



City of Northampton

Application for Business Owner's Permit - Vehicle for Hire

PRINT ALL INFORMATION (except signature)

(Check one) New Application Renewal

Today's Date: 3/31/23

(Check one) Taxi Service Livery Service

Name (First, Middle, Last) Jeffrey David Miller

Residential Address 241 Haydenville Rd. Leeds MA 01053

Corporation Name:

DBA Name: Cosmic Cab Co

Business Address 160 Main St. #8 Northampton MA 01060

Mailing Address Same

Telephone Number for the business owner: 413-280-6119

Telephone Number for the business: 413-280-6119

Description of Motor Vehicles to be operated under permit: 6 Dodge Grand Caravan 3 Chrysler town + country 1 Chevy Suburban

Hours of Operation: 6am - M. night 7 Days

Applicant Signature:

Sworn to this 31st day of March, 2023, before me.

Amy M. Sullivan ASST City Clerk

FOR LICENSING AUTHORITY USE

In City Council, voted that this petition is granted.

Attest: Clerk to the City Council



March 31, 2023

Child Safety Seat Plan 2023/24.

As per the order of the City of Northampton 319-19-4

Cosmic Cab will provide a front or rear facing Child Safety Seat or Booster Seat upon the request of any customer. The customer will need to schedule at least 1 hour in advance to ensure the availability of the safety restraint required.

Best Regards,



Jeffrey D. Miller

Owner

Cosmic Cab Company 160 Main St. #8, Northampton, MA 01060

(413) 230-6119

**DECLARATIONS - MASSACHUSETTS
BUSINESS AUTO COVERAGE FORM
MM 00 97 09 98**



Office / Agent: 46-0028
Fax I.D. No.:
Policy Number: 1020093350 04

ITEM ONE - NAMED INSURED AND ADDRESS
JEFF MILLER
DBA COSMIC CAB
160 MAIN ST STE 8
NORTHAMPTON, MA 01060

Producer Name and Address 46-0028
THE HILB GROUP OF NEW JERSEY LLC
540 GALLIVAN BLVD
SUITE 211
DORCHESTER, MA 02124

POLICY PERIOD: Policy Covers FROM 01/18/2023 TO 01/18/2024 12:01 A.M. Standard Time at the Named Insured's Address stated above
Reason for Declaration: VC ENDORSEMENT
Named Insured's Business: INDIVIDUAL
Effective Date: 03/02/2023
DIRECT BILL

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

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" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

LIABILITY INSURANCE

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form show which autos are covered autos.)	LIMIT The most we will pay for any one accident or loss	PREMIUM
Compulsory Bodily Injury	7	20,000 Each Person 40,000 Each Accident	15,580
Personal Injury Protection	7	8,000 Each Person	4,340
Optional Bodily Injury	7	100,000 Each Person 300,000 Each Accident	20,970
Property Damage (COMPULSORY LIMIT \$5,000)	7	50,000 Each Accident	13,430
Auto Medical Payments Insurance		Each Person	
Uninsured Motorists (COMPULSORY LIMITS \$20,000/\$40,000)	7	SEE SCHEDULE Each Person SEE SCHEDULE Each Accident	350
Underinsured Motorists	7	SEE SCHEDULE Each Person SEE SCHEDULE Each Accident	INCL

PHYSICAL DAMAGE INSURANCE

Actual Cash Value or cost of repair, whichever is less, minus the deductible for each Covered Auto.

Comprehensive Coverage		Deductible	
Specified Perils Coverage		Deductible	
Collision Coverage		Deductible	
Limited Collision Coverage		Deductible	

Loss of Use-Rental Reimbursement			
Towing and Labor		For each disablement of a private passenger auto.	

Forms and Endorsements attached to this Coverage Form:

26 AP 1056 (01/10)	CA 00 01 (10/01)	IL 00 21 (04/98)
26 AP 1057 (01/10)	CA 23 86 (01/06)	MM 99 11 (10/11)
26 AP 1092 (01/10)	CA 24 02 (12/93)	MM 99 18 (09/98)
26 AP 1102 (04/11)	CA 99 17 (07/97)	MM 99 23 (09/98)
26 AP 1109 (07/16)	IL 00 17 (11/85)	MM 99 54 (09/98)

PREMIUM FOR ENDORSEMENTS	
ADDITIONAL OR RETURN PREMIUM	4,823
*ESTIMATED TOTAL PREMIUM	54,670

* This policy may be subject to final audit.

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Countersigned by: _____

Authorized Representative



**INSURED COPY
03/08/2023**

**DECLARATIONS - MASSACHUSETTS
BUSINESS AUTO COVERAGE FORM
SCHEDULE - MM 00 97 09 98**



Office / Agent: 46-0028

Policy I.D. No.:

Policy Number: 1020093350 04

FORM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

VEHICLE INFORMATION

Auto No.	Year, Make, Model, Body Vehicle Identification No. (VIN)	Original Cost New	Size GVW, GCW or Seating Capacity	Territory, City & State where the covered auto will be garaged
001	2007 CHEVROLET SUBURBAN K1500 WAGON 4 3GNFK16367G155614	39,665		MA LEEDS
002	2009 DODGE GRAND CARAVAN SE SPORT VAN 2D8HN44E59R576432	23,530		MA LEEDS
003	2010 DODGE GRAND CARAVAN HERO SPORT 2D4RN3D19AR384867	24,855		MA NORTHAMPTON
004	2012 CHRYSLER TOWN & COUNTRY TOURING 2C4RC1BG9CR189806	29,995		MA NORTHAMPTON

CLASSIFICATION

Auto No.	Business use - Service Retail, Commercial	Symbol	Age Group	Class	Radius of Operation	Mobile Equip	Inspect Code	Loss of Use Amt/Days
001		08	9	41890	LOCAL			/
002		07	9	41890	LOCAL			/
003		07	9	41890	LOCAL			/
004		08	9	41890	LOCAL			/

LIABILITY LIMITS (* Limit(s) in Thousands)

Auto No.	Compulsory Bodily Injury (\$20,000/\$40,000) each pers./each acc.	Personal Injury Protection \$8,000 Ea Person	Optional Bodily Injury		Property Damage (Compulsory Limit \$5,000)			Auto Medical Payments		Uninsured Motorists Compulsory Limits (\$20,000/\$40,000)		Underinsured Motorists	
	Premium	Premium	*Limit	Premium	*Limit	Ded.	Premium	Limit	Premium	*Limit	Premium	*Limit	Premium
001	1,558	434	100	2,097	50		1343			20	35	20	INCL
002	1,558	434	100	2,097	50		1,343			20	35	20	INCL
003	1,558	434	100	2,097	50		1,343			20	35	20	INCL
004	1,558	434	100	2,097	50		1,343			20	35	20	INCL

PHYSICAL DAMAGE

Auto No.	@ Value Type and Limit	** Specified Perils			Comprehensive		Collision		Limited Collision	
		Cov.	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded.	Premium
001	ACV									
002	ACV									
003	ACV									
004	ACV									

Auto No.	Passive Rest.	ATD	*** Waiver of Ded.	Loss of Use	Towing and Labor	** F - Fire Coverage, T - Theft Coverage, F&T - Fire and Theft, CAC - Combined Additional Coverage. *** YES-Designates Waiver of Deductible. ## Designates Policy Level Additional Insured - Lessor applies. @ Designates whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the limit of Liability.

Auto No.	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss.
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Office / Agent: 46-0028

Tax I.D. No.:

Policy Number: 1020093350 04

FORM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

**DECLARATIONS - MASSACHUSETTS
BUSINESS AUTO COVERAGE FORM
SCHEDULE - MM 00 97 09 98**



VEHICLE INFORMATION

DESCRIPTION				
Auto No.	Year, Make, Model, Body Vehicle Identification No. (VIN)	Original Cost New	Size GVW, GCW or Seating Capacity	Territory, City & State where the covered auto will be garaged
005	2010 DODGE GRAND CARAVAN HERO SPORT 2D4RN3D12AR489881	24,855		MA LEEDS
006	2014 CHRYSLER TOWN & COUNTRY TOURING 2C4RC1BG2ER127036	30,765		MA LEEDS
007	2013 CHRYSLER TOWN & COUNTRY TOURING 2C4RC1BG8DR632044	29,995		MA LEEDS
008	2011 DODGE GRAND CARAVAN MAINSTREET 2D4RN3DG1BR621504	25,995		MA NORTHAMPTON

CLASSIFICATION								
Auto No.	Business use - Service Retail, Commercial	Symbol	Age Group	Class	Radius of Operation	Mobile Equip	Inspect Code	Loss of Use Amt/Days
005		07	9	41890	LOCAL			/
006		08	9	41890	LOCAL			/
007		08	9	41890	LOCAL			/
008		08	9	41890	LOCAL			/

LIABILITY LIMITS (* Limit(s) in Thousands)															
Auto No.	Compulsory Bodily Injury (\$20,000/\$40,000) each pers./each acc.		Personal Injury Protection \$8,000 Ea Person		Optional Bodily Injury		Property Damage (Compulsory Limit \$5,000)			Auto Medical Payments		Uninsured Motorists Compulsory Limits (\$20,000/\$40,000)		Underinsured Motorists	
	Premium	Premium	*Limit	Premium	*Limit	Ded.	Premium	Limit	Premium	*Limit	Premium	*Limit	Premium	*Limit	Premium
005	1,558	434	100	2,097	50		1343			20	35	20	INCL		
			300							40		40			
006	1,558	434	100	2,097	50		1,343			20	35	20	INCL		
			300							40		40			
007	1,558	434	100	2,097	50		1,343			20	35	20	INCL		
			300							40		40			
008	1,558	434	100	2,097	50		1,343			20	35	20	INCL		
			300							40		40			

PHYSICAL DAMAGE													
Auto No.	@ Value Type and Limit		** Specified Perils			Comprehensive		Collision		Limited Collision			
			Cov.	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded.	Premium		
005	ACV												
006	ACV												
007	ACV												
008	ACV												

Auto No.	Passive Rest.	ATD	*** Waiver of Ded.	Loss of Use	Towing and Labor	** F - Fire Coverage, T - Theft Coverage, F&T - Fire and Theft, CAC - Combined Additional Coverage. *** YES-Designates Waiver of Deductible. ## Designates Policy Level Additional Insured - Lessor applies. @ Designates whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the limit of Liability.

Auto No.	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss.

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VEHICLE INFORMATION

DESCRIPTION		Original Cost New	Size GVW, GCW or Seating Capacity	Territory, City & State where the covered auto will be garaged
Auto No.	Year, Make, Model, Body Vehicle Identification No. (VIN)			
009	2008 DODGE GRAND CARAVAN SE EXTENDED 2D8HN44HX8R772469	21,740		MA LEEDS
010	2014 DODGE GRAND CARAVAN SE SPORT VAN 2C4RDGBG2ER179573	19,995		MA LEEDS

CLASSIFICATION

Auto No.	Business use - Service Retail, Commercial	Symbol	Age Group	Class	Radius of Operation	Mobile Equip	Inspect Code	Loss of Use Amt/Days
009		07	9	41890	LOCAL			/
010		06	9	41890	LOCAL			/

LIABILITY LIMITS (* Limit(s) in Thousands)

Auto No.	Compulsory Bodily Injury (\$20,000/\$40,000) each pers./each acc.	Personal Injury Protection \$8,000 Ea Person	Optional Bodily Injury		Property Damage (Compulsory Limit \$5,000)			Auto Medical Payments		Uninsured Motorists Compulsory Limits (\$20,000/\$40,000)		Underinsured Motorists	
	Premium	Premium	*Limit	Premium	*Limit	Ded.	Premium	Limit	Premium	*Limit	Premium	*Limit	Premium
009	1,558	434	100	2,097	50		1343			20	35	20	INCL
010	1,558	434	100	2,097	50		1,343			20	35	20	INCL
			300							40		40	

PHYSICAL DAMAGE

Auto No.	@ Value Type and Limit	** Specified Perils			Comprehensive		Collision		Limited Collision	
		Cov.	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded.	Premium
009	ACV									
010	ACV									

Auto No.	Passive Rest.	ATD	*** Waiver of Ded.	Loss of Use	Towing and Labor	** F - Fire Coverage, T - Theft Coverage, F&T - Fire and Theft, CAC - Combined Additional Coverage. *** YES-Designates Waiver of Deductible. ## Designates Policy Level Additional Insured - Lessor applies. @ Designates whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the limit of Liability.

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