

LEASE

THIS LEASE made this 22nd day of February, 2014, by and between Davy Engineering Co., a Wisconsin corporation, located at 115 South 6th Street, La Crosse, Wisconsin, hereinafter referred to as "Lessee" and the City of La Crosse, a municipal corporation, La Crosse County, Wisconsin hereinafter referred to as "Lessor."

WITNESSETH:

That Lessor and Lessee for the consideration herein agree as follows:

1. That the Lessor does hereby lease and demise unto the Lessee a certain parcel of land located in the City of La Crosse, County of La Crosse, State of Wisconsin described as follows, to-wit:

The West 98.70 feet of Lot 13, Block 5, Burns & Overbaughs Addition to the City of La Crosse (La Crosse Well Site 19H)

2. The Lessee shall lease said premises for a term of three years, commencing March 1, 2014, and terminating February 28, 2017.

3. The Lessee shall pay the Lessor as rental for said premises to be paid in equal monthly installments the sum of \$509.09 (plus WI State sales tax) per month for the first year, for the second and third years, the rent shall be adjusted in accordance with the increase or decrease in the consumer price index, with the first payment to be made on or before the first day of March, 2014 and then the first day of each month thereafter until termination.

4. The Lessor is leasing the above-described premises to the Lessee for the use of parking of vehicles and no other purpose without the express written consent of Lessor.

5. The Lessee specifically agrees to provide signs to identify the Lessee and to plow and police the lot, all at lessee's expense.

6. It is further agreed that should public necessity or convenience necessitate termination of the lease by Lessor, such as may be required or necessary relative to repair or replacement of the City water system well or distribution system which is located on immediately

adjacent premises, Lessee agrees to vacate the leased premises upon 60 days' prior notice. Lessee further agrees to allow access to the City of La Crosse to its well in order to repair or replace its facilities and its water system.

7. Lessee agrees to provide bodily injury insurance with an aggregate of at least \$500,000 and property damage insurance in an amount of at least \$100,000 naming the City of La Crosse, Wisconsin, as additional insured. Lessee further agrees to indemnify and hold harmless the City of La Crosse, its agents and employees from any and all claims, damages or loss that may arise from the use of the leased premises by Lessee.

8. Lessee shall also be responsible for any applicable federal or state taxes, including Wisconsin sales tax.

IN WITNESS WHEREOF the parties have hereunto caused this instrument to be executed the day and year first above written.

WITNESS:

DAVY ENGINEERING CO.

[Signature]
Michael F. Davy, President

[Signature]
Joyce K. Davy, Secretary

CITY OF La CROSSE

Heidi Larson

Tim Kabat
Tim Kabat, Mayor

Teri Lehrke
Teri Lehrke, Clerk



CERTIFICATE OF LIABILITY INSURANCE

OP ID: JMC

DATE (MM/DD/YYYY)

02/24/2014

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 ACEC/MARSH 701 Market St., Ste. 1100 St. Louis, MO 63101 Jared Maxwell		Phone: 800-338-1391 Fax: 888-621-3173	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: DAVY-01	FAX (A/C, No):
INSURED Davy Engineering Co. 115 6th St S La Crosse, WI 54602-2076		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Sentinel Ins. Co.		
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES

CERTIFICATE NUMBER:


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 GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			84SBWPI6701	01/01/2014	01/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/DP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			84UEGAU8528	01/01/2014	01/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DEDUCTIBLE RETENTION \$ 10,000			84SBWPI6701	01/01/2014	01/01/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	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	84WEGBP3181	01/01/2014	01/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE: Parking Lot Lease - When required by written contract: The City of La Crosse, Wisconsin is included as additional insured for above coverages except WC.

CERTIFICATE HOLDER**CANCELLATION**

CITY OF City of La Crosse Attn: Dale Hexom 400 La Crosse Street 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 
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