

## 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 July 8, 2008 hearing.

Notice Section Item: A

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

<b>Medallion Holder Name:</b>	<b>Medallion #:</b>	<b>Change:</b>
1. Charles Kleiman	772	DeSoto to B&W Checker
2. Michael Wilson	1112	Metro to Luxor Cab
3. Theodore Gray	150	DeSoto to Luxor Cab
4. Antonio Vasquez	53	Yellow to Fog City
5. Edwin Santigao	1225	DeSoto to Yellow
6. Leonard Howe	183	DeSoto to Yellow

TAXICAB COLOR SCHEME APPLICATION  
San Francisco Taxicab Commission

NEW COLOR SCHEME  
(Complete both sides)

\*CHANGE OF COLOR SCHEME -- From: De Soto  
(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>CHARLES STEPHAN KLEIMAN</b>	Phone <b>(415) - - - -</b>
Residence Address (Street Address, City, State, Zip)	
Joint Applicant's Name (First, Middle, Last)	Phone ( )
Residence Address (Street Address, City, State, Zip) <b>BRISBANE</b>	
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>B&amp;W CHECKER</b>	Business Address (Street Address, City, State, Zip) <b>999 PENNSYLVANIA AVE S.F</b>	Business Phone <b>(415) 285-3710</b>
Medallion Number(s) <b># 772</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:

GENERAL MANAGER AT De SOTO  
AND HE HAD A FALLING OUT  
(#772 - CHARLES KLEIMAN)  
I'M LOOKING FORWARD TO WORKING  
WITH BLACK AND WHITE CHECKER.

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 22 day of MAY, 2008 at San Francisco, California  
CHARLES KLEIMAN Charles Stefan  
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>Gennady Epshteyn</u>	Title: <u>MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _____ 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>05/22/08</u> Date

OFFICE USE ONLY			
Agenda Notice Date <u>6/10/08</u>	Hearing Date <u>7/8/08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>yes</u>	Insurance Submitted <u>yes</u>	Paint Chips Submitted	Photos Submitted <u>MAY 25 2008</u>
Received by: <u>[Signature]</u>	Receipt No. <u>375907</u>	Amount <u>291-</u>	Date

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

COMPANY

POLICY NUMBER

NATIONAL INTERSTATE

INSURANCE COMPANY

EFFECTIVE DATE

EXPIRATION DATE

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

SCION

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

INSURED

DESOTO CAR # 772  
SEITA & AUTOS FOR HIRE  
555 SELBY 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 53 (1/83)

REGISTRATION VALID FROM 06/30/2007 TO 06/30/2008  
 TYPE 31 TAXI  
 LICENSE NUMBER

BOODY TYPE MODEL TX  
 DATE ISSUED 05/29/2007  
 CLASS 00/00/2005  
 CLASS DQ  
 MAKE TOYOTA  
 Yr. Model 2005  
 TOTAL FEES PAID \$157  
 4100

KLEIWMAN CHADICE  
 BRISBANE CA 94005-1707



W0008  
 R0041  
 L0082

140051820075272

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

M 7432020

REGISTRATION HOLDER  
 OWNER



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

22 May 2008

TO SAN FRANCISCO TAXICAB COMMISSION:

DeSoto Cab #772 is currently covered through our Agency for Auto Liability insurance. 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 National Interstate Insurance and Lincoln General Insurance companies.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dmitry Erenkov".

Dmitry Erenkov  
Agent/Broker

DIE/ece



# Luxor Cabs, Inc.

2230 Jerrold Avenue, San Francisco CA 94124, Tel. (415) 282 1224 Fax (415) 282 1706

SF Taxicab Commission  
25 Van Ness Avenue #420  
San Francisco, CA 94102

May 29, 2008

This is to verify that Luxor Cab is happy to accept Mr. Michael Wilson as a medallion holder with our color scheme.

Liability and workers' compensation insurance policies are in place, as documented with the attached certificates.

Luxor will advise the commission of the vehicle particulars when Mr. Wilson's color scheme change is approved.

Sincerely,



Charles Rathbone  
Operations Department



MAY 29 2008

RECEIVED  
MAY 29 2008



Client#: 6212

LUXORCAB

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YY) 10/11/07
<b>PRODUCER</b> 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.	
<b>INSURED</b> Luxor Cab Company 2230 Jerrold Avenue San Francisco, CA 94124	<b>INSURERS AFFORDING COVERAGE</b>	
	INSURER A: <b>Lincoln General Insurance Co.</b>	
	INSURER B: <b>By Authority of AequiCap</b>	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**

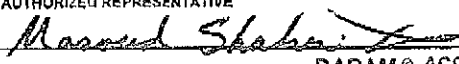
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES 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 LTR	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"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS -COMP/OP AGG \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <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		10/12/07	10/12/08	COMBINED SINGLE LIMIT (Per accident) <b>\$1,000,000</b> 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 LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS   OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>OTHER</b>				

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

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.  
 Veh# 7 - 2004 Ford cab109 TAXI VIN# 2FAFP74W24X184903 CA;  
 (See Attached Descriptions)

MAY 29 2006

<b>CERTIFICATE HOLDER</b> SFPD Permit Sect #458 Hall of Justice 850 Bryant St Taxi Cab Detail Attn: Taxi Detail San Francisco, CA 94103	<b>ADDITIONAL INSURED; INSURER LETTER:</b> <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 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 
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Client#: 6212

LUXORCAB

<b>ACORD. CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) <b>05/02/08</b>
<b>PRODUCER</b> 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.	
<b>INSURED</b> Luxor Cab Company 2230 Jerrold Avenue San Francisco, CA 94124	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: <b>Delos Insurance Company</b> INSURER B: INSURER C: INSURER D: INSURER E:	<b>NAIC #</b> 35408

**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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	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 OCCIDENT) \$ 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 DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
<b>A</b>	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER		05/01/08	05/01/09	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER 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

MAY 29 2008

<b>CERTIFICATE HOLDER</b>  ATC / Intelitran 1449 Webster Street San Francisco, CA 94115	<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 
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TAXICAB COLOR SCHEME APPLICATION  
San Francisco Taxicab Commission

NEW COLOR SCHEME  
(Complete both sides)

\*CHANGE OF COLOR SCHEME - From: DeSoto  
(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>THEODORE GRAY</u>		Phone ---
Residence Address (Street Address, City, State, Zip) <u>....., PETALUMA, CA 94954</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>LUXOR CAB</u>	Business Address (Street Address, City, State, Zip) <u>2230 FERROLO AVE, SF, CA 94134</u>	
Business Phone <u>(415) 282-4141</u>	Medallion Number(s) <u>#150</u>	<input checked="" 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):

NO COMPUTER  
NO CREDIT CARD  
CORRUPT MGMT.

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 3 day of JUNE, 2008 at San Francisco, California

*Theodore Gray*  
Print Name of Applicant

THEODORE GRAY  
Signature of Applicant

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

Name of person authorized to sign for Color Scheme Holder: <u>THOMAS J. STANGHELLINI</u>	Title: <u>OPERATIONS MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>LUXOR 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><i>Thomas J. Stanghellini</i></u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>6-3-08</u> Date

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

Agenda Notice Date: <u>6/10/08</u>	Hearing Date: <u>07/02/08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted: <u>JUN 03 2008</u>
Received by: <u>Danele</u>	Receipt No. <u>37509</u>	Amount: <u>\$091-</u>	Date

RECEIVED

SAN FRANCISCO  
TAXI COMMISSION

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

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

**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**

**INSURED**  
Luxor Cab Company  
2230 Jerrold Avenue  
San Francisco, CA 94124

INSURER A: Lincoln General Insurance Co.  
INSURER B: By Authority of AequiCap  
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 LTR	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 \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		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) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS   OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>OTHER</b>				

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

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.  
 Veh# 7 - 2004 Ford cab109 TAXI VIN# 2FAFP74W24X184903 CA;  
 (See Attached Descriptions)

RECEIVED

JUN 03 2008

SAN FRANCISCO

**CERTIFICATE HOLDER**

**ADDITIONAL INSURED; INSURER LETTER:**

**CANCELLATION Ten Day Notice for Non-Payment of Premium**

SFPD Permit Sect #458 Hall of Justice  
 850 Bryant St Taxi Cab Detail  
 Attn: Taxi Detail  
 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**

*Masoud Shaker*

Client#: 6212

LUXORCAB

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/02/08

**PRODUCER**  
UnionBanc Insurance Svcs, Inc.  
750 B Street, Suite 2400  
San Diego, CA 92101  
800 421-6744

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**INSURED**  
Luxor Cab Company  
2230 Jerrold Avenue  
San Francisco, CA 94124

<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
INSURER A: Delos Insurance Company	35408
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES**

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		<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		05/01/08	05/01/09	<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

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

RECEIVED

JUN 03 2008

SAN FRANCISCO TAXI COMMISSION

**CERTIFICATE HOLDER**

ATC / Inteltran  
1449 Webster Street  
San Francisco, CA 94115

**CANCELLATION Ten Day Notice for Non-Payment of Premium**

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 Shahri*

# Luxor Cabs, Inc.

2230 Jerrold Avenue, San Francisco CA 94124, Tel. (415) 282 1224 Fax (415) 282 1706

SF Taxi Commission  
25 Van Ness Ave #420  
San Francisco, Ca 94102

June 3, 2008

To Whom It May Concern:

This is verify that Luxor Cab is happy to accept Mr. Theodore Gray as a medallion holder with our color scheme.

Liability and workers' compensation policies are in place, as documented with the attached certificates.

Luxor will advise the commission of the vehicle particulars as soon as Mr. Gray obtains the vehicle.

Sincerely,



Thomas J. Stanghellini  
Operations Manager

RECEIVED

JUN 03 2008

SAN FRANCISCO  
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION  
San Francisco Taxicab Commission

NEW COLOR SCHEME  
(Complete both sides)

\*CHANGE OF COLOR SCHEME - From: Yellow  
(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>Antonio George Vasquez</u>		Phone ( <u>415</u> ) <u>882-1111</u>
Residence Address (Street Address, City, State, Zip) <u>1111 Broadway, San Francisco, CA 94103</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>Fog City Cab</u>	Business Address (Street Address, City, State, Zip) <u>979 Bryant St, San Francisco, CA 94103</u>	Business Phone <u>(415) 282-8749</u>
Medallion Number(s) <u># 53</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gata <input type="checkbox"/> Long Term Lease	

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

I like to join Fog city CAB

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 02 day of June, 2008 at San Francisco, California

Antonio G Vasquez [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:	Title:
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Fog City 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>6/2/08</u> Date

OFFICE USE ONLY				RECEIVED
Agenda Notice Date <u>6/10/08</u>	Hearing Date <u>6/24/08</u>	Decision of Taxicab Commission	New Declaration Signed	
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted	Paint Chips Submitted	Photos Submitted <u>JUN 02 2008</u>	
Received by: <u>Daniel</u>	Receipt No. <u>215925</u>	Amount <u>\$291</u>	Date	

**ACORD** TM. **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
05/29/2008

PRODUCER Phone: (828) 300-0000 Fax: 828-570-0808  
NEW CENTURY INS SERVICES, INC.  
16 N. 2ND ST.  
ALHAMBRA CA 91801

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 #

Agency Lic#: 0B07085

INSURED  
FOG CITY CAB, INC.  
979 BRYANT STREET  
SAN FRANCISCO CA 94103

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/ADDL 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 DEDUCTIBLE 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		08/15/07	08/15/08	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</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 STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE-EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE-POLICY LIMIT	\$ 1,000,000
WC STATUTORY LIMITS	OTHER												
E.L. EACH ACCIDENT	\$ 1,000,000												
E.L. DISEASE-EA EMPLOYEE	\$ 1,000,000												
E.L. DISEASE-POLICY LIMIT	\$ 1,000,000												
	OTHER:												

RECEIVED  
JUN 03 2008  
SAN FRANCISCO TAXI COMMISSION

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS  
 THIS CERTIFICATE IS FOR INFORMATION-ONLY PURPOSES.  
 MEDALLION NUMBER: 63

**CERTIFICATE HOLDER**

TAXI COMMISSION  
CITY HALL  
25 VAN NESS AVE., SUITE 420  
SAN FRANCISCO, CA 94102-6055

**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

Attention:



**INSURANCE IDENTIFICATION CARD**  
CALIFORNIA

COMPLAINT MEMBER COMPANY  
NATIONAL INTERSTATE INSURANCE COMPANY  
EFFECTIVE DATE EXPIRATION DATE  
10/12/07 10/12/08  
YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER  
2004 TOYOTA  
AGENCY/COMPANY ISSUING CARD

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

INSURED  
FOG CITY CAB # 53  
979 BRYANT ST  
SAN FRANCISCO, CA 94103

SEE IMPORTANT NOTICE ON REVERSE SIDE

**INSURANCE IDENTIFICATION CARD**

CALIFORNIA COMMENT  
NATIONAL INTERSTATE INSURANCE COMPANY  
EFFECTIVE DATE EXPIRATION DATE  
10/12/07 10/12/08  
YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER  
2004 TOYOTA  
AGENCY/COMPANY ISSUING CARD

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

INSURED  
FOG CITY CAB # 53  
979 BRYANT ST  
SAN FRANCISCO, CA 94103

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 (1/03)

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)

JUN 02 2008  
SAN FRANCISCO  
CALIFORNIA COMMISSION

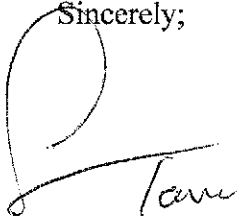
Fog City Cab, Inc.

Re:#53

To Taxi Commission:

Fog City Cab, Inc. will purchase a new vehicle for Cab #53 before June 24, 2008. If you have any questions, feel free to give me a call at 415.318.9951.

Sincerely;

A handwritten signature in black ink, appearing to read "Sonny Tam". The signature is written in a cursive style with a large, looping initial "S".

Sonny Tam

June, 2, 2008

RECEIVED

JUN 02 2008

SAN FRANCISCO  
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION  
San Francisco Taxicab Commission

G NEW COLOR SCHEME  
(Complete both sides)

G CHANGE OF COLOR SCHEME - From: DeSoto 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>Edwin Santiago</u>		Phone .....
Residence Address (Street Address, City, State, Zip) ..... <u>S.F. CA. 94109</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="radio"/> No <input type="radio"/> 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>Yellow Cab</u>	Business Address (Street Address, City, State, Zip) <u>1200 Mississippi</u>	Business Phone <u>(415) 333-3333</u>
Medallion Number(s) <u>1225</u>		<input checked="" type="radio"/> Owner / Operator <input type="radio"/> Gas & Gate <input type="radio"/> Long Term Lease

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

I would like To go To A Company That makes solid Financial Decisions. DeSoto is Mis-Managed in My opinion. Unequal Treatment of Shareholders.

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 5<sup>th</sup> day of June, 2008 at San Francisco, California

Edwin Santiago  
Signature of Applicant

Edwin Santiago  
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder <u>[Signature]</u>	Title: <u>Proprietor</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Yellow</u> hereby give consent to the applicant named to use my color scheme.	Taxicab 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>6/5/2008</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>6/10/08</u>	Hearing Date <u>7/08/08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Daneile</u>	Receipt No: <u>375938</u>	Amount: <u>\$291 -</u>	Date: <u>JUN 05 2008</u>

RECEIVED

SAN FRANCISCO TAXI COMMISSION (Rev. 10/05/05)

DEPARTMENT OF MOTOR VEHICLES

P. O. Box 942884

Sacramento, CA 94284-0884

(916) 657-6520



August 20, 2007

S.I. # 124

Yellow Cab Cooperative  
Nathan Dwiri, President  
1200 Mississippi St.  
San Francisco, CA 94107

Your annual report/financial statements have been reviewed and the requirements for renewal of your self-insurance permit have been met. Your self-insurance status is valid from September 1, 2007 through August 31, 2008 .

Vehicle Code Section 16020 requires that every driver and every owner shall at all times be able to establish financial responsibility and shall at all times carry in the vehicle evidence of the form of financial responsibility in effect for the vehicle. A copy of your Certificate of Self-Insurance or a copy of this letter constitutes written evidence of financial responsibility and should be placed in each of your affected vehicles.

Sincerely,

A handwritten signature in black ink, appearing to read "Edwin Imura".

EDWIN IMURA, Manager  
Financial Responsibility Area

NUMBER 2282

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
OFFICE OF THE DIRECTOR

# CERTIFICATE OF CONSENT TO SELF-INSURE

YELLOW CAB COOPERATIVE, INC.

THIS IS TO CERTIFY, That (a California corporation)  
has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-insure.

This certificate may be revoked at any time for good cause shown.\*

EFFECTIVE:

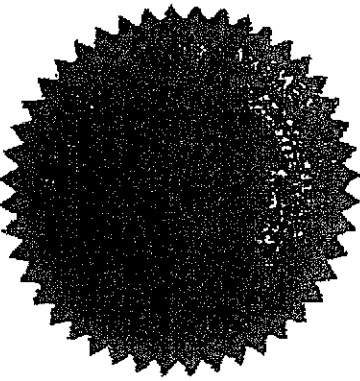
THE 16th day of June 19 2003

DEPARTMENT OF INDUSTRIAL RELATIONS  
OF THE STATE OF CALIFORNIA

CHUCK CAKE

DIRECTOR

*Mark B. Ashcraft*  
MARK B. ASHCRAFT  
MANAGER



\* Revocation of Certificate.—“A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice and custom of awarding claimants for compensation for compensation less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due. (b) Determining his compensation obligations by a dishonest manner. (c) Determining his compensation obligations in such a manner as to cause injury to the public or those dealing with him.” (Section 3705 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 9—Administration of Self-Insurance.

TAXICAB COLOR SCHEME APPLICATION  
San Francisco Taxicab Commission

G NEW COLOR SCHEME  
(Complete both sides)

G CHANGE OF COLOR SCHEME - From: DESOTO 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>LEONARD A. HOWE</u>	Phone <u>(415) - - - - -</u>
Residence Address (Street Address, City, State, Zip) <u>... E ROHNERT PARK, CA 94928</u>	
Joint Applicant's Name (First, Middle, Last)	Phone ( )
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? <input checked="" type="radio"/> No <input type="radio"/> 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>YELLOW CAB</u>	Business Address (Street Address, City, State, Zip) <u>1200 MISSISSIPPI ST</u>	Business Phone <u>(415) 333-3333</u>
Medallion Number(s) <u>183</u>	<input checked="" type="radio"/> Owner / Operator <input type="radio"/> Gas & Gate <input type="radio"/> Long Term Lease	

Please list the reason(s) why you are requesting this change:  
UNHAPPY WITH DESOTO'S BAD MANAGEMENT PRACTICES. I WANT COMPUTER + CREDIT CARD CAPABILITY

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 5<sup>th</sup> day of JUNE, 2008 at San Francisco, California  
Leonard A. Howe LEONARD A. HOWE  
 Signature of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder: <u>NATHAN DWIRI</u>	Title: <u>MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _____ 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>6/5/2008</u> Date

OFFICE USE ONLY			
Agenda Notice Date: <u>6/10/08</u>	Hearing Date: <u>7/08/08</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>JUN 05 2008</u>
Received by: <u>Danelle</u>	Receipt No: <u>575939</u>	Amount: <u>\$291</u>	Date

DEPARTMENT OF MOTOR VEHICLES

P. O. Box 942884

Sacramento, CA 94284-0884

(916) 657-6520



August 20, 2007

S.I. # 124

Yellow Cab Cooperative  
Nathan Dwiri, President  
1200 Mississippi St.  
San Francisco, CA 94107

Your annual report/financial statements have been reviewed and the requirements for renewal of your self-insurance permit have been met. Your self-insurance status is valid from September 1, 2007 through August 31, 2008.

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Sincerely,

A handwritten signature in cursive script, appearing to read "Edwin Imura".

EDWIN IMURA, Manager  
Financial Responsibility Area

NUMBER 2282

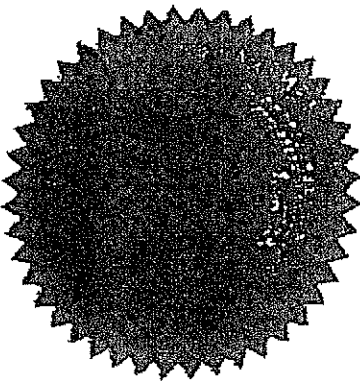
STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
OFFICE OF THE DIRECTOR

# CERTIFICATE OF CONSENT TO SELF-INSURE

YELLOW CAB COOPERATIVE, INC.

THIS IS TO CERTIFY, that (aCalifornia corporation)  
has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

This certificate may be revoked at any time for good cause shown.\*



EXECUTIVE:

THE 16th DAY OF JUNE 19 2003

*Mark B. Ashcraft*  
MARK B. ASHCRAFT  
MANAGER

DEPARTMENT OF INDUSTRIAL RELATIONS  
OF THE STATE OF CALIFORNIA  
*Chuck Cake*  
CHUCK CAKE  
DIRECTOR

\* Revocation of Certificate.—"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of course neglecting to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him." (Section 3703 of Labor Code.) The Certificate may be revoked for non-compliance with Title 8, California Administrative Code, Group B, Administration of Self-Insurance.