License Number				License Fee \$ 60			
License Issued				Invoice # 18670			
CITY O	F LA CROSS	SE APPLICATION FOR H	IORSE-DRAWN \	/EHICLE			
License Period: January	1,2023	3 - December 31,	2023	01/10			
BUSINESS NAME (Real/Legal)	Cinderel	la Carriage LLC		81 31110			
BUSINESS TRADE NAME (DBA)	Cinderel	erella Carriage					
BUSINESS ADDRESS	30321 S	tate Highway 27, Cashton	n WI 54619	RELEIVED TO			
BUSINESS TELEPHONE	608-606	-0614		5 OCI ZAZON			
OWNER(S) NAME	Lynn Ka	therine Isensee		Clerk's			
(First, Full Middle, Last) OWNER(S) DATE OF BIRTH				S. Indiana			
OWNER(S) HOME ADDRESS	30321 S	state Highway 27, Cashto	n WI 54619	21 182			
OWNER(S) TELEPHONE	608-606	i-0614					
<ul> <li>HAVE YOU BEEN CONVICT</li> <li>IF EITHER ANSWER IS YES</li> </ul>	ED OF AN ORD , INCLUDE NAT		PLACE OF CONVICTI				
		e Company Unite	d States Fire	Insurance			
	PG 1005472	2 KI G IT III - 101-01-01					
POLICY LIMITS \$	,000,000/Oc	currence // \$2,000,000/A	ggregate				
ATTACHED A CERTIFICATE OF INS DURATION OF THE POLICY. ALL INS The policy must be endorsed naming METHOD OF CHARGING	SURANCE INDIC SURED VEHICLI The City of La	CATING THE INSURANCE CASES SHALL BE IDENTIFIED ON Crosse as Additional Insured  Metered Rates	THE CERTIFICATE C and said endorseme	POLICY NUMBER, POLICY LIMITS, AND DF INSURANCE. ent must accompany the certificate.  Vehicle Rental Rate _x			
SCHEDULE OF RATES		\$90.00/ per hour // \$55.	00 / per half-hour				
NUMBER OF VEHICLES TO BE LICE	NSED	3					
NOMBER OF VEHICLE							
White Vie à vie Carr	which will be use ssuring that publ	ed lic right-of-way will be kept clear enger//Lights and slow	n of fecal matter -moving vehicle	sign// Bun Bag			
William Cindonalla Cas	riago / /6 Pas	senger / / Lights and slo	w-moving venicion	Sign// Dun Dag			
Vehicle #2 White Cinderena Car Vehicle #3 Red/Black Wagonet	te//8-10 Pas	ssenger// Lights and slo	w-moving vehicl	e sign// bun bag			
I certify that each horse is fit  I further certify that the above further comply with the provisions of the City.	for horse-drawn we-described vel we Municipal Cod on for a Horse L of La Crosse. contained in the basis for der	vehicle service.  hicle(s) will be kept in a clean a depertaining to the Horse-Draw  Drawn Carriage License within a spolication is true and contained to the c	and sanitary condition  Nehicle license.  In the City of La Cros  rrect. I am aware tha	and proper repair and maintenance and will asse pursuant to Chapter 10, Article XIV of at withholding information or making false			
LICENSE [ ] APPROVED [ SIGNATURE OF POLICE REF	] DENIED PRESENTAT	IVE	DA	NTE			



LAB/ACCESSION NUMBER	2. DATE BLOC 2022-01-14	DD DRAWN	3. TEST REQUESTED ELISA	BY VET 4, REASO Within sta	N FOR TESTING te use / annual
2-01652		T		8. NAME & ADDRESS	OF VETERINARIAN
CURRENT HOME PREMISES OF EQUINE: RA RKET	NCH / FARM / STABLE /	7. NAME & All Lynn Isensee 30321 State H	DDRESS OF OWNER	8. NAME & ADDRESS  Cashton Veterinary Clin Jessica Gaska DVM	
nn Isensee 321 State Highway 27 shton, WI 54619 one: 6086060614 V/LID: /		Cashton, WI & Phone: 60860 PIN/LID: /	4619	406 South Street Cashton, WI 54619 Phone: 6086545284	ONAL ACCREDITATION NUMBER
COUNTY OF CURRENT HOME PREMISES OF phroe	EQUINE		The state of the s	088971	ONAL ACCREDITATION NOWBER
ERTIFICATION OF FEDERALLY ACCREDITED certify I am a category II federally accredited vete	VETERINARIAN erinarian, authorized, in the	state where the	sample was obtained, by m	e, from the animal descril	bed below.
GNATURE OF FEDERALLY ACCREDITED VE JUSTIA D. Daska DVM Je 20	TERINARIAN Issica Gaska DVM 022-01-14 08:41:54	-06:00	Sold of the last o	all the state of t	The state of the s
ORSE , TUBE NUMBER 02028122-3	10. TAG/TAT NUMBER None	TOO/BRAND	11. REGISTERED NAI Sal	ME 12. COLO	OR / COAT OR HAIR COLOR(S)
3. BREED OR SPECIES ercheron Horse	14. AGE OR I 2006-02-01	OOB	15. GENDER Gelding	16, MICR NUMBER None	ROCHIP, BREED, OR REGISTRATION ?
A			David Comment	J. I.	A.
1			patelline strang	+	
An			OTHER MARKS AND	BRANDS: No marking	
NARRATIVE DESCRIPTION:				BRANDS: No marking	
			18. NECK AND BODY	: No marking	
NARRATIVE DESCRIPTION:  17. HEAD: Star, white mark across nose  19. LEFT FORELIMB: None			18. NECK AND BODY 20. RIGHT FORELIM	': No marking B: None	
7. HEAD: Star, white mark across nose 9. LEFT FORELIMB: None			18. NECK AND BODY	': No marking B: None	
17. HEAD: Star, white mark across nose			18. NECK AND BODY 20. RIGHT FORELIM 22. RIGHT HINDLIME	/: No marking B: None	ADMINISTERED BY
17. HEAD: Star, white mark across nose 19. LEFT FORELIMB: None 21. LEFT HINDLIMB: White coronet	VACCINATION DATE	PRODUCT	18. NECK AND BODY 20. RIGHT FORELIM	': No marking B: None	ADMINISTERED BY
7. HEAD: Star, white mark across nose 19. LEFT FORELIMB: None 21. LEFT HINDLIMB: White coronet RABIES VACCINATION	VACCINATION DATE  24. DATE SAMPLE RE 2022-01-18	CEIVED 25.	18. NECK AND BODY 20. RIGHT FORELIM 22. RIGHT HINDLIME	/: No marking  3: None  : None  EXPIRATION DATE	

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

Terra Nosbush

2022-01-19 15:21:03 -06:00



ARM COFFICION NILIMPED	RY TEST	D DDAIAMI	3. TEST REQUESTED BY	VET 4. REASON FO	OR TESTING
LAB/ACCESSION NUMBER 22-01652	2. DATE BLOO 2022-01-14	4	ELISA	Within state us	e / annual
CURRENT HOME PREMISES OF EQUINE: RAN ARKET ynn Isensee 0321 State Highway 27 ashton, WI 54619 hone: 6086060614 IN/LID: /	ICH / FARM / STABLE /	7. NAME & AL Lynn Isensee 30321 State H Cashton, WI & Phone: 60860 PIN/LID: /	Highway 27 54619	8. NAME & ADDRESS OF \ Cashton Veterinary Clinic Jessica Gaska DVM 406 South Street Cashton, WI 54619 Phone: 6086545284	/ETERINARIAN
COUNTY OF CURRENT HOME PREMISES OF onroe	EQUINE			VETERINARIAN NATIONA 088971	L ACCREDITATION NUMBER
ERTIFICATION OF FEDERALLY ACCREDITED Vicertify I am a category II federally accredited veter	/ETERINARIAN inarian, authorized, in the	state where the	e sample was obtained, by me,	from the animal described b	pelow.
	ERINARIAN ssica Gaska DVM 22-01-14 08:41:52	-06:00	Boundary Briefit	Silver Si	State of the state
ORSE 0. TUBE NUMBER 02220187-3	10. TAG/TATT NUMBER None	OO/BRAND	11. REGISTERED NAME Ted	12, COLOR /	COAT OR HAIR COLOR(S)
3. BREED OR SPECIES	14. AGE OR D 2015-04-30	IOB	15. GENDER Gelding	16. MICROCH NUMBER None	IIP, BREED, OR REGISTRATION
			OTHER MARKS AND B	RANDS: No marking	
NARRATIVE DESCRIPTION:	THE RESIDENCE OF THE PROPERTY OF THE PARTY O		19 NECK AND BODY:	Mixed white hairs over ribs	
			16. NECK AND BODT:		
17. HEAD: Star			20. RIGHT FORELIMB:		
17. HEAD: Star 19. LEFT FORELIMB: No marking				No marking	
17. HEAD: Star  19. LEFT FORELIMB: No marking  21. LEFT HINDLIMB: No marking			20, RIGHT FORELIMB:	No marking	
17. HEAD: Star  19. LEFT FORELIMB: No marking  21. LEFT HINDLIMB: No marking  RABIES VACCINATION	VACCINATION DATE	PRODUCT	20. RIGHT FORELIMB: 22. RIGHT HINDLIMB:	No marking	ADMINISTERED BY
17. HEAD: Star  19. LEFT FORELIMB: No marking  21. LEFT HINDLIMB: No marking  RABIES VACCINATION  TYPE	VACCINATION DATE		20. RIGHT FORELIMB:  22. RIGHT HINDLIMB:  SERIAL NUMBER	No marking  No marking  EXPIRATION DATE	
17. HEAD: Star  19. LEFT FORELIMB: No marking  21. LEFT HINDLIMB: No marking  RABIES VACCINATION	VACCINATION DATE  24. DATE SAMPLE REC 2022-01-18	CEIVED 25.	20. RIGHT FORELIMB: 22. RIGHT HINDLIMB:	No marking	ADMINISTERED BY  27. TEST TYPE USED ELISA

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

Terra Nosbush

2022-01-19 15:21:02 -06:00



ARM COFOCION NUMBER	RY TEST		I STATE DEGLESTED F	VVET A DEAG	SON FOR TESTING	
LAB/ACCESSION NUMBER 22-01652	2. DATE BLOC 2022-01-14	D DRAWN	3. TEST REQUESTED E ELISA	Within s	tate use / annual	
CURRENT HOME PREMISES OF EQUINE: RAN ARKET /nn Isensee 0321 State Highway 27 ashton, WI 54619 hone: 6086060614 IN/LID: /	CH / FARM / STABLE /	7. NAME & A Lynn Isense 30321 State Cashton, WI Phone: 6086 PIN/LID: /	Highway 27 54619	Cashton Veterinary C Jessica Gaska DVM 406 South Street Cashton, WI 54619 Phone: 6086545284	St. St.	* Stablish
COUNTY OF CURRENT HOME PREMISES OF lonroe	EQUINE		Parties, Parties	VETERINARIAN NA 088971	TIONAL ACCREDITAT	ION NUMBER
ERTIFICATION OF FEDERALLY ACCREDITED V certify I am a category II federally accredited veteri	ETERINARIAN narian, authorized, in the	state where the	he sample was obtained, by me	e, from the animal desc	cribed below.	- 3
The same of the sa	ERINARIAN sica Gaska DVM 22-01-14 08:41:52	-06:00	and the second	Siles.	September 1	
HORSE 0, TUBE NUMBER 103355626-1	10. TAG/TAT NUMBER None	roo/BRAND	11. REGISTERED NAM	E 12. CO Black	LOR / COAT OR HAIR	COLOR(S)
3. BREED OR SPECIES	14. AGE OR 2017-01-08	OOB	15. GENDER Neutered/Castrated Ma		CROCHIP, BREED, OF ER	REGISTRATION
	AD THE STREET					
NARRATIVE DESCRIPTION:			OTHER MARKS AND	BRANDS: No marking		- Annoque but - Angles Annoque annoque annoque
	A STATE OF THE STA	AND THE PARTY OF T	18. NECK AND BODY	No marking		A STATE OF THE STA
17 HEAD: Star	AND THE TOTAL TH		20, RIGHT FORELIMB	: No marking		
17. HEAD: Star				No marking	The state of the s	
19. LEFT FORELIMB: No marking			22. RIGHT HINDLIMB:	No marking	2007	
19. LEFT FORELIMB: No marking 21. LEFT HINDLIMB: No marking			22. RIGHT HINDLIMB		- 27	
19. LEFT FORELIMB: No marking	VACCINATION DATE	PRODUCT		EXPIRATION DAT	E ADMINIS	TERED BY
19. LEFT FORELIMB: No marking 21. LEFT HINDLIMB: No marking RABIES VACCINATION TYPE	VACCINATION DATE		SERIAL NUMBER	EXPIRATION DAT		
19. LEFT FORELIMB: No marking 21. LEFT HINDLIMB: No marking RABIES VACCINATION	VACCINATION DATE  24. DATE SAMPLE RE 2022-01-18	CEIVED 25		EXPIRATION DAT		TERED BY

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

Terra Nosbush

2022-01-19 15:21:01 -06:00



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TES 4. REASON FOR TESTING 3. TEST REQUESTED BY VET 2. DATE BLOOD DRAWN 1. LAB/ACCESSION NUMBER Within state use / annual **ELISA** 2022-01-14 B22-01652 8. NAME & ADDRESS OF VETERINARIAN 5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET 7. NAME & ADDRESS OF OWNER Cashton Veterinary Clinic Lynn Isensee Jessica Gaska DVM 30321 State Highway 27 Lynn Isensee 406 South Street Cashton, WI 54619 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 Cashton, WI 54619 Phone: 6086545284 PIN/LID: / Phone: 6086060614 PIN/LID: / VETERINARIAN NATIONAL ACCREDITATION NUMBER 6. COUNTY OF CURRENT HOME PREMISES OF EQUINE 088971 Monroe CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify I am a category II federally accredited veterinarian, authorized, in the state where the sample was obtained, by me, from the animal described below. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN Jessica Gaska DVM 2022-01-14 08:41:51 -06:00 12. COLOR / COAT OR HAIR COLOR(S) 10. TAG/TATTOO/BRAND NUMBER 11. REGISTERED NAME 9. TUBE NUMBER 102028124-3 Count None 16. MICROCHIP, BREED, OR REGISTRATION 15. GENDER 14. AGE OR DOB 2011-02-01 NUMBER 13. BREED OR SPECIES Gelding None OTHER MARKS AND BRANDS: No marking NARRATIVE DESCRIPTION: 18. NECK AND BODY: No marking 17. HEAD: Star 20, RIGHT FORELIMB: None 19. LEFT FORELIMB: None 22. RIGHT HINDLIMB: None 21. LEFT HINDLIMB: None RABIES VACCINATION ADMINISTERED BY SERIAL NUMBER **EXPIRATION DATE** VACCINATION DATE PRODUCT FOR LABORATORY USE ONLY 27. TEST TYPE USED 26. OFFICIAL RESULT 25. DATE RESULTS REPORTED 24. DATE SAMPLE RECEIVED 23. LABORATORY Negative 2022-01-19 2022-01-18 Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 28. LABORATORY REMARKS Barron, WI 54812 Phone: 715-637-3151 30. INTERIM RESULT REFERRED FOR CONFIRMATION 29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN

No

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

Terra Nosbush

2022-01-19 15:21:03 -06:00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/13/2022

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 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).

to the certificate holder in lieu of such endorsement(s).	CONTACT NAME:				
PRODUCER The Gibson Agency, LLC	PHONE (A/C, No, Ext):	3302893382	FAX (A/C, No):	330850	)5368
984 TIBBETTS WICK RD GIRARD, OH 44420-1120	E-MAIL ADDRESS:	AIL hmadonio@gibsonagencv.com			
	INSURER(S) AFFORDING COVERAGE				NAIC #
	INSURER A:	United States Fire	Insurance		21113
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND	INSURER B:				
ITS PARTICIPATING MEMBERS:	INSURER C :				
Lynn Isensee/Cinderella Carriage, LLC	INSURER D:				
30321 St Hwy 27 CANTON, WI 54619	INSURER E :				
White and the second	INSURER F:				
LICCASE SOF		REVIS	ION NUMBER:		

USS485395 CERTIFICATE NUMBER: COVERAGES 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. ADDL SUBR (MM/DD/YYYY) (MM/DD/YYYY) **POLICY NUMBER** TYPE OF INSURANCE

NSR	TYPE OF INSURANCE	ADDL	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	Elimito	WY TO LOUR WE THE MODE
TR .	2000	INSK	VVVD				EACH OCCURRENCE	\$1,000,000
GE	NERAL LIABILITY						FIRE DAMAGE (Any one fire)	\$300,000
X	COMMERCIAL GENERAL LIABILITY						MED EXP (Any one person)	\$5,000
120	CLAIMS-MADE X OCCUR	V		SRPGAPML-101-0122	01/23/2022	01/23/2023	PERSONAL & ADV INJURY	\$1,000,000
A		- X		SKPGAPIVIL-101-0122	12:00 AM	AM 12:01 AM	GENERAL AGGREGATE	\$2,000,000
OF.		-					PRODUCTS - COMP/OP AGG	\$2,000,000
Х	POLICY PROJECT LOC	+					COMBINED SINGLE LIMIT (Ea accident)	
A	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person)  BODILY INJURY (Per accident)	
	AUTOS AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
		+	-				EACH OCCURRENCE	
_	UMBRELLA LIAB OCCUR  EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION \$							

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

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

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

CERTIFICATE HOLDER	CANCELLATION
City of LaCrosse 400 LaCrosse street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
LaCrosse, WI 54601	The Gibson Agency, LLC



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/26/2022

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 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).

to the certificate holder in lieu of such endorsement(s).  PRODUCER	CONTACT NAME:				
The Gibson Agency, LLC 984 TIBBETTS WICK RD	PHONE (A/C, No, Ext):				
GIRARD, OH 44420-1120	E-MAIL ADDRESS:	bmadonio@gibsor	nagency.com		
		INSURER(S) AFFORDI	NAIC		
	INSURER A:	United States Fire	Insurance	2111	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND	INSURER B:				
ITS PARTICIPATING MEMBERS:	INSURER C:				
Lynn Isensee/Cinderella Carriage, LLC 30321 St Hwy 27	INSURER D :				
CANTON, WI 54619	INSURER E :				
	INSURER F :				

201/EDACES	CERTIFICATE NUMBER:	USS485395	REVISION NUMBER:
COVERAGES	CENTILIONIE ROMBER	00010000	

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.

NSR	ERMS, EXCLUSIONS AND CONDITIONS  TYPE OF INSURANCE	ADDL S	JBR DOLLOVALIMEDED	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
R	- And Assert Control of the Control	INGK W	VD			EACH OCCURRENCE	\$1,000,000
-	GENERAL LIABILITY  Y COMMERCIAL GENERAL LIABILITY					FIRE DAMAGE (Any one fire)	\$300,000
-		1 1				MED EXP (Any one person)	\$5,00
Λ	CLAIMS-MADE X OCCUR	X SRPGAPML-101-0122	01/23/2022	01/23/2023	PERSONAL & ADV INJURY	\$1,000,000	
A		^	3KF GAI ME-101-0122	12:00 AM	12:01 AM	GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
	PRO.	1 1					
-	X June   SECT	++				COMBINED SINGLE LIMIT (Ea accident)	
	AUTOMOBILE LIABILITY					BODILY INJURY (Per person)	
	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	
	AUTOS AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	
	AUTOS						
-	LIMBRELLA 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

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

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

CERTIFICATE HOLDER	CANCELLATION
City of LaCrosse 400 LaCrosse street LaCrosse, WI 54601	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
<u>Lucioco</u> , w o vo	The Gibson Agency, LLC

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

Policy Number: SRPGAPML-101-0122 / USS485395 Insured: Lynn Isensee/Cinderella Carriage, LLC

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organiza	auon(s)
City of LaCrosse 100 LaCrosse street LaCrosse, WI 54601	

Section II - WHO IS AN INSURED is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions of the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/26/2022

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 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 and resement(s)

to the certificate holder in lieu of such endorsement(s).						
PRODUCER	CONTACT NAME:					
PRODUCER The Gibson Agency, LLC 984 TIBBETTS WICK RD GIRARD, OH 44420-1120  INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUITS PARTICIPATING MEMBERS: Lynn Isensee/Cinderella Carriage, LLC 30321 St Hwy 27	PHONE (A/C, No, Ext): 3302893382 FAX (A/C, No):			330850	3308505368	
	E-MAIL ADDRESS:	bmadonio@gibsonagency.com				
		INSURER(S) AFFORDI	IG COVERAGE		NAIC#	
	INSURER A:	United States Fire Insurance			21113	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND	INSURER B :					
ITS PARTICIPATING MEMBERS:	INSURER C :					
	INSURER D:					
CANTON, WI 54619	INSURER E : INSURER F :					

C	OVERAGES C	ERTIF	ICATE	NUMBER:	USS485395			REVISION NUMBER:	
T	VEIGGES	Y REC	F INSU	RANCE LISTEI MENT, TERM RTAIN THE IN	OR CONDITION C	RDED BY THE F	POLICIES DES	CRIBED HEREIN IS SUBJEC	
NSR TYPE OF INCUPANCE		ADDL SUBR INSR IWVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
TR		INON	4440					EACH OCCURRENCE	\$1,000,00
	GENERAL LIABILITY  Y COMMERCIAL GENERAL LIABILITY							FIRE DAMAGE (Any one fire)	\$300,00
								MED EXP (Any one person)	\$5,00
	CLAIMS-MADE X OCCUR	1	1 1			04/02/2022	04/22/2022		The Control of the Co

00 01/23/2023 01/23/2022 \$1,000,000 PERSONAL & ADV INJURY SRPGAPML-101-0122 12:01 AM 12:00 AM \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: PRO-JECT X POLICY COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO BODILY INJURY (Per SCHEDULED ALL OWNED accident)
PROPERTY DAMAGE AUTOS NON-OWNED HIRED AUTO (Per accident) AUTOS EACH OCCURRENCE OCCUR UMBRELLA LIAB AGGREGATE CLAIMS-MADE **EXCESS LIAB** 

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

OF THE ABOVE DESCRIBED POLICIES BE CANCELLED :XPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
RESENTATIVE The Gibson Agency, LLC				



### ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY) 10/26/2022

AGENCY		CARRIER United States	NAIC CODI 21113							
POLICY NUMBER USS485395/SRP0			01/23/2022 12:00 AM	Lynn Isensee/C	Cinderella Car	The state of the s				
DDITIONAL IN	ITEREST (No	t all fields apply to all sc	enarios – pro			send BILL	INTEDEST	N ITEM NUMBER		
NTEREST  ADDITIONAL INSURED	LOSS PAYEE	NAME AND ADDRESS RANK: _	CERTIFICATE	POLICY	SEND BILL	LOCATION: VEHICLE:	BUILDING:			
BEACH OF WARRANTY	MORTGAGEE	400 LaCrosse street				AIRPORT:	AIRCRAFT:			
EMPLOYEE AS LESSOR LEASEBACK OWNER  REGISTRANT TRUSTEE	LaCrosse, WI 54601				ITEM CLASS: ITEM DESCRIPTION	ITEM:				
	REFERENCE / LOAN #:	INTEREST END DATE:		ITEM DESCRIPTION						
LIENHOLDER	LIENHOLDER REFERENCE / LOAN #:  LIEN AMOUNT:		PHONE (A/C, No. Ex):			FAX (A/C, No):				
REASON FOR INTEREST:				E-MAIL ADDRESS:						
	TANK AND ADDRESS DANK.		EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST	IN ITEM NUMBER		
INTEREST  X ADDITIONAL INSURED BEACH OF WARRANTY CO-OWNER CMPLOYEE AS LESSOR LEASEBACK OWNER  INTEREST LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE	LOSS PAYEE	Warrens Cranberry Fe	stival Inc				LOCATION: VEHICLE:	BUILDING: BOAT:		
		PO BOX 146	ouver mo				AIRPORT:	AIRCRAFT:		
	Warrens, WI 54666			ITEM CLASS:	ITEM:					
	TRUSTEE		T			ITEM DESCRIPTION				
LIENHOLDER REFERENCE / LOAN #:		INTEREST END DATE:				FAX (A/C, No):				
LIEN AMOUNT:				PHONE (A/C, No, Ex):		PAX (NO, NO).				
REASON FOR INTEREST:		onal insured but only with re		E-MAIL ADDRESS:						