

License Number \_\_\_\_\_  
 License Issued 4

License Fee \$ 200<sup>00</sup>  
 Receipt # 142193

**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	A-1 TAXI SERVICE, INC.
BUSINESS ADDRESS	3001 LAKESHORE DR LA CROSSE WI 54603 PO BOX 2982 LA CROSSE WI 54602 Zoning: NA - Town of Campbell _____ Confirmed by: _____
BUSINESS TELEPHONE	608-781-6655
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	456-0000292882

OWNER(S) NAME (First, Full Middle, Last)	<del>MARK ALAN SMITH</del> CARRIE ANN SMITH
OWNER(S) DATE OF BIRTH	_____
OWNER(S) ADDRESS	1417 STATE ST LA CROSSE WI 54601
OWNER(S) TELEPHONE	608-782-1875 cell 608 738-8152 home

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

minor traffic and ordinance  
violations

INSURANCE CARRIER	Coverra Insurance Services
POLICY NUMBER	GLA2057303 CA2057304 00069087
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	SEE ATTACHED

METHOD OF CHARGING	Metered Rates <u>X</u> Zone Rates _____ Vehicle Rental Rate _____
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	2.00 per mile 20.00 per hour 1.50 start up .50 per extra
NUMBER OF VEHICLES TO BE LICENSED	4

VEHICLE ID NUMBER	YEAR, MAKE & MODEL (Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)	CAPACITY (incl. driver)	STATE & LICENSE PLATE NO
2D4GP44L76R921025	2006 Dodge Caravan	7	WI
2FMZA522O5BA85309	2005 Ford Freestar	7	632-WPP WI
1A4GP45R76B740208	2006 Chrysler Town & Country	7	675-YCF WI
1A4GP44R56B756540	2006 Chrysler Town & Country	7	WI

X 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.*

X 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.

X 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 Cara Smith DATE 11-4-16

LICENSE [ ] APPROVED [ ] DENIED

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

Payment Amount: 200.00  
165516 - A-1 TAXI SERVICE, INC.  
003240-0102 Amber W. 11/04/2016 01:48PM  
General Billing - 142193 - 2016  
CITY OF LA CROSSE, WI

# CERTIFICATE OF INSPECTION

NAME OF BUSINESS A-1 TAN SOURCE INC

ADDRESS PO BOX 2982 Calhoun MI

VEHICLE MAKE Chrysler MODEL Town & Country YEAR 2006

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	X
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)	_____	_____	X

**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: Robin Helgeson Printed Name: Robin Helgeson

Business: Bears Repair Address: 115610 Country Club Dr. Date: 11-1-16

*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 A-1 Taxi Service Inc

ADDRESS PO Box 2982 La Crosse WI

VEHICLE MAKE Ford MODEL Fusion YEAR 2005

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			X
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: [Signature] Printed Name: Robin Helgeson

Business: Beans Repair Address: 125610 County ST Date: 11-1-16

*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 A-1 Taxi Service Inc

ADDRESS 1417 State St La Crosse WI

VEHICLE MAKE Chrysler MODEL Town + Country YEAR 2006

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	<input checked="" type="checkbox"/>
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)	_____	_____	<input checked="" type="checkbox"/>

**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: *Robin Hergeson* Printed Name: Robin Hergeson

Business: Bears Repair Address: N5630 CTY RD OT Date: 10-27-16

*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 A-1 Taxi Service Inc 713 YS Y

ADDRESS Po Box 2982 La Crosse

VEHICLE MAKE Dodge MODEL Grand Caravan YEAR 2006

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			✓
Parking Lamps			✓
Directional Lamps			✓
Flashing Warning Lamps			✓
Side Marker Lamps/Reflectors			X
Tail Lamps (incl. cover)			✓
Back Up Lamps			✓
Brake Lamps			✓
Steering System			X
Hood & Trunk Latches		10-20-16	X
Emission/Exhaust System			X
Tires (incl. spare & jack) <small>(Note: tire-tread depth shall not be less than 2/32 of an inch)</small>			X
Windshield (incl. wipers & washers)			X
Windows (side, rear)			✓
Windshield Defroster			X
Horn			✓
Mirrors			✓
Speed Indicator			X
Restraining Devices & Seats			X
Brakes (incl. parking brake)			X
Heater			X
Air Conditioning			X
Door Handles (interior & exterior)			X

**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: Robin Helgeson Printed Name: Robin Helgeson

Business: Bears Repair Address: N 5630 County Rd 07 Date: 10-21-16

*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)  
10/31/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 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@coverrainurance.com		
INSURED A-1 TAXI-02 A-1 Taxi Service Inc 1417 State St PO Box 2982 La Crosse WI 54602	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Integrity Group		
	INSURER B : James River Insurance Company		
	INSURER C :		
	INSURER D :		
	INSURER E :		

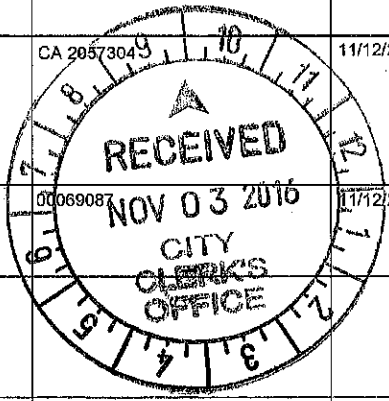
**COVERAGES**

CERTIFICATE NUMBER: 586086144

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			GLA2057303	11/12/2015	11/12/2016	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 - COM/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <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 2057304	11/12/2015	11/12/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE			00069087	11/12/2015	11/12/2016	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

2005 Ford Freestar; VIN: 2FMZA52205BA85309  
 2006 Chrys Town & Country; VIN - 1A4GP45R76B740208  
 2006 Dodge Caravan VIN: 2D4GP44L76R921025  
 2006 Chrysler Town & Country VIN: 1A4GP44R56B756540

City of La Crosse, its elected and appointed officials, officers, employees and authorized agents are 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 <i>Pam Andre</i>

© 1988-2010 ACORD CORPORATION. All rights reserved.



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Coverra Insurance Services, Inc.		NAMED INSURED A-1 Taxi Service Inc 1417 State St PO Box 2982 La Crosse WI 54602	
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**

listed as additional insured on the automobile policy. Please refer to attached additional insured endorsement CA39



**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: *A-1 TAXI SERVICE INC*

Policy No. *CA 2057304*

CA 241 (12-99)

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

<b>Endorsement</b>	<b>CA 39</b>
--------------------	--------------

**Policy Number: CA 2057304**

**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.