

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 Jostein Brekke Home Phone # 608-345-8294
Home Address 926 Parkview Dr., Stoughton, WI 53589

2. Company Name Affiliated Carriage Systems Inc. d/b/a Madison Taxi
Business Address 1403 Gilson St., Madison, WI 53715
Business Telephone Number 608-258-7454 or 608-255-8294

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

Flate Rate _____	Number of Vehicles <u>23 ACTIVE</u>
Zone _____	Number of Vehicles _____
Meter <u>X</u>	Number of Vehicles _____
Airport Shuttle <u>X</u>	Number of Vehicles <u>X</u>

Total number of vehicles proposed to be operated 23

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

Silver (main) w/ blue lettering/green accents

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

\$4.00 (flag), \$3.00/mile, \$.30 every 1/10 mile, \$.80 time not in motion (TNM) or \$.20 every 15 seconds

\$5.00 (flag), \$3.90/mile, \$.30 every 1/13 mile, \$.80 TNM or \$.20 every 15 seconds

6. Name of Insurance Company Integrity Insurance

Business Address 2121 E. Capitol Dr., Appleton, WI 54911

Business Telephone Number 920-734-4511

7. Name of Insurance Agent Covera Insurance

Business Address 3803 Creekside Ln., Holmen, WI 54636

Business Telephone Number 608-526-2127

8. Is applicant a corporation? Yes No

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

Name	Address
Jostein Brekke	1403 Gilson St., Madison, WI 53715

9. Is applicant a partnership? Yes No

If yes, give names and address of all partners:

Name	Address
N/A	

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
N/A				

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?

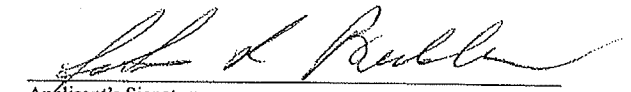
Yes No

Subscribed and sworn before me

this 28 day of JANUARY, 20 21.

ATTY. ERIK FRANK 1038343
Notary Public

My Commission Expires NEVER.


Applicant's Signature

Taxicab Filing Affidavit

State of Wisconsin)
)
County of Dane)

JUSTIN BREKKE, being first duly sworn on oath, deposes and says:

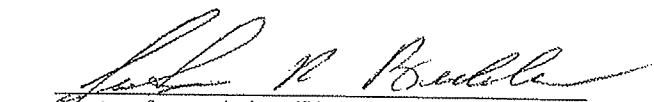
1. That the affiant owns X, operates _____, or manages _____ a taxicab business in the City of Madison, doing business as Affiliated Carriage Systems Inc. d/b/a Madison Taxi.
2. That as of the date of this Affidavit, (Company Name) Affiliated Carriage Systems Inc. d/b/a Madison Taxi (Address) 1403 Gilson St., Madison, Wisconsin, doing business as Madison Taxi, 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)
X 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 28 day of JANUARY, 2021.

ATTY. ERIN BREKKE 1038343
Notary Public

My Commission Expires Never.



Signature of person signing Affidavit under oath

City of Madison -- Taxicab Rate Schedule

METER RATES

In Town

"DROP" Distance 1/10 MI "DROP" Charge \$ 4.00
Additional Distance 1/10 MI Additional Charge \$.30
Wait Time 15 Seconds Wait Charge \$.20

Out of Town

"DROP" Distance 1/10 MI "DROP" Charge \$ 4.00
Additional Distance 1/10 MI Additional Charge \$.30
Wait Time 15 Seconds Wait Charge \$.20

VAN RATES (LARGE PARTY—6 OR MORE PASSENGERS)

In Town

"DROP" Distance 1/13 MI "DROP" Charge \$ 5.00
Additional Distance 1/13 MI Additional Charge \$.30
Wait Time 15 Seconds Wait Charge \$.20

Out of Town

"DROP" Distance 1/13 MI "DROP" Charge \$ 5.00
Additional Distance 1/13 MI Additional Charge \$.30
Wait Time 15 Seconds Wait Charge \$.20

ZONE RATES

First Zone Charge \$ N/A
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 N/A 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 \$ 10.00 per passenger
Zone 2 Charge \$ 13.00 per passenger
Zone 3 Charge \$ 17.00 per passenger
Zone 4 Charge \$ 20.00 per passenger
Zone 5 Charge \$ 23.00 per passenger
Zone 6 Charge \$ 25.00 per passenger
Zone 7 Charge \$ 29.00 per passenger
Zone 8 Charge \$ 34.00 per passenger
Zone 9 Charge \$ 42.00 per passenger

HOURLY RATE

\$ 44.00 taxi/55.00 mini van per hour

RATES FOR OTHER SERVICES

Personal Baggage: First two articles Free
 Additional articles \$ 2.00 each (except trunks and footlockers)

Groceries Carried to Door: First two bags Free
 Additional bags \$ 2.00

Trunks and Footlockers: \$ 2.00 each

Aids to Handicapped People: Free

AIRPORT FEE

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

Company: Affiliated Carriage Systems Inc.

Proposed Effective Date: 6-28-21

Submitted by: [Signature]
(Signature)

JUSTIN BREAKE
(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

Revised List

Operating Vehicle List Schedule A—Madison Taxi

<u>VEHICLE #</u>	<u>VIN #</u>	<u>PLATE #</u>	<u>MAKE</u>
70	2D4RN5DG5BR720743	404TFE	2011 DODGE
71	2C8GP64LX5R442233	737NAU	2005 CHRYSLER
72	1D4GP24R87B177136	413TFE	2007 DODGE
73	5TDZK22CX8S198616	AGZ5296	2007 TOYOTA
75	2A8HR54P78R716806	242NKM	2008 CHRYSLER
76	5TDZK23C97S007331	614YGK	2007 TOYOTA
77	2C4RC1BG5CR250536	AHV7900	2012 CHRYSLER
79	1D8HN54P58B167738	256TFE	2008 DODGE
82	1G1ZB5E10BF118297	258TFE	2011 CHEVY
83	2A4RR5D19AR120832	995YBL	2010 CHRYSLER
84	2A8HR44H88R752913	378YGK	2008 CHRYSLER
87	2D4RN5D19AR261226	262TFE	2010 DODGE
88	2D4RN5D13AR190752	AKG6643	2010 DODGE
90	2A8HR44H98R726644	264TFE	2008 CHRYSLER
93	2A8HR44H48R663047	403TFE	2008 CHRYSLER
94	2A4RR5DX9AR443007	253TFE	2010 CHRYSLER
95	5FNRL5H48CB036527	AJF1233	2012 HONDA ODYSSEY
96	2D4GP44L26R791445	274JVX	2006 DODGE
97	2D4GP44L76R758375	ADL8994	2005 CHRYSLER
98	2A8HR54P88R787352	609WEW	2008 CHRYSLER
99	2A4GP54L17R157672	739NAU	2007 CHRYSLER
100	1D8HN54P88B119005	761PGA	2008 DODGE
109	1D8HN54P98B148092	425MME	2008 DODGE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/11/2021

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 have ADDITIONAL INSURED provisions or 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 Ln Holmen WI 54636	CONTACT NAME: Pam Andre PHONE (A/C No, Ext): 608-526-2127 E-MAIL ADDRESS: pandre@coverrainurance.com	FAX (A/C, No): 608-519-2818
	INSURER(S) AFFORDING COVERAGE	
INSURED Madison Taxi, Affiliated Carriage Systems Inc dba 1403 Gilson St Madison WI 53715	INSURER A: Integrity Group	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC #

COVERAGES

CERTIFICATE NUMBER: 512869081

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP2071301	3/25/2021	3/25/2022	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	\$ 2,000,000
								\$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA 2078471	6/9/2020	6/9/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	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		WCP2649218	5/22/2020	5/22/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
		Y	N/A				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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Madison, its officers, officials, and employees are additional insureds on the general liability policy with 30 day notice of written cancellation notice to the City Clerk, City of Madison, WI

CERTIFICATE HOLDER**CANCELLATION**

City of Madison
 PO Box 2986
 Madison WI 53701

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

Pam Andre

© 1988-2015 ACORD CORPORATION. All rights reserved.

