

Taxicab License Application

Pursuant to Madison General Ordinance 11.06

Fee: \$2,200/two years (\$1,200/initial year) + \$65/vehicle

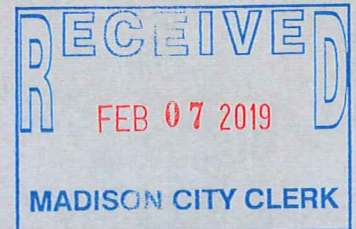
Renewal Fee: \$2,200/two years + \$65/vehicle

1. Applicant Name Jennifer Hardesty Home Phone # 608-469-3099
Home Address 1732 Chadsworth Dr. Sun Prairie, WI 53590

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:

Flate Rate <input checked="" type="checkbox"/>	Number of Vehicles <u>36</u>
Zone _____	Number of Vehicles _____
Meter _____	Number of Vehicles _____
Airport Shuttle _____	Number of Vehicles _____



Total number of vehicles proposed to be operated 36

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

White body / white windows lettering

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

Flat rate: \$30.00 0-5 miles
\$2.50 each additional mile

6. Name of Insurance Company Integrity Mutual Insurance
Business Address 2121 East Capitol Dr. PO Box 539 Appleton, WI 54912
Business Telephone Number (920) 734-4511

7. Name of Insurance Agent Alan Neva - Ansay and Associates LLC
Business Address 888 State Hwy 153 Mosinee, WI 54455
Business Telephone Number (715) 814-1611

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	67710 E. South Shore Dr. Pardeeville, WI 53954
Jennifer Hardesty	1732 Chedsworth Dr. Sun Prairie, WI 53590
Transit Solutions Inc.	173 E Badger Rd. Madison, WI 53713

9. Is applicant a partnership? Yes No

If yes, give names and address of all partners:

Name	Address
NA	

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

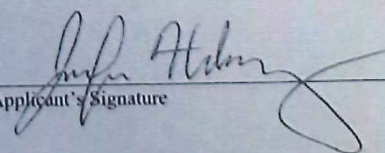
Name	Address	Vehicle Serial #	\$	Fulfillment Date
	Attached			

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 _____ day of _____, 20_____.


Applicant's Signature

Notary Public

My Commission Expires _____.

Taxicab Filing Affidavit

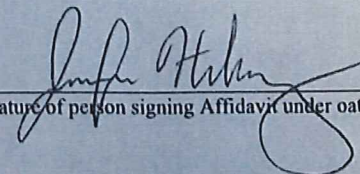
State of Wisconsin)
)
County of Dane)

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

1. That the affiant owns _____, operates , 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 _____ day of _____, 20_____.



Signature of person signing Affidavit under oath

Notary Public _____
My Commission Expires _____.

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 \$ 30.00 Additional Passenger "DROP" Charge \$ 0
Additional Distance 1 MI
Single Passenger "DROP" Charge \$ 2.50 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: Jennifer Hardesty (Signature)

Jennifer Hardesty (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 # _____

405 Public Passenger Vehicle/Pedal Cab

406 Horse-Drawn Vehicle

408 Pedal Cab Service

TRANSIT SOLUTIONS, INC (TSI)

FLEET #	YEAR	MAKE	LICENSE	SERIAL NUMBER	OWNER	PERMIT #
1	2010	DODGE	173LWZ	2D4RN4DE2AR185023	TSI	427
2	2015	DODGE	296 MVM	2C4RDGCG0FR748288	TSI	423
3	2016	FORD	630XWF	1FBZX2CM6GKA56590	TSI	424
4	2012	FORD	455 TMG	1FDDE4FS1CDA55190	TSI	421
5	2013	DODGE	AAS2400	2C4RDGBG9DR765024	TSI	438
6	2009	DODGE	AAS2399	2D8HN44E99R591564	TSI	430
7	2011	FORD	634 MGX	1FDDE4FS6BDA86787	TSI	445
8	2014	FORD	362 VYX	1FTDS3EL0EDA35492	TSI	420
9	2010	CHRYSLER	402 RKG	2A4RR2D15AR386296	TSI	444
10	2013	FORD	979 RHF	1FDEE3FL0DDB32714	TSI	439
11	2010	DODGE	168 MTH	2D4RN4DE3AR228719	TSI	426
12	2008	FORD	240 KVJ	1FD3E35L78DA54964	TSI	440
13	2012	DODGE	678YEX	2C4RDGCG3CR377901	TSI	431
14	2015	DODGE	ADW2364	2C4RDGCG9FR648903	TSI	432
15	2009	FORD	920 KGL	1FDEE35L09DA61796	TSI	422
16	2011	FORD	932 RLG	1FDDE4FS6BDB05337	TSI	435
17	2013	FORD	885 LZD	1FDEE3FS4DDA95268	TSI	436
18	2011	FORD	886 LZD	1FDEE3FL3BDB04693	TSI	441
19	2013	DODGE	679 ZAF	2C4RDGCG3DR748797	TSI	429
20	2010	DODGE	493VGD	2D4RN4DE1AR168164	TSI	450
21	2011	FORD	454 TMG	1FDDE4FSXBDA24549	TSI	447
22	2011	DODGE	724 NRU	2D4RN3DG2BR671893	TSI	448
23	2015	DODGE	919 KGL	2C4RDGBG4FR598087	TSI	443
24	2009	FORD	AAS2398	1FDDE45S79DA03296	TSI	425
25	2013	FORD	931 RLG	1FDWE3FL2DDB18253	TSI	433
26	2012	DODGE	616 NPY	2C4RDGBG8CR226070	TSI	449
27	2009	DODGE	393 VEM	2D8HN44E49R644719	TSI	434
28	2009	FORD	699 PEL	1FTDS34L09DA18859	TSI	446
29	2014	DODGE	460 XGM	2C4RDGCGXER273490	TSI	452
30	2006	FORD	446 WSN	1FDWE35L86DA68687	TSI	437
31	2010	DODGE	142 XEA	2D4RN5D16AR273236	TSI	442
32	2010	CHRYSLER	445 XGM	2A4RR4DE7AR320153	TSI	451
33	2014	FORD	EC60281	1FDEE3FL5EDB20690	TSI	453
34	2012	FORD	ADT6394	1FDDE4FS1CDA80140	TSI	454
35	2010	FORD	AD45707	1FDDE4FS5ADA82292	TSI	455
36	2014	DODGE	ADF4472	2C4RDGBGXER175173	TSI	456

Transit Solutions, Inc - Mortgaged Vehicle List

Name	Address	VIN#	Permit #	\$	Fulfillment Date
State Bank of Cross Plains	455 S Junction Rd #100 Madison, WI 53719	1FD4E4FS1CDA55190	421	27,600	4/1/2019
State Bank of Cross Plains	455 S Junction Rd #100 Madison, WI 53719	1FD4E3FS4DDA95268	436	25,600	2/1/2023
State Bank of Cross Plains	455 S Junction Rd #100 Madison, WI 53719	1FD4E3FL3BDB04693	441	27,150	2/1/2023
State Bank of Cross Plains	455 S Junction Rd #100 Madison, WI 53719	1FD4E4FSXBDA24549	447	30,800	3/1/2021
State Bank of Cross Plains	455 S Junction Rd #100 Madison, WI 53719	1FD4E45S79DA03296	425	23,150	8/1/2020
State Bank of Cross Plains	455 S Junction Rd #100 Madison, WI 53719	1FDWE3FL2DDB18253	433	27,920	9/1/2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/10/2018

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: PHONE (A/C, No, Ext): 715-693-2100 E-MAIL ADDRESS: info@ansay.com		FAX (A/C, No): 715-693-2538	
INSURED Transit Solutions Inc. 173 E Badger Rd. Madison WI 53713		INSURER(S) AFFORDING COVERAGE INSURER A : Integrity Mutual Insurance Company		NAIC # 14303	
TRANSOL-01		INSURER B :			
		INSURER C :			
		INSURER D :			
		INSURER E :			
		INSURER F :			

COVERAGES

CERTIFICATE NUMBER: 212510502

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			CPP2626692	4/20/2018	4/20/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA 2626693	4/20/2018	4/20/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CUP2626695	4/20/2018	4/20/2019	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
							Pers&Adv Injury Agg	\$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WCP2626694	4/20/2018	4/20/2019	WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$ 100,000
							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)

It is agreed that the City of Madison is an additional insured on the General Liability Policy.

CERTIFICATE HOLDER

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