

License Number \_\_\_\_\_  
 License Issued \_\_\_\_\_

5pm Nov 10

cust #  
117409

License Fee \$ 250.00  
 Receipt # 131259

**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	BULLET CAB Sinkoss USA LLC dba
BUSINESS ADDRESS 2001 STATE Rd., LA CROSSE WI 54601	2001 Johnson Street Zoning: OK per Legal Pending BOZA Must be confirmed by Building & Inspections
BUSINESS TELEPHONE	608-519-3200
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	456-1028197527-02

OWNER(S) NAME (First, Full Middle, Last)	MIAN MUKHTAR AHMAD
OWNER(S) DATE OF BIRTH	██████████
OWNER(S) ADDRESS	2641 15 <sup>TH</sup> ST S LA CROSSE WI 54601
OWNER(S) TELEPHONE	608-797-2511

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

INSURANCE CARRIER	INTEGRITY
POLICY NUMBER	CA 2082854-0
POLICY LIMITS min. \$1,000,000 liability ✓ \$1,000,000 umbrella ✓	one million Auto, one million Gen. one umbrella

METHOD OF CHARGING	Metered Rates <u>X</u> Zone Rates <u>   </u> Vehicle Rental Rate <u>   </u>
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	\$2.00 mile, \$1.50 startup, .50¢ Extra
NUMBER OF VEHICLES TO BE LICENSED	5.

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			
5GZDV23L35D192520	SATURN RELAYR, 2005	7	BULL3T 1
5TDZA23L1555266754	TOYOTA SIENNA, 2005	7	BULL3T 2
New 1GNBY231KD102646	CHEVROLET UPLANDER 2008	7	BULL3T 3
2FAFP71W16X145629	FORD C.V. 2006	5	594XLA
JTDBL40E899038247	TOYOTA COROLLA 2009	5	916XCX

✓ 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 AND THE ENDORSEMENT PROVIDED.

✓ 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 *[Handwritten Signature]* DATE 11/3/15

LICENSE [ ] APPROVED [ ] DENIED

SIGNATURE OF POLICE REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

CITY OF LA CROSSE, WI  
General Billing - 131259 - 2015  
002310-0022 Amber W. 11/10/2015 01:00PM  
117409 - BULLET CAB  
Payment Amount: 250.00

**CERTIFICATE OF INSPECTION**

NAME OF BUSINESS BULLET CAB

ADDRESS 2001 STATE ROAD, LA CROSSE WI 54601

VEHICLE MAKE SATURN MODEL RELAY 2 YEAR 2005

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

Business Math's Auto Repair Address 4527 Marmor Co-lee Rd. Date 11-9-15

*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 BULLET CAB  
ADDRESS 2001 STATE ROAD, LA CROSSE, WI 54601  
VEHICLE MAKE TOYOTA MODEL SIENNA YEAR 2005

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

Business Math's Auto Repair Address 4527 Mormon Conlee Rd. Date 11-9-15

*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**

**BULLET CAB**

NAME OF BUSINESS \_\_\_\_\_

ADDRESS 2001 STATE ROAD, LA CROSSE WI, 54601

VEHICLE MAKE CHEVROLET MODEL UPLANDER YEAR 2008

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

Business McH's Auto Repair Address 4527 Mormon College Rd Date 11-9-15

*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 BULLET CAB  
ADDRESS 2001 STATE ROAD, LA CROSSE WI 54601  
VEHICLE MAKE FORD MODEL CROWN VICTORIA YEAR 2006

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

Business Matt's Auto Repair Address 4527 Norman Conke Rd. Date 11-9-15

*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 BULLET CAB

ADDRESS 2001 STATE ROAD, LA CROSSE WI 54601

VEHICLE MAKE TOYOTA MODEL COROLLA YEAR 2009

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

Business Math's Auto Repair Address 4527 Mormon Center Rd. Date 11-9-15

*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)  
11/4/2015

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).

<b>PRODUCER</b> Coverra Insurance Services, Inc. 1111 Linden Drive Suite 1 PO Box 277 Holmen WI 54636	<b>CONTACT NAME:</b> Pam Andre <b>PHONE (A/C No. Ext):</b> 608-526-6345 <b>E-MAIL ADDRESS:</b> pandre@coverrainurance.com	<b>FAX (A/C. No.):</b> 608-526-3158
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> BULLCAB-01 Bullet Cab, Sinkoss USA LLC dba 2641 15th St S La Crosse WI 54601	<b>INSURER A:</b> Integrity Group	
	<b>INSURER B:</b> James River Insurance Company	
	<b>INSURER C:</b> West Bend Mutual	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER: 554454528**                      **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	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GLA2082853	8/28/2015	8/28/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CA 2082854	8/28/2015	8/28/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			00082983	8/28/2015	8/28/2016	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			A047572	5/28/2015	5/28/2016	WC STATUTORY LIMITS OTHER 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)

Excess Liability policy only applies to the following vehicles:  
 - 2005 Saturn Relay - VIN: 5GZDV23L35D192520  
 - 2006 Ford Crown Victoria - VIN: 2FAFP71W16X145629  
 - 2005 Toyota Sienna - VIN: 5TDZA23L555266754  
 - 2009 Toyota Corolla - VIN: JTDBL40E898038247  
 - 2008 Chev Uplander - VIN: 1GNDV231BD102646  
 See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

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

*Pam Andre*





**ADDITIONAL REMARKS SCHEDULE**

AGENCY Coverra Insurance Services, Inc.		NAMED INSURED Bullet Cab, Sinkoss USA LLC dba 2641 15th St S La Crosse WI 54601	
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**

City of La Crosse, its elected & appointed officials, officers, employees & authorized agents are listed as additional insured on the automobile policy.

Vehicle list of taxis:

- 2005 Saturn Relay - VIN: 5GZDV23L35D192520
- 2006 Ford Crown Victoria - VIN: 2FAFP71W16X145829
- 2005 Toyota Sienna - VIN: 5TDZA23L555268754
- 2009 Toyota Corolla - VIN: JTDDBL40E899038247
- 2008 Chev Uplander - VIN: 1GNDV231BD102646

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

<b>Endorsement</b>	<b>CA 39</b>
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**Policy Number: CA 2082854**

**Additional Insured**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
TRUCKERS COVERAGE FORM**

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

Endorsement effective at 12:01 A.M. standard time	
Named Insured	Countersigned by

(Authorized Signature)

**SCHEDULE**

**Name and Address of Person or Organization (Additional Insured):**

WHO IS AN INSURED (Section II) 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.

**Integrity Mutual Insurance**

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

Named Insured: *SINKOSS USA LLC*

Policy No. *CA 2082854*

CA 341 (12-99)

New



**WISCONSIN**   
Certificate of Vehicle Registration

0002254

Product Number				Registration Number		
88666151215				15121DK890013		
Plate Number	Registration	Chassis	Gross Weight	Period	Color	Fleet No.
BULL3T 3	AUT AUT	TRUK		A	RED	
Vehicle Identification Number			Year	Make	Expiration Date	Amount Received
1GNDV231X8D102646			2008	CHEV	04/29/2016	\$ 159.50

YEAR

0001894  
SINKOSS USA LLC  
2641 15TH ST S  
LA CROSSE, WI 54601-6413

This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.

Contact the 414-266-1000  
Division of Motor 508-266-1466  
Vehicles at:  
[www.dot.wisconsin.gov](http://www.dot.wisconsin.gov)

*Bullet Cab*  
2641 15th Street S.  
La Crosse Wi 54601



# WISCONSIN CERTIFICATE OF TITLE

This document void without watermark. Hold to light to view.

Vehicle Identification Number <b>1GNDV231X8D102646</b>	Year 2008	Make CHEVROLET			
Title Number 15121DK89001-3	Issue Date 05/01/2015	Chassis Type TRUK	Odometer Reading <b>105683</b>	Odometer Status <b>ACTUAL</b>	Odometer Date 05/01/2015
Product Number 35292151214	Body Style VAN	Color RED	Fleet No.		

**Titled Owner(s)**  
SINKOSS USA LLC  
2641 15TH ST S  
LA CROSSE, WI 54601-6413

The person, firm or corporation named on this Title is the lawful owner of the vehicle described, subject to any Security Interest (liens) shown. The order in which the Lien Holders appear on this Title does not necessarily represent their priority. The Wisconsin Department of Transportation will not be responsible for false or fraudulent odometer statements made in the assignment of the Certificate of Title or for errors in reporting mileage, brand disclosures or the history of the vehicle. The department has no actual knowledge about the history of the vehicle and makes no warranty that the title brands or mileage disclosures on prior titles have been carried forward onto this document.

1GNDV231X8D102646

**Lien Holder(s)**  
NONE,

**Additional Vehicle Detail**  
PREVIOUSLY TITLED IN: FL

**SELLER:** When the vehicle is sold, complete the ASSIGNMENT OF CERTIFICATE OF TITLE on the top back of this title and deliver the title to the purchaser with the vehicle. You may wish to retain a copy of this title with the purchaser's information and signature as proof of sale for your records.

**PURCHASER:** Apply for a new title with the Wisconsin Division of Motor Vehicles immediately. To legally operate this vehicle, you are required to register it with the Division of Motor Vehicles.



**MAIL ADDRESS:**  
Wisconsin Department of Transportation  
PO Box 7949, Madison, WI 53707-7949  
386501

T055S 8/2010  
13-2-6883157

**QUESTIONS:**  
Contact the Division of Motor Vehicles at:  
414-266-1000, 608-266-1466  
[www.dot.wisconsin.gov](http://www.dot.wisconsin.gov)

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

*Bullet Cab*  
2641 15th Street S.  
La Crosse Wi 54601