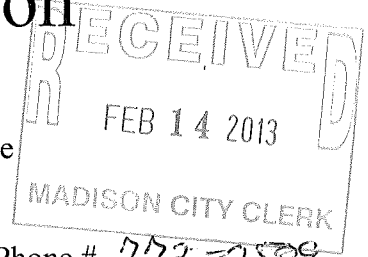


Taxicab License Application

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 JOHN A. McNAMARA Home Phone # 772-0509
Home Address 430 CAJ WELLS ST #A MADISON, WI 53703

2. Company Name UNION CAB OF MADISON COOPERATIVE
Business Address 2458 PENNSYLVANIA AVENUE
Business Telephone Number 608 242 2000

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

Flate Rate _____	Number of Vehicles _____
Zone _____	Number of Vehicles _____
Meter <u>X</u>	Number of Vehicles <u>73</u>
Airport Shuttle _____	Number of Vehicles _____

Total number of vehicles proposed to be operated 73

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

Yellow body, black lettering, checkerboard stripe

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

Initial drop \$3.50 first 1/8 mile | We will use a meter
each addl mile 30¢ per 1/8 mile
Time not in motion 30¢ per 30 seconds

6. Name of Insurance Company Metkeel Insurance (CIRC Insurance Services)
Business Address P.O. Box 922848, Norcross, GA 30092
Business Telephone Number 800-362-7535

7. Name of Insurance Agent HNI RISK SERVICES, INC.
Business Address P.O. Box 510187, New Berlin, WI 53157
Business Telephone Number 262-782-3940

8. Is applicant a corporation? Yes No

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

Name	Address
<i>R see attached</i>	
<i>Union Cab of Madison Corp</i>	<i>2458 Pennsylvania Ave Madison, WI 53204</i>

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
<i>BMD Community Bank</i>	<i>321 North Main Street De Forest, WI 53532</i>	<i>see list</i>	<i>252,127.36</i>	<i>12/22/2016</i>

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

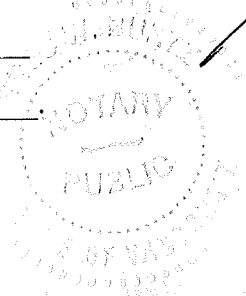
Subscribed and sworn before me

this *12th* day of *February*, 20 *13*.

[Signature]
Notary Public

My Commission Expires *3/10/2013*

[Signature]
Applicant's Signature





A Worker Cooperative

P.O. Box 8305 • Madison, Wisconsin • 53708-8305

Telephone (608) 242-2000 • Fax (608) 242-2009

Web: www.unioncab.coop • E-mail: info@unioncab.coop



Board of Directors

Paul Bittorf
President

419 ½ Madison Street, Beaver Dam, WI 53916

Roland Tracy Will
Vice President

5116 Tuggle Lane, Madison, WI 53597

David Lee
Secretary

P.O. Box 413, Wales, WI 53183

Harold Hanson

18 Jacobs Court, Madison, WI 53711

Jason Glomp

1624 Fordem Avenue #205, Madison, WI 53704

DeAnne Pachlhofer

120 South Blair Street, Madison, WI 53703

Rebecca Wheeler

122 ½ North Sixth Street, Madison, WI 53704

Larry Sharp

446 North Sherman Avenue, Madison, WI 53704

Jenifer Horne

1459 East Main Street, Madison, WI 53704



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Vehicles under mortgage to DMB Community Bank

VIN	Make	Model	Year
JTDKB20U753057979	TOYOTA	PRIUS	2005
JTDKB20U053079774	TOYOTA	PRIUS	2005
JTDKB20U873229309	TOYOTA	PRIUS	2007
JTDKB20U353102075	TOYOTA	PRIUS	2005
JTDKB20U040013466	TOYOTA	PRIUS	2004
JTDKB20U850129113	TOYOTA	PRIUS	2005
JTDKB20U140106724	TOYOTA	PRIUS	2004
JTDKB20U377588754	TOYOTA	PRIUS	2007
JTDKB20U083309883	TOYOTA	PRIUS	2008
JTDKB20U557037125	TOYOTA	PRIUS	2005
JTDKB20U367061022	TOYOTA	PRIUS	2006
JTDKB20U967541727	TOYOTA	PRIUS	2006
JTDKB20U353103498	TOYOTA	PRIUS	2005
JTDKB20U653078130	TOYOTA	PRIUS	2005
JTDKB20U777598395	TOYOTA	PRIUS	2007
JTDKB20U777642850	TOYOTA	PRIUS	2007
JTDKB20UX53038973	TOYOTA	PRIUS	2005
JTDKB20U457020946	TOYOTA	PRIUS	2005
JTDKB20U540008375	TOYOTA	PRIUS	2004
JTDKB20U353034487	TOYOTA	PRIUS	2005
JTDKB20U263149695	TOYOTA	PRIUS	2006
JTDKB20U153020992	TOYOTA	PRIUS	2005
JTDKB20U963169782	TOYOTA	PRIUS	2006
JTDKB20U767080723	TOYOTA	PRIUS	2006
JTDKB20U967512776	TOYOTA	PRIUS	2006
JTDKB20UX77671856	TOYOTA	PRIUS	2007
JTDKB20U283449286	TOYOTA	PRIUS	2008
JTDKB20U153101359	TOYOTA	PRIUS	2005
JTDKB20U967070873	TOYOTA	PRIUS	2006
JTDKB20UX57013175	TOYOTA	PRIUS	2005
JTDKB20U087696766	TOYOTA	PRIUS	2008
JTDKB20UX40009778	TOYOTA	PRIUS	2004



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/12/2013

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 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 HNI Risk Services PO Box 510187 New Berlin WI 53151	CONTACT NAME:		
	PHONE (A/C, No, Ext): 262-782-3940	FAX (A/C, No): 262-782-4198	
	E-MAIL ADDRESS: certs@hni.com		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
INSURED Union Cab of Madison Cooperative Inc P.O. Box 8305 Madison WI 53708-8305	INSURER A:	Markel Insurance Company	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

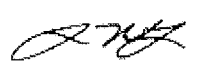
REVISION NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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 - COM/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			11CAB1436	12/08/11	07/01/2013	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 RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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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:

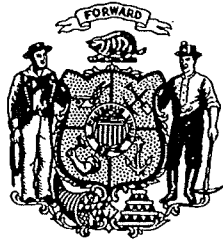
- (2)(a) Fire, inland marine & other property
- (2)(b) Ocean marine insurance
- (2)(c) Casualty disability insurance
- (2)(d) Liability & nonauto medical insurance
- (2)(e) Auto and aircraft insurance
- (2)(f) Fidelity insurance
- (2)(g) Surety insurance
- (2)(j) Credit insurance
- (2)(k) Workers compensation 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, consisting of a stylized first name and a more complex last name.

Commissioner of Insurance

Year	Make	Model	Permit	Title	Union	Vin	Permit	Type
2004	DODGE	CARAVAN	590-SHR	Union Cab	Union Cab	1D4GP24R04B598490	42	Taxi
2003	DODGE	CARAVAN	371-ZZA	Union Cab	Union Cab	2D4GP44383R168892	44	Taxi
2003	DODGE	CARAVAN	399-ZZA	Union Cab	Union Cab	1D4GP24RX3B326950	45	Taxi
2002	DODGE	CARAVAN	632-ZZA	Union Cab	Union Cab	1B8GP24372B605887	46	Taxi
2003	DODGE	CARAVAN	783-KBL	Union Cab	Union Cab	1D4GP24393B229220	47	Taxi
2006		SIENNA	387-ZZA	Union Cab	Union Cab	5TDZA23C86S406510	48	Taxi
2006		SIENNA	392-ZZA	Union Cab	Union Cab	5TDZA23C46S411400	49	Taxi
2001	DODGE	CARAVAN	593-SHR	Union Cab	Union Cab	2B4GP443X1R342291	50	Taxi
2004	CHRYSLER	Town and Cou	370-ZZA	Union Cab	Union Cab	2C4GP44R44R577510	51	Taxi
2005	TOYOTA	PRIUS	404-ZZA	Union Cab	Union Cab	JTDKB20U353102075	52	Taxi
2006		SIENNA	366-ZZA	Union Cab	Union Cab	5TDZA23C46S492317	53	Taxi
2006	DODGE	CARAVAN	377-ZZA	Union Cab	Union Cab	1D4GP24R46B715913	54	Taxi
2004	TOYOTA	PRIUS	393-ZZA	Union Cab	Union Cab	JTDKB20U140106724	55	Taxi
2003	DODGE	CARAVAN	376-ZZA	Union Cab	Union Cab	1D4GP24323B284849	57	Taxi
2005	TOYOTA	PRIUS	434-JNZ	Union Cab	Union Cab	JTDKB20U353034487	58	Taxi
2004	DODGE	CARAVAN	364-ZZA	Union Cab	Union Cab	1D4GP24R14B506030	59	Taxi
2003		CARAVAN	983-NTF	Union Cab	Union Cab	1D4GP24393B205399	60	Taxi
2003		CARAVAN	397-ZZA	Union Cab	Union Cab	1D4GP24373B261504	61	Taxi
2005		CARAVAN	564-ZZA	Union Cab	Union Cab	1D4GP24R85B291845	62	Taxi
2005	DODGE	CARAVAN	395-ZZA	Union Cab	Union Cab	1D4GP24E95B236513	63	Taxi
2009	DODGE	CARAVAN	754-JAX	Union Cab	Union Cab	2D8HN44E69R639652	65	Taxi
2009	DODGE	CARAVAN	756-JAX	Union Cab	Union Cab	2D8HN44E29R639650	66	Taxi
2012	DODGE	CARAVAN	410-ZZA	Union Cab	Union Cab	2C4RDG2CR374117	67	Taxi
2002	DODGE	CARAVAN	403-ZZA	Union Cab	Union Cab	2B4GP44372R742228	68	Taxi
2004		SIENNA	369-ZZA	Union Cab	Union Cab	5TDZA23C94S037928	69	Taxi
2004	CHRYSLER	Town and Cou	433-JNZ	Union Cab	Union Cab	1C4GP44R34B538051	70	Taxi
2005	DODGE	CARAVAN	390-ZZA	Union Cab	Union Cab	2D4GP44L85R158558	71	Taxi
2005	CHRSLER	Town and Cou	265-PKS	Union Cab	Union Cab	2C4GP54L55R101818	72	Taxi
2001	CHRYSLER	Town and Cou	563-ZZA	Union Cab	Union Cab	2C4GP44371R296633	73	Taxi

City of Madison -- Taxicab Rate Schedule

METER RATES

In Town

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

Out of Town

"DROP" Distance 1 mile ~~5.60~~ MI "DROP" Charge \$ 5.60
Additional Distance 2.40 MI Additional Charge \$ 2.40
Wait Time 30 Seconds Wait Charge \$ ~~0.30~~ 0.30

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 \$ 6.00 per passenger Zone 6 Charge \$ 21.00 per passenger
Zone 2 Charge \$ 10.00 per passenger Zone 7 Charge \$ 24.00 per passenger
Zone 3 Charge \$ 13.00 per passenger Zone 8 Charge \$ 27.00 per passenger
Zone 4 Charge \$ 15.00 per passenger Zone 9 Charge \$ 29.00 per passenger
Zone 5 Charge \$ 18.00 per passenger

HOURLY RATE

\$ 45 per hour

RATES FOR OTHER SERVICES

Personal Baggage: First two articles Free
 Additional articles \$ 2.00 each (except trunks and footlockers)

Groceries Carried to Door: First two bags Free
 Additional bags \$ 0.50

Trunks and Footlockers: \$ 2.00 each

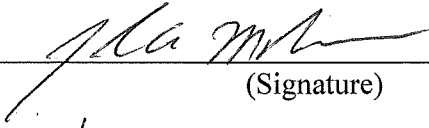
Aids to Handicapped People: Free

AIRPORT FEE

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

Company: UNION CAB OF MADISON COOPERATIVE

Proposed Effective Date: _____

Submitted by: 
 (Signature)

JOHN A. McNAMARA
 (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 LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/19/2013

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 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 HNI Risk Services PO Box 510187 New Berlin WI 53151	CONTACT NAME:		
	PHONE (A/C, No, Ext): 262-782-3940	FAX (A/C, No): 262-782-4198	
	E-MAIL ADDRESS: certs@hni.com		
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Markel Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

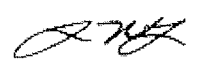
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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 type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	11CAB1436	12/08/11	07/01/2013	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 RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

See attached schedule.

FEB 28 2013

CERTIFICATE HOLDER City Clerk of Madison 210 Martin Luther King Dr. Room 103 Madison WI 53703	CANCELLATION 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 

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Policy #	10CAB1436	HNI Risk Services, Inc.	Changes Key=	Jan-14	Jan-14	
Union Cab of Madison			January	July	13-Feb	
PO Box 8305			February	August		
Madison, WI 53704-0513			March	September		
			April	October		
			May	November		
Policy Period: 12/08/2011 - 07/01/2013			\$1,000,000	\$100/300,000	380-ZZA	
01/28/2012	X	47	2006	Toyota Sienna	5TDZA23C66S438324	381-ZZA
DELETED						
01/04/2012		69	2004	Ford Crown Victoria	2FAFP71W74X169978	
01/04/2012		27	2003	Ford Crown Victoria	2FAHP71WX3X174681	
01/06/2012		15	2003	Ford Crown Victoria	2FAFP71W33X175419	
01/09/2012		22	2004	Ford Crown Victoria	2FAFP71W34X172344	
01/09/2012		16	2004	Ford Crown Victoria	2FAFP71WX4X172339	
01/09/2012		20	2005	Ford Crown Victoria	2FAFP71W85X147215	
01/16/2012		33	2005	Ford Crown Victoria	2FAFP71W85X179713	
01/16/2012		58	2004	Ford Crown Victoria	2FAFP71W54X169963	
01/16/2012		23	2005	Ford Crown Victoria	2FAFP71W65X152154	
01/19/2012		21	2005	Ford Crown Victoria	2FAFP71W35X102764	266-JRX
01/26/2012		49	2005	Ford Crown Victoria	2FAFP71W65X177894	
02/01/2012		26	2005	Ford C/V	2FAFP71W5X179715	568-ZZA
02/08/2012		40	2004	Ford Crown Victoria	2FAFP71W24X166776	
02/09/2012		29	2004	Ford Crown Victoria	2FAFP71WX4X169974	
02/13/2012		67	2005	Ford Crown Victoria	2FAFP71W25X179724	
02/15/2012		9	2003	Ford Crown Victoria	2FAFP71W43X205544	
02/15/2012		36	2006	Ford Crown Victoria	2FAFP71WX6X100897	
02/16/2012		53	2003	Ford Crown Victoria	2FAFP71W05X168954	
02/22/2012		31	2005	Ford Crown Victoria	2FAFP71W5X101049	
03/01/2012		32	2005	Ford C/V	2FAFP71W25X174099	
03/01/2012		25	2005	Ford Crown Victoria	2FAHP71W85X163830	
03/02/2012		35	2004	Ford Crown Victoria	2FAFP71W84X176227	
03/07/2012		37	2004	Ford Crown Victoria	2FAFP71WX4X166749	
03/14/2012		7	2005	Ford Crown Victoria	2FAFP71W45X179708	382-ZZA
03/14/2012		17	2005	Ford Crown Victoria	2FAFP71W95X179705	366-ZZA
06/08/2012	X	64	2003	Dodge Caravan	1D4GP24373B175920	379-ZZA
06/29/2012	X	18	2005	Ford Crown Victoria	2FAFP71W45X179711	
06/29/2012	X	28	2005	Ford Crown Victoria	2FAFP71W35X101338	
06/29/2012	X	36	2006	Ford Crown Victoria	2FAFP71W6X100897	
07/01/2012	X	1	2005	Toyota Prius	JTDKB20U353066968	
07/01/2012	X	2	2005	Toyota Prius	JTDKB20U853053889	
07/01/2012	X	3	2007	Toyota Prius	JDTKB20U47684649	
07/01/2012	X	4	2004	Toyota Prius	Jtdk820UX40083489	375-ZZ
07/01/2012	X	5	2005	Toyota Prius	JTDKB20U753057979	362-ZZA
07/01/2012	X	6	2005	Toyota Prius	JTDKB20U53079774	409-ZZA