Home Phone # 608-256-2774
Home Address 1427-1/2 Williamson Street; Madison, WI

2. Company Name Union Cab of Madison Cooperative
Business Address 2458 Pennsylvania Avenue; Madison, WI
Business Telephone Number 608-242-2010

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

Flate Rate _____	Number of Vehicles _____
Zone _____	Number of Vehicles _____
Meter <u>XXXXX</u>	Number of Vehicles <u>71</u>
Airport Shuttle _____	Number of Vehicles _____

Total number of vehicles proposed to be operated 71

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

Yellow body with black lettering, and

checkerboard (yellow and black) striping.

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

(attached)

6. Name of Insurance Company Markel Insurance Company
Business Address 4600 Cox Road; Glen Allen, VA
Business Telephone Number 804-527-2700

7. Name of Insurance Agent HNI Risk Services, Inc.
Business Address 16805 W. Cleveland Avenue; New Berlin, WI
Business Telephone Number 262-782-3940

8. Is applicant a corporation? XXXXX Yes No

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

Name	Address
<u> </u> (attached)	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

9. Is applicant a partnership? Yes XXXXX No

If yes, give names and address of all partners:

Name	Address
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

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
DMB Bank	321 N. Main Street; DeForest, WI 53532			
(All vehicles collectively provide security on all notes.)				

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?

XXXXX Yes No

Subscribed and sworn before me
this 28th day of January, 2011.

J.A. Pearsall Geiger
Notary Public
My Commission Expires 8/11/2013



Applicant's Signature

J.A. Pearsall Geiger
Notary Public
State of Wisconsin

UNION CAB OF MADISON COOPERATIVE BOARD OF DIRECTORS
List of Directors and Officers
2010-2011 Board Session

Directors of the Cooperative

Each director normally serves a 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:

Brice Clifton	1842 Helena St	Madison, WI 53704	608-244-2883
Harold Hanson	18 Jacobs Ct	Madison, WI 53711	608-271-6839
Brian Hill	1111 Williamson St #2	Madison, WI 53703	608-212-7152
Peter Hollister	3797 Grouse Haven Rd	Oregon, WI 53575	608-455-7600
Scott McCormick	2617 E Johnson St	Madison, WI 53704	608-249-0171
Jason Newbury	4422 Rigney Ln	Madison, WI 53704	608-345-8865
Catherine Schachter	5241 Irish Ln	Madison, WI 53711	608-234-1795
Larry Sharp	446 N Sherman Rd	Madison, WI 53704	608-347-0087
James Wold	2845 Hoard St	Madison, WI 53704	608-246-8451

Alternate Directors of the Cooperative

Each alternate director is elected annually and normally serves a one-year Board term.

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

Kelly Burgette	2518 Coolidge St	Madison, WI 53704	608-577-7069
Frank Mattingly	2832 Myrtle St	Madison, WI 53704	608-244-5985
Jon Burgette	14 Sherman Ter #2	Madison, WI 53704	608-772-0759

Officers of the Cooperative

The officers of the Cooperative are selected by the Board annually.

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

President Harold Hanson	18 Jacobs Ct	Madison, WI 53711	608-271-6839
Vice Pres Brian Hill	1111 Williamson St #2	Madison, WI 53703	608-212-7152
Secretary Martha Kemble	201 N 6th St	Madison, WI 53704	608-467-8460
Treasurer Peter Hollister	3797 Grouse Haven Rd	Oregon, WI 53575	608-455-7600

Board Calendar

The Board of Directors meets and conducts business at 2458 Pennsylvania Avenue, Madison, WI at least monthly. Meetings are regularly held at 12:15 a.m. on the second and fourth Tuesday of each month.



Certificate of Authority State of Wisconsin

Office of the Commissioner of Insurance
P.O. Box 7873
Madison, Wisconsin 53707-7873

Certificate No. 785-38970

Date Issued 01/01/95

This Is To Certify, That pursuant to the Insurance Laws of the state of Wisconsin,

Markel Insurance Company
Illinois

has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:

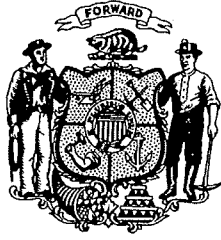
- (2)(a) Fire, inland marine & other property
- (2)(b) Ocean marine insurance
- (2)(c) Casualty disability insurance
- (2)(d) Liability & nonauto medical insurance
- (2)(e) Auto and aircraft insurance
- (2)(f) Fidelity insurance
- (2)(g) Surety insurance
- (2)(j) Credit insurance
- (2)(k) Workers compensation insurance
- (2)(l) Legal insurance
- (2)(m) Credit unemployment insurance
- (2)(n) Miscellaneous insurance

subject to the following limitations:

None

in the state of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is in full compliance with all, and not in violation of any, of the the applicable laws and lawful requirements made under authority of the laws of the state of Wisconsin.

Josephine W. Nusser
Commissioner of Insurance



State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, Wisconsin 53707-7873

Certification of the Authenticity of Copy of Document on File

The Commissioner of Insurance of the State of Wisconsin certifies that the attached copy of

CERTIFICATE OF AUTHORITY

for Markel Insurance Company

is a true and correct copy of the original now on file with the Office of the Commissioner of Insurance.

Dated at Madison, Wisconsin, this 30th day of January, 2007.

A handwritten signature in black ink, appearing to be "A. J. B.", written over a horizontal line.

Commissioner of Insurance

Vehicle List Schedule A

<u>Fleet Number</u>	<u>Year</u>	<u>Make/Model</u>	<u>St</u>	<u>License</u>	<u>Owner</u>	<u>Vin Number</u>	<u>City Permit</u>	<u>Type</u>	<u>State Reg</u>	<u>Ins.</u>	<u>Meter</u>	<u>Insp.</u>	<u>Mark.</u>	<u>Color</u>	<u>Permit</u>
1	2005	Toyota Prius	WI	396-ZZA	Union Cab	JTDKB20U353066968	01-089821	meter cab							
2	2005	Toyota Prius	WI	383-ZZA	Union Cab	JTDKB20U853053889	02-090839	meter cab							
3	2007	Toyota Prius	WI	361-ZZA	Union Cab	JTDKB20U477684649	03-090889	meter cab							
4	2004	Toyota Prius	WI	375-ZZA	Union Cab	JTDKB20UX40083489	04-091814	meter cab							
7	2005	Ford Crown Vic	WI	382-ZZA	Union Cab	2FAFP71W45X179708	07-076755	meter cab							
8	2003	Ford Crown Vic	WI	594-SHR	Union Cab	2FAFP71WX3X111359	08-002028	meter cab							
9	2003	Ford Crown Vic	WI	983-JVX	Union Cab	2FAFP71W43X205544	09-071399	meter cab							
10	2004	Ford Crown Vic	WI	402-ZZA	Union Cab	2FAFP71W84X169973	10-071400	meter cab							
11	2003	Ford Crown Vic	WI	358-ZZA	Union Cab	2FAFP71W13X198858	11-029177	meter cab							
12	2003	Ford Crown Vic	WI	372-ZZA	Union Cab	2FAFP71W33X114099	12-028893	meter cab							
13	2003	Ford Crown Vic	WI	384-ZZA	Union Cab	2FAHP71WX3X168542	13-002024	meter cab							
14	2004	Ford Crown Vic	WI	361-KDK	Union Cab	2FAFP71W44X166777	14-028894	meter cab							
15	2003	Ford Crown Vic	WI	367-ZZA	Union Cab	2FAFP71W33X175419	15-028895	meter cab							
16	2004	Ford Crown Vic	WI	268-JRX	Union Cab	2FAFP71WX4X172339	16-028896	meter cab							
17	2005	Ford Crown Vic	WI	366-ZZA	Union Cab	2FAFP71W95X179705	17-017869	meter cab							
18	2005	Ford Crown Vic	WI	267-JRX	Union Cab	2FAFP71W45X179711	18-017891	meter cab							

Vehicle List Schedule A

19	2005	Ford Crown Vic	WI	781-KBL	Union Cab	2FAFP71W15X102763	19-018018	meter cab					
20	2005	Ford Crown Vic	WI	389-ZZA	Union Cab	2FAFP71W85X147215	20-001996	meter cab					
21	2005	Ford Crown Vic	WI	365-ZZA	Union Cab	2FAFP71W35X102764	21-001997	meter cab					
22	2004	Ford Crown Vic	WI	434-JNZ	Union Cab	2FAFP71W34X172344	22-001998	meter cab					
23	2005	Ford Crown Vic	WI	266-JRX	Union Cab	2FAFP71W65X152154	23-001999	meter cab					
24	2003	Ford Crown Vic	WI	983-NTF	Union Cab	2FAFP71W23X111355	24-002000	meter cab					
25	2005	Ford Crown Vic	WI	981-JVX	Union Cab	2FAHP71W85X163830	25-002001	meter cab					
26	2005	Ford Crown Vic	WI	568-ZZA	Union Cab	2FAFP71W15X179715	26-002002	meter cab					
27	2003	Ford Crown Vic	WI	344-LFP	Union Cab	2FAHP71WX3X174681	27-002003	meter cab					
28	2005	Ford Crown Vic	WI	591-SHR	Union Cab	2FAFP71W35X101338	28-002004	meter cab					
29	2004	Ford Crown Vic	WI	984-NTF	Union Cab	2FAFP71WX4X169974	29-002005	meter cab					
30	2003	Ford Crown Vic	WI	360-ZZA	Union Cab	2FAFP71W13X111475	30-002006	meter cab					
31	2005	Ford Crown Vic	WI	410-ZZA	Union Cab	2FAFP71W35X101341	31-002007	meter cab					
32	2005	Ford Crown Vic	WI	407-ZZA	Union Cab	2FAFP71W25X174099	32-002008	meter cab					
33	2005	Ford Crown Vic	WI	391-ZZA	Union Cab	2FAFP71W65X179713	33-002009	meter cab					
34	2004	Ford Crown Vic	WI	392-ZZA	Union Cab	2FAFP71W24X166714	34-002010	meter cab					
35	2004	Ford Crown Vic	WI	592-SHR	Union Cab	2FAFP71W84X176227	35-002011	meter cab					
36	2006	Ford Crown Vic	WI	380-ZZA	Union Cab	2FAFP71WX6X100897	36-002012	meter cab					
37	2004	Ford Crown Vic	WI	369-ZZA	Union Cab	2FAFP71WX4X166749	37-002013	meter cab					

Vehicle List Schedule A

38	2005	Ford Crown Vic	WI	699-SME	Union Cab	2FAFP71W45X177893	38-002014	meter cab					
39	2001	Ford Crown Vic	WI	393-ZZA	Union Cab	2FAFP71W11X165405	39-002015	meter cab					
40	2004	Ford Crown Vic	WI	698-SME	Union Cab	2FAFP71W24X166776	40-002016	meter cab					
41	2003	DODGE CARAVAN	WI	398-ZZA	Union Cab	1D4GP24303B202262	41-002017	meter cab					
42	2004	DODGE CARAVAN	WI	590-SHR	Union Cab	1D4GP24R04B598490	42-002018	meter cab					
43	2003	DODGE CARAVAN	WI	890-MUJ	Union Cab	1D4GP24303B280413	43-002019	meter cab					
44	2003	DODGE CARAVAN	WI	371-ZZA	Union Cab	2D4GP44383R168892	44-002020	meter cab					
45	2003	DODGE CARAVAN	WI	399-ZZA	Union Cab	1D4GP24RX3B326950	45-002021	meter cab					
46	2002	DODGE CARAVAN	WI	632-ZZA	Union Cab	1B8GP24372B605887	46-002022	meter cab					
47	2003	DODGE CARAVAN	WI	783-KBL	Union Cab	1D4GP24393B229220	47-002023	meter cab					
48	2003	DODGE CARAVAN	WI	265-PKS	Union Cab	1D4GP24323B280428	48-080002	meter cab					
49	2005	Ford Crown Vic	WI	381-ZZA	Union Cab	2FAFP71W65X177894	49-002025	meter cab					
50	2001	DODGE CARAVAN	WI	593-SHR	Union Cab	2B4GP443X1R342291	50-002026	meter cab					
51	2004	CHRYSLER TOWN & COUNTRY	WI	370-ZZA	Union Cab	2C4GP44R44R577510	51-002027	meter cab					
52	2003	Ford Crown Vic	WI	404-ZZA	Union Cab	2FAFP71W03X114092	52-071398	meter cab					
53	2003	Ford Crown Vic	WI	387-ZZA	Union Cab	2FAHP71W03X168954	53-002029	meter cab					
54	2006	DODGE CARAVAN	WI	377-ZZA	Union Cab	1D4GP24R46B715913	54-002030	meter cab					
55	2002	Ford Crown Vic	WI	984-JVX	Union Cab	2FAFP71W82X158808	55-002031	meter cab					
56	2005	Ford Crown Vic	WI	406-ZZA	Union Cab	2FAFP71W95X147210	56-002032	meter cab					

City of Madison -- Taxicab Rate Change

METER RATES

In Town

"DROP" Distance	<u>1/8</u>	MI	"DROP" Charge \$	<u>3.50</u>
Additional Distance	<u>1/8</u>	MI	Additional Charge \$	<u>0.30</u>
Wait Time	<u>30</u>	Seconds	Wait Charge \$	<u>0.30</u>

Out of Town

"DROP" Distance	<u>1/8</u>	MI	"DROP" Charge \$	<u>3.50</u>
Additional Distance	<u>1/8</u>	MI	Additional Charge \$	<u>0.30</u>
Wait Time	<u>30</u>	Seconds	Wait Charge \$	<u>0.30</u>

VAN RATES (LARGE PARTY—6 OR MORE PASSENGERS)

In Town

"DROP" Distance	<u>1/8</u>	MI	"DROP" Charge \$	<u>3.50</u>
Additional Distance	<u>1/8</u>	MI	Additional Charge \$	<u>3.50</u>
Wait Time	<u>30</u>	Seconds	Wait Charge \$	<u>0.30</u>

Out of Town

"DROP" Distance	<u>1/8</u>	MI	"DROP" Charge \$	<u>3.50</u>
Additional Distance	<u>1/8</u>	MI	Additional Charge \$	<u>0.30</u>
Wait Time	<u>30</u>	Seconds	Wait Charge \$	<u>0.30</u>

ZONE RATES

First Zone Charge \$	<u> </u>	Not Applicable		
Additional Zone(s) Charge \$	<u> </u>			
Additional Passenger Charge \$	<u> </u>	(for passengers making the same trip as the first passenger)		
Outer Zone Distance	<u> </u>	MI	Outer Zone Charge \$	<u> </u>
Wait Time	<u> </u>	Seconds	Wait Charge \$	<u> </u>

FLAT RATES

"DROP" Distance	<u> </u>	MI	Not Applicable
Single Passenger "DROP" Charge \$	<u> </u>	Additional Passenger "DROP" Charge \$	<u> </u>
Additional Distance	<u> </u>	MI	
Single Passenger "DROP" Charge \$	<u> </u>	Additional Passenger "DROP" Charge \$	<u> </u>

LIMOUSINE RATES

Zone 1 Charge \$ <u>7.00</u> per passenger	Zone 6 Charge \$ <u>21.00</u> per passenger
Zone 2 Charge \$ <u>11.00</u> per passenger	Zone 7 Charge \$ <u>24.00</u> per passenger
Zone 3 Charge \$ <u>14.00</u> per passenger	Zone 8 Charge \$ <u>27.00</u> per passenger
Zone 4 Charge \$ <u>16.00</u> per passenger	Zone 9 Charge \$ <u>29.00</u> per passenger
Zone 5 Charge \$ <u>18.00</u> per passenger	

HOURLY RATE

\$ 45.00 per hour

RATES FOR OTHER SERVICES

Personal Baggage: First two articles Free
Additional articles \$ 1.00 each (except trunks and footlockers)
Groceries Carried to Door: First two bags Free
Additional bags \$ 0.50
Trunks and Footlockers: \$ 4.00 each
Aids to Handicapped People: Free

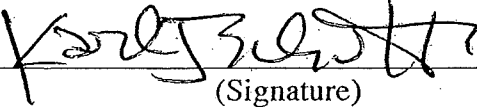
*** CLEANING FEE: \$50.00

AIRPORT FEE

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

Company: Union Cab of Madison Cooperative

Proposed Effective Date: August 11, 2008

Submitted by:  July 10, 2008
(Signature)

Karl J. Schulte, General Manager
(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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/26/2011

PRODUCER HNI Risk Services, Inc. PO Box 510187 New Berlin WI 53151 Phone: 262-782-3940 Fax: 262-782-4198	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Union Cab of Madison P.O. Box 8305 Madison WI 53708-8305	INSURERS AFFORDING COVERAGE INSURER A: Markel Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$								
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	10CAB1436	12/08/10	12/08/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATU-TORY LIMITS</td> <td style="width: 50%;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
	OTHER												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

See attached schedule.

CERTIFICATE HOLDER

CANCELLATION

City Clerk of Madison 210 Martin Luther King Dr. Room 103 Madison WI 53703	Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.
	AUTHORIZED REPRESENTATIVE