License	Number	
License	Iccued	

License Fee	s	(00.00
Receipt #	12	١	393

CITY OF LA CROSSE APPLICATION FOR PUBLIC VEHICLE FOR HIRE

	TRI-STATE TAXI CO								
BUSINESS ADDRESS	158 NORTH MAIN ST (PO BOX 158), Zoning: NA - Stoddard	158 NORTH MAIN ST (PO BOX 158), STODDARD WI Mail address: Zoning: NA - Stoddard 119 Hillview Blvd							
BUSINESS TELEPHONE	608-397-4962	608-397-4962 Lacrescent Mi							
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	NA			5947					
OWNER(S) NAME (First, Full Middle, Last)	WILLIAM JOSEPH HELLERUD								
OWNER(S) DATE OF BIRTH									
OWNER(S) ADDRESS	158 NORTH MAIN ST								
OWNER(S) TELEPHONE	608-457-309T - 608-397-4	962							
POLICY NUMBER	73APR306405								
min. \$1,000,000 liability	\$2 mil CSL liab	ility							
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella METHOD OF CHARGING	\$2 mil CSL liab	Zone Rates	Vehicle Rent	al₁Rate⊨_≘					
min. \$1,000,000 liability \$1,000,000 umbrella METHOD OF CHARGING SCHEDULE OF RATES (or attach Schedule which will be posted in	Metered Rates _X	Zone Rates		011257-0 64927-1					
min. \$1,000,000 liability \$1,000,000 umbrella METHOD OF CHARGING SCHEDULE OF RATES	Metered Rates _X	Zone Rates		84 64					
min. \$1,000,000 liability \$1,000,000 umbrella METHOD OF CHARGING SCHEDULE OF RATES (or attach Schedule which will be posted in	Metered Rates _X_ the vehicles) 1,50 drop 2.00	Zone Rates		01257-0037 Tark 649,27 - TRI-STAT Ayment Amount:					
min. \$1,000,000 liability \$1,000,000 umbrella METHOD OF CHARGING SCHEDULE OF RATES (or attach Schedule which will be posted in NUMBER OF VEHICLES TO BE VEHICLE ID NUMBER	Metered Rates _X_ the vehicles) 1,50 drop 2.00 E LICENSED 2 YEAR, MAKE & MODEL (Model Year Cannot Exceed	Zone Rates	onds) 20.00hr.	01257-0037 Tark (0 649,27 - TRI-STATEN O AMMEDI AMOUNT: PLATEN					
min. \$1,000,000 liability \$1,000,000 umbrella METHOD OF CHARGING SCHEDULE OF RATES (or attach Schedule which will be posted in NUMBER OF VEHICLES TO BE VEHICLE ID NUMBER 2FAFP71W26X164383	Metered Rates _X	Zone Rates Mile (36 sec 20) CAPACITY (incl. driver)	state & License	01257-0037 Tark (0 11/18/2 64927 - TRI-STATE TAXI CO ayment Amount: PL					
min. \$1,000,000 liability \$1,000,000 umbrella METHOD OF CHARGING SCHEDULE OF RATES (or attach Schedule which will be posted in NUMBER OF VEHICLES TO BE	Metered Rates _X in the vehicles) LICENSED YEAR, MAKE & MODEL (Model Year Cannot Exceed) 10 Years of Age - Renewals are Exempted 2006 Ford Crown Victoria	Zone Rates Zone Rates CAPACITY (incl. driver)	STATE & LICENSE	01257-0037 Tark 6 11/1 64927 - TRI-STATE TAXI CO Ayment Amount: PLATE					

VEHICLE TO BE USED FOR HIRE IS	OF INSPECTION FOR EACH VEHICLE CERTIFING THAT THE S IN GOOD MECHANICAL CONDITION. <i>THE INSPECTION AND BY AN A.S.E. CERTIFIED TECHNICIAN</i> .
	JRANCE. ALL INSURED VEHICLES SHALL BE IDENTIFIED ON DDEL AND VIN. SAID POLICY MUST NAME THE CITY OF ED.
WITH A SALVAGE TITLE MAY BE U	TLE AND REGISTRATION FOR EACH VEHICLE. NO VEHICLE USED AS A PUBLIC VEHICLE. VEHICLE CANNOT BE GREATER FORIGINAL APPLICATION (renewals are exempt).
information or making false statements on this appears that the above automobile(s) was inspected by	in this application is true and correct. I am aware that withholding pplication will be basis for denial/revocation of license. I further certify an A.S.E. certified technician and will be kept in good mechanical provisions of law pertaining to public vehicles for hire (Ch. 10, Article
LICENSE [] APPROVED [] DENIED	
SIGNATURE OF POLICE REPRESENTATIVE	DATE

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Tri St	ate Tavi		
NAME OF BUSINESS Tri St ADDRESS 158 N. M	lain St.		
VEHICLE MAKE 2006 For	rd MODEL FO	ord - Crown Vic	YEAR 2006
	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			
Parking Lamps			
Directional Lamps			
Flashing Warning Lamps			
Sidemarker Lamps/Reflectors			· · · · · · · · · · · · · · · · · · ·
Tail Lamps (incl. cover)			
Back Up Lamps			
Brake Lamps			
Steering System			
Hood & Trunk Latches			
Emission/Exhaust System			
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less tha	n 2/32 of an inch)		
Windshield (incl. wipers & washers)			
Windows (side, rear)			
Windshield Defroster			
Horn			
Mirrors			
Speed Indicator			<u> </u>
Restraining Devices & Seats			
Brakes (incl. parking brake)			
Heater			
Air Conditioning			<u> </u>
Door Handles (interior & exterior)			
<u>DISCLOSURE STATEMENT</u> : I am reasonable diligence in inspecting this be as indicated above.		such inspection, Ldeclare	
A.S.E. Certified Technician Signature	- Clar	Printed	Name: /
Business DANG RAMMUM	Address Outa	fingest-la Cross	W. Date 11/17/14
		1. <i>U</i>	

Per Sec. 10-589, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

CERTIFICATE OF INSPECTION

NAME OF BUSINESS Tri Sta	ate Taxi		
ADDRESS 158 W. Mai	n St.		
VEHICLE MAKE Ford		roun Vic	YEAR 2007
	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			
Parking Lamps			
Directional Lamps			
Flashing Warning Lamps			
Sidemarker Lamps/Reflectors			
Tail Lamps (incl. cover)			
Back Up Lamps			
Brake Lamps			
Steering System			
Hood & Trunk Latches			
Emission/Exhaust System			
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less that	n 2/32 of an inch)		
Windshield (incl. wipers & washers)			
Windows (side, rear)			
Windshield Defroster			
Horn			
Mirrors			
Speed Indicator			
Restraining Devices & Seats			
Brakes (incl. parking brake)			
Heater			
Air Conditioning			
Door Handles (interior & exterior)			
<u>DISCLOSURE STATEMENT</u> : I am reasonable diligence in inspecting this be as indicated above.		f such inspection, I declar	
A.S.E. Certified Technician Signature	Jan Dur	ines kerimed	Name:
Business DANG Antomother	u Address 2042	gurgest-lalm	Seed 1 Date 11/17/14
D C 10 500			eduction to incura the

Per Sec. 10-589, each public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safe condition of all motor vehicles, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

Endorsement #1

GENERAL CHANGE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy on the inception date of the policy or on the date shown below. It is agreed that the policy is changed as follows:

In consideration of an additional premium shown below, the policy EXTENDS to cover the following vehicles.

Add Del	Veh	Year	Make	Model	VIN	Use	Rad	Terr	Gar City, State	GVW/ Seat
	2	2009	FORD	CROWN VICTORIA	2FAHP71V39X123457		60	17	STODDARD, WI	ائــــــا

		. Alar	v Annual Prer	alerma	Promited Premium					
Veh	Liab	UM	UM	Med Pay	PIP	Пар	UM	UM	Med Pay	PIP
2	4,660	incl	tnel	244		3,854		tnel.		
لتتا					Subtotal	3,854		<u> </u>	202	

Pro-Rate Factor: 0.827	Additional Premium \$ 4,056
	Return Premium \$
All other terms, conditions and agreements remain unchanged.	
Company Name	Policy Number
• •	73APR306405
National Liability & Fire Insurance Company	Endorsement Effective
	09/08/2014 4:38 PM
Named Insured	Countersigned at
WILLIAM J HELLERUD	by Ostales
	(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 11/19/2014

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).

certificate holder in lieu of such endorser	ment(s).		Lacuste					
PRODUCER MICORA INC C EINAMCIAI			CONTACT NAME:		NK R COL			
WISOTA INS & FINANCIAL SRVCS			PHONE (A/C, No, Ext): 608-784-3272 FAX (A/C, No): 608-784-3278					4-3278
LA CROSSE WI			E-MAIL ADDRESS:	fcoll	as@meritr	ustins.com		
C/O:RPS SCOBIE GROUP EAU			INSURER(S) AFFORDING COVERAGE					NAIC#
CLAIRE			INSURER A : NATIONAL LIAB & FIRE INS CO					
INSURED			INSURER B	:				
William J Hellerud DBA Tri	State	a Taxi	INSURER C	:				
158 N Main St STODDARD WI 54658			INSURER D	:				-
BIODDAND WI 34030			INSURER E	:				
			INSURER F					
COVERAGES CERTIF	FICATE	NUMBER:	*			REVISION NUMBER:	······································	
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH PO	UIREMEN RTAIN, 1 DLICIES. I	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY C ED BY THE BEEN RED	ONTRACT E POLICIE DUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPE	CT TO \	WHICH THIS
INSR TYPE OF INSURANCE IN	SR WVD	POLICY NUMBER	PC (MI	DLICY EFF MDDYYYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
GENERAL LIABILITY						EACH OCCURRENCE	\$	
COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$	
						PERSONAL & ADV INJURY	\$	
						GENERAL AGGREGATE	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	
POLICY PRO- LOC							\$	
AUTOMOBILE LIABILITY		73APR306405	07	/07/2014	07/07/2015	COMBINED SINGLE LIMIT (Ea accident)	.2.0	00,000
ANY AUTO		70711110001100	"	.0,,,20	0170772070	BODILY INJURY (Per person)	\$	
ALLOWNED Y SCHEDULED						BODILY INJURY (Per accident)	\$	
AUTOS NON-OWNED						PROPERTY DAMAGE	\$	
HIRED AUTOS AUTOS						(Per accident)	\$	
UMBRELLA LIAB OCCUR								•
Fueres was						EACH OCCURRENCE	\$	
OLAIMO-INADE						AGGREGATE	\$	
DED RETENTION \$ WORKERS COMPENSATION						WC STATU- IOTH-	\$	
AND EMPLOYERS' LIABILITY Y IN						WC STATU- OTH- TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE N	IA					E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A PHYSICAL DAMAGE		73APR306405	07	/07/2014	07/07/2015	PER POLICY SCH	EDULE	
				İ				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES 2009 FORD CROWN VICTORIA 2F/ 2006 FORD CROWN VICTORIA 2F/	S (Attach A AHP711 AFP711	CORD 101, Additional Remarks: V39X123457 W26X164383	Schedule, if m	ore space Is	: required)			
CERTIFICATE HOLDER			CANCEL	LATION				
			SANGEL	<u>-~ 11014</u>				
CITY OF LA CROSS			THE EX	(PIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
CITY OF LA CROSSE			AUTHORIZE	D REPRESE	NTATIVE	$\overline{}$		····
400 LA CROSSE ST LA CROSSE WI 54601				(ZSS.	alle .		
			<u> </u>					

MOTOR VEHICLE LIABILITY INSURANCE **IDENTIFICATION CARD**

COMPANY NUMBER 73

COMPANY

National Liability & Fire Insurance Company

POLICY NUMBER 73 APR 306405 EFFECTIVE DATE 09/08/2014 4:38 PM EXPIRATION DATE 07/07/2016 12:01 AM

YEAR

MAKE/MODEL FORD CROWN VICTORIA VEHICLE IDENTIFICATION NUMBER 2FAHP71V39X123457

GENERAL AGENCY ISSUING CARD RPS Scoble Group

3300 Birch Street Suite 1A Eau Claire, WI 54703-2287

INSUREO WILLIAM J HELLERUD DBA: TRI-STATE TAXI

158 N MAIN ST STODDARD, WI 54658

SEE IMPORTANT NOTICE ON REVERSE SIDE

M-4566a (11/1999)

MOTOR VEHICLE LIABILITY INSURANCE

IDENTIFICATION CARD

COMPANY NUMBER

COMPANY National Liability & Fire Insurance Company

POLICY NUMBER

EFFECTIVE DATE 09/08/2014 4:38 PM EXPIRATION DATE 07/07/2015 12:01 AM

73 APR 308405

YEAR 2009

MAKE/MODEL FORD GROWN VICTORIA VEHICLE IDENTIFICATION NUMBER

2FAHP71V39X123457

GENERAL AGENCY ISSUING CARD

RPS Scoble Group 3300 Birch Street Suite 1A Eau Claire, WI 54703-2297

WILLIAM J HELLERUD DBA: TRI-STATE TAXI

158 N MAIN ST STODDARD, WI 54658

M-4566a (11/1989)

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE CARRIED IN THE INSURED VEHICLE FOR PRODUCTION UPON DEMAND

Report All Accidents To:

1-800-356-5750

24 Hour

Toll Free

Claims may also be reported at: cialms@nationalindemnity.com

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