

On State Highway:  
 Yes  No

## REVOCABLE OCCUPANCY/ STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Legal Department - Phone: (608)789-7511  
<http://www.cityoflacrosse.org>

Permit Number: \_\_\_\_\_

**APPLICANT**  
 Name: John Louis Company Name: Wisconsin Independent Network  
 Address: Suite 219 800 Wisconsin St. City: Eau Claire State: WI Zip: 54703  
 Phone #: (715) 838-4012 Cell #: (715) 864-2918 Fax #: ( )  
 Email: jlouis@wins.net

**PROPERTY OWNER** \*If different from applicant  
 Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: ( ) Cell #: ( ) Fax #: ( )  
 Email: \_\_\_\_\_

**ENCROACHMENT TYPE (Check one):**

<input type="checkbox"/> AWNING/ON-PREMISE SIGN/OVERHEAD HEATER/CANOPY	<input type="checkbox"/> OUTDOOR DINING AREA
<input type="checkbox"/> FIRE ESCAPE/RESCUE PLATFORM/BALCONY	<input type="checkbox"/> AESTHETIC APPURTENANCE
<input type="checkbox"/> VENDING MACHINE/NEWSBOX	<input type="checkbox"/> GROUNDWATER MONITORING WELL
<input checked="" type="checkbox"/> UNDERGROUND WIRES AND INFRASTRUCTURES	<input type="checkbox"/> BOATHOUSE/HOUSEBOAT
<input type="checkbox"/> AUTOMATIC IRRIGATION SYSTEM/SIDEWALK ENCROACHMENT	<input type="checkbox"/> OFF-PREMISE SIGN
<input type="checkbox"/> OTHER: _____	

**DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:**  
WIN to place fiber optic cable in road right of way

Desired Start Date: 7-11-16  
 Est. Completion Date: 8-20-16

**CONTRACTOR/SIGN CO.:** Unknown at this time **PERSON IN CHARGE:** \_\_\_\_\_  
 Phone #: ( ) Cell #: ( ) Fax #: ( )

For timely review, City Ordinance requires that applications be submitted at least 45 days prior to the need for any encroachment. Notwithstanding approval of the application, a permit is not valid until it is signed, recorded and compliance with all other permit conditions is verified. All necessary permits from other City Departments must also be obtained before the encroachment can be installed/erected.

I authorize the applicant listed above to apply for a Street Privilege Permit through the City of La Crosse.

STATE OF WISCONSIN )  
 ) SS.  
 COUNTY OF LA CROSSE )  
 Personally came before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the above named \_\_\_\_\_ to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Property Owner Signature: \_\_\_\_\_  
 A signed letter from the property owner or management company may be used in lieu of this signature \*\*  
 Signature of Property Owner must be notarized \*\*

Tax Parcel ID #: \_\_\_\_\_ Notary Public: \_\_\_\_\_ County: \_\_\_\_\_  
 My commission expires: \_\_\_\_\_

I certify that I have reviewed the Municipal Code and understand all that is related to this permit request. I further certify that I have the full authority to make the foregoing application; the information in the application and the required submittals are complete and correct; the Work or Use performed shall comply with all the laws of the State of Wisconsin, and all ordinances, rules, regulations, policies, and special conditions of the City of La Crosse. The applicant agrees to perform the work or use covered by an approved permit with diligence and convenience to the public. After approval, applicant shall be responsible for obtaining any final documents and follow all procedures as defined in the City Municipal Code. Approval of this application is subject to the conditions that appear in the actual permit to be signed after approval is obtained.

Signature of Applicant: J. Wempole-Debrauche Comm. Date: 6-21-16

Please return this completed application along with required information and fees noted on checklist to: City of La Crosse, Legal Department, 400 La Crosse Street, 6th Floor, La Crosse WI 54601. With questions please contact the Legal Department at (608)789-7511. You will then be given notice of when your request will be on the Board of Public Works agenda.

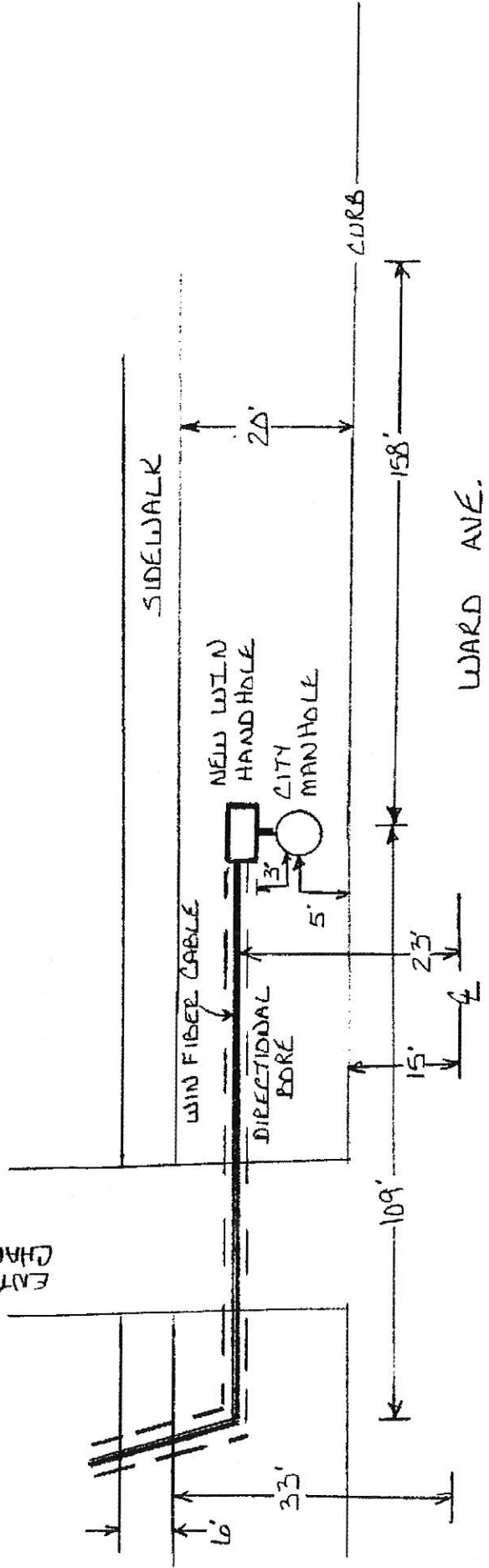
Approved By: _____	Required items to be provided by Applicant: Copy of map of encroachment <input type="checkbox"/> Copy of site plan <input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Proof of Payment Fee: \$ 50 <input type="checkbox"/> Annual Permit Fee: \$ 50 <input type="checkbox"/> All items due prior to approval	City Shared Fees to be Collected by City Staff: <input type="checkbox"/> General Encroachment Application Fee <input type="checkbox"/> Special Encroachment Application Fee <b>NON-REFUNDABLE ANNUAL PERMIT FEE</b> Payable to City Treasurer, P.O. Box 1000, La Crosse, WI 54601
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WISCONSIN INDEPENDENT NETWORK  
FIBER CABLE PLACEMENT  
CITY OF LA CROSSE.

2191 WARD AVE.

ENTRANCE TO  
CHART ENERGY



23 RD 57 S  
7



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/28/2016

**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).**

<b>PRODUCER</b> <b>UNITEL</b> 1128 Lincoln Mall Suite 200 Lincoln NE 68508	<b>CONTACT NAME:</b> Michelle Bivens <b>PHONE (A/C, No, Ext):</b> (402) 434-7200 <b>FAX (A/C, No):</b> (402) 434-7272 <b>E-MAIL ADDRESS:</b> mbivens@unicogroup.com														
<b>INSURED</b> Communications Management Group, LLC Wisconsin Independent Network, LLC 800 Wisconsin Street, Ste. 219; Mailbox 107 Eau Claire WI 54703	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Acadia Insurance Company</td> <td style="text-align: center;">31325</td> </tr> <tr> <td>INSURER B: Twin City Fire Insurance Co</td> <td style="text-align: center;">29459</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Acadia Insurance Company	31325	INSURER B: Twin City Fire Insurance Co	29459	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		RUP312596621	6/1/2016	6/1/2017	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			RUP312596621	6/1/2016	6/1/2017	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	91WBU0476	4/1/2016	4/1/2017	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> PER STATUTE    <input type="checkbox"/> OTH-ER</td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
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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 is additional insured under the General Liability per written contract.

<b>CERTIFICATE HOLDER</b>  City of La Crosse Rebecka Martin 400 La Crosse Street 5th Floor La Crosse, WI 54601	<b>CANCELLATION</b>  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  Chris Danielson/MB
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