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 November 27, 2007 hearing.

Notice Section: Item A

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

Taxicab Permit Applicant:	**List #:**	**Color Scheme:**	**Medallion Type:**
1. Michael Gibbons	6-470	Arrow Cab	Regular
2. John M. Nickulus	6-484	Arrow Cab	Regular
3. Raymond Delgado	6-475	Yellow Cab	Alt. Fuel
4. Georg J. Rasmussen	6-471	Yellow Cab	Alt. Fuel
5. Ken Dao	6-957	Luxor Cab	Ramp
6. Robert MacKenzie	6-510	Luxor Cab	Alt. Fuel
7. Tai Yip	6-489A	Luxor Cab	Alt. Fuel
8. Yosef Habtemarium	6-473	Yellow Cab	Alt. Fuel
9. Tam D. Nguyen	6-492	Delta Cab	Alt. Fuel
10. Amilcar Pereira	6-927	Luxor Cab	Ramp
11. Nikolay Busel	6-494	Luxor Cab	Alt. Fuel
12. Frederick Lein	6-513	Yellow Cab	Alt. Fuel
13. Reynaldo Magno	6-509	Yellow Cab	Alt. Fuel

CITY AND COUNTY OF
SAN FRANCISCO

TAXI COMMISSION
MAYOR GAVIN NEWSOM

MEMORANDUM

To: **Honorable Commissioners**

From: **Heidi Machen**
Executive Director

Date: **November 7, 2007**

Re: **Medallion Applicants for Regular, Ramp and Alternative Fuel Medallions**

---

1. **Michael Gibbons, List# 6-470, Regular Medallion *add to agenda**
   - 2005: 800+ hours
   - 2006: 800+ hours
   - 2007: 800+ hours

2. **John M. Nickulus, List# 6-484, Regular Medallion**
   - 2004: 800+ hours
   - 2006: 800+ hours
   - 2007: 800+ hours

3. **Raymond Delgado, List# 6-475, Alternative Fuel Medallion**
   - 2006: 800+ hours
   - 2007: 800+ hours
   - No waybills turned in for 2004 or 2005. *See attached letter from Raymond Delgado.

4. **Georg Rasmussen, List# 6-471, Regular Medallion**
   - 2004: 156+ shifts
   - 2005: 156+ shifts
   - 2006: 156+ shifts

5. **Ken Dao, List# 6-957, RAMP**
   - 2005: 800+ hours
   - 2006: 800+ hours
   - 2007: 800+ hours

Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, drivers are to complete either 400 hours or 78 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver.
   - Last 6 months: 400+ hours
   - Wheelchair Pick Ups: 100+

6. **Robert MacKenzie, List# 6-510, Regular Medallion**
    - 2005: 800+ hours
    - 2006: 800+ hours
    - 2007: 800+ hours

7. **Tai Yip, List# 6-489-A, Alternative Fuel Medallion**
    - 2005: 156+ shifts
    - 2006: 156+ shifts
    - 2007: 156+ shifts

8. **Yosef Habtemarium, List# 6-473, Alternative Fuel Medallion**
    - 2004: 156+ shifts
    - 2005: 156+ shifts
    - 2006: 156+ shifts

9. **Tam D. Nguyen, List# 6-492, Alternative Fuel Medallion**
    - 2005: 800+ hours
    - 2006: 800+ hours
    - 2007: 800+ hours

10. **Amilcar Pereira, List# 6-927, RAMP**
    - 2005: 156+ shifts
    - 2006: 156+ shifts
    - 2007: 156+ shifts

Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, drivers are to complete either 400 hours or 78 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver.
    - Last 6 months: 400+ hours
    - Wheelchair Pick Ups: 100+

11. **Nikolay Busel, List# 6-494, Alternative Fuel Medallion**
    - 2004: 152 shifts
    - 2005: 155 shifts
    - 2006: 153 shifts

12. **Frederick Lein, List# 6-513, Alternative Fuel Medallion**
    - 2005: 156+ shifts
    - 2006: 156+ shifts
    - 2007: 156+ shifts

13. **Reynaldo Magno, List# 6-509, Alternative Fuel Medallion**
    - 2004: 156+ shifts
    - 2006: 156+ shifts
    - 2007: 156+ shifts

October 22, 2007

Ms. Heidi Machen, Exec. Director
San Francisco Taxicab Commission
25 Van Ness Avenue, Suite 420
San Francisco, CA 94102

Dear Ms. Machen,

My name is Raymond Delgado and I have been a taxi driver in San Francisco since 1993. I drove full-time for Yellow Cab from 1993 until April of 2003. In 2003, health insurance costs were a big burden on my family as I have a wife and two children and we were also responsible for taking care of my mother-in-law at the time. She was very ill and needed regular care. I was forced to take a job with Office Depot so I could get health benefits for me and my family. I was unable to drive cab at that time while I was working for Office Depot full-time.

At the beginning of 2006, I was able to find health insurance at a reasonable cost through Kaiser and returned to driving cab full-time where I could make more money than I was making at Office Depot. I had over 160 shifts in 2006 and will have as many shifts in 2007.

As you can see, I have been a cab driver in San Francisco since 1993. In 2002, I drove approximately 180 shifts and logged over 1500 hours. I have over the required 156 shifts for 2006 and 2007. Please consider the hardship I incurred from 2003-2006 in needing to provide health care for my family at a reasonable cost and leaving to work for Office Depot.

Driving a cab and becoming a medallion holder has always been my goal. I was an order taker at Yellow Cab when I was 18 years old and to too young to drive. My father drove cab For Yellow Cab from 1984 until 2000 when he passed away. My mother has been an employee of Yellow Cab for 22 years in their claims department.

Thank you for your consideration.

Raymond Delgado

Raymond Delgado, Badge #45449

Notice Section: Item D

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

Medallion Holder Name:	**Medallion #:**	**Change:**
1. William Patrick Jones	862	Worldwide to B&W
2. John Vincent Donnelly	859	Worldwide to B&W
3. Maximillian J David	960	Worldwide to B&W
4. Chuck Bun Tong	787	Worldwide to Fog City
5. Edward Charles Bennet	707	Worldwide to Fog City
6. George Francis Blake	957	Worldwide to Fog City
7. Jack Shuck Hoey	386	Worldwide to Fog City
8. Michael TW Chong	1040	Worldwide to Fog City
9. Mahinder Singh	67	United to Yellow Cab

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME (Complete both sides)

☑ *CHANGE OF COLOR SCHEME – From: World Wide 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)	Phone
William Patrick Jones	( )
Residence Address (Street Address, City, State, Zip)	94606
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	Business Address (Street Address, City, State, Zip)	Business Phone
B+W Checker	999 Pennsylvania	( )
Medallion Number(s)		☒ Owner / Operator ☐ Gas & Gate ☐ Long Term Lease
862		

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

World Wide Cab is closing its color scheme.

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 16th day of October, 2007 at San Francisco, California

William Patrick Jones
Print Name of Applicant

William Patrick Jones
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder:	Title:
GENNADY EPSHTEYN	MANAGER

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for B & W CHECKER (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 of Color Scheme Holder / person authorized to sign for Color Scheme Holder

10-18-07
Date

RECEIVED
NOV 02 2007

OFFICE USE ONLY

Agenda Notice Date 11/13/07	Hearing Date 11/27/07	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted with App 11.04.07	Paint Chips Submitted	Photos Submitted

ACORD

INSURANCE BINDER

DATE (MM/DD/YYYY): 10/22/2007

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY
Public Livery Insurance Services, Inc.
1380 El Cajon Blvd Ste 212
El Cajon CA 92020

PHONE (A/C, No, Ext): (619) 702-7022 FAX (A/C, No): (619) 593-2178

CODE: SUB CODE:

AGENCY CUSTOMER ID:

INSURED
Black & White Checker Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379

COMPANY
Lincoln General Insurance Company

BINDER #
TWC0000160

EFFECTIVE DATE	EFFECTIVE TIME		EXPIRATION DATE	EXPIRATION TIME	
10/12/2007	12:01	X AM / PM	12/12/2007	X 12:01 AM / NOON	

☐ THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)
Taxi Cab Operation
Medallion #756, #1058, #1278

COVERAGES

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	LIMITS AMOUNT
PROPERTY — CAUSES OF LOSS: ☐ BASIC ☐ BROAD ☐ SPEC				
GENERAL LIABILITY — ☐ COMMERCIAL GENERAL LIABILITY; ☐ CLAIMS MADE ☐ OCCUR	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE $
				DAMAGE TO RENTED PREMISES $
				MED EXP (Any one person) $
				PERSONAL & ADV INJURY $
				GENERAL AGGREGATE $
				PRODUCTS - COMP/OP AGG $
VEHICLE LIABILITY — ☐ ANY AUTO; ☐ ALL OWNED AUTOS; ☐ SCHEDULED AUTOS; ☐ HIRED AUTOS; ☐ NON-OWNED AUTOS				COMBINED SINGLE LIMIT $
				BODILY INJURY (Per person) $
				BODILY INJURY (Per accident) $
				PROPERTY DAMAGE $
				MEDICAL PAYMENTS $
				PERSONAL INJURY PROT $
				UNINSURED MOTORIST $
				$
VEHICLE PHYSICAL DAMAGE — DED: ☐ COLLISION: ☐ OTHER THAN COL:	☐ ALL VEHICLES ☐ SCHEDULED VEHICLES			☐ ACTUAL CASH VALUE; ☐ STATED AMOUNT $
GARAGE LIABILITY — ☐ ANY AUTO				AUTO ONLY - EA ACCIDENT $
				OTHER THAN AUTO ONLY:
				EACH ACCIDENT $
				AGGREGATE $
EXCESS LIABILITY — ☐ UMBRELLA FORM; ☐ OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE $
				AGGREGATE $
				SELF-INSURED RETENTION $
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				☐ WC STATUTORY LIMITS
				E.L. EACH ACCIDENT $ 1,000,000
				E.L. DISEASE - EA EMPLOYEE $ 1,000,000
				E.L. DISEASE - POLICY LIMIT $ 1,000,000
SPECIAL CONDITIONS/ OTHER COVERAGES				FEES $
				TAXES $
				ESTIMATED TOTAL PREMIUM $

RECEIVED
NOV 02 2007
SAN FRANCISCO
TAXI COMMISSION

NAME & ADDRESS
Black & White Checker Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379

☐ MORTGAGEE ☐ LOSS PAYEE ☐ ADDITIONAL INSURED

LOAN #

AUTHORIZED REPRESENTATIVE

INSURANCE IDENTIFICATION CARD

CALIFORNIA

MPANY NUMBER	COMPANY	
	LINCOLN GENERAL INSURANCE COMPANY	
LICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
	10/12/07	10/12/08
AR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
03	FORD	

ENCY/COMPANY ISSUING CARD

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

SURED

BLACK & WHITE CHECKER CAB # 862
999 PENNSYLVANIA ST
SAN FRANCISCO, CA 94107

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 (1/83)

INSURANCE IDENTIFICATION CARD

CALIFORNIA

MPANY NUMBER	COMPANY	
	LINCOLN GENERAL INSURANCE COMPANY	
LICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
	10/12/07	10/12/08
AR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
03	FORD	

AGENCY/COMPANY ISSUING CARD

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

NSURED

BLACK & WHITE CHECKER CAB # 862
999 PENNSYLVANIA ST
SAN FRANCISCO, CA 94107

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 (1/83)

World Wide Cab 862

862

RECEIVED
NOV 06 2007
SAN FRANCISCO
TAXI COMMISSION

DMV

USED VEHICLE DEALER NOTIC

(Must be affixed to the vehicle t

...IARY IDENTIFICATION
...ery to the purchaser)

35888587

MAKE	YEAR MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
FORD	2005	TX	2FDBP...913X210162

DATE SOLD (MO.-DAY-YR.) 06-27-07

DEALER'S NUMBER

SOLD TO: PRINT TRUE FULL NAME(S)

(1) WORLD WIDE CAB

SALESPERSON'S NUMBER 5308085

BUSINESS OR RESIDENCE ADDRESS 1550 MARIN AVE

(2)

APT. NUMBER | CITY | STATE | ZIP CODE

NOTE: UPON TRANSFER OR SALE, DEALER MUST ENTER ODOMETER READING HERE

IMPORTANT! ENTER BOTH DEALER'S AND SALESPERSON'S NUMBERS. This is a notice of purchase of vehicle. Do not use as an application for registration or title

REG 51 (REV. 4-94)

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME (Complete both sides)

☒ *CHANGE OF COLOR SCHEME – From: World Wide 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): John Vincent DONNELLY

Residence Address (Street Address, City, State, Zip): CA CA 94404

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	Business Address (Street Address, City, State, Zip)	Business Phone
B+W Checker	999 Pennsylvania	( )

Medallion Number(s): 859

☐ Owner / Operator
☐ Gas & Gate
☒ Long Term Lease

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

World Wide Cab is closing its doors!

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 16 day of OCT, 20 07 at San Francisco, California

John Vincent DONNELLY — Print Name of Applicant

John V. Donnelly — Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: Edward Epstein

Title: MANAGER

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for B & W CHECKER. (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 of Color Scheme Holder / person authorized to sign for Color Scheme Holder

10-18-07. — Date

OFFICE USE ONLY

RECEIVED
NOV 02 2007

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
11/13/07	11/27/07		
Worker's Comp Submitted	**Insurance Submitted**	**Paint Chips Submitted**	**Photos Submitted**
yes	Via Fax 11-02-07		

Receipt No. Amount Date

ACORD®

INSURANCE BINDER

DATE (MM/DD/YYYY): 10/31/2007

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY	COMPANY	BINDER #
Public Livery Insurance Services, Inc. 1380 El Cajon Blvd Ste 212 El Cajon CA 92020	Lincoln General Insurance Company	20071031-002

EFFECTIVE DATE	EFFECTIVE TIME		EXPIRATION DATE	EXPIRATION TIME	
10/12/2007	12:01	X AM / PM	12/12/2007	X 12:01 AM / NOON	

PHONE (A/C, No, Ext): (619) 702-7022 FAX (A/C, No): (619) 593-2178

CODE: SUB CODE:

AGENCY CUSTOMER ID:

☐ THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

INSURED
Black & White Checker Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)
Taxi Cab Operation
Medallion #432

COVERAGES

TYPE OF INSURANCE	COVERAGE/FORMS	LIMITS: DEDUCTIBLE	COINS %	AMOUNT
PROPERTY — CAUSES OF LOSS: ☐ BASIC ☐ BROAD ☐ SPEC				
GENERAL LIABILITY — ☐ COMMERCIAL GENERAL LIABILITY; ☐ CLAIMS-MADE ☐ OCCUR	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE $
				DAMAGE TO RENTED PREMISES $
				MED EXP (Any one person) $
				PERSONAL & ADV INJURY $
				GENERAL AGGREGATE $
				PRODUCTS - COMP/OP AGG $
VEHICLE LIABILITY — ☐ ANY AUTO; ☐ ALL OWNED AUTOS; ☐ SCHEDULED AUTOS; ☐ HIRED AUTOS; ☐ NON-OWNED AUTOS				COMBINED SINGLE LIMIT $
				BODILY INJURY (Per person) $
				BODILY INJURY (Per accident) $
				PROPERTY DAMAGE $
				MEDICAL PAYMENTS $
				PERSONAL INJURY PROT $
				UNINSURED MOTORIST $
				$
VEHICLE PHYSICAL DAMAGE — DED: ☐ COLLISION: ☐ OTHER THAN COL:	☐ ALL VEHICLES ☐ SCHEDULED VEHICLES			☐ ACTUAL CASH VALUE ☐ STATED AMOUNT $
GARAGE LIABILITY — ☐ ANY AUTO				AUTO ONLY - EA ACCIDENT $
				OTHER THAN AUTO ONLY: EACH ACCIDENT $
				AGGREGATE $
EXCESS LIABILITY — ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE $
				AGGREGATE $
				SELF-INSURED RETENTION $
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				☐ WC STATUTORY LIMITS
				E.L. EACH ACCIDENT $ 1,000,000
				E.L. DISEASE - EA EMPLOYEE $ 1,000,000
				E.L. DISEASE - POLICY LIMIT $ 1,000,000
SPECIAL CONDITIONS/ OTHER COVERAGES				FEES $
				TAXES $
				ESTIMATED TOTAL PREMIUM $

RECEIVED
NOV 02 2007
SAN FRANCISCO
TAXI COMMISSION

NAME & ADDRESS

Black & White Checker Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379

☐ MORTGAGEE ☐ LOSS PAYEE ☐ ADDITIONAL INSURED

LOAN #

AUTHORIZED REPRESENTATIVE

INSURANCE IDENTIFICATION CARD

CALIFORNIA

MPANY NUMBER	COMPANY	
	LINCOLN GENERAL	INSURANCE COMPANY
LICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
	10/12/07	10/12/08
AR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
04	FORD	

ENCY/COMPANY ISSUING CARD

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

SURED

BLACK & WHITE CHECKER CAB # 859
999 PENNSYLVANIA ST
SAN FRANCISCO, CA 94107

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 (1/83)

INSURANCE IDENTIFICATION CARD

CALIFORNIA

OMPANY NUMBER	COMPANY	
	LINCOLN GENERAL	INSURANCE COMPANY
OLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
	10/12/07	10/12/08
AR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
004	FORD	

AGENCY/COMPANY ISSUING CARD

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

NSURED

BLACK & WHITE CHECKER CAB # 859
999 PENNSYLVANIA ST
SAN FRANCISCO, CA 94107

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 (1/83)

Worldwide Cab 859

* 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	2004	0000	AQ	2007	31X	00	5

VEHICLE/VESSEL ID NUMBER

BODY TYPE MODEL	MP	HC	AX	WC	UNLADEN/G/CGW
TX	G	NU	2	D	04500

TYPE VEHICLE/VESSEL USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC
COMMERCIAL	07/06/07	38	07/06/07	0

RDF REASONS: 0 5 F Z E Z 4

AMOUNT PAID
$ 120.00

WORLDWIDE CAB
R 2560 MARIN #A
/
O

SAN FRANCISCO
CA 94124

AMOUNT DUE		AMOUNT RECVD
$ 200.00	CASH :	
	CHCK :	
	CRDT :	120.00
ADJUST-UNDER	:	80.00

L
/
O

PR/HIST: SALVAGED

624 36 0012000 0039 CS 070607 515716T 786

RECEIVED
NOV 06 2007
SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME (Complete both sides)

☒ * CHANGE OF COLOR SCHEME – From: Worldwide 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)	Phone
Maximillian Joseph David	415 793-8483
Residence Address (Street Address, City, State, Zip)	
432 Belvedere St., S.F., CA 94117	
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	Business Address (Street Address, City, State, Zip)	Business Phone
B&W Checker	999 Pennsylvania	(415) 285-3800
Medallion Number(s): 960		☐ Owner / Operator ☐ Gas & Gate ☐ Long Term Lease

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

World Wide Cab closing its doors

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 October, 2007 at San Francisco, California.

Maximillian David — Print Name of Applicant

Maximillian David — Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder:	Title:
KENNDY EPSHTEYN	MANAGER

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.

Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder — Date: 11-1-07

OFFICE USE ONLY

Agenda Notice Date: 11/13/07	Hearing Date: 11/27/07	Decision of Taxicab Commission	Now Declaration Signed
Worker's Comp Submitted:	Insurance Submitted:	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.: 644016	Amount: 291.—	Date: 11.07.07

(Rev. 11/30/05)

INSURANCE BINDER

DATE (MM/DD/YYYY): 10/31/2007

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY	COMPANY	BINDER #
Public Livery Insurance Services, Inc. 1360 El Cajon Blvd Ste 212 El Cajon CA 92020	Lincoln General Insurance Company	20071031-008

EFFECTIVE DATE	EFFECTIVE TIME		EXPIRATION DATE	EXPIRATION TIME	
10/12/2007	12:01	X AM / PM	12/12/2007	X 12:01 AM / NOON	

PHONE (A/C, No, Ext): (619) 702-7022 | FAX (A/C, No): (619) 593-2176

CODE: | SUB CODE:

AGENCY CUSTOMER ID:

☐ THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

INSURED
Worldwide Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)
Taxi Cab Operation
Medallion #386, #707, #787, #846, #859, #862, #923, #953, #957, #960, #1031, #1137

COVERAGES

TYPE OF INSURANCE	COVERAGE/FORMS	LIMITS: DEDUCTIBLE	COINS %	AMOUNT
PROPERTY — CAUSES OF LOSS: ☐ BASIC ☐ BROAD ☐ SPEC				
GENERAL LIABILITY: ☐ COMMERCIAL GENERAL LIABILITY; ☐ CLAIMS MADE ☐ OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		$
		DAMAGE TO RENTED PREMISES		$
		MED EXP (Any one person)		$
		PERSONAL & ADV INJURY		$
		GENERAL AGGREGATE		$
		PRODUCTS - COMP/OP AGG		$
VEHICLE LIABILITY: ☐ ANY AUTO; ☐ ALL OWNED AUTOS; ☐ SCHEDULED AUTOS; ☐ HIRED AUTOS; ☐ NON-OWNED AUTOS		COMBINED SINGLE LIMIT		$
		BODILY INJURY (Per person)		$
		BODILY INJURY (Per accident)		$
		PROPERTY DAMAGE		$
		MEDICAL PAYMENTS		$
		PERSONAL INJURY PROT		$
		UNINSURED MOTORIST		$
				$
VEHICLE PHYSICAL DAMAGE: DED; ☐ ALL VEHICLES ☐ SCHEDULED VEHICLES; ☐ COLLISION: ; ☐ OTHER THAN COL:		☐ ACTUAL CASH VALUE; ☐ STATED AMOUNT		$
GARAGE LIABILITY: ☐ ANY AUTO		AUTO ONLY - EA ACCIDENT		$
		OTHER THAN AUTO ONLY: EACH ACCIDENT		$
		AGGREGATE		$
EXCESS LIABILITY: ☐ UMBRELLA FORM; ☐ OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		$
		AGGREGATE		$
		SELF-INSURED RETENTION		$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		☐ WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		$ 1,000,000
		E.L. DISEASE - EA EMPLOYEE		$ 1,000,000
		E.L. DISEASE - POLICY LIMIT		$ 1,000,000
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES		$
		TAXES		$
		ESTIMATED TOTAL PREMIUM		$

NAME & ADDRESS

Worldwide Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379

☐ MORTGAGEE ☐ LOSS PAYEE ☐ ADDITIONAL INSURED

LOAN #

AUTHORIZED REPRESENTATIVE

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER	COMPANY	
	LINCOLN GENERAL	INSURANCE COMPANY
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
	10/12/07	10/12/08
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
2003	MERC	

AGENCY/COMPANY ISSUING CARD

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

INSURED

BLACK & WHITE CHECKER CAB #960
999 PENNSYLVANIA ST
SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

RECEIVED
NOV 06 2007
SAN FRANCISCO
TAXI COMMISSION

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)

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER	COMPANY	
	LINCOLN GENERAL	INSURANCE COMPANY
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
	10/12/07	10/12/08
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
2003	MERC	

AGENCY/COMPANY ISSUING CARD

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

INSURED

BLACK & WHITE CHECKER CAB #960
999 PENNSYLVANIA ST
SAN FRANCISCO, CA 94107

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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)

[redacted]

963

REGISTRATION CARD VALID FROM: 09/30/2007 TO: 09/30/2008

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
MERC	2003	0000	CC	2006	37X	31	

BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
TX	G	NX	2	D	04060	

TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED
COMMERCIAL	10/23/07	38	10/23/07	9	

PR/HIST: TAXI

PR EXP DATE: 09/30/2007

REGISTERED OWNER

WORLDWIDE CAB NATL CORP
2560 MARIN ST

SAN FRANCISCO
CA 94124

AMOUNT PAID
$ 373.00

AMOUNT DUE	AMOUNT RECVD	
$ 373.00	CASH :	
	CHCK :	
	CRDT :	373.00

LIENHOLDER

960

H00 573 12 0037300 0012 CS H00 102307 31 8B20450 859

World Wide Cab's #960

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME (Complete both sides)

☒ CHANGE OF COLOR SCHEME – From: World Wide (Complete front side only)

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last): Chuck Bun Tong	Phone: 4
Residence Address (Street Address, City, State, Zip): SF CA 94121	
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	Business Address (Street Address, City, State, Zip)	Business Phone
Fog City Cab	979 Bryant ST SF 94103	(415)282-8749

Medallion Number(s): 787

☒ Owner / Operator
☐ Gas & Gate
☐ Long Term Lease

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder:	Title:
Sam Tam	Owner

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Fog City Cab (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.

Sam Tam — Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

10-30-07 — Date

Please list the reasons why you are requesting this change. Why are you moving from one color scheme to another?

[redacted] [redacted]

also world wide will close Business

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 30th day of Oct, 2007 at San Francisco, California

Chuck B Tong — Print Name of Applicant

Chuck B Tong — Signature of Applicant

OFFICE USE ONLY

Agenda Notice Date 11/13/07	Hearing Date 11/27/07	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted ✓	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: Danelle	Receipt No 044397	Amount $291.—	Date OCT 31 2007

C:\My Files\Forms\Taxicab Color Scheme Application (Rev. 09/09/03)

RECEIVED

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/30/2007

PRODUCER Phone: (626) 300-9000 Fax: 626-570-0908
NEW CENTURY INS SERVICES, INC.
16 N. 2ND ST.
ALHAMBRA CA 91801

Agency Lic#: 0807085

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 #
INSURER A: Delos Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

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

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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	$
		CLAIMS MADE ☐ OCCUR				MED. EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
						GENERAL AGGREGATE	$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS-COMP/OP AGG.	$
		☐ POLICY ☐ PRO-JECT ☐ LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$
		ANY AUTO				BODILY INJURY (Per person)	$
		ALL OWNED AUTOS					
		SCHEDULED AUTOS				BODILY INJURY (Per accident)	$
		HIRED AUTOS					
		NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	$
		OCCUR ☐ CLAIMS MADE				AGGREGATE	$
							$
		DEDUCTIBLE					$
		RETENTION $					$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		08/15/07	08/15/08	☐ WC STATU-TORY LIMITS ☐ OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				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

THIS CERTIFICATE IS FOR INFORMATION-ONLY PURPOSES.
MEDALLION NUMBER: 787

CERTIFICATE HOLDER

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

Attention:

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, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY
LINCOLN GENERAL INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE
10/12/07

EXPIRATION DATE
10/12/08

YEAR
2003

MAKE/MODEL
MERC

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

FOG CITY CAB # 787
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 (1/83)

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY
LINCOLN GENERAL INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE
10/12/07

EXPIRATION DATE
10/12/08

YEAR
2003

MAKE/MODEL
MERC

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

FOG CITY CAB # 787
979 BRYANT ST
SAN FRANCISCO, CA 94103

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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)

FOG CITY CAB
979 Bryant St, San Francisco, CA 94103
Tel: (415) 282-8749 Fax: (415) 863-1139

To Whom It May Concern:

Medallion Holder # 787,
Chuck Bun Tong will joint venture with Fog City Cab Inc. Vehicle will be purchase and ready for service with approval of transfer to Fog City Cab.

Sincerely,

Greg Poon
Fog City Cab Inc

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME (Complete both sides)

☒ CHANGE OF COLOR SCHEME – From: World Wide (Complete front side only)

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last)
Edward Charles Bennett

Residence Address (Street Address, City, State, Zip)
e**4 st CA. 94109

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	Business Address (Street Address, City, State, Zip)	Business Phone
Fog City Cab	970 Bryant ST 94103	(415)282-8700

Medallion Number(s): #707

☒ Owner / Operator
☐ Gas & Gate
☐ Long Term Lease

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: Samir Tam | Title: Owner

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Fog City Cab (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] (Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder) — 10-30-07 (Date)

Please list the reasons why you are requesting this change. Why are you moving from one color scheme to another?

1) [redacted]

2) World Wide will close Business

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 30th day of 10, 20 07 at San Francisco, California

Edward C. Bennett (Print Name of Applicant) — [signature] (Signature of Applicant)

OFFICE USE ONLY

Agenda Notice Date 11/13/07	Hearing Date 11/27/07	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted ✓	Insurance Submitted ✓	Paint Chips Submitted	Photos Submitted
Received by: Danelle	Receipt No. 044392	Amount $291 —	Date 10/31/07

C:/My Files/Forms/Taxicab Color Scheme Application (Rev. 09/05/03)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/30/2007

PRODUCER Phone: (626) 300-9000 Fax: 626-570-0909
NEW CENTURY INS SERVICES, INC.
16 N. 2ND ST.
ALHAMBRA CA 91801

Agency Lic#: 0B07085

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

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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurance)	$
		CLAIMS MADE OCCUR				MED. EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	$
		POLICY PRO-JECT LOC				PRODUCTS-COMP/OP AGG.	$
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$
		ANY AUTO				BODILY INJURY (Per person)	$
		ALL OWNED AUTOS				BODILY INJURY (Per accident)	$
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	$
		HIRED AUTOS					
		NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	$
		OCCUR CLAIMS MADE				AGGREGATE	$
							$
		DEDUCTIBLE					$
		RETENTION $					$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		08/15/07	08/15/08	WC STATU-TORY LIMITS OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				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

THIS CERTIFICATE IS FOR INFORMATION-ONLY PURPOSES.
MEDALLION NUMBER: 707

CERTIFICATE HOLDER

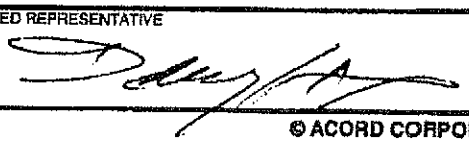
TAXI COMMISSION
CITY HALL
25 VAN NESS AVE., SUITE 420
SAN FRANCISCO, CA 94102-6055

Attention:

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, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY
LINCOLN GENERAL INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE
10/12/07

EXPIRATION DATE
10/12/08

YEAR
2003

MAKE/MODEL
MITSUB

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

FOG CITY CAB # 707
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 (1/83)

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY
LINCOLN GENERAL INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE
10/12/07

EXPIRATION DATE
10/12/08

YEAR
2003

MAKE/MODEL
MITSUB

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

FOG CITY CAB # 707
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 (1/83)

FOG CITY CAB
979 Bryant St, San Francisco, CA 94103
Tel: (415) 282-8749 Fax: (415) 863-1139

To Whom It May Concern:

Medallion Holder # 707,
Edward Charles Bennett will joint venture with Fog City Cab Inc. Vehicle will be purchase and ready for service with approval of transfer to Fog City Cab.

Sincerely,

Greg Poon
Fog City Cab Inc

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME (Complete both sides)

☒ CHANGE OF COLOR SCHEME – From: World Wide (Complete front side only)

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last)	Phone
George Francis Blake	(4
Residence Address (Street Address, City, State, Zip)	
/ City / CA. 94015	
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	Business Address (Street Address, City, State, Zip)	Business Phone
Fog City Cab	979 Bryant ST SF 94103	(415) 282-8246
Medallion Number(s)		☒ Owner / Operator
#957		☒ Gas & Gate
		☐ Long Term Lease

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder:	Title:
Sami Tawa	Owner

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Fog City Cab (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.

Tawa — Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

10-30-07 — Date

Please list the reasons why you are requesting this change. Why are you moving from one color scheme to another?

1) [redacted]

2) World wide will close Business

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 30th day of Oct, 20 07 at San Francisco, California

GEORGE F. BLAKE — Print Name of Applicant

George F. Blake — Signature of Applicant

OFFICE USE ONLY

Agenda Notice Date 11/13/07	Hearing Date 11/27/07	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted ✓	Insurance Submitted ✓	Paint Chips Submitted	Photos Submitted
Received by: Danelle	Receipt No 044392	Amount $291.—	Date 31 2007

RECEIVED

SAN FRANCISCO

C:\My Files\Forms\Taxicab Color Scheme Application (Rev. 09/09/03)

INSURANCE IDENTIFICATION CARD

CALIFORNIA

MPANY NUMBER

COMPANY
LINCOLN GENERAL INSURANCE COMPANY

LICY NUMBER

EFFECTIVE DATE
10/12/07

EXPIRATION DATE
10/12/08

05

MAKE/MODEL
HONDA

VEHICLE IDENTIFICATION NUMBER

ENCY/COMPANY ISSUING CARD

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

SURED

FOG CITY CAB # 957
979 BRYANT ST
SAN FRANCISCO, CA 94103

SEE IMPORTANT NOTICE ON REVERSE SIDE

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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)

INSURANCE IDENTIFICATION CARD

CALIFORNIA

MPANY NUMBER

COMPANY
LINCOLN GENERAL INSURANCE COMPANY

LICY NUMBER

EFFECTIVE DATE
0/12/07

EXPIRATION DATE
10/12/08

05

MAKE/MODEL
HONDA

VEHICLE IDENTIFICATION NUMBER

ENCY/COMPANY ISSUING CARD

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

SURED

FOG CITY CAB # 957
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 (1/83)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/30/2007

PRODUCER Phone: (626) 300-9000 Fax: 626-570-0908
NEW CENTURY INS SERVICES, INC.
16 N. 2ND ST.
ALHAMBRA CA 91801

Agency Lic#: 0B07085

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

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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	$
		CLAIMS MADE OCCUR				MED. EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	$
		POLICY PRO-JECT LOC				PRODUCTS-COMP/OP AGG.	$
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$
		ANY AUTO				BODILY INJURY (Per person)	$
		ALL OWNED AUTOS				BODILY INJURY (Per accident)	$
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	$
		HIRED AUTOS					
		NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	$
		OCCUR CLAIMS MADE				AGGREGATE	$
							$
		DEDUCTIBLE					$
		RETENTION $					$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		--/15/07	08/15/08	WC STATU-TORY LIMITS OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				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

THIS CERTIFICATE IS FOR INFORMATION-ONLY PURPOSES.
MEDALLION NUMBER: 957

CERTIFICATE HOLDER

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

Attention:

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, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

FOG CITY CAB
979 Bryant St, San Francisco, CA 94103
Tel: (415) 282-8749 Fax: (415) 863-1139

To Whom It May Concern:

Medallion Holder # 957,
George Francis Blake will joint venture with Fog City Cab Inc. Vehicle will be purchase and ready for service with approval of transfer to Fog City Cab.

Sincerely,

Greg Poon
Fog City Cab Inc

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME (Complete both sides)

☑ CHANGE OF COLOR SCHEME – From: World Wide (Complete front side only)

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last)	Phone
Jack Shuck Hoey	4
Residence Address (Street Address, City, State, Zip)	
4 [illegible] SF CA 94[illegible]	
Applicant's Name (First, Middle, Last)	Phone
	(415
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	Business Address (Street Address, City, State, Zip)	Business Phone
Fog City Cab	979 Bryant ST SF 94103	(415)282-8749

Medallion Number(s): 386

☑ Owner / Operator
☐ Gas & Gate
☐ Long Term Lease

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder:	Title:
Sonny Tam	Owner

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Fog City Cab (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.

Tam — Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

oct 30, 07 — Date

Please list the reasons why you are requesting this change. Why are you moving from one color scheme to another?

1) [redacted]

2) world wide will close Business

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 30th day of Oct, 2007 at San Francisco, California

Jack Shuck Hoey — Print Name of Applicant

Jack Shuck Hoey — Signature of Applicant

OFFICE USE ONLY

Agenda Notice Date 11/13/07	Hearing Date 11/27/07	Decision of Taxicab Commission	New Declaration Signed RECEIVED
Worker's Comp Submitted ✓	Insurance Submitted ✓	Paint Chips Submitted	Photos Submitted
Received by: Danelle	Receipt No. 044392	Amount $291.—	Date 10 31 2007

C:\My Files\Forms\Taxicab Color Scheme Application (Rev. 05/09/03)

SAN FRANCISCO TAXI COMMISSION

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/30/2007

PRODUCER Phone: (626) 300-9000 Fax: 626-570-0908
NEW CENTURY INS SERVICES, INC.
16 N. 2ND ST.
ALHAMBRA CA 91801

Agency Lic#: OB07085

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

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.

WSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	$
		☐ COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	$
		☐ CLAIMS MADE ☐ OCCUR				MED. EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
						GENERAL AGGREGATE	$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS-COMP/OP AGG.	$
		☐ POLICY ☐ PRO-JECT ☐ LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$
		☐ ANY AUTO				BODILY INJURY (Per person)	$
		☐ ALL OWNED AUTOS					
		☐ SCHEDULED AUTOS				BODILY INJURY (Per accident)	$
		☐ HIRED AUTOS					
		☐ NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		☐ ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	$
		☐ OCCUR ☐ CLAIMS MADE				AGGREGATE	$
							$
		☐ DEDUCTIBLE					$
		☐ RETENTION $					$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		08/15/07	08/15/08	☐ WC STATU-TORY LIMITS ☐ OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				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

THIS CERTIFICATE IS FOR INFORMATION-ONLY PURPOSES.
MEDALLION NUMBER: 386

CERTIFICATE HOLDER

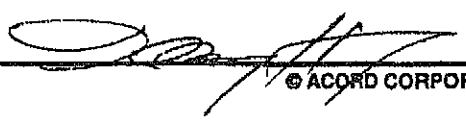
TAXI COMMISSION
CITY HALL
25 VAN NESS AVE., SUITE 420
SAN FRANCISCO, CA 94102-6055

Attention:

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, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

POLICY NUMBER

YEAR
2003

COMPANY
LINCOLN GENERAL INSURANCE COMPANY

EFFECTIVE DATE
10/12/07

EXPIRATION DATE
10/12/08

MAKE/MODEL
MERC

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

FOG CITY CAB # 386
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 (1/83)

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

POLICY NUMBER

YEAR
2003

COMPANY
LINCOLN GENERAL INSURANCE COMPANY

EFFECTIVE DATE
10/12/07

EXPIRATION DATE
10/12/08

MAKE/MODEL
MERC

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

FOG CITY CAB # 386
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 (1/83)

FOG CITY CAB
979 Bryant St, San Francisco, CA 94103
Tel: (415) 282-8749 Fax: (415) 863-1139

To Whom It May Concern:

Medallion Holder # 386,
Jack Shuck Hoey will joint venture with Fog City Cab Inc. Vehicle will be purchase and ready for service with approval of transfer to Fog City Cab.

Sincerely,

Greg Poon
Fog City Cab Inc

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME (Complete both sides)

☑ CHANGE OF COLOR SCHEME – From: De Soto 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)	Phone
MICHAEL T.W. CHONG	( )
Residence Address (Street Address, City, State, Zip)	
Alt, CA 94587	
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	Business Address (Street Address, City, State, Zip)	Business Phone
TOWN TAXI	999 PENNSYLVANIA AVE. SF, CA 94107	(415) 401-8985
Medallion Number(s): 1040		☑ Owner / Operator ☐ Gas & Gate ☐ Long Term Lease

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

Familiarity with the company with whom I already worked for 10 years.

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 30th day of October, 2007 at San Francisco, California

MICHAEL CHONG
Print Name of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder:	Title:
RAFAEL MACHKOVSKY	PRES.

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for TOWN TAXI (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 of Color Scheme Holder / person authorized to sign for Color Scheme Holder

10/30/07
Date

OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
11/13/07	11/27/07		RECEIVED
Worker's Comp Submitted ✓	Insurance Submitted ✓	Paint Chips Submitted	Photos Submitted
Received by: Danielle	Receipt No. 044007	Amount $291.—	Date OCT 31 2007

Revised 11/04/2005

INSURANCE IDENTIFICATION CARD

CSR TG

STATE CA

PANY NUMBER
COMPANY
Lincoln General Insurance Co.

855
ICY NUMBER
EFFECTIVE DATE
06/22/07
EXPIRATION DATE
06/22/08

R
MAKE/MODEL
)05 Dodge Caravan
VEHICLE IDENTIFICATION NUMBER
:317

NCY/COMPANY ISSUING CARD
. A. Tittle Insurance
aul Batmale
50-856-2120

INSURED
Michael T. Chong
Desoto Cab #1040

CA 94587

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

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 WM(2/95)

#1040

S.F. TAXI #1040
DeSoto Cab

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: 11/08/2006 TO: 11/08/2007

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
DODG	2005	0000	CE	2007	17S	11	

VEHICLE ID NUMBER

BODY TYPE MODEL	MP	MO
SV	G	NV

TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	UT FEE RECVD	PIC
AUTOMOBILE	08/03/07	01	08/03/07	8

PR EXP DATE: 11/08/2007

AMOUNT PAID
$NFEE

REGISTERED OWNER
[redacted]AEL T
[redacted]ION DR

UNION CITY
CA 94587

AMOUNT DUE
$ NONE

AMOUNT RECVD
CASH :
CHCK :
CRDT :

LIENHOLDER
DC FNCL SVCS AMER LLC
PO BX 997533

Client#: 57315 TOWNTAXI

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/31/07

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.

INSURED
Town Taxi Cab Company
999 Pennsylvania Avenue
San Francisco, CA 94107

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Lincoln General Insurance Co.	33855
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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	$
		CLAIMS MADE OCCUR				MED EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	$
		POLICY PRO-JECT LOC				PRODUCTS - COMP/OP AGG	$
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$
		ANY AUTO					
		ALL OWNED AUTOS				BODILY INJURY (Per person)	$
		SCHEDULED AUTOS					
		HIRED AUTOS				BODILY INJURY (Per accident)	$
		NON-OWNED AUTOS					
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	$
		OCCUR CLAIMS MADE				AGGREGATE	$
							$
		DEDUCTIBLE					$
		RETENTION $					$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		10/12/07	10/12/08	WC STATU-TORY LIMITS / OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	$1,000,000
		If yes, describe under SPECIAL PROVISIONS below				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 following Medallion List Attached.

CERTIFICATE HOLDER

San Francisco Taxi Commission
25 Van Ness Avenue, Room 420
San Francisco, CA 94102

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 Shabani

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

G NEW COLOR SCHEME (Complete both sides)

G CHANGE OF COLOR SCHEME – From: Checkered (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)	Phone
MAHINDER SINGH	(415)
Residence Address (Street Address, City, State, Zip)	
S.F	
Joint Applicant's Name (First, Middle, Last)	Phone ( )
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? (G) No G 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	Business Address (Street Address, City, State, Zip)	Business Phone
S.F. Yellow CAB	1200 Mississippi St SF	(415) 282-3737
Medallion Number(s): 67		(G) Owner / Operator G Gas & Gate G Long Term Lease

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

I would like to join Well-known and good Co.

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 17th day of OCT, 2007 at San Francisco, California

Mahinder Singh
Signature of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder:	Title:
HARLAN MELLEGARD	GENERAL MANAGER

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for S.F. YELLOW CAB COOPERATIVE (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.

Harl Mellegard
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

10/17/07
Date

OFFICE USE ONLY

Agenda Notice Date: 11/13/07	Hearing Date: 11/27/07	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted: ✓	Insurance Submitted: ✓	Paint Chips Submitted	Photos Submitted
Received by: Danelle	Receipt No. 044391	Amount $291.—	Date OCT 18 2007

RECEIVED

(Rev. 03/10/05)

G:\My Files\Forms\Taxicab Color Scheme Application.doc

SAN FRANCISCO

REGISTRATION VALID FROM | TYPE | LICENSE NUMBER

OML 05/31/2007 TO 05/31/2008 31 TAXI

VEHICLE IDENTIFICATION NUMBER

MAKE: FORD

BODY TYPE MODEL: TX

DATE FIRST SOLD: 00/00/0000

CLASS: CM

YR: 2004

Yr. Model: 2002

DATE ISSUED: 04/28/2007

TYPE VEH.	MP	AX	WC	UNLADEN/GCW	TOTAL FEES PAID
37X	G	2	C	03920	$136

3800

REGISTERED OWNER

MOHINER SINGH

E 4E
CA 94115-1410

LIENHOLDER

0

W0024
R0041
L0049

140041920072471

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

M5952076

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

POLICY NUMBER
7

COMPANY
LINCOLN GENERAL INSURANCE COMPANY

EFFECTIVE DATE
10/12/07

EXPIRATION DATE
10/12/08

MAKE/MODEL
FORD

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED
UNITED CAB # 67
SFITA & AUTOS FOR HIRE
20 HERON 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 (1/83)

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ACORD 50 (1/83)

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

NUMBER 2282

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

MARK B. ASHCRAFT
MANAGER

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

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 practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer 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 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 2—Administration of Self-Insurance.

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