



JOHNS, FLAHERTY & COLLINS, SC

Good neighbors. Great lawyers.

205 5th Avenue S., Suite 600
P.O. Box 1626
La Crosse, WI 54602-1626
Phone: 608-784-5678
Fax: 608-784-0557

February 28, 2014

501 Empire Street, Suite 102
P.O. Box 50
Holmen, WI 54636-0050
Phone: 608-526-9320
Fax: 608-526-6394

HAND DELIVERED



E-mail:
general@johnsflaherty.com
Web: www.johnsflaherty.com

City Clerk
City of La Crosse
La Crosse City Hall – 1st Floor
400 La Crosse Street
La Crosse, WI 54601-3396

ATTORNEYS

Robert P. Smyth
Maureen L. Kinney
Terence R. Collins*
Brent P. Smith*
Peder G. Arneson
Ellen M. Frantz
Gregory S. Bonney
Cheryl M. Gill**
Sonja C. Davig
Brian G. Weber
Joseph G. Veenstra
Brandon J. Prinsen
Gifford M. Collins+
Jennifer M. Schank

Re: La Crosse Municipal Harbor, Inc. Lease from the City of La Crosse

Dear Clerk:

Enclosed please find the Certificates of Liability Insurance of La Crosse Municipal Harbor, Inc. for general liability, umbrella liability, automobile liability, worker's compensation and employer's liability designating the City of La Crosse as an additional insured.

Very truly yours,

JOHNS, FLAHERTY & COLLINS, S.C.

Robert P. Smyth
RPS/tmn
Enclosures
E-mail: bob@johnsflaherty.com

RETIRED

Robert D. Johns, Jr.

PARALEGALS

Lisa L. Felt
Bridget M. Mullen***
Teresa M. Nielsen
Jill R. Sherry

cc: City of La Crosse, Attn: City Attorney (w/ enclosures-hand delivery)
City of La Crosse, Attn: Director of Parks & Recreation (w/ enclosures-hand delivery)
Attorney Philip Addis (w/ enclosures-hand delivery)
La Crosse Municipal Boat Harbor, Attn: Steve Hills (w/ enclosures)
La Crosse Harbor Services, Inc., Attn: Rick Clemment (w/ enclosures)

*Admitted to the
Minnesota Bar
**Admitted to the
Missouri Bar &
Kansas Bar
*** Fluent in Spanish
+Admitted to the
Illinois Bar

MS298790



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/27/2014

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).

PRODUCER CARRIER-EDDY INSURANCE GROUP LLC LA CROSSE WI C/O:RPS HAUGEN MARINE 5001 American Boulevard West	CONTACT NAME: ERIC FRETZ PHONE (A/C No. Ext): 608-784-6879 FAX (A/C. No): 608-784-5500 E-MAIL ADDRESS: eric@carrierinsurance.net														
INSURED La Crosse Municipal Harbor Inc PO Box 1051 LA CROSSE WI 54602	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: ESSEX INSURANCE COMPANY</td> <td style="text-align: center;">39020</td> </tr> <tr> <td>INSURER B: ATLANTIC SPECIALITY INS CO</td> <td style="text-align: center;">47226</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ESSEX INSURANCE COMPANY	39020	INSURER B: ATLANTIC SPECIALITY INS CO	47226	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES CERTIFICATE NUMBER: 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	GENERAL LIABILITY			9CD4020-0	02/13/2014	02/13/2015	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$1,000
	GENL AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMPOP AGG \$1,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			B5JH 41348	02/13/2014	02/13/2015	EACH OCCURRENCE \$5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE \$5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
 Marina located at 1500 Joseph Houska Dr.; LaCrosse, WI 54601
 Cert Holder is Additional Insured

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/21/2014

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).

PRODUCER Carrier Insurance Agency 1228 Caledonia St. La Crosse, WI 54603 Randy Eddy Jr.	CONTACT NAME: Randy Eddy Jr. PHONE (A/C No. Ext): 608-784-6879 FAX (A/C No.): 608-784-5500 E-MAIL ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: West Bend Mutual Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER B: Pekin Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: West Bend Mutual Ins. Co.		INSURER B: Pekin Insurance Company		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURED La Crosse Municipal Harbor Inc Attn. Steve Mills P O Box 1051 La Crosse, WI 54602-1051														

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR / WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		00P690992	02/13/2014	02/13/2015	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (PER ACCIDENT) \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE CED RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$
A	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 <input type="checkbox"/>	ZZZ190981302	01/01/2014	01/01/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

CANCELLATION

CITYLA2 CITY OF LA CROSSE 400 LA CROSSE ST. LA CROSSE, 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. AUTHORIZED REPRESENTATIVE Randy Eddy Jr.
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