

## Notice Section

This is not an agenda item for this meeting, but serves as a public notice. The following individuals have filed and completed applications for Taxicab Medallion Holder Permits, Ramped Taxicab Medallion Holder Permits or Color Scheme Changes which will be reviewed and considered on the January 8, 2008 hearing.

### Notice Section: Item D

Consideration of the Taxi Commission to grant a Color Scheme  
Change to:

<b>Medallion Holder Name:</b>	<b>Medallion #:</b>	<b>Change:</b>
1. Nasser Fraydouni	725	Bay Cab to B&W Checker
2. Fred Seronick	6, 7 and 8	Town Taxi to B&W Checker
3. Edward Teper	844	Alliance to Luxor Cab

TAXICAB COLOR SCHEME APPLICATION  
San Francisco Taxicab Commission

NEW COLOR SCHEME  
(Complete both sides)

CHANGE OF COLOR SCHEME - From: BAY CAB  
(Complete front side only)

\*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATION.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>NASSER FRAYDOONI</u>		Phone <u>(925) 938 87469</u>
Residence Address (Street Address, City, State, Zip) <u>1308 WALDEN RD #37 WALNUT CREEK, CA 94597</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.

Business Name <u>BOW CHECKER</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AVE S.F. CA 94109</u>	Business Phone <u>415 285-3800</u>
Medallion Number(s) <u>725</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

Please list the reason(s) why you are requesting this change:

BETTER MANAGEMENT.

I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 27 day of NOVEMBER, 2007 at San Francisco, California

NASSER FRAYDOONI  
Print Name of Applicant

[Signature]  
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>GENNADY EPSHTEYN</u>	Title: <u>MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Black + white checker</u> hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Schems Holder / person authorized to sign for Color Scheme Holder	<u>11/27/07</u> Date

RECEIVED

OFFICE USE ONLY

Agenda Notice Date <u>12/11/07</u>	Hearing Date <u>01/08/08</u>	Decision of Taxicab Commission	New Declaration Signed / <u>NOV 9 2007</u>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Danelle</u>	Receipt No. <u>044059</u>	Amount <u>\$291-</u>	San Francisco TAXICAB COMMISSION



Farmers Insurance Group of Companies

Dmitry Erenkov Insurance Agency

3450 Geary Blvd, Ste 100  
San Francisco CA 94118  
Tel (415) 752-4442  
Fax (415) 752-4054

26 November 2007

TO SAN FRANCISCO TAXICAB COMMISSION:

Bay Cab #725 is currently covered through our Agency for Auto Liability and Workers Compensation. This is to confirm that this same medallion will be added to Black & White Checker Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by the Taxicab Commission. Coverage is provided by our Agency through Lincoln General Insurance Company.

Sincerely,

Dmitry Erenkov  
Agent/Broker

DIE/ece

RECEIVED  
NOV 27 2007  
SAN FRANCISCO  
TAXICAB COMMISSION

INSURANCE IDENTIFICATION CARD

(STATE) CA

# 725

COMPANY NUMBER	COMPANY	INSURANCE COMPANY
POLICY NUMBER	LINCOLN GENERAL	EXPIRATION DATE
AC0002100417		10/12/07
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
032	DAEWOO	
AGENCY/COMPANY ISSUING CARD		

PUBLIC DELIVERY INS SERVICES, INC  
 1380 EL CAJON BLVD, SUITE 212  
 EL CAJON, CA 92020

NSURED  
 BAY CAB # 725  
 SPITA & AUTOS FOR HIRE  
 999 PENNSYLVANIA ST  
 SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents To your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (1/83)

RECEIVED

NOV 27 2007

SAN FRANCISCO TAXI COMMISSION

# 725

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEAC OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

\*\*\*\*\* DO NOT DETACH - REGISTERED OWNER INFORMATION \*\*\*\*\*



REGISTRATION CARD VALID FROM: 07/31/2007 TO: 07/31/2008

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
DAEW	2002	0000	AN	2004	32X	31	
ODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER	
FX	G	NU	2	C	03060		
YPE VEHICLE USE	DATE ISSUED		CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED	
COMMERCIAL	07/24/07		38	07/24/07	9	<del>7V95003</del>	
	PR/HIST: SALVAGED			PR EXP DATE: 07/31/2007			

REGISTERED OWNER  
BAY CAB  
OR GENNADY ZAGOGIN  
999 PENNSYLVANIA ST  
SAN FRANCISCO  
CA 94107

AMOUNT DUE	AMOUNT RECVD
\$ 97.00	CASH : CHCK : CRDT : 97.00

AMOUNT PAID  
\$ 97.00

RECEIVED

NOV 27 2007

SAN FRANCISCO  
CALIFORNIA

**TAXICAB COLOR SCHEME APPLICATION**

San Francisco Taxicab Commission

NEW COLOR SCHEME  
(Complete both sides)

CHANGE OF COLOR SCHEME - From: TOWN TAXI  
(Complete front side only)

\*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATION.

**PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM**

Applicant's Name (First, Middle, Last) <u>FRED SERONICK</u>		Phone <u>650 349-2097</u>
Residence Address (Street Address, City, State, Zip) <u>1533 LAGO LN. SAN MATEO CA 94403</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.

Business Name <u>B&amp;W CHECKER</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AVE S.F. CA 94107</u>	Business Phone <u>415 285-3800</u>
Medallion Number(s) <u>6, 7, 8. (six; seven; eight)</u>		<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

Please list the reason(s) why you are requesting this change:

THE REASON THAT TOWN TAXI FAILED TO PROVIDE WORKERS COMPENSATION INSURANCE FOR ALL MY MEDALLIONS

I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 21 day of NOVEMBER, 2007 at San Francisco, California

FRED SERONICK

Print Name of Applicant

Fred Seronick

Signature of Applicant

**TO BE COMPLETED BY ACCEPTING COLOR SCHEME**

Name of person authorized to sign for Color Scheme Holder: <u>Gennady EPSHTEYN</u>	Title: <u>MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>B&amp;W CHECKER</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>11/21/07</u> Date

**OFFICE USE ONLY**

Agenda Notice Date <u>12/11/07</u>	Hearing Date <u>1/8/08</u>	Decision of Taxicab Commission	New Declaration Signed <u>RECEIVED</u>
Worker's Comp Submitted <u>yes</u>	Insurance Submitted <u>yes</u>	Paint Chips Submitted	Photos Submitted <u>NOV 21 2007</u>
Received by: <u>[Signature]</u>	Receipt No. <u>644050</u>	Amount <u>893.00</u>	Date



Farmers Insurance Group of Companies

Dmitry Erenkov Insurance Agency

3450 Geary Blvd, Ste 100  
San Francisco CA 94118  
Tel (415) 752-4442  
Fax (415) 752-4054

21 November 2007

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that, upon transfer approval by the Taxicab Commission, San Francisco Taxicab Medallions #6, #7 and #8 will be added to Black & White Checker Cab's Auto Liability and Workers Compensation policies. These coverages are currently provided through our Agency with Lincoln General Insurance Company. Furthermore, these medallions will be operating the following Black & White Checker Cab vehicles:

2003	MERC	
2002	MERC	
2002	FORD	

Sincerely,

Dmitry Erenkov  
Agent/Broker

DIE/ece



New

TOWN TAXI (006)

7/24/07

TO OBTAIN A TITLE OR REGISTRATION CARD, MAIL THE ATTACHED DOCUMENTS AND REQUESTED ITEMS TO: DMV, PO BOX 942869, SACRAMENTO, CA 94269-0001. PENALTIES ARE DUE IF RENEWAL FEES ARE PAID AFTER THE EXPIRATION DATE. PLANNED NON-OPERATION (PNO) REQUESTS MUST BE SUBMITTED WITHIN 90 DAYS OF THE EXPIRATION DATE (ON OR BEFORE THE EXPIRATION DATE FOR OFF-HIGHWAY VEHICLES) OR ALL FEES AND PENALTIES ARE DUE. FOR A DMV OFFICE APPOINTMENT, GO ONLINE AT WWW.DMV.CA.GOV OR CALL 1-800 777-0133.

OFFICIAL BRAKE AND LIGHT ADJUSTMENT  
CERTIFICATE ISSUED BY A LICENSED  
INSPECTION STATION.

ADDITIONAL FEE OF \$ 99.00 IS DUE FOR  
DUE

599 062907 35  
0022 F00 11  
5TTL267 316

DEC 4 2007

SAN FRANCISCO  
TAXI COMMISSION

REPORT OF  
DEPOSIT  
OF FEES  
PAGE 1 OF 1



\* INCOMPLETE APPLICATION\*\*SEE ABOVE\*\*THIS IS NOT AN OPERATING PERMIT \*

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
FORD	2006	2006	AM	2007	120	11	
BODY TYPE MODEL	MP	MO				VEHICLE/VESSEL ID NUMBER	
4D	G	NT					
TYPE VEHICLE/VESSEL USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	USE TAX	
AUTOMOBILE		06/29/07	01	06/29/07	0	158	

RDF REASONS: F 4

ALI MOHAMMAD SARDAR

AMOUNT PAID  
\$ 250.00

R  
/  
O  
  
L  
/  
O

AMOUNT DUE	AMOUNT RECVD
\$ 349.00	CASH : 250.00
	CHCK :
	CRDT :
ADJUST-UNDER	: 99.00

PR EXP DATE: 03/22/2008

PR/HIST: SALVAGED

REV. 06/2006



Divine Agency



# VEHICLE REGISTRATION RENEWAL NOTICE

7

VIN	MAKE	YR	BODY TYPE	LICENSE PLATE	AMOUNT DUE	DUE DATE
	HOND	2001	TX	8D98586	\$101	11/30/2007

ew, just provide:

Renewal Fees

Registration Suspended

(see reverse side of notice)

Return by MAIL only

*mail 9/17/07*

FEES	
REGISTRATION FEE	\$41
LICENSE FEE (May be an income tax deduction)	\$42
WEIGHT FEE	\$8
SPECIAL PLATE FEE	\$0
COUNTY/DISTRICT FEES	\$10
OWNER RESPONSIBILITY FEE	\$0

**RECEIVED**  
DEC 04 2007  
SAN FRANCISCO  
TAXI COMMISSION

**TOTAL DUE ON OR BEFORE 11/30/2007 \$101**

OR \$17 TO FILE PLANNED NONOPERATION

### PLANNED NONOPERATION

If you plan not to operate (PNO) this vehicle, please check the box and return the bottom part with your PNO payment.

LATE PAYMENT		
POSTMARKED	RENEWAL	PNO
After 11/30/07 through 12/10/07	\$116	\$32
After 12/10/07 through 12/30/07	\$126	\$42
After 12/30/07 through 02/28/08	\$161	\$77
AFTER 02/28/2008	\$161	NO PNO

DETACH AND RETURN

Planned Nonoperation

Change of Address (see back)  
For DMV Use Only



020301 08130908050806 0010100 33470000040000  
00050600000 0000006000 23211989 61

1131111A	C090607P02	08781	P10002
LICENSE NUMBER		MAKE	
		HOND	
VIN			
1HGEN26411L00046D			
DMV USE	DUE DATE	AMOUNT DUE	
	11/30/2007	\$101	

MAKE PAYMENT TO:

TOWNTAXI  
999 PENNSYLVANIA AVE  
SAN FRANCISCO CA 94107-3451

DMV RENEWAL  
P.O. BOX 942894  
SACRAMENTO CA 94294-0894



020301081309080508060010100334700000400000005060000000000060002321198961

NRW # 8

5/4/07

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PRACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

\*\*\*\*\* DO NOT DETACH - REGISTERED OWNER INFORMATION \*\*\*\*\*



REGISTRATION CARD VALID FROM: 04/01/2007 TO: 04/30/2008

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
MERC	2005	0000	BK	2007	31X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER	
TX	G	NS	2	D	04040		
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED		
COMMERCIAL	05/03/07	38	05/03/07	5			
PR/HIST: SALVAGED							

REGISTERED OWNER  
TOWN TAXI  
999 PENNSYLVANIA AVE

AMOUNT PAID  
\$ 222.00

SAN FRANCISCO  
CA 94107

AMOUNT DUE	AMOUNT RECVD
\$ 222.00	CASH : CHCK : CRDT : 222.00

LIENHOLDER

RECEIVED

DEC 04 2007

SAN FRANCISCO  
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION  
San Francisco Taxicab Commission

NEW COLOR SCHEME  
(Complete both sides)

CHANGE OF COLOR SCHEME - From: ALLIANCE  
(Complete front side only)

\*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATION.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <b>EDWARD TEPER</b>		Phone ( ) - ( ) - ( )
Residence Address (Street Address, City, State, Zip) <b>SF, CA 94122</b>		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <b>LUXOR CAB Co</b>	Business Address (Street Address, City, State, Zip) <b>2230 JEROME AVE, SF CA 94114</b>	Business Phone <b>(415) 282-1224</b>
Medallion Number(s) <b>844</b>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

Please list the reason(s) why you are requesting this change:

BETTER COMPANY, BETTER BUSINESS OPPORTUNITIES

I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 6<sup>th</sup> day of DECEMBER, 2007 at San Francisco, California

EDWARD TEPER Edward Teper  
Print Name of Applicant Signature of Applicant

Name of person authorized to sign for Color Scheme Holder: JOHN LAZAR Title: President

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for LUXOR CAB Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
[Signature] 12-6-07  
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date

RECEIVED

Agenda Notice Date <u>12-11-07</u>	Hearing Date <u>1.8.8</u>	Decision of Taxicab Commission	New Declaration Signed <u>DEC 06 2007</u>
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chips Submitted	Photos Submitted
Received by: <u>T.O.</u>	Receipt No.	Amount <u>291.00</u>	Date SAN FRANCISCO TAXICAB COMMISSION

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

\*\*\*\*\* DO NOT DETACH - REGISTERED OWNER INFORMATION \*\*\*\*\*



REGISTRATION CARD VALID FROM: 11/30/2007 TO: 11/30/2008

MAKE	YR MODEL	YR 1ST SOLD	VEH CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
DODG	2002	2001	BT	2007	32X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE ID NUMBER
TX	G	NY	2	D	04100		
TYPE VEHICLE USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		STICKER ISSUED
COMMERCIAL		11/20/07	41	11/20/07	8		
		PR/HIST: TAXI					PR EXP DATE: 11/30/2007
REGISTERED OWNER							AMOUNT PAID
ALLIANCE/ KOLENDO VICTOR							\$ 196.00
185 SERRAVISTA AVE				AMOUNT DUE	AMOUNT RECVD		
				\$ 196.00	CASH :		
					CHCK :		
DALY CITY					CRDT :	196.00	
CA	94015						

LIENHOLDER  
KOLENDO VICTOR

DALY CITY  
CA 94015

**INSURANCE IDENTIFICATION CARD**

(STATE) CA  
COMPANY NUMBER

NATIONAL INTERSTATE INSURANCE COMPANY  
EFFECTIVE DATE 10/12/07  
EXPIRATION DATE 10/12/08  
MAKE/MODEL DODGE  
VEHICLE IDENTIFICATION NUMBER

**AGENCY/COMPANY ISSUING CARD**

PUBLIC LIVERY INS SERVICES, INC  
1380 EL CAJON BLVD, SUITE 212  
EL CAJON, CA 92020

**INSURED**

ALLIANCE CAB # 844  
SFI TA & AUTOS FOR HIRE  
2175 MARKET ST  
SAN FRANCISCO, CA 94114

SEE IMPORTANT NOTICE ON REVERSE SIDE

ACORD 50 (1/83)

IN CASE OF ACCIDENT: Report all accidents  
To your Agent/Company as soon as possible.  
Obtain the following information:

1. Name and address of each driver,  
passenger and witness.
2. Name of Insurance Company and policy  
number for each vehicle involved.

**INSURANCE IDENTIFICATION CARD**

(STATE) CA  
COMPANY NUMBER

LINCOLN GENERAL INSURANCE COMPANY  
EFFECTIVE DATE 10/12/07  
EXPIRATION DATE 10/12/08  
MAKE/MODEL DODGE  
VEHICLE IDENTIFICATION NUMBER

PUBLIC LIVERY INS SERVICES, INC  
1380 EL CAJON BLVD, SUITE 212  
EL CAJON, CA 92020

**INSURED**

ALLIANCE CAB # 844  
SFI TA & AUTOS FOR HIRE  
2175 MARKET ST  
SAN FRANCISCO, CA 94124

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents  
To your Agent/Company as soon as possible.  
Obtain the following information:

1. Name and address of each driver,  
passenger and witness.
2. Name of Insurance Company and policy  
number for each vehicle involved.

ACORD 50 (1/83)

Client#: 6212

LUXORCAB

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/11/07

<b>PRODUCER</b> John Burnham SD 1610 750 B Street, Suite 2400 San Diego, CA 92101 800 421-6744	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURED</b> Luxor Cab Company 2230 Jerrold Avenue San Francisco, CA 94124	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: American Home Assurance Company INSURER B: By Authority of AIG Co. INSURER C: INSURER D: INSURER E:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> 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				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		<b>AUTOMOBILE LIABILITY</b> <input 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				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC	05/01/07	05/01/08	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Certificate is subject to all policy limits, conditions and exclusions.

<b>CERTIFICATE HOLDER</b>  San Francisco Taxi Commission 25 Van Ness Avenue Rm 420 San Francisco, CA 94102	<b>CANCELLATION Ten Day Notice for Non-Payment of Premium</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE 