

20177811-3

Fee: \$100.00, \$15.00 / Per Vehicle
\$15.00 Record Check per person

Expires June 30, 20____

Bill 7091

FEIN#: 39-1978181

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 Jensen Towing & RecoveryBusiness Address 2625 N. Greenbay Rd. Racine Zip Code 53404

Yard Address (if different than business address) _____

Individual (Name of Applicant) _____

Home Address _____ Phone No. _____

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

Name	Address	Phone No.	Date of Birth

Corporation Name Jensen & Jensen Inc

Names, addresses, and phone numbers of officers: _____

Title	Name and Address	Phone No.	Date of Birth
President	Paula M. Jensen 6215-107th St P.A.	262 630-0158	
Vice-President			
Secretary			
Treasurer			

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

Paula Jensen Phone No. 262 637-9508

* Insurance Underwriter: Western National / Pioneer Ins.

Paula
Signature of Applicant

9/8/71
Date of Birth

* Attach insurance certificate

Towing 1

B 111 7092

FEIN#: 39-1978181

Towing VehiclesName of Business JENSEN & JENSEN INCBusiness Address 2625 N. Greenbay rd Racine WIBusiness Telephone Number 262 637-9508**Vehicle Inspection Certificate(s) and Insurance Policy or Certificate of Insurance are attached for the following vehicle(s) to be used pursuant to Article XXIII of the Municipal Code.**

	License Number Issued	Number of Passengers	Serial Number	Year	Make	Body	State License Number
wi	99267X		1NP TL4TX 08N 755385		Peterbilt	50 ton wrecker	
wi	FB 46106		1FD0X5HT 8KEC 84874		Ford	F550 wrecker	
wi	G073775		1FDW F6DE 4G0 A04987		Ford	F650 Bed	
wi	GD 85334		1FVACWFC5KHK55429		Freightliner	F11bed	
wi	FB42153		1FD0X5HT 3GKB 70109		Ford	F550 wrecker	

The location(s) where the above vehicles will be kept:

2625 N. Greenbay rd.

The name or names of any lien holders on the vehicles used or to be used:

TCF finance, Ally finance

The color scheme or insignia to be used, if appropriate, to designate the vehicle or vehicles of the applicant:

Red, black w/ flames

Signature of Applicant(s)

Daniel

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 of 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 of 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 from the negligence of the towing company, its officers, agents or employees, in its operation under Sec. 22-831 through 22-840 of the Municipal Code, including but not limited to its towing and storage of vehicles.

It is the express intention of the undersigned that this Agreement be liberally construed in favor of the City of Racine. This Agreement shall remain in effect for the term during which the company holds said license and shall continue in force thereafter relative to any incident for which liability is claimed to be accrued during such period.

Dated this 27th day of July, 2022.

Towing company name Jensen Towing

By: Pauloh

By: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/30/2021

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 Advance Insurance Agency 5241 Viking Drive Ste 200 Edina MN 55435		CONTACT NAME: Neil Sawdey PHONE (A/C, No, Ext): (952) 831-1928 FAX (A/C, No): (952) 831-0572 E-MAIL ADDRESS:	
INSURED Jensen & Jensen, Inc (dba) Jensen Towing, DBA: Jensen Properties of Kenosha LLC, Wild Rides 5410 50th Street Kenosha WI 53144		INSURER(S) AFFORDING COVERAGE INSURER A: Pioneer Specialty Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 21/22 COI Master

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		CPP 1015555	10/13/2021	10/13/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CPP 1012982	10/13/2021	10/13/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB 1002430	10/13/2021	10/13/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCV 1001881	10/13/2021	10/13/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Garagekeepers Legal Liability			CPP 1012982	10/13/2021	10/13/2022	\$1K/\$5K Comp & \$1K Coll - Ded \$500,000
A	Motor Truck Cargo			CPP 1015589	10/13/2021	10/13/2022	\$2,500 - Deductible \$150,000

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

City of Racine is included as Additional Insured on the General Liability when required in a written contract per policy form CG2033 (04/13). Thirty (30) day notice of cancellation. 10 Day notice of change in coverage.

- 2008 PETERBILT, VIN# 1NP1L4TX08N755385
- 2019 FORD, VIN# 1FD0X5HT8KEC84874
- 2016 FORD VIN# 1FDWF6DE4GDA04987
- 2019 FREIGHTLINER, VIN# 1FVACWFC5KHJ5429
- 2016 FORD F550, VIN# 1FD0X5HT3GEB70109

CERTIFICATE HOLDER

(262) 636-9570 stacey.salvo@cityofracine.org

City of Racine
730 Washington Ave
Racine, WI 53403

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

John Hall/S173

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ACORD 25 (2014/01)

INS025 (201401)

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