

License Number _____

License Fee: \$ 150.00

License Issued _____

**CITY OF LA CROSSE
APPLICATION FOR PUBLIC VEHICLE FOR HIRE**

Invoice #: 135327

Cust# 184268

License Period: May 13, 2016 to Dec 31, 2016

BUSINESS INFORMATION

Business Name (Real/Legal)	<u>Coulee Region Taxi LLC</u>
Trade Name (DBA)	<u>Coulee Region Taxi</u>
Address	<u>1400 Caledonia Street LaCrosse WI 54603</u>
Zoning District <small>New addresses must be verified compliant by a building inspector.</small>	<u>C-1 LOCAL BUSINESS</u> <i>Very Thorough</i>
Telephone	<u>608-881-2050</u>
Wisconsin Seller Permit No. <small>Required if vehicles are leased to drivers.</small>	<u>NA</u>

OWNER INFORMATION

Owner(s) Name <small>(First, Full Middle, Last)</small>	<u>LaCrosse City/County Tavern League Safe Ride</u>
Owner(s) Date of Birth	<u>Michael J Brown 10/25/64</u>
Home Address	<u>1906 Caledonia St LaCrosse W. 54603</u>
Telephone	Home _____ Cell <u>608 386-6242</u>

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

INSURANCE INFORMATION

Insurance Carrier/Agent	<u>Fleis Insurance Jim Adkinds</u>
Address	<u>1824 East Main Street Onalaska WI 54650</u>
Telephone/Email	Telephone <u>608 783 5206</u> Email <u>Jadk@fleisinsurance.com</u>

ATTACH 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.

RATE INFORMATION

Method of Charging	Metered Rates <input checked="" type="checkbox"/>	Zone Rates _____	Vehicle Rental Rate _____
Schedule of Rates <small>(or attach Schedule to be posted the vehicles)</small>	<u>attached</u>		

VEHICLE INFORMATION

Number of Vehicles to be Licensed	<u>3</u>
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VEHICLE ID NUMBER	YEAR, MAKE & MODEL <small>(Model Year Cannot Exceed 10 Years of Age - Renewals are Exempt)</small>	CAPACITY <small>(incl. driver)</small>	STATE & LICENSE NO
<u>See attached</u>			
<u>2C4RDGBG8GR163087</u>	<u>2016 Dodge vans</u>	<u>7</u>	<u>896-XUH</u>
<u>2C4RDGBG5GR161653</u>	<u>2016 Dodge Van</u>	<u>7</u>	<u>256-XXA</u>
<u>2C4RDG8G9GR244499</u>	<u>2016 Dodge van</u>	<u>7</u>	<u>602-YLR</u>

*vehicles with capacities of 16 or greater that have both a valid USDOT and MC number are exempt.

✓ 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.* *accepted Purchase*

✓ 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. SAID ENDORSEMENT MUST ACCOMPANY THE CERTIFICATE AT THE TIME OF FILING. ** Agreements - new vehicles.*

✓ 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).

NA ATTACH PHOTOCOPY OF LEASE OR RENTAL AGREEMENT, IF APPLICABLE. APPLIES TO NEW APPLICANTS OR WHEN THERE IS A CHANGE IN BUSINESS ADDRESS ONLY. ** Purchase Agreements*

The above hereby makes application for a Public Vehicle For Hire License within the City of La Crosse pursuant to Chapter 10, Article XIII of the Code of Ordinances of the City of La Crosse.

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 *MW, B...* DATE *4/5/14*

LICENSE [] APPROVED [] DENIED
SIGNATURE OF POLICE REPRESENTATIVE _____ DATE _____

ADDRESS 1460 W. City Hwy 16
 CITY, STATE, ZIP West Salem, WI 54669
 TELEPHONE NO. (608)786-1150

16D136 84 03/24/16
 SALESPERSON'S NAME (PLEASE PRINT) CURT SOLBERG
 SALESPERSON'S LICENSE NUMBER S416-1167-1045-06

PROSPECTIVE PURCHASER ("YOU") NAME(S) COULEE REGION TAXI
 PROSPECTIVE PURCHASER STREET ADDRESS 1400 CALEDONIA ST
 CITY LA CROSSE STATE WI ZIP 54603

RESIDENCE PHONE CELL PHONE BUSINESS PHONE RESIDENCE COUNTY RESIDENCE TOWNSHIP/CITY/VILLAGE E-MAIL ADDRESS
 (608)386-6242 LA CROSSE LA CROSSE mikesloganbar@hotmail.com

PLEASE ENTER MY ORDER FOR THE FOLLOWING DESCRIBED VEHICLE NEW USED (DEMO EXEC) TITLE AS CAR TRUCK MOTORCYCLE OTHER
 LICENSE NO. 896-XUH
 IDENTIFICATION NO. 2C4RDGBG8GR163087

MODEL YEAR	MAKE - TRADE NAME	MODEL	BODY TYPE	IDENTIFICATION NO.
2016	DODGE	GRAND CARAV	ADR WGN S	2C4RDGBG8GR163087

ORDERED COLOR WHITE ORDERED TRIM ORDERED ENGINE

Dealer is not a party to any manufacturer warranties. Warranty terms may be negotiable. Terms agreed to on the purchase contract are final.

WARRANTY & SERVICE CONTRACT INFORMATION
 Refer to separate document for coverages and exclusions. Dealer disclaims implied warranties of merchantability and fitness for a particular purpose.
AS IS - NO WARRANTY. Unless "Dealership" is checked under Limited Extended Warranty, this vehicle is sold AS IS and the dealer assumes no responsibility for any repairs regardless of any oral statements about the vehicle.
IMPORTANT: Ask for all promises in writing. Spoken promises are difficult to enforce. Warranty terms may be negotiable. Terms agreed to on the purchase contract are final.

Manufacturer Warranty Information
 (Dealer is not a party to any manufacturer warranty)
 Original Manufacturer Warranty (either new or remaining)
 Expiration: ~~3-24-19~~ (date) ~~36000~~ (miles), whichever comes first.
 Deductible: 0 Transfer fee: 0

Original Manufacturer Warranty EXPIRED or NOT KNOWN
 Original Manufacturer Warranty CANCELLED due to history

LIMITED EXTENDED WARRANTY/SERVICE CONTRACT provided by: Manufacturer Warranty company Dealership
 Duration: (months) (miles), whichever comes first.
 Deductible: Transfer fee: N/A
 Percentage of repair costs to be paid by you: N/A
 Warranty term begins on:

OTHER CONDITIONS OF SALE

CUST REC'D TWO SETS OF KEYS
 TOOK ADDITIONAL DISCOUNT IN LIEU OF 96
 ANNIVERSARY PROMO
 NO OTHER WORK PROMISED

ANTICIPATED DELIVERY DATE: Mar 24, 2016

Regardless of reason, if the vehicle ordered by the purchaser is not available for delivery within 15 calendar days after the anticipated delivery date, the purchaser may cancel this order and shall, within one business day, receive a full refund of any down payment, and return of trade-in vehicle, or title for trade-in vehicle, or both. If the trade-in is not available, the purchaser shall receive the trade-in allowance. Unless delivery date is otherwise qualified on the purchase contract by the purchaser, if the ordered vehicle becomes available for delivery prior to the stated anticipated delivery date, the dealer licensee may require acceptance not less than 21 calendar days after having notified the purchaser of availability of delivery, in which case no penalty shall be assessed for nonacceptance of delivery prior to the stated anticipated delivery date.

A service fee is not required by law, but may be charged to motor vehicle purchasers or lessees for services related to compliance with state and federal laws, verifications and public safety, and must be reasonable.

This is a Finance Transaction. (Check A. or B.):
 Closing scheduled at dealer's office on specified delivery date or as mutually agreed. You are obligated to purchase, subject to availability of financing through dealer, on terms:
 A. In attached disclosure. These terms do not extend beyond the closing

USED: PRICE from the Wisconsin Buyers Guide \$ N/A

NEW: MSRP detail provided on window label See Total
 MSRP detail provided on attachment MSRP Below
 BASE MSRP (Manufacturer Suggested Retail Price) \$ 25,590.00

Dealer Markup	N/A
Dealer installed options — Has a warranty if <input checked="" type="checkbox"/> at left.	
	N/A
	N/A
	N/A
Total Dealer Installed Options (Add to Used Price or MSRP and enter in line a)	N/A

PRICE OF THE VEHICLE

a. Dealer Retail Price	25,590.00
b. Services Fee	129.00
c. Discount	1,594.00
1. Cash Price (a + b - c)	24,125.00

TRADE ALLOWANCE
 (See reverse side for lease equity calculation. If net lease equity is negative, add in line g and 8)

2. Owned Trade-in Allowance or Net Lease Equity	N/A
d. Trade Difference (1-2)	24,125.00

TAXABLE ITEMS PURCHASED WITH THE VEHICLE

e. Other	N/A
f. Service Contract	N/A
3. Total of Taxable items (e + f)	N/A

SALES TAX CALCULATION

g. Amount Subject to Sales Tax (1 - 2 + 3)	24,125.00
h. State Tax (g x .05)	1,206.25
i. County Tax (g x .005)	120.63
j. Local/Stadium Tax (g x .001)	N/A
4. Total of Taxes (h + i + j)	1,326.88

NON-TAXABLE ITEMS PURCHASED WITH THE VEHICLE

k. Fees to appear on MV11	174.00
l. Other	N/A
5. Total of Non-Taxable Items (k + l)	174.00

OWNED VEHICLE PAYOFF
 Due to

6. Estimated Payoff Amount on Owned Trade-in	N/A
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CASH & CASH EQUIVALENTS

m. Cash Down Payment on Order	N/A
n. REBATES	
MW RETAIL BONUS	<input type="checkbox"/> 1,000.00
CUST CASH	<input type="checkbox"/> 2,500.00
GTJ GRAPHICS	<input type="checkbox"/> 1,000.00
o. Additional Cash Due (Date/Amount)	N/A
7. Total Cash and Rebates (m + n (if assigned) + o)	4,500.00

8. Due on Delivery or Balance to Finance (1 - 2 + 3 + 4 + 5 + 6 - 7)	21,125.00
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THE ORDERED VEHICLE MUST BE LOCATED

MOTOR VEHICLE PURCHASE CONTRACT THIS IS AN OFFER TO PURCHASE THAT WILL BECOME A BINDING MOTOR VEHICLE PURCHASE CONTRACT IF YOU ACCEPT THE OFFER WITHIN 2 WORKING HOURS OR THE OFFER IS AUTOMATICALLY VOIDED AND YOU MAY RESCIND THE OFFER UNLESS AND UNTIL ACCEPTED BY THE DEALER. UNTIL ACCEPTANCE OR REJECTION OF THE OFFER THE DEALER SHALL BE PROHIBITED FROM SELLING THE VEHICLE TO ANY OTHER PARTY.

DEALER NAME SLEEPY HOLLOW CDJ INC.	VEH. STOCK NO. OR ORDER NO. 160120	MILEAGE AT SIGNING 16	ORDER DATE 03/18/2016
ADDRESS 1310 N. MAIN ST	SALESPERSON'S NAME (PLEASE PRINT) KYLE OLSON		
CITY, STATE, ZIP VIROQUA, WI 54665	SALESPERSON'S LICENSE NUMBER		
TELEPHONE NO. 608-637-3482			

PROSPECTIVE PURCHASER ("YOU") NAME(S) COULEE REGION TAXI			
PROSPECTIVE PURCHASER STREET ADDRESS 1400 CALEDONIA ST	CITY LA CROSSE	STATE WI	ZIP 54603

RESIDENCE PHONE 608.3066242	CELL PHONE NA	BUSINESS PHONE NA	RESIDENCE COUNTY LA CROSSE	RESIDENCE TOWNSHIP/CITY/VILLAGE LACROSSE	E-MAIL ADDRESS
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PLEASE ENTER MY ORDER FOR THE FOLLOWING DESCRIBED VEHICLE

NEW USED DEMO EXEC

TITLE AS CAR TRUCK MOTORCYCLE OTHER

LICENSE NO. **256 XXA**

MODEL YEAR	MAKE - TRADE NAME	MODEL	BODY TYPE	IDENTIFICATION NO.
2016	DODGE	GRAND CARAVAN	SPORT VAN	2C4RDDBR5GR1G1653
OWNED OR LEASED TRADE-IN 1ST VEHICLE	NA	NA	NA	NA
2ND VEHICLE	NA	NA	NA	NA
ORDERED COLOR	ORDERED TRIM	ORDERED ENGINE		

BRIGHT WHITE

Dealer is not a party to any manufacturer warranties. Warranty terms may be negotiable. Terms agreed to on the purchase contract are final.

WARRANTY & SERVICE CONTRACT INFORMATION
Refer to separate document for coverages and exclusions. Dealer disclaims implied warranties of merchantability and fitness for a particular purpose.
AS IS - NO WARRANTY. Unless "Dealership" is checked under Limited Extended Warranty, this vehicle is sold AS IS and the dealer assumes no responsibility for any repairs regardless of any oral statements about the vehicle.
IMPORTANT: Ask for all promises in writing. Spoken promises are difficult to enforce. Warranty terms may be negotiable. Terms agreed to on the purchase contract are final.

Manufacturer Warranty Information
(Dealer is not a party to any manufacturer warranty)
 Original Manufacturer Warranty (either new or remaining)
Expiration: **3-18-19** (date) **56000** (miles), whichever comes first.
Deductible: _____ Transfer fee: _____
 Original Manufacturer Warranty EXPIRED or NOT KNOWN
 Original Manufacturer Warranty CANCELLED due to history
 LIMITED EXTENDED WARRANTY/SERVICE CONTRACT
provided by: Manufacturer Warranty company Dealership
Duration: _____ (months) _____ (miles), whichever comes first.
Deductible: **NA** Transfer fee: _____
Percentage of repair costs to be paid by you: _____
Warranty term begins on: _____

OTHER CONDITIONS OF SALE

ANTICIPATED DELIVERY DATE: **March 19, 2016**

Regardless of reason, if the vehicle ordered by the purchaser is not available for delivery within 15 calendar days after the anticipated delivery date, the purchaser may cancel this order and shall, within one business day, receive a full refund of any down payment, and return of trade-in vehicle, or title for trade-in vehicle, or both. If the trade-in is not available, the purchaser shall receive the trade-in allowance. Unless delivery date is otherwise qualified on the purchase contract by the purchaser, if the ordered vehicle becomes available for delivery prior to the stated anticipated delivery date, the dealer licensee may require acceptance not less than 21 calendar days after having notified the purchaser of availability of delivery, in which case no penalty shall be assessed for nonacceptance of delivery prior to the stated anticipated delivery date.

A service fee is not required by law, but may be charged to motor vehicle purchasers or lessees for services related to compliance with state and federal laws, verifications and public safety, and must be reasonable.

This is a Finance Transaction. (Check A. or B.):

USED: PRICE from the Wisconsin Buyers Guide \$ **NA**

NEW: MSRP detail provided on window label MSRP detail provided on attachment
See Total MSRP Below
BASE MSRP (Manufacturer Suggested Retail Price) \$ **25399.00**

Dealer Markup _____
Dealer installed options — Has a warranty if at left.
NA
Total Dealer Installed Options (Add to Used Price or MSRP and enter in line a) **NA**

PRICE OF THE VEHICLE
a. Dealer Retail Price **25399.00**
b. Services Fee
c. Discount **1265.00**
1. Cash Price (a + b - c) **24125.00**

TRADE ALLOWANCE
(See reverse side for lease equity calculation. If net lease equity is negative, add in line g and h)
2. Owned Trade-in Allowance or Net Lease Equity) ... **NA**
d. Trade Difference (1-2) **24125.00**

TAXABLE ITEMS PURCHASED WITH THE VEHICLE
e. Other **NA**
f. Service Contract **NA**
3. Total of Taxable Items (e + f) **NA**

SALES TAX CALCULATION
g. Amount Subject to Sales Tax (1 - 2 + 3) **24125.00**
h. State Tax (g x .05) **1206.25**
i. County Tax (g x .005) **120.63**
j. Local/Stadium Tax (g x .001) ... **NA**
4. Total of Taxes (h + i + j) **1326.88**

NON-TAXABLE ITEMS PURCHASED WITH THE VEHICLE
k. Fees to appear on MV11 **174.00**
l. Other **NA**
5. Total of Non-Taxable Items (k + l) **174.00**

OWNED VEHICLE PAYOFF
Due to _____
6. Estimated Payoff Amount on Owned Trade-in **NA**

CASH & CASH EQUIVALENTS
m. Cash Down Payment on Order ... **NA**
n. REBATES
REBATE **4500.00**
 NA
CC BC OTJ **NA**
o. Additional Cash Due (Date/Amount) ... **NA**
7. Total Cash and Rebates (m + n [if assigned] + o) **4500.00**

SALESPERSON'S NAME BRUCE RADDE
LICENSE NUMBER 35532901

COULEE REGION TAXI

NAME(S) PROSPECTIVE PURCHASER STREET ADDRESS
1400 CALEDONIA ST
RESIDENCE PHONE CELL PHONE BUSINESS PHONE
608-386-6242
CITY LA CROSSE STATE WI ZIP 54603
RESIDENCE COUNTY LA CROSSE RESIDENCE TOWNSHIP/CITY/VILLAGE
E-MAIL ADDRESS

PLEASE ENTER MY ORDER FOR THE FOLLOWING DESCRIBED VEHICLE
 NEW USED DEMO EXEC
PURCHASED VEHICLE MODEL YEAR 2016 MAKE - TRADE NAME DODGE MODEL GRAND CARAVA BODY TYPE SPORT VAN LICENSE NO. 002 YLR IDENTIFICATION NO. 2C4RDG869R244499
OWNED OR LEASED TRADE-IN 2ND VEHICLE
ORDERED COLOR BRIGHT WHITE ORDERED TRIM ORDERED ENGINE

Dealer is not a party to any manufacturer warranties. Warranty terms may be negotiable. Terms agreed to on the purchase contract are final.
WARRANTY & SERVICE CONTRACT INFORMATION
Refer to separate document for coverages and exclusions. Dealer disclaims implied warranties of merchantability and fitness for a particular purpose.
AS IS - NO WARRANTY. Unless "Dealership" is checked under Limited Extended Warranty, this vehicle is sold AS IS and the dealer assumes no responsibility for any repairs regardless of any oral statements about the vehicle.
IMPORTANT: Ask for all promises in writing. Spoken promises are difficult to enforce. Warranty terms may be negotiable. Terms agreed to on the purchase contract are final.

Manufacturer Warranty Information
(Dealer is not a party to any manufacturer warranty)
 Original Manufacturer Warranty (either new or remaining)
Expiration: _____ (date) _____ (miles), whichever comes first.
Deductible: _____ Transfer fee: _____
 Original Manufacturer Warranty EXPIRED or NOT KNOWN
 Original Manufacturer Warranty CANCELLED due to history
 LIMITED EXTENDED WARRANTY/SERVICE CONTRACT provided by: Manufacturer Warranty company Dealership
Duration: _____ (months) _____ (miles), whichever comes first.
Deductible: _____ Transfer fee: _____
Percentage of repair costs to be paid by you: _____
Warranty term begins on: _____

OTHER CONDITIONS OF SALE
~~THIS CONTRACT SUPERSEDES ANY OTHER WRITTEN CONTRACT~~

ANTICIPATED DELIVERY DATE: March 23, 2016
Regardless of reason, if the vehicle ordered by the purchaser is not available for delivery within 15 calendar days after the anticipated delivery date, the purchaser may cancel this order and shall, within one business day, receive a full refund of any down payment, and return of trade-in vehicle, or title for trade-in vehicle, or both. If the trade-in is not available, the purchaser shall receive the trade-in allowance. Unless delivery date is otherwise qualified on the purchase contract by the purchaser, if the ordered vehicle becomes available for delivery prior to the stated anticipated delivery date, the dealer licensee may require acceptance not less than 21 calendar days after having notified the purchaser of availability of delivery, in which case no penalty shall be assessed for nonacceptance of delivery prior to the stated anticipated delivery date.

service fee is not required by law, but may be charged to motor vehicle purchasers or lessees for services related to compliance with state and federal laws, verifications and public safety, and must be reasonable.
This is a Finance Transaction. (Check A. or B.):
Closing scheduled at dealer's office on specified delivery date or as mutually agreed. You are obligated to purchase, subject to availability of financing through dealer, on terms:
A. In attached disclosure. These terms do not extend beyond the closing date if dealer is willing and able to deliver vehicle on these terms.
B. Acceptable to You.

This transaction is subject to financing being arranged through credit source. You must obtain a copy of the financing agreement before you sign it.

USED: PRICE from the Wisconsin Buyers Guide	
NEW: <input type="checkbox"/> MSRP detail provided on window label	\$
<input type="checkbox"/> MSRP detail provided on attachment	See Total MSRP Below
BASE MSRP (Manufacturer Suggested Retail Price) \$	
Dealer Markup	
Dealer installed options — Has a warranty if <input checked="" type="checkbox"/> at left.	23390.00
Total Dealer Installed Options (Add to Used Price or MSRP and enter in line a)	NO
PRICE OF THE VEHICLE	NO
a. Dealer Retail Price	
b. Services Fee	2350.00
c. Discount	99.00
1. Cash Price (a + b - c)	1594.00
TRADE ALLOWANCE	24095.00
(See reverse side for lease equity calculation. If net lease equity is negative, add in line g and 8)	
2. Owned Trade-in Allowance or Net Lease Equity	2. NO
d. Trade Difference (1-2)	24095.00
TAXABLE ITEMS PURCHASED WITH THE VEHICLE	
e. Other	
f. Service Contract	NO
3. Total of Taxable items (e + f)	3. NO
SALES TAX CALCULATION	
g. Amount Subject to Sales Tax (1 - 2 + 3)	24095.00
h. State Tax (g x .05)	1204.75
i. County Tax (g x .005)	120.48
j. Local/Stadium Tax (g x .001)	24.09
4. Total of Taxes (h + i + j)	1349.72
NON-TAXABLE ITEMS PURCHASED WITH THE VEHICLE	
k. Fees to appear on MV11	
l. Other	174.00
5. Total of Non-Taxable Items (k + l)	5. 174.00
OWNED VEHICLE PAYOFF	
Due to	
6. Estimated Payoff Amount on Owned Trade-in	6. NO
CASH & CASH EQUIVALENTS	
m. Cash Down Payment on Order	NO
REBATES	
n. REBATES	
WVCA1	<input type="checkbox"/> 1000.00
SICC1	<input type="checkbox"/> 2500.00
	<input type="checkbox"/> 1000.00
o. Additional Cash Due (Date/Amount)	NO
7. Total Cash and Rebates (m + n [if assigned] + o)	7. NO
8. Due on Delivery or Balance to Finance (1 - 2 + 3 + 4 + 5 + 6 - 7)	8. 4500.00
<input type="checkbox"/> THE ORDERED VEHICLE MUST BE LOCATED	
If the motor vehicle dealer and purchaser enter into a purchase contract and the motor vehicle is not available at the time of delivery, the dealer shall be responsible for the purchase price of the vehicle.	21794.23

Coulee Region Taxi

City of Lacrosse Taxi fare rates

\$2.00 initial pick up

\$2.10 per mile

\$.75 extra person charge

\$22.50 per hour waiting time

Michael Brown: Manager Coulee Region Taxi

1400 Caledonia st. Lacrosse WI 54603

1-608-881-2050



COULE33

OP ID: LP

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/05/2016

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 Fleis Insurance Agency Inc. PO Box 537 1824 E. Main Street Onalaska, WI 54650 James F. Adkins	CONTACT NAME: James F. Adkins	
	PHONE (A/C, No., Ext): 608-783-5206	FAX (A/C, No.): 608-783-5209
E-MAIL ADDRESS: jadkin@fleisinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Progressive Companies		24260
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED Coulee Region Taxi LLC
 1400 Caledonia St
 La Crosse, WI 54603

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L 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 \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		02935789-0	03/21/2016	03/21/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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**CANCELLATION**

CITYLA1

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

James F. Adkins

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Auto coverage schedule

1. **2016 Dodge Grand Caravan** Stated Amount: *\$25,350 (including Permanently Attached Equip)
 VIN: 2C4RDGBG5GR161653 Garaging Zip Code: 54603 Radius: 50

	Liability	UMBI	UIMBI	Med Pay Limit	Med Pay Premium	
Liability Premium	\$4,067	\$141	\$145	\$1,000	\$18	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium		Auto Total
	\$1,000	\$634	\$1,000	\$2,942		\$7,947

2. **2016 Dodge Grand Caravan** Stated Amount: *\$25,590 (including Permanently Attached Equip)
 VIN: 2C4RDGBG8GR163087 Garaging Zip Code: 54603 Radius: 50

	Liability	UMBI	UIMBI	Med Pay Limit	Med Pay Premium	
Liability Premium	\$4,067	\$141	\$145	\$1,000	\$18	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium		Auto Total
	\$1,000	\$634	\$1,000	\$2,942		\$7,947

3. **2016 Dodge Grand Caravan** Stated Amount: *\$25,590 (including Permanently Attached Equip)
 VIN: 2C4RDGBG5GR244499 Garaging Zip Code: 54603 Radius: 50

	Liability	UMBI	UIMBI	Med Pay Limit	Med Pay Premium	
Liability Premium	\$4,067	\$141	\$145	\$1,000	\$18	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium		Auto Total
	\$1,000	\$634	\$1,000	\$2,942		\$7,947

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Loss Payee information

1.	Loss Payee	Auto 1	RIVER BANK 1232 ROSE ST LA CROSSE, WI 54603 2016 Dodge Grand Caravan (2C4RDGBG5GR161653)
2.	Loss Payee	Auto 2	RIVER BANK 1232 ROSE ST LA CROSSE, WI 54603 2016 Dodge Grand Caravan (2C4RDGBG8GR163087)
3.	Loss Payee	Auto 3	RIVER BANK 1232 ROSE ST LA CROSSE, WI 54603 2016 Dodge Grand Caravan (2C4RDGBG5GR244499)

CITY OF LA CROSSE
400 LACROSSE ST
LA CROSSE, WI 54601

Policy number: 02935789-0

Underwritten by:
Artisan and Truckers Casualty Co
Insured: COULEE REGION TAXI LLC
March 25, 2016
Policy Period: Mar 21, 2016 - Mar 21, 2017

Mailing Address

Artisan and Truckers Casualty Co
PO Box 94739
Cleveland, OH 44101

Additional insured endorsement

1-800-444-4487

For customer service, 24 hours a day,
7 days a week

Name of Person or Organization

CITY OF LA CROSSE
400 LACROSSE ST
LA CROSSE, WI 54601

The person or organization named above is an **insured** with respect to such liability coverage as is afforded by the policy, but this insurance applies to said **insured** only as a person liable for the conduct of another **insured** and then only to the extent of that liability. **We** also agree with **you** that insurance provided by this endorsement will be primary for any power unit specifically described on the **Declarations Page**.

Limit of Liability

Bodily injury	Not applicable
Property Damage	Not applicable
Combined Liability	\$2,000,000 each accident

All other terms, limits and provisions of this policy remain unchanged.

This endorsement applies to Policy Number: 02935789-0

Issued to (Name of Insured): COULEE REGION TAXI LLC

Effective date of endorsement: 03/21/2016

Policy expiration date: 03/21/2017

Form 1198 (01/04)

