

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 GREGORY P. MORRISON Home Phone # 836-3594
Home Address 710 HIDDEN CAVE RD. MADISON, WI 53717

2. Company Name TRANSIT SOLUTIONS, INC.
Business Address 173 E. BADGER RD. MADISON, WI 53713
Business Telephone Number 608 294-8747

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

Flat Rate

Number of Vehicles 28

Zone _____

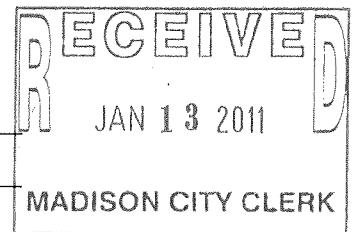
Number of Vehicles _____

Meter _____

Number of Vehicles _____

Airport Shuttle

Number of Vehicles 1



Total number of vehicles proposed to be operated 29

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

WHITE BODY, WHITE WINDOW LETTERING

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

FLAT RATE: \$30⁰⁰ 0-5 MILES
\$ 2⁵⁰ EACH ADDITIONAL MILE

6. Name of Insurance Company NATIONAL INTERSTATE
Business Address 4999 LOUISE DRIVE SUITE 202
Business Telephone Number MECHANICSBURG, PA 17055

7. Name of Insurance Agent MURPHY INSURANCE GROUP - DONNIE HOFFMAN
Business Address 251 PROGRESS WAY WAUNAKEE, WI 53597-2520
Business Telephone Number 608 849-6873

8. Is applicant a corporation? Yes No

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

| Name | Address |
|---------------|---------------------------------------|
| JIM MORTENSON | 6561 WINDING WAY DEFOREST, WI 53532 |
| GREG MORRISON | 710 HIDDEN CAVE RD. MADISON, WI 53717 |
| | |
| | |

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 |
|-----------------------|---------|------------------|----|------------------|
| PLEASE SEE ATTACHMENT | | | | |
| | | | | |
| | | | | |

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?

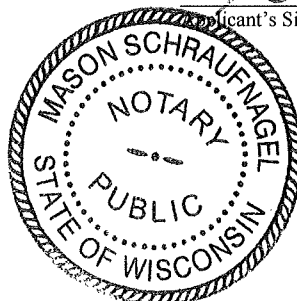
Yes No

Subscribed and sworn before me

this 13th day of JANUARY, 20 11.

[Signature]
 Notary Public
 My Commission Expires 9-9-2012

[Signature]
 Applicant's Signature



10. If any vehicles licensed are mortgaged, give name and address of mortgage, vehicle serial number, amount of mortgage and fulfillment date:

| NAME | ADDRESS | VEHICLE SERIAL # | \$\$ | DUE DATE |
|--------------|-------------------|-------------------|--------|----------|
| Johnson Bank | 5133 East Terrace | 1FDWE35L19DA92026 | 45,480 | JAN 2015 |
| Johnson Bank | 5133 East Terrace | 1FDWE3FL9BDA12704 | 48,263 | JAN 2015 |

VEHICLE LIST - SCHEDULE A

ALL VEHICLES USED FOR PARATRANSIT

TRANSIT SOLUTIONS, INC (TSI)

10-Jan-11

| FLEET # | YEAR | MAKE | LICENSE | SERIAL NUMBER | OWNER | PERMIT # |
|---------|------|---------|---------|-------------------|-------|----------|
| 1 | 2002 | CHRYSLR | 845 JPD | 1C8GJ2583B610213 | TSI | 342 |
| 2 | 2003 | DODGE | 296 MVM | 2D4GP44343R281450 | TSI | 323 |
| 3 | 2005 | FORD | 919 KGL | 1FTNE24L35HA38970 | TSI | 324 |
| 4 | 2006 | DODGE | 470 NUL | 1D4GP24R26B590118 | TSI | 320 |
| 5 | 2007 | DODGE | 217 RPU | 1D8GP24R47B164866 | TSI | 338 |
| 6 | 2008 | DODGE | 565 SCX | 1D8HN44H18B145934 | TSI | 330 |
| 7 | 2007 | FORD | 634 MGX | 1FTSS34L37DA83547 | TSI | 345 |
| 8 | 2001 | DODGE | 951 JLY | 2B4GP44371R357511 | TSI | 334 |
| 9 | 2007 | DODGE | 402 RKG | 1D8GP24R87B164871 | TSI | 344 |
| 10 | 2009 | FORD | 979 RHF | 1FDW35L29DA92021 | TSI | 339 |
| 11 | 2005 | DODGE | 168 MTH | 1D4GP24R85B204848 | TSI | 326 |
| 12 | 2006 | FORD | 240 KVJ | 1FTNS24LX6HA65237 | TSI | 340 |
| 13 | 2008 | DODGE | 518 MBS | 1D8HN44H38B175887 | TSI | 331 |
| 14 | 2008 | DODGE | 386 SGY | 1D8HN44HO8B181114 | TSI | 332 |
| 15 | 2005 | FORD | 920 KGL | 1FTNE24L15HA38966 | TSI | 322 |
| 16 | 2009 | FORD | 932 RLG | 1FDWE35L19DA92026 | TSI | 335 |
| 17 | 2007 | FORD | 885 LZD | 1FTSS34L87DA73483 | TSI | 336 |
| 18 | 2007 | FORD | 886 LZD | 1FTSS34L17DA73485 | TSI | 341 |
| 19 | 2005 | DODGE | 449 PYB | 1D4GP24RX5B117825 | TSI | 328 |
| 20 | 2003 | DODGE | 173 LWZ | 1D4GP44363B278970 | TSI | 327 |
| 21 | 2005 | FORD | 569 PEB | 1FDWE35L55HA12696 | TSI | 329 |
| 22 | 2007 | DODGE | 724 NRU | 1D4GP24R87B167335 | TSI | 348 |
| 23 | 2003 | DODGE | 770 JXY | 1D8GP24RX3B238981 | TSI | 343 |
| 24 | 2009 | FORD | 883 RBM | 1FTDS34L79DA18860 | TSI | 325 |
| 25 | 2011 | FORD | 931 RLG | 1FDWE3FL9BDA12704 | TSI | 333 |
| 26 | 2007 | CHRYSLR | 606 NPY | 2A4GP44R57R362359 | TSI | 349 |
| 27 | 2003 | CHRYSLR | 774 NNB | 2C4GP44333R214206 | TSI | 337 |
| 28 | 2009 | FORD | 669 PEL | 1FTDS34L09DA18859 | TSI | 346 |
| 29 | 2003 | DODGE | 496 KWX | 2D4GP44333R282153 | TSI | 321 |

PRODUCER Phone: 717-766-7080 Fax: 717-766-7081
NATIONAL INTERSTATE
 4999 LOUISE DRIVE SUITE 202
 MECHANICSBURG PA 17055

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
TRANSIT SOLUTIONS INC
 C/O JIM MORTENSON
 173 E BADGER RD
 MADISON WI 53713

INSURER A: **National Interstate**
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

32620

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 LTR | ADDL INSR | 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. | \$ | | | | | | | | |
| | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | EAL 0000523-00 | 04/20/10 | 04/20/11 | COMBINED SINGLE LIMIT (Ea accident) | \$ 3,000,000 | | | | | | | | |
| | | | | | | 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 EA ACC | \$ | | | | | | | | |
| | | | | | | AUTO ONLY: AGG | \$ | | | | | | | | |
| | | EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE | \$ | | | | | | | | |
| | | | | | | AGGREGATE | \$ | | | | | | | | |
| | | | | | | | \$ | | | | | | | | |
| | | | | | | | \$ | | | | | | | | |
| | | | | | | | \$ | | | | | | | | |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER: | | | | <table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</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 STATUTORY LIMITS | OTHER | E.L. EACH ACCIDENT | \$ | E.L. DISEASE-EA EMPLOYEE | \$ | E.L. DISEASE-POLICY LIMIT | \$ | |
| WC STATUTORY LIMITS | OTHER | | | | | | | | | | | | | | |
| E.L. EACH ACCIDENT | \$ | | | | | | | | | | | | | | |
| E.L. DISEASE-EA EMPLOYEE | \$ | | | | | | | | | | | | | | |
| E.L. DISEASE-POLICY LIMIT | \$ | | | | | | | | | | | | | | |

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

CERTIFICATE HOLDER

CANCELLATION

CITY OF MADISON-CONTROLLERS OFFICE
 210 MARTIN LUTHER KING JR., BLVD. RM 406
 MADISON, WI 53703

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Alan R. Spachman
 Alan R. Spachman

Attention: **ERIC VEUM**

TAXICAB SERVICE SURVEY 2011 (2010 financial and statistical data)

| ITEM | Union Cab | Badger Cab | Madison Taxi | Green Cab | Transit Solutions | Badger Bus |
|-----------------------------------|-----------|------------|--------------|-----------|-------------------|------------|
| MILES | | | | | 950,098 | |
| PASSENGERS | | | | | 119,871 | |
| PASSENGER TRIPS | | | | | 119,871 | |
| REVENUES | | | | | 1,897,801 | |
| TOTAL EXPENSES* | | | | | 1,816,564 | |
| PROFIT (LOSS) | | | | | 81,237 | |
| COMPANY COST PER PASSENGER | | | | | 15.83 | |
| CRASHES | | | | | 2 | |
| CRASHES WHERE DRIVER WAS AT FAULT | | | | | 0 | |
| MILES/CRASH | | | | | 475,049 | |
| CO. COMPLAINTS | | | | | 4 | |
| DOT COMPLAINTS | | | | | 0 | |
| PERMITS REQUESTED | | | | | 29 | |

*Report expenses before earnings distribution to owners and officers

UNION: A METERED CAB OPERATION, OPERATED AS A COOPERATIVE, (EMPLOYEES OWN THE COMPANY)

BADGER CAB: A ZONE CAB (NO METERS), OPERATES AS A LEASED OPERATION, (DRIVERS LEASE VEHICLES, AND PAY A DAILY LEASE RATE), THIS IS A SHARED RIDE SERVICE.

MADISON TAXI: A METERED CAB OPERATION THAT IS PRIVATELY OWNED, SOME LEASED CABS

GREEN CAB of MADISON: A ZONE CAB (NO METERS), OPERATES AS A LEASED OPERATION, (DRIVERS LEASE VEHICLES AND PAY A DAILY LEASE RATE), THIS IS A SHARED RIDE SERVICE. OPERATIONS BEGAN IN SEPTEMBER 2010

*TRANSIT SOLUTIONS: FLAT RATED OPERATION TO TRANSPORT ELDERLY & PEOPLE WITH DISABILITIES. THEY ALSO HAVE LICENSE TO SERVE THE AIRPORT AS A TAXICAB.

*BADGER BUS-- PRIVATELY OWNED FLAT RATED OPERATION FOR MADISON METRO FOR DISABLED PASSENGER

* does not accept demand responsive rides & does not list contract rates

Taxicab Filing Affidavit

State of Wisconsin)
County of Dane)

GREGORY P. MORRISON, being first duly sworn on oath, deposes and says:

1. That the affiant owns X, operates X, or manages _____ a taxicab business in the City of Madison, doing business as TRANSIT SOLUTIONS, INC.

2. That as of the date of this Affidavit, (Company Name) TRANSIT SOLUTIONS, INC.
(Address) 173 E. BADGER RD., Madison, Wisconsin, doing business as TRANSIT SOLUTIONS, INC., was the owner of the vehicles listed on Schedule A shown on the reverse side of this Affidavit and incorporated herein.

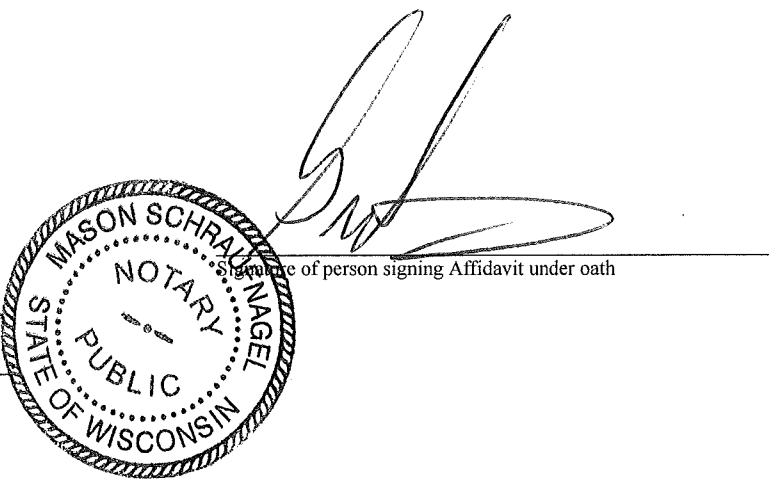
3. That the schedule of fares to be charged in the operation of each of the vehicles listed on Schedule A as taxicab is: (check boxes to indicate which taxicab rates are applicable)

- 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.
- 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 13th day of JANUARY, 20 11.

[Signature]
Notary Public
My Commission Expires 9-9-2012



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 0-5 MI
Single Passenger "DROP" Charge \$ 30⁰⁰ Additional Passenger "DROP" Charge \$ _____
Additional Distance \$ 2⁵⁰ MI
Single Passenger "DROP" Charge \$ _____ Additional Passenger "DROP" Charge \$ _____

LIMOUSINE RATES

| | |
|--|--|
| Zone 1 Charge \$ <u>17</u> per passenger | Zone 6 Charge \$ <u>36</u> per passenger |
| Zone 2 Charge \$ <u>21</u> per passenger | Zone 7 Charge \$ <u>39</u> per passenger |
| Zone 3 Charge \$ <u>24</u> per passenger | Zone 8 Charge \$ <u>42</u> per passenger |
| Zone 4 Charge \$ <u>26</u> per passenger | Zone 9 Charge \$ <u>47</u> per passenger |
| Zone 5 Charge \$ <u>31</u> per passenger | |

HOURLY RATE

\$ 68⁰⁰ 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

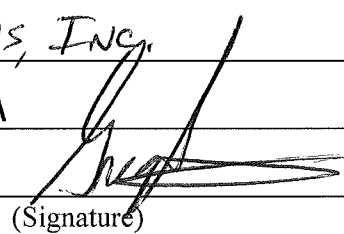
Aids to Handicapped People: Free

AIRPORT FEE

\$ 1⁰⁰ per vehicle (may not exceed the fee imposed by Dane County)

Company: TRANSIT SOLUTIONS, INC.

Proposed Effective Date: 07-01-11

Submitted by: 
(Signature)

GREGORY P. MORRISON
(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 # <u> </u> |
| 403 Para-Transit Operating |
| 405 Public Passenger Vehicle/Pedal Cab |
| 406 Horse-Drawn Vehicle |
| 408 Pedal Cab Service |