

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

License Fee: \$ \_\_\_\_\_

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

Invoice #: \_\_\_\_\_

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

License Period: January 1, 2022 to December 31, 2022

**BUSINESS INFORMATION**

|   |   |
|---|---|
| Business Name <i>(Real/Legal)</i>   | Bee Cab, Inc                              |
| Trade Name <i>(DBA)</i>   | Bee Cab                                   |
| Address   | 1320 Saint Andrew St. La Crosse, WI 54603 |
| Zoning District<br><small>New addresses must be verified compliant by a building inspector.</small> | Heavy Industrial                          |
| Telephone   | 608-784-4233                              |
| Wisconsin Seller Permit No.<br><small>Required if vehicles are leased to drivers.</small>           | 456-000157354-03                          |

**OWNER INFORMATION**

|  |   |
|--|---|
| Owner(s) Name<br><small>(First, Full Middle, Last)</small> | Craig Allen Redenbaugh Sue Ann Redenbaugh           |
| Owner(s) Date of Birth                                     | [REDACTED]  |
| Home Address   | 1506 Island Street, La Crosse WI 54603              |
| Telephone  | Home 608-785-7846 Cell 608-304-1493 or 608-784-1634 |

- 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 <input checked="" type="checkbox"/> Zone Rates <input type="checkbox"/> Vehicle Rental Rate <input type="checkbox"/>                                     |
| Schedule of Rates<br><small>(or attach Schedule to be posted the vehicles)</small> | Start/Pick-up: <del>\$1.50</del> <sup>2.00</sup> Mileage: <del>\$2.25</del> <sup>2.75</sup> /mile Extras: \$.50/person Wait: <del>\$20.00</del> <sup>25.00</sup> /hour |

**VEHICLE INFORMATION**

|                                   |   |
|-----------------------------------|---|
| Number of Vehicles to be Licensed | 2 |
|-----------------------------------|---|

| VEHICLE ID NUMBER | YEAR, MAKE & MODEL<br><small>(Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)</small> | CAPACITY<br><small>(incl. driver)</small> | STATE & LICENSE NO |
|-------------------|---|---|--------------------|
|                   |   |   |                    |
|                   |   |   |                    |
|                   |   |   |                    |
|                   |   |   |                    |
|                   |   |   |                    |

\*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 10-20-21


LICENSE [ ] APPROVED [ ] DENIED  
SIGNATURE OF POLICE REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

## CERTIFICATE OF INSPECTION

NAME OF BUSINESS: Bee Cab Inc  
 VEHICLE MAKE: Dodge MODEL: Caravan YEAR: 2007  
 VIN: 1D8G P45R97B115317

|  | 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)   | _____        | 10-19-21       | ✓                   |
| Back Up Lamps  | _____        | _____          | ✓                   |
| Brake Lamps  | _____        | _____          | ✓                   |
| Steering System  | _____        | _____          | ✓                   |
| Hood & Trunk Latches   | _____        | _____          | ✓                   |
| Emission/Exhaust System  | _____        | _____          | ✓                   |
| Tires (incl. spare & jack)<br><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:  Printed Name: Mark Murphy

Business: Murphy Frame & Axle Address: 513 Wood St Date: 10-19-21

*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: Bee Cab Inc  
 VEHICLE MAKE: toyota MODEL: Prius YEAR: 2005  
 VIN: JTDKB204457037309

|  | 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)<br><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:  Printed Name: Mark Murphy

Business: Murphy Frame & Axle Address: 513 Wood St Date: 10-18-21

*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: Bee Cab Inc

VEHICLE MAKE: Dodge

MODEL: Caravan

YEAR: 2006

VIN: 104GP24R06B5338017

|  | NEEDS REPAIR | DATE OF REPAIR | NO REPAIR NECESSARY |
|--|--------------|----------------|---------------------|
| Headlamps (incl. cover and aim)  | _____        | _____          | ✓                   |
| Parking Lamps  | _____        | 10-19-21       | _____               |
| 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)<br><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:  Printed Name: Mark Murphy

Business: Murphy Franc & Ave Address: 513 Wood ST Date: 10-19-21

*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: Bee Cab Inc  
 VEHICLE MAKE: Dodge MODEL: CARAVAN YEAR: 2006  
 VIN: 1D4GP45R2LB642244

|   | NEEDS REPAIR | DATE OF REPAIR | NO REPAIR NECESSARY |
|---|--------------|----------------|---------------------|
| Headlamps ( <i>incl. cover and aim</i> )  | _____        | _____          | _____ ✓             |
| Parking Lamps   | _____        | _____          | _____ ✓             |
| Directional Lamps   | _____        | _____          | _____ ✓             |
| Flashing Warning Lamps  | _____        | _____          | _____ ✓             |
| Side Marker Lamps/Reflectors  | _____        | _____          | _____ ✓             |
| Tail Lamps ( <i>incl. cover</i> )   | _____        | _____          | _____ ✓             |
| Back Up Lamps   | _____        | _____          | _____ ✓             |
| Brake Lamps   | _____        | _____          | _____ ✓             |
| Steering System   | _____        | _____          | _____ ✓             |
| Hood & Trunk Latches  | _____        | _____          | _____ ✓             |
| Emission/Exhaust System   | _____        | _____          | _____ ✓             |
| Tires ( <i>incl. spare &amp; jack</i> )<br><small>(Note: tire-tread depth shall not be less than 2/32 of an inch)</small> | _____        | _____          | _____ ✓             |
| Windshield ( <i>incl. wipers &amp; washers</i> )  | _____        | _____          | _____ ✓             |
| Windows ( <i>side, rear</i> )   | _____        | _____          | _____ ✓             |
| Windshield Defroster  | _____        | _____          | _____ ✓             |
| Horn  | _____        | _____          | _____ ✓             |
| Mirrors   | _____        | _____          | _____ ✓             |
| Speed Indicator   | _____        | _____          | _____ ✓             |
| Restraining Devices & Seats   | _____        | _____          | _____ ✓             |
| Brakes ( <i>incl. parking brake</i> )   | _____        | _____          | _____ ✓             |
| Heater  | _____        | _____          | _____ ✓             |
| Air Conditioning  | _____        | _____          | _____ ✓             |
| Door Handles ( <i>interior &amp; exterior</i> )   | _____        | _____          | _____ ✓             |

**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: Mark Murphy

Business: Murphy Framex Ate Address: 513 Wood St Date: 10-18-21

*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: Bee Cab Inc

VEHICLE MAKE: Chrysler MODEL: Town and Country YEAR: 2013

VIN: 2C4RC1B6 9DR540781

|  | 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)<br><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:  Printed Name: Mark Murphy

Business: Murphy Frame & Auto Address: 513 Wood St Date: 10-19-21

*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: Bee Cab Inc

VEHICLE MAKE: Toyota MODEL: Prius YEAR: 2013

VIN: JTOKN3D410169205

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

**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: Mark Murphy

Business: Murphy Framex Axle Address: 518 Wood St Date: 10-19-21

*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).*



ORIGINAL VIEW

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

# WISCONSIN CERTIFICATE OF TITLE

|   |                          |                      |                                |                                  |                             |
|---|--------------------------|----------------------|--------------------------------|----------------------------------|-----------------------------|
| Vehicle Identification Number<br><b>JTDKN3DU1D1679205</b> |                          | Year<br>2013         | Make<br>TOYOTA                 |                                  |                             |
| Title Number<br>13276CB71008-6                            | Issue Date<br>10/03/2013 | Chassis Type<br>AUTO | Odometer Reading<br><b>250</b> | Odometer Status<br><b>ACTUAL</b> | Odometer Date<br>08/23/2013 |
| Product Number<br>56746132351                             | Body Style<br>4DR HATCH  | Color<br>BLACK       |                                | Fleet No.                        |                             |

**Titled Owner(s)**  
 BEE CAB INC AND REDENBAUGH SUE A  
 1224 ISLAND ST  
 LA CROSSE, WI 54603

**LENDER Certifies Release of Lien:**

Lien holder: **Toyota Motor Credit Corporation**

Title: *Admin Client*

Printed name: *M. Bryant*

Signature: *[Signature]*

Date: *8-24-18*

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)**  
 00039471 TOYOTA MOTOR CREDIT CORPORATION, ATLANTA

**Additional Vehicle Detail**

**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  
 052

T055S 8/2010  
 13-1-4733956

**QUESTIONS:**  
 Contact the Division of Motor Vehicles at:  
 414-266-1000, 608-266-1466  
 www.dot.wisconsin.gov  
 039471

**KEEP IN SAFE PLACE**

**DO NOT KEEP IN VEHICLE**



**WISCONSIN**

000000

**Certificate of Vehicle Registration**

|  |                         |                 |              |              |                                    |                              |
|--|-------------------------|-----------------|--------------|--------------|------------------------------------|------------------------------|
| Product Number<br>65956132355                      |                         |                 |              |              | Registration Number<br>R1218L90031 |                              |
| Plate Number<br>322VCY                             | Registration<br>AUT AUT | Chassis<br>AUTO | Gross Weight | Period<br>A  | Color<br>BLACK                     | Fleet No.                    |
| Vehicle Identification Number<br>JTDKN3DU1D1679205 |                         |                 | Year<br>2013 | Make<br>TOYT | Expiration Date<br>08/22/2022      | Amount Received<br>\$ 163.00 |

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  
608-264-7447

BEE CAB INC AND REDENBAUGH SUE A  
1224 ISLAND ST  
LA CROSSE, WI 54603-2867



**Tired of misplacing or losing your renewal notices?**

Sign up to receive your driver's license/identification card and vehicle license plate renewal notices by email and text.

eNotify (electronic notification) allows you to receive an email and text message in place of your paper renewal notices.



For more information, go to:  
[wisconsin.dmv.gov/enotify](http://wisconsin.dmv.gov/enotify)

**Beginning May 3, 2023,** you will need a REAL ID-compliant license or another acceptable form of ID, such as a valid passport, to fly within the U.S. or enter a federal building or military base. Visit [wisconsin.dmv.gov/REALID](http://wisconsin.dmv.gov/REALID) for details and to learn more.



A star indicates it's a REAL ID



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/14/2021

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<br>Coverra Insurance Services, Inc.<br>3803 Creekside Ln.<br>Holmen WI 54636 | CONTACT NAME: Pam Andre                       | FAX (A/C. No.): 608-519-2818               |        |
|   | PHONE (A/C. No. Ext): 608-269-2127            | E-MAIL ADDRESS: pandre@coverrainurance.com |        |
| INSURED<br>Bee Cab Inc<br>1224 Island St<br>La Crosse WI 54601                        | INSURER(S) AFFORDING COVERAGE                 |  | NAIC # |
|   | INSURER A: Secura Insurance, A Mutual Company |  |        |
|   | INSURER B: INTEGRITY INS CO                   |  | 11584  |
|   | INSURER C: ICW Group Insurance Companies      |  |        |
|   | INSURER D:                                    |  |        |
| INSURER E:  |   |  |        |
| INSURER F:  |   |  |        |

COVERAGES      CERTIFICATE NUMBER: 1313398824      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        | COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR   |           |          | CP3241324              | 7/18/2021               | 7/18/2022               | EACH OCCURRENCE                           | \$1,000,000 |
|          |   |           |          |                        |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$100,000   |
| B        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> Hired AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |           |          | CA 2654312<br>A3241992 | 7/18/2021<br>7/18/2021  | 7/18/2022<br>7/18/2022  | COMBINED SINGLE LIMIT (Ea accident)       | \$1,000,000 |
|          |   |           |          |                        |                         |                         | BODILY INJURY (Per person)                | \$          |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below.   | Y/N<br>N  | N/A      | WWI5061107             | 7/14/2021               | 7/14/2022               | PER STATUTE                               |             |
|          |   |           |          |                        |                         |                         | E.L. EACH ACCIDENT                        | \$100,000   |
|          | UMBRILLA UAB<br>EXCESS UAB<br>DED:    RETENTION \$  |           |          |                        |                         |                         | EACH OCCURRENCE                           | \$          |
|          |   |           |          |                        |                         |                         | AGGREGATE                                 | \$          |
|          |   |           |          |                        |                         |                         |   | \$          |
|          |   |           |          |                        |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$100,000   |
|          |   |           |          |                        |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$500,000   |

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

City of La Crosse, its elected &amp; appointed officials, officers, employees &amp; authorized agents are included as additional insured on the automobile policy, when required by written contract.

Vehicles on Integrity:  
2005 CHRY: 1C4GP45R95B271532  
2013 TOYT JTDKN3DU1D1679205  
2005 TOYT JTDKB20U153062224  
2006 DODG 1D4GP45R06B565583  
See Attached..

|   |  |
|---|--|
| CERTIFICATE HOLDER<br><br>City of La Crosse<br>400 La Crosse St<br>La Crosse WI 54601 | CANCELLATION<br>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<br>  |

© 1988-2015 ACORD CORPORATION. All rights reserved.



**ADDITIONAL REMARKS SCHEDULE**

|  |            |  |  |
|--|------------|--|--|
| AGENCY<br>Coverra Insurance Services, Inc. |            | NAMED INSURED<br>Bee Cab Inc<br>1224 Island St<br>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.

2006 DODG 2D4GP44L56R737489  
 2005 TOYT JTDKB20U753093770  
 2006 DODG 1D4GP45R26B642244  
 2010 TOYT JTDKN3DU0A0210995  
 2005 TOYT JTDKB20U057025481  
 2005 TOYT JTDKB20U753055262  
 2005 Toyota JTDKB20UX53107774  
 2008 Toyota JTDKB20U087817165  
 2008 Dodge 1D8HN44HX8B114634  
 2004 Toyota JTDKB22UX40008840  
 2006 Toyota JTDKB22U163156912  
 2005 Toyota JTDKB20U257044291  
 2005 Toyota JTDKB20U457037309  
 2008 Chrys 2A8HR64X28R137146  
 2010 Chrys 2A4RR5D15AR110315  
 2006 Dodge 1D4GP24R06B538017  
 2007 Toyota JTDKB20UX77618560  
 2010 Toyota JTDKN3DU8A0061848  
 2008 Toyota 4T1BB46K48U057207  
 2013 Chrys 2C4RC1BG9DR540781  
 2008 Chrys 2A8HR54P18R815346  
 2021 Tesla 5YJYGDEE7MF209298  
 Vehicles on Secura policy:  
 2010 Ford NM0LS6BN0AT015226