

EXHIBIT "A"

Application for Operation of Taxicab Service
(either type or print with black ink)
(a separate application is required for each vehicle)

Full legal name of applicant: KENNETH BRIAN KUEHN

Applicant's legal address (post office boxes are not allowed):

1099 COBRA DRIVE
FRANKLIN INDIANA 46131

Applicant's day-time phone number: 317-427-8864

Name of Intended Business: SUPER YELLOW TAXI OF FRANKLIN

Address of Intended Business (post office boxes are not allowed)

188A NORTH LOVERS LANE
FRANKLIN INDIANA 46131

Business Manager's full legal name: KENNETH BRIAN KUEHN

Business manager's legal address (post office boxes are not allowed):

1099 COBRA DRIVE
FRANKLIN INDIANA 46131

Vehicle Information:

Year: 2009

Make: FORD

Model: CROWN VIC

License Plate Number: _____

VIN Number: 2FAHA71429X112322

Serial Number: _____

Passenger Capacity: 5

Statement of Vehicle's Mechanical Condition:

After-hour Emergency Phone Number: 323-325-3192

Attach to this Application a completed Financial Statement.

Attach to this application a copy of the liability insurance policy you have in place, which must name the City of Franklin as an additional insured, with policy limits set at least to the minimum required by Indiana law, or in lieu of that, attach a copy of the bond or letter of credit you intend to submit. Use the City's approved Letter of Credit form if applicable.

Attach to this Application a signed, dated, and verified certification from a qualified mechanic that the vehicle is in safe and good working order, including the condition of the following: lights, brakes, tires, steering apparatus, alignment, and general mechanical condition.

The Taxicab must:

- meet the general licensure requirements for public vehicles for hire;
- be of the current or past six (6) model years;
- be equipped with a certified taxi-meter, which certification must be maintained current at all times;
- have a permanently affixed light on the top of the vehicle identifying the vehicle as a taxicab;
- have a color scheme with is either dissimilar to other taxicabs granted a franchise certificate in the City or similar to such other with the consent of the owner of such other franchise;
- have affixed to outside of each side door and the rear of the vehicle a large, easily readable identify number.

Any Franchise Certificate approved by the Board of Works is contingent upon each and every driver of the vehicle having first submitted a satisfactory criminal history report to the Board of Works. Failure to submit a satisfactory criminal history report to the Board of Works for each such driver may result in the immediate revocation of the franchise and/or franchise certificates. Each driver may obtain his or her criminal history report from the Indiana State Police Central Records Department.

Likewise, each taxicab driver must satisfy the following:

- have a valid Indiana driver's license for operation of a taxicab;
- never have been convicted of a felony;
- never have been convicted of any alcohol-related driving offense;

- never have been convicted of any controlled-substance laws;
- never have been convicted of more than two (2) motor-vehicle infractions in the immediately-preceding two (2) years period;

By signing this application, the undersigned agrees to be bound by the City's current and future regulations for taxicab services, including those enacted by ordinance, resolution, and otherwise, including the terms of this Application, agrees to comply and cooperate with the City's administration of the taxicab franchise and agrees to comply with all applicable laws and regulations.

Dated this 18th day of March, 2013.

Kenneth B. Kuehn
Signed Name of Applicant

NOTARY OATH

State of Indiana |
County of Johnson

SS:

Before me, a Notary Public for the County and State above-referenced, personally appeared Kenneth B. Kuehn who says under the penalties of perjury that the facts alleged in the foregoing instrument are true. Signed and sealed this 18th day of March, 2013.

My commission expires: 3-14-15

My county of residence: Johnson

[Signature]
Signed, Notary Public
Sharon R. Barnard
Printed, Notary Public



EXHIBIT "B"

Franchise Certificate

(must be prominently displaced on the dashboard of each approved vehicle)

Franchise Owner: LAKHINDER P. SANDHU, AND RAJIV R GILL

Franchise Owner's Telephone Number: 812-297-2222

Dated Franchise Issued: _____

Dated: _____

Clerk-Treasurer
City of Franklin, Indiana

Step One – Application for Taxicab Drivers

Full legal name (First M Last) of Taxicab Driver:
(please print legibly)

Kenneth B Kuehn

Street address of Taxicab Driver

1099 Cobra DR
Franklin Indiana 46131

Taxicab Driver's daytime phone number:

317-427-8864

Legal name and address of Taxicab Franchise:

SUPER YELLOW CAB
188 A N. LOVERS LANE
FRANKLIN, IN. 46131

Each taxicab driver must satisfy the following:

- Have a valid Indiana driver's license for operation of a taxicab;
- Never have been convicted of a felony;
- Never have been convicted of any alcohol-related driving offense;
- Never have been convicted of any controlled-substance laws;
- Never have been convicted of more than two (2) motor-vehicle infractions in the immediately-preceding two (2) years period;

Attach to this application:

- Photocopy of valid, current driver's license
- Copy of the driver's recent State of Indiana Certification of Driver's Record
- Copy of the driver's recent State of Indiana Bureau of Motor Vehicles Official Driver Record
- Copy of the driver's recent Indiana State Police Criminal

Failure to submit a satisfactory criminal history report to the Board of Works for each driver may result in the immediate revocation of the license.

Dated this 18 day of March, 2013.

Kenneth B Kuehn
Signed Name of Taxicab Driver

INDIANA STATE POLICE

INDIANA GOVERNMENT CENTER NORTH
100 NORTH SENATE AVENUE

INDIANAPOLIS, INDIANA 46204-2259

www.IN.gov/isp

LAKHINDER SANDHU
188A N LOVERS LANE
FRANKLIN, IN 46131-0000

Date of Inquiry: 03/07/2013
Receipt Number: 14442934
Amount of Payment: \$ 7.00
Entered By: ACCESSIN

TO WHOM IT MAY CONCERN:

A thorough search of our files by NAME, DATE OF BIRTH, SEX, AND RACE ONLY does not reveal a limited criminal history record on:

Name: KENNETH KUEHN
Birth Date: 03/24/1965
Sex: MALE
Race: WHITE

Results based solely on information provided.

DOUGLAS E. SHELTON, Major
Records Division Commander

Please be advised that the watermark seal of the State of Indiana verifies that this document is in fact the original obtained on the above date.

- View Your Driver Record
- Official Driver Record
- Pay Reinstatement Fees Online
- Renew Your License or ID Card
- View Your Recent Driver Notices
- Track Your Recent Renewals
- Duplicate Licenses or IDs
- Schedule Driving Test
- Your Renewal Date
- CDL Self-Certify Driver Type
- Proceed to Checkout

Click to verify - This site chose VeriSign SSL for secure e-commerce and certificate communications



ABOUT SSL CERTIFICATES

my Driver Records

Welcome, KENNETH BRIAN KUEHN!

**** NOTE:** The BMV only retains supporting documentation for a period of ten (10) years **

License status: VALID

As of 03/08/2013 4:15 pm
IINT

Current points: 0

Suspension Information -- (* indicates active suspensions)

No Suspensions were found.

Pending Suspension Information

No Pending Suspensions were found.

Disqualification Information -- (* indicates active disqualifications)

No Disqualifications were found.

Pending Disqualification Information

No Pending Disqualifications were found.

Convictions -- (* indicates active points)

No Convictions were found.

Driver Addresses -- (# Denotes a deleted address)

ID	Effective Date	Street Address	City	State	ZIP Code
2	02/27/2013	1099 COBRA DR	FRANKLIN	IN	46131-7212
1(#)	07/02/2008	110 N RAILROAD ST APT A	WHITELAND	IN	46184-1631
1(#)	07/02/2008	110 N RAILROAD ST APT A	WHITELAND	IN	46184-1631

Remarks

Remark Date: 02/27/2013 Interim License Effective: 2/27/2013, Reason: RENEWAL DL W/O CARD, IN-STATE, Control #: 4317331, Expiration: 3/29/2013

Remark Date: 02/27/2013 License Effective: 02/27/2013, Renew License, OPERATOR, Endorsements: None, Restrictions: None

Remark Date: 08/07/2008 License Effective: 08/07/2008, Issue Operator, OPERATOR (4 YR), Endorsements: None, Restrictions: None

* End of Driver Record *

Step One – The Applicant and Taxicab ~~Driver~~ OWNER

Full legal name and street address of applicant:

LAKHINDER PAL SANDHU
176 N. LOVER LANE
FRANKLIN IN 46131

Applicant's daytime phone number:

812-297-2222

Name of and street address of Intended Business:

SUPER YELLOW CAB
188 A. LOVERS LANE
FRANKLIN, IN 46131

131

Business Manager's full legal name and street address:

KENNETH B. KUEHN
1099 ROSSA DR.
FRANKLIN 46131

After-Hour Emergency Number:

323-325-3192

Attach to this application a current Financial Statement, showing applicant's assets, liabilities, income and expenses.

Attach to this application for each and every driver of the vehicle a criminal history report to the Board of Works. Each driver may obtain his or her criminal history report from the Indiana State Police Central Records Department. Failure to submit a satisfactory criminal history report to the Board of Works for each driver may result in the immediate revocation of the license.

Likewise, each taxicab driver must satisfy the following:

- Have a valid Indiana driver's license for operation of a taxicab;
- Never have been convicted of a felony;
- Never have been convicted of any alcohol-related driving offense;
- Never have been convicted of any controlled-substance laws;
- Never have been convicted of more than two (2) motor-vehicle infractions in the immediately-preceding two (2) years period;

Dated this 18th day of MARCH 2013.

LPS Sandhu
Signed Name of Applicant

Step Two – The Taxicab(s)

Vehicle Information:

Year: 2009
Make: FORD
Model: CROWN VIC
License Plate Number: _____
VIN Number: 2FAMP71429X112322
Serial Number: _____
Passenger Capacity: 5

Statement of Vehicle's Mechanical Condition:

EX POLICE VEHICLE IN EXCELLENT CONDITION
INSPECTION CERTIFIED COPY HERE WITHIN

Attach to this application a copy of the liability insurance policy you have in place for this vehicle, which must name the City of Franklin as an additional insured, with policy limits set at least to the minimum required by Indiana law.

Attach to this application a signed, dated, and verified certification from a qualified local mechanic that the vehicle is in safe and good working order, including the condition of the following: lights, brakes, tires, steering apparatus, alignment, and general mechanical condition.

The Taxicab must:

- Meet the general licensure requirements for public vehicles for hire;
- Be of the current or past eight (8) model years;
- Be equipped with a certified taxi-meter, which certification must be maintained current at all times – if certification is unavailable, the taxi-meter must be maintained in good working order;
- Have a permanently affixed light on the top of the vehicle identifying the vehicle as a taxicab;
- Have a color scheme which is either dissimilar to other taxicabs granted a franchise certificate in the City or similar to such other with the consent of the owner of such other franchise;
- Have affixed to outside of each side door and the rear of the vehicle a large, easily readable identity number.

By signing this application, the undersigned agrees to be bound by the City's current and future regulations for taxicab services, including those enacted by ordinance, resolution, and otherwise, including the terms of this Application, agrees to comply and cooperate with the City's administration of the taxicab franchise and agrees to comply with all applicable laws and regulations.

Dated this 8th day of March, 2013.

LPS Sandhu
Signed Name of Applicant

NOTARY OATH

State of Indiana

County of JOHN JON SS:

Before me, a Notary Public for the County and State above-referenced, personally appeared LAKINDER SANDHU under the penalties of perjury that the facts alleged in the foregoing instrument are true.

Signed and sealed this 8th day of March, 2012

My commission expires: 3-14-10

My County of Residence: Johnston

Sharon R. Barnard
Printed Name of Notary Public

[Signature]
Signed, Notary Public



Smog Check Vehicle Inspection Report (VIR)

Vehicle Information

Test Date/Time: 02/28/2013 @ 15:58

Model Year: 2009 ✓	Make: FORD ✓	Model: CROWN VICTORIA ✓
License: NONE	State: Unknown	VIN: 2FAHP71V29X112322 ✓
Engine Size: 4.6 L	Type: Passenger	Transmission: Automatic
GVWR: N/A	Test Weight: 4500	Cylinders: 8 ✓
Odometer: 102988 ✓	Certification: California	VLT Record #: 02327
Fuel Type: Gasoline	Exhaust: Single	Inspection Reason: Initial Registration

Overall Test Results

Congratulations! Your vehicle passed the enhanced Smog Check inspection, which helps California reach its daily goal of removing an extra 100 tons of smog-forming emissions from the air. Thank you for keeping your vehicle well maintained.

Smog Check Certificate Number: XR492518
DMV ID Number: 2116R733X012

Your Smog Check certificate has been electronically transmitted to DMV.
Your certificate is valid for 90 days from date of issuance.
Please keep this copy for your records.

Emission Control Systems Visual Inspection/Functional Check Results

(Visual/Functional tests are used to assist in the identification of crankcase and cold start emissions which are not measured during the ASM test)

Result	ECS	Result	ECS	Result	ECS
Pass	PCV	N/A	Thermostatic Air Cleaner	Pass	Fuel Evaporative Controls
Pass	Catalytic Converter	N/A	Air Injection	Pass	MIL/Check Engine Light
Pass	EGR Visual	Pass	Vacuum Lines to Sensors/ Switches	Pass	Carb./Fuel Injection
N/A	EGR Functional	N/A	Ignition Timing:	Pass	Other Emission Related Components
N/A	Fuel Cap Functional	Pass	Wiring to Sensors	Pass	Oxygen Sensor
Pass	Fuel Cap Visual	Pass	Fillpipe Restrictor	Pass	Liquid Fuel Leaks
N/A	Spark Controls				
N/A	Fuel Evaporative Controls Functional				

ASM Emission Test Results

Test	RPM	%CO ₂		HC (PPM)			CO (%)			NO (PPM)			Results
		MEAS	MEAS	MAX	AVE	MEAS	MAX	AVE	MEAS	MAX	AVE	MEAS	
15 mph	1615	14.8	0.2	45	4	0	0.45	0.01	0.02	393	16	0	PASS
25 mph	1545	14.9	0.1	29	4	0	0.42	0.01	0.00	680	15	0	PASS

MAX = Maximum Allowable Emissions

AVE = Average Emissions For Passing Vehicles

MEAS = Amount Measured

Smog Check Inspection Station Information

R. B. Test Only Smog
7017 Knott Ave. Buena Park, 90620
(562) 716-3036
Station Number: TC250233

Technician Name/Number: BENOIT, ROBERT/EA042182
Repair Tech Name/Number:
Software Version/EIS Number: 0903/ES999711

I certify, under penalty of perjury, under the laws of the State of California, that I performed the inspection in accordance with all bureau requirements, and that the information listed on this vehicle inspection report is true and accurate.

2/28/13

Date



Technician's Signature

Relax Inn Studio
 176 LOVERS LANE
 FRANKLIN, IN 46131
 PH: (317)738-4448
 Printed: 3/18/2013 - 3:14pm

LAKHINDER SANDHU Guest #3027
 176 N LOVERS LN
 FRANKLIN IN 46131

Room: 128 MEETING
 Daily Rate: 0.00 + Tax
 Check-in: 03/18/13 3:12pm Out: 04/12/13 Nights: 25 Guests: 1/0

Date	CHARGES					PAYMENT				Balance
	Room	Phone	Misc.	Tax	Total	Credit	Cash	Bill	Total	
3/18/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

AMOUNT TENDERED : \$0.00
 CHANGE : \$0.00

Check-out time: 11:00am Check-in time: 1:00pm

Guest Signature: _____

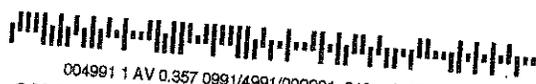
THE MANAGEMENT ASSUMES NO RESPONSIBILITY FOR ACCIDENTS, INJURIES, THEFT OR LOSS DUE TO ANY CAUSE.
 THANK YOU FOR STAYING HERE WE HOPE YOU HAVE ENJOYED YOUR STAY. PLEASE CALL AGAIN ANY TIME TO
 MAKE RESERVATIONS HERE.

000100249981000000000000000000013



Indiana American Water
PO Box 94551
Palatine IL 60094-4551

For Service To: 188 Lovers Ln Fire

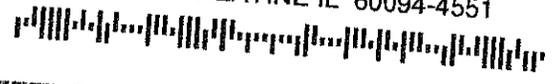


004991 1 AV 0.357 0991/4991/000991 019 1 NCEEC5
SUPER 8 MOTEL
188 N LOVERS LN
FRANKLIN IN 46131-7921

ACCOUNT NUMBER	10-0249981-0
AMOUNT DUE	NO PAYMENT
DUE DATE	CREDIT

Please return this portion with check
Payable to the address below

INDIANA AMERICAN WATER
PO BOX 94551
PALATINE IL 60094-4551



Customer Account Information

For Service To: Super 8 Motel
188 Lovers Ln Fire
Account Number: 10-0249981-0
Premise Number: 10-0139558

Billing Period & Meter Information

Billing Date: Mar 12, 2013
Billing Period: Feb 07 to Mar 07 (28 days)
Next reading on/about: Apr 08, 2013
Rate Type: Private Fire Service

Billing Summary

-----Prior Balance-----
Balance from last bill
Payments as of Mar 12, 2013. Thanks!
Total prior balance, Mar 12, 2013
-----Other Current Charges-----
Private Fire Protection
Total other charges, Mar 12, 2013
-----Total Current Charges-----
-----TOTAL AMOUNT DUE-----

-	\$27.39
	.00
-	27.39
	19.60
	19.60
	\$19.60
	\$7.79

00010105308530000000000010347010



Indiana American Water
 PO Box 94551
 Palatine IL 60094-4551

For Service To: 176 Lovers Ln



004433 1 AV 0.357 0433/4433/000433 018 1 NCEEC5
KHALSA BROTHERS INC

176 LOVERS LN
 FRANKLIN, IN 46131-7921

ACCOUNT NUMBER	10-1053085-3
AMOUNT DUE	\$103.47
DUE DATE	Apr 01, 2013

Please return this portion with check
 Payable to the address below

INDIANA AMERICAN WATER
 PO BOX 94551
 PALATINE IL 60094-4551



Customer Account Information

For Service To: Khalsa Brothers Inc
 176 Lovers Ln
 Account Number: 10-1053085-3
 Premise Number: 10-0139556

Billing Period & Meter Information

Billing Date: Mar 12, 2013
 Billing Period: Feb 07 to Mar 07 (28 days)
 Next reading on/about: Apr 08, 2013
 Rate Type: Commercial

Meter readings in current billing period:

Meter Number 070153674N is a 2-inch meter.
 Present-actual 40100
 Last-actual 39435
 100 Gallons used 665
 Gallons used 66500

Billing Summary

-----**Prior Balance**-----
 Balance from last bill
 Payments as of Mar 12, 2013. Thanks!
Total prior balance, Mar 12, 2013

-----**Current Water Charges**-----
 Customer Service Charge
 Water Charge (\$.434890 x 69.64)
 Water Charge (\$.315530 x 239.11)
 Water Charge (\$.434890 x 80.36)
 Water Charge (\$.315530 x 275.89)
Total Use Billed 665.00

-----**Other Current Charges**-----
 Distrib System Improv Charge
 Fire Protection Surcharge
 Private Fire Protection
Total other charges, Mar 12, 2013

-----**Taxes**-----
 Indiana Gross Retail Tax
Total taxes, Mar 12, 2013

-----**Total Current Charges**-----

\$242.63
-500.00
-257.37
66.14
30.29
75.45
34.95
87.05
293.88
6.23
20.12
19.60
45.95
21.01
21.01
\$360.84

STATE OF CALIFORNIA

CERTIFICATE OF TITLE

VEHICLE HISTORY

41113013120

AUTOMOBILE

PRIOR TAXI

VEHICLE ID NUMBER

YR MODEL MAKE

PLATE NUMBER

2FAHP71W25X153469

2005 FORD

LYDF277

BODY TYPE MODEL

UNLADEN AX WEIGHT

FUEL TRANSFER DATE

FEES PAID

REGISTRATION EXPIRATION DATE

4D

G 01/22/13

\$104

02/02/2014

YR 1ST SOLD

CLASS

YR

MO

EQUIPMT/TRUST NUMBER

ISSUE DATE

2005 AD 2013 UN

02/10/13

MOTORCYCLE ENGINE NUMBER

ODOMETER DATE

ODOMETER READING

01/22/2013

185000 MI

ACTUAL MILEAGE

REGISTERED OWNER(S)

SANDHU LAKHINDER PAL
6422 FERNE AVE
CYPRESS CA 90630

VOID WITHOUT BEAR WATERMARK. HOLD TO LIGHT TO VIEW

VOID WITHOUT BEAR WATERMARK. HOLD TO LIGHT TO VIEW

I certify (or declare) under penalty of perjury under the laws of the State of California that THE SIGNATURE(S) BELOW RELEASES INTEREST IN THE VEHICLE.

a. DATE SIGNATURE OF REGISTERED OWNER

b. DATE SIGNATURE OF REGISTERED OWNER

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

The odometer now reads (no tenths), miles and to the best of my knowledge reflects the actual mileage unless one of the following statements is checked.

WARNING: Odometer reading is not the actual mileage. Mileage exceeds the odometer mechanical limits.

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

DATE	TRANSFEROR/SELLER SIGNATURE(S)	DATE	TRANSFeree/BUYER SIGNATURE(S)
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
PRINTED NAME OF SELLER OR AGENT SIGNING FOR A COMPANY		PRINTED NAME OF BUYER OR AGENT SIGNING FOR A COMPANY	

IMPORTANT READ CAREFULLY

Any change of Lienholder (holder of security interest) must be reported to the Department of Motor Vehicles within 10 days.

LIENHOLDER(S)

2. Signature releases interest in vehicle (Company names must be countersigned)
Release Date

CA142397201

001857

REG. 17,30RS (REV. 8/10)

KEEP IN A SAFE PLACE - VOID IF ALTERED

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES
CUSTOMER RECEIPT COPY
DRIVER LICENSE/IDENTIFICATION CARD
INFORMATION REQUEST

03/05/2013

"

DATE:03-05-13*TIME: 12:10*

DL/NO:C1050457*

B/D:07-19-1941*NAME:SANDHU,LAKHINDER PAL*

RES ADD AS OF 01-25-10:6422 FERNE AVE, CYPRESS 90630*

OTH ADD AS OF 08-18-99:1656 N EL MOLINO AVE, PASADENA*

IDENTIFYING INFORMATION:

SEX:MALE*HAIR:BLACK*EYES:BRN*HT:5-09*WT:150*

LIC/ISS:05-24-05* EXP:07-19-15*RBM1*CLASS:C NON-COMMERCIAL*

ENDORSEMENTS:NONE*

HEALTH QUESTIONNAIRE EXPIRES:NONE*

LICENSE STATUS:

VALID*

"

DEPARTMENTAL ACTIONS:

NONE*

CONVICTIONS:

NONE*

FAILURES TO APPEAR:

NONE*

ACCIDENTS:

NONE*

END

Kathy Cragen

From: Kathy Cragen
Sent: Wednesday, March 27, 2013 2:09 PM
To: 'superyellowcab303@gmail.com'
Cc: Janet Alexander; 'jauld@franklin-insurance.net'
Subject: Insurance Requirements

Mr. Sandhu,

Listed below are the insurance requirements for your taxi service to operate in the City of Franklin. Our insurance agent, and our City Attorney both agree that your insurance would need to be raised to the amounts listed below in order to issue a license for your taxi service. If you have any questions concerning this item you may contact our agent at the number listed below.

(This information was received from Mr. Auld)

The minimum limit should be \$1,000,000 for liability and the \$5,000 medical payments already listed. Since this policy for Super Yellow only provides coverage for scheduled vehicles, the Certificate needs to list the vehicle in the Description section. To be consistent and eliminate potential gaps in oversight, you might also want to be sure the City taxi license applies to specific scheduled vehicles.

John W. Auld
Franklin Insurance Agency
P.O. Box 189
Franklin, IN 46131

*Phone: 317-736-8277
Fax: 317-736-8056*

Thank you for your help in this matter.

Kathy J. Cragen
City of Franklin, Clerk-Treasurer's Office
Administrative Assistant

Tracking:



CERTIFICATE OF LIABILITY INSURANCE

DATE
3/22/2013

PRODUCER Exceed Insurance Agency Inc. 4150 Lafayette rd, Suite i Indianapolis, IN 46254 (855) 539-2333	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Super Yellow Cab 188 A North Lovers Lane Franklin, IN 46131	INSURER A: Scotsdale	
	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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	APP122591107	3/21/2013	3/21/2014
A	A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED AUTOS	APP122591107	3/21/2013	3/21/2014
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO			
		EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$			
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below			
A	Deductible	APP12591107	3/21/2013	3/21/2014	<input type="checkbox"/> WC STATU - TORY LIMITS <input type="checkbox"/> OTH - ER
					E. L. EACH ACCIDENT \$ E. L. DISEASE - EA EMPLOYEE \$ E. L. DISEASE - POLICY LIMIT \$ Deductible \$ 1000.00

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

CERTIFICATE HOLDER City Of Franklin 70 E. Monroe Street P.O. Box 280 Franklin, IN 46131	ADDITIONAL INSURED ; INSURER LETTER :	CANCELLATION 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 <i>Vaivida Oberoi</i>
--	--	---

