

On State Highway?
 Yes No

**REVOCABLE OCCUPANCY/
 STREET PRIVILEGE PERMIT APPLICATION**
 City of La Crosse Legal Department - Phone: (608)789-7511
 http://www.cityoflacrosse.org

Permit Number:
 #

APPLICANT
 Name: Marvin Wanders Company Name: School House Properties LLC
 Address: 1243 Badger St City: La Crosse State: WI Zip: 54601
 Phone #: (608) 782-7368 Cell #: (608) 782-7367 Fax #: (608) 782-7369
 Email: louise@three-sixty.biz

PROPERTY OWNER *If different from applicant
 Name: _____ Company Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: () _____ Cell #: () _____ Fax #: () _____
 Email: _____

ENCROACHMENT TYPE (Check one):

<input type="checkbox"/> AWNING/ON-PREMISE SIGN/OVERHEAD HEATER/CANOPY	<input type="checkbox"/> OUTDOOR DINING AREA
<input type="checkbox"/> FIRE ESCAPE/ RESCUE PLATFORM/BALCONY	<input type="checkbox"/> AESTHETIC APPURTENANCE
<input type="checkbox"/> VENDING MACHINE/NEWSBOX	<input type="checkbox"/> GROUNDWATER MONITORING WELL
<input type="checkbox"/> UNDERGROUND WIRES AND INFRASTRUCTURES	<input type="checkbox"/> BOATHOUSE/HOUSEBOAT
<input type="checkbox"/> AUTOMATIC IRRIGATION SYSTEM/SIDEWALK ENCROACHMENT	<input type="checkbox"/> OFF-PREMISE SIGN
<input checked="" type="checkbox"/> OTHER: <u>Fencing Temporary</u>	

DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:
Temporary fence around construction project

Desired Start Date: _____
 Est. Completion Date: _____

CONTRACTOR/SIGN CO.: More Fencing Inc **PERSON IN CHARGE:** Jung Moe
 Phone #: (608) 526-9557 Cell #: () _____ Fax #: (608) 526-6469

For timely review, City Ordinance requires that applications be submitted at least 45 days prior to the need for any encroachment. Notwithstanding approval of the application, a permit is not valid until it is signed, recorded and compliance with all other permit conditions is verified. All necessary permits from other City Departments must also be obtained before the encroachment can be installed/erected.

I authorize the applicant listed above to apply for a Street Privilege Permit through the City of La Crosse.

Property Owner Signature: [Signature]

A signed letter from the property owner or management company may be used in lieu of this signature **

Signature of Property Owner **must be notarized** ** 17-20058-100

Tax Parcel ID #: 17-20058-40, 17-20058-60, 17-20058-50, 17-20058-110

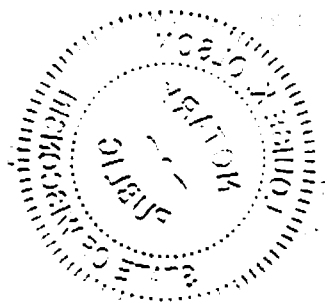
STATE OF WISCONSIN)
)SS.
 COUNTY OF LA CROSSE)
 Personally came before me this 18th day of October, 2017, the above named Marvin Wanders to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.
Rouss K Olson
 Notary Public, WI County, La Crosse
 My commission expires: 10/27/2021

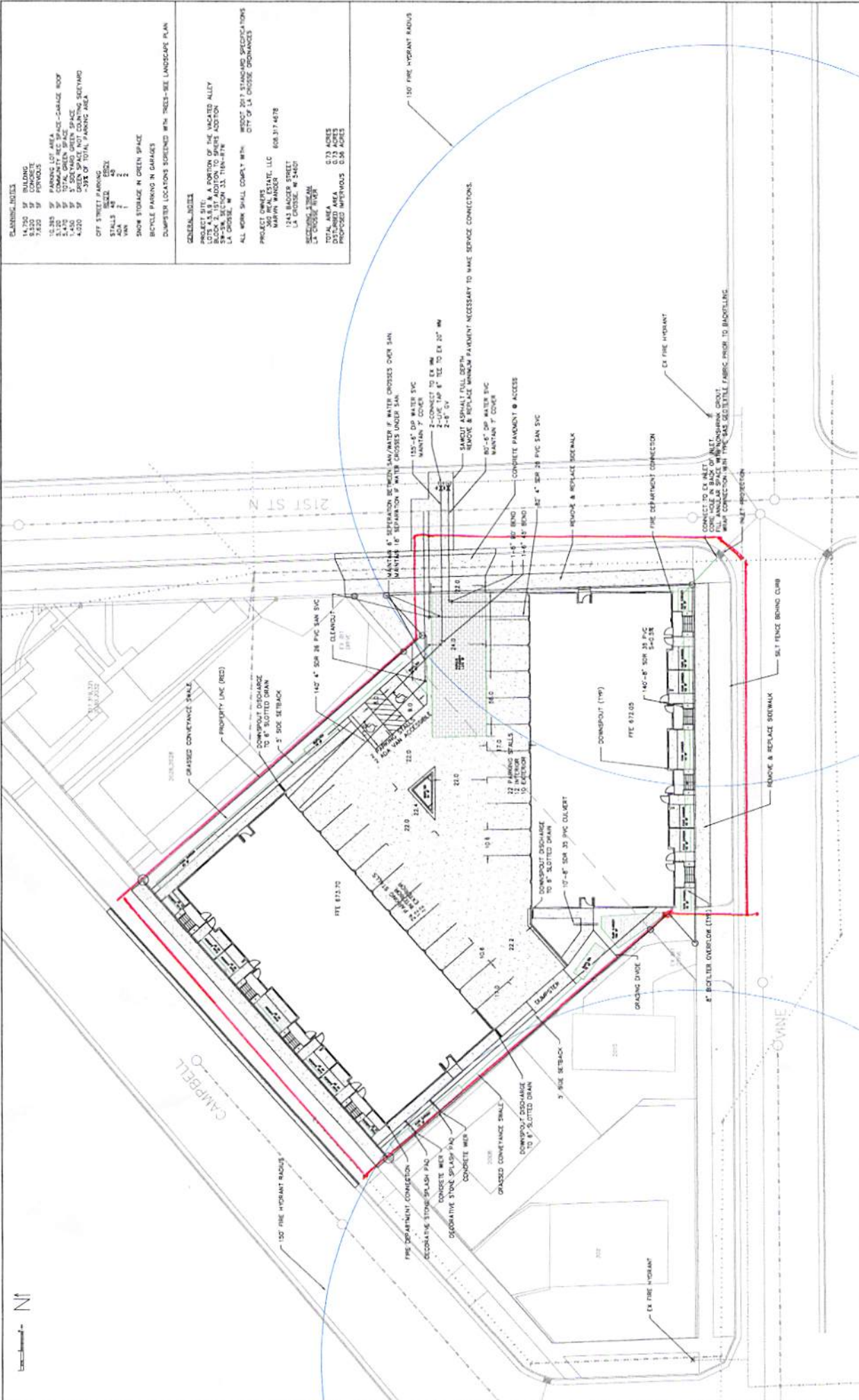
I certify that I have reviewed the Municipal Code and understand all that is related to this permit request. I further certify that I have the full authority to make the foregoing application; the information in the application and the required submittals are complete and correct; the Work or Use performed shall comply with all the laws of the State of Wisconsin, and all ordinances, rules, regulations, policies, and special conditions of the City of La Crosse. The applicant agrees to perform the work or use covered by an approved permit with diligence and convenience to the public. After approval, applicant shall be responsible for obtaining any final documents and follow all procedures as defined in the City Municipal Code. Approval of this application is subject to the conditions that appear in the actual permit to be signed after approval is obtained.

Signature of Applicant: [Signature] Date: 10/18/17

Please return this completed application along with required information and fees noted on checklist to: City of La Crosse, Legal Department, 400 La Crosse Street, 6th Floor, La Crosse WI 54601. With questions please contact the Legal Department at (608)789-7511. You will then be given notice of when your request will be on the Board of Public Works agenda.

Approved By: _____ Approval Date: _____	Required items to be provided by Applicant	Gray Shaded Areas to be Completed by City Staff
	Scale drawing of encroachment <input checked="" type="checkbox"/> Legal Description <input checked="" type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Initial Application Fee \$ <u>50</u> <input checked="" type="checkbox"/> Annual Permit Fee \$ <u>50</u> <input checked="" type="checkbox"/> All items due prior to approval	<input type="checkbox"/> Special Conditions of Approval Attached NON-REFUNDABLE ANNUAL PERMIT FEE \$ <u>100</u> Payable to City Treasurer (See fee schedule) Check # <u>19026</u> Date Received: <u>10/18/17</u>





CLASSING NOTES

- 14.250 SF BUILDING
- 7.820 SF DRIVEWAYS
- 10.285 SF PARKING LOT AREA
- 21.210 SF COMMUNITY REC. DECK - GARAGE ROOF
- 1.450 SF SIDEWALK GREEN SPACE
- 4.020 SF DRIVEWAY GREEN SPACE
- OFF STREET PARKING
- STALLS 4
- SEAT 2
- WATER 1
- WALK 2

GENERAL NOTES

- COMPILER LOCATIONS SHOWN WITH INDEX-SEE LANDSCAPE PLAN
- SNOW STORAGE IN GREEN SPACE
- BIKEWAY PARKING IN GARAGES

GENERAL SITE

- PROJECT SITE: A PORTION OF THE VACATED ALLEY
- BLOCK 2, 1ST ADDITION TO SPURVE ADDITION
- SECTION 33, T18N-R7E
- ALL WORK SHALL COMPLY WITH: MISSOURI STATE SPECIFICATIONS
- CITY OF LA CROSSE ORDINANCES

PROJECT OWNERS

- 360 REAL ESTATE, LLC 608.317.4878
- MARIN WHODOR
- 24 MARKET STREET
- LA CROSSE, WI 54601

SECTIONS TO BE MAINTAINED

- LA CROSSE RIVER

TOTAL AREA

- 0.73 ACRES
- DETURBED AREA 0.73 ACRES
- PROPOSED IMPROVEMENTS 0.58 ACRES

MAKEPEACE ENGINEERING 816 2ND AV S SUITE 800 ONALASKA, WI 54650 608.797.1025	CAMPBELL STREET APTS 360 REAL ESTATE LA CROSSE, WI	08/25/2017	DATE: 09/02/2017 REVISION: 1 DESCR: CITY COMMENTS
	SITE PLAN		

APPROX 820' TEMP FENCE



Prepared for: *Park Bank*
Attn: *Dave Justus*

SCHEDULE A

Number: *LAX37776*

Effective Date *August 2, 2001 at 8:00 A.M.*

1. Policy or Policies to be issued:
ALTA OWNER'S POLICY,

Amount \$ *0.00*

Proposed Insured: *NONE.*

ALTA LOAN POLICY, 1992 (Amended, 10-17-92)

Amount \$ *70400.00*

Proposed Insured: *Park Bank, its successors and assigns.*

2. Title to the fee simple estate or interest in the land described or referred to in this Commitment is at the effective date hereof of record in:
Marvin W. Wanders and Michelle L. Wanders, husband and wife, as survivorship marital property.

3. The land referred to in the Commitment is described as follows:
Lot 6 in Block 2 of First Addition to Spier's Addition to the City of LaCrosse, LaCrosse County, Wisconsin.

2012 Campbell Road.
(Tax Parcel No. 17-20058-060).



Prepared for: *Park Bank*
Attn: *David Justus*

SCHEDULE A

Number: *LAX34738*

Effective Date *July 28, 2000 at 8:00 A.M.*

1. Policy or Policies to be issued:
ALTA OWNER'S POLICY,

Amount \$ *0.00*

Proposed Insured: *NONE.*

ALTA LOAN POLICY, 1992 (Amended, 10-17-92)

Amount \$ *74400.00*

Proposed Insured: *Park Bank, its successors and assigns.*

2. Title to the fee simple estate or interest in the land described or referred to in this Commitment is at the effective date hereof of record in:
Marvin W. Wanders and Michelle L. Wanders, husband and wife,
as survivorship marital property.

3. The land referred to in the Commitment is described as follows:
Lot 5 in Block 2 of First Addition to Spier's Addition to the
City of LaCrosse, LaCrosse County, Wisconsin.

2018 Campbell Road.
(Tax Parcel No. 17-20058-050).

ALTA Owner's Policy (10/17/1992)
Issued by:
CHICAGO TITLE INSURANCE COMPANY
Fidelity National Financial
4050 Calle Real
Santa Barbara, CA 93110
(888) 934-3354
www.ctic.com

THE TITLE COMPANY, INC.
Issuing Agent
750 N. THIRD STREET, SUITE A • P.O. BOX 578
LA CROSSE, WI 54602-0578
PHONE (608) 791-2000
TOLL FREE 1-800-78-TITLE
FAX (608) 791-2015
TOLL FREE FAX 1-888-791-2015
www.titleco.com

File No.	Policy Number	Date of Policy	Amount of Insurance
LAX35492	72106-583624	August 22, 2001 at 8:00 A.M.	\$84,000.00

**OWNER'S FORM
SCHEDULE A**

1. Name of Insured:

Marvin W. Wanders and Michelle L. Wanders, husband and wife, as survivorship marital property.

2. The estate or interest in the land described herein and which is covered by this policy is:

Fee Simple.

3. The estate or interest referred to herein is at Date of Policy vested in the insured.

4. The land referred to in this policy is described as follows:

Lot 4 in Block 2 of First Addition to Spiers Addition to the City of LaCrosse, LaCrosse County, Wisconsin.

2024 Campbell Road. (Tax Parcel No. 17-20058-040).

This policy valid only if Schedule B is attached.

Prepared for: *Park Bank*
Attn: *David Justus*

SCHEDULE A

Number: *LAX34828*

Effective Date *July 24, 2002 at 8:00 A.M.*

1. Policy or Policies to be issued:
ALTA OWNER'S POLICY,

Amount \$ *0.00*

Proposed Insured: *NONE.*

ALTA LOAN POLICY, 1992 (Amended, 10-17-92)

Amount \$ *60000.00*

Proposed Insured: *Park Bank, its successors and assigns.*

2. Title to the fee simple estate or interest in the land described or referred to in this Commitment is at the effective date hereof of record in:
Marvin W. Wanders and Michelle L. Wanders, husband and wife.

3. The land referred to in the Commitment is described as follows:
The North 68 feet of Lot 9 in Block 2 of First Addition to Spier's Addition to the City of LaCrosse, LaCrosse County, Wisconsin.

307 21st Street North.
(Tax Parcel No. 17-20058-100).

State Bar of Wisconsin Form 1-2003
WARRANTY DEED

Document Number

Document Name

COPY

THIS DEED, made between David W. Wise

("Grantor," whether one or more), and State & West, LLC a Wisconsin limited liability company

("Grantee," whether one or more).

Grantor for a valuable consideration, conveys to Grantee the following described real estate, together with the rents, profits, fixtures and other appurtenant interests, in La Crosse County, State of Wisconsin ("Property") (if more space is needed, please attach addendum):

Parcel A:

Lot 2, Block 6 of Plat of Spier's Addition to the City of La Crosse, La Crosse County, Wisconsin.

Parcel B: - 303 N 21st St

The South 42.5 feet of Lot 9, in Block 2 of First Addition to Spier's Addition to the City of La Crosse, La Crosse County, Wisconsin.

Parcel C:

The Northwesterly 70 feet of Lot 7 in Block 2 of First Addition to Spier's Addition to the City of La Crosse, La Crosse County, Wisconsin.

Recording Area

Name and Return Address

State & West, LLC
119 N 9th Street
La Crosse, WI 54601

17-20055-130 17-20058-110 17-20058-70

Parcel Identification Number (PIN)

This is not homestead property.
(ts) (is not)

Grantor warrants that the title to the Property is good, indefeasible, in fee simple and free and clear of encumbrances except: **Easements, Restrictions and Highway Deeds of record, Municipal and Zoning Ordinances and EXCEPT lands sold, taken or used for road or highway purposes.**

Dated December 31st 2008

(SEAL)

David W. Wise
* **David W. Wise** (SEAL)

(SEAL)

(SEAL)

Signature(s) _____

ACKNOWLEDGMENT
STATE OF WISCONSIN)

authenticated on _____

LA CROSSE) ss.
COUNTY)

Personally came before me on December 31 2008,
the above-named David W. Wise

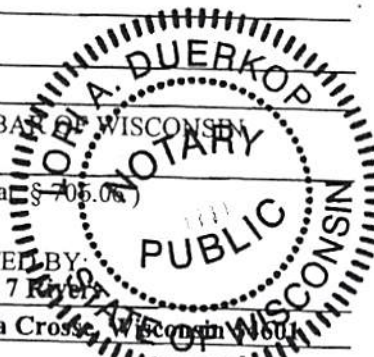
to me known to be the person(s) who executed the foregoing
instrument and acknowledged the same.

Lor. A Duerkop
* Lor. A Duerkop

Notary Public, State of Wisconsin
My commission (is permanent) (expires: 11-08-2009)

TITLE: MEMBER STATE BAR OF WISCONSIN
(If not, _____
authorized by Wis. Stat. § 705.06)

THIS INSTRUMENT DRAFTED BY:
Laura K. Van Fleet, Lakelaw 7 Kitchell
319 Main Street, Suite 500, La Crosse, Wisconsin 54601



(Signatures may be authenticated or acknowledged. Both are not necessary.)

NOTE: THIS IS A STANDARD FORM. ANY MODIFICATION TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.

WARRANTY DEED

©2003 STATE BAR OF WISCONSIN

FORM NO. 1-2003

*Type name below signatures.

INFO-PRO™ Legal Forms • (800)655-2021 • info@proforms.com

Policy Number: 46-568741-00 Policy Term: 12:01 AM to 12:01 AM 11/01/2016 to 11/01/2017
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Date: 10/18/2017	Agency Code: 23-0775-00
Client: SCHOOL HOUSE PROPERTIES LLC C/O THREE SIXTY REAL ESTATE	Agent: Agency: FLEIS INSURANCE AGENCY INC
Address: PO BOX 609 LA CROSSE, WI 54602-0609	Address: PO BOX 537 ONALASKA, WI 54650-0537
Phone:	Phone: (608) 783-5206

This Evidence of Insurance verifies that the insurance coverage and limits shown below have been issued to the named insured by Auto-Owners Insurance Company. Coverage is in force as of the effective date shown above. These coverages are subject to provisions of the Dwelling Fire Policy.

This Evidence of Insurance is for informational purposes only, and does not modify or extend policy coverage stated in the Declarations.

All terms and conditions of the policy apply.

Secured Interested Parties

Mortgagee: HOME FEDERAL SAVINGS BANK ISAOA
 Attention/Care of:
 Mailing Address: PO BOX 5887
 ROCHESTER, MN 55903
 Loan Number:

Additional Interest: CITY OF LA CROSSE
 Attention/Care of:
 Mailing Address: 400 LA CROSSE ST
 LA CROSSE, WI 54601
 Loan Number:

Location Information

Location 1: 307 21ST ST N LA CROSSE, WI 54601

Property/Personal Liability Coverages

Property/Personal Liability Coverages	Limit
Dwelling	\$89,000
Other Structures	\$8,900
Loss Of Rents	\$8,900
Landlord Liability	\$1,000,000
Medical Payments	\$1,000
Property Deductible: \$5,000 Flat	

This is not an invoice. An invoice will be mailed separately.
 Paid in full premium does not apply to Escrow Direct Bill policies.

Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

AUTO-OWNERS INSURANCE COMPANY DWELLING FIRE EVIDENCE OF INSURANCE

Policy Number: **46-568741-00**
Policy Term:
12:01 AM to 12:01 AM
11/01/2016 to 11/01/2017

Date: 10/18/2017	Agency Code: 23-0775-00
Client: SCHOOL HOUSE PROPERTIES LLC C/O THREE SIXTY REAL ESTATE	Agent: Agency: FLEIS INSURANCE AGENCY INC
Address: PO BOX 609 LA CROSSE, WI 54602-0609	Address: PO BOX 537 ONALASKA, WI 54650-0537
Phone:	Phone: (608) 783-5206

Premium	
Total Policy Premium:	\$1,413.14
Premium If Paid In Full:	\$1,342.49

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LIFE • HOME • CAR • BUSINESS

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Secured Interested Parties

Mortgagee: HOME FEDERAL SAVINGS BANK
ISAOA ATIMA

Attention/Care of:
Mailing Address: 1016 CIVIC CENTER DR NW
ROCHESTER, MN 55901-1881

Loan Number:

Location Information

Location 2: 1234 LA CROSSE ST LA CROSSE, WI 54601

Property/Personal Liability Coverages

	Limit
Dwelling	\$154,000
Other Structures	\$15,400
Loss Of Rents	\$15,400
Landlord Liability	\$1,000,000
Medical Payments	\$5,000
Property Deductible:	\$5,000 Flat

Premium

Total Policy Premium: \$1,413.14
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All terms and conditions of the policy apply.

Secured Interested Parties

Mortgagee: HOME FEDERAL BANK
Attention/Care of:
Mailing Address: 208 S WALNUT ST
LA CRESCENT, MN 55947-1306
Loan Number:

Location Information

Location 3: 1137 PINE ST LA CROSSE, WI 54601

Property/Personal Liability Coverages

	Limit
Dwelling	\$101,500
Other Structures	\$10,150
Loss Of Rents	\$10,150
Landlord Liability	\$1,000,000
Medical Payments	\$5,000
Property Deductible:	\$5,000 Flat

Premium

Total Policy Premium: \$1,413.14
Premium If Paid In Full: \$1,342.49

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Mailing Address:	PO BOX 5887 ROCHESTER, MN 55903
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Additional Interest:	CITY OF LA CROSSE
Attention/Care of:	
Mailing Address:	400 LA CROSSE ST LA CROSSE, WI 54601
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Location Information

Location 1:	307 21ST ST N LA CROSSE, WI 54601
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	Limit
Dwelling	\$89,000
Other Structures	\$8,900
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Phone:	Phone: (608) 783-5206

Premium	
Total Policy Premium:	\$1,352.76
Premium If Paid In Full:	\$1,285.11

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Auto-Owners INSURANCE

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Loan Number:

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Property/Personal Liability Coverages

	Limit
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Secured Interested Parties

Mortgagee: **HOME FEDERAL BANK**
 Attention/Care of:
 Mailing Address: **208 S WALNUT ST**
LA CRESCENT, MN 55947-1306
 Loan Number:

Location Information

Location 3: **1137 PINE ST LA CROSSE, WI 54601**

Property/Personal Liability Coverages

	Limit
Dwelling	\$101,500
Other Structures	\$10,150
Loss Of Rents	\$10,150
Landlord Liability	\$1,000,000
Medical Payments	\$5,000
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Premium

Total Policy Premium:	\$1,352.76
Premium If Paid In Full:	\$1,285.11

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – STATE OR POLITICAL
SUBDIVISIONS – PERMITS RELATING TO PREMISES**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

State Or Political Subdivision:

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph C. Who Is An Insured in Section II – Liability:

3. Any state or political subdivision shown in the Schedule is also an insured, subject to the following additional provision:

This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with premises you own, rent, or control and to which this insurance applies:

- a. The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoistaway openings, sidewalk vaults, street banners, or decoration and similar exposures;
- b. The construction, erection, or removal of elevators; or
- c. The ownership, maintenance, or use of any elevators covered by this insurance.



CERTIFICATE OF LIABILITY INSURANCE

STATE-3

OP ID: CM

DATE (MM/DD/YYYY)
10/18/2017

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 Fleis Insurance Agency Inc. PO Box 537 1924 E. Main Street Onalaska, WI 54650 Steven J. Fleis	CONTACT NAME: Christa Morris	
	PHONE (A/C, No. Ext): 608-783-5206 FAX (A/C, No): 608-783-5209 E-MAIL ADDRESS: cmorri@fleisinsurance.com	
INSURED State & West LLC c/o Three Sixty Real Estate PO Box 609 LaCrosse, WI 54602	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Gormantown Mutual Insurance	14036
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	


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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	1101181	12/31/2016	12/31/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 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) 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 \$
						BUILDING 137,000

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

Additional insured added for City of LaCrosse- Fence at 303 21st St

CERTIFICATE HOLDER CITYLA1 City of La Crosse Becky 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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