

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

*CHANGE OF COLOR SCHEME - From: METRO
(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>MICHAEL J. ROACH</u>		Phone <u>(415)</u>
Residence Address (Street Address, City, State, Zip) <u>J. SAN FRANCISCO, CA, 94109</u>		
MAILING ADDRESS Address (Street Address, City, State, Zip) <u>SAN FRANCISCO CA, 94108</u>		Phone ()
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>NATIONAL VETERANS CAB</u>	Business Address (Street Address, City, State, Zip) <u>2270 McKinnon AVE.</u>	Business Phone <u>(415) 648-1444</u>
Medallion Number(s) <u>1160</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:

Professional Environment
More support staff
Better repair and maintenance facilities

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 15th day of October, 2007 at San Francisco, California

MICHAEL J. ROACH Michael J. Roach
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>Dan Hinos</u>	Title: <u>PRESIDENT</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>NATIONAL VETERANS CAB</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>10/12/07</u> Date

OFFICE USE ONLY

RECEIVED

Agenda Notice Date <u>10/23/07</u>	Hearing Date <u>11/13/07</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted <u>OCT 16 2007</u>
Received by	Receipt No. <u>111002</u>	Amount <u>\$701</u>	Date

Applicant's Name _____

TO BE COMPLETED FOR NEW COLOR SCHEMES ONLY

Distinguishing color scheme of vehicle to be used in business: (Must include color rendering upon submission.)

Body _____ Hood _____ Top _____ Trunk _____ Fenders _____

Logo shown on vehicles: _____ Lettering Color _____

Other markings _____

Dispatch Service: _____

Does the applicant understand that every person, firm or corporation operating a taxicab shall adopt and have approved by the Taxicab Commission a distinguishing color scheme and design for all such taxicabs and the operators thereof, and shall use the same on all such taxicabs operated; provided, however, that any person may, with the consent of another operator to whom a distinctive color scheme has been previously assigned, use said color scheme? Yes No

Does the applicant understand that it is unlawful to make or cause to be made any changes whatever in the color or distinguishing characteristics of taxicabs unless the permission of the Taxicab Commission has first been obtained? Yes No

TO BE COMPLETED BY THE ACCEPTING DISPATCH SERVICE ONLY

Name of Dispatch Service:

NATIONAL CAB DISPATCH

Address:

3270 McMINNEN AVE

I, Dan Hines, the person authorized to sign for the Dispatch Service hereby give consent to the applicant named to use the dispatch service.

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

[Signature]
Signature of Authorized Person

PRESIDENT
Title

10/12/07
Date

2270 McKINNON AVE.
SAN FRANCISCO, CA 94124
DISPATCH: (415) 648-4444
OFFICE: (415) 648-4119
FAX: (415) 821-6861



dba VETERANS CAB, INC.
(415) 552-1300

DAN HINDS
PRESIDENT

October 16, 2007

To Whom It May Concern:

National/Veterans Cab has not at this time assigned a vehicle to Michael Roach to be used for medallion #1160.

National/Veterans Cab will provide the Taxi Commission with the registration of an assigned vehicle for medallion #1160 within thirty days.

Sincerely,

A handwritten signature in black ink, appearing to read "Dan Hinds", is written over a faint, larger version of the signature.

Dan Hinds
President
National/Veterans Cab

ACORD CERTIFICATE OF LIABILITY INSURANCE		CSR TG NATIO-2	DATE (MM/DD/YYYY) 10/07/07
PRODUCER Y. A. Tittle Insurance & Financial Services 1890 N. Shoreline Blvd., 2nd F Mountain View CA 94043 Phone: 650-856-2120 Fax: 650-856-3971		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.	
INSURED National Cab Company, Inc. Veterans Cab Company 2270 McKinnon Avenue San Francisco CA 94124		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: St. Paul Insurance Company	
		INSURER B: Mercury Insurance Company	27553
		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	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" 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	SF	12/01/06	12/01/07	EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$1,000,000 MED EXP (Any one person) \$ \$50,000.00 PERSONAL & ADV INJURY \$ \$1,000,000 GENERAL AGGREGATE \$ \$1,000,000 PRODUCTS - COMP/OP AGG \$ \$1,000,000
B	X	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		10/07/07	10/07/08	COMBINED SINGLE LIMIT (Ea accident) NAIC # \$ \$1,000,000 27553 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ \$1,000,000 AGGREGATE \$ \$1,000,000 \$ \$50,000.00 \$ \$1,000,000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTHER \$ \$1,000,000 E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ \$1,000,000 E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 IN FRANCISCO TAXICAB COMPANY.

PLEASE REFER TO THE ATTACHED LIST OF SCHEDULED MEDALLIONS.
 IN THE CITY AND COUNTY OF SAN FRANCISCO, THE POLICE COMMISSION AND THE AIRPORT
 COMMISSION OF THE CITY AND COUNTY OF SAN FRANCISCO AND ALL THEIR OFFICERS
 AND EMPLOYEES ARE NAMED AS ADDITIONAL INSURED.

CERTIFICATE HOLDER	CANCELLATION
SAN FRANCISCO POLICE DEPT. HALL OF JUSTICE ROOM #458 PERMIT SECTION 850 BRYANT STREET SAN FRANCISCO CA 94103	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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 Paul Batmale

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/04/2007

PRODUCER (415)564-4400 FAX (415)564-4494
DiNicola Insurance Services
License# 0829457
1635 Irving Street
San Francisco, CA 94122

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.

INSURED National Cab Company, Inc.
DBA: Veterans Cab Company
2270 McKinnon Avenue
San Francisco, CA 94124

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Delos Insurance Company	
INSURER B:	
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 INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <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 \$
	AUTOMOBILE LIABILITY <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) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER		/01/2007	05/01/2008	<input checked="" type="checkbox"/> WC STATUTORY 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Taxicab service re: medallion #'s: 22, 25, 26, 27, 28, 52, 56, 69, 124, 130, 137, 162, 170, 174, 182, 186, 193, 194, 204, 205, 207, 209, 210, 213, 214, 215, 216, 220, 221, 222, 223, 224, 225, 226, 233, 243, 301, 302, 306, 326, 330, 336, 354, 366, 377, 380, 417, 434, 446, 496, 522, 523, 543, 561, 712, 722, 724, 727, 734, 745, 748, 768, 842, 856, 860, 865, 881, 884, 887, 897, 980, 1015, 1064, 1100, 1111, 1146, 1167, 1185, 1231, 1279

CERTIFICATE HOLDER

City & County of San Francisco
Taxi Commission
25 Van Ness Avenue
Suite 420
San Francisco, CA 94102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Nick DiNicola/MARCO