

License Number \_\_\_\_\_

License Issued \_\_\_\_\_

License Fee \$ 600.00

Invoice # 186769

**CITY OF LA CROSSE APPLICATION FOR HORSE-DRAWN VEHICLE**

License Period: January 1, 2023 - December 31, 2023



BUSINESS NAME (Real/Legal)	Cinderella Carriage LLC
BUSINESS TRADE NAME (DBA)	Cinderella Carriage
BUSINESS ADDRESS	30321 State Highway 27, Cashton WI 54619
BUSINESS TELEPHONE	608-606-0614
OWNER(S) NAME <small>(First, Full Middle, Last)</small>	Lynn Katherine Isensee
OWNER(S) DATE OF BIRTH	[REDACTED]
OWNER(S) HOME ADDRESS	30321 State Highway 27, Cashton WI 54619
OWNER(S) TELEPHONE	608-606-0614

- HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? [ ] YES [  ] NO
- HAVE YOU BEEN CONVICTED OF AN ORDINANCE VIOLATION IN THE LAST FIVE (5) YEARS? [ ] YES [  ] NO
- IF EITHER ANSWER IS YES, INCLUDE NATURE OF THE OFFENSE AND PLACE OF CONVICTION (use reverse side, if necessary).

INSURANCE CARRIER	<del>Tudor Insurance Company</del> <u>United States Fire Insurance</u>
POLICY NUMBER	<del>CPG 1005472</del> <u>SRPGAPML-101-0122</u>
POLICY LIMITS	<u>\$1,000,000/Occurrence // \$2,000,000/Aggregate</u>

ATTACHED A CERTIFICATE OF INSURANCE INDICATING THE INSURANCE CARRIER, INSURED, POLICY NUMBER, POLICY LIMITS, AND DURATION OF THE POLICY. ALL INSURED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE OF INSURANCE. The policy must be endorsed naming the City of La Crosse as Additional Insured and said endorsement must accompany the certificate.

METHOD OF CHARGING	Metered Rates _____ Zone Rates _____ Vehicle Rental Rate <u>X</u>
SCHEDULE OF RATES	<u>\$90.00/ per hour // \$55.00 / per half-hour</u>
NUMBER OF VEHICLES TO BE LICENSED	<u>3</u>

DESCRIPTION OF VEHICLES, including

- number of persons each vehicle is designed to carry
- lights and safety equipment which will be used
- procedures to be taken for assuring that public right-of-way will be kept clean of fecal matter

Vehicle #1 White Vis-à-vis Carriage//4 Passenger//Lights and slow-moving vehicle sign// Bun Bag

Vehicle #2 White Cinderella Carriage//6 Passenger//Lights and slow-moving vehicle sign// Bun Bag

Vehicle #3 Red/Black Wagonette//8-10 Passenger// Lights and slow-moving vehicle sign// Bun Bag

ATTACHED IS A CURRENT (within a six-month period) VETERINARY CERTIFICATE FOR EACH HORSE CERTIFYING THAT THE ANIMAL IS IN GOOD HEALTH AND FREE FROM INFECTIOUS DISEASE.

- I certify that each horse is fit for horse-drawn vehicle service.
- I further certify that the above-described vehicle(s) will be kept in a clean and sanitary condition and proper repair and maintenance and will further comply with the provisions of the Municipal Code pertaining to the Horse-Drawn Vehicle license.

The above hereby makes application for a Horse Drawn Carriage License within the City of La Crosse pursuant to Chapter 10, Article XIV of the Code of Ordinances of the City of La Crosse.




I hereby certify that the information contained in this application is true and correct. I am aware that withholding information or making false statements on this application will be basis for denial/revocation of license.

SIGNATURE OF APPLICANT Lynn Isensee DATE 10-19-22

LICENSE [ ] APPROVED [ ] DENIED  
SIGNATURE OF POLICE REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_




FORM SERIAL NUMBER  
EIA-18016178



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER B22-01652		2. DATE BLOOD DRAWN 2022-01-14		3. TEST REQUESTED BY VET ELISA	4. REASON FOR TESTING Within state use / annual
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET  Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		7. NAME & ADDRESS OF OWNER  Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		8. NAME & ADDRESS OF VETERINARIAN  Cashton Veterinary Clinic Jessica Gaska DVM 406 South Street Cashton, WI 54619 Phone: 6086545284	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Monroe		VETERINARIAN NATIONAL ACCREDITATION NUMBER 088971			
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 <i>Jessica S. Gaska, DVM</i> Jessica Gaska DVM 2022-01-14 08:41:54 -06:00					
HORSE					
9. TUBE NUMBER 102028122-3		10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Sal	12. COLOR / COAT OR HAIR COLOR(S) Black	
13. BREED OR SPECIES Percheron Horse		14. AGE OR DOB 2006-02-01	15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None	
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: No marking		
17. HEAD: Star, white mark across nose			18. NECK AND BODY: No marking		
19. LEFT FORELIMB: None			20. RIGHT FORELIMB: None		
21. LEFT HINDLIMB: White coronet			22. RIGHT HINDLIMB: None		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
23. LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 1521 E Guy Avenue Barron, WI 54812 Phone: 715-637-3151		24. DATE SAMPLE RECEIVED 2022-01-18	25. DATE RESULTS REPORTED 2022-01-19	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
28. LABORATORY REMARKS					
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN <i>Terra Nosbush</i> Terra Nosbush 2022-01-19 15:21:03 -06:00			30. INTERIM RESULT REFERRED FOR CONFIRMATION No		




**FORM SERIAL NUMBER  
EIA-18016177**



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER B22-01652		2. DATE BLOOD DRAWN 2022-01-14		3. TEST REQUESTED BY VET ELISA	4. REASON FOR TESTING Within state use / annual
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET  Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		7. NAME & ADDRESS OF OWNER  Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		8. NAME & ADDRESS OF VETERINARIAN  Cashton Veterinary Clinic Jessica Gaska DVM 406 South Street Cashton, WI 54619 Phone: 6086545284	
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SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>Jessica S. Gaska, DVM</i> Jessica Gaska DVM 2022-01-14 08:41:52 -06:00					
HORSE					
9. TUBE NUMBER 102220187-3		10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Ted	12. COLOR / COAT OR HAIR COLOR(S) Black	
13. BREED OR SPECIES Percheron		14. AGE OR DOB 2015-04-30	15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None	
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: No marking		
17. HEAD: Star			18. NECK AND BODY: Mixed white hairs over ribs		
19. LEFT FORELIMB: No marking			20. RIGHT FORELIMB: No marking		
21. LEFT HINDLIMB: No marking			22. RIGHT HINDLIMB: No marking		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
23. LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 1521 E Guy Avenue Barron, WI 54812 Phone: 715-637-3151		24. DATE SAMPLE RECEIVED 2022-01-18	25. DATE RESULTS REPORTED 2022-01-19	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
28. LABORATORY REMARKS					
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN <i>Terra Nosbush</i> Terra Nosbush 2022-01-19 15:21:02 -06:00			30. INTERIM RESULT REFERRED FOR CONFIRMATION No		




**FORM SERIAL NUMBER  
EIA-18016176**



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER B22-01652		2. DATE BLOOD DRAWN 2022-01-14		3. TEST REQUESTED BY VET ELISA	4. REASON FOR TESTING Within state use / annual
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6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Monroe		VETERINARIAN NATIONAL ACCREDITATION NUMBER 068971			
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 <i>Jessica S. Gaska, DVM</i> Jessica Gaska DVM 2022-01-14 08:41:52 -06:00					
HORSE					
9. TUBE NUMBER 103355626-1		10. TAG/TATTOO/BRAND NUMBER None	11. REGISTERED NAME Don	12. COLOR / COAT OR HAIR COLOR(S) Black	
13. BREED OR SPECIES Percheron		14. AGE OR DOB 2017-01-08	15. GENDER Neutered/Castrated Male	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None	
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: No marking		
17. HEAD: Star			18. NECK AND BODY: No marking		
19. LEFT FORELIMB: No marking			20. RIGHT FORELIMB: No marking		
21. LEFT HINDLIMB: No marking			22. RIGHT HINDLIMB: No marking		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
23. LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 1521 E Guy Avenue Barron, WI 54812 Phone: 715-637-3151		24. DATE SAMPLE RECEIVED 2022-01-18	25. DATE RESULTS REPORTED 2022-01-19	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
28. LABORATORY REMARKS					
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN <i>Terra Nosbush</i> Terra Nosbush 2022-01-19 15:21:01 -06:00			30. INTERIM RESULT REFERRED FOR CONFIRMATION No		

FORM SERIAL NUMBER  
EIA-18016175



GVL - EQUINE INFECTIOUS ANEMIA LABORATORY TEST					
1. LAB/ACCESSION NUMBER B22-01652		2. DATE BLOOD DRAWN 2022-01-14		3. TEST REQUESTED BY VET ELISA	4. REASON FOR TESTING Within state use / annual
5. CURRENT HOME PREMISES OF EQUINE: RANCH / FARM / STABLE / MARKET  Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		7. NAME & ADDRESS OF OWNER  Lynn Isensee 30321 State Highway 27 Cashton, WI 54619 Phone: 6086060614 PIN/LID: /		8. NAME & ADDRESS OF VETERINARIAN  Cashton Veterinary Clinic Jessica Gaska DVM 406 South Street Cashton, WI 54619 Phone: 6086545284	
6. COUNTY OF CURRENT HOME PREMISES OF EQUINE Monroe				VETERINARIAN NATIONAL ACCREDITATION NUMBER 088971	
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 <i>Jessica S. Gaska, DVM</i> Jessica Gaska DVM 2022-01-14 08:41:51 -06:00					
HORSE					
9. TUBE NUMBER 102028124-3		10. TAG/TATTOO/BRAND NUMBER None		11. REGISTERED NAME Count	12. COLOR / COAT OR HAIR COLOR(S) Black
13. BREED OR SPECIES Percheron		14. AGE OR DOB 2011-02-01		15. GENDER Gelding	16. MICROCHIP, BREED, OR REGISTRATION NUMBER None
					
NARRATIVE DESCRIPTION:			OTHER MARKS AND BRANDS: No marking		
17. HEAD: Star			18. NECK AND BODY: No marking		
19. LEFT FORELIMB: None			20. RIGHT FORELIMB: None		
21. LEFT HINDLIMB: None			22. RIGHT HINDLIMB: None		
RABIES VACCINATION					
TYPE	VACCINATION DATE	PRODUCT	SERIAL NUMBER	EXPIRATION DATE	ADMINISTERED BY
FOR LABORATORY USE ONLY					
23. LABORATORY Wisconsin Veterinary Diagnostic Lab-Barron P O Box 97 1521 E Guy Avenue Barron, WI 54812 Phone: 715-637-3151		24. DATE SAMPLE RECEIVED 2022-01-18	25. DATE RESULTS REPORTED 2022-01-19	26. OFFICIAL RESULT Negative	27. TEST TYPE USED ELISA
		28. LABORATORY REMARKS			
29. SIGNATURE OF NVSL APPROVED EIA TECHNICIAN <i>Terra Nosbush</i> Terra Nosbush 2022-01-19 15:21:03 -06:00			30. INTERIM RESULT REFERRED FOR CONFIRMATION No		



# 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).

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

**COVERAGES**      **CERTIFICATE NUMBER:** USS485395      **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	<b>GENERAL LIABILITY</b>			SRPGAPML-101-0122	01/23/2022 12:00 AM	01/23/2023 12:01 AM	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						FIRE DAMAGE (Any one fire) \$300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$5,000
							PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$2,000,000
							PRODUCTS - COMP/OP AGG \$2,000,000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE
	<b>EXCESS LIAB</b> <input type="checkbox"/> 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**

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



# 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).

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

**COVERAGES**                      **CERTIFICATE NUMBER:** USS485395                      **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	<b>GENERAL LIABILITY</b>			SRPGAPML-101-0122	01/23/2022 12:00 AM	01/23/2023 12:01 AM	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X					FIRE DAMAGE (Any one fire) \$300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$5,000
GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$1,000,000			
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$2,000,000
	<b>AUTOMOBILE LIABILITY</b>						PRODUCTS - COMP/OP AGG \$2,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						BODILY INJURY (Per person)
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per accident)
	DED    RETENTION \$						PROPERTY DAMAGE (Per accident)
							EACH OCCURRENCE
							AGGREGATE

**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**

<b>CERTIFICATE HOLDER</b> City of LaCrosse 400 LaCrosse street LaCrosse, WI 54601	<b>CANCELLATION</b> 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 <i>The Gibson Agency, LLC</i>

**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 Organization(s)
City of LaCrosse 400 LaCrosse street LaCrosse, WI 54601
Information required to complete this Schedule, if not shown above will be shown in the Declarations.

**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

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PRODUCER  
The Gibson Agency, LLC  
984 TIBBETTS WICK RD  
GIRARD, OH 44420-1120

CONTACT NAME:  
PHONE (A/C, No, Ext): 3302893382 FAX (A/C, No): 3308505368  
E-MAIL ADDRESS: bmadonio@gibsonagency.com

INSURER(S) AFFORDING COVERAGE  
INSURER A : United States Fire Insurance NAIC # 21113

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:  
Lynn Isensee/Cinderella Carriage, LLC  
30321 St Hwy 27  
CANTON, WI 54619

INSURER B :  
INSURER C :  
INSURER D :  
INSURER E :  
INSURER F :

COVERAGES CERTIFICATE NUMBER: USS485395 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	<b>GENERAL LIABILITY</b>			SRPGAPML-101-0122	01/23/2022 12:00 AM	01/23/2023 12:01 AM	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						FIRE DAMAGE (Any one fire)	\$300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	
	<b>EXCESS LIAB</b>	<input type="checkbox"/> 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

<b>CERTIFICATE HOLDER</b> Lynn Isensee/Cinderella Carriage, LLC 30321 St Hwy 27 CANTON, WI 54619	<b>CANCELLATION</b> 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 <i>The Gibson Agency, LLC</i>
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# ADDITIONAL INTEREST SCHEDULE

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

AGENCY		CARRIER United States Fire Insurance		NAIC CODE 21113
POLICY NUMBER USS485395/SRPGAPML-101-0122		EFFECTIVE DATE 01/23/2022 12:00 AM	NAMED INSURED(S) Lynn Isensee/Cinderella Carriage, LLC	

## ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
		City of LaCrosse 400 LaCrosse street LaCrosse, WI 54601						LOCATION:	BUILDING:
		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE:	BOAT:	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
								FAX (A/C, No):	

REASON FOR INTEREST:

<b>INTEREST</b> <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
		Warrens Cranberry Festival Inc PO BOX 146 Warrens, WI 54666						LOCATION:	BUILDING:
		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE:	BOAT:	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT:	AIRCRAFT:	
				E-MAIL ADDRESS:				ITEM CLASS:	ITEM:
								ITEM DESCRIPTION	
								FAX (A/C, No):	

REASON FOR INTEREST:

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.