



# Vehicle for Hire Owner Application

The undersigned hereby makes application for license to operate as a Vehicle for Hire Owner in the City of Leavenworth, Kansas under the provisions of the Code of Ordinances, Chapter 12 Businesses, Article IX Vehicles for Hire

### APPLICANT INFORMATION:

New \$50.00  Renewal \$50.00  Duplicate \$15.00

Owner Name: (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (MI): \_\_\_\_\_ DOB: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

### VEHICLE INFORMATION:

Year	Make	Model	Color	Carrying Capacity	VIN	KS License No

#### APPLICATION MUST INCLUDE THE FOLLOWING:

1. The applicant shall maintain commercial automobile liability insurance on each vehicle with liability limits of at least \$60,000 Combined Single Limit for injury to, or death of, one or more persons, and for damage to property, including baggage or other property of a passenger carried in or on said vehicle, resulting from any single accident, by reason of the carelessness or negligence of the driver or operator of such vehicle, with a property damage deductible, if any, not to exceed \$500 above which all claims shall be referred to the insurance company for handling. The policy shall also list each vehicle and their VIN number under "description of operations" to be insured.
2. Valid Registration for each vehicle.
3. ASE Inspection report taken within 30 days from the time of application for each vehicle.

Date: \_\_\_\_\_ **Office Use Only**

- \_\_\_\_\_ Received by
- \_\_\_\_\_ Certificate of Insurance
- \_\_\_\_\_ Valid Registration for Each Vehicle
- \_\_\_\_\_ ASE Inspection within 30 days for each vehicle
- \_\_\_\_\_ Approval from Police Department
- \_\_\_\_\_ Account Number
- \_\_\_\_\_ License Number
- \_\_\_\_\_ Bill Number

The above mentioned information is true and correct to the best of my recollection, and I realize that making a false application will automatically void my privilege to this license I am applying for. As owner of the above described vehicle(s), I guarantee them to be in good mechanical condition and that they are in compliance with the requirements of this article. All applications shall be approved or disapproved within 4 business days from the date filed with the City Clerk's office. I agree to display my license conspicuously.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VEHICLE FOR HIRE LICENSES EXPIRE DECEMBER 31<sup>ST</sup> OF EACH YEAR**

**Fees paid are not prorated, refundable or transferable**

Office of the City Clerk • City of Leavenworth • 100 N. 5<sup>th</sup> Street • Leavenworth, Kansas 66048



# Vehicle for Hire Inspection

## Automotive Service Excellence Certification Form

Owner Name: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Model #: \_\_\_\_\_

VIN #: \_\_\_\_\_ License # \_\_\_\_\_ Odometer: \_\_\_\_\_

DESCRIPTION	PASS	FAIL	SPECIFIC DEFECT
Glass & glazing			
Windshield wipers			
Internal & external mirrors			
Door latch & release mechanisms			
Exterior lighting			
Signal lighting			
Horn			
Seatbelts & restraints			
Windshield defroster			
Tires			
Wheels			
Suspension			
Steering			
Brakes (requires removal of one front & one rear wheel & hub)			
Fuel tank			
Fuel lines			
Muffler			
Exhaust system			

As an "ASE" certified mechanic I have inspected the above listed vehicle components and find that this vehicle  
 [ ] **should** [ ] **should not** be licensed as a vehicle for hire in the City of Leavenworth.

Name of "ASE" Mechanic: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
 "ASE" Certified Mechanic Signature



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

XX/XX/XXXX

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Agent	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Insurance Company	
INSURED Named Insured	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: Vehicle for Hire

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			Policy #			COMBINED SINGLE LIMIT (Ea accident) \$ <b>60,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Vehicle for Hire****VIN # of each Vehicle Insured****10 days notice of cancellation will be sent to the Certificate Holder.****CERTIFICATE HOLDER****CANCELLATION**

City of Leavenworth  
 100 N 5th Street  
 Leavenworth, KS 66048

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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