

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 Badger Bus Lines, Inc. Home Phone # (608) 255-1511
Home Address 5501 Femrite Drive, Madison, Wisconsin 53718

2. Company Name Badger Bus Lines, Inc.
Business Address 5501 Femrite Drive, Madison, Wisconsin 53718
Business Telephone Number (608) 255-1511

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

Flate Rate _____	Number of Vehicles _____
Zone _____	Number of Vehicles _____
Meter _____	Number of Vehicles _____
Airport Shuttle _____	Number of Vehicles _____

Total number of vehicles proposed to be operated _____

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

White with black and red lettering.

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

For our "Metro" routes, we charge \$3.00 for non-peak and \$4.00 for peak time periods.

Our rates are determined by Madison Metro

6. Name of Insurance Company Republic-Franklin Insurance Company (Utica National Insurance: CPP3607984)

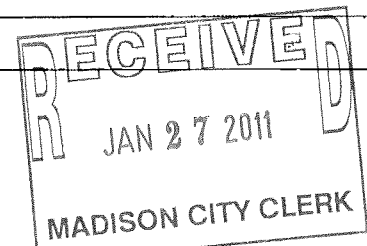
Business Address PO Box 29906, Columbus, OH 43229

Business Telephone Number (800) 273-0655

7. Name of Insurance Agent Mortenson Matzelle and Meldrum

Business Address PO Box 8950, Madison, WI 53708-8950

Business Telephone Number (608)273-0655



8. Is applicant a corporation? Yes No

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

Name	Address

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?

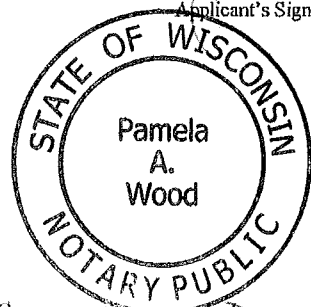
Yes No

Subscribed and sworn before me

this 25 day of January, 2011.

Pamela A Wood
Notary Public
My Commission Expires 12/9/2012

John R. [Signature]
Applicant's Signature



County of Dane

Taxicab Filing Affidavit

State of Wisconsin)
)
County of Dane)

John Meier, being first duly sworn on oath, deposes and says:

1. That the affiant owns X, operates _____, or manages _____ a taxicab business in the City of Madison, doing business as Badger Bus Lines, Inc.

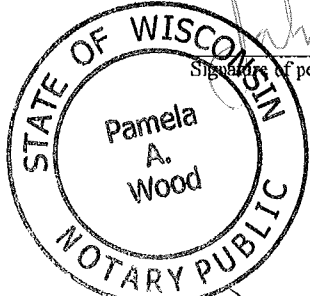
2. That as of the date of this Affidavit, (Company Name) Badger Bus Lines, Inc., (Address) 5501 Femrite Drive, Madison, WI 53718, Madison, Wisconsin, doing business as Badger Bus Lines, Inc., was the owner of the vehicles listed on Schedule A shown on the reverse side of this Affidavit and incorporated 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.
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 25 day of January, 2011.
Pamela A Wood
Notary Public
My Commission Expires 12/9/2012

John R. Meier
Signature of person signing Affidavit under oath

County of Dane

VANS

	Badger Fleet #	Badger Dept	VIN #	Year/Body/Chassis	License #	Pass Capacity
1	642	MSN Metro	1FDWE35L01HB71782	2001/Ford/E-350/w chair	HSV 388ZYC	4/2 lift
2	647	MSN Metro	1FDWE35L96HA92926	2006/Diamond/F-100	HSV 981ZYD	6/3 lift
3	648	MSN Metro	1FDWE35L36HA92923	2006/Diamond/F-100	HSV 979ZYD	6/3 lift
4	649	MSN Metro	1FDWE35L06HA92927	2006/Diamond/F-100	HSV 985ZYD	6/3 lift
5	661	LTA	1FTSS34L56DA92121	2006/Braun/Ford Transit Van	HSV 605ZYE	10/3 lift
6	662	LTA	1FTSS34L56DA96041	2006/Braun/Ford Transit Van	HSV 604ZYE	10/3 lift
7	663	LTA	1FTSS34L26DA96045	2006/Braun/Ford Transit Van	HSV 606ZYE	10/3 lift
8	664	LTA	1FTSS34L96DA62166	2006/Braun/Ford Transit Van	HSV 603ZYE	10/3 lift
9	665	LTA	1FDWE35L76DA31890	2006/Ford/Diamond 2000	HSV 607ZYE	8/5 lift
10	666	LTA	1FDWE35L96DA31888	2006/Ford/Diamond 2000	HSV 600ZYE	8/5 lift
11	667	LTA	1FDWE35L76DA31887	2006/Ford/Diamond 2000	HSV 601ZYE	8/5 lift
12	668	LTA	1FDWE35L16DA28287	2006/Ford/Diamond 2000	HSV 602ZYE	8/5 lift
13	669	LTA	1FDWE35L85H00612	2005/Ford/Diamond 2000	914LMS	8/4 lift
14	676	MSN Metro	1FDKE30G7THA65406	1996/Ford/E350	770 MNL	8/3 lift
15	678	LTA	1FDJE30L4VHC06184	1997/Ford/E350	422MMT	4/3 lift
16	680	LTA	1GHDX03E51D191679	2001/Olds/Silhouette	186LTC	7
17	681	LTA	2FMZA5146YBA51621	2000 Ford Windstar	355NCT	7
18	682	MSN Metro	1FDXE45S02HA36000	2002/Ford/E-450 Van	FP4168	4/5 lift
19	683	MSN Metro	1FDXE40F6XHB57292	1999/Ford/E-450	FP4173	4/4 lift
20	684	LTA	2FMZA51634BB20914	2004/Ford/Freestar Van	115NRR	7
21	685	LTA	2FMZA52254BB17606	2004/Ford/Windstar Van	158NVJ	7
22	686	LTA	2FMZA51645BA68484	2005/Ford/Windstar Van	176NSU	7
23	687	MSN Metro	1FDWE35F73HA47957	2003/Ford/E350	337NXN	6/3 lift
24	688	LTA	2FMZA51463BB13694	2003/Ford/Windstar	489NWZ	7
25	689	LTA	2FMZA5147YBA41976	2000/Ford/Windstar	499NWZ	7
26	690	LTA	1GNV03L25D259038	2005/Chev/Uplander	964NWN	7
27	691	MSN Metro	2FMZA5147WBB61431	1998/Ford/Windstar	765NTF	3/1 lift
28	692	MSN Metro	1GBHG31F911244524	2001/Chev/Express Van	547NZF	4/2 lift
29	693	MSN Metro	1FDXE40S2XHB69503	1999/Ford/E-450	896PKS	8/4 lift
30	694	MSN Metro	1FDWE35L32HB71289	2002/Ford/E-350	897PKS	6/3 lift
31	695	MSN Metro	1FDWE45F92HB00162	2002/Ford/E-450 Econoline	528 PDU	6/3 lift
32	696	MSN Metro	1FDXE45F73HB77389	2003/Ford/E-450 Econoline	529 PDU	6/3 lift
33	697	MSN Metro	1FDSE30L7XHB67095	1999/Ford/E-350	427 PEL	4/3 lift
34	698	MSN Metro	1FDSE30L0XHB84272	1999/Ford/E-350	428 PEL	4/3 lift
35	699	LTA	2FMZA50443BB36084	2003/Ford/Windstar Van	296 PMD	7
36	700	LTA	1GNV03E13D211393	2003/Chev/Venture	297 PMD	7
37	702	MSN Metro	1FDSE30L3XHC15224	1999/Ford/E-350	710PKS	6/3 lift
38	703	MSN Metro	1FDXE45S63HB43618	2003/Ford/E-450	711PKS	6/3 lift
39	704	MSN Metro	1FDJE30L4VHB88219	1997/Ford/E-350 Econoline	110RHR	6/3 lift
40	709	LTA	1FDXE45S3HA16337	2003/Ford E-450 GOSHEN	470RYY	10/3 lift
41	710	LTA	1FDXE45S43HA16348	2003/Ford E-450 GOSHEN	469RYY	10/3 lift
42	711	LTA	1FDXE45S63HA74512	2003/Ford E-450 GOSHEN	468RYY	10/3 lift
43	712	LTA	1FDXE45S93HB23668	2003/Ford E-450 GOSHEN	409RYY	6/3 lift
44	713	LTA	1FDXE45S73HB23670	2003/Ford E-450 GOSHEN	408RYY	6/3 lift
45	714	MSN Metro	1FDWE35S81HA78581	2001/Ford E-350	164SHN	6/3 lift
46	715	MSN Metro	1FDXE45S63HB84993	2003/Ford E-450	163SHN	6/3 lift
47	717	LTA	2FMZA51443BA62082	2003/Ford Windstar Van	704SBR	7

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 _____ 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 # _____
403 Para-Transit Operating
405 Public Passenger Vehicle/Pedal Cab
406 Horse-Drawn Vehicle
408 Pedal Cab Service



Certificate of Authority State of Wisconsin

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

Certificate No. 00012221

Date Issued: 05-30-1997

License Chapter: 618 Wis. Stat.

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

Republic-Franklin Insurance Company
Ohio

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, and other property insurance
- (2) (B) Ocean marine insurance
- (2) (D) Liability and incidental medical expense insurance
- (2) (E) Automobile and aircraft insurance
- (2) (F) Fidelity insurance
- (2) (G) Surety insurance
- (2) (K) Worker's compensation insurance
- (2) (N) Miscellaneous

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. Tusser
Commissioner of Insurance

PRODUCER M3 Insurance Solutions, Inc. P.O. Box 8950 Madison WI 53708-8950 Phone: 608-273-0655 Fax: 608-273-1725	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Badger Bus Lines, Inc. 5501 Femrite Drive Madison WI 53718	INSURER A: Utica National Insurance	
	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 INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	CPP3607984	01/01/11	01/01/12	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 1,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
A	AUTOMOBILE LIABILITY	CPP3607984	01/01/11	01/01/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
A	EXCESS/UMBRELLA LIABILITY	CULP4256496	01/13/11	01/01/12	EACH OCCURRENCE	\$ 4,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 4,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$10,000					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
	OTHER				E.L. DISEASE - POLICY LIMIT	\$

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

The City of Madison is named as additional insured with respect to work performed by the Named Insured under the following contract - Paratransit Service - Madison Metro Transit, contract # RFP 7757. 10 day notice of cancellation for non-payment of premium. 30 Day cancellation for all other reasons.

CERTIFICATE HOLDER

City of Madison
 City Risk Management
 406 City County Building
 Madison WI 53710

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

A J C

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.