

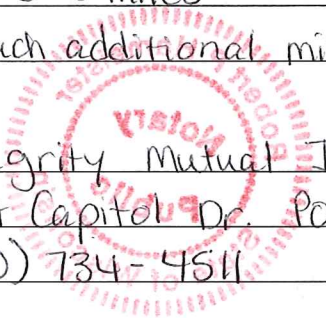
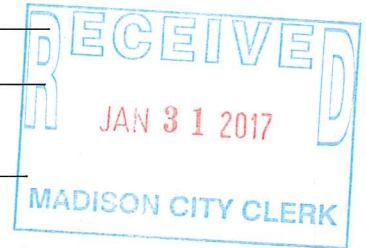
Taxicab License Application

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>32</u> |
| Zone _____ | Number of Vehicles _____ |
| Meter _____ | Number of Vehicles _____ |
| Airport Shuttle _____ | Number of Vehicles _____ |
- Total number of vehicles proposed to be operated 32
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**:
Flate 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 John Southworth - Ansay and Associates LLC
Business Address 888 State Hwy 153 Mosinee, WI 54455
Business Telephone Number (715) 207-0469



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	W7710 E. South Shore Dr. Pardeeville, WI 53954
Greg Morrison	513 Stone Arbor Trail Verona, WI 53593
Jennifer Hardesty	1732 Chadsworth 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			

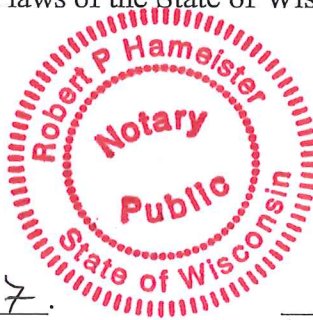
Does the applicant agree that he/she has read and is thoroughly familiar with the ordinances of the City of Madison pertaining to the licensing and regulating of taxicabs in the City of Madison, and agrees to abide by these and all other ordinances of the City and laws of the State of Wisconsin?

☒ Yes ☐ No

Subscribed and sworn before me

this 31 day of January, 2017.

Robert P. Hameister
Notary Public
My Commission Expires 12/10/2018.



[Signature]
Applicant's Signature

Taxicab Filing Affidavit

State of Wisconsin)

County of Dane)

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

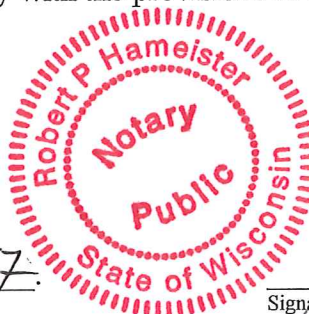
1. That the affiant owns _____, operates X, or manages X a taxicab business in the City of Madison, doing business as Transit Solutions Inc.
2. That as of the date of this Affidavit, (Company Name) Transit Solutions, Inc, (Address) 173 E. Badger Rd., Madison, Wisconsin, doing business as Transit Solutions, 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 31 day of January, 20 17.

Robert P. Hameister
Notary Public

My Commission Expires 12/10/2018.



Jennifer Hardesty
Signature of person signing Affidavit under oath



Transit Solutions

Model Year	Class and Make	State License	Serial - Engine Numbers	Assigned Sticker Number
2014	FORD VAN	362-VYX	1FTDS3ELOEDA35492	420
2012	FORD VAN	455-TMG	1FD4FE4FS1CDA55190	421
2009	FORD VAN	920-KGL	1FDEE35L09DA61796	422
2010	DODGE CARAVAN	296-MVM	2D4RN4DE6AR288574	423
2016	FORD VAN	630-XWF	1FBZX2CM6GKA56590	424
2009	FORD VAN	883-RBM	1FTDS34L79DA18860	425
2010	DODGE CARAVAN	168-MTH	2D4RN4DE3AR228719	426
2010	DODGE CARAVAN	493-VGD	2D4RN4DE1AR168164	427
2013	DODGE CARAVAN	679-ZAF	2C4RDGCG3DR748797	428
2009	DODGE CARAVAN	565-SCX	2DBHN44E99R591564	429
2012	DODGE CARAVAN	678-YEX	2C4RDGCG3CR377901	430
2008	DODGE CARAVAN	386-SGY	1D8HN44HO8B181114	431
2011	FORD CUTAWAY	931-RLG	1FDWE3FL9BDA12704	432
2009	DODGE CARAVAN	393-VEM	2D8HN44E49R644719	433
2009	FORD CUTAWAY	932-RLG	1FDWE35L19DA92026	434
2008	FORD VAN	885-LZD	1FD4E45LX8DA05736	435
2006	FORD MINIBUS	446-WSN	1FDWE35L86DA68687	436
2013	DODGE CARAVAN	217-RPU	2C4RDGGBG9DR765024	437
2009	FORD	979-RHF	1FDW35L29DA92021	438
2008	FORD VAN	240-KVJ	1FD3E35L78DA54964	439
2007	FORD VAN	886-LZD	1FTSS34L17D A73485	440
2010	DODGE CARAVAN	142-XEA	2D4RN5D16AR273236	441
2015	DODGE CARAVAN	919-KGL	2C4RDGGBG4FR598087	442
2012	DODGE CARAVAN	402-RKG	2C4RDGGBG0CR214981	443
2007	FORD VAN	634-MGX	1FTSS34L37DA83547	444
2009	FORD VAN	669-PEL	1FTDS34L09DA18859	445
2011	FORD VAN	454-TMG	1FD4FE4FSXBDA24549	446
2011	DODGE CARAVAN	724-NRU	2D4RN3DG2BR671893	447
2012	DODGE CARAVAN	616-NPY	2C4RDGGBG8CR226070	448
2010	DODGE CARAVAN	173-LWZ	2D4RN4DE2AR185023	449
2010	CHRYSLER MINIVAN	445-XGM	2A4RR4DE7AR320153	450
2011	DODGE CARAVAN	460-XGM	2D4RN3DG8BR720613	451
				452

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 \$ 30⁰⁰ Additional Passenger "DROP" Charge \$ _____
Additional Distance \$2.50 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)_____
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 - Mortgaged Vehicle List

Name	Address	VIN#	\$	Fulfillment Date
State Bank of Cross Plains	455 S Junction Rd #100, Madison, WI 53719	1FTDS3ELOEDA35492	20,500	4/1/2019
State Bank of Cross Plains	455 S Junction Rd #100, Madison, WI 53719	1FDFF4FS1CDA55190	30,000	4/1/2021
State Bank of Cross Plains	455 S Junction Rd #100, Madison, WI 53719	1FDFF4FSXBDA24549	32,000	4/1/2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/14/2016

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).

PRODUCER Ansay & Associates, LLC. MOS 888 State Hwy 153 Mosinee WI 54455		CONTACT NAME: PHONE (A/C, No, Ext): 715-693-2100 FAX (A/C, No): 715-693-2538 E-MAIL: info@ansay.com ADDRESS: info@ansay.com	
INSURED Transit Solutions Inc. Jim Mortenson 173 E Badger Rd. Madison WI 53713		INSURER(S) AFFORDING COVERAGE INSURER A: Integrity Mutual Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
TRANSOL-01		NAIC # 14303	

COVERAGES

CERTIFICATE NUMBER: 1249044223

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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CPP2626692	4/20/2016	4/20/2017	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 checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA 2626693	4/20/2016	4/20/2017	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 <input type="checkbox"/> RETENTION \$			CUP2626695	4/20/2016	4/20/2017	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCP2626694	4/20/2016	4/20/2017	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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

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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