



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**05/02/2017**

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).


<b>PRODUCER</b> Robertson Ryan - La Crosse 602 State Street La Crosse, WI 54601	<b>CONTACT NAME:</b> Jodi Gallup <b>PHONE (A/C, No, Ext):</b> (608) 784-4854 120 <b>FAX (A/C, No):</b> (608) 784-4774 <b>E-MAIL ADDRESS:</b> jgallup@robertsonryan.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A:</b> WEST BEND MUTUAL INSURANCE COMPANY <b>NAIC #</b> 15350 <b>INSURER B:</b> The Cincinnati Insurance Company <b>10677</b> <b>INSURER C:</b> SOCIETY INSURANCE <b>15261</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**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	
<b>A</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<b>X</b>		<b>1486009</b>	<b>11/01/2016</b>	<b>11/01/2017</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ <b>200,000</b>	
	MED EXP (Any one person)						\$ <b>10,000</b>	
	PERSONAL & ADV INJURY						\$ <b>1,000,000</b>	
	GENERAL AGGREGATE						\$ <b>2,000,000</b>	
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							PRODUCTS - COMP/OP AGG	\$ <b>2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
<b>B</b>	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			<b>EPP0124048</b>	<b>01/03/2017</b>	<b>01/03/2018</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ <b>1,000,000</b>
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							\$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			<b>WP 559491</b>	<b>12/18/2016</b>	<b>12/18/2017</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<b>N/A</b>				E.L. EACH ACCIDENT	\$ <b>100,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ <b>100,000</b>
							E.L. DISEASE - POLICY LIMIT	\$ <b>500,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
City of La Crosse is listed as an additional insured to the general liability.

<b>CERTIFICATE HOLDER</b>  City of La Crosse 400 La Crosse Street 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 
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