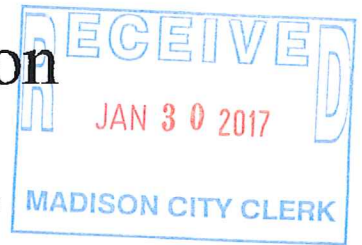


# Taxicab License Application

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 blue/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?

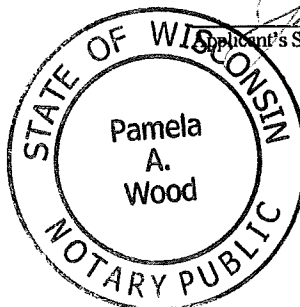
☒ Yes ☐ No

Subscribed and sworn before me

this 26 day of January, 2017.

Pamela A. Wood  
Notary Public

My Commission Expires 11/13/2020



[Signature]  
Applicant's Signature

# Taxicab Filing Affidavit

State of Wisconsin     )  
                                      )  
County of Dane         )

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

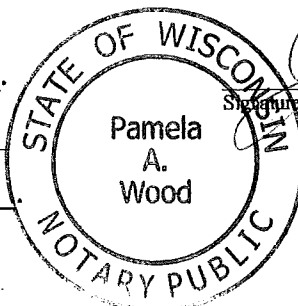
1. That the affiant owns X, operates \_\_\_\_\_, or manages \_\_\_\_\_ a taxicab business in the City of Madison, doing business as Badger Bus Lines, Inc.
2. That as of the date of this Affidavit, (Company Name) Badger Bus Lines, Inc., (Address) 5501 Femrite Drive, Madison, WI 53718, Madison, Wisconsin, 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.
  - X 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 26 day of January, 2017.

Pamela A. Wood  
Notary Public

My Commission Expires 11/13/2020



[Signature]  
Signature of person signing Affidavit under oath

Dept	Bus	Make	Plate	Plate	VIN	2016 Taxi License #
Metro	749	Ford E-350	Diamond	657 URS	1FDEE3FL9DDA02835	286
	750	Ford E-350	Diamond	656 URS	1FDEE3FL0DDA02836	287
	751	Ford E-350	Diamond	655 URS	1FDEE3FL2DDA02837	288
	752	Ford E-350	Diamond	654 URS	1FDEE3FL4DDA02838	289
	754	Ford E-350	Diamond	485UVA	1FDEE3FL8CDB24472	290
	758	Ford E-350	Diamond	398UYW	1FDEE3FLXDDA41966	291
	759	Ford E-350	Diamond	400UYW	1FDEE3FL7DDA45179	292
	760	Ford E-350	Diamond	399UYW	1FDEE3FL3DDA45180	294
	761	Ford E-350	Diamond	397UYW	1FDEE3FL5DDA45181	295
	762	Ford E-350	Diamond	983 VRF	1FDEE3FL0DDDB04802	296
	763	Ford E-350	Diamond	982 VRF	1FDEE3FL2DDDB04803	297
	764	Ford E-350	Diamond	980 VRF	1FDEE3FL4DDDB04804	298
	765	Ford E-350	Diamond	981 VRF	1FDEE3FL1DDDB16067	299
	766	Toyota	Sienna LE	260 SVR	5TDDK3DC3BS069354	300
	767	Ford E-350	Ameritrans	326 VYE	1FDWE3FL6EDA12003	301
	820	Ford	Glaval Universal	322YBU	1FDEE3FL4GDC00047	261
	821	Ford	Glaval Universal	323YBU	1FDEE3FL6GDC00048	262
	822	Ford	Turtle Top Terra	324YBU	1FDWE3FL5EDA72063	263
	845	Ford E-350	Glaval	862ZAK	1FDEE3FS6HDC01242	New
	848	Ford E-350	Glaval	970ZAK	1FDEE3FS5HDC01247	"
	851	Ford E-350	Glaval	972ZAK	1FDEE3FS8HDC01243	"
	853	Ford E-350	Glaval	860ZAK	1FDEE3FS7HDC01248	"



BADGBUS-02

MNOWAK

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/26/2016

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).

<b>PRODUCER</b> Johnson Insurance Madison 525 Junction Road Madison, WI 53717	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (608) 203-3880	<b>FAX (A/C, No):</b> (877) 254-8586
<b>INSURED</b> Badger Coaches, Inc. Badger Bus Transportation Group, Inc. Badger Bus Lines, Inc. and Meier Coach Leasing, LLC 5501 Femrite Dr Madison, WI 53718	<b>E-MAIL ADDRESS:</b> info@johnsonins.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> National Interstate	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		
<b>NAIC #</b> 32620		

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		YPP111008012	05/01/2016	05/01/2017	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> \$2,500 Comp Ded <input checked="" type="checkbox"/> \$5,000 Collision Ded			YPP111008012	05/01/2016	05/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			YEX111008009	05/01/2016	05/01/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ Aggregate \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
City of Madison, its officers, officials, agents and employees are additional insured as respects General Liability.

## CERTIFICATE HOLDER

## CANCELLATION

City of Madison  
210 Martin Luther King Jr Blvd Rm 407  
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

© 1988-2014 ACORD CORPORATION. All rights reserved.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
ON FILE WITH THE COMPANY	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;  
whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.