

License Number _____
 License Issued 8

License Fee \$ 400.00
 Receipt # 152540

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.

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 (First, Full Middle, Last)	BEVERLY ANNE SCOTT (LAWRENCE)
OWNER(S) DATE OF BIRTH	
OWNER(S) ADDRESS	1913 Crescent Hills Drive, La Crescent MN 55947
OWNER(S) TELEPHONE	608-792-5949

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

INSURANCE CARRIER	Church Mutual Insurance Company
POLICY NUMBER	SEE ATTACHED
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	SEE ATTACHED

METHOD OF CHARGING	Metered Rates <u>X</u> Zone Rates _____ Vehicle Rental Rates _____
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	Start/Pick Up: \$ <u>2.00</u> Wait Time: \$ <u>25.00</u> /hour Mileage: \$2.00/mile Clean Fee: \$ <u>50.00</u> per person
NUMBER OF VEHICLES TO BE LICENSED	<u>8</u>

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 (Page 3)			

X ATTACH ORIGINAL CERTIFICATE OF INSPECTION FOR EACH VEHICLE CERTIFYING 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.*

X ATTACH A CERTIFICATE OF INSURANCE. ALL INSURED VEHICLES SHALL BE IDENTIFIED ON THE CERTIFICATE BY MAKE, MODEL AND VIN. SAID POLICY MUST BE ENDORSED NAMING THE CITY OF LA CROSSE AS ADDITIONAL INSURED AND THE ENDORSEMENT PROVIDED.

X ATTACH A PHOTOCOPY OF THE TITLE AND REGISTRATION FOR EACH VEHICLE. NO VEHICLE WITH A SALVAGE TITLE MAY BE USED AS A PUBLIC VEHICLE. VEHICLE CANNOT BE GREATER THAN 10 MODEL YEARS AT TIME OF ORIGINAL APPLICATION (**renewals are exempt**).

I hereby attest 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. I further certify that the above automobile(s) was inspected by an A.S.E. certified technician and will be kept in good mechanical condition at all times and will comply with the provisions of law pertaining to public vehicles for hire (Ch. 10, Article XIII of the La Crosse Municipal Code).

SIGNATURE OF APPLICANT Benny Scalet DATE 10/24/17

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

as of 10/16/17

2017 VEHICLE LISTING

2017 VEHICLE LISTING

UNIT #	VEHICLE DESCRIPTION	TAXI	LIC #
T 336	2014 Dodge Grand Caravan	2C4RDGBG0ER129304	336-UYG 7 AMB
T 337	2014 Dodge Grand Caravan	2C4RDGBG5ER162086	337-UYG 7 AMB
T291	2013 Dodge Grand Caravan	2C4RDGBG9DR810088	291-UYG 7 Amb
T295	2013 Dodge Grand Caravan	2C4RDGBG0DR566900	295-UYG 7 amb
T237	2009 Dodge Grand Caravan	2D8HN44E19R620474	237-MJH 7 amb
T752	2012 Ford Transit Connect	NMOKS9CN1CT110571	752UPS 1w/c + 4 amb
200	2007 Ford Taurus	1FAFP53U37A180912	200-NEY 5 Amb
292	2013 Dodge Grand Caravan	2C4RDGBGXDR562160	292-UYG 7 amb

CERTIFICATE OF INSPECTION

NAME OF BUSINESS CTS Taxi

ADDRESS 226 Hood St Larosse WI

VEHICLE MAKE Ford MODEL Taurus YEAR 2007

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	X
Parking Lamps	_____	_____	X
Directional Lamps	_____	_____	X
Flashing Warning Lamps	_____	_____	X
Sidemarkers Lamps/Reflectors	_____	_____	X
Tail Lamps (incl. cover)	_____	_____	X
Back Up Lamps	_____	_____	X
Brake Lamps	_____	_____	X
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)	_____	_____	X
Windshield (incl. wipers & washers)	_____	_____	X
Windows (side, rear)	_____	_____	X
Windshield Defroster	_____	_____	X
Horn	_____	_____	X
Mirrors	_____	_____	X
Speed Indicator	_____	_____	X
Restraining Devices & Seats	_____	_____	X
Brakes (incl. parking brake)	_____	_____	X
Heater	_____	_____	X
Air Conditioning	_____	_____	_____
Door Handles (interior & exterior)	_____	_____	X

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician Signature: Shawn Schreier Printed Name: Shawn Schreier

Business Unique Edge Address 832 Rose Ln Date 11-3-17

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

CERTIFICATE OF INSPECTION

NAME OF BUSINESS CTS Taxi

ADDRESS 226 Hood St La Crosse WI

VEHICLE MAKE Dodge MODEL Grand Caravan YEAR 2009

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	<u>X</u>
Parking Lamps	_____	_____	<u>X</u>
Directional Lamps	_____	_____	<u>X</u>
Flashing Warning Lamps	_____	_____	<u>X</u>
Sidemarkers Lamps/Reflectors	_____	_____	<u>X</u>
Tail Lamps (incl. cover)	_____	_____	<u>X</u>
Back Up Lamps	_____	_____	<u>X</u>
Brake Lamps	_____	_____	<u>X</u>
Steering System	_____	_____	<u>X</u>
Hood & Trunk Latches	_____	_____	<u>X</u>
Emission/Exhaust System	_____	_____	<u>X</u>
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	<u>X</u>
Windshield (incl. wipers & washers)	_____	_____	<u>X</u>
Windows (side, rear)	_____	_____	<u>X</u>
Windshield Defroster	_____	_____	<u>X</u>
Horn	_____	_____	<u>X</u>
Mirrors	_____	_____	<u>X</u>
Speed Indicator	_____	_____	<u>X</u>
Restraining Devices & Seats	_____	_____	<u>X</u>
Brakes (incl. parking brake)	_____	_____	<u>X</u>
Heater	_____	_____	<u>X</u>
Air Conditioning	_____	_____	<u>X</u>
Door Handles (interior & exterior)	_____	_____	<u>X</u>

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician Signature: [Signature] Printed Name: Shawn Schreier

Business Uniqu Edge Address 832 Rose St LaX Date 11-7-17

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

CERTIFICATE OF INSPECTION

NAME OF BUSINESS CTS Taxi

ADDRESS 226 Hood St Larosse WI

VEHICLE MAKE Dodge MODEL Grand Caravan YEAR 2013

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	<u>X</u>
Parking Lamps	_____	_____	<u>X</u>
Directional Lamps	_____	_____	<u>X</u>
Flashing Warning Lamps	_____	_____	<u>X</u>
Sidemarkers Lamps/Reflectors	_____	_____	<u>X</u>
Tail Lamps (incl. cover)	_____	_____	<u>X</u>
Back Up Lamps	_____	_____	<u>X</u>
Brake Lamps	_____	_____	<u>X</u>
Steering System	_____	_____	<u>Y</u>
Hood & Trunk Latches	_____	_____	<u>X</u>
Emission/Exhaust System	_____	_____	<u>X</u>
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	<u>X</u>
Windshield (incl. wipers & washers)	_____	_____	<u>X</u>
Windows (side, rear)	_____	_____	<u>Y</u>
Windshield Defroster	_____	_____	<u>X</u>
Horn	_____	_____	<u>X</u>
Mirrors	_____	_____	<u>X</u>
Speed Indicator	_____	_____	<u>X</u>
Restraining Devices & Seats	_____	_____	<u>X</u>
Brakes (incl. parking brake)	_____	_____	<u>X</u>
Heater	_____	_____	<u>X</u>
Air Conditioning	_____	_____	<u>X</u>
Door Handles (interior & exterior)	_____	_____	<u>Y</u>

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician Signature: Shawn Schreier Printed Name: Shawn Schreier

Business Unique Edge Address 832 Rose Lax Date 11-3-17

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

CERTIFICATE OF INSPECTION

NAME OF BUSINESS CTS Taxi

ADDRESS 226 Hood St LaVosse WI

VEHICLE MAKE Dodge MODEL Grand Caravan YEAR 2014

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	<u>X</u>
Parking Lamps	_____	_____	<u>X</u>
Directional Lamps	_____	_____	<u>X</u>
Flashing Warning Lamps	_____	_____	<u>X</u>
Sidemarkers Lamps/Reflectors	_____	_____	<u>X</u>
Tail Lamps (incl. cover)	_____	_____	<u>X</u>
Back Up Lamps	_____	_____	<u>X</u>
Brake Lamps	_____	_____	<u>X</u>
Steering System	_____	_____	<u>X</u>
Hood & Trunk Latches	_____	_____	<u>X</u>
Emission/Exhaust System	_____	_____	<u>X</u>
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	<u>X</u>
Windshield (incl. wipers & washers)	_____	_____	<u>X</u>
Windows (side, rear)	_____	_____	<u>X</u>
Windshield Defroster	_____	_____	<u>X</u>
Horn	_____	_____	<u>X</u>
Mirrors	_____	_____	<u>X</u>
Speed Indicator	_____	_____	<u>X</u>
Restraining Devices & Seats	_____	_____	<u>X</u>
Brakes (incl. parking brake)	_____	_____	<u>X</u>
Heater	_____	_____	<u>X</u>
Air Conditioning	_____	_____	<u>X</u>
Door Handles (interior & exterior)	_____	_____	<u>X</u>

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician Signature: Shawn Schwein Printed Name: Shawn Schwein

Business Unique Edge Address 832 Rose Ln Date 11-3-17

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

CERTIFICATE OF INSPECTION

NAME OF BUSINESS CTS Taxi

ADDRESS 226 Hood St LaCross WI

VEHICLE MAKE Dodge MODEL Grand Caravan YEAR 2013

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	<u>X</u>
Parking Lamps	_____	_____	<u>X</u>
Directional Lamps	_____	_____	<u>X</u>
Flashing Warning Lamps	_____	_____	<u>X</u>
Sidemarkers Lamps/Reflectors	_____	_____	<u>X</u>
Tail Lamps (incl. cover)	_____	_____	<u>X</u>
Back Up Lamps	_____	_____	<u>X</u>
Brake Lamps	_____	_____	<u>X</u>
Steering System	_____	_____	<u>X</u>
Hood & Trunk Latches	_____	_____	<u>X</u>
Emission/Exhaust System	_____	_____	<u>X</u>
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	<u>X</u>
Windshield (incl. wipers & washers)	_____	_____	<u>X</u>
Windows (side, rear)	_____	_____	<u>X</u>
Windshield Defroster	_____	_____	<u>X</u>
Horn	_____	_____	<u>X</u>
Mirrors	_____	_____	<u>X</u>
Speed Indicator	_____	_____	<u>X</u>
Restraining Devices & Seats	_____	_____	<u>X</u>
Brakes (incl. parking brake)	_____	_____	<u>X</u>
Heater	_____	_____	<u>X</u>
Air Conditioning	_____	_____	<u>X</u>
Door Handles (interior & exterior)	_____	_____	<u>X</u>

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician Signature: Shawn Schreier Printed Name: Shawn Schreier

Business Unique Edge Address 832 Rose Lax Date 11-3-17

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

CERTIFICATE OF INSPECTION

NAME OF BUSINESS CTS Taxi

ADDRESS 226 Hood St La Crosse WI

VEHICLE MAKE Dodge MODEL Grand Caravan YEAR 2014

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	<u> X </u>
Parking Lamps	_____	_____	<u> X </u>
Directional Lamps	_____	_____	<u> X </u>
Flashing Warning Lamps	_____	_____	<u> X </u>
Sidemarkers Lamps/Reflectors	_____	_____	<u> X </u>
Tail Lamps (incl. cover)	_____	_____	<u> X </u>
Back Up Lamps	_____	_____	<u> X </u>
Brake Lamps	_____	_____	<u> X </u>
Steering System	_____	_____	<u> X </u>
Hood & Trunk Latches	_____	_____	<u> X </u>
Emission/Exhaust System	_____	_____	<u> X </u>
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	<u> X </u>
Windshield (incl. wipers & washers)	_____	_____	<u> X </u>
Windows (side, rear)	_____	_____	<u> X </u>
Windshield Defroster	_____	_____	<u> X </u>
Horn	_____	_____	<u> X </u>
Mirrors	_____	_____	<u> X </u>
Speed Indicator	_____	_____	<u> X </u>
Restraining Devices & Seats	_____	_____	<u> X </u>
Brakes (incl. parking brake)	_____	_____	<u> X </u>
Heater	_____	_____	<u> X </u>
Air Conditioning	_____	_____	<u> X </u>
Door Handles (interior & exterior)	_____	_____	<u> X </u>

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician Signature: Shawn Schreier Printed Name: Shawn Schreier

Business Unique Edge Address 832 Rose Ln Date 11-3-17

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

CERTIFICATE OF INSPECTION

NAME OF BUSINESS CTS Taxi

ADDRESS 226 Hood St Larosse WI

VEHICLE MAKE Dodge MODEL Grand Caravan YEAR 2013

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	<u>X</u>
Parking Lamps	_____	_____	<u>X</u>
Directional Lamps	_____	_____	<u>X</u>
Flashing Warning Lamps	_____	_____	<u>X</u>
Sidemarkers Lamps/Reflectors	_____	_____	<u>X</u>
Tail Lamps (incl. cover)	_____	_____	<u>X</u>
Back Up Lamps	_____	_____	<u>X</u>
Brake Lamps	_____	_____	<u>X</u>
Steering System	_____	_____	<u>X</u>
Hood & Trunk Latches	_____	_____	<u>X</u>
Emission/Exhaust System	_____	_____	<u>X</u>
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	<u>X</u>
Windshield (incl. wipers & washers)	_____	_____	<u>X</u>
Windows (side, rear)	_____	_____	<u>X</u>
Windshield Defroster	_____	_____	<u>X</u>
Horn	_____	_____	<u>X</u>
Mirrors	_____	_____	<u>X</u>
Speed Indicator	_____	_____	<u>X</u>
Restraining Devices & Seats	_____	_____	<u>X</u>
Brakes (incl. parking brake)	_____	_____	<u>X</u>
Heater	_____	_____	<u>X</u>
Air Conditioning	_____	_____	<u>X</u>
Door Handles (interior & exterior)	_____	_____	<u>X</u>

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician Signature: Shawn Schreier Printed Name: Shawn Schreier

Business Unique Edge Address 830 Rose Lax Date 11-3-17

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

CERTIFICATE OF INSPECTION

NAME OF BUSINESS CTS Taxi

ADDRESS 226 Hood St La Crosse WI

VEHICLE MAKE Ford MODEL Transit Connect YEAR 2012

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			X
Parking Lamps			X
Directional Lamps			X
Flashing Warning Lamps			X
Sidemarkers Lamps/Reflectors			X
Tail Lamps (incl. cover)			X
Back Up Lamps			X
Brake Lamps			X
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)			X
Windshield (incl. wipers & washers)			X
Windows (side, rear)			X
Windshield Defroster			X
Horn			X
Mirrors			X
Speed Indicator			X
Restraining Devices & Seats			X
Brakes (incl. parking brake)			X
Heater			X
Air Conditioning			X
Door Handles (interior & exterior)			

DISCLOSURE STATEMENT: I am an A.S.E. Certified Technician with an unexpired certificate and have exercised reasonable diligence in inspecting this vehicle. On the basis of such inspection, I declare the apparent existing condition to be as indicated above.

A.S.E. Certified Technician Signature: Shawn Schreier Printed Name: Shawn Schreier

Business Unique Edge Address 832 Rose Lax Date 11-3-17

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/26/2017

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 Ansay & Associates, LLC. PW 101 East Grand Ave. Suite #11 Port Washington WI 53074	CONTACT NAME: PHONE (A/C, No, Ext): 262-284-7174 E-MAIL ADDRESS: info@ansay.com	FAX (A/C, No): 262-377-3784
	INSURER(S) AFFORDING COVERAGE	
INSURED TOPHAT1-01 Top Hat, Inc. 226 Hood St La Crosse WI 54601-5328	INSURER A: Church Mutual Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 68496000** **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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y	0327529-02-954447	12/31/2016	12/31/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	0327529-09-954448	12/31/2016	12/31/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			0327529-81-954449	12/31/2016	12/31/2017	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
T 337 2014 Dodge Grand Caravan 2C4RDGBG0ER129304 336-UYG 7 AMB
T 337 2014 Dodge Grand Caravan 2C4RDGBG5ER162086 337-UYG 7 AMB
T 291 2013 Dodge Grand Caravan 2C4RDGBG9DR810088 291-UYG 7 Amb
T 295 2013 Dodge Grand Caravan 2C4RDGBG0DR566900 295-UYG 7 amb
T 237 2009 Dodge Grand Caravan 2D8HN44E19R620474 237-MJH 7 amb
See Attached...

CERTIFICATE HOLDER City of La Crosse 400 La Crosse St. La Crosse WI 54601	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 
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