

.....
Date February 14, 2011

RESOLUTION SETTING DATE OF PUBLIC HEARING UPON APPLICATION OF
JOY RIDE TRANSPORT LLC
FOR LICENSE TO INCREASE THE SIZE OF THEIR
PARATRANSIT TAXICAB SERVICE FLEET

WHEREAS, Section 126-181 of the Municipal Code forbids the operation of a paratransit taxicab as a vehicle for hire upon the streets of Des Moines without obtaining a paratransit license; and

WHEREAS, Joy Ride Transport LLC has filed an application with the City Traffic Engineer requesting permission of the City Council to increase the size of their paratransit taxicab fleet in the City of Des Moines, from three vehicles to six vehicles, which application is now on file in the office of the City Clerk for public review and consideration; and

WHEREAS, upon the filing of an application for a paratransit license, Section 126-185 of the Municipal Code requires the City Council to fix a time and place for a public hearing on the matter of the issuance of a license to increase the size of their paratransit taxicab fleet ; and

WHEREAS, Section 126-185 does require that written notice of the hearing be given to the applicant and all present holders of a paratransit license, if any.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF DES MOINES, IOWA:

1. That the Des Moines City Council shall hear the matter of the request to increase the size of the fleet by a paratransit taxicab service currently licensed in the City of Des Moines at the regularly scheduled City Council meeting on February 28, 2011 in the City Council Chambers at 5:00 p.m.; and

2. That the City Clerk is directed to give written notice of the time and place of the scheduled hearing to the applicant at the following address and to all the present holders of a paratransit taxicab license at their addresses of record.

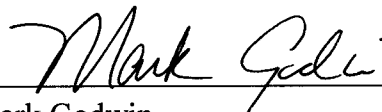
Bethany Cochran
Joy Ride Transport LLC
1580 SE Bristol Drive
Waukee, IA 50263

Date February 14, 2011

3. That any interested person, pursuant to Section 126-185, may file with the City Clerk a memorandum in support of or opposition to the issuance of the license increasing their fleet size.

MOVED BY _____ to adopt.

APPROVED AS TO FORM:



 Mark Godwin
 Acting City Attorney

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
GRIESS				
HENSLEY				
MAHAFFEY				
MEYER				
MOORE				
TOTAL				

CERTIFICATE

I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

MOTION CARRIED APPROVED

 Mayor

 City Clerk

Paratransit Company Application -

January 18
2011

Statement: I, Michael R. Berry, Traffic Facilities Administrator with the City of Des Moines, Engineering Department, Traffic & Transportation Division, certify that I have prepared the preceding "Para-Transit Company Application Checklist." The attached documents that have had information blocked out, have had that information removed for identity theft protection of the applicant and others referenced by the applicant and to protect confidential records under Iowa Chapter 22. The original documents are on file with the Traffic Engineers Office and the entire document(s) may be reviewed by anyone within the provisions of Iowa Code Chapter 22.

Joy-Ride
Transport,
LLC

THIS APPLICATION IS A REQUEST TO INCREASE THE SIZE OF THE EXISTING FLEET, FOR JOY-RIDE TRANSPORT FROM THREE VEHICLES (AS THE CURRENT JOY-RIDE TRANSPORT LLC PARA-TRANSIT LICENSE ALLOWS) TO A TOTAL OF SIX VEHICLES. NO OTHER CHANGES ARE REQUESTED.

REQUEST
TO
INCREASE
FLEET SIZE

Michael R. Berry

January 18, 2011

Michael R. Berry, Traffic Facilities Administrator, City of Des Moines



signed before me
01/18/2011

Christopher C. Cook

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- (g) Each vehicle shall be not greater than ten (10) years old, based on the model year of production, and shall include all standard safety features in proper working order. The ten (10) year maximum age limit will not disqualify a vehicle from use as a taxicab until January 1, 2011, provided the vehicle complies with all other requirements. *3 existing (Already Licensed) 2009 Dodge Vans
3 Vans License applied for are also 2009 Dodge Vans*

Sec. 126-119. Designation.

- (a) Each taxicab shall bear on the outside of a door on each side the name of the holder; and, in addition, may bear an identifying design. The markings shall be painted or affixed by decal in letters or figures at least two inches in height. Any licensed vehicle shall not have a color scheme, identifying design, monogram, or insignia that will conflict with or imitate any existing taxicab or any official or emergency vehicle color scheme, in a manner that will mislead or deceive or defraud the public. *Done in accordance with currently approved license*
- (b) Each taxicab shall bear on the inside of the passenger compartment clearly visible to passengers a sign which denotes the name of the holder and the number used by the holder to designate the vehicle. *As currently licensed.*

Sec. 126-150. Reports and records.

- (a) Each driver shall maintain a daily trip card. All complete trip cards shall be returned to the holder by the driver at the conclusion of his or her tour of duty. The forms for each trip card shall be furnished to the driver by the holder and shall be approved by the chief of police. *Trip card format previously approved*
- (b) Each holder shall submit to the traffic engineer a report by January 30 of each year summarizing the activity of the previous year. The report shall contain general information on number and types of complaints received including information on any discrimination complaints; number of trips per vehicle; age, mileage and general condition of each vehicle; tenure and turnover of drivers; periodic normal response time and other information as required by the traffic engineer. Annual (year-end) Requirement. Does not apply for a new application process. *(year end report has not been submitted as of 1-18-11*
- (c) Each holder of a certificate shall retain and preserve all trip cards in a safe place for at least one month following the date of making the record. Trip cards shall be available to the chief of police and the traffic engineer. *Requirement*

Sec. 126-152. Misrepresentation or fraud in securing certificate or license.

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shall be provided and in effect at the time of such cancellation or termination. The traffic engineer shall immediately issue written notification of the revocation of said certificate and all licenses for the taxicab business, independent contractors and the vehicles covered by such insurance which is cancelled or terminated and shall file a copy of such notice with the city council.

Sec. 126-188. Licenses.

- (a) A certificate shall not be issued or continued in effect unless its holder has paid to the finance director an annual calendar year certificate fee for the right to engage in the taxicab business and an annual license fee for each vehicle operated under a certificate in the amount set forth in the schedule of fees adopted by the city council by resolution. *Check for \$225 rec'd.*
- (b) Whenever a license is issued by the traffic engineer under the terms of this division, a metal plate or identification sticker for each vehicle operated shall be delivered to the holder. The metal plate or identification sticker shall be approximately three inches in width and six inches in length and shall have stamped or printed thereon the word "taxicab," the official license number and the date of expiration of the license. The plate or sticker shall be affixed in a conspicuous place on the rear of the vehicle for which the license is granted. It shall be a distinctly different color each year.
- (c) The holder shall file with the traffic engineer information pertaining to each vehicle for which a license has been issued including make, model, year, and state license number. *Done including*

Paratransit Company Application -

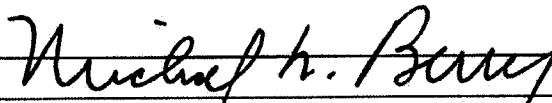
January 18
2011

Statement: I, Michael R. Berry, Traffic Facilities Administrator with the City of Des Moines, Engineering Department, Traffic & Transportation Division, certify that I have prepared the preceding "Para-Transit Company Application Checklist." The attached documents that have had information blocked out, have had that information removed for identity theft protection of the applicant and others referenced by the applicant and to protect confidential records under Iowa Chapter 22. The original documents are on file with the Traffic Engineers Office and the entire document(s) may be reviewed by anyone within the provisions of Iowa Code Chapter 22.

Joy-Ride
Transport,
LLC

THIS APPLICATION IS A REQUEST TO INCREASE THE SIZE OF THE EXISTING FLEET, FOR JOY-RIDE TRANSPORT FROM THREE VEHICLES (AS THE CURRENT JOY-RIDE TRANSPORT LLC PARA-TRANSIT LICENSE ALLOWS) TO A TOTAL OF SIX VEHICLES. NO OTHER CHANGES ARE REQUESTED.

**REQUEST
TO
INCREASE
FLEET SIZE**



January 18, 2011

Michael R. Berry, Traffic Facilities Administrator, City of Des Moines

Para-Transit Company Application Checklist

Applicant: JOY RIDE TRANSPORTATION, LLC

Application to increase fleet size from three vehicles, approved by the City Council under § 126-183(5) at City Council Meeting held on Sept. 27, 2010, agenda item 47B (10-576) to a total of six vehicles, (10-1586).

Paratransit service means specialized transportation services only for wheelchair bound persons provided by a paratransit taxicab.

Paratransit taxicab means a taxicab equipped and operated exclusively for the provision of paratransit services.

Taxicab driver's license means the permission granted by the city to a person to drive a taxicab (or paratransit vehicle) upon the streets of the city issued in the form of a metal badge.

Paratransit license means the annual license granted to a person to conduct a paratransit service in the city.

Trip card means a daily record prepared by a paratransit driver of all trips made by him or her showing the time and place of origin, destination, number of passengers, and the amount of fare for each trip.

Chapter 126, Division 3 and subsection §126-117(a) concerning taxicab drivers' licenses and drivers licensed under such division and subsection shall apply to the operation of a paratransit service.

In this context, where the word "taxicab" is used, it is also intended to encompass paratransit vehicles and define them, for the purpose of the requirements of the Vehicles for Hire Ordinance, as paratransit taxicabs. Similarly, "certificate" shall also mean a license as would be issued to a Paratransit Business.

Marked blocks w/ initials indicates that the applicant has provided documentation meeting or exceeding the requirements of the Municipal Code of the City of Des Moines. ⊗ Indicates a requirement.

Sec. 126-117. Compliance required.

- ⊗ (a) Every driver licensed under this article shall comply with all city, state and federal laws. Failure to do so will justify suspension or revocation of his or her license.
- ⊗ (b) Any vehicle operated under the provisions of this article shall comply with all applicable requirements of the state motor vehicle code or other state and city laws.
- ⊗ (c) Any vehicle operated under the provisions of this article shall be inspected quarterly by the holder of the certificate to ensure compliance to all applicable requirements of the state motor vehicle code or state and city laws.

Sec. 126-118. Vehicle condition.

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(a) Prior to its use and operation, each vehicle shall be made to comply with all applicable requirements of the state motor vehicle code and other state and city laws.

(g) Each vehicle shall be not greater than ten (10) years old, based on the model year of production, and shall include all standard safety features in proper working order. *3 existing vehicles 2009 model year*
3 newly applied vehicles 2009 model year
Sec. 126-119. Designation.

(a) Each taxicab shall bear on the outside of a door on each side the name of the holder; and, in addition, may bear an identifying design. The markings shall be painted or affixed by decal in letters or figures at least two inches in height. Any licensed vehicle shall not have a color scheme, identifying design, monogram, or insignia that will conflict with or imitate any existing taxicab or any official or emergency vehicle color scheme, in a manner that will mislead or deceive or defraud the public. *Done in accordance with currently approved license.*

(b) Each taxicab shall bear on the inside of the passenger compartment clearly visible to passengers a sign which denotes the name of the holder and the number used by the holder to designate the vehicle. *As currently licensed.*

Sec. 126-150. Reports and records.

(a) Each driver shall maintain a daily trip card. All complete trip cards shall be returned to the holder by the driver at the conclusion of his or her tour of duty. The forms for each trip card shall be furnished to the driver by the holder and shall be approved by the chief of police. *previously approved.*

(b) Each holder shall submit to the traffic engineer a report by January 30 of each year summarizing the activity of the previous year. The report shall contain general information on number and types of complaints received including information on any discrimination complaints; number of trips per vehicle; age, mileage and general condition of each vehicle; tenure and turnover of drivers; periodic normal response time and other information as required by the traffic engineer. *As of 1-18-11 2010 year-end report has not been submitted.*

(c) Each holder of a certificate shall retain and preserve all trip cards in a safe place for at least one month following the date of making the record. Trip cards shall be available to the chief of police and the traffic engineer. *Required*

Sec. 126-152. Misrepresentation or fraud in securing certificate or license.

- No person shall give any false or fictitious information on any application for any certificate or license provided for in this article or practice any fraud or misrepresentation in any manner to secure a certificate or license.
Request to increase fleet size from 3 to 6 vehicles

Sec. 126-154. Criminal or civil penalties.

- (a) Any person, firm, or corporation who fails to perform an act required by the provisions of this article, or who commits an act prohibited by the provisions of this article, shall be guilty of a misdemeanor punishable by fine or imprisonment as provided by section 1-15 of this Code, or shall be guilty of a municipal infraction punishable by a civil penalty as provided by section 1-15 of this Code.
- (b) Upon issuance of any citation or charge under this article, the issuing agency shall deliver a copy of the citation to the city prosecutor and the traffic engineer.

Sec. 126-183. Application for certificate of public convenience and necessity.

- (5) The number of vehicles to be operated or controlled by the applicant. A statement of the condition of the vehicles to be operated, including the model year and type of each vehicle and the date on which the vehicle passed its most recent safety inspection, if any.

Sec. 126-187. Liability insurance.

- Done* (a) A certificate shall not be issued or continued in effect unless and until the owner of the taxicab business furnishes to the traffic engineer an insurance policy or policies, or certificate of insurance, issued by an insurance company having an A.M. Best rating of no less than B+. The policy(ies) shall include commercial general liability insurance coverage and automobile liability insurance coverage, or the equivalent thereof, for the taxicab business and independent contractors of the taxicab business. The commercial general liability insurance shall include coverage for bodily injury, death and property damage with limits of liability of not less than \$750,000.00 per occurrence and aggregate combined single limit. The automobile liability insurance shall include coverage for bodily injury, death and property damage with limits of liability of not less than \$750,000.00 per occurrence combined single limit.
- Done* (b) The certificate of insurance referred to in this section shall provide that the insurance policy or policies have been endorsed to provide 30 days advance written notice of cancellation, 45 days advance written notice of non-renewal, and ten days advance written notice of cancellation due to nonpayment of

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premium, and that these written notices shall be provided by registered mail to the traffic engineer.

- (c) The cancellation or other termination of any required insurance policy shall automatically revoke and terminate the certificate and all licenses issued for the taxicab business, independent contractors and the vehicles covered by such insurance policy(ies), unless another policy(ies), complying with this section, shall be provided and in effect at the time of such cancellation or termination. The traffic engineer shall immediately issue written notification of the revocation of said certificate and all licenses for the taxicab business, independent contractors and the vehicles covered by such insurance which is cancelled or terminated and shall file a copy of such notice with the city council.

Sec. 126-188. Licenses.

- (a) A certificate shall not be issued or continued in effect unless its holder has paid to the finance director an annual calendar year certificate fee for the right to engage in the taxicab business and an annual license fee for each vehicle operated under a certificate in the amount set forth in the schedule of fees adopted by the city council by resolution. *Check for payment rec'd.*
- (b) Whenever a license is issued by the traffic engineer under the terms of this division, a metal plate or identification sticker for each vehicle operated shall be delivered to the holder. The metal plate or identification sticker shall be approximately three inches in width and six inches in length and shall have stamped or printed thereon the word "taxicab," the official license number and the date of expiration of the license. The plate or sticker shall be affixed in a conspicuous place on the rear of the vehicle for which the license is granted. It shall be a distinctly different color each year.
- (c) The holder shall file with the traffic engineer information pertaining to each vehicle for which a license has been issued including make, model, year, and state license number. *Have on hand for all six vehicles.*

HEARINGS (OPEN AT 5:00 P.M.) (ITEMS 47 THRU 57)

47. On applications for Limousine and various Taxicab Licenses for the following:

- 10-1585 (A) Luxxor Limousines LLC for Scott Sweers, (Limousine). (Council Communication No. 10-577) **Moved by Coleman to adopt. Motion Carried 6-1.**
- 10-1586 (B) Joy Ride Transport LLC for Bethany Cochran, (Paratransit and Taxicab). (Council Communication No. 10-576) **Moved by Coleman to adopt. Motion Carried 6-1.**
- 10-1587 (C) City Cab LLC for Shani Amin and Mohamed Ahmed, (Taxicab). (Council Communication No. 10-575) **Moved by Coleman to continue to October 11, 2010 at 5:00 PM. Motion Carried 6-1.**
- 10-1588 (D) United Cab, Ltd. for Mohamed Habib, (Taxicab). (Council Communication No. 10-574) **Moved by Coleman to continue to October 11, 2010 at 5:00 PM. Motion Carried 6-1.**

48. On proposed loan agreement and issuance of Stormwater Management Utility Revenue Capital Loan Notes, not to exceed the following amounts, (A special Council meeting will be held on September 29th at 4:30 PM to approve sale of the bonds): (Council Communication No. 10-567)

- 10-1589 (A) \$15,000,000. **Moved by Coleman to adopt. Motion Carried 6-1.**
- 10-1590 (1) Authorization for additional action. **Moved by Coleman to adopt. Motion Carried 6-1.**
- 10-1591 (B) \$6,600,000. **Moved by Coleman to adopt. Motion Carried 6-1.**
- 10-1592 (1) Authorization for additional action. **Moved by Coleman to adopt. Motion Carried 6-1.**
- 10-1593 (C) \$5,700,000. **Moved by Coleman to adopt. Motion Carried 6-1.**
- 10-1594 (1) Authorization for additional action. **Moved by Coleman to adopt. Motion Carried 6-1.**
- 10-1595 (D) Approving distribution of a Preliminary Official Statement and use of electronic bidding procedures for sale of \$19,425,000 Stormwater Management Utility Revenue Capital Loan Notes, Series 2010F, and \$5,345,000 Stormwater Management Utility Revenue Refunding Capital Loan Notes, Series 2010G. **Moved by Coleman to adopt. Motion Carried 6-1.**

★ Roll Call Number
10-1586

Agenda Item Number
47B

Date September 27, 2010

PUBLIC HEARING UPON APPLICATION OF
JOY RIDE TRANSPORT LLC
FOR A LICENSE TO OPERATE A PARATRANSIT TAXICAB SERVICE
IN THE CITY OF DES MOINES

WHEREAS, Section 126-181 of the Municipal Code of the City of Des Moines, Iowa, forbids the operation of a paratransit taxicab as defined under the paratransit taxicab subchapter of the municipal code (Article IV of Chapter 126) as a vehicle for hire upon the streets of Des Moines without obtaining a license; and

WHEREAS, Joy Ride Transport LLC, 1580 SE Bristol Drive, Waukee, Iowa, has filed an application requesting permission of the City Council to operate a paratransit taxicab service in the City of Des Moines, with a total of three vehicles; and

WHEREAS, pursuant to Section 126-155 on September 13, 2010, by Roll Call No. 10-1461, the City Council has fixed this date as the time and place for a public hearing on the matter of the application; and

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Des Moines, Iowa:

That the hearing is hereby closed and the application is granted or denied, as the case may be, as set out in the next paragraph.

Alternative One: That the application for a license to operate a paratransit taxicab service be approved and hereby granted and the City Traffic Engineer is directed to issue a license stating the name and address of the applicant, the number of vehicles authorized under the license, and the date of issuance, it being the finding of this City Council of the City of Des Moines that the applicant has complied with Section 126-155(c) and Sections 126-187 and 126-188 of the Municipal Code;

or

Alternative Two: That the application for a license to operate a paratransit taxicab service be hereby denied as specified below upon the specific grounds and facts set forth below.

★ Roll Call Number
10-1586

Agenda Item Number
47B

Date September 27, 2010


Denial based on non-compliance with Subsection 126-155(c) and Sections 126-187 and 126-188 of the Municipal Code:
(specify) _____

BE IT FURTHER RESOLVED that upon adoption of Alternative One (to grant the license), the City Traffic Engineer is hereby directed to issue a license to Joy Ride Transport LLC stating the name and address of the applicant, the number of vehicles authorized under said license, as set out in the application, and the date of issuance.

(Council Communication Number 10-576 Attached)

MOVED BY Coleman to adopt.

APPROVED AS TO FORM:


Lawrence R. McDowell
Deputy City Attorney

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE	✓			
COLEMAN	✓			
GRIESS	✓			
HENSLEY				✓
MAHAFFEY	✓			
MEYER	✓			
MOORE	✓			
TOTAL	6			

MOTION CARRIED

APPROVED

T. M. Franklin Mayor

CERTIFICATE

I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

Diane Rauh City Clerk

CITY OF DES MOINES

JOY RIDE TRANSPORT, LLC 3000 Justin Drive, Suite A Urbandale, IA 50322))))))	APPLICATION FOR LICENSE FOR ADDITIONAL VEHICLES
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COMES NOW Joy Ride Transport, LLC pursuant to City of Des Moines Municipal Code § 126-155 and does hereby apply for a license for additional vehicles to provide para-transit services within the City of Des Moines and hereby states:

1. The name and address of the owner of Joy Ride Transport, LLC (“**Company**”) is as follows:
 - a. Bethany M. Cochran
 - b. 1580 SE Bristol Dr., Waukee, IA 50263

2. The Company has no plans to operate under a different trade name at this time.

3. Experience and Training.
 - a. Experience - Ms. Cochran has operated a para-transit service since 2010. Prior to that, Ms. Cochran had been a member of the healthcare community in the Des Moines area for over seven years and had seen the need for wheel chair transportation services expand beyond what the existing providers could manage. Her employment at nursing homes, hospice organizations, and area hospitals in Des Moines has provided her the experience required to perform the necessary duties that this company requires.

b. Training - In addition to working for Joy Ride Transport and operating para-transit vehicles on a routine basis, throughout her health services career she has assisted in the transportation of wheelchair-bound persons and has been in a position to learn the general care that a wheelchair-bound person requires. Specifically, in regarding operation of para-transit vehicles, Ms. Cochran and all drivers have undergone thorough training with AMS Vans, Inc. This training consisted of step-by-step instructions on the use of each piece of equipment necessary to safely transport a wheelchair bound person. This training included both mechanical operation of the para-transit devices as well as safety concerns involved in transporting a wheel-chair bound person. Ms. Cochran and the drivers have been required to demonstrate their knowledge and ability to safely operate all equipment required to safely transport a wheelchair bound person.

4. The description of the paratransit taxicabs is as follows
- a. 2009 Dodge Caravan SE - VIN 1D8HN44E29B511973; Color - White; Mileage - 59,066
 - b. 2009 Dodge Caravan SE - VIN 1D8HN44E99B513624; Color- White; Mileage - 52,002
 - c. 2009 Dodge Caravan SE - VIN 1D8HN44E29B515408; Color - White; Mileage - 52,298
 - d. The para-transit vehicles will be new to the service of paratransit services. The para-transit vehicles will be designated by the words Joy Ride Transportation. All para-transit vehicles are properly equipped to

safely transport wheelchair-bound persons. Logo is attached as **Exhibit**

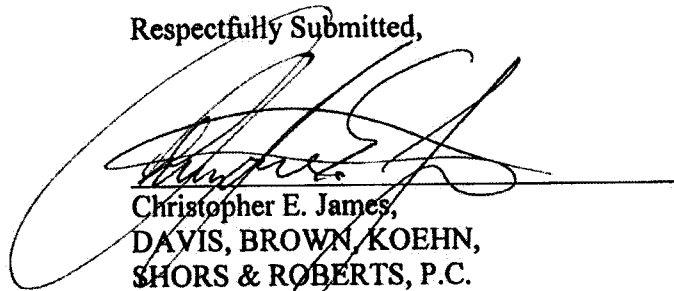
A.

5. That the location of the central operation of the business will be:
 - a. 3000 Justin Drive, Suite A, Urbandale, IA 50322 - Dispatch Office.
 - b. The para-transit vehicles that Joy Ride will operate will assist people with getting to medical appointments and other commitments. Customers will be transported from nursing homes, senior communities or their independent living setting to their requested destination. As such, there will be no central operating location other than the dispatch office.
6. Other Required Information.
 - a. Driver License Applications - Joyride is not adding new drivers at this time.
 - b. Vehicle Compliance and Inspection - See **Exhibit B.**
 - c. Copies of Licensing Documents. Other than the City of Des Moines, only an Iowa Department of Transportation Registration Number is required. The Iowa Department of Transportation Registration Number for Joy Ride Transport, LLC is 2027004. A copy of the license for the City of Des Moines is attached. See **Exhibit C.**
 - d. Vehicle Compliance - photographs of external and internal vehicle marking. See **Exhibit D.**
7. Schedule of Rates. See **Exhibit E.**
8. Copy of Driver's Trip Card. See **Exhibit F.**
9. Copy of Certificate of Insurance. See **Exhibit G.**

10. Joy Ride Transportation, LLC acknowledges the requirement to conspicuously display the vehicle license on the rear of each licensed vehicle in accordance with Des Moines Municipal Code § 126-188(b).
11. Joy Ride Transportation, LLC acknowledges the requirement for the driver of each licensed vehicle to conspicuously display their Taxicab Driver's License.
12. License Fees. A check is provided for the amount of \$225.00 which represents \$75.00 for each of the Three (3) vehicles to be licensed.

WHEREFORE, Joy Ride Transportation, LLC requests that a paratransit license be granted for the City of Des Moines.

Respectfully Submitted,



Christopher E. James,
DAVIS, BROWN, KOEHN,
SHORS & ROBERTS, P.C.
215 10th St., Ste. 1300
Telephone: 515/246-7835
Facsimile: 515/471-7835

ATTORNEY FOR JOY RIDE
TRANSPORTATION, LLC.

Joy & Ride

T
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o
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PASSENGER VEHICLE DELIVERY RECEIPT

Customer: Joy Ride Transport, LLC Ted Cochran

Purchase date: 11/15/2010

Address: , ,

Conversion: NR-New Rear Entry

Vehicle: 2009 DODGE GRAND CARAVAN SE

VIN: 1D8HN44E29B516408

It is hereby acknowledged that use of the equipment and/or vehicle modifications identified below have been demonstrated and explained fully to the person named above who may use/operate the vehicle and its equipment. It is further acknowledged that any and all other persons who may use/operate the vehicle/equipment have been or will be trained in and are or will be able to operate the vehicle and all installed equipment in a safe and efficient manner in accordance with the instructions provided. It is acknowledged that an Owner's Manual has been provided and reviewed with respect to the equipment indicated below.

Equipment List	Installed / Familiarized (initial)	Manual	Maintenance Schedule*
# Keys 2 # Remotes 2	✓		Replace battery annually
Vehicle Owner's manual	✓	present	n/a
Lowered floor	✓		every 6,000 miles for 6 months inspect undercarriage or damage
Emergency door and ramp operation	✓		inspect every 6 months
Sliding door operation	✓		every 3,000 miles or 3 months lube door track
Ramp operation (power or manual)	✓		every 3,000 miles or 3 months lubricate hinges
Wheelchair tie down operation	✓		n/a
Conversion Owner's manual	✓	present	n/a
QRTs - Retracting Straps			see manufacturer's instructions
			see manufacturer's instructions
			see manufacturer's instructions
			see manufacturer's instructions
Commercial suspension upgrade			see manufacturer's instructions
			see manufacturer's instructions
			see manufacturer's instructions

* The above mentioned Maintenance intervals are recommendations. Specific information given in the owner's manuals provided by the manufacturer may supersede the above recommendations. It is extremely important that all inspections for the equipment be followed to enhance the safe operation of the vehicle. Please contact the manufacturer(s) of the equipment listed above for additional information regarding the safe use and operation of any equipment installed on your vehicle.

!WARNING: Failure to follow the instructions provided herein can result in an accident, personal injury or death!

It is acknowledge that this vehicle has been modified to meet the specific needs of the purchaser and may not handle, turn, accelerate, or stop in the same manner as an unmodified vehicle. For example, additional time and distance may be required for accelerating or stopping, and maneuvers must be executed at a lower rate of speed. For this reason, only properly trained persons should use or operate the vehicle and its equipment, an only in strict accordance with the instructions provided.

It is acknowledged that the use of available wheelchair tie-downs, seatbelts and shoulder harnesses by all operators and occupants of the vehicle is mandatory when the vehicle is in motion.

It is acknowledged that it may be dangerous to use this vehicle and/or the installed equipment without complying fully with the instructions in the applicable Owner's Manuals and any and all additional instructions provided by personnel. Those persons not trained in the proper used and operation of the vehicle and/or installed equipment will not be permitted to use/operate the vehicle or equipment.

It is understood that any comments, questions or concerns with respect to the proper and safe use of the vehicle or its equipment may be addressed to: Ed Stout, Quality Assurance/Shop Manager. It is understood that the vehicle and all equipment should be regularly maintained in accordance with applicable Owner's Manuals in order to enhance the proper/safe operation of the vehicle and its equipment. Preventative maintenance should be regularly performed. Under no circumstances should the vehicle or its equipment be modified without the prior written consent of Dealer.



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PASSENGER VEHICLE DELIVERY RECEIPT

Customer: Ted Cochran

Address: , ,

Vehicle: 2009 DODGE GRAND CARAVAN SE

Purchase date: 11/15/2010

Conversion: NR-New Rear Entry

VIN: 1D8HN44E29B515408

PERSONAL MOBILITY DEVICE:

It is hereby acknowledged that the subject vehicle has been modified to allow *only* the following mobility equipment (wheelchair or scooter) to be used:

Mobility Equipment n/a

Type (wheelchair/scooter) _____

Make _____

Model _____

Serial Number _____

FACTORY VEHICLE CONTROLS

I acknowledge that I understand operation of and/or have been shown the proper use of the factory vehicle controls listed below:

Headlights / Parking lights	✓	Fuel fill	✓
Windshield wipers / washer	✓	Heating and air conditioning	✓
Directionals	✓	Radio and CD	✓
Hazard lights	✓	Steering Tilt	✓
Cruise control	✓	Power window operation	✓
Gear shift	✓	Door operators side / rear	✓

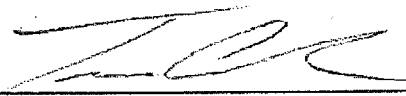
I WARNING: Failure to follow the instructions provided herein can result in an accident, personal injury or death!

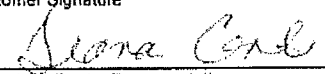
Your vehicle is equipped with a battery from the vehicle manufacturer. This battery is designed to operate under the electrical draw of a factory equipped vehicle. The modifications in your vehicle cause an additional "Key Off" draw on the battery. Excessive use of the installed mobility equipment between driving of the vehicle while the vehicle is not running, can result in excessive battery drain and a shortened battery life. **Your vehicle should be driven 20 miles or more at least once a week to maintain the battery.** A higher capacity battery can be purchased that would lengthen the time between drives. Contact your Dealer or local mechanic for guidance. Another option is to place your battery on a charger if you will not be using the vehicle for 10 days or more.

The customer expressly recognizes and agrees that there are risks inherent in the operation of this vehicle, and these risks are compounded in accordance with the nature and extent of your disability, training in the operation of this vehicle, your medication regimen, etc. By his/her purchase an use of this vehicle, the customer expressly, voluntarily and knowingly accepts, agrees and assumes these risks.

This Vehicle Delivery Sheet does not provide or establish any warranty. **ANY IMPLIED WARRANTY OR MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND ALL IMPLIED WARRANTIES ARISING FOR A COURSE OF DEALING, USE OF TRADE, BY STATUTE OR OTHERWISE, IS HEREBY DISCLAIMED.**

****WARRANTY WORK DOES NOT INCLUDE ROAD SERVICE OR PICK UP OR DELIVERY****

 Date _____

 Date _____

Customer's Authorized Representative _____ Date _____

PASSENGER VEHICLE DELIVERY RECEIPT

Customer: Joy Ride Transport, LLC Ted Cochran

Purchase date: 11/15/2010

Address: , ,

Conversion: NR-New Rear Entry

Vehicle: 2009 DODGE GRAND CARAVAN SE

VIN: 1D8HN44E99B513624

It is hereby acknowledged that use of the equipment and/or vehicle modifications identified below have been demonstrated and explained fully to the person named above who may use/operate the vehicle and its equipment. It is further acknowledged that any and all other persons who may use/operate the vehicle/equipment have been or will be trained in and are or will be able to operate the vehicle and all installed equipment in a safe and efficient manner in accordance with the instructions provided. It is acknowledged that an Owner's Manual has been provided and reviewed with respect to the equipment indicated below.

Equipment List	Installed / Familiarized (Initial)	Manual	Maintenance Schedule*
# Keys 2 # Remotes 2	✓		Replace battery annually
Vehicle Owner's manual	✓	present	n/a
Lowered floor	✓		every 6,000 miles for 6 months inspect undercarriage or damage
Emergency door and ramp operation	✓		inspect every 6 months
Sliding door operation	✓		every 3,000 miles or 3 months lube door track
Ramp operation (power or manual)	✓		every 3,000 miles or 3 months lubricate hinges
Wheelchair tie down operation	✓		n/a
Conversion Owner's manual	✓	present	n/a
ORTs - Retracting Straps			see manufacturer's instructions
			see manufacturer's instructions
			see manufacturer's instructions
			see manufacturer's instructions
Commercial suspension upgrade			see manufacturer's instructions
			see manufacturer's instructions
			see manufacturer's instructions

* The above mentioned Maintenance intervals are recommendations. Specific information given in the owner's manuals provided by the manufacturer may supercede the above recommendations. It is extremely important that all inspections for the equipment be followed to enhance the safe operation of the vehicle. Please contact the manufacturer(s) of the equipment listed above for additional information regarding the safe use and operation of any equipment installed on your vehicle.

!WARNING: Failure to follow the instructions provided herein can result in an accident, personal injury or death!

It is acknowledge that this vehicle has been modified to meet the specific needs of the purchaser and may not handle, turn, accelerate, or stop in the same manner as an unmodified vehicle. For example, additional time and distance may be required for accelerating or stopping, and maneuvers must be executed at a lower rate of speed. For this reason, only properly trained persons should use or operate the vehicle and its equipment, an only in strict accordance with the instructions provided.

It is acknowledged that the use of available wheelchair tiedowns, seatbelts and shoulder harnesses by all operators and occupants of the vehicle is mandatory when the vehicle is in motion.

It is acknowledged that it may be dangerous to use this vehicle and/or the installed equipment without complying fully with the instructions in the applicable Owner's Manuals and any and all additional instructions provided by personnel. Those persons not trained in the proper used and operation of the vehicle and/or installed equipment will not be permitted to use/operate the vehicle or equipment.

It is understood that any comments, questions or concerns with respect to the proper and safe use of the vehicle or its equipment may be addressed to: Ed Stout, Quality Assurance/Shop Manager. It is understood that the vehicle and all equipment should be regularly maintained in accordance with applicable Owner's Manuals in order to enhance the proper/safe operation of the vehicle and its equipment. Preventative maintenance should be regularly performed. Under no circumstances should the vehicle or its equipment be modified without the prior written consent of Dealer.

PASSENGER VEHICLE DELIVERY RECEIPT

Customer: Ted Cochran _____

Purchase date: 11/15/2010 _____

Address: , , _____

Conversion: NR-New Rear Entry _____

Vehicle: 2009 DODGE GRAND CARAVAN SE _____

VIN: 1D8HN44E99B513624 _____

PERSONAL MOBILITY DEVICE:

It is hereby acknowledged that the subject vehicle has been modified to allow *only* the following mobility equipment (wheelchair or scooter) to be used:

Mobility Equipment n/a
 Type (wheelchair/scooter) _____
 Make _____
 Model _____
 Serial Number _____

FACTORY VEHICLE CONTROLS

I acknowledge that I understand operation of and/or have been shown the proper use of the factory vehicle controls listed below:

Headlights / Parking lights	✓	Fuel fill	✓
Windshield wipers / washer	✓	Heating and air conditioning	✓
Directionals	✓	Radio and CD	✓
Hazard lights	✓	Steering Tilt	✓
Cruise control	✓	Power window operation	✓
Gear shift	✓	Door operators side / rear	✓

! WARNING: Failure to follow the instructions provided herein can result in an accident, personal injury or death!

Your vehicle is equipped with a battery from the vehicle manufacturer. This battery is designed to operate under the electrical draw of a factory equipped vehicle. The modifications in your vehicle cause an additional *"Key Off"* draw on the battery. Excessive use of the installed mobility equipment between driving of the vehicle while the vehicle is not running, can result in excessive battery drain and a shortened battery life. **Your vehicle should be driven 20 miles or more at least once a week to maintain the battery.** A higher capacity battery can be purchased that would lengthen the time between drives. Contact your Dealer or local mechanic for guidance. Another option is to place your battery on a charger if you will not be using the vehicle for 10 days or more.

The customer expressly recognizes and agrees that there are risks inherent in the operation of this vehicle, and these risks are compounded in accordance with the nature and extent of your disability, training in the operation of this vehicle, your medication regimen, etc. By his/her purchase and use of this vehicle, the customer expressly, voluntarily and knowingly accepts, agrees and assumes these risks.

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****WARRANTY WORK DOES NOT INCLUDE ROAD SERVICE OR PICK UP OR DELIVERY****

_____ Date
 Customer Signature
 _____ Date
 Diana Cook
 Authorized Dealer Representative

_____ Date
 Customer's Authorized Representative

PASSENGER VEHICLE DELIVERY RECEIPT

Customer: Joy Ride Transport, LLC Ted Cochran

Purchase date: 10/25/2010

Address: , ,

Conversion: NR-New Rear Entry

Vehicle: 2009 DODGE GRAND CARAVAN SE

VIN: 1D8HN44E29B511973

It is hereby acknowledged that use of the equipment and/or vehicle modifications identified below have been demonstrated and explained fully to the person named above who may use/operate the vehicle and its equipment. It is further acknowledged that any and all other persons who may use/operate the vehicle/equipment have been or will be trained in and are or will be able to operate the vehicle and all installed equipment in a safe and efficient manner in accordance with the instructions provided. It is acknowledged that an Owner's Manual has been provided and reviewed with respect to the equipment indicated below.

Equipment List	Installed / Familiarized (initial)	Manual	Maintenance Schedule*
# Keys 2 # Remotes 2	✓		Replace battery annually
Vehicle Owner's manual	✓	present	n/a
Lowered floor	✓		every 6,000 miles for 6 months inspect undercarriage or damage
Emergency door and ramp operation	✓		inspect every 6 months
Sliding door operation	✓		every 3,000 miles or 3 months lube door track
Ramp operation (power or manual)	✓		every 3,000 miles or 3 months lubricate hinges
Wheelchair tie down operation	✓		n/a
Conversion Owner's manual	✓	present	n/a
QRTs - Retracting Straps			see manufacturer's instructions
			see manufacturer's instructions
			see manufacturer's instructions
			see manufacturer's instructions
Commercial suspension upgrade			see manufacturer's instructions
			see manufacturer's instructions
			see manufacturer's instructions

* The above mentioned Maintenance intervals are recommendations. Specific information given in the owner's manuals provided by the manufacturer may supersede the above recommendations. It is extremely important that all inspections for the equipment be followed to enhance the safe operation of the vehicle. Please contact the manufacturer(s) of the equipment listed above for additional information regarding the safe use and operation of any equipment installed on your vehicle.

!WARNING: Failure to follow the instructions provided herein can result in an accident, personal injury or death!

It is acknowledged that this vehicle has been modified to meet the specific needs of the purchaser and may not handle, turn, accelerate, or stop in the same manner as an unmodified vehicle. For example, additional time and distance may be required for accelerating or stopping, and maneuvers must be executed at a lower rate of speed. For this reason, only properly trained persons should use or operate the vehicle and its equipment, and only in strict accordance with the instructions provided.

It is acknowledged that the use of available wheelchair tie-downs, seatbelts and shoulder harnesses by all operators and occupants of the vehicle is mandatory when the vehicle is in motion.

It is acknowledged that it may be dangerous to use this vehicle and/or the installed equipment without complying fully with the instructions in the applicable Owner's Manuals and any and all additional instructions provided by personnel. Those persons not trained in the proper use and operation of the vehicle and/or installed equipment will not be permitted to use/operate the vehicle or equipment.

It is understood that any comments, questions or concerns with respect to the proper and safe use of the vehicle or its equipment may be addressed to: Ed Stout, Quality Assurance/Shop Manager. It is understood that the vehicle and all equipment should be regularly maintained in accordance with applicable Owner's Manuals in order to enhance the proper/safe operation of the vehicle and its equipment. Preventative maintenance should be regularly performed. Under no circumstances should the vehicle or its equipment be modified without the prior written consent of Dealer.

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PASSENGER VEHICLE DELIVERY RECEIPT

Customer: Ted Cochran

Purchase date: 10/25/2010

Address: , ,

Conversion: NR-New Rear Entry

Vehicle: 2009 DODGE GRAND CARAVAN SE

VIN: 1D8HN44E29B511973

PERSONAL MOBILITY DEVICE:

It is hereby acknowledged that the subject vehicle has been modified to allow *only* the following mobility equipment (wheelchair or scooter) to be used:

Mobility Equipment n/a

Type (wheelchair/scooter) _____

Make _____

Model _____

Serial Number _____

FACTORY VEHICLE CONTROLS

I acknowledge that I understand operation of and/or have been shown the proper use of the factory vehicle controls listed below:

Headlights / Parking lights	✓	Fuel fill	✓
Windshield wipers / washer	✓	Heating and air conditioning	✓
Directionals	✓	Radio and CD	✓
Hazard lights	✓	Steering Till	✓
Cruise control	✓	Power window operation	✓
Gear shift	✓	Door operators side / rear	✓

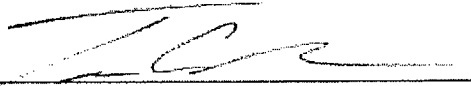
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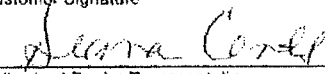
The customer expressly recognizes and agrees that there are risks inherent in the operation of this vehicle, and these risks are compounded in accordance with the nature and extent of your disability, training in the operation of this vehicle, your medication regimen, etc. By his/her purchase and use of this vehicle, the customer expressly, voluntarily and knowingly accepts, agrees and assumes these risks.

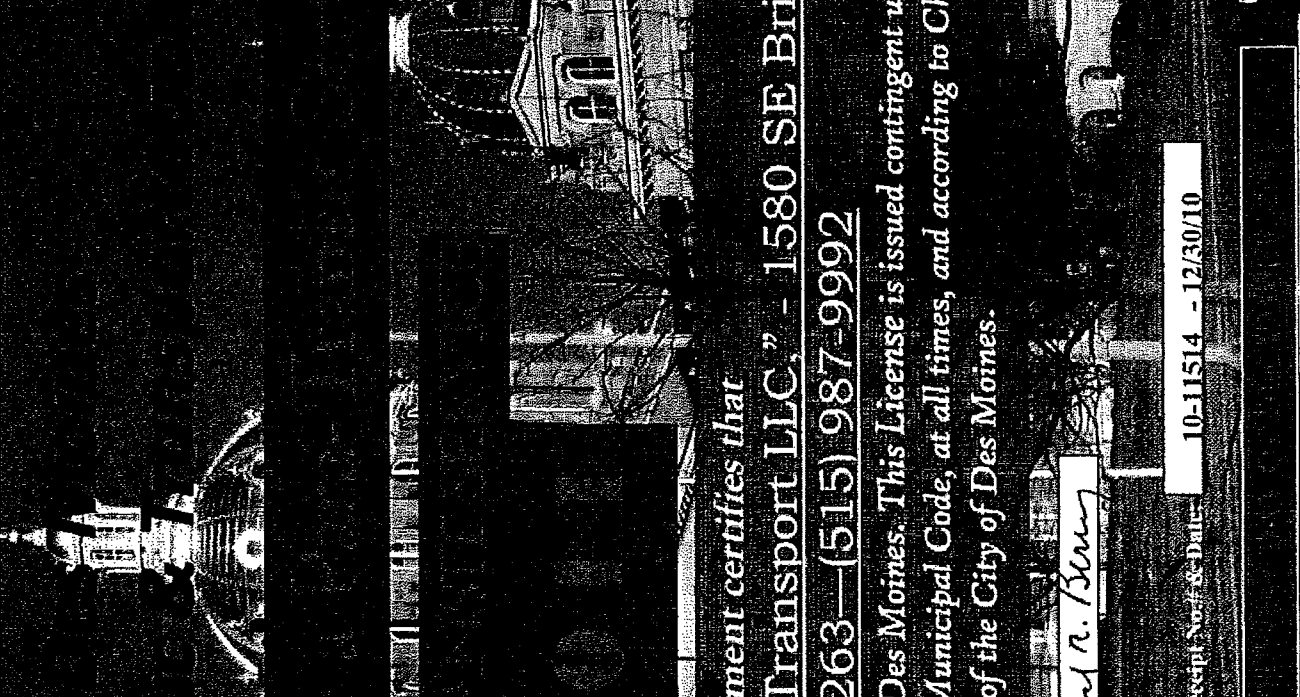
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****WARRANTY WORK DOES NOT INCLUDE ROAD SERVICE OR PICK UP OR DELIVERY****


Customer Signature _____ Date _____

Customer's Authorized Representative _____ Date _____


Authorized Dealer Representative _____ Date _____



This document certifies that

**Bethany Cochran, dba "Joy Ride Transport LLC," - 1580 SE Bristol Drive,
Waukee, IA 50263--(515) 987-9992**

is a Licensed Para-Transit Service in the City of Des Moines. This License is issued contingent upon meeting the rules and standards, as set by the City of Des Moines Municipal Code, at all times, and according to Chapter 126 of said Municipal Code of the City of Des Moines.

Wendy R. Berry

Approved by: **Wendy R. Berry**, Lemmie Facilities Manager
for the Public Utilities and City of Des Moines

City of Des Moines - Office of Traffic & Transportation

Fee Paid: \$250.00 for Certificate & **-3-** Vehicle Licenses @ \$75 each. Receipt No# & Date: **10-11514 -12/30/10**



EXHIBIT C
tabbles

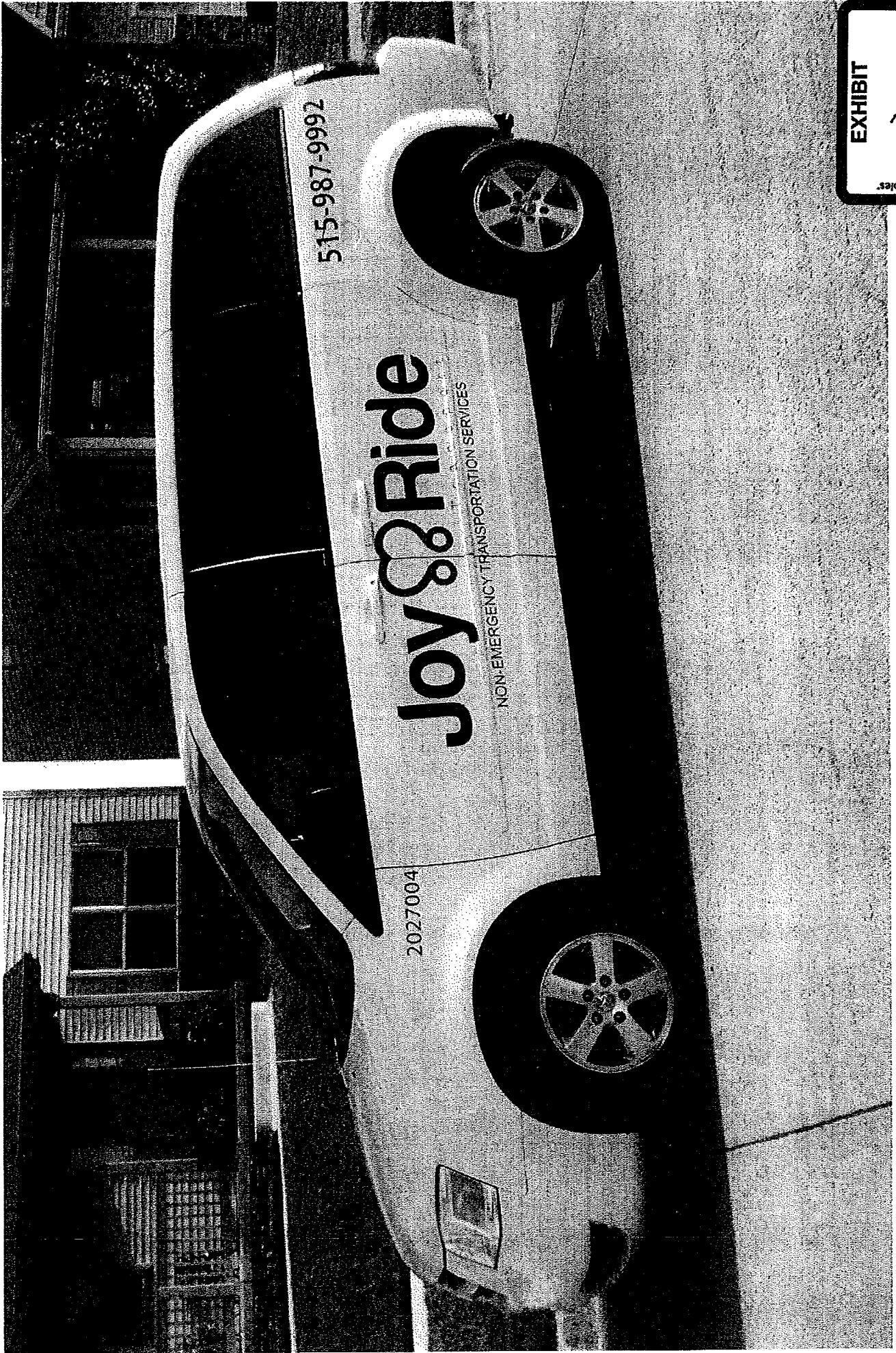


EXHIBIT
P

tabbles

Joy Ride

Joy Ride Transport, LLC

Van #: JR01

515-987-9992

Joy Ride

Transport

SERVICE RATES

Base fares for one way trip

Charged during regular business hours (7AM until 6PM)

<u>Service</u>	<u>Rate</u>
Wheelchair	\$40.00
Hourly Wait Time Charge *	\$40.00
Loaded Mileage **	\$3.00
Unloaded Mileage ***	\$1.00

* Hourly wait time is charged after 30 minutes

** Loaded mileage is charged per mile for miles 16 and above

*** Unloaded mileage is charged when traveling over 15 miles from office to pickup area

Premium Rates charged for one way trip

Charged Saturdays and Sundays, Weekdays from 6PM to 7AM and Holidays.

<u>Service</u>	<u>Rate</u>
Wheelchair	\$45.00
Hourly Wait Time Charge *	\$50.00
Loaded Mileage **	\$3.75
Unloaded Mileage ***	\$1.25

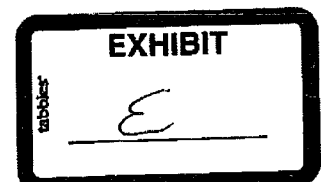
* Hourly wait time is charged after 30 minutes

** Loaded mileage is charged per mile for miles 16 and above

*** Unloaded mileage is charged when traveling over 15 miles from office to pickup area

Should there be a need to cancel transportation, call us and cancel within 12 hours of your scheduled pick up time. If our vehicle arrives at your facility and you decline the trip, you will be charged a cancellation fee.

Negotiable rates for recurrent clients and long distance transportation.



Joy Ride

Freewheel

Driver Name:

Date	Pick-Up Time	Drop-Off Time	Passenger Name	From	To	Odometer		Mileage
						Start	Finish	





CERTIFICATE OF LIABILITY INSURANCE

OP ID DM

DATE (MM/DD/YYYY)
08/05/10

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 Two Rivers Insurance-Waukee 225 NE Dartmoor Drive, Ste 100 Waukee IA 50263 Phone: 515-987-7888 Fax: 515-987-2575	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Joy Ride Transport, LLC Ted Cochran P.O. Box 1107 Waukee IA 50263	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #: JOYRI-1	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Berkshire Hathaway	
	INSURER B: Scottsdale Insurance Company	
	INSURER C: Liberty Mutual	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 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	ADDITIONAL SUBSCRIBERS	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CPS1238386.	06/21/10	06/21/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
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		IAA100018	06/10/10	06/10/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000		XLS0067812	06/21/10	06/21/11	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		10182896333	07/02/10	07/02/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 30 days notice of cancellation, non-renewal or reduction in insurance coverage or limits and 10 days notice for nonpayment by registered mail to the City of Des Moines Traffic Engineer.

CERTIFICATE HOLDER CITY OF FD City of Des Moines 400 Robert D. Ray Drive Des Moines IA 50309	CANCELLATION 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 Tim Brunkhorst

