

License Number _____

License Fee: \$ _____

License Issued _____

**CITY OF LA CROSSE
APPLICATION FOR PUBLIC VEHICLE FOR HIRE**

Invoice #: _____

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

1000879



BUSINESS INFORMATION

| | |
|---|---|
| Business Name (Real/Legal) | Coulee Region Taxi LLC |
| Trade Name (DBA) | Coulee Region Taxi |
| Address | 1400 Caledonia St, La Crosse WI 54603 <i>1645 George St LaCrosse WI</i> |
| Zoning District <i>New addresses must be verified compliant by a building inspector.</i> | C-1 Local Business |
| Telephone | 608-881-2050 |
| Wisconsin Seller Permit No. <i>Required if vehicles are leased to drivers.</i> | |

OWNER INFORMATION

| | |
|--|---|
| Owner(s) Name <i>(First, Full Middle, Last)</i> | La Crosse City/Cty Tavern League Safe Ride - Michael Joey Brown (Managing Member) |
| Owner(s) Date of Birth | [REDACTED] |
| Home Address | 1906 Caledonia St, La Crosse WI 54603 |
| Telephone | Home _____ Cell 608-386-6242 |

- 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 NATURE OF THE OFFENSE AND PLACE OF CONVICTION (use reverse side, if necessary).

INSURANCE INFORMATION

| | |
|-------------------------|--------------------------------------|
| Insurance Carrier/Agent | Coverra Insurance Services, Inc |
| Address | 3803 Creekside Lane, Holmen WI 54636 |
| Telephone/Email | Telephone 608-526-2127 Email _____ |

ATTACH 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 page must accompany the certificate.

RATE INFORMATION

| | |
|--|--|
| Method of Charging | Metered Rates <input checked="" type="checkbox"/> Zone Rates _____ Vehicle Rental Rate _____ |
| Schedule of Rates <i>(or attach Schedule to be posted the vehicles)</i> | Start/Pick-Up \$2.30, Mileage \$2.40 <i>\$2.75</i> /mile, Extras \$.75/person, Wait \$30.00/hour <i>M.W \$10.00</i> |

VEHICLE INFORMATION

| | |
|-----------------------------------|----------|
| Number of Vehicles to be Licensed | <i>3</i> |
|-----------------------------------|----------|

| VEHICLE ID NUMBER | YEAR, MAKE & MODEL <i>(Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)</i> | CAPACITY <i>(incl. driver)</i> | STATE & LICENSE NO |
|--------------------------|---|-----------------------------------|--------------------|
| <i>2C4RDGBG8R1163087</i> | <i>2016 Dodge Caravan</i> | <i>7</i> | <i>WI 896XUH</i> |
| <i>2C4RC1B9GR290270</i> | <i>2016 Chrysler Town & Country</i> | <i>7</i> | <i>WI 4816ZHW</i> |
| <i>2C4RDGBG7HR724767</i> | <i>2017 Dodge Caravan</i> | <i>7</i> | <i>WI 209ZWG</i> |
| | | | |

*vehicles with capacities of 16 or greater that have both a valid USDOT and MC number are exempt.

_____ **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.

_____ **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. Said endorsement MUST accompany the Certificate of Insurance at the time of filing. *Note: A statement of additional insured on the certificate is not acceptable; we must receive the endorsement page.*

_____ **ATTACH A PHOTOCOPY OF THE TITLE/CONFIRMATION OF OWNERSHIP & REGISTRATION FOR EACH VEHICLE** (the title/confirmation must be in the name of business or owner); required for original vehicle application only. *Note: A salvage title may not be used as a public vehicle until the vehicle has been repaired and inspected by an authorized salvage vehicle inspector and rebranded for road use (a copy of the inspection must be provided).*

_____ **ATTACH PHOTOCOPY OF LEASE OR RENTAL AGREEMENT,** if applicable. This is required of new applicants or when there is a change in business address only.

The above hereby makes application for a Public Vehicle For Hire License within the City of La Crosse pursuant to Chapter 10, Article XIII of the Code of Ordinances of the City of La Crosse.

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 _____

MW, Bm

DATE _____

10/31/2022

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____

DATE _____

CAD #1

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Coulee Region Taxi

VEHICLE MAKE: Dodge


MODEL: Caravan

YEAR: 2016

VIN: 2C4RDGBG8GR163087

| | NEEDS REPAIR | DATE OF REPAIR | NO REPAIR NECESSARY |
|--|--------------|----------------|---------------------|
| Headlamps (incl. cover and aim) | _____ | _____ | _____X_____ |
| Parking Lamps | _____ | _____ | _____X_____ |
| Directional Lamps | _____ | _____ | _____X_____ |
| Flashing Warning Lamps | _____ | _____ | _____X_____ |
| Side Marker 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) <i>(Note: tire-tread depth shall not be less than 2/32 of an inch)</i> | _____ | _____ | _____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) | _____ | _____ | _____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:  Printed Name: Chad A Obert

Business: Coulee Region Taxi Address: 1645 George St LaCrosse WI 54603 Date: 10/31/22

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 an original certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

Cab # 3

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Coulee Region Taxi

VEHICLE MAKE: Chrysler

MODEL: Town & Country

YEAR: 2016

VIN: 2C4RC1BG9GR290270

| | NEEDS REPAIR | DATE OF REPAIR | NO REPAIR NECESSARY |
|--|--------------|----------------|---------------------|
| Headlamps (incl. cover and aim) | _____ | _____ | X |
| Parking Lamps | _____ | _____ | X |
| Directional Lamps | _____ | _____ | X |
| Flashing Warning Lamps | _____ | _____ | X |
| Side Marker 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) <i>(Note: tire-tread depth shall not be less than 2/32 of an inch)</i> | _____ | _____ | 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) | _____ | _____ | 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:  Printed Name: Chad A Obert

Business: Coulee Region Taxi Address: 1645 George St LaCrosse WI 54603 Date: 10/28/22

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 an original certificate of inspection as to the mechanical condition of the automobile from an A.S.E. certified technician (other than vehicle owner/employee).

Cab 5

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Caullee Region Taxi

VEHICLE MAKE: DODGE

MODEL: Caravan

YEAR: 2017

VIN: 2C4RDG6G7HR724767

| | NEEDS REPAIR | DATE OF REPAIR | NO REPAIR NECESSARY |
|---|--------------|----------------|---------------------|
| Headlamps (incl. cover and aim) | _____ | _____ | X |
| Parking Lamps | _____ | _____ | X |
| Directional Lamps | _____ | _____ | X |
| Flashing Warning Lamps | _____ | _____ | X |
| Side Marker 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) | _____ | _____ | 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: Chad A. Ober Printed Name: Chad A. Ober

Business: Caullee Region Taxi Address: 1645 George St LaCrosse WI 54603 Date: 10/27/22

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 an original 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)

6/22/2022

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 have ADDITIONAL INSURED provisions or 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 Coverra Insurance Services, Inc. 535 Industrial Drive P.O. Box 253 Sparta WI 54656 | CONTACT NAME: Sandy Smith PHONE (A/C. No. Ext): 608-269-2127 E-MAIL ADDRESS: ssmith@coverrainurance.com | FAX (A/C. No): 608-269-2130 | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED Coulee Region Taxi LLC 1645 George St La Crosse WI 54603 COULREG-14 | INSURER A: Secura Insurance, A Mutual Company | | |
| | INSURER B: Integrity Group | | |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |

COVERAGES **CERTIFICATE NUMBER: 326395027** **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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|-----------|----------|---------------------|-------------------------|-------------------------|---|--------------|
| A | <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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: | Y | | CP3304321 | 5/1/2022 | 5/1/2023 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | | | | | | | MED EXP (Any one person) | \$ |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | | | | \$ |
| A B | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | Y | | A3304322 CA 2782866 | 5/1/2022 5/1/2022 | 5/1/2023 5/1/2023 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | | PER STATUTE OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |

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

Vehicles on the Integrity policy:
 2011 Buick Enclave VIN: 5GAKVBED1BJ314465
 2016 Chrysler Town & Country VIN: 2C4RC1BG9GR290270--
 2016 Dodge Caravan VIN: 2C4RDGBG8GR163087--
 2017 Dodge Caravan vin 2CDGBG7HR724767 -
 2016 Dodge Caravan vin 2C4RDGBG9GR244499
 2010 Ford Crown Vic vin 2FABP7BV7AX122319
 2019 GMC Yukon vin 1GKS2GKC2KR284195
 See Attached...

CERTIFICATE HOLDER **CANCELLATION**

| | |
|---|---|
| City of La Crosse 400 La Crosse Street 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 |
|---|---|

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

| | | | |
|--|-----------|---|--|
| AGENCY Coverra Insurance Services, Inc. | | NAMED INSURED Coulee Region Taxi LLC 1645 George St La Crosse WI 54603 | |
| POLICY NUMBER | | EFFECTIVE DATE: | |
| CARRIER | NAIC CODE | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

2006 Ford Expedition vin 1FMPU16516LA75630

Vehicles on the Secura Policy:
 2016 Mercedes Sprinter WDZPE7CDXGP241413
 2014 Toyota Sienna 5TDZK3DC5ES480662
 2012 Ford E Series Wagon 1FBSS3BL0CDB00404
 2008 Dodge 4x2 Sprint WDZPE7CDXGP241413

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**DESIGNATED INSURED FOR
COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

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

| |
|--|
| <p>Named Insured: Coulee Region Taxi LLC</p> <p>Endorsement Effective Date: 05/02/2019</p> |
|--|

SCHEDULE

| |
|--|
| <p>Name Of Person(s) Or Organization(s): City of La Crosse, 400 La Crosse St, La Crosse, WI 54601</p> |
| <p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p> |

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I – Covered Autos Coverages of the Auto Dealers Coverage Form.

Integrity Insurance Company

Except for towing, all physical damage loss is payable to you and the loss payee named as interests may appear at the time of loss.

Item 6 - Other Interests

Unit #000 Additional Insured
CITY OF LA CROSSE
400 LA CROSSE ST
LA CROSSE WI 54601

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

| | |
|-------------|-------|
| Endorsement | CA 39 |
|-------------|-------|

Policy Number: CA 2782866

Additional Insured

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
AUTO DEALERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM**

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

| | |
|---|--|
| Endorsement effective 5/2/2019 at 12:01 A.M. standard time | |
| Named Insured Coulee Region Taxi, LLC | Countersigned by <i>Nichole Caste</i> |

(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 under COVERED AUTO LIABILITY COVERAGE 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.

Includes copyrighted material of Insurance Services Office, Inc., with its permission.