



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2020

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 Couverra 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@couverrainurance.com	FAX (A/C. No): 608-269-2130
	INSURER(S) AFFORDING COVERAGE	
INSURED Coulee Region Taxi LLC 1400 Caledonia St. La Crosse WI 54603	INSURER A : INTEGRITY PROP & CAS INS CO	
	INSURER B : SECURA INS CO	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1384305767

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
B	<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 OTHER:	Y		CP3304321	5/1/2020	5/1/2021	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 \$
B A	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	5/1/2020 5/1/2020	5/1/2021 5/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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

City of La Crosse
 400 La Crosse Street
 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

Sandra L Smith

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ADDITIONAL REMARKS SCHEDULE

AGENCY Coverra Insurance Services, Inc.		NAMED INSURED Coulee Region Taxi LLC 1400 Caledonia 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

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

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>
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SCHEDULE

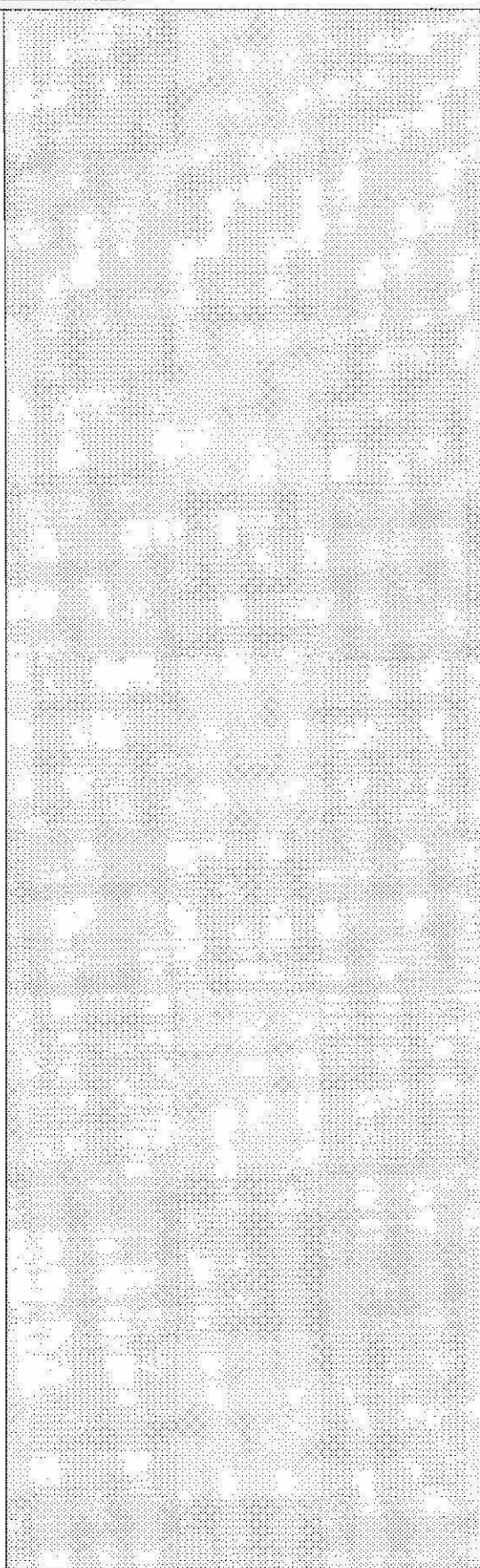
<p>Name Of Person(s) Or Organization(s): City of La Crosse, 400 La Crosse St, La Crosse, WI 54601</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

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

<p>Unit #000 Additional Insured CITY OF LA CROSSE 400 LA CROSSE ST LA CROSSE WI 54601</p>	
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Named Insured: COULEE REGION TAXI, LLC
Policy No. CA 2782866

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

Endorsement	CA 39
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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 Csete</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.

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PO Box 819
Appleton, WI 54912-0819
(920) 739-3161

SECURA INSURANCE, A Mutual Company
COMMERCIAL AUTOMOBILE POLICY
GENERAL CHANGE ENDORSEMENT

POLICY NO. 20-A-003304322-9 END: 001

ACCOUNT NUMBER: 7453007

NAMED INSURED AND MAILING ADDRESS

COULEE REGION TAXI LLC
1400 CALEDONIA ST
LA CROSSE, WI 54603

AGENCY AND MAILING ADDRESS

483974

COVERRA INS SVCS INC
PO BOX 253
SPARTA, WI 54656-0253

(608) 269-2127

POLICY PERIOD: FROM 05/01/2019 TO 05/01/2020 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

Effective 05/02/2019 this policy is amended as shown.

COMMERCIAL AUTO

For an additional/return premium, the items below are changed as indicated:

Adding additional insured City of La Crosse

This is not a bill - Invoice to follow.
Total premium is payable in monthly installments.

ANNUALIZED EFFECT OF ENDORSEMENT	\$	0
ADDITIONAL COMMERCIAL AUTO PREMIUM	\$	0
TOTAL PREMIUM	\$	0.00

SECURA INSURANCE, A Mutual Company
COMMERCIAL AUTOMOBILE POLICY
GENERAL CHANGE ENDORSEMENT

POLICY NO. 20-A-003304322-9 END: 001
INSURED: COULEE REGION TAXI LLC

EFFECTIVE DATE: 05/02/2019
AGENT: COVERRA INS SVCS INC

THESE DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.



PO Box 819
Appleton, WI 54912-0819
(920) 739-3161

SECURA INSURANCE, A Mutual Company
COMMERCIAL AUTOMOBILE POLICY
FORMS SCHEDULE

POLICY NO. 20-A-003304322-9 END: 001

ACCOUNT NUMBER: 7453007

NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS 483974

COULEE REGION TAXI LLC
1400 CALEDONIA ST
LA CROSSE, WI 54603

COVERRA INS SVCS INC
PO BOX 253
SPARTA, WI 54656-0253

(608) 269-2127

POLICY PERIOD: FROM 05/01/2019 TO 05/01/2020 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

NOTE: IF NO ENTRY APPEARS ON THE FOLLOWING ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT

COMMERCIAL AUTO POLICY FORMS	
CA2048 1013	Designated Insured For Covered Autos Liability Coverage

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>
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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.



PO Box 819
Appleton, WI 54912-0819
(920) 739-3151

SECURA INSURANCE, A Mutual Company
COMMERCIAL PROTECTION POLICY
Commercial General Liability Coverage Part
RENEWAL DECLARATIONS

POLICY NO. 20-CP-003304321-10
RENEWAL OF 20-CP-003304321-9

ACCOUNT NUMBER: 7453007
NAMED INSURED AND MAILING ADDRESS

COULEE REGION TAXI LLC
1400 CALEDONIA ST
LA CROSSE, WI 54603

AGENCY AND MAILING ADDRESS 483974

COVERRA INS SVCS INC
PO BOX 253
SPARTA, WI 54656-0253

POLICY PERIOD: FROM 05/01/2020 TO 05/01/2021 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

COMMERCIAL GENERAL LIABILITY COVERAGE

LIMITS OF INSURANCE		
GENERAL AGGREGATE LIMIT	\$2,000,000	
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000	
PERSONAL INJURY & ADVERTISING INJURY LIMIT	\$1,000,000	
EACH OCCURRENCE LIMIT	\$1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$100,000	ANY ONE PREMISES
MEDICAL EXPENSE LIMIT	EXCLUDED	ANY ONE PERSON

ALL PREMISES YOU OWN, RENT OR OCCUPY:	
LOC	ADDRESS
1	2700 George St, La Crosse, WI 54603

STATE: WI

CLASSIFICATION							
LOC	CLASSIFICATION	CODE	PREMIUM BASIS	EXPOSURE	PMS RATE	PDTS RATE	OTHER RATE
1	Human Services Premises NOC - High	20003	Total Expenditure	500,000	3.248	Included	

SECURA INSURANCE, A Mutual Company
COMMERCIAL PROTECTION POLICY
Commercial General Liability Coverage Part
 RENEWAL DECLARATIONS

POLICY NO. 20-CP-003304321-10
INSURED: COULEE REGION TAXI LLC

EFFECTIVE DATE: 05/01/2020
AGENCY: COVERRA INS SVCS INC

POLICY OPTIONAL COVERAGES		
COVERAGE	LIMIT	FORM
General Liability Wrap	View Form	CGT 1000
Employment- Related Practices Exclusion	View Form	CG2147
Amendment of Insured Contract Definition	View Form	CG2426
Exclusion - Designated Professional Services	View Form	CG2116
Limitation Of Coverage To Designated Premises Or Project	View Form	CG2144
Exclusion Fungi or Bacteria	View Form	CG2167
Additional Insured - Designated Person Or Organization	View Form	CG2026
Human Services Liability Wrap	View Form	SGE 1000
Abuse and Molestation	View Form	SGE 2015
Limited Abduction Coverage	View Form	SIE 1050
Exclusion - Liquor Liability	View Form	SGE 2103
Excess Provision	View Form	SGE 2401
Abuse Or Molestation Exclusion	View Form	CG2146
Exclusion - Coverage C - Medical Payments	View Form	CG2135

TERRORISM COVERAGE IS **ACCEPTED** ANNUAL CHARGE IS \$ **6**

PREMIUM		
COMMERCIAL GENERAL LIABILITY ADVANCE PREMIUM	\$	1,936

FORMS AND ENDORSEMENTS
APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:
 See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

SECURA INSURANCE, A Mutual Company
COMMERCIAL PROTECTION POLICY
Commercial General Liability Coverage Part
RENEWAL DECLARATIONS

POLICY NO. 20-CP-003304321-10
INSURED: COULEE REGION TAXI LLC

EFFECTIVE DATE: 05/01/2020
AGENCY: COVERRA INS SVCS INC

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
<p>City of La Crosse</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

Section II – Who Is An Insured is amended to include as an additional 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 or 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.



DBR

(608) 526-2127
 Agent No. 48-193-02
 abriggs@coverrainurance.com
 www.coverrainurance.com

Named Insured and Address

Policy Type: *Commercial Auto*

Reason Issued: *Renewal*
Policy Number: CA 2782866-01
Issue Date: 05/01/20

COULEE REGION TAXI, LLC
 1400 CALEDONIA ST
 LA CROSSE WI 54603

From: 05/01/20 To: 05/01/21 12:01 a.m. standard time at the address of the named insured as shown above. These declarations together with the application, common policy conditions, forms and endorsements, if any, complete the above numbered policy. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Commercial Auto Coverage Part/Business Auto Coverage Form Declarations

Named Insured's Legal Entity is: *Limited Liab Co*

Item 2 - Schedule of Coverages and Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Limit <i>The most we will pay for any one accident or loss.</i>	Premium
Liability Coverage Combined Single Limits	07	\$1,000,000 Per Accident	\$ 13,797.00
Maximum PIP Benefits			
Maximum Added PIP Benefits			
Medical Payments	07	\$1,000	201.00
Uninsured Motorists Combined Single Limits	06	\$1,000,000 Per Accident	54.00
Underinsured Motorists Combined Single Limits	06	\$1,000,000 Per Accident	135.00
Physical Damage Insurance Comprehensive	07	Actual cash value or cost of repair, whichever is less, minus deductible shown. See Item 3 for deductible for each covered auto. No deductible applies to loss caused by fire or lightning. See Item 4 for hired or borrowed autos.	712.00
Collision	07	See Item 3 for deductible for each covered auto. See Item 4 for hired or borrowed autos.	1,971.00
Towing and Labor			
Acts of Terrorism			\$21.00
Municipal Taxes			
Other State Specific Charge			
Premium for Endorsements			

Premium does not include service charges.

* Your Estimated Total Policy Premium Is **\$ 16,891.00**

THIS IS NOT A BILL. Any outstanding balance due will be billed at a later date.

* This policy may be subject to final audit.

Item 2 continued - Forms and Endorsements

CA39	1016	FORM F	0111	IL0017	1198	IL0021	0702	IL0283	0907
IL43	0511	NM 02	0119	MU 01	0119	CA0001	1013	CA0117	1013
CA50	1016	CA62	1111	CA0301	1013	CA2103	1013	CA2145	1013
CA2402	1013	CA84	0511	CA9924	1013	CA9944	1013		

Item 3 - Schedule of Covered Autos You Own

Unit	State	Ter.	Year	Description	Vehicle Identification Number	Age	Cost	Class	Stated Amount	Change Date
011	WI	106	16	CHRY TOWN & COUNT	2C4RC1BG9GR290270	005	31625	4159		05/01/20
012	WI	106	11	BUIC ENCLAVE CXL	5GAKVBED1BJ314465	010	40730	4159		05/01/20
015	WI	106	16	DODG GRAND CARAVA	2C4RDGBC8GR163087	005	22595	4159		05/01/20

Item 3 - Schedule of Covered Autos You Own - Premiums

Unit	Liab.	PD Ded.	Med Pay	UM	UMPD	UIM	Comp. Ded.	Comp. Prem.	Coll. Ded.	Coll. Prem.	PIP	APIP	Spec. Perils	Spec. Perils Ded.	Tow-ing	Other	Total Prem.
011	4599	1000	67	18		45	1000	359	1000	1035							6123
012	4599	1000	67	18		45	1000	353	1000	936							6018
015	4599	1000	67	18		45											4729

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	Unit #011 Loss Payee UNION STATE BANK PO BOX 870 LA CROSSE WI 54601

Named Insured: COULEE REGION TAXI, LLC
Policy No. CA 2782866