

## Notice Section

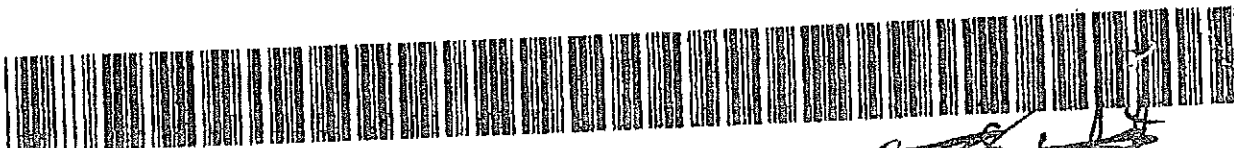
This is not an agenda item for this meeting, but serves as a public notice. The following individuals have filed and completed applications for Taxicab Medallion Holder Permits, Ramped Taxicab Medallion Holder Permits or Color Scheme Changes which will be reviewed and considered on the March 11, 2008 hearing.

Notice Section: Item B

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

<b>Medallion Holder Name:</b>	<b>Medallion #:</b>	<b>Change:</b>
1. Evern Byrd	1031	SF Taxi to Metro Cab





*Red Escape*

*[Signature]*

REGISTRATION CARD VALID FROM: 05/31/2007 TO: 05/31/2008

MAKE FORD	YR MODEL 2005	YR 1ST SOLD 2005	VLF CLASS BF	*YR 2007	TYPE VEH 32X	TYPE LIC 31	LICENSE NUMBER
BODY TYPE MODEL TX	MP Q	MO PN	AX 2	WC C	UNLADEN/C/CGW 03960	VEHICLE ID NUMBER 1FMYU9E	STICKER ISSUED
TYPE VEHICLE USE COMMERCIAL	DATE ISSUED 02/13/08	CC/ALCO 38	DT FEE RECVD 02/13/08	PIC 3	PR EXP DATE: 05/26/2008	AMOUNT PAID \$ 47.00	
REGISTERED OWNER METRO CAB CO 2121 EVANS ST STE G		PR/HIST: TAXI					

AMOUNT DUE	AMOUNT RECVD
\$ 47.00	CASH :
	CHCK :
	CRDT :

SAN FRANCISCO  
CA 94124

LIENHOLDER

F00 503 38 0004700 0011 CM F00 021308 31 8K43968.820

RECEIVED

FEB 20 2008

SAN FRANCISCO  
TAXI COMMISSION

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/05/07

**PRODUCER**

UnionBanc Insurance Svcs, Inc.  
1248 Fifth Avenue, Suite 200  
San Rafael, CA 94901  
415-784-2375, Fax 714-626-7624

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**

Metro Cab LLC (A Corp)  
2121 E. Evans Avenue  
San Francisco, CA 94124

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: Delos Insurance Company

35408

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	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 EA ACC \$ AUTO ONLY: 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	DCP001	07/15/07	07/15/08	<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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FEB 20 2008

SAN FRANCISCO TAXI COMMISSION

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

San Francisco Taxicab Commission  
25 Van Ness Avenue  
San Francisco, CA 94102-6033

**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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Paul D. Johnson*

**INSURANCE IDENTIFICATION CARD**

CALIFORNIA  
 LIC NUMBER  
 COMPANY NATIONAL INTERSTATE INSURANCE COMPANY  
 EXPIRATION DATE 10/12/08  
 EFFECTIVE DATE 10/12/07  
 MAKE/MODEL TOYOTA  
 VEHICLE IDENTIFICATION NUMBER 895

**ISSUING CARD**

LIC LIVERY INS SERVICES, INC  
 0 EL CAJON BLVD, SUITE 212  
 CAJON, CA 92024

ED

20 CAB # 1  
 1 EVANS ST  
 FRANCISCO, CA 94124

IMPORTANT NOTICE ON REVERSE SIDE

RECEIVED

FEB 20 2008

SAN FRANCISCO  
TAX COMMISSION

ACCORD 50 (1/83)

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.

**INSURANCE IDENTIFICATION CARD**

CALIFORNIA  
 LIC NUMBER  
 COMPANY NATIONAL INTERSTATE INSURANCE COMPANY  
 EXPIRATION DATE 10/12/08  
 EFFECTIVE DATE 10/12/07  
 MAKE/MODEL TOYOTA  
 VEHICLE IDENTIFICATION NUMBER 4T1BE32K250964855

**ISSUING CARD**

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

ED

0 CAB # 1  
 EVANS ST  
 FRANCISCO, CA 94124

IMPORTANT NOTICE ON REVERSE SIDE

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ACCORD 50 (1/83)

Handwritten mark resembling a stylized 'A' or '4' with a vertical line through it.