License Number	License Fee Receipt #
CITY	OF LA CROSSE APPLICATION FOR HORSE-DRAWN VEHICLE
	ncil, City Clerk, Director of Public Works, Traffic Engineer, and Chief of Police of the City of La Crosse: s application for a Horse-Drawn Vehicle License.
BUSINESS NAME	Cinderella Carriage LLC
BUSINESS ADDRESS	30321 State Hwy 27 Cashton WI 54619
BUSINESS TELEPHONE	608-606-0614
OWNER(S) NAME	Lynn Katherine Isensee
OWNER(S) DATE OF BIRTH	10/10/1978
OWNER(S) ADDRESS	30321 State Hwy 27 Cashton WI 54619
OWNER(S) HOME TELEPHONE	608-606-0614
 HAVE YOU BEEN CONVICE 	ONVICTED OF A FELONY OR MISDEMEANOR? TED OF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? [] YES [] NO S, INCLUDE NATURE OF THE OFFENSE AND PLACE OF CONVICTION (use reverse side, if necessary)
INSURANCE CARRIER T	ne Gibson Agency, LLC
POLICY NUMBER S	RPGAPML-101-0122
POLICY LIMITS \$,000,000/Occurrence // \$2,000,000/Aggregate
AND DURATION OF THE POLICY.	NSURANCE INDICATING THE INSURANCE CARRIER, INSURED, POLICY NUMBER, POLICY LIMITS, ALL INSURED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE OF INSURANCE. ing the City of La Crosse as Additional Insured and said endorsement must accompany the certificate.
METHOD OF CHARGING	Metered Rates Zone Rates Vehicle Rental RateX_
SCHEDULE OF RATES	\$90.00/per hour // \$55.00/per half-hour
NUMBER OF VEHICLES TO BE	LICENSED 3
 lights and safety equipme 	DESCRIPTION OF VEHICLES, including ehicle is designed to carry nt which will be used assuring that public right-of-way will be kept clean of fecal matter
Vehicle #1 White Vis-à-vis	
Vehicle #2 White Cinderella	ng moving vehicle sign Bun Bag Carriage 6 passenger ng moving vehicle sign Bun Bag
Vehicle #3 Red/Black Wago	
ATTACHED IS A CURRENT VETER FREE FROM INFECTIOUS DISEASE.	INARY CERTIFICATE FOR EACH HORSE CERTIFING THAT THE ANIMAL IS IN GOOD HEALTH AND
I certify that each horse is fit t	or horse-drawn vehicle service. described vehicle(s) will be kept in a clean and sanitary condition and proper repair and maintenance and will further
	ipal Code pertaining to the Horse-Drawn Vehicle license.
I hereby certify that the information con this application will be basis for denial/n	tained in this application is true and correct. I am aware that withholding information or making false statements on exocation of license.
SIGNATURE OF APPLICANT	DATE 10-30-23
LICENSE [] APPROVED [SIGNATURE OF POLICE REPR	



LAB/ACCESSION NUMBER 23-02269	2. DATE BL 2023-01-20	OOD DRAWN	3. TEST REQUESTED ELISA	BY VET	4. REASON FOR Interstate moven		
CURRENT HOME PREMISES OF EQUINE: R ARKET nn Isensee 321 State Highway 27 ashton, WI 54619 none: 6086060614 N/LID: /	ANCH / FARM / STABLE	Lynn Isensee 30321 State H Cashton, WI 5 Phone: 608600 PIN/LID: /	4619	e 15.	Street VI 54619	TERINARIAN	a garden de de la companya de la com
COUNTY OF CURRENT HOME PREMISES C onroe	OF EQUINE	2	and the same of th	VETERINA 074912	ARIAN NATIONAL	ACCREDITATIO	N NUMBER
ERTIFICATION OF FEDERALLY ACCREDITED PROPERTY IN THE PROPERTY OF THE PROPERTY	D VETERINARIAN terinarian, authorized, in t	the state where the	sample was obtained, by п	ne, from the a	nimal described bel	ow.	-27
	ETERINARIAN Andrew Mason 2023-01-20 15:07:3	34 -06:00			Tell tent for	ALERE THE PARTY OF	
ORSE TUBE NUMBER 12028122-4	10. TAG/TA NUMBER None	TTOO/BRAND	11. REGISTERED NAI Sal	ME	12. COLOR / CO Black	OAT OR HAIR C	OLOR(S)
BREED OR SPECIES ercheron Horse	14. AGE OF 2006-02-01		15. GENDER Gelding		16. MICROCHIF NUMBER None	, BREED, OR R	EGISTRATION
				1		A	} :
ARRATIVE DESCRIPTION: None			OTHER MARKS AND	BRANDS: N	o marking		
3 3	=		OTHER MARKS AND		· ·		
. HEAD: Star, white mark across nose				: No marking	· ·		
. HEAD: Star, white mark across nose			18. NECK AND BODY	: No marking	· ·		
. HEAD: Star, white mark across nose . LEFT FORELIMB: None . LEFT HINDLIMB: White coronet			18. NECK AND BODY 20. RIGHT FORELIME	: No marking	· ·		
. HEAD: Star, white mark across nose . LEFT FORELIMB: None . LEFT HINDLIMB: White coronet ABIES VACCINATION	VACCINATION DATE	PRODUCT	18. NECK AND BODY 20. RIGHT FORELIME	: No marking 3: None : None	· ·	ADMINISTEF	RED BY
. HEAD: Star, white mark across nose . LEFT FORELIMB: None . LEFT HINDLIMB: White coronet ABJES VACCINATION			18. NECK AND BODY 20. RIGHT FORELIME 22. RIGHT HINDLIMB SERIAL NUMBER	: No marking 3: None : None	ION DATE		
. HEAD: Star, white mark across nose . LEFT FORELIMB: None . LEFT HINDLIMB: White coronet ABIES VACCINATION /PE OR LABORATORY USE ONLY . LABORATORY desconsin Veterinary Diagnostic Lab-Barron	VACCINATION DATE 24. DATE SAMPLE RE 2023-01-25	ECEIVED 25. DA	18. NECK AND BODY 20. RIGHT FORELIME 22. RIGHT HINDLIMB	: No marking 3: None : None		ADMINISTER 27. TEST TY ELISA	
ARRATIVE DESCRIPTION: None 7. HEAD: Star, white mark across nose 8. LEFT FORELIMB: None 1. LEFT HINDLIMB: White coronet ABIES VACCINATION YPE OR LABORATORY //isconsin Veterinary Diagnostic Lab-Barron O Box 97 521 E Guy Avenue arron, WI 54812 hone: 715-637-3151	24. DATE SAMPLE RE	ECEIVED 25. D/ 2023-	18. NECK AND BODY 20. RIGHT FORELIME 22. RIGHT HINDLIMB SERIAL NUMBER ATE RESULTS REPORTED	: No marking 3: None : None EXPIRAT	ON DATE	27. TEST TY	



1. LAB/ACCESSION NUMBER B23-02269	2. DATE BL 2023-01-20	OOD DRAWN	3. TEST REQUES' ELISA	TED BY VET	4. REASON FO		5/
5. CURRENT HOME PREMISES OF EQUINE: R MARKET Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /	ANCH / FARM / STABLE	Lynn Isensee 30321 State Hi Cashton, WI 54 Phone: 608606 PIN/LID: /	619	Cashton Andrew 406 Sou Cashton	E & ADDRESS OF \ Veterinary Clinic Mason th Street i,-WI 54619 5086545284	/ETERINARIAN	
S. COUNTY OF CURRENT HOME PREMISES O Monroe	F EQUINE			VETERI 074912	NARIAN NATIONAL	ACCREDITATION	NUMBER
CERTIFICATION OF FEDERALLY ACCREDITED IN CERTIFY I am a category II federally accredited vet	VETERINARIAN erinarian, authorized, in	the state where the	sample was obtained,	by me, from the	animal described b	elow.	(10) 24
Contract of the second	TERINARIAN Indrew Mason 023-01-20 15:07:	32 -06:00					
9. TUBE NUMBER 102220187-4	10. TAG/TA NUMBER None	ATTOO/BRAND	11. REGISTERED Ted	NAME	12. COLOR / 0 Black	COAT OR HAIR COL	OR(S)
13. BREED OR SPECIES Percheron	14. AGE 0 2015-04-30		15. GENDER Gelding	15	16, MICROCH NUMBER None	IP, BREED, OR REG	ISTRATION
				age start			
NARRATIVE DESCRIPTION: None		0	OTHER MARKS A	ND BRANDS:	No marking	977	13.5
17. HEAD: Star		45	18, NECK AND BO	DDY: Mixed wi	ite hairs over ribs	ya	av.
19. LEFT FORELLIMB: No marking	3.0	- P	20, RIGHT FOREI	IMB: No mark	ing		
1. LEFT HINDLIMB: No marking	200	0	22. RIGHT HINDL	IMB: No marki	ng	200	649
RABIES VACCINATION	G THE STREET						
YPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRA	ATION DATE	ADMINISTERED	BY
FOR LABORATORY USE ONLY	Calcar Sale	William 1850			UNITED TO THE PERSON OF THE PE	27, TEST TYPE	HOED
23. LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron	24. DATE SAMPLE R 2023-01-25	2023-0	TE RESULTS REPOR 1-26	Negativ	FICIAL RESULT re	ELISA TIPE	USED
P O Box 97 1521 E Guy Avenue Barron, WI 54812 Phone: 715-637-3151	28. LABORATORY RI	EMARKS			J. S.	The state of the s	- F
	L CHNICIAN Barbara Reisner 2023-01-26 14:00	-39 -06-00	30. INTERIM RES	ÚLT REFERRE	D FOR CONFIRMA	ATION	200



AB/ACCESSION NUMBER	2. DATE BLOC	DD DRAWN	3. TEST REQUESTED	BY VET 4. REASON I	FOR TESTING
3-02269	2023-01-20		ELISA	Interstate mo	vement
CURRENT HOME PREMISES OF EQUINE: RKET In Isensee 321 State Highway 27 Shton, WI 54619 one: 6086060614 I/LID: /	RANCH / FARM / STABLE /	7. NAME & Al Lynn Isensee 30321 State H Cashton, WI 5 Phone: 60860 PIN/LID: /	lighway 27 54619	8. NAME & ADDRESS OF Cashton Veterinary Clinic Andrew Mason 406 South Street Cashton, WI 54619 Phone: 6086545284	VETERINARIAN
COUNTY OF CURRENT HOME PREMISES nroe	OF EQUINE	300	A STATE OF	VETERINARIAN NATION 074912	AL ACCREDITATION NUMBER
RTIFICATION OF FEDERALLY ACCREDITE ertify I am a category II federally accredited versions.	ED VETERINARIAN eterinarian, authorized, in the	state where the	sample was obtained, by m	ne, from the animal described	below.
	ETERINARIAN Andrew Mason 2023-01-20 15:07:41	-06:00	A STATE OF THE STA		and the same of th
DRSE TUBE NUMBER 3355626-2	10. TAG/TATT NUMBER None	OO/BRAND	11. REGISTERED NAM	ME 12. COLOR / Black	COAT OR HAIR COLOR(S)
BREED OR SPECIES rcheron.	14. AGE OR E 2017-01-08	ЮВ	15. GENDER Neutered/Castrated Ma		HIP, BREED, OR REGISTRATION
			OTHER MARKS AND	PRANTS: Namedon	
RRATIVE DESCRIPTION: None					- J
HEAD: Star		-37	18. NECK AND BODY		
LEFT FORELIMB: No marking		288	20, RIGHT FORELIME	ALF 2000	
LEFT HINDLIMB: No marking		7	22. RIGHT HINDLIMB	No marking	
BIES VACCINATION					
PE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
R LABORATORY USE ONLY LABORATORY	24. DATE SAMPLE REC 2023-01-25	SWA (1725)	ATE RESULTS REPORTED	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
sconsin Veterinary Diagnostic Lab-Barron				the state of the s	

Barbara Reisner 2023-01-26 14:00:42 -06:00 Barbara Reisner

Official EIA Test Form, Approved by USDA Veterinary Services March 2020, GVL



			- THAT DESILES	DVVET	4, REASON FOR	DITECTING	
, LAB/ACCESSION NUMBER 323-02269	2. DATE BLO 2023-01-20	OOD DRAWN	3. TEST REQUESTED) BY VEI	Interstate mover		181
, CURRENT HOME PREMISES OF EQUINE: R MARKET ynn Isensee	ANCH / FARM / STABLE /	7. NAME & AD Lynn Isensee 30321 State H	DRESS OF OWNER	30	ADDRESS OF VE erinary Clinic òn	ETERINARIAN	A STATE OF THE STA
0321 State Highway 27 ashton, WI 54619 hone: 6086060614 !N/LID: /		Cashton, WI 5 Phone: 608600 PIN/LID: /		406 South S Cashton, WI Phone: 6086	54619		Ž.
COUNTY OF CURRENT HOME PREMISES C	F EQUINE	â e		VETERINAF 074912	RIAN NATIONAL	ACCREDITATIO	N NUMBER
ERTIFICATION OF FEDERALLY ACCREDITED CERTIFY I am a category II federally accredited vertices.	OVETERINARIAN erinarian, authorized, in th	e state where the	sample was obtained, by r	ne, from the ani	mal described be	elow.	S.
	ETERINARIAN Andrew Mason 1023-01-20 15:07:38	8 -06:00		e de la companya de l	ATOM STORM		
. TUBE NUMBER 05499927-0	10. TAG/TAT NUMBER None	TOO/BRAND	11. REGISTERED NA Zipper	ME	12. COLOR / CO	OAT OR HAIR C	OLOR(S)
3. BREED OR SPECIES Percheron Horse	14. AGE OR 2013-05-20	DOB	15. GENDER Gelding	÷	16: MICROCHIF NUMBER None	P, BREED, OR R	REGISTRATION
					None		
					None		
ARRATIVE DESCRIPTION: None			OTHER MARKS AND	BRANDS: No			
IARRATIVE DESCRIPTION: None 7. HEAD: Large star, narrow strip and snip			OTHER MARKS AND		marking / C^		
				: Brand L shou	marking / C^		
7. HEAD: Large star, narrow strip and snip			18. NECK AND BODY	f: Brand L shou	marking / C^		
7. HEAD: Large star, narrow strip and snip 9. LEFT FORELIMB: No marking 1. LEFT HINDLIMB: No marking ABIES VACCINATION			18. NECK AND BODY 20. RIGHT FORELIM 22. RIGHT HINDLIME	f: Brand L shou	marking / C^		
7. HEAD: Large star, narrow strip and snip 9. LEFT FORELIMB: No marking 1. LEFT HINDLIMB: No marking ABIES VACCINATION YPE	VACCINATION DATE	PRODUCT	18. NECK AND BODY 20. RIGHT FORELIM	f: Brand L shou	marking / C^	ADMINISTER	RED BY
7. HEAD: Large star, narrow strip and snip 3. LEFT FORELIMB: No marking 1. LEFT HINDLIMB: No marking ABIES VACCINATION YPE OR LABORATORY USE ONLY			18. NECK AND BODY 20. RIGHT FORELIM 22. RIGHT HINDLIME	F: Brand L shou B: No marking R: No marking EXPIRATION	marking / C^	ADMINISTEF 27. TEST TY	
7. HEAD: Large star, narrow strip and snip 9. LEFT FORELIMB: No marking 1. LEFT HINDLIMB: No marking ABIES VACCINATION	VACCINATION DATE 24. DATE SAMPLE REC 2023-01-25 28. LABORATORY REN	CEIVED 25. DA 2023-	18. NECK AND BODY 20. RIGHT FORELIM 22. RIGHT HINDLIME SERIAL NUMBER ATE RESULTS REPORTE	F: Brand L shou B: No marking R: No marking EXPIRATION	marking / C^ ulder		

2023-01-26 14:00:38 -06:00

Barbara Reisner



CURRENT HOME PREMISES OF EQUINE: R RKET In Isensee 321 State Highway 27 shton, WI 54619 one: 6086060614 W/LID: /	ANCH / FARM / STABLE /	Lynn Isensee	DRESS OF OWNER	8. NAME &	ADDRESS OF VI	ETERINARIAN	- 5
		30321 State Hig Cashton, WI 54 Phone: 608606 PIN/LID: /	619	Cashton Ve Andrew Ma 406 South S Cashton, W Phone: 608	Street /I 54619	fee e	A STANCE
COUNTY OF CURRENT HOME PREMISES C inroe	F EQUINE		10 May 10 Ma	VETERINA 074912	RIAN NATIONAL	ACCREDITATION	NUMBER
RTIFICATION OF FEDERALLY ACCREDITED TO THE REPORT OF THE T		state where the	sample was obtained, by m	e, from the an	imal described be	low.	197
AND THE PARTY OF T	ETERINARIAN Andrew Mason 023-01-20 15:07:36	-06:00		Sec. 19		A STATE OF THE STA	
TUBE NUMBER 2028124-4	10. TAG/TATT NUMBER None	OO/BRAND	11. REGISTERED NAM Count	1E	12. COLOR / Co Black	OAT OR HAIR CO)LOR(S)
BREED OR SPECIES rcheron	14. AGE OR E 2011-02-01	ЮВ	15. GENDER Gelding		16. MICROCHIE NUMBER None	P, BREED, OR RE	GISTRATION
1 1				, h			1
RRATIVE DESCRIPTION: None	C C		OTHER MARKS AND E	BRANDS: No	marking	38	402
. HEAD: Star	<i></i>	10	18. NECK AND BODY:	No marking		7	
. LEFT FORELIMB: None		1	20. RIGHT FORELIMB	:, None	130	198	
LEFT HINDLIMB: None	.50		22. RIGHT HINDLIMB:	None	2035	20.50	
BIES VACCINATION	get compared to						
PE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION	ON DATE	ADMINISTER	ED BY
R LABORATORY LABORATORY Sconsin Veterinary Diagnostic Lab-Barron	24. DATE SAMPLE REC 2023-01-25	EIVED 25. DA 2023-0	TE RESULTS REPORTED 1-26	26. OFFICI	IAL RESULT	27. TEST TYPELISA	'E USED
O Box 97 21 E Guy Avenue Irron, WI 54812 Ione: 715-637-3151	28. LABORATORY REM	ARKS	ALEXAND STATES			and the	W.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/29/2023

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 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	0	CONTACT NAME:				
The Gibson Agency, LL 984 TIBBETTS WICK R		PHONE (A/C, No, Ext):	3302893382 FAX (A/C, No): 33			05368
GIRARD, OH 44420-112		E-MAIL ADDRESS:	bmadonio@gibson	agency.com		
			INSURER(S) AFFORDIN	G COVERAGE		NAIC#
		INSURER A:		21113		
	RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND	INSURER B:				
ITS PARTICI Lynn Isensee/Cinderell	PATING MEMBERS: a Carriage. LLC	INSURER C:				
30321 St Hwy 27	 	INSURER D:				
CASHTON, WI 54619		INSURER E : INSURER F :				
COVERACES	CERTIFICATE NUMBER: USS543735		REVISI	ON 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	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						FIRE DAMAGE (Any one fire)	\$300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000
lΑ			l i	SRPGAPML-101-0123	01/23/2023 12:00 AM	01/23/2024 12:01 AM	PERSONAL & ADV INJURY	\$1,000,000
ļ ``	====				12.00 AW	12.07 AW	GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	X POLICY PRO-							
Г	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO		l				BODILY INJURY (Per person)	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTO NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
\vdash	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION \$							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Covered Activities: Carriage Rides

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER

Lynn Isensee/Cinderella Carriage, LLC 30321 St Hwy 27 CASHTON, WI 54619

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

The Gibson Agency, LLC



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY) 06/29/2023

AGENCY				CARRIER NAIC CO United States Fire Insurance 21113				NAIC CODE 21113		
POLICY NUMBER USS543735/SR	PGAPML-101-01	01/23/2023 12:00 AM	NAMED INSURED(S) Lynn Isensee/Cinderella Carriage, LLC							
ADDITIONAL	INTEREST (No	t all fields apply to all sc	enarios – pro	vide only the r	nece	еѕѕагу	dat	:a)		
INTEREST		NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	П	POLICY	T	SEND BILL	INTEREST IN ITE	M NUMBER
X ADDITIONAL INSURED	LOSS PAYEE	-			_	-	1.55		LOCATION:	BUILDING:
BEACH OF	MORTGAGEE		City of LaCrosse						VEHICLE:	BOAT:
WARRANTY CO-OWNER	OWNER	400 LaCrosse street						AIRPORT:	AIRCRAFT:	
EMPLOYEE AB LESSOR	REGISTRANT	LaCrosse, WI 54601						ITEM CLASS:	ITEM:	
LEASEBACK OWNER	TRUSTEE								ITEM DESCRIPTION	
LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:						
		LIEN AMOUNT:		PHONE (A/C, No, Ex):					FAX (A/C, No):	
REASON FOR INTERES	iT:			E-MAIL ADDRESS:			Š			
The above are	added as additio	onal insured but only with re	espect to liabilit	y arising out of	ope	rations	of t	he named	insured during the	policy period



City of LaCrosse

400 LaCrosse street

LaCrosse, WI 54601

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/29/2023

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 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).

	the certificate holder in lieu of suc	n en	uorst	menu(a).	CONTACT			
	DDUCER				CONTACT NAME:			
	e Gibson Agency, LLC 4 TIBBETTS WICK RD			1	PHONE (A/C, No, Ext):	3302893382	FAX (A/C, No):	3308505368
	RARD, OH 44420-1120			1	E-MAIL ADDRESS:	bmadonio@	gibsonagency.com	
						INSURER(S) AF	FORDING COVERAGE	NAIC#
					INSURER A:	United State	21113	
INS	URED SPORTS AND RECREATION PROV	'IDERS	ASSOC	CIATION (PURCHASING GROUP) AND	INSURER B:			
	ITS PARTICIPATING MEMBERS: nn Isensee/Cinderella Carriage, LLC			1	INSURER C:			
	nn isensee/Cinderella Carriage, LLC 321 St Hwy 27	•		Ì	INSURER D :			
	ASHTON, WI 54619			İ	INSURER E :			
			the contract of the contract o	INSURER F				
CC	OVERAGES CE	RTIF	ICAT	E NUMBER: USS543735		F	REVISION NUMBER:	
IN TI	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY HIS CERTIFICATE MAY BE ISSUED OF ERMS, EXCLUSIONS AND CONDITIONS	REQ R MA OF S	UIREI Y PE SUCH	MENT, TERM OR CONDITION OF RTAIN, THE INSURANCE AFFOR POLICIES. LIMITS SHOWN MAY H	F ANY CONTRA RDED BY THE P AVE BEEN REDU	ACT OR OTHER POLICIES DESC JCED BY PAID (R DOCUMENT WITH RESP CRIBED HEREIN IS SUBJEC	ECT TO WHICH
NSR LTR		ADDL	SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						FIRE DAMAGE (Any one fire)	\$300,000
	CLAIMS-MADE X OCCUR			SRPGAPML-101-0123	01/23/2023 12:00 AM	04/05/222	MED EXP (Any one person)	\$5,000
A		X				01/23/2024 12:01 AM	PERSONAL & ADV INJURY	\$1,000,000
)			GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	X POLICY PRO- JECT LOC						COLUMN TO STUDY TO THE	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTO NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION \$							
Co Th	scription of operations / Locations / Ververed Activities: Carriage Rides e Certificate Holder is added as an ad cheduled Activities Exclusion Applie	ldition	nal ins	sured but only with respect to liab	oility arising out o	of the named i	insured during the policy pe	eriod.
CF	RTIFICATE HOLDER			C	ANCELLATIO	N		

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED

BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

The Gibson Agency, LLC

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE