



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

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 2045 Herndon Dr. Annapolis, Md. 21401
Telephone, day 410-224-4808
Storage location 2045 Herndon Dr. Annapolis Md. 21401

Vehicle	License plate number	Vehicle Identification Number (VIN)
1	21756TT	1FDUF4HT6KDA15776
2	18900TT	1HTMNAAL06H320854
3	21769TT	1FDUF5GT3DEA94148
4	28750TT	1FDUF4GY5HEB94196
5		
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 4/29/22

FOR CITY USE ONLY

Dept.	Sent	Returned	Approved	Disapproved	Signature
Chief of Police	<u>5/2/22</u>				
Council					



TOPNOTC-03

HONEILL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/29/2022

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).

PRODUCER R&A INSURANCE, INC. 16918 York Road Monkton, MD 21111	CONTACT NAME:	PHONE (A/C, No, Ext): (410) 833-7666	FAX (A/C, No): (410) 833-3564
	E-MAIL ADDRESS: certificates@rarisk.com		
INSURED Top Notch Towing and Transport LLC 833 Clifton Ave Arnold, MD 21012	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Clear Spring Property and Casualty Company		15563
	INSURER B:		
	INSURER C:		
	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 INSR	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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			TOWPK000152 00	6/6/2021	6/6/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 6,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			TOWCA000152 00	6/6/2021	6/6/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	<input checked="" type="checkbox"/> Garage Keepers			TOWPK000152 00	6/6/2021	6/6/2022	Legal Liability	100,000
A	<input checked="" type="checkbox"/> Motor Truck Cargo			TOWPK000152 00	6/6/2021	6/6/2022	Ded 1,000	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, 2006 Ford F-450 VIN 1FDXF46P36ED11292, 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