•								
License Number		Lice	ense Fee \$					
License Issued		Invoice #						
CITY OF LA CROSSE APPLICATION FOR HORSE-DRAWN VEHICLE								
License Period: January 1st, 2019 to December 31st, 2019								
BUSINESS NAME (Real/Legal) Cindere	ella Carriage LLC						
BUSINESS TRADE NAME (DBA) Cindere	ella Carriage	8 Julie lin					
BUSINESS ADDRESS	30321 8	State Hwy 27, Cashton WI 54619	A KA					
BUSINESS TELEPHONE	608-606	3-0614	A BECEIVED					
OWNER(S) NAME (First, Full Middle, Last)	Lynn K	atherine Isensee	OCT 24 WINS					
OWNER(S) DATE OF BIRTI	-1							
OWNER(S) HOME ADDRES	30321 S	State Hwy 27, Cashton WI 54619	OFFICE A					
OWNER(S) TELEPHONE	608-60	6-0614	A Marine Land					
 HAVE YOU BEEN CONV 	ICTED OF AN ORD	FELONY OR MISDEMEANOR? DINANCE VIOLATION IN THE LAST FIVE (5) YEARS? FURE OF THE OFFENSE AND PLACE OF CONVICTION (use						
INSURANCE CARRIER	Tudor Insuranc	ce Company	· · · · · · · · · · · · · · · · · · ·					
POLICY NUMBER	CPG 100)547 <u>2</u>						
POLICY LIMITS		currence // \$2,000,000/Aggregate						
ATTACHED 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 must accompany the certificate.								
DURATION OF THE POLICY. ALL	INSURED VEHICL	ES SHALL BE IDENTIFIED ON THE CERTIFICATE OF INSU	JRANCE.					
DURATION OF THE POLICY. ALL The policy must be endorsed nan METHOD OF CHARGING	INSURED VEHICL	ES SHALL BE IDENTIFIED ON THE CERTIFICATE OF INSU	JRANCE. t accompany the certificate.					
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CERTIFICATE OF INSURANCE

This Document is a

Certificate of Insurance. This is to certify that policies of insurance listed below here have been issued to the insured named herein and are in force at this time. 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. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES LISTED BELOW.

BINDING OF THIS COVERAGE IS CONTINGENT UPON THE INSURED'S CONSIDERATION OF PREMIUM PAYMENT BEING POST-MARKED ARK AGENCY ON OR BEFORE THE EFFECTIVE DATE STATED ON THIS BINDER.

NAME AND ADDRESS OF AGENCY

NORTH AMERICAN HORSEMEN'S ASSOCIATION

Administrative Office: Ark Agency 310 Washburne Ave., Box 223 Paynesville, MN 56362

Policy No.: CPG 1005472 LOCATIONS (if other than mailing address)

NAME AND ADDRESS OF INSURED

Cinderella Carriage, LLC 30321 State Hwy 27 Cashton, WI 54619

COMPANY:

Tudor Insurance Company

1/23/2018 Effective: 12:01 AM

Expires: 12:01 AM

1/23/2019

		i	Limits of Liability		
Type of Liability Insurance	Coverage Form	Bodily	Each Occurrence	Aggregate Per	
X - Comprehensive Form Deductible: N/A per claim and legal defense	-	Injury &	Or Claim	Policy Year	
- Premises/ Operations Products/Completed Operations	Occurrence	Property		, , , , , , , , , , , , , , , , , , , ,	
Care, Custody & Control: \$ per horse max \$ Aggregate		Damage	}		
Deductible: N/A per claim and legal defense		Combined	\$1,000,000.	\$2,000,000.	
X - Medical Payments: \$1,000 X - Fire Legal Liability: \$50,000	j		1.,000,000	42,000,000.	
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EXPOSURES (ACTIVITIES) NOT LISTED WILL NOT BE COVERED BY THE COMMERCIAL EQUINE OPERATION'S LIABILITY POLICY.

Exposure Code W7343

W7355

Exposure (Activity Description) Commercial Maximum Usage Horses Horse Drawn Vehicle Rides, City and Rural

EXCLUSIONS	CANCELLATION:
As per policy contract.	Should any of the described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the
NAME AND ADDRESS OF: X - Additional Insured City of LaCrosse 400 LaCrosse Street	certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.
LaCrosse Wt 54601	Date Issued: December 27, 2017 Authorized Representative:

FORM APPROVED - OMB NUMBER 0579 - 0127 See reverse for more OMB information. 2, DATE BLOOD UNITED STATES DEPARTMENT OF AGRICULTURE SERIAL NO. 1. ACCESSION NUMBER AND PLANT HEALTH INSPECTION SERVICE DRAWN 976941 **EQUINE INFECTIOUS ANEMIA LABORATORY TEST** -15-150 (VS Memorandum 555.16) Forms Without Adequate Descriptions Of The Horse And Complete Addresses Including ZIP Codes, Counties, And Telephone Numbers Will Not Be Processed. 7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 3. REASON FOR TESTING First Test Retest Market Change of Ownership 4. GEOGRAPHIC INFORMATION 5. VETERINARY LICENSE OR 6. TEST TYPE SYSTEMS (GIS) ACCREDITATION NO. **ELISA** ZIP Code LAT: LONG: AGID County Tel No. 9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) 8. NAME AND ADDRESS OF OWNER (Please print or type) ZIP Code ZIP Code County County Tel No. CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above 11. TYPE OR PRINT SIGNATURE NAME 12. SIGNATURE, DATE 10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct, and complete. 14. TYPE OR PRINT SIGNATURE NAME 16. SIGNATURE DATE 13. SIGNATURE OF OWNER OR OWNER'S AGENT 22. 17 M - Male 18 19. Electronic F - Female Name of Horse Color Bread Tattoo/Brand I.D. No. noa No. Tag G Gelding SF-Spayed Black SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS 1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock NARRATIVE DESCRIPTION AND REMARKS 25. HEAD 26. OTHER MARKS AND BRANDS 27. LEFT FORELIMB 28. RIGHT FORELIMB 29. LEFT HINDLIMB 30. RIGHT HINDLIMB FOR LABORATORY USE ONLY 31. LABORATORY NAME/CITY/STATE 32. DATE RECEIVED DATE REPORTED OUT 34. TEST RESULTS Negative Positive AGID -EtISA

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

SIGNATURE OF TECHNICIAN

Sample Ye**steo**

36. REMÄRKS

4	3) NUMY 10/10					
See reverse for more OMB information.	FORM APPROVED - OMB NUMBER 0579 - 0127					
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555, 16)	SERIAL NO. 1. ACCESSION NUMBER 2. DATE BLOOD DRAWN					
Forms Without Adequate Descriptions Of The Horse And	The state of the s					
3. REASON FOR TESTING Show First Test	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)					
Market Change of Ownership Retest Export 4. GEOGRAPHIC INFORMATION 6. VETERINARY LICENSE OR SYSTEMS (GIS) 6. VETERINARY LICENSE OR ACCREDITATION NO.	Sine as council					
LAT: LONG: 7414-50 AGID	Tel No. County					
8. NAME AND ADDRESS OF OWNER (Please print or type)	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)					
36321 MILL 37	PLUGIA Malaightin VIMA, LASHICAVET SHOW,					
ZIP Code 15 16 19	Cashta 143 ZIP Code 544 F19					
Tel No.	Tel No. 608 6511-6384 County County					
CERTIFICATION OF FEDERALL I certify the specimen submitted with this form was drawn by n						
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME. 12. SIGNATURE DATE					
Mercation of OM	NOVO MCLACIGNEINVMD 1/15/18_					
I certify that I have examined this form and, to the best of my	y knowledge and belief, this form is true, correct, and complete.					
13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME 15. SIGNATURE DATE					
18. 17. 18. 19.	20. 21. Electronic Age or Sau 6 Formula					
Tubo Official No. Tag Tattoo/Brand Name of Horse	Color Breed LD, No. DOB Sex F - Female G - Gelding SP-Spayed					
a I (count	Black Buckeyes Tyc G Formato					
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	3 - Fetlock, 4 - Knee, 5 - Hock					
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LABORATURY - BARRON A JOSEPH						
raisification of this form or knowingly using a faisified form is a imprisonment for not more than b	criminal offense and may result in a fine of not more than \$10,000 or years or both (U.S.C. Section 1001).					

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST

serial no. 11 976937

1. ACCESSION NUMBER

2. DATE BLOOD DRAWN

(VS Memorandur	n 555,16)		Uar	JJJI	01574		-15-13	
Forms Without Adequate De	scriptions Of The Telephon	Horse And Numbers \	<i>N</i> ill Not Be Pro	cessed.				
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Market Change of Ownership	☐ Retest ☐ E	port	Walls Hammerstock					
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LAT:	(115/5)	Cas Notas Lute ZIP Code 54617						
LONG:	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)							
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Tel No. 608-778-15017	County 1010		Tel No.	<u>X-654</u>		ally TYY	<u> </u>	
I certify the specimen subm	CERTIFICATION C litted with this form w	of FEDERALL as drawn by m	ne from the horse	described l	pelow on the date indi-			
10. SIGNATURE OF PEDERALLY ACCREDITED VETE	LLLVM	<u>)</u>	11. TYPE OR PE	MCLO	rughty V	MP 12.5	IGNATURE DATE,	
I certify that I have examin	CERTIFICA ned this form and, to	the best of my		belief, this f	orm is true, correct, ar			
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16. 17/ 18. Tube Official No. Tag Tattoo/Brand	19. Name of Horse		20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. M - Male Sex F - Female G - Galding	
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SAMPLE TESTED AT PLACED AT LABORATORY - DARR.	3110		1/3/12		Negative Pos	itive [] A	GID TELISA	
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Falsification of this form or know in	ringly using a falsif nprisonment for no	ied form is a out more than 6	criminal offense years or both (and may r U.S.C. 5vc	sault in a fine of not fron 1001).	more than	\$10,000 or	

FORM APPROVED - OMB NUMBER 0579 - 0127

EQUINE INFECTIOUS AREMAL LABORATORY TEST [7] 963699 Forms Withhout Adequate Descriptions of The Horse And Complete Addressees Including 3P Codes, Counties, And Tebephone Numbers Will Note Processed. Readon Roth Testing Description of The Horse And Complete Addressees Including 3P Codes, Counties, And Tebephone Numbers Will Note Processed. Readon Roth Testing Description of The Horse And Complete Addressees Including 3P Codes, Counties, And Tebephone Numbers Will Note Processed. Readon Roth Testing Description of Testing Description Numbers Will Note Processed. Readon Roth Testing Description of Testing Description Numbers Will Note Processed. Readon Roth Testing Description of Testing Description Numbers William			ATES DEPARTMENT OF A			SERIAL NO.		1, ACCESSION N	UMBER	2. DATE B	
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To SUNATURE OF PEDERALLY ACCREDITED VETTERARAN Certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above. Certification of content of the form was drawn by me from the horse described below on the date indicated above. S. SIGNATURE OF PEDERALLY ACCREDITED VETTERARAN 1. TYPE OR PRINT SIGNATURE NAME S. SIGNATURE		طحبيجيا	All April 1980		en en maria en antiena en apara de la manifesta de propiesa de la manifesta de propiesa de la manifesta de la	$\mu c \epsilon 5$		CA. Service de la companya de la company La companya de la company	7IP Code		en de la companya de
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