

20184034-2

2610

Fee: \$300.00
\$15.00 Record Check per person

Expires June 30, 20__

FEIN#: 46-1163590

Application for Motor Vehicle Towing License – City of Racine, WI

I hereby certify that I am owner, partner, or corporate officer of business applying for motor vehicle towing license, and further certify that I have met all licensing requirements as outlined in Sec. 22-831 through 22-840 of the Racine Municipal Code, and that inspection certificates of motor vehicles being used are attached.

Name of Towing Company RACINE RECOVERY LLC

Business Address 2817 EATON LANE Zip Code 53404

Yard Address (if different than business address) n/a

Individual (Name of Applicant) Robert Konecko

Home Address 2039 Settlement Trail. Racine, WI 53406 Phone No. 262-994-8526

Partnership (Name, addresses, and phone numbers of partners:

Name	Address	Phone No.	Date of Birth
Robert Konecko	2039 Settlement Trail. Racine, WI 53406	262-994-8526	
Mike Konecko	1701 4 1/2 Mile Road. Racine, WI 53402	262-994-8559	

Corporation Name _____

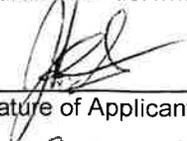
Names, addresses, and phone numbers of officers:

Title	Name and Address	Phone No.	Date of Birth
President			
Vice-President			
Secretary			
Treasurer			

Name, address, and phone number of person in charge:

John Steinhoff Phone No. 262-939-5700

* Insurance Underwriter: Robertson Ryan Insurance


Signature of Applicant

7-27-57
Date of Birth

* Attach insurance certificate

Hold Harmless Agreement

Whereas, the undersigned towing company has applied to the City of Racine for a Motor Vehicle Towing License; and

Whereas, as a condition for issuance of said license, the company must comply with Section 22-835(3) of the Municipal Code of the City of Racine to hold the City harmless from certain liability.

Now, therefore, in consideration for the issuance of said license, the undersigned towing company hereby agrees to indemnify and hold harmless the City of Racine, its departments, officers, agents, and employees for any losses, claims, or damages to vehicles and contents of vehicles resulting, in part or in whole, from the negligence of the towing company, its officers, agents, or employees, while operating under Sections 22-831 through 22-840 of the Municipal Code or providing recovery, towing, and storage services pursuant to a police need or at the request of the City.

It is the express intention of the undersigned that this Agreement be liberally construed in favor of the City of Racine. The Agreement shall remain in effect for the term during which the company provides recovery, towing or storage services at the request of the City and shall continue in force thereafter relative to any incident for which liability is claimed to be accrued during such period.

Dated this 4 day of February, 2026.

Towing company name: RACINE RECOVERY LLC

By:  _____

By:  _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Robertson Ryan - Waukesha		NAMED INSURED Racine Recovery LLC 2817 Eaton Lane Racine, WI 53404 Racine	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

2020 Hino #5PVNJ8JN8L4S54015
 2017 Ram #3C7WRNAL5HG676914

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**DESIGNATED INSURED FOR
COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

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

<p>Named Insured: Racine Recovery LLC</p> <p>Endorsement Effective Date: 04/01/2021</p>

SCHEDULE

<p>Name Of Person(s) Or Organization(s): City of Racine 730 Washington Racine, WI 53403</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.