

CITY OF HARRISONBURG, VIRGINIA
DEPARTMENT OF PUBLIC TRANSPORTATION
475 E. Washington Street, Harrisonburg, VA 22802
(540)432-0492 FAX (540)432-0495

Processing Time: 14 days prior to Council Meeting. Processing Fee: \$100.00

Subject to compliance with all provisions of Section 14 of the Code of the City of Harrisonburg and other relevant ordinances that may be adopted by City Council and other regulations promulgated by the City Manager and/or the Director of Public Transportation.

The owner or proposed owner shall make application for the certificate to the Council upon forms provided by the City and shall furnish the following information under oath of the applicant:

1. **Applicant Information:**

Mr. Mrs. Ms. Miss.

(Please type or print clearly)

Name:
(First) (Middle) (Last)

Address: City:

State: Zip Code: E-mail:

Phone Number: Alternate Phone:

Date of Birth: Virginia Drivers License #:

The trade name under which the applicant does or proposes to do business:

The financial ability and responsibility of the applicant:

The specific experience of applicant in the transportation of passengers for hire:

The name and address of any person lending money or furnishing capital to the applicant where the operation is to be financed wholly or in part by means of borrowed money or capital in any form furnished by any person other than the owner:

Name:
(First) (Middle) (Last)

Address:

City: State: Zip Code:

If more than one, check here and attach their name and address.

Have you ever been charged with any criminal offense? Yes No

If yes, please list the date, the court and jurisdiction, the offense, and the disposition. Use more paper if needed.

Date	Jurisdiction/Court	Charge	Disposition

Provide a local criminal check from the City of Harrisonburg Police Department.

2. Company Information:

Company Name:

Address:

City: State: Zip Code:

Business Phone Number:

Location: Describe the character and location of the depots and terminals to be used, if any

Form of Business (please check):

Corporation

Number of shares outstanding:

Sole Proprietorship

Name of owner:

Partnership

Name of partners:

Company of Officers:

President (or owner):

Vice-President:

Secretary:

Treasurer:

Affiliated companies:

Type of Relationship:

3. Insurance Information:

Insurance Company: Venture Specialty Insurance - American Service Insurance

Address: 1504 Santa Rosa Rd, Suite 102

City: Richmond State: Virginia Zip Code: 23229

Agent: Kristin Bennett Phone Number: 804-521-2993

Policy Number: CA8758P2015

A certificate of liability insurance is required to accompany this application. Have you attached the certificate of liability insurance? Yes No

4. Number of Taxicabs

The kind of vehicles proposed to be used, showing seating capacity, design and color scheme of each. Attach a list of vehicles to include cab number, make, model, year and VIN number.

Currently Authorized: 5 # Currently in Use: 5

Number of taxicabs you anticipate adding through the coming year: 5

Is your taxi radio equipped? Yes No FCC License #: 0021177530

Applications for certificates shall be filed with the City Clerk at least fourteen (14) days prior to the Council meeting at which any such application is to be acted upon.

In accordance with federal; privacy and security code regulations and Section 19.2-389 of the Code of the State of Virginia (1950), as amended, I agree that any information discovered as a result of the submission of this form may be released to any City official that will have the authority to act on this application. Further, if disqualifying information is discovered, this fact, but not the specifics of such information, may be made known to the organization officials names in the application.

Reason for request: Certificate of Public Convenience and Necessity Application

Applicant's Signature: [Signature] Date: 06/24/2016

State of Virginia, City of Harrisonburg, to Wit: Christian Maragni

Has personally appeared before me, and subscribed and swore to the accuracy of the forgoing instrument this day June 24, 2016.

[Signature]
Notary Public
My commission expires: March 31, 2017.





CHECCAB-02

BENKR1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/21/2016

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 Venture Specialty Insurance 1504 Santa Rosa Rd., Suite 102 Richmond, VA 23229	CONTACT NAME: PHONE (A/C, No, Ext): (804) 521-2993	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : American Service Insurance		42897
INSURED		
Checkered Cab LLC 93 Shenandoah Ave. Harrisonburg, VA 22802		
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

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
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CA8758P2015	12/23/2015	12/23/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 250,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Business Auto			CA8758P2015	12/23/2015	12/23/2016	Uninsured Motorist 125,000

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

CERTIFICATE HOLDER

CANCELLATION

Checkered Cab LLC
93 Shenandoah Ave.
Harrisonburg, VA 22802

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

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