License	Number	
License	Iccued	

License Fee \$_	<u>500.00</u>
Receipt #	

CITY OF LA CROSSE APPLICATION FOR PUBLIC VEHICLE FOR HIRE

To the Honorable Mayor, Common Council, City Clerk, and Chief of Police of the City of La Crosse: The undersigned hereby makes application for a Public Vehicle for Hire License.

The undersigned hereby i	nakes application for a Public Venicle for Hire License.
BUSINESS NAME	TOP HAT INC DBA CTS TAXI
BUSINESS ADDRESS	226 HOOD ST LA CROSSE WI 54601
	Zoning: Commercial
BUSINESS TELEPHONE	608-782-1069 (Top Hat) 608-784-7700 (CTS Taxi)
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	456-0000011285-03
OWNER(S) NAME	I DEVENI V ANDIE GOOTE (LAWRENCE)
(First, Full Middle, Last)	BEVERLY ANNE SCOTT (LAWRENCE)
OWNER(S) DATE OF BIRTH	
OWNER(S) ADDRESS	403-OILLETTE ST#HH, LA CROSSE WI 54603 1913 (rescent Hills Dr. La Crescent MN 58947
OWNER(S) TELEPHONE	608-783-5949-0 r 608-792-5949
HAVE YOU BEEN CONVICTED OF	TED OF A FELONY OR MISDEMEANOR? AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? [] YES NO UDE DATE, NATURE OF THE OFFENSE AND PLACE OF CONVICTION.
INSURANCE CARRIER	Integrity Group
POLICY NUMBER	A 3216660
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	4-13 \$ Million liability \$ Million Umbrella

\$1,000,000 umbrella	The state of the s		
METHOD OF CHARGING	Metered Rates _X	Zone Rates	Vehicle Rental Rate
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	# 1. so initial	pickup # 2.0 0e(SOT) # 25.00	po per mile wait time
NUMBER OF VEHICLES TO BE LICENSED	10		

VEHICLE ID NUMBER	YEAR, MAKE & MODEL (Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)	CAPACITY (incl. driver)	STATE & LICENSE PLATE NO
SEE ATTACHED			

ATTACH A CERTIFICATE OF INSURANCE THE CERTIFICATE BY MAKE, MODEL AS LA CROSSE AS ADDITIONAL INSURED.	E. ALL INSURED VEHICLES SHALL BE IDENTIFIED ON AND VIN. SAID POLICY MUST NAME THE CITY OF
WITH A SALVAGE TITLE MAY BE USED A THAN 10 MODEL YEARS AT TIME OF ORIG	ND REGISTRATION FOR EACH VEHICLE. NO VEHICLE IS A PUBLIC VEHICLE. VEHICLE CANNOT BE GREATER BINAL APPLICATION <mark>(renewals are exempt</mark>).
information or making false statements on this application that the above automobile(s) was inspected by an A.S.	application is true and correct. I am aware that withholding on will be basis for denial/revocation of license. I further certify S.E. certified technician and will be kept in good mechanical ons of law pertaining to public vehicles for hire (Ch. 10, Article).
SIGNATURE OF Beny Scot	DATE 11 6 14
LICENSE [] APPROVED [] DENIED	
SIGNATURE OF POLICE REPRESENTATIVE	DATE

ATTACH <u>ORIGINAL</u> **CERTIFICATE OF INSPECTION** FOR EACH VEHICLE CERTIFING THAT THE VEHICLE TO BE USED FOR HIRE IS IN GOOD MECHANICAL CONDITION. *THE INSPECTION AND*

CERTIFICATE MUST BE COMPLETED BY AN A.S.E. CERTIFIED TECHNICIAN.

l indate :	as 3/27/14			
	2013 VEHICLE LISTING			
T 336	2014 Dodge Grand Caravan	2C4RDGBG0ER129304	336-UYG	7 AMB
T 337	2014 Dodge Grand Caravan	2C4RDGBG5ER162086	337-UYG	7 AMB
T295	2013 Dodge Grand Caravan	2C4RDGBG0DR566900	295-UYG	7 amb
T237	2009 Dodge Grand Caravan	2D8HN44E19R620474	237-MJH	7 amb
T410	2006 Dodge Grand Caravan	1D4GP24R76B615384	860SCL	7 amb
T925	2008 CHEV UPLANDER	IGNDV23158D149048	342HHV	7 amb
T684	2005 DODGE GR CARAVAN	2D4GP44L95R432107	684SSL	7 amb
T752	2012 Ford Transit Connect	NMOKS9CN1CT110571	752UPS	1w/c + 4 amb
T448	2003 DODGE ENTERVAN	1D4GP24393B218539	986-ZYD	1 w/c + 4 am
T709	2007 FORD TAURUS	1FAFP53U87A150403	341-HHV	5 amb

NAME OF BUSINESS	S Taxi		
ADDRESS 226	, Hood St	Lacrosse	WIL 59601
VEHICLE MAKE Podge	MODEL	Grand Carava	1 YEAR 2014
336-UYG	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			
Parking Lamps			<u> </u>
Directional Lamps			<u> </u>
Flashing Warning Lamps			X
Sidemarker Lamps/Reflectors			<u> </u>
Tail Lamps (incl. cover)			<u> </u>
Back Up Lamps		-	
Brake Lamps		••n-	
Steering System			
Hood & Trunk Latches			<u>'</u> X
Emission/Exhaust System			
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less th	nan 2/32 of an inch)		
Windshield (incl. wipers & washers)			
Windows (side, rear)			
Windshield Defroster			<u> </u>
Horn			
Mirrors			<u> </u>
Speed Indicator			<u> </u>
Restraining Devices & Seats			λ
Brakes (incl. parking brake)			X
Heater			<u></u>
Air Conditioning			<u> </u>
Door Handles (interior & exterior)			<u> </u>
<u>DISCLOSURE STATEMENT</u> : I an reasonable diligence in inspecting this be as indicated above.	s vehicle. On the basis	of such inspection, I decla	are the apparent existing condition to
A.S.E. Certified Technician Signatu	re: ////	MM Printe	ed Name: Bart Woysik
Business ABC	Address Co	+Flacrosst	ed Name: <u>Bart Woy & K</u> Date <u>10/23/14</u>

NAME OF BUSINESS	S Taxi		
ADDRESS 220	o Hood St	Lahosse 1	DI 59601
VEHICLE MAKE POdye	MODEL	Grand caravan	year <u>2014</u>
337- UYG	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			<u> </u>
Parking Lamps		-	
Directional Lamps			X
Flashing Warning Lamps			
Sidemarker Lamps/Reflectors			\sim
Tail Lamps (incl. cover)			
Back Up Lamps			<u> </u>
Brake Lamps			<u>X</u>
Steering System			<u> </u>
Hood & Trunk Latches			
Emission/Exhaust System			<u> </u>
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less t	han 2/32 of an inch)		<u></u>
Windshield (incl. wipers & washers)			
Windows (side, rear)	<u> </u>		<u>X</u>
Windshield Defroster		<u> </u>	
Horn			X
Mirrors			<u> </u>
Speed Indicator	····		
Restraining Devices & Seats			X
Brakes (incl. parking brake)			
Heater			<u>X</u>
Air Conditioning			<u>X</u>
Door Handles (interior & exterior)			X
<u>DISCLOSURE STATEMENT</u> : I a reasonable diligence in inspecting this be as indicated above.	m an A.S.E. Certified is vehicle. On the basis	Technician with an unexploof such inspection, I declar	ired certificate and have exercised e the apparent existing condition to
A.S.E. Certified Technician Signatu	ure:	Printed	Name: Bart Woyczia
Business ABC	Address	TYF Lalion	Date 10/23/14

NAME OF BUSINESS	CT	S Taxi		
ADDRESS	226	Hood St	Laluss u	2I 54601
VEHICLE MAKE	Podge	MODEL	Grand Carave	24 YEAR <u>/3</u>
		NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover	and aim)			
Parking Lamps				<u>\lambda_1</u>
Directional Lamps				<u> </u>
Flashing Warning Lamp	s	<u> </u>		
Sidemarker Lamps/Refle	ectors			
Tail Lamps (incl. cover)	1			<u> </u>
Back Up Lamps				
Brake Lamps				X
Steering System		•		<u> </u>
Hood & Trunk Latches				
Emission/Exhaust Syste	m			X
Tires (incl. spare & jack (Note: tire-tread depth sha	i) all not be less that	1 2/32 of an inch)		
Windshield (incl. wipers	s & washers)			
Windows (side, rear)				χ
Windshield Defroster				
Horn				
Mirrors				
Speed Indicator				<u>X</u>
Restraining Devices & S	Seats			
Brakes (incl. parking br	ake)			
Heater				
Air Conditioning		-	 	X
Door Handles (interior	& exterior)			
DISCLOSURE STATE reasonable diligence in be as indicated above.	EMENT: I am inspecting this v	an A.S.E. Certified vehicle. On the basis	of such inspection, I declare	red certificate and have exercised the apparent existing condition to
A.S.E. Certified Techn	nician Signature	:: _ <i>\{\f_\\\\</i>	Printed	Name: <u>Bart Wuycz:</u> t <u>Onte 10/23/14</u>
Business ABC		Address CY	F IGC1055	<u> </u>

NAME OF BUSINESS	S Taxi		
ADDRESS 226	Hood St	Lahoese L	OI 54601
VEHICLE MAKE Dodge	MODEL _ <i>_(</i> _	Grand Caravan	year <u> </u>
	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			<u> </u>
Parking Lamps			χ
Directional Lamps			
Flashing Warning Lamps			×
Sidemarker Lamps/Reflectors	<u> </u>		<u>X</u>
Tail Lamps (incl. cover)			
Back Up Lamps	-		
Brake Lamps	<u> </u>		X
Steering System			X
Hood & Trunk Latches			
Emission/Exhaust System			
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less that	nn 2/32 of an inch)		
Windshield (incl. wipers & washers)			
Windows (side, rear)			<u> </u>
Windshield Defroster			
Horn			<u> </u>
Mirrors			X
Speed Indicator			
Restraining Devices & Seats			
Brakes (incl. parking brake)			<u> </u>
Heater			<u> </u>
Air Conditioning			<u> </u>
Door Handles (interior & exterior)			
<u>DISCLOSURE STATEMENT</u> : I am reasonable diligence in inspecting this be as indicated above.	an A.S.E. Certified T vehicle. On the basis o	echnician with an unexpi	red certificate and have exercised the apparent existing condition to
A.S.E. Certified Technician Signature	e: <i>////////////////////////////////////</i>	Printed.	Name: <u>Bart Woyczik</u>
Business ABC	Address	F La [1055	T Date 15/23/14

NAME OF BUSINESS	Taxi		
ADDRESS 226	Hopol St L	a hosse w	F 54601
VEHICLE MAKE Podgy	MODEL_ <i>C</i>	aravail	year <u>2006</u>
·	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			<u> </u>
Parking Lamps	·		X
Directional Lamps	*******	<u> </u>	
Flashing Warning Lamps			<u> </u>
Sidemarker Lamps/Reflectors			<u>\times</u>
Tail Lamps (incl. cover)			X
Back Up Lamps			<u> </u>
Brake Lamps			<u></u>
Steering System			X
Hood & Trunk Latches			X
Emission/Exhaust System			
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than	n 2/32 of an inch)		<u></u>
Windshield (incl. wipers & washers)			
Windows (side, rear)			X
Windshield Defroster			<u> </u>
Horn			X
Mirrors			<u> </u>
Speed Indicator			
Restraining Devices & Seats			<u> </u>
Brakes (incl. parking brake)			<u> </u>
Heater			<u>X</u>
Air Conditioning			
Door Handles (interior & exterior)			X
<u>DISCLOSURE STATEMENT</u> : I am reasonable diligence in inspecting this be as indicated above.	vehicle. On the basis of	such inspection, I declare	e the apparent existing condition to
A.S.E. Certified Technician Signature Business ABC	: 187 M	Printed	Name: Bart Wayezik
Business_ABC	Address Cf	Flacross	Date <u>/0/2///4</u>

NAME OF BUSINESS	CTS	> Taxi		
ADDRESS	226	Hood St	Lalusse	WI 54601
VEHICLE MAKE	Chrvy	MODEL	uplander	year <i>0§</i>
	,	NEEDS REPAI	R DATE OF REPA	AIR NO REPAIR NECESSARY
Headlamps (incl. cover	and aim)			X
Parking Lamps				<u>X</u>
Directional Lamps				X
Flashing Warning Lam	ps			X
Sidemarker Lamps/Ref	lectors			
Tail Lamps (incl. cover	•)			<u>\</u>
Back Up Lamps			.,	X
Brake Lamps				X
Steering System				X
Hood & Trunk Latches	,			<u> </u>
Emission/Exhaust Syst	em			X
Tires (incl. spare & jac (Note: tire-tread depth sh	k) nall not be less thar	2/32 of an inch)		X
Windshield (incl. wipe	rs & washers)			
Windows (side, rear)				
Windshield Defroster				X
Horn				X
Mirrors				
Speed Indicator				_X
Restraining Devices &	Seats			_X
Brakes (incl. parking b	rake)			_X
Heater				
Air Conditioning				
Door Handles (interior	& exterior)			
DISCLOSURE STAT reasonable diligence in be as indicated above.	EMENT: I am inspecting this v	an A.S.E. Certific vehicle. On the base	sis of such inspection, I o	nexpired certificate and have exercise declare the apparent existing condition to
A.S.E. Certified Tech	nician Signature	:: <u> </u>	MAN P	rinted Name: Bart Woyczik
Business ABC		Address	ty Flare	wosse Date 10/21/14

NAME OF BUSINES	is ct	STa	Yi.				
ADDRESS	226	Hood	St	Lahoss	e e	WI	54601
VEHICLE MAKE	Dodge	MOI	DEL	Grand Cararo	ΛK	_YEAR _	2005
		NEEDS RE	PAIR	DATE OF REPA	AIR	NO REPA	AIR NECESSARY
Headlamps (incl. cove	er and aim)		_			V	
Parking Lamps			_			X	
Directional Lamps			_			<u>'V</u>	
Flashing Warning La	mps		_				
Sidemarker Lamps/Re	eflectors		_			_/_	
Tail Lamps (incl. cov	er)		_				
Back Up Lamps			_				
Brake Lamps			_			X	
Steering System			_			<u>\(\chi \) \(\chi \) \(\tag{2.5}</u>	
Hood & Trunk Latch	es		_			<u>X</u>	
Emission/Exhaust Sy	stem		_			<u> </u>	
Tires (incl. spare & ja (Note: tire-tread depth		2/32 of an inc	- h)			λ	
Windshield (incl. wip	ers & washers)		_			_X	
Windows (side, rear)			_			<u>\X</u>	
Windshield Defroster	•		_			<u>x</u>	
Horn			_		, 0	X	
Mirrors		X	_	10-28-2014	Re	place	d Hirror 8
Speed Indicator			_		,	<u> </u>	
Restraining Devices	& Seats		_			<u> X</u>	
Brakes (incl. parking	brake)		_			<u>_X</u>	
Heater			_			X	
Air Conditioning			_			X	
Door Handles (interio	or & exterior)					<u> </u>	
DISCLOSURE STA reasonable diligence be as indicated above	in inspecting this v	an A.S.E. Ce vehicle. On the	rtified 7 e basis o	of such inspection, I d	declare	the appare	ate and have exercised nt existing condition to
A.S.E. Certified Tec	chnician Signature	: \$\d\(\)	<u>+ ///</u>	d/M	Printed 1	Name:	Balt Woyceik Date 10/22/04
Business ABC		Address _	Lt	VF Lake	00 S	<u>50</u>	_ Date <u> </u>

NAME OF BUSINES	s ct	STa	Y i				
ADDRESS	226	Hood	St	Lahos	.Se	WF	54601
VEHICLE MAKE	Dodge	MOI	DEL	Frond Cara	ran	YEAR _	2005
		NEEDS REF	PAIR	DATE OF RE	PAIR	NO REPA	AIR NECESSARY
Headlamps (incl. cove	er and aim)				_		
Parking Lamps			_		-		
Directional Lamps			-		_	<u>'v</u>	
Flashing Warning Lai	nps		_		_	<u></u>	
Sidemarker Lamps/Re	eflectors		-		_	_/_	
Tail Lamps (incl. cov	er)	*****	-		-		
Back Up Lamps			_		_		
Brake Lamps			-		_	X	
Steering System					-	<u>\(\lambda \) \(\) \(\)</u>	
Hood & Trunk Latche	es		_		_	<u> </u>	
Emission/Exhaust Sys	stem	4	_		_	<u> </u>	
Tires (incl. spare & ja (Note: tire-tread depth		2/32 of an incl	n)		-	_λ	
Windshield (incl. wip	ers & washers)		_		_	<u>_X</u>	
Windows (side, rear)			_		-	<u> </u>	
Windshield Defroster			_		_	<u> </u>	
Horn			_		- / 0	Χ	
Mirrors		X	_	10-28-201	4 K	eplaca	Hirror 8
Speed Indicator			_		_	<u></u>	<u> </u>
Restraining Devices &	& Seats		_		_	X	
Brakes (incl. parking	brake)		_		_	<u>_X</u>	
Heater			_		_	<u> </u>	
Air Conditioning			-		_	<u> </u>	····
Door Handles (interio	or & exterior)		_		_	<u> </u>	
	in inspecting this v		basis of	such inspection,	I declare	the appare	nte and have exercised nt existing condition to
A.S.E. Certified Tec	hnician Signature	DAC!	- W	NI	_Printed	Name:	Ba 1 Moyczik Date 10/22/04
Business ABC		Address	Cty	Flak	2000	5p	Date <u>///22/04</u>

NAME OF BUSINESS	s Taxi		
ADDRESS 22 4	Hood St	Lahosse L	T 541601
VEHICLE MAKE Ford	model_t	rang Connect	year 12
	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	*****		
Parking Lamps	<u> </u>		
Directional Lamps			<u> </u>
Flashing Warning Lamps			
Sidemarker Lamps/Reflectors			<u> </u>
Tail Lamps (incl. cover)			
Back Up Lamps			
Brake Lamps			<u>X</u>
Steering System			<u> </u>
Hood & Trunk Latches			
Emission/Exhaust System			X
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than	2/32 of an inch)		
Windshield (incl. wipers & washers)			X
Windows (side, rear)		and the second	
Windshield Defroster			V
Horn			
Mirrors			
Speed Indicator			
Restraining Devices & Seats			
Brakes (incl. parking brake)			X
Heater			X
Air Conditioning			χ.
Door Handles (interior & exterior)			· \\
<u>DISCLOSURE STATEMENT</u> : I am a reasonable diligence in inspecting this v be as indicated above.	an A.S.E. Certified Terehicle. On the basis of	such inspection, I declare	the apparent existing condition to
A.S.E. Certified Technician Signature	: <i> </i>	Printed	Name: Bart Woyczit
Business ABC	Address	y Flacan	Name: <u>Bart Woycził</u> Date <u>10/22/14</u>

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).

Rev: 08/2014

NAME OF BUSINESSCT	S Tax.		
ADDRESS 226	Hood St.	Lalvosse 1	DI 54601
VEHICLE MAKE Dolge	MODEL	Srand caruvan	YEAR
	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			<u> </u>
Parking Lamps			<u>X</u>
Directional Lamps			<u> </u>
Flashing Warning Lamps			<u> </u>
Sidemarker Lamps/Reflectors			<u>X</u>
Tail Lamps (incl. cover)			<u> </u>
Back Up Lamps			<u> </u>
Brake Lamps			<u> </u>
Steering System			X
Hood & Trunk Latches			X
Emission/Exhaust System			X
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than	2/32 of an inch)		
Windshield (incl. wipers & washers)			<u>X</u>
Windows (side, rear)			X
Windshield Defroster			<u> </u>
Horn			X
Mirrors	·		<u> </u>
Speed Indicator			<u> </u>
Restraining Devices & Seats	**********		<u> </u>
Brakes (incl. parking brake)			<u> </u>
Heater		:	<u> </u>
Air Conditioning			
Door Handles (interior & exterior)	Marketine dan di Annancia de Annancia de Marketine de Annancia		
<u>DISCLOSURE STATEMENT</u> : I am a reasonable diligence in inspecting this v be as indicated above.		such inspection, I declare	the apparent existing condition to
A.S.E. Certified Technician Signature	: <u> </u>	Printed Printed	Name: Bart Way Cy) to Date 11/23/14
Business ABC ado	Address <i>(</i>	F In Cross	Date <u>///23/14</u>

NAME OF BUSINESS $C+\varsigma$	taxi		
ADDRESS 226	Hood St	La hosse ii	I 54601
VEHICLE MAKE FORD TO	ന്റ് MODEL_	Tanrus	YEAR <i>QC]</i>
79	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
			~
Headlamps (incl. cover and aim)			${\lambda}$
Parking Lamps			
Directional Lamps			<u> </u>
Flashing Warning Lamps			<u>X</u>
Sidemarker Lamps/Reflectors			X
Tail Lamps (incl. cover)			<u> </u>
Back Up Lamps			<u> </u>
Brake Lamps			X
Steering System			
Hood & Trunk Latches			X
Emission/Exhaust System			X
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less th	nan 2/32 of an inch)		<u>K</u>
Windshield (incl. wipers & washers)			<u> </u>
Windows (side, rear)			<i>X</i>
Windshield Defroster			
Horn			X
Mirrors			X
Speed Indicator			$\overline{\chi}$
Restraining Devices & Seats			<i>\text{\tinx}\\ \text{\tint{\text{\tinx}\\ \text{\tinx}\\ \text{\tint{\text{\tin}\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\tex{\tex</i>
Brakes (incl. parking brake)			
Heater			X
Air Conditioning			X
Door Handles (interior & exterior)			X
DISCLOSURE STATEMENT: I an	n an ASE Cartified	Technician with an uneve	aired certificate and have exerci-
reasonable diligence in inspecting this be as indicated above.	s vehicle. On the basis	of such inspection, I declar	re the apparent existing condition
A.S.E. Certified Technician Signatu	re: //////	Printe	d Name: <u>Bart Way ()</u>
Business A BC	Address <i>CF</i> _	F La Cross	Date 10/21/1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/6/2014

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).

Coverra Insurance Services, Inc. 1111 Linden Drive Suite 1				NAME: Pam Andre PHONE FAX (AC. No. Ext):608-526-6345 E-MAIL ADDRESS:pandre@coverrainsurance.com					
	Box 277 nen WI 54636				AUUKE	. –		RDING COVERAGE	NAIC#
					INSURE	R A :Secura I		IDING GOVERNGE	
INSU	RED	CCI	ETR/	\-01		R B :Integrity			
Тор	Hat Inc dba Access Transit, CTS T			` ` `	INSURE				
Acc	ess Mobility Products				INSURE				
	Hood St Crosse WI 54601				INSURE				
La	210336 441 2400 1				INSURE		,,,		
co	VERAGES CER	TIFIC	CATE	NUMBER: 529483904		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		REVISION NUMBER:	
C E	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI 'AIN, ' CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY S	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO AL	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			CP3216659		12/31/2013	12/31/2014		00,000
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (En occurrence) \$100	,000
	CLAIMS-MADE X OCCUR							MED EXP (Any one person) \$	
								PERSONAL & ADVINJURY \$1,0	00,000
								GENERAL AGGREGATE \$2,0	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	E						PRODUCTS - COMP/OP AGG \$2,0	00,000
	POLICY PRO- JECT LOC		<u> </u>					\$	
A	AUTOMOBILE LIABILITY			A3216660		12/31/2013	12/31/2014	COMBINED SINGLE LIMIT (En accident) \$1,0	00,000
	ANY AUTO ALL OWNED SCHEDULED	1						BODILY INJURY (Per person) \$	
	AUTOS (^ AUTOS							BODILY INJURY (Per accident) \$	
	X HIRED AUTOS X NON-OWNED AUTOS	l						PROPERTY DAMAGE (Per accident)	:
		ļ	ļ					S	
A	X UMBRELLA LIAB X OCCUR			CU3216661		12/31/2013	12/31/2014	EACH OCCURRENCE \$1,0	00,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$1,0	00,000
	DED RETENTION\$		<u> </u>					WC STATU- OTH-	
	AND EMPLOYERS' LIABILITY Y/N							WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. CISEASE - EA EMPLOYEE \$	
В	<u> </u>	_						E.L. DISEASE - POLICY LIMIT \$	
•	Com Business Auto			CA2061686		12/31/2013	12/31/2014	Combined Single Limit 1,000	0,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) See Attached chart for list of covered vehicles.									
CE	RTIFICATE HOLDER				CANO	ELLATION			
City of La Crosse 300 La Crosse St La Crosse WI 54601					ACC	EXPIRATION CORDANCE WI	N DATE THE	DESCRIBED POLICIES BE CANC EREOF, NOTICE WILL BE CY PROVISIONS.	
	1				AUTHORIZED REPRESENTATIVE Par Andre				

Integrity Mutual Insurance P.O. Box 539 Appleton, Wisconsin 54912-0539

Endorsement CA 39	Policy Number: CA2061686
-------------------	--------------------------

Additional Insured

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement effective				
ust_ppokesphales personals considerate "onesphera in the conservations"	at 12:01 A.M. standard	time		
Named Insured			Countersigned	by

(Authorized Signature)

SCHEDULE

Name and Address of Person or Organization (Additional Insured):

City of La Crosse 400 La Crosse St La Crosse, WI 54601

WHO IS AN INSURED (Section II) is amended to include as an "insured" the person or organization named in the Schedule of this endorsement; but such inclusion of additional insured shall not operate to increase the limits of our liability.



CERTIFICATE OF LIABILITY INSURANCE

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

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(les) 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).

			CONTACT Pam A	ndre			
overra Insurance Services, Inc.			PHONE (A/C, No. Ext):608-52		FAX (A/C, No):	608-526	3-3158
11 Linden Drive Suite 1			E-MAIL Appress-pandre@coverrainsurance.com				
) Box 277 olmen WI 54636					RDING COVERAGE	T	NAIC #
WINGTO A COOC	INSURER A :Secura						
SURED	ACCE	TRA-01	INSURER 8 :Integrit				
op Hat Inc dba Access Transit, CTS 1		IIVA-U I	INSURER C:	y Gloup			
cess Mobility Products	axı		INSURER D:				
6 Hood St							
Crosse WI 54601			INSURER E :				
OVERAGES CER	TIFIC	ATE AU IMPER. COTOCOC.	INSURER F:		REVISION NUMBER:	L	
THIS IS TO CERTIFY THAT THE POLICIES		ATE NUMBER: 637008384		O THE INCHE		HE POLI	CV BERIOD
INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRI PERTA POLIC	EMENT, TERM OR CONDITION IN, THE INSURANCE AFFORD IES. LIMITS SHOWN MAY HAVI	I OF ANY CONTRAC DED BY THE POLICI E BEEN REDUCED BY	T OR OTHER ES DESCRIBE / PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T S.	CT TO V	VHICH THIS
R TYPE OF INSURANCE	ADDL	UBR AVD POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	rs	
GENERAL LIABILITY		CP3216659	12/31/2013	12/31/2014	EACH OCCURRENCE	\$1,000,0	000
X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (En occurrence)	\$100,00	
CLAIMS-MADE X OCCUR					MED EXP (Any one person)	S	
					PERSONAL & ADV INJURY	\$1,000.0	200
					GENERAL AGGREGATE	\$2,000,0	
GEN'L AGGREGATE LIMIT APPLIES PER:	1 1			İ	PRODUCTS - COMPAOP AGG	\$2,000,0	
				1	PRODUCTS COMPTOR AGO	\$	
AUTOMOBILE LIABILITY	+ +	A3216660	12/31/2013	12/31/2014	COMBINED SINGLE LIMIT	\$1,000,0	100
	1 1	A3210000	1250172010	12011211	(En accident) BODILY INJURY (Per person)	\$1,000,0	100
ANY AUTO ALL OWNED X SCHEDULED					BODILY INJURY (Per accident)	+	
NON-OWNED					PROPERTY DAMAGE	s	
HIRED AUTOS AUTOS				1	(Per accident)	5	
X UMBRELLA LIAB X OCCUP	-	CU3216661	12/31/2013	12/31/2014		-	
- CCCOR		CU3210001	1231/2013	12/3/1/2014	EACH OCCURRENCE	\$1,000.0	
EXCESS LIAB CLAIMS-MADE				ļ	AGGREGATE	\$1,000,0	000
DED RETENTION S WORKERS COMPENSATION	+ +			 	WC STATU- OTH-	\$	
AND EMPLOYERS' LIABILITY		1			WC STATU- OTH- TORY LIMITS ER	 	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A			1	E.L. EACH ACCIDENT	\$	
(Mendatory in NH)	1			1	E L DISEASE - EA EMPLOYER	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
Com Business Auto		CA2081686	12/31/2013	12/31/2014	Combined Single Limit	1,000,00	0
	1						
							<u> </u>
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC							
ty of La Crosse, its elected & appoint	ed off	icials, officers, employees	& authorized ager	nts are listed	as additional insured o	n the In	tegrity
surance Commercial Auto policy.							
ee Attached chart for list of covered v	ehicle	S .					
ERTIFICATE HOLDER			CANCELLATION	1			

© 1988-2010 ACORD CORPORATION. All rights reserved.

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

City of La Crosse 300 La Crosse St La Crosse WI 54601

Veh #	Year	Make	Model	VIN
37	2013	DODG	GRAND CARA	2C4RDGBG0DR566900
38	2013	DODG	GRAND CARA	2D8HN44E19R620474
39	2012	FORD	TRANSIT CO	NM0KS9CN1CT110571
40	2003	DODG	GRAND CARA	1D4GP24393B218539
42	2006	DODG	GRAND CARA	1D4GP24R76B615384
43	2007	FORD	TAURUS SE	1FAFP53U87A150403
44	2008	CHEV	UPLANDER L	1GNDV23158D149048
45	2005	DODG	GRAND CARA	2D4GP44L95R432107
49	2014	DODG	GRAND CARA	2C4RDGBG0ER129304
50	2014	DODG	GRAND CARA	2C4RDGBG5ER162086