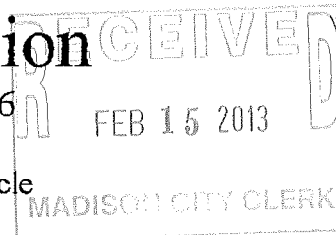


Taxicab License Application

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 Badger Bus Lines, Inc. Home Phone # (608) 255-1511
Home Address 5501 Femrite Drive, Madison, Wisconsin 53718

2. Company Name Badger Bus Lines, Inc.
Business Address 5501 Femrite Drive, Madison, Wisconsin 53718
Business Telephone Number (608) 255-1511

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

Flate Rate _____	Number of Vehicles _____
Zone _____	Number of Vehicles _____
Meter _____	Number of Vehicles _____
Airport Shuttle _____	Number of Vehicles _____

Total number of vehicles proposed to be operated _____

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**:

For our "Metro" routes, we charge \$3.25 for cash fare, 3 yellow or 1 green paratransit tickets.

Our rates are determined by Madison Metro

6. Name of Insurance Company National Interstate

Business Address 3250 Interstate Dr., Richfield OH, 44286

Business Telephone Number (800) 929-1500

7. Name of Insurance Agent Integrated Risk Solutions

Business Address PO Box 635, Pewaukee WI, 53072

Business Telephone Number (262) 523-9600

8. Is applicant a corporation? Yes No

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

Name	Address

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

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

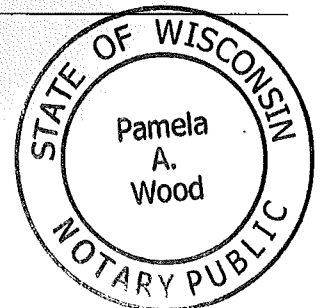
this 14 day of February, 2013.

Pamela A Wood

Notary Public

My Commission Expires 11/13/2016.

[Signature]
Applicant's Signature



Taxicab Filing Affidavit

State of Wisconsin)
)
County of Dane)

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

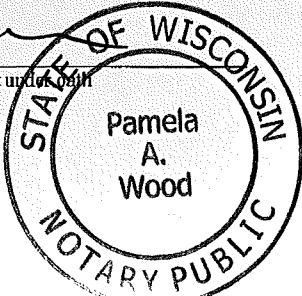
1. That the affiant owns X, operates _____, or manages _____ a taxicab business in the City of Madison, doing business as Badger Bus Lines, Inc.
2. That as of the date of this Affidavit, (Company Name) Badger Bus Lines, Inc., (Address) 5501 Femrite Drive, Madison, WI 53718, Madison, Wisconsin, doing business as Badger Bus Lines, 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 14 day of February, 2013.

Pamela A Wood
Notary Public
My Commission Expires 11/13/2016

John Meier
Signature of person signing Affidavit under oath



A circular notary seal for Pamela A. Wood, Notary Public, State of Wisconsin. The seal contains the text "STATE OF WISCONSIN" around the top and "NOTARY PUBLIC" around the bottom, with "Pamela A. Wood" in the center.

BBL Fleet #	BBL Dept	Pass Capacity	Year/Body/Chassis	VIN #
647	LTA	6/3 lift	2006/Diamond/F-100	1FDWE35L96HA92926
648	MSN Metro	6/3 lift	2006/Diamond/F-100	1FDWE35L36HA92923
649	MSN Metro	6/3 lift	2006/Diamond/F-100	1FDWE35L06HA92927
661	LTA	10/3 lift	2006/Braun/Ford Transit Van	1FTSS34L56DA92121
662	LTA	10/3 lift	2006/Braun/Ford Transit Van	1FTSS34L56DA96041
664	LTA	10/3 lift	2006/Braun/Ford Transit Van	1FTSS34L96DA62166
665	LTA	8/5 lift	2006/Ford/Diamond 2000	1FDWE35L76DA31890
666	LTA	8/5 lift	2006/Ford/Diamond 2000	1FDWE35L96DA31888
667	LTA	8/5 lift	2006/Ford/Diamond 2000	1FDWE35L76DA31887
668	LTA	8/5 lift	2006/Ford/Diamond 2000	1FDWE35L16DA28287
669	LTA	8/4 lift	2005/Ford/Diamond 2000	1FDWE35L85H00612
675	LTA		7 2001/Pontiac/Montana	1GMDX03E01D143430
676	MSN Metro	8/3 lift	1996/Ford/E350	1FDKE30G7THA65406
678	LTA	4/3 lift	1997/Ford/E350	1FDJE30L4VHC06184
681	LTA		7 2000 Ford Windstar	2FMDA5146YBA51621
682	MSN Metro	4/5 lift	2002/Ford/E-450 Van	1FDXE45S02HA36000
683	MSN Metro	4/4 lift	1999/Ford/E-450	1FDXE40F6XHB57292
687	MSN Metro	6/3 lift	2003/Ford/E350	1FDWE35F73HA47957
692	MSN Metro	4/2 lift	2001/Chev/Express Van	1GBHG31F911244524
693	MSN Metro	8/4 lift	1999/Ford/E-450	1FDXE40S2XHB69503
694	MSN Metro	6/3 lift	2002/Ford/E-350	1FDWE35L32HB71289
695	MSN Metro	6/3 lift	2002/Ford/E-450 Econoline	1FDWE45F92HB00162
696	MSN Metro	6/3 lift	2003/Ford/E-450 Econoline	1FDXE45F73HB77389
697	MSN Metro	4/3 lift	1999/Ford/E-350	1FDSE30L7XHB67095
698	MSN Metro	4/3 lift	1999/Ford/E-350	1FDSE30L0XHB84272
699	LTA		7 2003/Ford/Windstar Van	2FMZA50443BB36084
700	LTA		7 2003/Chev/Venture	1GNDX03E13D211393
703	MSN Metro	6/3 lift	2003/Ford/E-450	1FDXE45S63HB43618
704	MSN Metro	6/3 lift	1997/Ford/E-350 Econoline	1FDJE30L4VHB88219
705	LTA		7 2000/Ford/Windstar	2FMZA5147YBA17385
707	LTA		7 2001/Chev/Venture	1GNDX03E81D255422
709	LTA	10/3 lift	2003/Ford E-450 GOSHEN	1FDXE45SX3HA16337
710	LTA	10/3 lift	2003/Ford E-450 GOSHEN	1FDXE45S43HA16348
711	LTA	10/3 lift	2003/Ford E-450 GOSHEN	1FDXE45S63HA74512
712	LTA	6/3 lift	2003/Ford E-450 GOSHEN	1FDXE45S93HB23668
713	LTA	6/3 lift	2003/Ford E-450 GOSHEN	1FDXE45S73HB23670
714	LTA	6/3 lift	2001/Ford E-350	1FDWE35S81HA78581
715	MSN Metro	6/3 lift	2003/Ford E-450	1FDXE45S63HB84993
717	LTA		7 2003/Ford Windstar Van	2FMZA51443BA62082
718	MSN Metro	6/2 lift	2005/Chevy Uplander	1GBDV13L15D288081
719	LTA		7 2003/Chrysler/T&C	2C4GP54L23R203381
724	LTA		7 2006/Dodge/Cvn	1D4GP24RX6B527428
729	MSN Metro	6/2 lift	2006/Ford/E350	1FDWE35L36HA32849
740	LTA		7 2008 Dodge/Caravan	1D8HN44H68B191887
741	LTA		7 2008 Dodge/Caravan	1D8HN44H68B164124
742	LTA		7 2009 Dodge/Caravan	2D8HN44E79R636811

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 _____ 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

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

BADGBU1

OP ID: AS

DATE (MM/DD/YYYY)

02/12/13

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 Integrated Risk Solutions, Inc PO Box 635 Pewaukee, WI 53072 John Wallen, CPCU	262.523.9600	CONTACT NAME:	
	262.523.9601	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Nat'l Interstate Insurance Co.	32620
		INSURER B : West Bend Mutual Ins. Co.	15350
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

INSURED
Badger Bus Lines, Inc
5501 Femrite Drive
Madison, WI 53718

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
A	GENERAL LIABILITY			YPP 1110080-09	05/01/12	05/01/13	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 5,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 5,000,000
							PRODUCTS - COMP/OP AGG \$ 5,000,000
							\$
A	AUTOMOBILE LIABILITY			YPP 1110080-09	05/01/12	05/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> School Bus	<input checked="" type="checkbox"/> Transit					\$
A	UMBRELLA LIAB			YEX 1110080-06	05/01/12	05/01/13	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$	0				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			JUV1817666-00	01/01/13	01/01/14	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				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)

School Bus Company

CERTIFICATE HOLDER

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

John R Wallen

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