

City Council Agenda Items  
and  
Contracts, Leases or Agreements

5/15/2012

City Council Meeting Date  
Agenda Items Only

Greg Tabor  
Submitted By

Police  
Division

Police  
Department

Action Required:

Schedule a public hearing to determine if a Certificate of Public Convenience and Necessity should be issued to A to Z Taxi.

N/A	\$ -	
Cost of this request	Category / Project Budget	Program Category / Project Name
	\$ -	
Account Number	Funds Used to Date	Program / Project Category Name
	\$ -	
Project Number	Remaining Balance	Fund Name

Budgeted Item

Budget Adjustment Attached

Will K. Brown 4-27-12  
Department Director Date

Previous Ordinance or Resolution # \_\_\_\_\_

Joe Kelly 4-27-12  
City Attorney Date

Original Contract Date: \_\_\_\_\_

Original Contract Number: \_\_\_\_\_

Paul A. Becker 4-27-2012  
Finance and Internal Services Director Date

Received in City Clerk's Office 4-27-12 11:49 RCVD  
WAB

Don Man 4-27-12  
Chief of Staff Date

Received in Mayor's Office  
ENTERED 4/27/12  
PH

Donald Jordan 4/27/12  
Mayor Date

Comments:



www.accessfayetteville.org

## CITY COUNCIL AGENDA MEMO

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**To:** Mayor Lioneld Jordan and Members of the Fayetteville City Council

**From:** Greg Tabor – Chief of Police

A handwritten signature in black ink, appearing to read "Greg Tabor".

**Date:** April 27, 2012

**Subject:** Request for Public Hearing on a Certificate of Public Convenience and Necessity for A to Z Taxi

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### **PROPOSAL:**

The council should schedule a public hearing to determine if a Certificate of Public Convenience and Necessity should be issued to A to Z Taxi.

### **RECOMMENDATION:**

City Ordinance §117, article IV governs taxicabs and requires a public hearing to determine if there exists the further need for taxicab service.

The applicant has provided a completed application, proof of insurance and financial statement. The applicant have asked for a permit to operate 1-4 cabs.

### **BUDGET IMPACT:**

None

**RESOLUTION NO. \_\_\_\_\_**

A RESOLUTION GRANTING A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY TO A TO Z TAXI FOR THE OPERATION OF UP TO FOUR (4) TAXICABS IN THE CITY OF FAYETTEVILLE

**BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF FAYETTEVILLE, ARKANSAS:**

Section 1: That the City Council of the City of Fayetteville, Arkansas hereby grants a Certificate of Public Convenience and Necessity to A to Z Taxi for the operation of up to four (4) taxicabs in the City of Fayetteville, in accordance with Chapter 117 of the Fayetteville Code of Ordinances.

**PASSED and APPROVED** this 15<sup>th</sup> day of May, 2012.

APPROVED:

ATTEST:

By: \_\_\_\_\_  
**LIONELD JORDAN**, Mayor

By: \_\_\_\_\_  
**SONDRA E. SMITH**, City Clerk/Treasurer



THE CITY OF FAYETTEVILLE, ARKANSAS

www.access.fayetteville.org

Development Services • 125 W. Mountain Street • Fayetteville, AR 72701

APPLICATION FOR FAYETTEVILLE BUSINESS LICENSE

Business Status:  Existing (Opened prior to October 31, 2011)  New  
 Type of Business:  Commercial  Industrial  Institutional  Nonprofit  Home Occupation  Outdoor/Sidewalk Vendor  
 Hotel/Motel  Liquor Sales  Bar  Restaurant/Food Preparation

Business/Organization Name: A to Z Taxi  
 Street Address: 11792 Donnie Jackson Pit Rd. Summers Ar. 72769  
 Mailing Address: SAME  
 Web Address: \_\_\_\_\_ Phone: 479-879-2328

Business Owner/Operator: Jason Johnson Primary Contact  YES  NO  
 Street Address: 11792 Donnie Jackson Pit Rd. Summers Ar. 72769  
 Phone: 479-228-0950 Emergency Phone: \_\_\_\_\_  
 E-Mail Address: Daniel 337017@Yahoo.com  
 Building owners name: SAME

Emergency Contacts (additional contact information is not required for businesses operated out of the home) In the event of a police or fire emergency, the information you provide assists us in contacting you after hours. Ideally, the first contact person should be able to respond to the business in a short amount of time and have the necessary keys or alarm codes to enter the building.

1st Contact Person: William Browning Emergency Phone: 479-301-4327  
 2nd Contact Person: Kaci Allen Emergency Phone: 479-903-3002

Detailed description of business (a thorough description aids in faster application processing): Taxi Service

Date opened/to open: 1-26-12  
 # of employees (full time): 1 (currently) / TBD # of employees (part time): TBD  
 # of parking spaces: N/A # of handicapped (ADA) spaces: N/A  
 Square feet of building (total): N/A Square feet of your space: N/A  
 Previous use of building: N/A

Check all of the following that apply to your business/organization. If Yes, please describe. N/A

- Yes  No: Does the building have a sprinkler system?
- Yes  No: Is there a fire alarm?
- Yes  No: Do you store flammable/explosive materials?
- Yes  No: Is there outdoor storage of materials and/or equipment?
- Yes  No: Is the business a bar, restaurant or lodging?
- Yes  No: Is outdoor music or a dance floor proposed?
- Yes  No: Do you share parking with another business?
- Yes  No: Is the business an adult establishment under City Code 163.11?

Is business: minority \_\_\_\_\_ woman \_\_\_\_\_ veteran \_\_\_\_\_ owned? (For data purposes only)  
 Yes  No: Would you like to be listed on a web directory? (Company name, address, phone only)  
 Yes  No: Would you like to receive emails with BID & RFP announcements from the City?

No business or other entity that is required by Chapter 119 of the City code to obtain a Business License shall operate without having and displaying at the business a valid and current City of Fayetteville Business License. I hereby certify that the above information is accurate and true to the best of my knowledge.

Applicant Name (Print): Jason Johnson Date: 1-26-12  
 Applicant Signature: [Signature]



List any unpaid judgments against any of the owners, officers and stockholders and the nature or acts giving rise to said judgments:

There are no known judgments affiliated with  
any owner, officer or stockholder.

Describe the experience of all owners, officers and stockholders in the transportation of passengers:

Existing Taxi Service currently in operation  
located in Siloam Springs.

Give any facts you believe tend to prove the necessity of granting a certificate:

Currently there is a high demand for taxi services in Fayetteville with all the tourists attractions/special events: i.e. University of Arkansas sporting events, Walton Arts Center production, Bikes Bikes and BBQ along with night life on Dickson Street. Our goal is to assist with the high demand for quality taxi services with quick response time; in addition, we currently are in operation in Siloam Springs and intend to broaden our availability to serve the area per city requirements.

List the number of vehicles that will be under your operation or control: 1 initially more to be added as needed

Minimum and Maximum number of vehicles to be permitted:

1 Minimum      5 Maximum

List the location of proposed depots and terminals:

Proposed location is the office located at  
2650 S. School Ave. Fayetteville, AR 72701 as  
needed

Describe the color scheme or insignia to be used to designate your vehicle:

Black over white

List your days and hours of operation:

24 Hour 7 days per week

List any days you do not propose to provide taxicab service to the general public:

N/A

List your proposed passenger rate schedule:

Per State regulations and/or specific to City.

Sgt. Dan W. Hart  
Police Department Representative

James Harter

4-26-12

Date

A TO Z TAXI  
11792 Donnie Jackson Pit Road  
Summers, Arkansas 72769

April 24, 2012

City of Fayetteville  
Attn: Sgt. J. Harter  
100 A West Rock Street  
Fayetteville, Arkansas 72701

Dear Sergeant Harter:

Please accept this letter as a financial statement on behalf of A TO Z TAXI as per the City of Fayetteville new business application requirements.

A TO Z TAXI, LLC is an Arkansas limited liability company who is in good standing with the State of Arkansas and does not have any liens or judgments against it; furthermore, I am the owner/managing member of the company and I do not have any outstanding liens/judgments against me personally.

Respectfully,



Jason Johnson  
Owner/Managing Member



M-2904 (11/80)

Endorsement # 1

**GENERAL CHANGE ENDORSEMENT**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement changes the policy on the inception date of the policy or on the date shown below.

It is agreed that the policy is changed as follows:

**THE NAMED INSURED INFORMATION IS AMENDED TO READ AS FOLLOWS:**

**Name and Address: JASON JOHNSON DBA: A TO Z TAXI  
11792 TONNIE JACKSON TITT ROAD  
SUMMERS, AR 72769**

**Business Form: Individual**

**Named Insured Description of TAXI**

Additional Premium \$ \_\_\_\_\_

Return Premium \$ \_\_\_\_\_

All other terms, conditions and agreements remain unchanged.

Company Name <b>National Liability &amp; Fire Insurance Company</b>	Policy Number <b>73 APR 271643</b>
Named Insured <b>JASON JOHNSON</b>	Endorsement Effective <b>01/25/2012 11:17 AM</b>  Countersigned at by _____ (Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

**MOTOR VEHICLE LIABILITY INSURANCE  
IDENTIFICATION CARD**

COMPANY NUMBER 73      COMPANY National Liability & Fire Insurance Company      NAIC No. 20052

POLICY NUMBER 73 APR 271643      EFFECTIVE DATE 01/23/2012 11:39 AM      EXPIRATION DATE 01/23/2013 12:01 AM

YEAR 2000      MAKE/MODE PONTIAC MONTANA      VEHICLE IDENTIFICATION NUMBER 1GMDU03E1YD204318

AGENCY/COMPANY ISSUING  
Argenia, LLC  
11524 Fairview Road  
Little Rock, AR 72212

INSURED  
JASON JOHNSON DBA: A TO Z TAXI  
11792 TONNIE JACKSON TITT ROAD  
SUMMERS, AR 72769

SEE IMPORTANT NOTICE ON REVERSE SIDE

M-4566a (11/1999)

CUT ALONG THIS LINE

**THIS CARD MUST BE CARRIED  
IN THE INSURED VEHICLE FOR  
PRODUCTION UPON DEMAND**

Report All Accidents To:

**1-800-356-5750**

24 Hour Toll Free

Claims may also be reported at:  
claims@nationalindemnity.com

CUT ALONG THIS LINE

**MOTOR VEHICLE LIABILITY INSURANCE  
IDENTIFICATION CARD**

COMPANY NUMBER 73      COMPANY National Liability & Fire Insurance Company      NAIC No. 20052

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Argenia, LLC  
11524 Fairview Road  
Little Rock, AR 72212

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JASON JOHNSON DBA: A TO Z TAXI  
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CUT ALONG THIS LINE

M-2904 (11/80)

**Endorsement # 2**

**GENERAL CHANGE ENDORSEMENT**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement changes the policy on the inception date of the policy or on the date shown below.  
It is agreed that the policy is changed as follows:

In consideration of an additional premium shown below, the following coverage has been MODIFIED on the policy and hereby modify the Declarations page - NLF 4499c (07/2006):

Coverage	Old Limit	New Limit	Coverage	Old Limit	New Limit
Liability	100,000	100,000/300,000/100,000			

The following endorsements and forms are attached and become part of the policy:  
M 5174 08/2004 Split Liability Limits

Veh #	Year	Make	Model	VIN	Use	Old Annual Premium				
						Liab	UM	UIM	Med Pay	PIP
1	2000	PONTIAC	MONTANA	1GMDU03E1YD204318	C	2,720	Incl.	Incl.	391	

Veh #	New Annual Premium					Prorated Premium					Subtotal by Vehicle
	Liab	UM	UIM	PIP	Med Pay	Liab	UM	UIM	PIP	Med Pay	
1	3,098	Incl.	Incl.		391	376	Incl.	Incl.			376
<b>Subtotal</b>						376					

Additional Premium \$ 376

Pro-Rate Factor: **0.995**

Return Premium \$ \_\_\_\_\_

All other terms, conditions and agreements remain unchanged.

Company Name <b>National Liability &amp; Fire Insurance Company</b>	Policy Number <b>73APR271643</b>
	Endorsement Effective <b>01/25/2012 2:57 PM</b>
Named Insured <b>JASON JOHNSON</b>	Countersigned at by _____ (Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## SPLIT LIABILITY LIMITS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
TRUCKERS COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

	SCHEDULE	
"Bodily Injury" Liability:	\$ 100,000	Each Person
	\$ 300,000	Each "Accident"
Total "Property Damage" Liability and "Covered Pollution Cost or Expense":	\$ 100,000	Each "Accident"

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Paragraph C. **Limit of Insurance** of Section II – **Liability Coverage** is replaced by the following:

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the limit of insurance is as follows:

1. The most we will pay for all damages resulting from "bodily injury" to any one person caused by any one "accident", including all damages claimed by any one person or organization for care, loss of services or death resulting from the "bodily injury", is the limit of "Bodily Injury" Liability shown in the Schedule for each person.
2. Subject to the limit for each person, the most we will pay for all damages resulting from "bodily injury" caused by any one "accident" is the limit of "Bodily Injury" Liability shown in the Schedule for each "accident".
3. The most we will pay for the total of all damages resulting from "property damage" and "covered pollution cost or expense" combined caused by any one "accident" is the limit of "Property Damage" Liability and "Covered Pollution Cost or Expense" shown in the Schedule for each "accident".

All "bodily injury", "property damage" and "covered pollution cost or expense", resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "accident".

No one will be entitled to receive duplicate payments for the same elements of "loss" under this Coverage Form and any Medical Payments Coverage Endorsement, Uninsured Motorists Coverage Endorsement or Underinsured Motorists Coverage Endorsement attached to this Coverage Part.

All other terms, conditions and agreements remain unchanged.

Company Name	Policy Number
<b>National Liability &amp; Fire Insurance Company</b>	<b>73APR271643</b>
	Endorsement Effective
	<b>01/25/2012 2:57 PM</b>
Named Insured	Countersigned at
<b>JASON JOHNSON</b>	By

(Authorized Representative)

(The Attaching Clause needs to be completed only when this endorsement is issued subsequent to preparation of the policy.)

01/26/2012 15:08 4B85F85D-A6C7-4563-8916-5C6F6DCECE9A

Argenia, LLC  
P.O. BOX 17370  
Little Rock, AR 72222-7370

Bill To: AGT313	Insured: 591934	Agent: AGT313	CSR: ehale	Acct Exc: rvshort
McKinney Agency *		Attn:		
P.O. Box 1069		Submission No: 0690583		
Fayetteville, AR 72701				

**INVOICE**

Invoice Date:	Invoice Number:	Page:
1/27/2012	117008	1

Insured: A to Z Taxi	INVOICE PAYMENT Payment Due On: 2/16/2012
DBA : Jason Johnson	

Insurance Company:	Policy Number:	Effective:	Expires:
National Liability & Fire Insurance	73APR271643	1/25/2012	1/23/2013

Type Of Transaction	Line Of Business	ComplD	Amount	Comm(\$)	Net Due
Endorsement - Addl Premium	NLF Business Auto - Liability	RM0006	\$376.00	\$37.60	\$338.40

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$376.00	10	\$37.60	\$338.40

Note:

**MOTOR VEHICLE LIABILITY INSURANCE  
IDENTIFICATION CARD**

COMPANY NUMBER 73      COMPANY National Liability & Fire Insurance Company      NAIC No. 20052

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YEAR 2000      MAKE/MODEL PONTIAC MONTANA      VEHICLE IDENTIFICATION NUMBER 1GMDU03E1YD204318

AGENCY/COMPANY ISSUING CARD  
Argenia, LLC  
11524 Fairview Road  
Little Rock, AR 72212

INSURED  
JASON JOHNSON DBA: A TO Z TAXI  
11792 DJ PIT RD  
SUMMERS, AR 72769

SEE IMPORTANT NOTICE ON REVERSE SIDE

M-4566a (11/1999)

CUT ALONG THIS LINE

**THIS CARD MUST BE CARRIED  
IN THE INSURED VEHICLE FOR  
PRODUCTION UPON DEMAND**

Report All Accidents To:

**1-800-356-5750**

24 Hour Toll Free

Claims may also be reported at:  
[claims@nationalindemnity.com](mailto:claims@nationalindemnity.com)

CUT ALONG THIS LINE

**MOTOR VEHICLE LIABILITY INSURANCE  
IDENTIFICATION CARD**

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**1-800-356-5750**

24 Hour Toll Free

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[claims@nationalindemnity.com](mailto:claims@nationalindemnity.com)

CUT ALONG THIS LINE

**National Liability & Fire Insurance Company**

A STOCK COMPANY

# COMMERCIAL POLICY

Report ALL Accidents To:

**1-800-356-5750**

24 Hour

Toll Free

**IMPORTANT NOTICE  
TO AUTOMOBILE POLICYHOLDERS**

If any new or replacement drivers are hired during the term of this policy, notify the company immediately. Failure to do so may result in termination of your policy.

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THESE POLICY PROVISIONS WITH THE DECLARATIONS PAGE, COVERAGE FORM AND ENDORSEMENTS, IF ANY, COMPLETE THIS POLICY. THIS POLICY IS A LEGAL CONTRACT BETWEEN THE POLICY OWNER AND THE COMPANY.

**READ YOUR POLICY CAREFULLY**

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## COMMON POLICY CONDITIONS

All Coverages included in this policy are subject to the following conditions:

### A. CANCELLATION

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
  - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
  - b. 10 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date at 12:01 a.m. unless another time is stated on the cancellation notice.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

### B. CHANGES

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

### C. EXAMINATION OF YOUR BOOKS AND RECORDS

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

### D. INSPECTIONS AND SURVEYS

We have the right but are not obligated to:

1. Make inspections and surveys at any time;
2. Give you reports on the condition we find; and
3. Recommend changes.

Any inspections, surveys, reports or recommendations relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:

1. Are safe or healthful; or
2. Comply with laws, regulations, codes or standards.

This condition applies not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

### E. PREMIUMS

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

### F. TRANSFER OF YOUR RIGHTS AND DUTIES UNDER THIS POLICY

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.



## NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

### (Broad Form)

1. The insurance does not apply:
  - A. Under any Liability Coverage, to "bodily injury" or "property damage":
    - (1) With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
    - (2) Resulting from the "hazardous properties" of "nuclear material" and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.
  - B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.
  - C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from the "hazardous properties" of "nuclear material," if:
    - (1) The "nuclear material" (a) is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or (b) has been discharged or dispersed therefrom.
    - (2) The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of by or on behalf of an "insured"; or
    - (3) The "bodily injury" or "property damage" arises out of the furnishings by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility," but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion (3) applies only to "property damage" to such "nuclear facility" and any property thereat.
2. As used in this endorsement:

"Hazardous properties" include radioactive, toxic or explosive properties;

"Nuclear material" means "source material," "Special nuclear material" or "by-product material";

"Source material," "special nuclear material," and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof;

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor";

"Waste" means any waste material (a) containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and (b) resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility."

"Nuclear facility" means:

  - (a) Any "nuclear reactor";
  - (b) Any equipment or device designed or used for (1) separating the isotopes of uranium or plutonium, (2) processing or utilizing "spent fuel," or (3) handling, processing or packaging "waste";
  - (c) Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;
  - (d) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material;

"Property damage" includes all forms of radioactive contamination of property.

IL 09 09 03 98

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ARKANSAS NOTICE**

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART  
PERSONAL AUTO POLICY PART D – COVERAGE FOR DAMAGE TO YOUR AUTO

The following statement is added to the policy:

IN THE REPAIR OF YOUR COVERED MOTOR VEHICLE UNDER THE PHYSICAL DAMAGE COVERAGE PROVISIONS OF THIS POLICY, WE MAY REQUIRE OR SPECIFY THE USE OF MOTOR VEHICLE PARTS NOT MADE BY THE ORIGINAL MANUFACTURER. THESE PARTS ARE REQUIRED TO BE AT LEAST EQUAL IN TERMS OF FIT, QUALITY, PERFORMANCE, AND WARRANTY TO THE ORIGINAL MANUFACTURER PARTS THEY REPLACE.

**NEW**  
RENEWAL OF NUMBER

**NATIONAL LIABILITY & FIRE INSURANCE COMPANY**  
**STAMFORD, CONNECTICUT**  
**BUSINESS AUTO COVERAGE DECLARATIONS**

The Declarations include a second part designated "Part 2"

GA Code: **N03001**

**73 APR 271643**

ITEM ONE NAMED INSURED & ADDRESS

**JASON JOHNSON**  
**DBA: A TO Z TAXI**  
**11792 DJ PIT RD**  
**SUMMERS, AR 72769**

FORM OF NAMED INSURED'S BUSINESS: **Individual**

NAMED INSURED'S BUSINESS: **TAXI**

POLICY PERIOD: Policy covers FROM **01/23/2012 11:39 AM** TO **01/23/2013 12:01 A.M.** Standard Time at the Named Insured's Address stated above.

ITEM TWO — SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.


COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	<b>7</b>	\$ <b>100,000 CSL</b>	\$ <b>2,720</b>
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS Deductible	\$
ADDED P.I.P. (or equivalent added No-fault)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS	<b>7</b>	\$ <b>5,000</b>	\$ <b>391</b>
UNINSURED MOTORISTS	<b>10</b>	\$ <b>100,000 CSL (BI/PD)</b>	\$ <b>231</b>
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists)	<b>10</b>	\$ <b>100,000 CSL (BI Only)</b>	\$ <b>204</b>
<b>PHYSICAL DAMAGE INSURANCE</b>			
COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR \$ Deductible FOR EACH COVERED AUTO	\$
SPECIFIED CAUSES OF LOSS		OR REPLACEMENT \$ Deductible FOR EACH COVERED AUTO	\$
COLLISION COVERAGE		WHICHEVER IS LESS MINUS \$ Deductible FOR EACH COVERED AUTO	\$
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION <b>See M4572 (12/1994)</b>			PREMIUM FOR ENDORSEMENTS \$
			ESTIMATED TOTAL PREMIUM \$ <b>3,546</b>
ENTER SYMBOL 10 DESCRIPTION HERE: <b>Only those autos described in Item Three of the Declarations with Liability premium shown.</b>			
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$ <u>0</u> IF CANCELLED BY THE INSURED.			
ITEM THREE — SCHEDULE OF COVERED AUTOS <b>AS ATTACHED</b>			

Countersigned at Argenia, LLC Little Rock, AR

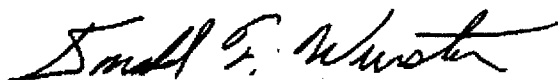
By \_\_\_\_\_

In Witness whereof, we have caused this policy to be executed and attested.

AUTHORIZED SIGNATURE



Secretary



President

### SCHEDULE OF FORMS AND ENDORSEMENTS AT POLICY INCEPTION

POLICY # 73 APR 271643

INSURED JASON JOHNSON

EFFECTIVE 01/23/2012 11:39 AM

M 4600a	04/2003	Commercial Policy Jacket
IL 0909	03/1998	Arkansas notice
NLF 4489c	07/2006	Business Auto Coverage Declarations
M 4572	12/1994	Schedule of Forms and Endorsements at Policy Inception
M 5171	06/2004	Schedule of Covered Autos
CA 0001	03/2006	Business Auto Coverage Form
CA 2108	03/2006	Arkansas Uninsured Motorists Coverage
CA 2166	03/2006	Arkansas Uninsured Motorists Coverage - Property Damage
CA 3128	03/2006	Arkansas Underinsured Motorists Coverage
M 5644	09/2011	Arkansas Underinsured Motorists Coverage Amendatory Endorsement
M 4487	04/1994	Auto Medical Payments Coverage
CA 0162	10/2007	Arkansas Changes
M 5007a	10/2009	Arkansas Policyholders Important Notice
CA 2402	12/1993	Public Transportation Autos
IL 0231	09/2008	Arkansas Changes - Cancellation
M 3920	03/1988	Punitive Damage Exclusion Duty to Defend Amendment
M 4803	02/1998	Abuse or Molestation Exclusion

Form Version 041001

01/24/2012 15:21 E92F66CC-F948-49EC-9E03-03E8DD72C368

M-4572 (12/94)

**SCHEDULE OF COVERED AUTOS**

M-5171 (06/2004)

POLICY NUMBER: **73 APR 271643**

EFFECTIVE DATE: **01/23/2012 11:39 AM**

NAMED INSURED: **JASON JOHNSON**

<b>Policy-Level Coverages</b>	<b>The premium charge for Uninsured and Underinsured Motorist Coverage is a policy charge; separate premium charges are not made for individual covered autos.</b>
Uninsured Motorist Coverage:	
Underinsured Motorist Coverage:	
Other:	

Vehicle #	Year	Make & Model	VIN	*Use (C/S/R)	Radius	Garaging Territory	Garaging City, State	GVW or Seating Cap.
	Liability Premium	Medical Payments Premium	Personal Injury Protection Premium	Additional Insured Premium		In-Tow Premium	Cargo Premium	
	Stated Limit or ACV	Specified Causes (S) or Comprehensive (C)	Specified Causes or Comprehensive Premium	Specified Causes or Comprehensive Deductible		Collision Premium	Collision Deductible	
1	2000	PONTIAC MONTANA	1GMDU03E1YD204318	C	100 Miles	3	SILLOAM SPRINGS, AR	7 Seats
	2,720	391						

\*Use (C = Commercial, S = Service, R = Retail)

