

Specialized Transportation Services License Application

Pursuant to Madison General Ordinance 11.06

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

1. Applicant Name Jennifer Hardesty ^{\$1,000/two years + \$35/vehicle} Home Phone # 608-469-3099
Home Address 1732 Chadsworth Dr, Sun Prairie WI 53590

2. Company Name Transit Solutions Inc
Business Address 5315 Paulson Rd #2, McFarland, WI 53558
Business Telephone Number 608-294-8747

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

Flat Rate <input checked="" type="checkbox"/>	Number of Vehicles <u>37</u>
Zone <input type="checkbox"/>	Number of Vehicles <input type="checkbox"/>
Meter <input type="checkbox"/>	Number of Vehicles <input type="checkbox"/>
Airport Shuttle <input type="checkbox"/>	Number of Vehicles <input type="checkbox"/>

Total number of vehicles proposed to be operated

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: \$40.00 0-5 miles
\$ 3.00 each additional mile

6. Name of Insurance Company Integrity Mutual Insurance
Business Address 2121 E. Capitol Dr, Appleton WI 54911
Business Telephone Number 920-734-4511

7. Name of Insurance Agent Michael Disher - Ansary & Associates
Business Address 101 E Grand Ave #11, Port Washington WI 53074
Business Telephone Number 715-814-1614

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	107710 E. Southshore Dr, Pardeeville WI 53954
Jennifer Hardesty	1732 Chadsworth Dr, Sun Prairie WI 53590
Transit Solutions Inc	5315 Paulson Rd #2, McFarland WI 53558

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
	Attached			

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 15 day of April, 20 25.

Ch Pearson
Notary Public

My Commission Expires 9/27/27.

[Signature]
Applicant's Signature



Taxicab Filing Affidavit

State of Wisconsin)
)
County of Dane)

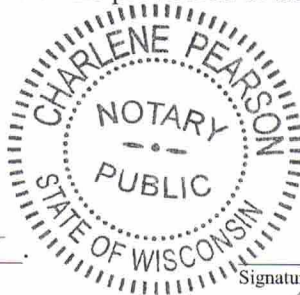
Jennifer Hardesty, being first duly sworn on oath, deposes and says:

1. That the affiant owns X, operates X, or manages X 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) 5315 Paulson Rd #2, McFarland, 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 15 day of April, 2025.

[Signature]
Notary Public
My Commission Expires 9/27/27.



[Signature]
Signature of person signing Affidavit under oath

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 \$ 40.00 Additional Passenger "DROP" Charge \$ 0
Additional Distance 5+ MI
Single Passenger "DROP" Charge \$ \$3.00 Additional Passenger "DROP" Charge \$ 0

LIMOUSINE RATES

Zone 1 Charge \$ _____ per passenger
Zone 2 Charge \$ _____ per passenger
Zone 3 Charge \$ _____ per passenger
Zone 4 Charge \$ _____ per passenger
Zone 5 Charge \$ _____ per passenger
Zone 6 Charge \$ _____ per passenger
Zone 7 Charge \$ _____ per passenger
Zone 8 Charge \$ _____ per passenger
Zone 9 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

FLEET #	YEAR	MAKE	LICENSE	SERIAL NUMBER	Permit	Title Holder
1	2016	DODGE	616 NPY	2C4RDGBG3GR167970	427	
2	2019	DODGE	296 MYM	2C4RDGBG2KR500295	423	Lake Ridge Bank
3	2016	FORD	630XWF	1FBZXC6GKA56590	424	
4	2012	FORD	ATG4585	1FDFF4FS1CDA55190	421	
5	2016	DODGE	AAS2400	2C4RDGCG6GR311851	438	
6	2014	DODGE	AAS2399	2C4RDGCG2ER479032	430	
7	2011	FORD	ATG4668	1FDFF4FS6BDA86787	445	
8	2014	FORD	362 VYX	1FTDS3E1OEDA35492	420	
9	2018	DODGE	ATG4672	2C4RDGBG5JR231823	444	Lake Ridge Bank
10	2013	FORD	ATG4669	1FDEE3FL0DD832714	439	
11	2015	CHRYSLER	AVY4172	2C4RC1BG4FR609427	426	
12	2008	FORD	240 KVI	1FD3E35L78DA54964	428	
13	2020	DODGE	678YEX	2C4RDGBG8LR238655	431	
14	2015	DODGE	460 XGM	2C4RDGCG9FR529667	432	Lake Ridge Bank
15	2016	FORD	AWT2062	1FDEE3FL3GDC11007	422	Lake Ridge Bank
16	2011	FORD	ATG4667	1FDFF4FS6BDB05337	435	
17	2013	FORD	885 LZD	1FDEE3FS4DDA95268	436	
18	2011	FORD	886 LZD	1FDEE3FL3BDB04693	441	
19	2013	DODGE	679 ZAF	2C4RDGCG3DR748797	429	
20	2016	DODGE	493VCD	2C4RDGBG7GR235994	450	
21	2011	FORD	ATG4586	1FDFF4FSXBD424549	447	
22	2015	DODGE	AVK8972	2C4RDGBG0FR710125	448	
23	2015	DODGE	919 KGL	2C4RDGBG4FR598087	443	
24	2009	FORD	AAS2398	1FDFF4S579DA03296	425	
25	2013	FORD	ATG4666	1FDWE3FL2DD818253	433	
26	2014	DODGE	AVF1166	2C4RDGCG7ER363034	449	
27	2014	DODGE	ATG4670	2C4RDGCG2ER122904	434	
28	2019	FORD	AVY5822	1FDFF4FS7KDC28130	446	Lake Ridge Bank
29	2016	DODGE	AYJ4402	2C4RDGBG8GR218315	452	Lake Ridge Bank
30	2019	FORD	AVY5821	1FDFF4FS8KDC28136	437	Lake Ridge Bank
31	2012	DODGE	ATG4671	2C4RDGCG1CR253531	442	Lake Ridge Bank
32	2017	CHRYSLER	ATG4587	2C4RC1EG4HR659985	451	
33	2014	FORD	EG60281	1FDDEE3FL5EDB20690	453	
34	2012	FORD	ADT6394	1FDFF4FS1CDA80140	453	
35	2010	FORD	AD45707	1FDFF4FS5ADA82292	455	
36	2014	DODGE	ADF4472	2C4RDGBGXR175173	456	
37	2007	FORD	AFV3915	1FDXE45S47DA92133	457	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/17/2024

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 Ansay & Associates, LLC. MOS 888 State Hwy 153 Mosinee WI 54455	CONTACT NAME: Holly Popp	PHONE (A/C, No, Ext): 715-693-2100	FAX (A/C, No): 715-693-2538
	E-MAIL ADDRESS: holly.popp@ansay.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Integrity Mutual Insurance Company		14303
INSURED Transit Solutions Inc. 5315 Paulson Road, Suite 2 McFarland WI 53558	TRANSOL-01	INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1179687130

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	
A	GENERAL LIABILITY			CPP2626692	4/20/2024	4/20/2025	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
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
A	AUTOMOBILE LIABILITY			CA 2626693	4/20/2024	4/20/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS							\$
A	UMBRELLA LIAB			CUP2626695	4/20/2024	4/20/2025	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> OCCUR						AGGREGATE	\$ 2,000,000
	EXCESS LIAB						ers&Adv Injury Agg	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE							
	DED							
	RETENTION \$							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCP2626694	4/20/2024	4/20/2025	WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)						E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

the City of Madison, its officers, officials, and employees as additional insureds. Each insurance policy shall contain a provision that the same may not be canceled before the expiration of its term except upon thirty (30) days written notice to the City Clerk, City of Madison, Wisconsin.

CERTIFICATE HOLDER

CANCELLATION

City of Madison
Controllers Office Room 407
210 Martin Luther King Jr. Blvd
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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