

License Number _____
 License Issued 11

License Fee \$ 550.00
 Receipt # 152546

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	DJL INC DBA LUXURY LIMOUSINES
BUSINESS ADDRESS	1524 FLAT RD STE 110 HOLMEN WI 54636 Zoning: NA - Holmen
BUSINESS TELEPHONE	608-317-5589
WISCONSIN SELLER PERMIT (Req'd if vehicles are leased to drivers)	Drivers paid hourly; do not lease vehicles.

OWNER(S) NAME (First, Full Middle, Last)	DON JOHN LEE
OWNER(S) DATE OF BIRTH	
OWNER(S) ADDRESS	1045 N LAUDERDALE PL ONALASKA WI 54650
OWNER(S) TELEPHONE	608-304-1117

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

INSURANCE CARRIER	Zurich American Insurance Company
POLICY NUMBER	BAP1056882
POLICY LIMITS min. \$1,000,000 liability \$1,000,000 umbrella	\$1,000,000 liability \$4,000,000 umbrella

METHOD OF CHARGING	Metered Rates ___ Zone Rates ___ Vehicle Rental Rate <u>X</u>
SCHEDULE OF RATES (or attach Schedule which will be posted in the vehicles)	SEE ATTACHED
NUMBER OF VEHICLES TO BE LICENSED	11

VEHICLE ID NUMBER	YEAR, MAKE & MODEL (Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)	CAPACITY (incl. driver)	STATE & LICENSE PLATE NO
SEE ATTACHED			

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.

N/A 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  DATE 11-3-17

LICENSE [] APPROVED [] DENIED

SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

DJL, Inc. Vehicle Listing:Year, Make, ModelVINLicense PlateCapacity

<u>Year, Make, Model</u>	<u>VIN</u>	<u>License Plate</u>	<u>Capacity</u>
2002 Lincoln Towncar	1L1FM81W32Y603185	148-RWH WI	8
2002 Ford Limo Bus	1FDXE45S42HA00861	LUXLIMO WI	15
2003 Lincoln Limousine	1L1FM81W23Y658003	466-TNW WI	10
2003 Lincoln Towncar	1L1FM81W23Y600165	LUXLIM3 WI	11
2003 Ford Limo Van	1FTNS24L73HB54632	535-TGG WI	11
2014 Lincoln Navigator	5LMJJ3J51EEL00291	299-UDJ WI	7
2013 Lincoln MKX	2LMDJ8JK6DBL12938	983-UEP WI	4
2007 Cadillac Sedan	1G6KD57Y87U201950	511-YBH WI	5
2015 Toyota Van	FTDYK3DC4FS561035	468-YUG WI	5
2016 Lincoln Sport Utility	5LMJJ3LT1GEL01259	811-TVY WI	6
2017 Lincoln MKX	2LMPJ8LR9HBL44599	AAC-9168 WI	4



1524 Flat Road, Suite 110, Holmen, WI 54636
608.317.5589 | info@luxurylimosinc.com

Rate Sheet

Coach Bus (44 passengers)

\$350 for the 1st hour, \$250 for the 2nd hour, \$60 each additional hour

Coach Bus (36 passengers)

\$300 for the 1st hour, \$200 for the 2nd hour, \$50 each additional hour

Limo Bus (24-28 passengers)

\$300 for the 1st hour, \$200 for the 2nd hour, \$50 each additional hour

Limo Bus (14 passengers)

\$250 for the 1st hour, \$50 each additional hour

Stretch Limousine Car (9 passengers)

\$150 for the 1st hour, \$50 each additional hour

Limousine Van (9 passengers)

\$150 for the 1st hour, \$50 each additional hour

Lincoln Navigator or Toyota Sienna Van (6 or 7 passengers)

\$100 for the 1st hour, \$50 each additional hour

Limousine Car (6 passengers)

\$100 for the 1st hour, \$50 each additional hour

Lincoln MKX or Cadillac Sedan (4 passengers)

\$75 for the 1st hour, \$50 each additional hour

CERTIFICATE OF INSPECTION

NAME OF BUSINESS DJL INC DBA LUXURY LIMOUSINES
 ADDRESS 1524 FLAT RD, SUITE 110, HOLMEN, WI 54636
 VEHICLE MAKE LINCOLN MODEL MKX YEAR 2017

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____
Parking Lamps	_____	_____	_____
Directional Lamps	_____	_____	_____
Flashing Warning Lamps	_____	_____	_____
Sidemarkers Lamps/Reflectors	_____	_____	_____
Tail Lamps (incl. cover)	_____	_____	_____
Back Up Lamps	_____	_____	_____
Brake Lamps	_____	_____	_____
Steering System	_____	_____	_____
Hood & Trunk Latches	_____	_____	_____
Emission/Exhaust System	_____	_____	_____
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	_____
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: PAUL L. ANDERSON

Business ANDY'S MAIN STREET AUTO Address 604 MAIN STREET, HOLMEN WI 54636 Date 11-3-17

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 OJL IWC DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636

VEHICLE MAKE FORD MODEL LIMO VAN YEAR 2003

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ / _____
Parking Lamps	_____	_____	_____ / _____
Directional Lamps	_____	_____	_____ / _____
Flashing Warning Lamps	_____	_____	_____ / _____
Sidemarkers Lamps/Reflectors	_____	_____	_____ / _____
Tail Lamps (incl. cover)	_____	_____	_____ / _____
Back Up Lamps	_____	_____	_____ / _____
Brake Lamps	_____	_____	_____ / _____
Steering System	_____	_____	_____ / _____
Hood & Trunk Latches	_____	_____	_____ / _____
Emission/Exhaust System	_____	_____	_____ / _____
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	_____ / _____
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: Paul L. Anderson

Business Address 604 MAIN ST HOLMEN WIS Date 11-7-10

For all passenger vehicles shall be kept and maintained in a safe and reliable condition. To insure the safety of the public, the applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle by a certified A.S.E. mechanic technician other than vehicle owner/employee.

CERTIFICATE OF INSPECTION

NAME OF BUSINESS OJL INC DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636

VEHICLE MAKE LINCOLN MODEL TOWNCAR YEAR 2002

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)			/
Parking Lamps			/
Directional Lamps			/
Flashing Warning Lamps			/
Sidemarkers Lamps/Reflectors			/
Tail Lamps (incl. cover)			/
Back Up Lamps			/
Brake Lamps			/
Steering System			/
Hood & Trunk Latches			/
Emission/Exhaust System			/
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)			/
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: Paul J. Anderson Printed Name: Paul L. Anderson

Business Name: GREY AUTO Address: 604 WINDY ST HOLMEN WIS Date: 11-7-10

Every motor vehicle shall be kept and maintained in a safe and reliable condition. To insure the safety of the public, every applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle. This certificate shall be signed by a certified technician (other than vehicle owner/employee).

CERTIFICATE OF INSPECTION

NAME OF BUSINESS OJL IWC DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT IRD STE 110 HOLMEN WIS 54636

VEHICLE MAKE FORD MODEL Limo Bus YEAR 2002

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ /
Parking Lamps	_____	_____	_____ /
Directional Lamps	_____	_____	_____ /
Flashing Warning Lamps	_____	_____	_____ /
Sidemarkers Lamps/Reflectors	_____	_____	_____ /
Tail Lamps (incl. cover)	_____	_____	_____ /
Back Up Lamps	_____	_____	_____ /
Brake Lamps	_____	_____	_____ /
Steering System	_____	_____	_____ /
Hood & Trunk Latches	_____	_____	_____ /
Emission/Exhaust System	_____	_____	_____ /
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	_____ /
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: Paul J. Anderson

Business Auto's main GREAT AUTO Address 604 Main St. Holmen Wis Date 11-7-10

Inspection of a passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safety of the public, the applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle by a certified technician rather than vehicle owner/employee.

CERTIFICATE OF INSPECTION

NAME OF BUSINESS OJL IWC DBA LUXURY LIMOUSINES
 ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636
 VEHICLE MAKE LINCOLN MODEL LIMOUSINE YEAR 2003

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ / _____
Parking Lamps	_____	_____	_____ / _____
Directional Lamps	_____	_____	_____ / _____
Flashing Warning Lamps	_____	_____	_____ / _____
Sidemarkers Lamps/Reflectors	_____	_____	_____ / _____
Tail Lamps (incl. cover)	_____	_____	_____ / _____
Back Up Lamps	_____	_____	_____ / _____
Brake Lamps	_____	_____	_____ / _____
Steering System	_____	_____	_____ / _____
Hood & Trunk Latches	_____	_____	_____ / _____
Emission/Exhaust System	_____	_____	_____ / _____
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	_____ / _____
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: Paul L. Anderson

Business: AWD'S MAIN STREET AUTO Address: 604 MAIN ST. HOLMEN WIS Date: 11-7-10

Inspection of a passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safety of the public, the applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle by a certified technician rather than vehicle owner/employee.

CERTIFICATE OF INSPECTION

NAME OF BUSINESS OJL IWC DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636

VEHICLE MAKE LINCOLN MODEL LIMOUSINE YEAR 2003

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

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: Paul J. Auld Printed Name: Paul J. Auld

Business Name: GARRETT AUTO Address: 604 MAIN ST HOLMEN WIS Date: 11-7-13

This certificate of inspection for a public passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the proper operation of this vehicle, applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle. This certificate shall be signed by a certified technician other than vehicle owner/employee.

CERTIFICATE OF INSPECTION

NAME OF BUSINESS OJL IWC DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636

VEHICLE MAKE LINCOLN MODEL NAVIGATOR YEAR 2014

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ / _____
Parking Lamps	_____	_____	_____ / _____
Directional Lamps	_____	_____	_____ / _____
Flashing Warning Lamps	_____	_____	_____ / _____
Sidemarkers Lamps/Reflectors	_____	_____	_____ / _____
Tail Lamps (incl. cover)	_____	_____	_____ / _____
Back Up Lamps	_____	_____	_____ / _____
Brake Lamps	_____	_____	_____ / _____
Steering System	_____	_____	_____ / _____
Hood & Trunk Latches	_____	_____	_____ / _____
Emission/Exhaust System	_____	_____	_____ / _____
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	_____ / _____
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: *Paul J. Kubas* Printed Name: Paul J. Kubas

Business Auto's in the Sun AUTO Address 604 W. Main St. Holmen Wis Date 11-7-14

Inspection of a passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safety of the public, the applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle. This certificate shall be signed by a certified technician rather than vehicle owner/employee.

CERTIFICATE OF INSPECTION

NAME OF BUSINESS OJL INC DBA LUXURY LIMOUSINES
 ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636
 VEHICLE MAKE LINCOLN MODEL MKS YEAR 2013

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ / _____
Parking Lamps	_____	_____	_____ / _____
Directional Lamps	_____	_____	_____ / _____
Flashing Warning Lamps	_____	_____	_____ / _____
Sidemarkers Lamps/Reflectors	_____	_____	_____ / _____
Tail Lamps (incl. cover)	_____	_____	_____ / _____
Back Up Lamps	_____	_____	_____ / _____
Brake Lamps	_____	_____	_____ / _____
Steering System	_____	_____	_____ / _____
Hood & Trunk Latches	_____	_____	_____ / _____
Emission/Exhaust System	_____	_____	_____ / _____
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	_____ / _____
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: *Paul L Anderson* Printed Name: Paul L Anderson

Business Name: ANDERS LUXURY AUTO Address: 604 MAIN ST HOLMEN WIS Date: 11-7-14

Every passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safety of the public, every applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle. This certificate shall be signed by a certified technician (other than vehicle owner/employee).

CERTIFICATE OF INSPECTION

NAME OF BUSINESS OJL INC DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636

VEHICLE MAKE CADILLAC MODEL SEDAN YEAR 2007

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ / _____
Parking Lamps	_____	_____	_____ / _____
Directional Lamps	_____	_____	_____ / _____
Flashing Warning Lamps	_____	_____	_____ / _____
Sidemarkers Lamps/Reflectors	_____	_____	_____ / _____
Tail Lamps (incl. cover)	_____	_____	_____ / _____
Back Up Lamps	_____	_____	_____ / _____
Brake Lamps	_____	_____	_____ / _____
Steering System	_____	_____	_____ / _____
Hood & Trunk Latches	_____	_____	_____ / _____
Emission/Exhaust System	_____	_____	_____ / _____
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	_____ / _____
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: Paul L. Anderson

Business/Agency Name GRANT AUTO Address 604 MAIN ST HOLMEN WIS Date 11-7-10

Every motor vehicle shall be kept and maintained in a safe and reliable condition. To insure the safety of the public, every motor vehicle applicant must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle by a certified technician (other than vehicle owner/employee).

CERTIFICATE OF INSPECTION

NAME OF BUSINESS OJL INC DBA LUXURY LIMOUSINES

ADDRESS 1524 FLAT RD STE 110 HOLMEN WIS 54636

VEHICLE MAKE TOYOTA MODEL YAN YEAR 2015

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ / _____
Parking Lamps	_____	_____	_____ / _____
Directional Lamps	_____	_____	_____ / _____
Flashing Warning Lamps	_____	_____	_____ / _____
Sidemarkers Lamps/Reflectors	_____	_____	_____ / _____
Tail Lamps (incl. cover)	_____	_____	_____ / _____
Back Up Lamps	_____	_____	_____ / _____
Brake Lamps	_____	_____	_____ / _____
Steering System	_____	_____	_____ / _____
Hood & Trunk Latches	_____	_____	_____ / _____
Emission/Exhaust System	_____	_____	_____ / _____
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	_____ / _____
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: Paul L. Anderson Printed Name: Paul L. Anderson

INSPECTED AT SAVANT AUTO Address 604 MAIN ST HOLMEN WIS Date 11-7-17

This certificate is only valid for a passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the validity of this certificate, applicant must present to the City Clerk a certificate as to the mechanical condition of the vehicle signed by a certified technician (other than vehicle owner/employee).

CERTIFICATE OF INSPECTION

NAME OF BUSINESS OJL INC DBA LUXURY LIMOUSINES
 ADDRESS 1527 FLAT RD STE 110 HOUMEN WLS 54636
 VEHICLE MAKE Lincoln MODEL SPORT UTILITY YEAR 2016

	NEEDS REPAIR	DATE OF REPAIR	NO REPAIR NECESSARY
Headlamps (incl. cover and aim)	_____	_____	_____ / _____
Parking Lamps	_____	_____	_____ / _____
Directional Lamps	_____	_____	_____ / _____
Flashing Warning Lamps	_____	_____	_____ / _____
Sidemarkers Lamps/Reflectors	_____	_____	_____ / _____
Tail Lamps (incl. cover)	_____	_____	_____ / _____
Back Up Lamps	_____	_____	_____ / _____
Brake Lamps	_____	_____	_____ / _____
Steering System	_____	_____	_____ / _____
Hood & Trunk Latches	_____	_____	_____ / _____
Emission/Exhaust System	_____	_____	_____ / _____
Tires (incl. spare & jack) (Note: tire-tread depth shall not be less than 2/32 of an inch)	_____	_____	_____ / _____
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: *Paul L. Anderson* Printed Name: Paul L. Anderson

Business Name: AMDIS HOUMEN SPORT AUTO Address: 604 MAIN ST HOUMEN WLS Date: 11-7-16

The State of Wisconsin requires every passenger vehicle shall be kept and maintained in a safe and reliable condition. To insure the safety of the public, any person who owns, leases, or operates a passenger vehicle must present to the City Clerk a certificate of inspection as to the mechanical condition of the vehicle. This certificate must be signed by a licensed mechanic (other than vehicle owner/employee).



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/3/2017

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 NOBLE INSURANCE SERVICE LLC W5822 County Road OS Onalaska, WI 54650 100194133	CONTACT NAME: PHONE (A/C, T/O, Ext): (608)779-5500 FAX (A/C, No): (608)779-5503	
	E-MAIL ADDRESS: sherryn@nobleinsurance.net	
INSURED DJL, INC-LUXURY LIMO'S DBA: LUXURY LIMO'S 103 10TH AVE S ONALASKA, WI 54650	INSURER(S) AFFORDING COVERAGE NAIC #	
	INSURER A: RPS-Rishi Placement Services	
	INSURER B: Western Experts in Transportati	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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 SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BAP1056882	5/17/2017	5/17/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS:			HXS1028601	5/17/2017	5/17/2018	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Ill) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E L EACH ACCIDENT	\$
							E L DISEASE - EA EMPLOYEE	\$
							E L DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER IS ADDITIONAL INSURED AS RESPECTS TO THE OPERATIONS OF THE NAMED INSURED. RE: ATTACHED SCHEDULE OF AUTOS.

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 
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AGENCY CUSTOMER ID: _____

VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

11/3/2017

AGENCY NOBLE INSURANCE SERVICE LLC		CARRIER DJL, INC-LUXURY LIMO'S		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE 05/17/2017	NAMED INSURED(S)	

VEHICLE DESCRIPTION

VEH#	YEAR	MAKE	MODEL	BODY TYPE	VEHICLE TYPE	SYN/AGE	COMP/OTCSYM	COLL SYM					
5	2005	GMC	C5500 DURAMAX	DIESEL COACH BUS	PP SPEC <input checked="" type="checkbox"/> COM.L		7	7					
GARAGE ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP						
WI		HOLMEN		LA CROSSE		WI							
LIC STATE	TERR	GVW/GCV	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL					
WI						37	200						
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM.L	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L
	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> UNINS MOTOR		FT	<input checked="" type="checkbox"/> COM.P/OTC	FG	<input type="checkbox"/> AA	<input checked="" type="checkbox"/> STAMT	\$ 1,000	
	<input type="checkbox"/> FARM					FTW	<input checked="" type="checkbox"/> COLL			\$ 25,000		\$ 1,000	COLL
DRIVE TO WORK/SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR.CR.			TOTAL PREM: \$						
6	2007	CADILLAC	SEDAN	SEDAN	PP SPEC <input checked="" type="checkbox"/> COM.L								
GARAGE ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP						
WI		HOLMEN		LA CROSSE		WI							
LIC STATE	TERR	GVW/GCV	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL					
WI						6	100						
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM.L	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L
	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> UNINS MOTOR		FT	<input checked="" type="checkbox"/> COM.P/OTC	FG	<input type="checkbox"/> AA	<input type="checkbox"/> STAMT	\$	COLL
	<input type="checkbox"/> FARM					FTW	<input checked="" type="checkbox"/> COLL			\$		\$	
DRIVE TO WORK/SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR.CR.			TOTAL PREM: \$						
7	2014	FORD	STARCRAFT	LIMO BUS	PP SPEC <input checked="" type="checkbox"/> COM.L		7	7					
GARAGE ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP						
WI		HOLMEN		LA CROSSE		WI							
LIC STATE	TERR	GVW/GCV	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL					
WI						25	100						
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM.L	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L
	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> UNINS MOTOR		FT	<input checked="" type="checkbox"/> COM.P/OTC	FG	<input type="checkbox"/> AA	<input checked="" type="checkbox"/> STAMT	\$ 2,500	
	<input type="checkbox"/> FARM					FTW	<input checked="" type="checkbox"/> COLL			\$ 60,000		\$ 2,500	COLL
DRIVE TO WORK/SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR.CR.			TOTAL PREM: \$						
8	2014	LINCOLN	NAVIGATOR	SUV	PP SPEC <input checked="" type="checkbox"/> COM.L		7	7					
GARAGE ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP						
WI		HOLMEN		LA CROSSE		WI							
LIC STATE	TERR	GVW/GCV	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL					
WI						8	100						
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM.L	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L
	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> UNINS MOTOR		FT	<input checked="" type="checkbox"/> COM.P/OTC	FG	<input type="checkbox"/> AA	<input checked="" type="checkbox"/> STAMT	\$ 2,500	
	<input type="checkbox"/> FARM					FTW	<input checked="" type="checkbox"/> COLL			\$ 50,000		\$ 2,500	COLL
DRIVE TO WORK/SCHOOL		<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR.CR.			TOTAL PREM: \$						
9	2013	LINCOLN	MKX	SUV	PP SPEC <input checked="" type="checkbox"/> COM.L		7	7					
GARAGE ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP						
WI		HOLMEN		LA CROSSE		WI							
LIC STATE	TERR	GVW/GCV	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL					
WI						5	100						
USE	<input checked="" type="checkbox"/> PLEASURE	<input checked="" type="checkbox"/> COMM.L	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	<input checked="" type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L
	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> UNINS MOTOR		FT	<input checked="" type="checkbox"/> COM.P/OTC	FG	<input type="checkbox"/> AA	<input checked="" type="checkbox"/> STAMT	\$ 2,500	
	<input type="checkbox"/> FARM					FTW	<input checked="" type="checkbox"/> COLL			\$ 45,000		\$ 2,500	COLL
DRIVE TO WORK/SCHOOL		<input checked="" type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	NET VEH DR.CR.			TOTAL PREM: \$						

VEHICLE DESCRIPTION		ACORD 129 attached for additional vehicles	
1	Lincoln	2002	Lincoln
2	Lincoln	2003	Lincoln
3	Ford	2002	Van
4	Lincoln	2003	Lincoln
LIC STATE: WI LIC: 11100 CLASS: 11100 SEAT CP: 11100 RADIUS: 11100 FACTOR: 11100 CITY: HOLMEN COUNTY: IA STATE: IA ZIP: 52040 ADDRESS: 11100 GARRAGE: 11100 STREET (required in WI): 11100 YEAR: 11100 MAKE: 11100 MODEL: 11100 VIN: 11100 BODY: 11100 TYPE: 11100 VEHICLE TYPE: 11100 SVLAGE: 11100 COLL: 11100 C OF L: 11100 OTC: 11100 COMP: 11100 SPEC: 11100 TOTAL PREM: 11100			
LIC STATE: WI LIC: 11100 CLASS: 11100 SEAT CP: 11100 RADIUS: 11100 FACTOR: 11100 CITY: HOLMEN COUNTY: IA STATE: IA ZIP: 52040 ADDRESS: 11100 GARRAGE: 11100 STREET (required in WI): 11100 YEAR: 11100 MAKE: 11100 MODEL: 11100 VIN: 11100 BODY: 11100 TYPE: 11100 VEHICLE TYPE: 11100 SVLAGE: 11100 COLL: 11100 C OF L: 11100 OTC: 11100 COMP: 11100 SPEC: 11100 TOTAL PREM: 11100			
LIC STATE: WI LIC: 11100 CLASS: 11100 SEAT CP: 11100 RADIUS: 11100 FACTOR: 11100 CITY: HOLMEN COUNTY: IA STATE: IA ZIP: 52040 ADDRESS: 11100 GARRAGE: 11100 STREET (required in WI): 11100 YEAR: 11100 MAKE: 11100 MODEL: 11100 VIN: 11100 BODY: 11100 TYPE: 11100 VEHICLE TYPE: 11100 SVLAGE: 11100 COLL: 11100 C OF L: 11100 OTC: 11100 COMP: 11100 SPEC: 11100 TOTAL PREM: 11100			
LIC STATE: WI LIC: 11100 CLASS: 11100 SEAT CP: 11100 RADIUS: 11100 FACTOR: 11100 CITY: HOLMEN COUNTY: IA STATE: IA ZIP: 52040 ADDRESS: 11100 GARRAGE: 11100 STREET (required in WI): 11100 YEAR: 11100 MAKE: 11100 MODEL: 11100 VIN: 11100 BODY: 11100 TYPE: 11100 VEHICLE TYPE: 11100 SVLAGE: 11100 COLL: 11100 C OF L: 11100 OTC: 11100 COMP: 11100 SPEC: 11100 TOTAL PREM: 11100			

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERE TO, COMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, IA, IL, IN, MN, NE, OH, OK, OR, VA, WI, WA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERE TO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in Florida)



AGENCY CUSTOMER ID: _____

VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

11/3/2017

AGENCY NOBLE INSURANCE SERVICE LLC		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S) DJL, INC-LUXURY LIMO'S		

VEHICLE DESCRIPTION

VEH# 15	YEAR 2017	MAKE: LINCOLN	MODEL: MKX	BODY TYPE: RESERVE	VIN: 2LMPJ8LR9HBL44599	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> <input checked="" type="checkbox"/> COMM	SYN/AGE	COMP/OTCSYM	COLL SYM			
GARAGE ADDRESS		STREET (Required in KY) HOLMEN		CITY		COUNTY	STATE WI	ZIP 54636				
LIC STATE <input checked="" type="checkbox"/>	TERR	GVW/GCV	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$		
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM <input checked="" type="checkbox"/>	FOR HIRE	CHECK COVERAGES LIAB NO-FAULT <input checked="" type="checkbox"/>	ADD LNO-FAULT MED PAY <input checked="" type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F FT	LSP COMP/OTC	RENT REIMB FG	DEDUCTIBLES AA <input checked="" type="checkbox"/> STAMT	ACV \$ 1,000	COMP/OTC \$ 1,000	SPEC C OF L
DRIVE TO WORK/SCHOOL		< 15 MILES	15 MILES +	NET VEH DRGR:	TOTAL PREM: \$							

VEH#	YEAR	MAKE:	MODEL:	BODY TYPE:	VIN:	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> <input type="checkbox"/> COMM	SYN/AGE	COMP/OTCSYM	COLL SYM			
GARAGE ADDRESS		STREET (Required in KY)		CITY		COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW/GCV	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$		
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM <input type="checkbox"/>	FOR HIRE	CHECK COVERAGES LIAB NO-FAULT <input type="checkbox"/>	ADD LNO-FAULT MED PAY <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F FT	LSP COMP/OTC	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> STAMT	ACV \$	COMP/OTC \$	SPEC C OF L
DRIVE TO WORK/SCHOOL		< 15 MILES	15 MILES +	NET VEH DRGR:	TOTAL PREM: \$							

VEH#	YEAR	MAKE:	MODEL:	BODY TYPE:	VIN:	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> <input type="checkbox"/> COMM	SYN/AGE	COMP/OTCSYM	COLL SYM			
GARAGE ADDRESS		STREET (Required in KY)		CITY		COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW/GCV	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$		
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM <input type="checkbox"/>	FOR HIRE	CHECK COVERAGES LIAB NO-FAULT <input type="checkbox"/>	ADD LNO-FAULT MED PAY <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F FT	LSP COMP/OTC	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> STAMT	ACV \$	COMP/OTC \$	SPEC C OF L
DRIVE TO WORK/SCHOOL		< 15 MILES	15 MILES +	NET VEH DRGR:	TOTAL PREM: \$							

VEH#	YEAR	MAKE:	MODEL:	BODY TYPE:	VIN:	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/> <input type="checkbox"/> COMM	SYN/AGE	COMP/OTCSYM	COLL SYM			
GARAGE ADDRESS		STREET (Required in KY)		CITY		COUNTY	STATE	ZIP				
LIC STATE	TERR	GVW/GCV	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL		COST NEW \$		
USE PLEASURE <input type="checkbox"/> FARM <input type="checkbox"/>	COMM <input type="checkbox"/>	FOR HIRE	CHECK COVERAGES LIAB NO-FAULT <input type="checkbox"/>	ADD LNO-FAULT MED PAY <input type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input type="checkbox"/>	F FT	LSP COMP/OTC	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> STAMT	ACV \$	COMP/OTC \$	SPEC C OF L
DRIVE TO WORK/SCHOOL		< 15 MILES	15 MILES +	NET VEH DRGR:	TOTAL PREM: \$							

ACORD129(2009/11)

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**DESIGNATED INSURED FOR
COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Endorsement Effective Date:

SCHEDULE

Name Of Person(s) Or Organization(s): CITY OF LA CROSSE 400 LA CROSSE STREET LA CROSSE, WI 54601
Information required to complete this Schedule. if not shown above. will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II - Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I - Covered Autos Coverages of the Auto Dealers Coverage Form.

Policy Number
BAP 1056882-00

THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.
COMMON POLICY CHANGE ENDORSEMENT

Endorsement No. 004

ZURICH AMERICAN INSURANCE COMPANY

Named Insured DJL INC

Effective Date: 11-06-15
12:01 A.M., Standard Time

Agent Name WESTERN EXPERTS IN TRANSPORTATION LLC Agent No. 72380-000

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
- BUSINESS AUTOMOBILE NO CHARGE
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read {See Additional Page(s)}

SEE NEXT PAGE

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

<input checked="" type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional NO CHARGE	Return NO CHARGE
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Tax and Surcharge Changes

Additional	Return
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Countersigned By:

AUTHORIZED AGENT

Policy Number
BAP 1056882-00

COMMON POLICY CHANGE ENDORSEMENT

Endorsement No. 004

ZURICH AMERICAN INSURANCE COMPANY

Named Insured DJL INC

Effective Date: 11-06-15
12:01 A.M., Standard Time

Agent Name WESTERN EXPERTS IN TRANSPORTATION LLC

Agent No. 72380-000

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

THE FOLLOWING ADDITIONAL INTEREST (ADDL INSURED) HAS BEEN ADDED TO THE POLICY:

CITY OF LA CROSSE
400 LA CROSSE STREET
LA CROSSE WI 54601

THE FOLLOWING FORM(S) HAS BEEN AMENDED:
CA 20 48 10-13 DESIGNATED INSURED

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.