

# Document Summary: Zachary Taft.pdf

Number of Pages:

1



<b>FEES ARE NON-REFUNDABLE</b>		Date Recv'd <u>1/10/19</u>
License fee EACH Vehicle	\$30.00	Acct. 11030.4320
Investigation fee	\$ <del>7.00</del>	Acct. 100.2359
Total fee paid	\$ <u>0</u>	Receipt _____

**LICENSE APPLICATION**

for  
**TAXICAB COMPANY AND LIMOUSINE SERVICE**

<input checked="" type="checkbox"/>	Original Application	<i>(Licensed in Osh)</i>
<input type="checkbox"/>	Renewal - License # _____	

**SECTION 1 - APPLICANT INFORMATION**

Name of Company <b>STAR PROTECTION AND PATROL DBA STAR TRANSPORTATION</b>		Business Phone <b>920-527-0510</b>	
Business Street Address <b>1222 W SOUTH PARK AVE</b>		City <b>OSHKOSH</b>	State <b>WI</b>
Zip <b>54902</b>		Date of Birth <b>●●●●●●</b>	
Owner's Name <b>ZACHARY TAFT</b> ( <i>9204615862</i> )		Date of Birth <b>●●●●●●</b>	
Owner's Name		Date of Birth	
Owner's Driver License Number <b>●●●●●●●●●●</b>		Owner's Driver License Number <b>●●●●●●●●●●</b>	

*(Licensed in Osh)*

**SECTION 2 - VEHICLES TO BE OPERATED** (Attach additional sheets if necessary)

Vehicle Number	Capacity	Make/Model	DOT License Plate Number
414	8	DODGE G <del>MC</del>	PF7006
418	5	FORD EXPLORER	<i>AHB 474 Z</i>

**SECTION 3 - COMPANY HISTORY**

Is the company currently licensed in any other municipality?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	If Yes, what municipality? <b>OSHKOSH</b>
Has the company ever been denied a license by any municipality?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If Yes, please explain:
Have any of the owners ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If Yes, please explain:

Describe the basic operations of the company:  
**TAXI CAB AND TRANSPORT OPERATIONS.**

If the business is located in the City limits, Municipal Code requires that off-street parking is provided for. If applicable, what provisions have been made for off street parking?  
**N/A**

**SECTION 4 - INSURANCE NOTICE**

Insurance Coverage: **GENERAL LIABILITY / WORK COMP /COMMERCIAL AUTO**

Insurance Carrier: **SEE ATTACHED**

Insurance Agent Name and Phone Number: **SEE ATTACHED**

Policy Number: **SEE ATTACHED**

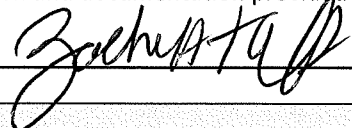
Policy Period: **SEE ATTACHED**

I confirm that I have the authority to sign and certify the information contained herein as the permittee/licensee, or duly authorized representative of the entity obtaining this permit/license. I have reviewed and understand the insurance requirements of the City of Appleton. I hereby certify that I, or the company I represent, have insurance in the amounts required to obtain this permit/license, have named the City of Appleton as an additional insured for purposes of this permit/license and have provided the name of mv insurance carrier. the policy number. and policy period above.



Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license and to indemnify, defend and hold harmless the City of Appleton and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorneys fees arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant, anyone directly or indirectly employed by any of them, which may arise from the use of city right-of-way or property under this permit or license.

I certify that this application, and all information and documentation provided therein, is true and accurate.

Applicant's Signature 

FOR OFFICE USE ONLY					COI on file? YES NO
Sealer	Approve	Deny	By	Reason	S&L Date
Police					Common Council
Fire					Date issued
Inspection					Exp. date

8-10-12

*Reasonable accommodations for persons with disabilities will be made upon request and if feasible.*





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/17/2019

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).

<b>PRODUCER</b> El Dorado Insurance Agency, Inc. El Dorado Sec Svcs Ins Agy 3673 Westcenter Drive Houston TX 77042	<b>CONTACT NAME:</b> Certificate Department	
	<b>PHONE (A/C, No, Ext):</b> (713) 521-9251	<b>FAX (A/C, No):</b> (713) 521-0125
<b>E-MAIL ADDRESS:</b> certificates@eldoradoinsurance.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Crum & Forster Specialty Insurance Co.		<b>44520</b>
<b>INSURER B:</b> Artisan and Truckers Casualty Co.		
<b>INSURER C:</b> Crum & Forster Specialty Insurance Co.		<b>031348</b>
<b>INSURER D:</b> Middlesex Insurance Company		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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			GLO-583795	6/14/2019	6/14/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Professional Liability						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY			07501077-1	4/10/2019	4/10/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			SEO-104906	6/25/2019	6/14/2020	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 2,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			A0121216002	5/29/2019	05/29/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
\*\*\*Workers' compensation coverage provided by Middlesex Insurance Company applies to Wisconsin operations and employees only.\*\*\* The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. Excess to follow form of underlying General Liability policy as per policy terms and conditions.

<b>CERTIFICATE HOLDER</b> brian.margan@appleton.org  City of Appleton 100 North Appleton Street Appleton, WI 54911	<b>CANCELLATION</b> 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 R.L. Ring, Jr./LY07
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any person or organization you have agreed in a written contract to add as an additional insured on your policy provided the written contract is executed prior to the "bodily injury", "property damage" or "personal and advertising injury"	Locations and operations covered under this policy when required by written contract executed prior to the "bodily injury", "property damage" or "personal and advertising injury"
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.





C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

