

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 August 12, 2008 hearing.

Notice Section: Item D

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

Medallion Holder Name:	Medallion #:	Change:
1. George Lancia	846	SF Taxi to Green Cab
2. Olivio Dallagiacomma	720	DeSoto to Arrow Cab
3. Marika Yuhas	9038	Arrow to Town Taxi
4. Earnest W Shinn	1148	Luxor to SF Taxi

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

CHANGE OF COLOR SCHEME - From: S.F. Taxicab
(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>George Lancia</u>		Phone <u>(415)</u>
Residence Address (Street Address, City, State, Zip) <u>Drily City CA 94014</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>GREEN CAB</u>	Business Address (Street Address, City, State, Zip) <u>98 Pennsylvania San Francisco CA 94107</u>	Business Phone <u>(415) 552-5891</u>
Medallion Number(s) <u>846</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:

BETTER WORKING-CONDITIONS
NEW HYBRID AND BEING WITH A GREAT TEAM.

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 03 day of July, 20 08 at San Francisco, California

GEORGE LANCIA
Print Name of Applicant

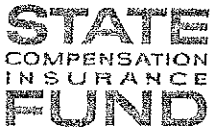
[Signature]
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>MARK GRUBERG</u>	Title: <u>COLOR SCHEME HOLDER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>GREEN 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>7/9/08</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>7/22/08</u>	Hearing Date <u>08/12/08</u>	Decision of Taxicab Commission	New Declaration Signed <u>[Signature]</u>
Worker's Comp Submitted <u>Yes</u>	Insurance Submitted <u>Yes</u>	Paint Chips Submitted	Photos Submitted
Received by: <u>[Signature]</u>	Receipt No. <u>370059</u>	Amount <u>291-</u>	Date <u>JUL 14 2008</u>



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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-25-2008

GROUP:
POLICY NUMBER:
CERTIFICATE ID: 7
CERTIFICATE EXPIRES: 04-25-2009
04-25-2008/04-25-2009
THIS CERTIFICATE SUPERSEDES AND CORRECTS
CERTIFICATE # 1 DATED 04-25-2008

SAN FRANCISCO TAXI COMMISSION
25 VAN NESS AVE STE 420
SAN FRANCISCO CA 94102-6055

NA

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.

James Neary
AUTHORIZED REPRESENTATIVE

Janet Frank
PRESIDENT

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

ENDORSEMENT #0015 ENTITLED ADDITIONAL INSURED EMPLOYER EFFECTIVE 2008-04-25 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. NAME OF ADDITIONAL INSURED: SAN FRANCISCO TAXI COMMISSION

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-25-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

RECEIVED

JUL 14 2008

SAN FRANCISCO
CALIFORNIA

EMPLOYER

SF GREEN CAB LLC DBA: GREEN CAB
98 PENNSYLVANIA AVE
SAN FRANCISCO CA 94107

NA

[FCC, CN]

GREEN CAB

98 Pennsylvania Avenue * San Francisco, CA 94107

July 9, 2008

Jordan Thigpen, Executive Director
Taxi Commission
25 Van Ness Ave., Suite 420
San Francisco, CA 94102

Dear Director Thigpen:

Please be advised that Green Cab has on order a new Toyota Prius to be operated under medallion #846. We will furnish a copy of the vehicle registration upon receipt.

Yours,



Mark Gruberg
Color scheme holder

RECEIVED

JUL 14 2008

SAN FRANCISCO
TAXI COMMISSION



tittle

Insurance &
Financial Services

MEMORANDUM

Date: July 9, 2008
To: SF Green Cab, L.L.C.
Joseph Mirabile
98 Pennsylvania Avenue
San Francisco CA 94107
From: Tom Griffin
RE: New Medallion #846
Commercial Auto Policy #CAC0002100134
Term: 04/12/08 to 04/12/09

Dear Joe,

Y. A. Tittle & Associates is prepared to provide \$1,000,000 Combined Single Limit Auto Liability insurance coverage to S.F. Green Cab for your proposed new medallion that you are attempting to add to your current fleet.

You currently have insurance with Lincoln General Insurance Company for existing medallions. It will be no problem at all to simply add the new medallion to your current insurance policy.

Please contact me when you receive the medallion # and vehicle information and I will make sure that everything is processed.

Please call me if you have any questions.

Sincerely,


Tom Griffin
Y.A. Tittle & Associates

RECEIVED

JUL 14 2008

SAN FRANCISCO
TAXI CAB FLIGHT

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

*CHANGE OF COLOR SCHEME - From: DE SOTO TO ARROW
(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>OLIVO DALLAGIACOMA</u>		Phone <u> </u>
Residence Address (Street Address, City, State, Zip) <u> AVE RICHMOND CA 94805</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>ARROW CAB</u>	Business Address (Street Address, City, State, Zip) <u>2575 MARIN SAN FRANCISCO CA 94107</u>	
Business Phone <u>415 648-3181</u>	Medallion Number(s) <u>720</u>	<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

I WOULD LIKE TO CHANGE COLOR SCHEMES FOR PERSONAL AND BUSINESS REASONS.

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 10 day of JULY, 20 08 at San Francisco, California
OLIVO DALLAGIACOMA Oli Dago
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>MARY SPECK</u>	Title: <u>President/owner</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>SPECK CAB CO INC dba ARROW 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>Mary Speck</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>8/9/08</u> Date

***** OFFICE USE ONLY *****

Agenda Notice Date <u>07/22/08</u>	Hearing Date <u>08/12/08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Danette</u>	Receipt No. <u>576058</u>	Amount <u>\$291</u>	Date <u>JUL 14 2008</u>



tittle

Insurance &
Financial Services

MEMORANDUM

Date: July 14, 2008
To: Olivo Dallagiacom
Medallion #720
From: Tom Griffin
RE: Workers Compensation Insurance

Dear Olivo,

Y.A. Tittle & Associates is prepared to offer Workers Compensation Insurance in the amount of \$1,000,000 each occurrence for your San Francisco Taxicab Medallion #720. This insurance will be written with the same carrier, Lincoln General Insurance Company as your Auto Liability carrier. This insurance will also afford coverage for all approved drivers operating your taxicab.

Lincoln General will attach the Workers Compensation to your Auto Liability policy and they will have the common expiration date of October 12, 2008. The San Francisco Taxicab Commission will be named as Additional Insured's to your policy.

Simply let me know when you have a start date with Arrow Cab and we will proceed with the application process. Please call me if you have any questions regarding this proposed coverage.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tom Griffin', written over a horizontal line.

Tom Griffin
Y. A. Tittle & Associates

RECEIVED

JUL 14 2008

SAN FRANCISCO
TAXI COMMISSION

INSURANCE IDENTIFICATION CARD

OP ID JK

STATE CA

COMPANY NUMBER

COMPANY

THIS CARD MUST BE KEPT IN THE INSURED

VEHICLE AND PRESENTED UPON DEMAND

33855

Lincoln General Insurance Co.

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

10/12/07

10/12/08

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2003 Ford

Crown Vi

AGENCY/COMPANY ISSUING CARD

Y. A. Tittle Insurance

Paul Batmale

650-856-2120

INSURED

Javed Jadoon

Olivo Dallagiacoma

e

Richmond

CA 94805

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.

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

ACORD 50 WM(2/95)

RECEIVED

JUL 14 2008

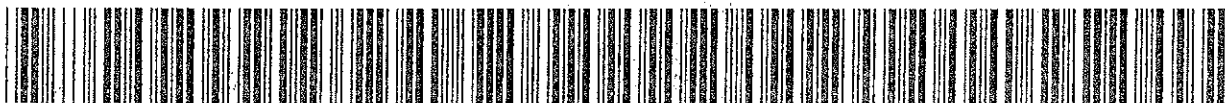
SAN FRANCISCO TAXI COMMISSION

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: 04/30/2008 TO: 04/30/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
FORD	2003	2003	AS	2007	32X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	ENSURE	VEHICLE ID NUMBER
TX	G	PR	2	C	04000	GENERAL T	
TYPE VEHICLE USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		STICKER ISSUED
COMMERCIAL		04/25/08	38	04/25/08	8		
		PR/HIST: TAXI					PR EXP DATE: 04/30/2008

REGISTERED OWNER: DESOTO CAB
 555 SELBY ST
 SAN FRANCISCO CA 94124

FIELD NAME: AMOUNT PAID \$ 104.00

AMOUNT DUE \$ 104.00 CASH : 104.00
 CHCK :
 CRDT :

LIENHOLDER
 JADOON JAVED

RECEIVED

JUL 14 2008

RICHMOND CA 94805

SAN FRANCISCO TAXI COMMISSION

REGISTRATION CARD H05 556 44 0010400 0022 CS H05 042508 31 8F96003 329

NEW COLOR SCHEME
Complete both sides

CHANGE OF COLOR SCHEME - From: ARROW
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): MARIKA YUMAS Phone: (650) 992-5984

Residence Address (Street Address, City, State, Zip): Daly City, CA 94015

Joint Applicant's Name (First, Middle, Last): _____ Phone: _____
Residence Address (Street Address, City, State, Zip): _____

Is this a Corporate permit? No 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: SF Town Taxi Business Address (Street Address, City, State, Zip): 999 Pennsylvania Ave, SF, CA 94102 Business Phone: 415-401-8900

Medallion Number(s): #9038
 Owner/Operator
 Gas & Gate
 Long Term Lease

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

- 1) Personal touch, long time relationships with the front desk & Dispatch office
- 2) No wheel chair users orders
- 3) Better service public through SF Town Dispatch.

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 July 7th day of July, 2008 at San Francisco, California

MARIKA YUMAS
Print Name of Applicant

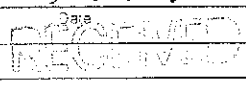
[Signature]
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: Jacob Mayzel Title: Manager

I, the Color Scheme Holder (person authorized to sign for the Color Scheme Holder for SF Town Taxi, Inc) 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] Date: 07/10/08
Signature of Color Scheme Holder (person authorized to sign for Color Scheme Holder)



OFFICE USE ONLY

Agenda Notice Date: <u>7/22/08</u>	Hearing Date: <u>08/12/08</u>	Decision of Taxicab Commission:	New Declaration Signed:
Worker's Comp Submitted:	Insurance Submitted:	Paint Chips Submitted:	Photos Submitted:
Received by: <u>Danelle</u>	Receipt No: <u>376057</u>	Amount: <u>\$291-</u>	Date: <u>7/22/08</u>

Client#: 57315

TOWNTAXI

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/19/07

PRODUCER UnionBanc Insurance Svcs, Inc. 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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Town Taxi Cab Company 999 Pennsylvania Avenue San Francisco, CA 94107	INSURER A: Lincoln General Insurance Co.	33855
	INSURER B: Lincoln General Insurance	33855
	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								
		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 - COM/OP AGG \$								
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	TC	10/12/07	10/12/08	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		JUL 13 2008		AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$		BASA 10/12/07	TAXI 10/12/08	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	TW	10/12/07	10/12/08	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$1,000,000</td> </tr> </table>	WC STATU-TORY LIMITS	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
WC STATU-TORY LIMITS	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													
		OTHER												

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

Certificate Holder is named as Additional Insured as their interest may appear. With respect to the Medallion list attached.

* 10 DAY CANCELLATION FOR NON-PAYMENT

(See Attached Descriptions)

CERTIFICATE HOLDER

San Francisco Paratransit Broker
 Attention: Richard Lessor
 68 12th Street
 San Francisco, CA 94103

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

Masoud Shahrin

REGISTRATION VALID FROM
CONL 01/31/2008 TO 01/31/2009 31
 TYPE LICENSE NUMBER
TAXI

VEHICLE IDENTIFICATION NUMBER

BODY TYPE MODEL

TX
 DATE ISSUED
03/10/2008

CYLS. DATE FIRST SOLD CLASS

00 00/00/0000 DC

MAKE
FORD
 YR Yr. Model
2008 2004

TOTAL FEES PAID
\$237
3800 4

TYPE VEH. MP AX WC UNLADEN/G/GW
33X G 2 D 04440

REGISTERED

OWNER

ARROW CAB CO
2551 MARIN
SAN FRANCISCO CA 94124

2575 Marin

RECEIVED
 JUL 1 2008
 STATE OF CALIFORNIA
 DEPARTMENT OF MOTOR VEHICLES

FORD MTR CRDT CO
PO BX 105704
ATLANTA
GA



30348
67120080305A70450C

STATE OF CALIFORNIA
 DEPARTMENT OF MOTOR VEHICLES
VALIDATED REGISTRATION CARD
 READ REVERSE SIDE - IMPORTANT INSTRUCTIONS

S3647839

INSURANCE IDENTIFICATION CARD

CSR TG

STATE **CA**

COMPANY NUMBER

COMPANY

33855

Lincoln General Insurance Co.

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

CA

02/14/08

02/14/09

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2004 Ford Frestar

AGENCY/COMPANY ISSUING CARD

Y. A. Tittle Insurance

Paul Batmale

650-856-2120

INSURED

Marika Yuhas

Arrow Cab #9038

370 Imperial Way, #115

Daly City

CA 94015

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.

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

*CHANGE OF COLOR SCHEME - From: LUXOR CAB CO.
(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>ERNEST WENDELL SHINN</u>		Phone () - () - ()
Residence Address (Street Address, City, State, Zip) <u>1200 ... N.E. SAN FRANCISCO, CA 94122</u>		
Joint Applicant's Name (First, Middle, Last) <u>N/A</u>		Phone () - () - ()
Residence Address (Street Address, City, State, Zip) <u>N/A</u>		
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>S.F. TAXI-CAB CO.</u>	Business Address (Street Address, City, State, Zip) <u>2121 EVANS ST. 94124 S.F., CA</u>	Business Phone <u>(415) 920-0709</u>
Medallion Number(s) <u>1148</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 DISPATCH SERVICE AT CITY WIDE IS GREAT. I KNOW THE PEOPLE WORKING THERE.

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 11 day of JULY, 2008 at San Francisco, California

ERNEST WENDELL SHINN X [Signature]
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>JACK G. TRAD</u>	Title: <u>SOLE PROPRIETORSHIP</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>S.F. TAXI-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>7-11-08</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>7/22/08</u>	Hearing Date <u>08/12/08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted <u>11/2008</u>

RECEIVED

Danella 376054 \$291 11/2008
Date SAN FRANCISCO TAXI 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

10 July 2008

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that Medallion #1148 will be added to S F Taxicab's Auto Liability and Workers Compensation insurance coverage upon transfer approval by the Taxicab Commission. Coverage is provided by our Agency through National Interstate Insurance Company (Liability) and Lincoln General Insurance Company (Workers Compensation).

Sincerely,

Dmitry Erenkov
Agent/Broker

DIE/ece

FORD ESCAPE - HYBRID
2008

17,370 Mi



* 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	2008	2007	BZ	2008	170	11	6
BODY TYPE MODEL	MP	MO	VEHICLE/VESSEL ID NUMBER				
UT	Q	PU					
TYPE VEHICLE/VESSEL USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	USE TAX		
AUTOMOBILE	07/10/08	38	07/10/08	0	723		

RDF REASONS: 9 E F Z

SF TAXI CAB CO

AMOUNT PAID
\$ 932.00

/ PO BX 425866
O
SAN FRANCISCO
CA 94142

AMOUNT DUE	AMOUNT RECVD
\$ 932.00	CASH : 940.00
	CHCK :
	CRDT :
CASH BACK	: 8.00

TIM DINH NGUYEN
L PO BX 425866
/
O
SAN FRANCISCO
CA 94142

PR EXP DATE: 08/28/2008

PR/HIST: SALVAGED