

Notice Section: Item B

Consideration of the Taxi Commission to grant a Time Waiver to:

<b>Applicant Name:</b>	<b>List Number:</b>	<b>Type of Medallion:</b>
1. John Zucca	6-793	Ramp
2. Marcelos D. Fonseca	6-684	Ramp



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SEP 14 2007

### San Francisco Taxi Commission Time Waiver Request Form

SAN FRANCISCO  
TAXI COMMISSION

Name of Driver/Applicant: John Zucca Today's Date: 9/14/07

Address: Ave. List #: 679-3

Phone Number: 4: \_\_\_\_\_ Alternate Number: same

Reason for Time Waiver Request:  
Need to fulfill ramp-van hours + pickups.

**Driving Requirement:**

For 2007, you will need to turn in three (3) years proof of meeting the driving requirement (from 2004, 2005, 2006 and/or 2007) in order to qualify for a taxicab medallion. In order for your application to be heard in 2007, we recommend that your application and waybills are turned into the Taxi Commission office by **no later than November 1, 2007**. \*If you turn in your application and waybills after November 1, 2007, your application could be heard in 2008 which will require you to meet the 2008 driving requirement (4 years).

For 2008, you will need to turn in four (4) years proof of meeting the driving requirement (from 2004, 2005, 2006, 2007 and/or 2008) in order to qualify for a taxicab medallion. In order for your application to be heard in 2008, we recommend that your application and waybills are turned into the Taxi Commission office by **no later than November 1, 2008**. \*If you turn in your application and waybills after November 1, 2008, your application could be heard in 2009 which will require you to meet the 2009 driving requirement (5 years).

**Ramp Taxi Permit Driving Requirement:**

An applicant for a ramp taxi permit must meet the same requirements above. In addition to the above full-time driving requirement, applicants are required to have a total of 78 shifts (of the 156 shifts) or at least 400 hours (of the 800 hours) and 100 wheelchair pickups in a ramped taxicab during the six months immediately preceding the filing of the application. All ramp taxicab medallion applicants must be certified and provide the Ramp Taxi Operator's Training Certificate. The applicant has the burden of showing that he/she has completed this requirement and shall keep records sufficient to document his/her performance.

**Note:** The Taxi Commission will only consider one time waiver per applicant and will not grant time waivers to applicants falling short of the driving requirement by one or more years. **A medallion may not be available once you have completed the time waiver. In this case, you should continue to maintain the full-time driving requirement each year.**

I have read and understand the above rules and regulations.

John Zucca  
Signature of Applicant



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SEP 19 2007

SAN FRANCISCO TAXI COMMISSION

### San Francisco Taxi Commission Time Waiver Request Form

Name of Driver/Applicant: MARCELOS D. FONSECA Today's Date: 09-19-07  
 Address: SF-CA 94122 List #: 6-684  
 Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_  
 Reason for Time Waiver Request:  
AT THE MOMENT I DO NOT MEET THE TOTAL OF 78 SHIFTS AND 100 WHEELCHAIR PICKUPS. THAT'S THE REASON I WOULD LIKE TO REQUEST FOR TIME WAIVER.

**Driving Requirement:**

For 2007, you will need to turn in three (3) years proof of meeting the driving requirement (from 2004, 2005, 2006 and/or 2007) in order to qualify for a taxicab medallion. In order for your application to be heard in 2007, we recommend that your application and waybills are turned into the Taxi Commission office by **no later than November 1, 2007**. \*If you turn in your application and waybills after November 1, 2007, your application could be heard in 2008 which will require you to meet the 2008 driving requirement (4 years).

For 2008, you will need to turn in four (4) years proof of meeting the driving requirement (from 2004, 2005, 2006, 2007 and/or 2008) in order to qualify for a taxicab medallion. In order for your application to be heard in 2008, we recommend that your application and waybills are turned into the Taxi Commission office by **no later than November 1, 2008**. \*If you turn in your application and waybills after November 1, 2008, your application could be heard in 2009 which will require you to meet the 2009 driving requirement (5 years).

**Ramp Taxi Permit Driving Requirement:**

An applicant for a ramp taxi permit must meet the same requirements above. In addition to the above full-time driving requirement, applicants are required to have a total of 78 shifts (of the 156 shifts) or at least 400 hours (of the 800 hours) and 100 wheelchair pickups in a ramped taxicab during the six months immediately preceding the filing of the application. All ramp taxicab medallion applicants must be certified and provide the Ramp Taxi Operators Training Certificate. The applicant has the burden of showing that he/she has completed this requirement and shall keep records sufficient to document his/her performance.

**Note:** The Taxi Commission will only consider one time waiver per applicant and will not grant time waivers to applicants falling short of the driving requirement by one or more years. **A medallion may not be available once you have completed the time waiver. In this case, you should continue to maintain the full-time driving requirement each year.**

I have read and understand the above rules and regulations.

Marcelos D. Fonseca  
Signature of Applicant

Notice Section: Item C

Consideration of the Taxi Commission to grant a Taxicab or Ramp  
Taxicab Medallion Holder Permit to:

<b>Taxicab Permit Applicant:</b>	<b>List #:</b>	<b>Color Scheme:</b>	<b>Medallion Type:</b>
1. Earnest D. Demmer	6-463	Yellow Cab	Regular



## MEMORANDUM

**To:** Honorable Commissioners

**From:** Heidi Machen  
Executive Director

**Date:** September 14, 2007

**Re:** Medallion Applicant Earnest Demmer, List# 6-463 (Regular)

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**1. Earnest Demmer, List# 6-463:**

Mr. Demmer is being offered a Regular Taxicab Medallion Permit. Upon reviewing Mr. Demmer's waybills, staff found that he has violated the following rules and regulations:

Date Violation Occurred:	Rule Violated:	Explanation/Description of Violation:
2005: All Waybills 2006: All Waybills 2007: All Waybills	Taxicab Rules & Regulations Section 6.C.8.	Waybills shall include the total number of hours worked. <i>This information was not recorded on waybills.</i>
2005: 23 Waybills 2006: 17 Waybills 2007: 18 Waybills	MPC Section 1138 (h)	Ending time for the period covered by the waybill. <i>This information was not recorded.</i>

- The Taxi Commission has given Mr. Demmer a written formal admonishment for the above violations.
- Mr. Demmer has met the driving requirement for 2005, 2006 and 2007.
  - 2005 – 911 hours.
  - 2006 – 163 shifts.
  - 2007 – 1014 hours.

**PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION**  
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>EARNEST D. DEMMEN</b>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp
R: State, Zip) <b>S.F. CA. 94124</b>		
Main Address (if different from R):		
Residence Phone Number: (415) <b>1</b>	Alternate Phone Number: ( ) <b>NONE</b>	
Hours Available at this Number:	Hours Available at this Number:	
Other name(s) used:		

Race (Optional)	Sex <input checked="" type="checkbox"/> M / <input type="checkbox"/> F	Height <b>5'8"</b>	Weight <b>170</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLK</b>
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Color Scheme / Business Name <b>YELLOW CAB</b>	Business Number <b>(415) 333-3333</b>
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Color Scheme / Business Address (Street Address, City, State, Zip) <b>1200 MISSISSIPPI ST. S.F. CA. 94107</b>
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Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number:	Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was Issued: <b>JAN 2007</b> Permit #: <b>P44-055245</b>
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Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)

**IF THE PUBLIC LIKE SAFE EXPERIENCE DRIVER I AM THE ONE. I HAVE DROVE A TAXIS OVER 20 YEARS HAD ONLY ABOUT 3 CHARGEABLE ACCIDENT THAT PRETTY SAFE.**

**RECEIVED**

OFFICE USE ONLY			
Received by:	Receipt No. <b>044349</b>	Amount <b>500</b>	Date <b>SEP 07 2007</b>
Notice Date: <b>9/25/07</b>	Hearing Date: <b>10/09/07</b>		SAN FRANCISCO TAXI COMMISSION

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b).  Yes  No

List residences for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
2002	2007	S.F. CA. 94124

How long have you lived within a 30 mile radius of San Francisco? 60 years 0 months  
How many years driving experience do you have in San Francisco? 25 years 0 months  
Are you physically qualified to drive a standard vehicle safely?  Yes  No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
2002	2002	YELLOW CAB	1200 M. SSS, PPF S.F. CA 94107	DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime?  Yes  No If yes, provide the information required below. (Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired?  Yes  No Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.  
Is your hearing impaired?  Yes  No

Do you have any physical impairments?  Yes  No If yes, describe the impairment:

Have you ever had: Epilepsy  Yes  No Vertigo  Yes  No Heart Trouble  Yes  No

Are you now, or have you ever been, Addicted to the use of intoxicating liquor?  Yes  No Any Narcotic Drug?  Yes  No

Were you previously licensed as a taxi driver or chauffeur?  Yes  No If yes, has the license been revoked?  Yes  No If yes, explain for what cause?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service?  Yes  No  
If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)  
I WILL TAKE 3 RADIO CALL A DAY

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal?  Yes  No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab?  Yes  No

Read each section and sign initials to the left of each section if you agree and understand.

EDYES I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

EDYES I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at [www.sfgov.org](http://www.sfgov.org). If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

EDYES I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

I have read all of the above statements and declare under penalty of perjury that they are correct.

Executed on this 9/7/07 day of \_\_\_\_\_, 20\_\_\_\_ at San Francisco, California.

Earnest W. Wemyer  
Signature of Applicant



TAXICAB COLOR SCHEME APPLICATION  
San Francisco Taxicab Commission

NEW COLOR SCHEME  
(Complete both sides)

\*CHANGE OF COLOR SCHEME - From: \_\_\_\_\_  
(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>EARNEST DEWITT DENNER</b>		Phone (415) _____
Residence Address (Street Address, City, State, Zip) _____ _____ _____, 94124		
Joint Applicant's Name (First, Middle, Last) <b>SARAH</b>		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: _____

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SEP 07 2007

SAN FRANCISCO

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>YELLOW CAB CO</b>	Business Address (Street Address, City, State, Zip) <b>1200 M. ST. S.F. CA 94107</b>	Business Phone ( ) <b>333-3333</b>
Medallion Number(s)	<input 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:

~~None~~ I WOULD LIKE TO TAKE  
MEDALLION BECAUSE I HAVE BEEN  
WORKING THERE 25 YRS

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 9/7/07 day of FRIDAY, 2007 at San Francisco, California

Ernest D Denner Ernest D Denner  
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

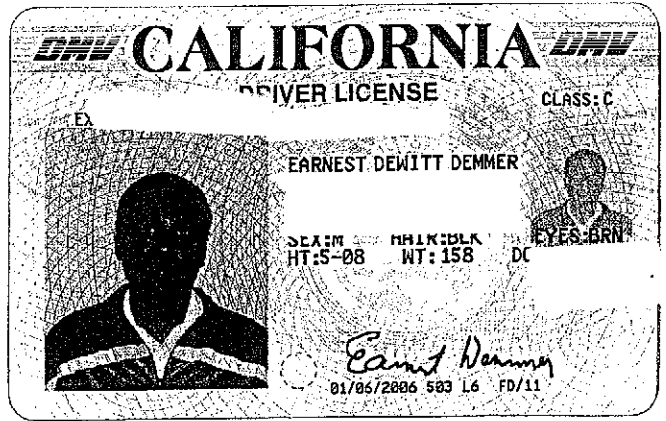
Name of person authorized to sign for Color Scheme Holder: <b>Richard Wiener</b>	Title: <b>Manager</b>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Yellow CAB Co. of</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	

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

[Signature] **SEP 07 2007**  
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date

OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date



ISSUED BY  
OFFICE OF THE TREASURER & TAX COLLECTOR  
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

**EARNEST D. DEMMER**

**P4**

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the San Francisco Police Code, Article 1, Sections 2.26.1 and 2.27.1



Notice Section: Item E

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

<b>Medallion Holder Name:</b>	<b>Medallion #:</b>	<b>Change:</b>
1. Anita Lee	432	Bay to B&W Checker
2. Jane Bolig	768	National to DeSoto 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>ANITA LEE</u>		Pt ( )
Residence Address (Street Address, City, State, Zip) <u>ive, San Francisco, CA 94132</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ( <u>415</u> )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input type="checkbox"/> No <input checked="" 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 94111</u>	Business Phone <u>(415) 285-3800</u>
Medallion Number(s) <u>432</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:

to have opportunity to change shifts  
at the bussines address and 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 7th day of September, 2007 at San Francisco, California

ANITA LEE Anita L. Lee  
Print Name of Applicant Signature of Applicant

**TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY**

Name of person authorized to sign for Color Scheme Holder: <u>BENNADY EPSHTEYN</u>	Title: <u>MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Black &amp; White Checker Cab Co.</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>9/6/2007</u> Date

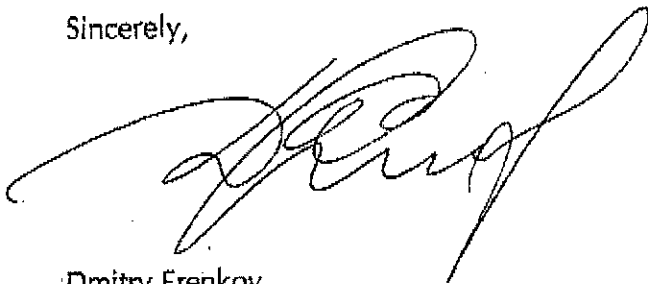
<b>OFFICE USE ONLY</b>				<b>RECEIVED</b>
Agenda Notice Date <u>09/15/07</u>	Hearing Date <u>10/09/07</u>	Decision of Taxicab Commission	New Declaration Signed	
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chips Submitted	Photos Submitted <u>SEP 17 2007</u>	
Received by: <u>[Signature]</u>	Receipt No. <u>144348</u>	Amount <u>\$291</u>	Date SAN FRANCISCO	

6 September 2007

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that an application for Workers Compensation coverage has been received from Black & White Checker Cab Company for Medallion #432 on behalf of the medallion holder, Anita Lee. This coverage will be provided through my Agency with Lincoln General Insurance Company effective 15 September 2007; a binder will be available shortly.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Erenkov', written in a cursive style.

Dmitry Erenkov  
Agent/Broker

DIE/ece



**USED VEHICLE DEALER NOTICE/TEMPORARY IDENTIFICATION**  
 (Must be affixed to the vehicle before delivery to the purchaser)

**35418339**

MAKE KIA	YEAR MODEL 2003	BODY TYPE SV	VEHICLE IDENTIFICATION NUMBER		
DATE SOLD (MO./DAY/YR.) 07/07/2007		DEALER'S NUMBER 14356	SALESPERSON'S NUMBER 8894177		
SOLD TO: PRINT TRUE FULL NAME(S) (1) BAY CAB 432			(2)		
BUSINESS OR RESIDENCE ADDRESS 999 PENNSYLVANIA AVENUE			CITY FRANCISCO	STATE CA	ZIP CODE 94107
NOTE: UPON TRANSFER OR SALE, DEALER MUST ENTER ODOMETER READING HERE. 0 5 7 , 2 9 5			IMPORTANT! ENTER BOTH DEALER'S AND SALESPERSON'S NUMBERS on notice of purchase of vehicle. Do not use as an application for registration.		

REG 51 (REV. 4/94)

**INSURANCE IDENTIFICATION CARD**

(STATE) CA

COMPANY NUMBER	COMPANY	MERCURY INSURANCE COMPANY
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
IN ISSUE	10/12/06	10/12/07
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
2001	FORD	
AGENCY/COMPANY ISSUING CARD		

ABI BUSINESS INSURANCE SERVICES  
 32107 W. LINDERO CANYON RD #126  
 WESTLAKE VILLAGE, CA 91361

**INSURED**  
 BAY CAB # 432  
 SFITA & AUTOS FOR HIRE  
 999 PENNSYLVANIA ST  
 SAN FRANCISCO, CA 94107

TAXICAB COLOR SCHEME APPLICATION  
San Francisco Taxicab Commission

NEW COLOR SCHEME  
(Complete both sides)

\*CHANGE OF COLOR SCHEME - From: NATIONAL 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>JANE BOLIG</u>	
Residence Address (Street Address, City, State, Zip) <u>ET, S.F., CA 94121</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>DESOTO CAB</u>	Business Address (Street Address, City, State, Zip) <u>555 SELBY ST, SF, CA 94124</u>	Business Phone <u>(415) 970-1300</u>
Medallion Number(s) <u>768</u>		<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

Opportunity to participate in ownership.  
Great radio!

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 19th day of SEPTEMBER, 2007 at San Francisco, California

JANE BOLIG Jane Bolig  
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>CINDY L. WARD</u>	Title: <u>GENERAL MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>DESOTO CAB COMPANY</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>Cindy L. Ward</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>9/19/07</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>09/25/07</u>	Hearing Date <u>10/09/07</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>[Signature]</u>	Receipt No. <u>644366</u>	Amount <u>291</u>	Date <u>9/20/07</u>

Sept. 19, 2007

SF Taxi Commission

To Whom It May Concern:

It is the policy of Desoto Cab to not purchase a vehicle for a transferring medallion until after approval from the Taxi Commission.

Therefore, there is no registration for medallion #768 at this time.

Sincerely,

Cindy L. Ward  
General Manager  
Desoto Cab Company



**STATE  
COMPENSATION  
INSURANCE  
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 04-01-2007

GROUP:  
POLICY NUMBER:  
CERTIFICATE ID:  
CERTIFICATE EXPIRES: 04-01-2008  
04-01-2007/04-01-2008

SAN FRANCISCO TAXI COMMISSION  
25 VAN NESS AVENUE ROOM 420  
SAN FRANCISCO CA 94102

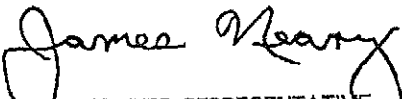
NG

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

  
AUTHORIZED REPRESENTATIVE

  
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2006 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

SEDAN OPERATORS COOPERATIVE, INC A CORPORATION  
DBA: DESOTO CAB COMPANY  
555 SELBY ST  
SAN FRANCISCO CA 94124