### 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

Applicant Name Badger Bus Line	es, Inc.	Home Phone #608-255-1511
Home Address5501 Femrite Dr	ive, Madison, WI 53718	74 <sup>-74</sup> 400-00700-1000
Company Name Badger Bus Line	s, Inc.	VA-VANA-VA-A-RAMA-VA-A-A-VA-A-VA-A-VA-A-VA-A-V
Business Address <u>5501 Femrite Dr</u>	rive, Madison, WI 53718	. 70 00 00 00 00 00 00 00 00 00 00 00 00
Business Telephone Number 608-25	55-1511	
		ž.
Indicate method of operation and type	of fare collection:	
Flate Rate	Number of Vehicles2	.5
Zone	Number of Vehicles	
Meter	Number of Vehicles	· .
Airport Shuttle	Number of Vehicles	
·		
Total number of vehicles proposed to	be operated	
White with black and red lettering	g	
List your schedule of rates to be charge	ed and the method of charging, in	n detail:
Our rates are determined by Mad	dison Metro.	
\$3.25 cash / 1 green ticket / 1 blu	ie ticket / 1 orange ticket.	
Name of Insurance Company <u>Natic</u>	onal Interstate	· ·
Business Address <u>3250 Interstate</u>	Dr., Richfield OH, 44286	
Business Telephone Number <u>(800)</u> 9	29-1500	
Name of Insurance Agent <u>Integrate</u>	d Risk Solutions	
		· · · · · · · · · · · · · · · · · · ·
Business Address PO Box 6	35, Pewaukee WI, 53072	
	Company NameBadger Bus Line Business Address5501 Femrite Dr Business Telephone Number608-25  Indicate method of operation and type Flate Rate	Home Address 5501 Femrite Drive, Madison, WI 53718  Company Name Badger Bus Lines, Inc.  Business Address 5501 Femrite Drive, Madison, WI 53718  Business Telephone Number 608-255-1511  Indicate method of operation and type of fare collection:  Flate Rate Number of Vehicles Number of Vehicles Number of Vehicles  Meter Number of Vehicles  Airport Shuttle Number of Vehicles  Total number of vehicles proposed to be operated  Describe detailed color scheme to be used: main body, roof, trim, letter White with black and red lettering.

8. Is applicant a corpor	ation? X Yes	No			
If yes, give names ar	nd addresses of board of c	lirectors, and add	lress of corporation:		
Name		Address			
					-
9. Is applicant a partner	rship? Yes	X No			
If yes, give names ar	nd address of all partners:				
Name		Address			
10. If any vehicles licen of mortgage and ful	ised are mortgaged, give i fillment date:	name and address	s of mortgagee, vehicl	e serial numl	oer, amount
or moregage and ran					Fulfillment
Name	Address	Ve	hicle Serial #	\$	Date
				0.1	
Does the applicant agre- Madison pertaining to the	e that he/she has read and he licensing and regulatin	l is thoroughly fa ig of taxicabs in t	miliar with the ordina the City of Madison, a	nces of the Cand agrees to	aty of abide by
	nances of the City and law			C	Ť
X Yes	_ No				
	,				
Subscribed and sworn b	pefore me				
this 1st day of D	ecember , 20 <b>20</b>	,	Applicant's Signature	, Fenzke	
		-	Applicant's Signature		
Notary Public My Commission Expire	20	<u> </u>			
Triy Commission Expire		<b></b> *			

### Taxicab Filing Affidavit

State of Wisconsin	
County of Dane	
County of Danc	
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 d	ate of this Affidavit, (Company Name) <u>Badger Bus Lines, Inc.</u> ,
	1 Femrite Drive, Madison, WI 53718, Madison, Wisconsin, doing business as
	ger Bus Lines, Inc. , was the owner of the vehicles listed on Schedule
	reverse side of this Affidavit and incorporated herein.
	le of fares to be charged in the operation of each of the vehicles listed on Schedule A as ok boxes to indicate which taxicab rates are applicable)
The Ord	Meter Taxicab Rates authorized pursuant to Section 11.06(9)(a) of the Madison General inances.
	Zone Taxicab Rates authorized pursuant to Section 11.06(9)(b) of the Madison General inances.
The Ord	Airport Shuttle Rates authorized pursuant to Section 11.06(9)(c) of the Madison General inances.
X The	Flat Rate authorized pursuant to Section 11.06(9)(d) of the Madison General Ordinances.
Insurance spe Madison Gen vehicle identi b) That also atta the State of W	to this Affidavit for deposit with the City Clerk is a Policy or Certificate of Liability cifying insurance coverage of the types and amounts required by Section 11.06(8) of the eral Ordinances, and specifically indicating that said insurance coverage is applicable to the fied on the said Schedule A; and ched to said Policy or Certificate of Liability Insurance is a Certificate of Compliance from Visconsin Insurance Commissioner showing the insurance company is licensed and transact automobile insurance business in the State of Wisconsin; and
c) That said insu	rance policy contains a provision that the same may not be cancelled before the expiration of t upon thirty days' written notice to the City of Madison.
5. That this Filing A Ordinances desc	Affidavit is made to comply with the provisions of Section 11.06 of the Madison General ribed herein.
Subscribed and swo	rn before me  December , 2020 .  Signature of person signing Affidavit under oath
My Commission Ex	pires

## Vehicle List Schedule A

Company Name Badger Bus Lines, Inc.

	Permit Issued																							
	Color											41.0	1100											
Office Use Only	. Mark.												430											
ffice U	er Insp.																in e						_	
0	Ins. Meter																				7			1
	State Ir Reg.																	199	/					
/st																			/					
Type	Service	99/	852	853	855	861	862	863	864	865	998	867	874	875	876	877	878	879	880	881	882	883	884	888
Permit	#	265	293/	286		287	288	289	290	291	292	294	295	7296	287	298	299	300	301	261	262	263	264	
	Serial/Engine#	5TDKK3DC3BS069354	1FDEE3FSXHDC01244	1FDEE3FS7HDC01248	$\sqrt{150}$ TEDEE3FS5HDC01250	1kpee3F65HDC6597/	1FDEE3F67HDC65972	1FDEE3K66HDQ67051	1FDEE3F68HDC67052	1FDEE3F6KHDC67053	1FDEE3#61HDCX054	1FDED3F63HDC67045	1FDEE3F68JDC34624	1/FDEE3F67JDC37904	/FDEE3F62JDC42850	1FDEE3F66JDC42849	1FDEE3F63JDC41593	1FDEE3F62JDC42847	1FDEE3F64JDC42851	1FDEE3F64JDC42848	1FDEE3F61KDC30531	1FDEE3F63KDC30532	1FDEE3F65KDC30533	1FDEE3FL4GDC28236
Owner/	Title Holder	Badger Bbs Lines, Inc.	Badger Bus Lines, Inc.	Badger Bus Lines, Ngc.	Badger Bus Lines, Inc.	Badger Bus Lines, Inc.	Badger Bus Lines, Inc.	Badger Bus Lines, Inc.	Badger Bus Lines, Inc.	Badger Bus Lines, Inc.	Badger Bus Lines, Inc.	Badger Bus Lines, Inc.	Badger Bus Lines, Inc.	Badger Bus Lines, Inc.	Badger Bus Lines, Inc.	Badger Bus Lines, Ing.	Badger Bus Lines, Inc.	Badger Bus Lings, Inc.	Badger Bus Mnes, Inc.	Badger Bas Lines, Inc.	Badger Bus Lines, Inc.			
State	License	IM	M	MI	M	MI	IM	WI	IM	IM	IWI	IM	MI	MI	M	MI	IM	IM	IM	MI	IM	IM	MI	IM
Class &	Make	Toyota	Ford E-350	Ford E-350	Ford E-350	Ford E-350	Ford E-350	Ford E-350	Ford E-350	Ford E-350	Ford E-350	Ford E-350	Ford E-350	Ford E-350	Ford E-350	Ford E-350	Ford E-350	2018 Ford E-350	2018 Ford T-350	Ford T-350	Ford E-350	Ford E-350	Ford E-350	2016 Ford E-350
Model	Year	2011	2017	2017	2017	2017	2017	2017	2017	2017	2017	2017	2018	2018	2018	2018	2018	2018	2018	2018	2019	2019	2019	2016

### City of Madison -- Taxicab Rate Schedule

METER RATES			•
In Town			
"DROP" Distance	MI	"DROP" Charge \$	
Additional Distance		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 PART)	Y—6 OR MORE PASS	ENGERS)	
In Town			
"DROP" Distance	MI	"DROP" Charge \$	
Additional Distance		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 \$	WANTED TO THE TOTAL PROPERTY OF THE TOTAL PR		
Additional Zone(s) Charge \$			
		passengers making the same trip as the first passenger)	
Outer Zone Distance		Outer Zone Charge \$	
Wait Time	Seconds	Wait Charge \$	
FLAT RATES			
"DROP" Distance	MI		
Single Passenger "DROP" Cl	narge \$	Additional Passenger "DROP" Charge \$	
Additional Distance	MI		
Single Passenger "DROP" Cl	narge \$	Additional Passenger "DROP" Charge \$	Newsyman
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 \$		- · · · · ·	

HOURLY RATE			
\$	_ per hour		
RATES FOR OTHER SERVICE	ES .		
Personal Baggage:	First two articles F		each (except trunks and footlockers)
Groceries Carried to Door:	First two bags F Additional bags \$	ree	
Trunks and Footlockers: Aids to Handicapped People:	\$F		
AIRPORT FEE			
\$	_ per vehicle (may not exce	ed the fee in	posed by Dane County)
Company: Badger Bus Lin	es, Inc.		·
Proposed Effective Date:  Submitted by:  Jason Fenske	_		
This schedule must be subm proposed effective date.	· **		ty-eight (28) days before the
Office Use Only:			
Rate allowed by operating lice Submission Date:			ne
Distribution:  ☐ City Department of Transp ☐ City Weights and Measures ☐ Dane County Regional Air; ☐ City Police Department	s (Meter Cabs only)	403 Para 405 Publ 406 Hors	# -Transit Operating lic Passenger Vehicle/Pedal Cab se-Drawn Vehicle al Cab Service

# 01/03/11-F:\Clcommon\Licensing\Application Forms\Taxi Paratransit Ap.docx

### Revised

### Vehicle List Schedule A

Company Name Badger Bus Lines, Inc.

				පිපිපි		1FDEE3FL4GDC28236	Badger Bus Lines, Inc.	AGV 2228	Ford E-350	2016
				884	264	1FDEE3F65KDC30533	Badger Bus Lines, Inc.	AGV 2193	Ford E-350	2019
				883	263	1FDEE3F63KDC30532	Badger Bus Lines, Inc.	AGV 2194	Ford E-350	2019
	•			882	262	1FDEE3F61KDC30531	Badger Bus Lines, Inc.	AGV 2195	Ford E-350	2019
				881	261	1FDEE3F64JDC42848	Badger Bus Lines, Inc.	AEC 7675	Ford T-350	2018
				880	301	1FDEE3F64JDC42851	Badger Bus Lines, Inc.	AEC 7674	Ford T-350	2018
				879	300	1FDEE3F62JDC42847	Badger Bus Lines, Inc.	AEC 7673	Ford E-350	2018
				878	299	1FDEE3F63JDC41593	Badger Bus Lines, Inc.	AEC 7672	Ford E-350	2018
				877	298	1FDEE3F66JDC42849	Badger Bus Lines, Inc.	AEC 7671	Ford E-350	2018
				876	297	1FDEE3F62JDC42850	Badger Bus Lines, Inc.	AEC 7670	Ford E-350	2018
				875	296	1FDEE3F67JDC37904	Badger Bus Lines, Inc.	AEC 7669	Ford E-350	2018
				874	295	1FDEE3F68JDC34624	Badger Bus Lines, Inc.	AEC 7668	Ford E-350	2018
				867	294	1FDED3F63HDC67055	Badger Bus Lines, Inc.	ABJ 5452	Ford E-350	2017
				866	292	1FDEE3F61HDC67054	Badger Bus Lines, Inc.	ABH 5500	Ford E-350	2017
				865	291	1FDEE3F6XHDC67053	Badger Bus Lines, Inc.	ABH 5495	Ford E-350	2017
				864	290	1FDEE3F68HDC67052	Badger Bus Lines, Inc.	ABH 5459	Ford E-350	2017
				863	289	1FDEE3F66HDC67051	Badger Bus Lines, Inc.	ABH 5491	Ford E-350 ABH 5491	2017
				862	288	1FDEE3F67HDC65972	Badger Bus Lines, Inc.	ABH 5487	Ford E-350 ABH 5487	2017
				861	287	1FDEE3F65HDC65971	Badger Bus Lines, Inc.	ABH 5484	Ford E-350	2017
				855		1FDEE3FS5HDC01250	Badger Bus Lines, Inc.	858 ZAK	Ford E-350	2017
			10 m	853	286	1FDEE3FS7HDC01248	Badger Bus Lines, Inc.	860 ZAK	Ford E-350	2017
				852	293	1FDEE3FSXHDC01244	Badger Bus Lines, Inc.	430 ZBS	Ford E-350	2017
				766	265	5TDKK3DC3BS069354	Badger Bus Lines, Inc.	AHC8866	Toyota	2011
Color Permit Issued	Insp. Mark.	Ins. Meter	State Reg.	Service	#	Scitat/Elighte#	Title Holder	License	Make	Year
	Office Use Only	Off		Type of	Permit	Carial/Engine#	Owner/	State	Class &	Model

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	4,	



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/23/2021

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).

this certificate does not confer if	gnts to the certificate holder in field of si	uch endorsement(s).		
PRODUCER	•	CONTACT HUB International Midwest Limited		
HUB International Midwest Limite 2120 Pewaukee Road, Suite 202			FAX (A/C, No): 262.523.9601	
Waukesha WI 53188	•	E-MAIL ADDRESS: mww.wau.certificates@hubinternationa	l.com	
		INSURER(S) AFFORDING COVERAGE	NAIC#	
		INSURER A: National Interstate Insurance Co	32620	
INSURED	BADGBUS-01	INSURER B: West Bend Mutual Insurance Company	y 15350	
Badger Bus Lines, Inc. 5501 Femrite Drive		INSURER c : Cincinnati Insurance Company	10677	
Madison WI 53718-6837		INSURER D :		
		INSURER E:		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER: 729837119	REVISION NUM	IBER:	

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			ADDL INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	Х	CLAIMS-MADE X OCCUR		YPP111008104	5/1/2020	5/1/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 5,000,000 \$ 100,000
							MED EXP (Any one person)	\$ 5,000
					'		PERSONAL & ADV INJURY	\$ 5,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 5,000,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$5,000,000
		OTHER:					`	\$
Α	AU	FOMOBILE LIABILITY		YPP111008104	5/1/2020	5/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
	Х	ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
C		UMBRELLA LIAB X OCCUR		ENP0173896	1/1/2021	1/1/2022	EACH OCCURRENCE	\$ 5,000,000
	Х	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 5,000,000
		DED X RETENTION \$ 0						\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY		A227170	1/1/2021	1/1/2022	X PER OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TT N	N/A			,	E.L. EACH ACCIDENT	\$ 100,000
	(Mar	ndatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 100,000
	If yes	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Abu	se or Molestation Coverage		YPP111008104	5/1/2020	5/1/2021	\$1,000,000 \$1,000,000	each claim aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

NOTE: The Cincinnati Insurance Company Excess Liability Policy #ENP0173896 only extends over the workers compensation and employers liability policy #A227170

The City of Madison, its officers, officials, agents and employees are listed as an additional insured on the General Liability policy, on a primary and non-contributory basis, when required by written contract. 30 days notice of cancellation with exception of non-payment which is 10 days.

CERTIFICATE HOLDER	CANCELLATION
City of Madison Attn: Risk Management	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
210 Martin Luther King Jr. Blvd, Room 406	AUTHORIZED REPRESENTATIVE
Madison WI 53703	John Ribollen

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