

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 Karl Schulte Home Phone #608-256-2774
Home Address 1427-1/2 Williamson St, Madison, WI 53703

2. Company Name Green Cab of Madison, Inc
Business Address 700 Cottage Grove Road, Madison, WI 53716
Business Telephone Number 608-255-1234

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

Flat Rate _____	Number of Vehicles <u>0</u>
Zone <u>X</u>	Number of Vehicles <u>48</u>
Meter _____	Number of Vehicles <u>0</u>
Airport Shuttle _____	Number of Vehicles <u>0</u>

Total number of vehicles proposed to be operated 48

4. Describe detailed color scheme to be used: main body, roof, trim, lettering, etc.
White with the words "Green Cab" affixed on
either side. Behind and below the words
are a number of green leaf decals.

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

6. Name of Insurance Company Integrity Insurance Company
Business Address 2121 East Capitol Drive, Appleton, WI 54912
Business Telephone Number 800-348-1741

7. Name of Insurance Agent Kunkel & Associates
Business Address 3308 Nursery Drive, Middleton, WI 53562
Business Telephone Number 608-210-1080

8. Is applicant a corporation? Yes No

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

Name	Address
Shree Kalluri	1705 Hidden Hills, Verona 53593
Ram Venkatesh	9710 Trapper Trail, Madison 53562
Anthony O'Hare	5610 Mendota Dr, Middleton 53562

9. Is applicant a partnership? Yes No

If yes, give names and address of all partners:

Name	Address
(not applicable)	

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
	(see attached table)			

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

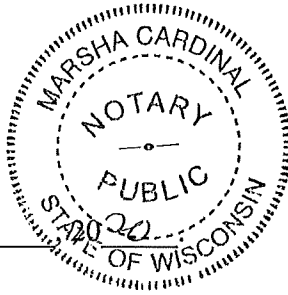
Subscribed and sworn before me

this 23 day of December

Marsha Cardinal

Notary Public

My Commission Expires 7/8/2023



[Handwritten Signature]

Applicant's Signature

City of Madison -- Taxicab Rate Schedule

METER RATES

In Town N/A

"DROP" Distance _____ MI "DROP" Charge \$ _____

Additional Distance _____ MI Additional Charge \$ _____

Wait Time _____ Seconds Wait Charge \$ _____

Out of Town N/A

"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 N/A

"DROP" Distance _____ MI "DROP" Charge \$ _____

Additional Distance _____ MI Additional Charge \$ _____

Wait Time _____ Seconds Wait Charge \$ _____

Out of Town N/A

"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 \$ _____

SEE ATTACHED

FLAT RATES

"DROP" Distance _____ MI N/A

Single Passenger "DROP" Charge \$ _____ Additional Passenger "DROP" Charge \$ _____

Additional Distance _____ MI

Single Passenger "DROP" Charge \$ _____ Additional Passenger "DROP" Charge \$ _____

LIMOUSINE RATES

Zone 1 Charge \$ _____ per passenger N/A

Zone 2 Charge \$ _____ per passenger

Zone 3 Charge \$ _____ per passenger

Zone 4 Charge \$ _____ per passenger

Zone 5 Charge \$ _____ per passenger

Zone 6 Charge \$ _____ per passenger

Zone 7 Charge \$ _____ per passenger

Zone 8 Charge \$ _____ per passenger

Zone 9 Charge \$ _____ per passenger

HOURLY RATE

\$ 36.00 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

FEE FOR CLEANING: \$50.00

AIRPORT FEE

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

Company: Green Cab of Madison, Inc.

Proposed Effective Date: no changes, already in effect

Submitted by: Karl Schulte / Karl Schulte
(Signature)

Karl Schulte

(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

Taxi Cab Rate Schedule for Green Cab

Detailed Description of rates charged by Green Cab of Madison Inc:

Green Cab operates as a zone-cab system. Green Cab charges a set rate for every zone which a trip passes through. The zones are specified by the City of Madison approved zone map. We have different rates listed with the City for four different levels of service, and for certain other situations. These rates are as follows:

Direct Rates:

Comfort Direct: First Zone Charge \$9.50
 Additional Zone(s) Charge \$1.75
 Additional Passenger Charge \$1.50 (for passengers making the same trip as the first passenger)
 Outer Zone Charge \$2.50 per mile
 Wait time Charge 60 cents per minute.

Economy Direct: First Zone Charge \$7.60
 Additional Zone(s) Charge \$1.50
 Additional Passenger Charge \$1.50 (for passengers making the same trip as the first passenger)
 Outer Zone Charge \$2.50 per mile
 Wait time Charge 60 cents per minute.

Shared Rates:

Comfort Shared: First Zone Charge \$7.00
 Additional Zone(s) Charge \$1.25
 Additional Passenger Charge \$1.50 (for passengers making the same trip as the first passenger)
 Outer Zone Charge \$2.50 per mile
 Wait time Charge 60 cents per minute.

AIRPORT FEE: Additionally, Green Cab collects a \$1.00 fee for each trip which originates at Dane County Regional Airport. This fee is set by Dane County.

BIOHAZARD CLEANING FEE: Whenever a passenger sullies or dirties a cab and causes that cab to be unusable until it is cleaned, Green Cab reserves the right to assess a special \$50.00 cleaning fee.

Mortgage Information for Green Cab

Green Cab of Madison - List of Mortgaged Fleet Vehicles

Fleet Number	Model Year	Vin Number	Mortgagee	Address of Mortgagee	Amt of Mortgage (at onset)	Fulfillment Date
160	2020	1G1FY6S01L4107521	State Bank of Cross Plains	1205 Main St - Cross Plains	\$50,000	May-2025
161	2020	1G1FZ6S07L4117774	State Bank of Cross Plains	1206 Main St - Cross Plains	\$50,000	May-2025
162	2020	1G1FY6S05L4113564	State Bank of Cross Plains	1207 Main St - Cross Plains	\$50,000	May-2025
163	2020	1G1FZ6S01L4116734	State Bank of Cross Plains	1208 Main St - Cross Plains	\$50,000	May-2025
310	2019	5YJXCAE20KF185046	State Bank of Cross Plains	1209 Main St - Cross Plains	\$50,000	Sep-2024
311	2019	5YJ3E1EB7KF493792	State Bank of Cross Plains	1210 Main St - Cross Plains	\$50,000	Nov-2024
312	2019	5YJ3E1EB3KF493904	State Bank of Cross Plains	1211 Main St - Cross Plains	\$50,000	Nov-2024
313	2019	5YJ3E1EB9KF469848	State Bank of Cross Plains	1212 Main St - Cross Plains	\$50,000	Nov-2024
314	2019	5YJ3E1EB8KF469856	State Bank of Cross Plains	1213 Main St - Cross Plains	\$50,000	Nov-2024
315	2019	5YJ3E1EB9KF511967	State Bank of Cross Plains	1214 Main St - Cross Plains	\$50,000	Nov-2024
316	2019	5YJ3E1EB3KF469862	State Bank of Cross Plains	1215 Main St - Cross Plains	\$50,000	Nov-2024
317	2020	5YJ3E1EB7LF665224	State Bank of Cross Plains	1216 Main St - Cross Plains	\$50,000	Jun-2020
318	2019	5YJ3E1EBXKF469860	State Bank of Cross Plains	1217 Main St - Cross Plains	\$50,000	Nov-2024
319	2019	5YJ3E1EB5KF469863	State Bank of Cross Plains	1218 Main St - Cross Plains	\$50,000	Nov-2024
320	2019	5YJ3E1EB3KF469196	State Bank of Cross Plains	1219 Main St - Cross Plains	\$50,000	Nov-2024
321	2019	5YJ3E1EB4KF469871	State Bank of Cross Plains	1220 Main St - Cross Plains	\$50,000	Nov-2024
322	2019	5YJ3E1EB4KF494012	State Bank of Cross Plains	1221 Main St - Cross Plains	\$50,000	Nov-2024
323	2019	5YJ3E1EB1KF469844	State Bank of Cross Plains	1222 Main St - Cross Plains	\$50,000	Nov-2024
324	2019	5YJ3E1EB2KF448209	State Bank of Cross Plains	1223 Main St - Cross Plains	\$50,000	Nov-2024
325	2019	5YJ3E1EB7KF469847	State Bank of Cross Plains	1224 Main St - Cross Plains	\$50,000	Nov-2024
326	2019	5YJ3E1EB6KF469838	State Bank of Cross Plains	1225 Main St - Cross Plains	\$50,000	Nov-2024
327	2019	5YJ3E1EBXKF469213	State Bank of Cross Plains	1226 Main St - Cross Plains	\$50,000	Nov-2024
328	2019	5YJ3E1EBXKF469857	State Bank of Cross Plains	1227 Main St - Cross Plains	\$50,000	Nov-2024
329	2019	5YJ3E1EB7KF493923	State Bank of Cross Plains	1228 Main St - Cross Plains	\$50,000	Nov-2024
330	2019	5YJ3E1EB4KF511827	State Bank of Cross Plains	1229 Main St - Cross Plains	\$50,000	Nov-2024
331	2019	5YJ3E1EB2KF469190	State Bank of Cross Plains	1230 Main St - Cross Plains	\$50,000	Nov-2024
332	2019	5YJ3E1EB0KF469155	State Bank of Cross Plains	1231 Main St - Cross Plains	\$50,000	Nov-2024
333	2019	5YJ3E1EB7KF511613	State Bank of Cross Plains	1232 Main St - Cross Plains	\$50,000	Dec-2024
334	2019	5YJ3E1EB9LF589246	State Bank of Cross Plains	1233 Main St - Cross Plains	\$50,000	Dec-2024
337	2019	5YJ3E1EB3LF520939	State Bank of Cross Plains	1234 Main St - Cross Plains	\$50,000	Dec-2024
338	2019	5YJ3E1EB1LF589242	State Bank of Cross Plains	1235 Main St - Cross Plains	\$50,000	Dec-2024
339	2019	5YJ3E1EB3KF448106	State Bank of Cross Plains	1236 Main St - Cross Plains	\$50,000	Dec-2024
340	2019	5YJ3E1EB2LF589248	State Bank of Cross Plains	1237 Main St - Cross Plains	\$50,000	Dec-2024
341	2019	5YJ3E1EB8KF469758	State Bank of Cross Plains	1238 Main St - Cross Plains	\$50,000	Dec-2024
342	2019	5YJ3E1EB6KF469158	State Bank of Cross Plains	1239 Main St - Cross Plains	\$50,000	Nov-2024
346	2019	5YJ3E1EB1KF211484	State Bank of Cross Plains	1240 Main St - Cross Plains	\$50,000	Sep-2024
347	2020	5YJ3E1EB6LF665117	State Bank of Cross Plains	1241 Main St - Cross Plains	\$50,000	Jun-2025
348	2020	5YJ3E1EB7LF665126	State Bank of Cross Plains	1242 Main St - Cross Plains	\$50,000	Jun-2025
349	2020	5YJ3E1EB1LF665154	State Bank of Cross Plains	1243 Main St - Cross Plains	\$50,000	Jun-2025
350	2020	5YJ3E1EB6LF665182	State Bank of Cross Plains	1244 Main St - Cross Plains	\$50,000	Jun-2025
351	2020	5YJ3E1EB0LF665288	State Bank of Cross Plains	1245 Main St - Cross Plains	\$50,000	Jun-2025
352	2020	5YJ3E1EBXLF665217	State Bank of Cross Plains	1246 Main St - Cross Plains	\$50,000	Jun-2025
353	2020	5YJ3E1EB6LF665196	State Bank of Cross Plains	1247 Main St - Cross Plains	\$50,000	Jun-2025
354	2020	5YJ3E1EB7LF665255	State Bank of Cross Plains	1248 Main St - Cross Plains	\$50,000	Jun-2025
355	2020	5YJ3E1EB4LF665181	State Bank of Cross Plains	1249 Main St - Cross Plains	\$50,000	Jun-2025
356	2020	5YJ3E1EB6LF665215	State Bank of Cross Plains	1250 Main St - Cross Plains	\$50,000	Jun-2025
357	2020	5YJ3E1EB9LF665242	State Bank of Cross Plains	1251 Main St - Cross Plains	\$50,000	Jun-2025
358	2020	5YJ3E1EB2LF665244	State Bank of Cross Plains	1252 Main St - Cross Plains	\$50,000	Jun-2025

Taxicab Filing Affidavit

State of Wisconsin)
County of Dane)

Karl Schulte, being first duly sworn on oath, deposes and says:

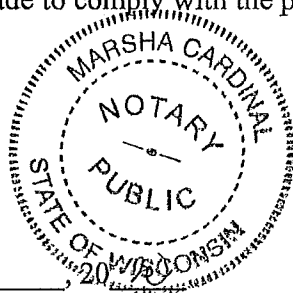
1. That the affiant owns _____, operates _____, or manages X a taxicab business in the City of Madison, doing business as Green Cab of Madison, Inc.
2. That as of the date of this Affidavit, (Company Name) Green Cab of Madison, Inc. (Address) 700 Cottage Grove Road, Madison, Wisconsin, doing business as Green Cab, 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 23 day of December

[Signature]
Notary Public

My Commission Expires 7/9/2023



[Signature]

Signature of person signing Affidavit under oath



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/4/2020

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 Kunkel & Associates, Inc. 401 Data Court Dubuque IA 52003	CONTACT NAME: Abby Zaharik PHONE (A/C, No, Ext): 563-885-2310 E-MAIL ADDRESS: certs@kunkel-inc.com		FAX (A/C, No): 563-557-7316
	INSURER(S) AFFORDING COVERAGE INSURER A: Integrity Insurance Company		NAIC # 14303
INSURED Green Cab of Madison Inc 1621 Beld St Madison WI 53715	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		

COVERAGES **CERTIFICATE NUMBER: 1144213388** **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:			CPP263811108	9/8/2020	9/8/2021	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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS			CA263811208	9/8/2020	9/8/2021	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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE 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			WCP263811308	9/8/2020	9/8/2021	<input checked="" type="checkbox"/> PER STATUTE <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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City of Madison, its officers, officials, and employees are additional insured on the general liability policy with respect to the operations performed by the named insured, such coverage is on a primary and non-contributory basis as per written contract. The policies provide a 30 day notice of cancellation except for non-payment of premium.

CERTIFICATE HOLDER Madison City Clerk's Office 210 Martin Luther King Jr Blvd Madison WI 53703	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 
--	---

© 1988-2014 ACORD CORPORATION. All rights reserved.

Revised List

Company Name : Green Cab of Madison

Model Year	Class & Make	(All are WI)	Holder	Vin Number	Permit Number
2020	Chevrolet Bolt	AGV-9273	Zerology LLC	1G1FY6S01L4107521	160
2020	Chevrolet Bolt	AGV-9274	Zerology LLC	1G1FZ6S07L4117774	161
2020	Chevrolet Bolt	AGV-9275	Zerology LLC	1G1FY6S05L4113564	162
2020	Chevrolet Bolt	AGV-9272	Zerology LLC	1G1FZ6S01L4116734	163
2019	Tesla Model X	Zer0102	Zerology LLC	5YJXCAE20KF185046	310
2019	Tesla Model 3	AHA-1045	Zerology LLC	5YJ3E1EB7KF493792	311
2019	Tesla Model 3	AGV-1936	Zerology LLC	5YJ3E1EB3KF493904	312
2019	Tesla Model 3	AHA-1047	Zerology LLC	5YJ3E1EB9KF469848	313
2019	Tesla Model 3	AGV-1939	Zerology LLC	5YJ3E1EB8KF469856	314
2019	Tesla Model 3	AHA-1985	Zerology LLC	5YJ3E1EB9KF511967	315
2019	Tesla Model 3	AGV-1942	Zerology LLC	5YJ3E1EB3KF469862	316
2020	Tesla Model 3	AJT-6607	Zerology LLC	5YJ3E1EB7LF665224	317
2019	Tesla Model 3	AGV-1940	Zerology LLC	5YJ3E1EBXKF469860	318
2019	Tesla Model 3	AGV-1941	Zerology LLC	5YJ3E1EB5KF469863	319
2019	Tesla Model 3	Zer0103	Zerology LLC	5YJ3E1EB3KF469196	320
2019	Tesla Model 3	AGV-1945	Zerology LLC	5YJ3E1EB4KF469871	321
2019	Tesla Model 3	AGV-1935	Zerology LLC	5YJ3E1EB4KF494012	322
2019	Tesla Model 3	AGV-1943	Zerology LLC	5YJ3E1EB1KF469844	323
2019	Tesla Model 3	Zer0104	Zerology LLC	5YJ3E1EB2KF448209	324
2019	Tesla Model 3	AHY1462	Zerology LLC	5YJ3E1EB7KF469847	325
2019	Tesla Model 3	AGV-1944	Zerology LLC	5YJ3E1EB6KF469838	326
2019	Tesla Model 3	Zer0105	Zerology LLC	5YJ3E1EBXKF469213	327
2019	Tesla Model 3	AGV-1938	Zerology LLC	5YJ3E1EBXKF469857	328
2019	Tesla Model 3	AGV-1934	Zerology LLC	5YJ3E1EB7KF493923	329
2019	Tesla Model 3	AHA-1984	Zerology LLC	5YJ3E1EB4KF511827	330
2019	Tesla Model 3	Zer0106	Zerology LLC	5YJ3E1EB2KF469190	331
2019	Tesla Model 3	Zer0107	Zerology LLC	5YJ3E1EB0KF469155	332
2019	Tesla Model 3	ALN-6940	Zerology LLC	5YJ3E1EB7KF511613	333
2019	Tesla Model 3	AHJ-4706	Zerology LLC	5YJ3E1EB9LF589246	334
No Current Vehicle with this cab number					335
No Current Vehicle with this cab number					336
2019	Tesla Model 3	AHJ-4704	Zerology LLC	5YJ3E1EB3LF520939	337
2019	Tesla Model 3	AHJ-4703	Zerology LLC	5YJ3E1EB1LF589242	338
2019	Tesla Model 3	Zer0108	Zerology LLC	5YJ3E1EB3KF448106	339
2019	Tesla Model 3	AHJ-4705	Zerology LLC	5YJ3E1EB2LF589248	340
2019	Tesla Model 3	Zer0109	Zerology LLC	5YJ3E1EB8KF469758	341
2019	Tesla Model 3	Zer0110	Zerology LLC	5YJ3E1EB6KF469158	342
No Current Vehicle with this cab number					343
No Current Vehicle with this cab number					344
No Current Vehicle with this cab number					345
2019	Tesla Model 3	Zer0101	Zerology LLC	5YJ3E1EB1KF211484	346
2020	Tesla Model 3	AJT-6837	Zerology LLC	5YJ3E1EB6LF665117	347
2020	Tesla Model 3	AJX-8668	Zerology LLC	5YJ3E1EB7LF665126	348

2020	Tesla Model 3	AJT-7137	Zerology LLC	5YJ3E1EB1LF665154	349
2020	Tesla Model 3	AJT-6862	Zerology LLC	5YJ3E1EB6LF665182	350
2020	Tesla Model 3	AJR-7737	Zerology LLC	5YJ3E1EB0LF665288	351
2020	Tesla Model 3	AJT-7134	Zerology LLC	5YJ3E1EBXLF665217	352
2020	Tesla Model 3	AJT-6839	Zerology LLC	5YJ3E1EB6LF665196	353
2020	Tesla Model 3	AJT-6599	Zerology LLC	5YJ3E1EB7LF665255	354
2020	Tesla Model 3	AJT-7139	Zerology LLC	5YJ3E1EB4LF665181	355
2020	Tesla Model 3	AJT-6618	Zerology LLC	5YJ3E1EB6LF665215	356
2020	Tesla Model 3	AJR-7738	Zerology LLC	5YJ3E1EB9LF665242	357
2020	Tesla Model 3	AJX-8713	Zerology LLC	5YJ3E1EB2LF665244	358



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/19/2021

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 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 Kunkel & Associates, Inc. 401 Data Court Dubuque IA 52003	CONTACT NAME: Abby Zahorik PHONE (A/C, No, Ext): 563-585-2310 FAX (A/C, No): 563-557-7316 E-MAIL ADDRESS: certs@kunkel-inc.com
	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Green Cab of Madison Inc 1621 Beld St Madison WI 53715	GRECAB1 INSURER A : Integrity Insurance Company 14303 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1600101016 **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:			CPP263811108	9/8/2020	9/8/2021	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 type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CA263811208	9/8/2020	9/8/2021	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 checked="" type="checkbox"/> RETENTION \$ 0			CUP2822643	11/30/2020	9/8/2021	EACH OCCURRENCE \$ 1,000,000 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 N / A	WCP263811308	9/8/2020	9/8/2021	<input checked="" type="checkbox"/> PER STATUTE <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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City of Madison, its officers, officials, and employees are additional insured on the general liability policy with respect to the operations performed by the named insured, such coverage is on a primary and non-contributory basis as per written contract. The policies provide a 30 day notice of cancellation except for non-payment of premium.

CERTIFICATE HOLDER Madison City Clerk's Office 210 Martin Luther King Jr Blvd Madison WI 53703	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
--	--

© 1988-2014 ACORD CORPORATION. All rights reserved.

