

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 Union Cab of Madsion Cooperative Home Phone # (608) 242-2010
 Home Address 2458 Pennsylvania Ave. Madison, WI 53704

2. Company Name: Same Business Address: Same Business Telephone Number: Same

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

Flat Rate \$57 / hour includes Number of Vehicles 62

Out-Of-Town and
 Hourly Charters

Zone NA Number of Vehicles NA

Meter \$3.50 drop, includes 1/8 mile Number of Vehicles 62

\$2.80/mile, \$0.35 / 1/8 mile
 Wait time \$0.35 / 35 seconds
 Includes package deliveries

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

Airport Shuttle	City Zone	Rate	Number of Vehicles	NA
/ Limousine	1	\$8.00		
	2	\$13.00		
	3	\$16.00		
	4	\$18.00		
	5	\$20.00		
	6	\$23.00		
	7	\$25.00		
	8	\$29.00		
	9	\$33.00		

Total number of vehicles proposed to be operated; 62

4. Describe detailed color scheme to be used: main body, roof, trim, lettering, etc.
 Taxicab yellow paint with black lettering and numbers. Union Cab toplight. Union Cab logos on front doors, Union Cab rate decals on rear doors. Black and yellow checkered reflective tape along sides and rear of vehicle.

5. List your schedule of rates to be charged and the method of charging, in detail:
 See itemized list for Question #3. Special rates may be negotiated by accounts. Union Cab accepts cash, credit cards, and payment by monthly invoicing.

6. Name of Insurance Company: Integrity (standard cabs) Secura (wheelchair accessible)
 Business Address: 2121 E. Capitol Dr. 2401 S. Memorial Drive
 Appleton, WI 54911 Appleton, WI 54912
 Business Telephone Number: (920) 734-4511 (800) 558-3405

7. Name of Insurance Agent: Jeff Ascher, Coverra
 Business Address: 3803 Creekside Lane
 Holmen, WI 54636
 Business Telephone Number: (608) 526-2127

8. Is applicant a corporation? Yes **NO**

Union Cab of Madison is a worker-owned cooperative governed by a board of directors:

Tracy Will	5116 Tuggle Ln.	Waunakee, WI 53597
Martha Kemble	4211 School Rd.	Madison, WI 53704
CJ Terrell (Vice President)	828 E. Dayton St.	Madison, WI 53703
David Lee	P.O. Box 413	Wales WI 53183
Jim Wold	2845 Hoard St.	Madison, WI 53704
Ramy Renor	2601 N Sherman Ave.	Madison, WI 53704
Amy Bua (President)	3506 Sargent St.	Madison, WI 53714
Steve Blaskowski	702 Cherrywood Ct. #8	Madison, WI 53714
Vic Schmidt	21 Freese Ct.	Madison, WI 53718

9. Is applicant a partnership? Yes **NO**

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

All vehicles are collateral on loan with Deforest Morrisonville Bank. Current mortgage loan is \$100,000 due March 2037. See attached vehicle list Schedule A for vehicle information.

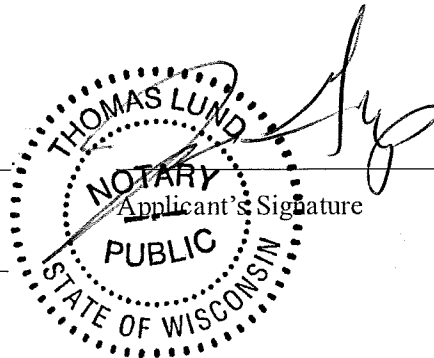
Does the applicant agree that he/she has read and is thoroughly familiar with the ordinances of the City of Madison pertaining to the licensing and regulating of taxicabs in the City of Madison, and agrees to abide by these and all other ordinances of the City and laws of the State of Wisconsin?

Yes No

Subscribed and sworn before me
this 26th day of APRIL, 2017

Thomas Lund

Notary Public



My Commission Expires 05/24/19

Taxicab Filing Affidavit

State of Wisconsin)
)
County of Dane)

Jason Glomp, 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 Union Cabot Madison Cooperative.

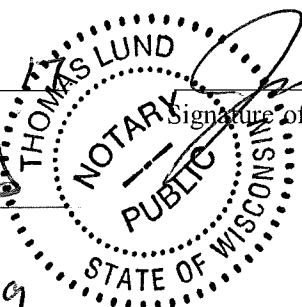
2. That as of the date of this Affidavit, (Company Name) Union Cab of Madison, (Address) 2458 Pennsylvania Ave, Madison, Wisconsin, doing business as Union Cab of Madison, was the owner of the vehicles listed on Schedule A shown on the reverse side of this Affidavit and incorporated herein.

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 26th day of APRIL, 2017

Thomas Lund
Signature of person signing Affidavit under oath


Thomas Lund
Notary Public

My Commission Expires 05/24/19

Vehicle List Schedule A

Company Name:

Union Cab of Madison Cooperative. **PLEASE SEE ATTACHED DOCUMENT FOR VEHICLE LIST.**

Vehicle Listing (In-Service)

Veh	Vin Number	Make/Model	Year	InService	City Permit	License
1	JTDKN3DU8C1554264	TOYOTA PRIUS	2012	05/24/2016	7331-1995	900-YVP
2	JTDKNDU4A0058719	TOYOTA PRIUS	2010	06/15/2016	7331-1995	755-YXH
3	JTDKB20U177666965	TOYOTA PRIUS	2007	09/23/2016	7331-1995	781-KBL
7	JTDKB20U957036687	TOYOTA PRIUS	2005	03/29/2013	7331-1995	783-KBL
8	JTDKB20U967541727	TOYOTA PRIUS	2006	01/09/2012	7331-1995	384-ZZA
11	JTDKB20U383432755	TOYOTA PRIUS	2008	03/30/2015	7311-1995	371-ZZA
13	JTDKB20U263149695	TOYOTA PRIUS	2006	02/01/2012	7331-1995	372-ZZA
14	JTDKB20U277667087	TOYOTA PRIUS	2007	03/22/2013	7331-1995	267-JRX
15	JTDKB20U087721231	TOYOTA PRIUS	2008	08/12/2016	7331-1995	344-LFP
16	JTDKB20U457020946	TOYOTA PRIUS	2005	01/27/2012	7331-1995	699-SME
17	JTDKB20U587700312	TOYOTA PRIUS	2008	07/19/2013	7331-1995	403-ZZA
18	JTDKB20U587789105	TOYOTA PRIUS	2008	06/13/2013	7331-1995	553-VAC
19	JTDKB20U973268961	TOYOTA PRIUS	2007	04/28/2016	7331-1995	644-VBW
20	JTDKB20U963169782	TOYOTA PRIUS	2006	02/08/2012	7331-1995	268-JRX
21	JTDKB20UX77671856	TOYOTA PRIUS	2007	02/15/2012	7331-1995	365-ZZA
22	JTDKB20U540008375	TOYOTA PRIUS	2004	01/27/2012	7331-1995	567-ZZA
23	JTDKB20U253048039	TOYOTA PRIUS	2005	03/22/2013	7331-1995	838-YYX
24	JTDKB20U793502372	TOYOTA PRIUS	2009	12/23/2015	7331-1995	926-YJR
25	JTDKB20U783333940	TOYOTA PRIUS	2008	09/09/2016	7331-1995	379-ZZA
26	JTDKB20U967070873	TOYOTA PRIUS	2006	03/01/2012	7331-1995	225-YXM
27	JTDKB20U777598395	TOYOTA PRIUS	2007	01/13/2012	7331-1995	402-ZZA
29	JTDKB20U273274858	TOYOTA PRIUS	2007	08/12/2016	7331-1995	383-ZZA
30	JTDKB20U377588754	TOYOTA PRIUS	2007	11/08/2011	7331-1995	406-ZZA
31	JTDKB20U577644614	TOYOTA PRIUS	2007	10/27/2014	7331-1995	220-YTY
32	JTDKB20U583442431	TOYOTA PRIUS	2008	06/13/2013	7331-1995	563-ZZA
33	JTDKB20U283449286	TOYOTA PRIUS	2008	02/15/2012	7331-1995	266-JRK
34	JTDKB20U683454541	TOYOTA PRIUS	2008	01/19/2016	7331-1995	984-JVX
36	JTDKB20U187774827	TOYOTA PRIUS	2008	03/21/2014	7331-1995	367-ZZA
38	JTDKB20U777642850	TOYOTA PRIUS	2007	09/01/2014	7331-1995	360-ZZA
40	5TDZA23C46S497792	TOYOTA SIENNA	2006	05/24/2013	7331-1995	364-ZZA
41	5TDZK23C87S066242	TOYOTA SIENNA	2007	08/12/2014	7331-1995	568-ZZA
42	JTDKB20U967080786	TOYOTA PRIUS	2006	07/19/2013	7331-1995	643-VBW
43	5TDZK23C37S029101	TOYOTA SIENNA	2007	03/20/2013	7331-1995	698-SME
46	5TDZA23C255347002	TOYOTA SIENNA	2005	02/25/2014	7331-1995	397-ZZA
47	5TDZA23C66S438324	TOYOTA SIENNA	2006	02/28/2013	7331-1995	380-ZZA
48	5TDZA23C86S406510	TOYOTA SIENNA	2006	01/15/2013	7331-1995	892-XBC
49	5TDZA23CX45073997	TOYOTA SIENNA	2004	03/06/2014	7331-1995	226-YXM
50	5TDZA23C66S422608	TOYOTA SIENNA	2006	02/26/2013	7331-1995	418-JBN
51	5TDZKK3C583169183	TOYOTA SIENNA	2008	11/27/2014	7331-1995	744-XCD
52	JTDKB20U353102075	TOYOTA PRIUS	2005	08/10/2011	7331-1995	198-YYY
53	5TDZA23C46S492317	TOYOTA SIENNA	2006	07/27/2012	7331-1995	366-ZZA
54	5TDZA23C86S422450	TOYOTA SIENNA	2006	02/03/2015	7331-1995	370-ZZA
55	JTDKB20U140106724	TOYOTA PRIUS	2004	10/11/2011	7331-1995	393-ZZA
56	JTDKB20U683449887	TOYOTA PRIUS	2008	03/22/2013	7331-1995	981-JVX
57	5TDZA23C86S487167	TOYOTA SIENNA	2006	10/11/2014	7331-1995	192-YYY

Veh	Vin Number	Make/Model	Year	InService	City Permit	License
58	JTDKB20U353034487	TOYOTA PRIUS	2005	01/27/2012	7331-1995	434-JNZ
59	5TDZK23C28S103318	TOYOTA SIENNA	2008	05/24/2016	7331-1995	890-MUJ
60	2C4RDGBG9ER161927	DODGE CARAVAN	2014	11/20/2013	7331-1995	632-ZZA
61	2C4RDGBG9ER161928	DODGE CARAVAN	2014	12/20/2013	7331-1995	376-ZZA
62	2D8HN54P78R768974	DODGE CARAVAN	2008	12/23/2015	7331-1995	730-UZD
63	2D8HN44E59R516845	DODGE CARAVAN	2009	12/23/2015	7331-1995	701-YGM
64	5TDZA23C96S536375	TOYOTA SIENNA	2006	03/29/2013	7331-1995	300-ZBS
65	2D8HN44E69R639652	DODGE CARAVAN	2009	08/18/2009	65-002039	754-JAX
66	2D8HN44E29R639650	DODGE CARAVAN	2009	08/18/2009	66-046838	756-JAX
67	2C4RDGBG2CR374117	DODGE CARAVAN	2012	08/01/2012	7331-1995	410-ZZA
68	5TDZK23C17S083643	TOYOTA SIENNA	2007	11/27/2014	7331-1995	433-JNZ
69	5TDZK23CX7S062936	TOYOTA SIENNA	2007	09/15/2014	7331-1995	369-ZZA
70	5TDZK23C79S272431	TOYOTA SIENNA	2009	10/20/2014	7331-1995	607-YXM
71	5TDZK23C38S134075	TOYOTA SIENNA	2008	09/26/2014	7331-1995	382ZZA
72	5TDZA23C66S470318	TOYOTA SIENNA	2006	10/11/2014	7331-1995	224-YXM
73	JTDKB20U387794514	TOYOTA PRIUS	2008	06/21/2013	7331-1995	556-VAC
74	JTDKN3DU6A0063582	TOYOTA PRIUS	2010	07/19/2013	7331-1995	554-VAC
75	JTDKB20U653002231	TOYOTA PRIUS	2005	06/21/2013	7331-1995	362-VBW
79	JTDKB20U463137211	TOYOTA PRIUS	2006	07/19/2013	7331-1995	555-VAC



City of Madison -- Taxicab Rate Schedule

Flat Rate \$57 / hour includes Out-Of-Town and Hourly Charters.
Additional hours charged \$19 / each 1/3 hour.

Zone NA

Meter \$3.50 drop, includes 1/8 mile
\$2.80/mile, \$0.35 / 1/8 mile
Wait time \$0.35 / 35 seconds
Includes all package deliveries.



Airport Shuttle / Limousine	City Zone	Rate
	1	\$8.00
	2	\$13.00
	3	\$16.00
	4	\$18.00
	5	\$20.00
	6	\$23.00
	7	\$25.00
	8	\$29.00
	9	\$33.00

RATES FOR OTHER SERVICES

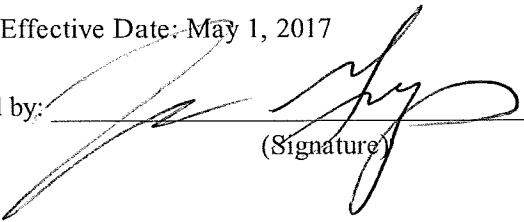
- Union Cab does not charge for offering assistance to people with disabilities or for assistance animals.
- Personal Baggage: First two articles are FREE. Each additional article \$1.00
- Trunks and Footlockers: \$4.00 each
- Groceries Carried to Door: First two bags are FREE. Each additional bag driver may charge \$0.25
- Animals not in a carrier: Driver may charge \$2.00 each animal
- Skis: Driver may charge \$2.00 each pair
- Bikes: Driver may charge \$2.00 each bike
- Biohazard cleanup: Driver may charge \$50 each instance

AIRPORT FEE

\$1.00 per vehicle (may not exceed the fee imposed by Dane County)

Company: Union Cab of Madison Cooperative

Proposed Effective Date: May 1, 2017

Submitted by: 

(Signature)

Jason Glomp, Union Cab Secretary

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/22/2016

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 Coverra Insurance Services, Inc. 3803 Creekside Lane Holmen WI 54636	CONTACT NAME: Pam Andre PHONE (A/C, No., Ext): 608-526-6345 FAX (A/C, No.): 608-519-2818 E-MAIL ADDRESS: pandre@coverrainurance.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :Secura Insurance, A Mutual Company</td> <td></td> </tr> <tr> <td>INSURER B :Integrity Group</td> <td></td> </tr> <tr> <td>INSURER C :West Bend Mutual</td> <td></td> </tr> <tr> <td>INSURER D :James River Insurance Company</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :Secura Insurance, A Mutual Company		INSURER B :Integrity Group		INSURER C :West Bend Mutual		INSURER D :James River Insurance Company		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A :Secura Insurance, A Mutual Company														
INSURER B :Integrity Group														
INSURER C :West Bend Mutual														
INSURER D :James River Insurance Company														
INSURER E :														
INSURER F :														
INSURED UNIOCAB-01 Union Cab of Madison Cooperative Inc PO Box 8305 Madison WI 53708														

COVERAGES **CERTIFICATE NUMBER:** 1225660415 **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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CP3229639	7/1/2016	7/1/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			A3225130 CA 2083445	7/1/2016 7/1/2016	7/1/2017 7/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			00068522-0 CUP2687459	7/1/2016 7/1/2016	7/1/2017 7/1/2017	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
C	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/A	2124521	7/1/2016	7/1/2017	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER 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)
Complete Delivery Solutions is included as additional insured on the general liability and automobile policies.

CERTIFICATE HOLDER Complete Delivery Solutions 4505 Falls of Neuse Rd Ste 550 Raleigh NC 27609	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>Pam Andre</i>
--	--