



# City of Annapolis

Office of the City Clerk  
160 Duke of Gloucester Street  
Annapolis, MD 21401-2517

CityClerk@annapolis.gov • 410-263-7942 • Fax 410-280-1853 • TDD use MD Relay or 711 • [www.annapolis.gov](http://www.annapolis.gov)

## Towing License Application

City Code [Section 7.52.040](#)

Applicant CARLOS EVANS

Resident address 833 Clifton Ave Arnold, Md. 21012

Telephone, day 443-597-7685

Trading as Top Notch Towing And Transport, LLC.

Business address 1803 McGuckian St.


Telephone, day 410-224-4808

Storage location 1803 McGuckian St. And 181 Defense Hwy

Vehicle	License plate number	Vehicle Identification Number (VIN)
1	21769TT	1FDUF5GT3DEA94148
2	18900TT	1HTMNAAL06H320854
3	21756TT	1FDUF4HT6KDA15776
4	18517TT	1HTEUMML3NH605597
5	28750TT	1FDUF4GY5HEB94196
6		
7		

### I hereby certify under the penalties of perjury that:

1. I am not directly or indirectly financially interested in any other towing license issued by the City of Annapolis;
2. I have reviewed and will charge the standard towing and storage fees approved by the City Council; and
3. I have **filed a Twenty-Five Thousand (\$25,000) bond with the Annapolis City Clerk** to protect the owner of any automobile from any property damage occurring while it is in my possession.

Signature  Date 5/8/23

#### FOR CITY USE ONLY

Dept.	Sent	Returned	Approved	Disapproved	Signature
Chief of Police	5/15/23	5/22/23	✓		See attached —
Council					



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/9/2023

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> <b>R&amp;A INSURANCE, INC.</b> 16918 York Road Monkton, MD 21111	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (410) 833-7666 <b>FAX (A/C, No):</b> (410) 833-3564 <b>E-MAIL ADDRESS:</b> certificates@rarisk.com														
<b>INSURED</b>  Top Notch Towing and Transport LLC 833 Clifton Ave Arnold, MD 21012	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : <b>Erie Insurance Exchange</b></td> <td style="text-align: center;"><b>26271</b></td> </tr> <tr> <td>INSURER B : <b>Erie Insurance Company of New York</b></td> <td style="text-align: center;"><b>16233</b></td> </tr> <tr> <td>INSURER C : <b>Erie Insurance Company</b></td> <td style="text-align: center;"><b>26263</b></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Erie Insurance Exchange</b>	<b>26271</b>	INSURER B : <b>Erie Insurance Company of New York</b>	<b>16233</b>	INSURER C : <b>Erie Insurance Company</b>	<b>26263</b>	INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : <b>Erie Insurance Exchange</b>	<b>26271</b>														
INSURER B : <b>Erie Insurance Company of New York</b>	<b>16233</b>														
INSURER C : <b>Erie Insurance Company</b>	<b>26263</b>														
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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Garage Liability</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Q06-0680240	6/6/2022	6/6/2023	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ <b>2,000</b> PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Q06-0680240	6/6/2022	6/6/2023	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			Q30-0670384	6/6/2022	6/6/2023	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	Q95-5400322	11/4/2022	11/4/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
A	<b>Garage Keepers</b>			Q06-0680240	6/6/2022	6/6/2023	<b>Legal Liability</b> 100,000
C	<b>Motor Truck Cargo</b>			Q61-0191803	6/6/2022	6/6/2023	<b>Ded 1,000</b> 100,000

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

RE: 2006 International 4300 VIN 1HTMNAAL06H320854, 2013 Ford F-550 VIN 1FDUF5GT3DEA94148, 2019 Ford F-450 VIN 1FDUF4HT6KDA15776.

**CERTIFICATE HOLDER****CANCELLATION**
 City of Annapolis  
 160 Duke of Gloucester Street  
 Annapolis, MD 21401

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



Regina Eldridge <rceldridge@annapolis.gov>

---

**COI**

1 message

---

**Carlos Evans** <topnotchtnt@gmail.com>  
To: Regina Eldridge <rceldridge@annapolis.gov>

Tue, May 9, 2023 at 1:41 PM

Sent from my iPhone

---

 **COI - City of Annapolis.pdf**  
65K