

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

BUSINESS INFORMATION

Business Name <i>(Real/Legal)</i>	Sinkoss USA LLC
Trade Name <i>(DBA)</i>	Bullet Cab
Address	2641 15th St S Suite 110, La Crosse WI 54601
Zoning District <small>New addresses must be verified compliant by a building inspector.</small>	C-1 Local Business
Telephone	608-519-3200
Wisconsin Seller Permit No. <small>Required if vehicles are leased to drivers.</small>	456-1028197527-02

OWNER INFORMATION

Owner(s) Name <small>(First, Full Middle, Last)</small>	Mian Mukhtar Ahmad
Owner(s) Date of Birth	[REDACTED]
Home Address	2641 15th St S, La Crosse WI 54601
Telephone	Home _____ Cell 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 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 <u>X</u> Zone Rates _____ Vehicle Rental Rate _____
Schedule of Rates <small>(or attach Schedule to be posted the vehicles)</small>	2.00 2.50 Start/Pick-Up \$1.50, Mileage \$2.00/mile, Extras \$.50/person, Wait \$20.00/hour

VEHICLE INFORMATION

Number of Vehicles to be Licensed	4
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VEHICLE ID NUMBER	YEAR, MAKE & MODEL <small>(Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)</small>	CAPACITY <small>(incl. driver)</small>	STATE & LICENSE NO
2 T1BU4EE7CC838626	TOYOTA COROLLA 2012	5	ARY3552
JTDKN3AU3E1768923	TOYOTA PRIUS 2014	5	AHN4929
4TB4BF1FKXER338237	TOYOTA CAMRY 2014	5	ABA5052
2C4RC1BGXCGR301843	CHRYSLER T4C VAN	7	AME1046

*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.

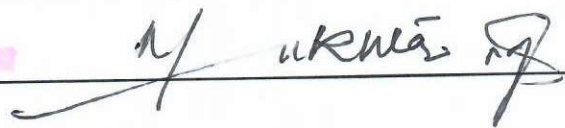
✓ **ATTACH A CERTIFICATE OF INSURANCE.** All insured vehicles shall be identified on the certificate by Make, Model and VIN. Said policy must be endorsed naming the City of La Crosse as additional insured. Said endorsement MUST accompany the Certificate of Insurance at the time of filing. *Note: A statement 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  **DATE** 11/10/22

LICENSE [] APPROVED [] DENIED
SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

CERTIFICATE OF INSPECTION

NAME OF BUSINESS: SINKOSS USA LLC
 VEHICLE MAKE: TOYOTA MODEL: COROLLA YEAR: 2012
 VIN: 2T1BU4EE7CC838626

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Side Marker Lamps/Reflectors	_____	_____	✓
Tail Lamps (incl. cover)	_____	_____	✓
Back Up Lamps	_____	_____	✓
Brake Lamps	_____	_____	✓
Steering System	_____	_____	✓
Hood & Trunk Latches	_____	_____	✓
Emission/Exhaust System	_____	_____	✓
Tires (incl. spare & jack) <small>(Note: tire-tread depth shall not be less than 2/32 of an inch)</small>	_____	_____	✓
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: Arden McCallison Printed Name: Arden McCallison
 Business: Arden's Auto Address: 803 Jackson St Date: 11/10/22

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 INSPECTION

NAME OF BUSINESS: SINKOSS USA LLC
 VEHICLE MAKE: TOYOTA MODEL: CAMRY YEAR: 2014
 VIN: 4TB4BF1FKXR338237

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Side Marker Lamps/Reflectors	_____	_____	✓
Tail Lamps (incl. cover)	_____	_____	✓
Back Up Lamps	_____	_____	✓
Brake Lamps	_____	_____	✓
Steering System	_____	_____	✓
Hood & Trunk Latches	_____	_____	✓
Emission/Exhaust System	_____	_____	✓
Tires (incl. spare & jack) <small>(Note: tire-tread depth shall not be less than 2/32 of an inch)</small>	_____	_____	✓
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: Andrew McCullon Printed Name: Andrew McCullon
 Business: Andrew's Auto Address: 803 Jackson Date: 11/10/22

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 INSPECTION

NAME OF BUSINESS: SINKOSS USA LLC
 VEHICLE MAKE: TOYOTA MODEL: PRIUS YEAR: 2014
 VIN: JTDKN3DU3E1768923

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Side Marker Lamps/Reflectors	_____	_____	✓
Tail Lamps (incl. cover)	_____	_____	✓
Back Up Lamps	_____	_____	✓
Brake Lamps	_____	_____	✓
Steering System	_____	_____	✓
Hood & Trunk Latches	_____	_____	✓
Emission/Exhaust System	_____	_____	✓
Tires (incl. spare & jack) <small>(Note: tire-tread depth shall not be less than 2/32 of an inch)</small>	_____	_____	✓
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: Andrew McCallison Printed Name: Andrew McCallison
 Business: Auto Service Address: 803 JACKSON Date: 11/10/22

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 INSPECTION

NAME OF BUSINESS: SINKOSS USA LLC
 VEHICLE MAKE: CHRYSLER MODEL: Town & Country YEAR: 2016
 VIN: 2C4RC1BXCGR301843

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	✓
Parking Lamps	_____	_____	✓
Directional Lamps	_____	_____	✓
Flashing Warning Lamps	_____	_____	✓
Side Marker Lamps/Reflectors	_____	_____	✓
Tail Lamps (incl. cover)	_____	_____	✓
Back Up Lamps	_____	_____	✓
Brake Lamps	_____	_____	✓
Steering System	_____	_____	✓
Hood & Trunk Latches	_____	_____	✓
Emission/Exhaust System	_____	_____	✓
Tires (incl. spare & jack) <i>(Note: tire-tread depth shall not be less than 2/32 of an inch)</i>	_____	_____	✓
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: Andrew McGallison Printed Name: Andrew McGallison
 Business: Andrew's Auto Address: 803 Jackson Date: 11/10/22

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 Vehicle Registration

Plate Number ARY3552			Registration AUT AUT	Chassis AUTO	Gross Weight	Period A	Color GRAY	Product Number 25401223155	Registration Number 22315L60040
Vehicle Identification Number 2T1BU4EE7CC838626				Year 2012	Make TOYT	Expiration Date 10/31/2023	Fleet No.		
								Amount Received \$ 769.03	

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 SINKOSS USA LLC
 2001 STATE RD
 LA CROSSE, WI 54601-5837

THIS IS NOT A BILL
 This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.
 Contact the Division of Motor Vehicles at:
 wisconsinDMV.gov
 608-264-7447



WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 2T1BU4EE7CC838626		Year 2012	Make TOYOTA		
Title Number 22315L6004-0	Issue Date 11/11/2022	Chassis Type AUTO	Odometer Reading 124686	Odometer Status ACTUAL	Odometer Date 11/11/2022
Product Number 64359223157	Body Style SEDAN	Color GRAY	Fleet No.		

Titled Owner(s)
 SINKOSS USA LLC
 2001 STATE RD
 LA CROSSE, WI 54601-5837

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.

Lien Holder(s)
 NONE,

Additional Vehicle Detail
 PREVIOUSLY TITLED BY: IN

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
 P.O. Box 7948, Madison, WI 53707-7948
 608421

20 - 1 - 0199302

QUESTIONS:
 Contact the Division of Motor Vehicles at:
 414-266-1000, 608-264-7447
 wisconsinDMV.gov

KEEP IN SAFE PLACE

DO NOT KEEP IN VEHICLE

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

Any alteration, correction, fluid, or erasure voids this title.



WISCONSIN

11

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Certificate of Vehicle Registration

Plate Number AHN4929				Registration AUT AUT		Chassis AUTO		Gross Weight		Period A		Color BLACK		Product Number 18671200060		Registration Number R1354CA230497	
Vehicle Identification Number JTDKN3DU3E1768923								Year 2014		Make TOYT		Expiration Date 01/05/2023		Fleet No. 11		Amount Received \$ 160.00	

INCLUDES HYBRID VEHICLE FEE

YEAR

THIS IS NOT A BILL
This Registration Certificate is not a Title. Not Valid for Transfer of Ownership.

Contact the Division of Motor Vehicles at wisconsin.dmv.gov
888-264-7447

SINKOSS USA LLC
2001 STATE RD
LA CROSSE, WI 54601-5837



WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number JTDKN3DU3E1768923			Year 2014		Make TOYOTA		
Title Number 20006L3032-5		Issue Date 01/06/2020		Chassis Type AUTO	Odometer Reading 142508	Odometer Status ACTUAL	Odometer Date 12/11/2019
Product Number 59769200062		Body Style HATCHBACK		Color BLACK		Fleet No. 11	

Titled Owner(s)
SINKOSS USA LLC
2001 STATE RD
LA CROSSE, WI 54601-5837

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.

JTDKN3DU3E1768923

Lien Holder(s)
NONE,

Additional Vehicle Detail
PREVIOUSLY TITLED BY: NY

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

QUESTIONS:
Contact the Division of Motor Vehicles at:

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This document void without watermark - Hold to light to view



CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)

11/9/2022

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. 3803 Creekside Ln Holmen WI 54636	CONTACT NAME: Pam Andre		
	PHONE (A/C, No, Ext): 608-526-2127	FAX (A/C, No):	608-519-2818
	E-MAIL ADDRESS: pandre@coverrainsurance.com		INSURER(S) AFFORDING COVERAGE
	INSURER A: Integrity Group		
INSURED: BULLCAB-01	INSURER B: ICW Group Insurance Companies		
Bullet Cab, Sinkoss USA LLC dba 2641 15th St S	INSURER C:		
La Crosse WI 54601	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

98273245

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.

LTR:INSR

	TYPE OF INSURANCE	A D D I T I O N A L	S U B R O G A T I O N	POLICY NUMBER	(MM/DD/YYYY) POLICY EFF	(MM/DD/YYYY) POLICY EXP	LIMITS
X	COMMERCIAL GENERAL LIABILITY CCUR			GLA2082853	6/28/2022	6/28/2023	EACH OCCURRENCE
	CLAIMS-MADE ^X						DAMAGE TO RENTED PREMISES (Ea occurrence)
							MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG

OTHER:									
AUTOMOBILE LIABILITY ANY AUTO OWNED SCHEDULED X AUTOS ONLY AUTOS NON-OWNED HIRED AUTOS ONLY AUTOS ONLY	Y		CA 2082854	6/28/2022	6/28/2023	COMBINED SINGLE LIMIT(Ea accident)			
						BODILY INJURY (Per person)			
						BODILY INJURY (Per accident)			
						PROPERTY DAMAGE (Per accident)			
CLAIMS-MADE RETENTION \$ UMBRELLA LIAB OCCUREXCESS LIAB						EACH OCCURRENCE			
DED						AGGREGATE			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE _Y OFFICER/MEMBER EXCLUDED? (Mandatory in NH) DESCRIPTION OF OPERATIONS below If yes, describe under	N / A		WWI 5063071	12/4/2021	12/4/2022	X	STATUT	ER ^O	TH
							EPER		
							E.L. EACH ACCIDENT		
							E.L. DISEASE - EA EMPLOYEE		
E.L. DISEASE - POLICY LIMIT									

A 1,000,000 \$

100,000 \$

5,000 \$

1,000,000 \$

2,000,000 \$

2,000,000 \$

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A 1,000,000

100,000

\$ 100,000

\$

500,000

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

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

Current Vehicle List:

2012 Toyota - VIN: JTDKDTB37C1008441
2012 Toyota - VIN: 2T1BU4EE7CC838626
2014 Toyota - VIN: JTDKN3DU3E1768923
2014 Toyota - VIN: 4T4BF1FKXER338237
2016 Chrys - VIN: 2C4RC1BGXCGR301843

CERTIFICATE HOLDER

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

Ron Andre

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**ACORD 25 (2016/03)
CANCELLATION**

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

Unit #000 Additional Insured
MTM INC
16 HAWKRIDGE DR
LAKE SAINT LOUIS MO 63367

Unit #000 Certificate Holder
MTM INC
16 HAWKRIDGE DR
LAKE SAINT LOUIS MO 63367

Named Insured: SINKOSS USA LLC
Policy No. CA 2082854

Endorsement	CA 39
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Policy Number:

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 indicated below.

Endorsement effective 06/28/2011 at 12:01 A.M. standard time	
Named Insured Sinkoss USA, LLC	Countersigned by <i>Pam Andre</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 (Section II) is amended to include as an "Insured" the person or organization in the Schedule of this endorsement; but such inclusion of additional insured shall not operate to increase limits of our liability.



WISCONSIN

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Certificate of Vehicle Registration

Plate Number AVE1046	Registration AUT AUT	Chassis TRUK	Gross Weight	Period A	Color BLACK	Fleet No.
Vehicle Identification Number 2C4RC1BGXGR301843		Year 2016	Make CHRY	Expiration Date 06/16/2023	Amount Received \$ 95.00	

YEAR

THIS IS NOT A BILL.

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

Contact the Division of Motor Vehicles at:
wisconsin.dmv.gov
608-264-7447

PRIMARY ADDRESS
2001 STATE RD
LA CROSSE, WI 54601

SINKOSS USA LLC
2001 STATE RD
LA CROSSE, WI 54601-5837

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WISCONSIN CERTIFICATE OF TITLE

Vehicle Identification Number 2C4RC1BGXGR301843	Year 2016	Make CHRYSLER			
Title Number 21168C414003-0	Issue Date 06/17/2021	Chassis Type TRUK	Odometer Reading 87943	Odometer Status ACTUAL	Odometer Date 06/17/2021
Product Number 84746211681	Body Style VAN	Color BLACK	Fleet No.		

Titled Owner(s)
SINKOSS USA LLC
2001 STATE RD
LA CROSSE, WI 54601-5837

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.

2C4RC1BGXGR301843

Lien Holder(s)
NONE,

Additional Vehicle Detail
PREVIOUSLY TITLED BY: IL

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
34270

20 - 3 - 3526482

QUESTIONS:
Contact the Division of Motor Vehicles at:
414-266-1000, 608-264-7447
wisconsin.dmv.gov

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