

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 First Student, Inc. Home Phone # (513) 419-3218
Home Address 191 Rosa Parks Street, 8th floor, Cincinnati, OH 45202

2. Company Name First Student, Inc.
Business Address 5501 Femrite Drive, Madison, WI 53718
Business Telephone Number (608) 255-1511

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

Flate Rate <u>X</u>	Number of Vehicles <u>26</u>
Zone _____	Number of Vehicles _____
Meter _____	Number of Vehicles _____
Airport Shuttle _____	Number of Vehicles _____

Total number of vehicles proposed to be operated 26

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**:

Rates will be determined by Madison Metro management; Currently \$3.25 cash with option to use 1 green or gold ticket.

6. Name of Insurance Company Old Republic Insurance Company
Business Address 307 North Michigan Avenue, Chicago, IL 60601
Business Telephone Number (888) 476-2669

7. Name of Insurance Agent Aon Risk Solutions
Business Address 4 Overlook Point, Lincolnshire, IL 60069
Business Telephone Number (866) 283-7122

8. Is applicant a corporation? Yes No

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

Name	Address
John Kenning	14662 Watermark Way, Palm Beach, FL 33410
Joe Schwaderer	237 Marlberry Circle, Jupiter, FL 33458
First Student, Inc.	191 Rosa Parks Street, 8th fl., Cincinnati, OH 45202

9. Is applicant a partnership? Yes No

If yes, give names and address of all partners:

Name	Address
Not applicable	

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

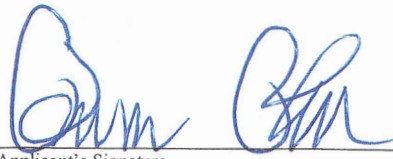
Name	Address	Vehicle Serial #	\$	Fulfillment Date
N/A				

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, 2024.


Applicant's Signature

Notary Public
My Commission Expires 5-20-2024



ANDREW WESLEY PUGH
Notary Public, State of Ohio
My Commission Expires 05-20-2024

Taxicab Filing Affidavit

State of Wisconsin)
)
County of Dane)

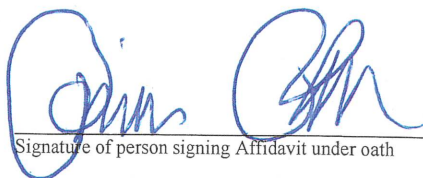
Brian Beechem


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

1. That the affiant owns , operates , or manages a taxicab business in the City of Madison, doing business as First Student, Inc..
2. That as of the date of this Affidavit, (Company Name) First Student, Inc., (Address) 5501 Femrite Drive, Madison, Wisconsin, doing business as First Student, 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 12th day of February, 2024.


Signature of person signing Affidavit under oath

Notary Public
My Commission Expires 05-20-2024
 WESLEY PUGH
Notary Public, State of Ohio
My Commission Expires 05-20-2024

First Student, Inc.
Vehicles Serving City of Madison-RUN Operations
As of February, 2024

Model Year	Class/Make	State License	Owner/Title Holder	Serial/VIN #	Permit #	Type of Service
2018	FORDX E-350	WI	First Student, Inc.	1FDEE3F62JDC42850	876	ADA/Paratransit
2018	FORDX E-350	WI	First Student, Inc.	1FDEE3F66JDC42849	877	ADA/Paratransit
2018	FORDX E-350	WI	First Student, Inc.	1FDEE3F63JDC41593	878	ADA/Paratransit
2018	FORDX E-350	WI	First Student, Inc.	1FDEE3F62JDC42847	879	ADA/Paratransit
2018	FORDX E-350	WI	First Student, Inc.	1FDEE3F64JDC42851	880	ADA/Paratransit
2018	FORDX E-350	WI	First Student, Inc.	1FDEE3F64JDC42848	881	ADA/Paratransit
2019	FORDX E-350	WI	First Student, Inc.	1FDEE3F63KDC30532	883	ADA/Paratransit
2019	FORDX E-350	WI	First Student, Inc.	1FDEE3F65KDC30533	884	ADA/Paratransit
2016	FORDX E-350	WI	First Student, Inc.	1FDEE3FL4GDC28236	888	ADA/Paratransit
2015	FORDX E-350	WI	First Student, Inc.	1FDEE3F55FDA37639	889	ADA/Paratransit
2019	FORDX E-350	WI	First Student, Inc.	1FDEE3F51KDC74137	890	ADA/Paratransit
2019	FORDX E-350	WI	First Student, Inc.	1FDEE3F59KDC74127	891	ADA/Paratransit
2019	FORDX E-350	WI	First Student, Inc.	1FDEE3F50KDC55532	892	ADA/Paratransit
2019	FORDX E-350	WI	First Student, Inc.	1FDEE3F54KDC55517	893	ADA/Paratransit
2019	FORDX E-350	WI	First Student, Inc.	1FDEE3F64KDC49932	894	ADA/Paratransit
2019	FORDX E-350	WI	First Student, Inc.	1FDEE3F63KDC49937	895	ADA/Paratransit
2019	FORDX E-350	WI	First Student, Inc.	1FDEE3F66KDC49950	896	ADA/Paratransit
2019	FORDX E-350	WI	First Student, Inc.	1FDEE3F67KDC49956	897	ADA/Paratransit
2019	FORDX E-350	WI	First Student, Inc.	1FDEE3F69KDC49957	898	ADA/Paratransit
2019	FORDX E-350	WI	First Student, Inc.	1FDEE3F64KDC49963	899	ADA/Paratransit
2019	FORDX E-350	WI	First Student, Inc.	1FDEE3F67KDC51061	900	ADA/Paratransit
2022	FORDX E-350	WI	First Student, Inc.	1FD4E4FN0NDC37721	907	ADA/Paratransit
2022	FORDX T-350	WI	First Student, Inc.	1FDES6PG7NKA31128	908	ADA/Paratransit
2022	FORDX T-350	WI	First Student, Inc.	1FDES6PG3NKA31580	909	ADA/Paratransit
2022	FORDX T-350	WI	First Student, Inc.	1FDES6PG1NKA31271	910	ADA/Paratransit
2023	FORDX E-450	WI	First Student, Inc.	1FD4E4FN9PDD23998	912	ADA/Paratransit

City of Madison -- Taxicab Rate Schedule

*Not applicable *

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

* Not applicable *

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 LIABILITY INSURANCE

DATE(MM/DD/YYYY)
04/10/2025

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 have ADDITIONAL INSURED provisions or 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 Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED First Student Inc 191 Rosa Parks Street, 8th Floor Cincinnati OH 45202 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: AIU Insurance Company		19399
	INSURER B: Old Republic Insurance Company		24147
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** 570112068539 **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	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y		MWZY31683725 SIR applies per policy terms & conditions	04/01/2025	04/01/2026	EACH OCCURRENCE	\$9,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$9,000,000
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	\$9,000,000
							GENERAL AGGREGATE	\$9,000,000
							PRODUCTS - COMP/OP AGG	\$9,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		MWTB-316836-25 AOS	04/01/2025	04/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$10,000,000
							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	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC065703633 AOS WC065703634 WI	04/01/2025	04/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
A					04/01/2025	04/01/2026	E.L. EACH ACCIDENT	\$5,000,000
							E.L. DISEASE-EA EMPLOYEE	\$5,000,000
							E.L. DISEASE-POLICY LIMIT	\$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Madison, WI, its officers, officials and employees are included as Additional Insured in accordance with the policy provisions of the General Liability policy and Automobile policies. Should General Liability policy be cancelled before the expiration date thereof, the policy provisions will govern how notice of cancellation may be delivered to certificate holders in accordance with the policy provisions. See attached addendum for vehicle info.

CERTIFICATE HOLDER City of Madison, WI 215 Martin Luther King Jr. Blvd. Madison WI 53701 USA	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 <i>Aon Risk Services Central, Inc.</i>

Holder Identifier :

570112068539

Certificate No :





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED First Student Inc	
POLICY NUMBER See Certificate Number: 570112068539			
CARRIER See Certificate Number: 570112068539	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Vehicle Info.

Asset Description	Serial Number	Permit #	Type of Service
2018 Ford T-350	Glaval: 2 lif	1FDEE3F62JDC42847	287 Metro Paratransit
2018 Ford T-350	Glaval: 2 lif	1FDEE3F63JDC41593	267 Metro Paratransit
2019 Ford E350	Glaval: 3 lift	1FDEE3F63KDC30532	291 Metro Paratransit
2019 Ford E-350	Champion: 3 l	1FDEE3F63KDC49937	301 Metro Paratransit
2018 Ford T-350	Glaval: 2 lif	1FDEE3F64JDC42848	289 Metro Paratransit
2018 Ford T-350	Glaval: 2 lif	1FDEE3F64JDC42851	288 Metro Paratransit
2019 Ford E-350	Champion: 3 l	1FDEE3F64KDC49932	300 Metro Paratransit
2019 Ford E-350	Champion: 3 l	1FDEE3F64KDC49963	264 Metro Paratransit
2019 Ford E350	Glaval: 3 lift	1FDEE3F65KDC30533	292 Metro Paratransit
2018 Ford E-350	Glaval: 1	1FDEE3F66JDC42849	286 Metro Paratransit
2019 Ford E-350	Champion: 3 l	1FDEE3F66KDC49950	261 Metro Paratransit
2019 Ford E-350	Champion: 3 l	1FDEE3F67KDC49956	262 Metro Paratransit
2019 Ford E-350	Champion: 3 l	1FDEE3F67KDC51061	256 Metro Paratransit
2019 Ford E-350	Champion: 3 l	1FDEE3F69KDC49957	263 Metro Paratransit
2016 Ford E-350	Goshen: 2 lif	1FDEE3FL4GDC28236	294 Metro Paratransit
2020 Ford E-350	Glaval: 2 lif	1FDEE3FS0KDC55532	298 Metro Paratransit
2020 Ford E-350	Elkhart: 4	1FDEE3FS1KDC74137	296 Metro Paratransit
2020 Ford E-350	Glaval: 2 lif	1FDEE3FS4KDC55517	299 Metro Paratransit
2015 Ford E-350	Goshen: 2 lif	1FDEE3FS5FDA37639	295 Metro Paratransit
2020 Ford E-350	Elkhart: 4 li	1FDEE3FS9KDC74127	297 Metro Paratransit
2022 Ford Transit	Glaval: 3	1FDES6PG1NKA31271	293 Metro Paratransit
2022 Ford Transit	Glaval: 3	1FDES6PG3NKA31580	268 Metro Paratransit
2022 Ford Transit	Glaval: 3	1FDES6PG7NKA31128	269 Metro Paratransit
2022 Ford E-450	Startrans: 3	1FDFE4FN0NDC37721	265 Metro Paratransit
2023 Ford E-450	Startrans: 3	1FDFE4FN9PDD23998	290 Metro Paratransit