

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/2/2021

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 this certificate does not confer rights to	to the	e terr certif	ms and conditions of th ficate holder in lieu of sເ	ıch end	lorsement(s)		equire an endorsement.	A sta	itement on		
PRODUCER				CONTAC	Pam Andre						
Coverra Insurance Services, Inc.					PHONE (A/C, No, Ext): 608-269-2127 (A/C, No): 608-519-2818						
3803 Creekside Ln Holmen WI 54636					E-MAIL ADDRESS: pandre@coverrainsurance.com						
Holling VVI 07000	INSURER(S) AFFORDING COVERAGE					NAIC#					
	INSURE	INSURER A: Secura Insurance, A Mutual Company									
INSURED	INSURER B : INTEGRITY INS CO					11584					
Bee Cab Inc					INSURER C : ICW Group Insurance Companies						
1224 Island St La Crosse WI 54601					INSURER D:						
La Crosse WI 5460 I					INSURER E :						
				INSURER F:							
COVERAGES CERTIFICATE NUMBER: 94600250 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	ADDL S	SUBR	POLICY NUMBER		POLICY EFF POLICY EXP LIMITS						
A X COMMERCIAL GENERAL LIABILITY	MOD		CP3241324		7/18/2021	7/18/2022	EACH OCCURRENCE \$ 1,000,00		,000		
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	00		
32							MED EXP (Any one person)	\$			
							PERSONAL & ADV INJURY	\$ 1,000	,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	,000		
X POLICY PRO-		- 1					PRODUCTS - COMP/OP AGG	\$2,000	,000		
OTHER:		- 1						\$			
B AUTOMOBILE LIABILITY			CA 2654312		7/18/2021	7/18/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000		
ANY AUTO			A3241992		7/18/2021	7/18/2022	BODILY INJURY (Per person)	\$			
OWNED X SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
X HIRED X NON-OWNED AUTOS ONLY		- 1					PROPERTY DAMAGE (Per accident)	\$			
								\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
DED RETENTION\$							L DEB L LOTH	\$			
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WWI5061107		7/14/2021	7/14/2022	X PER OTH-	7.7 E 884	5047		
AND EMPLOYERS LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$ 100,0	50.50		
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE				
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,0	000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) City of La Crosse, its elected & appointed officials, officers, employees & authorized agents are included as additional insured on the automobile policy, when required by written contract.											
2013 TOYT JTDKN3DU1D1679205 2005 TOYT JTDKB20U153062224 2006 DODG 1D4GP45R06B565583 2006 DODG 2D4GP44L56R737489 2005 TOYT JTDKB20U753093770 See Attached											
CERTIFICATE HOLDER				CANO	CELLATION						
City of La Crosse			1	SHO	OULD ANY OF	N DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL CYPROVISIONS.	ANCEL BE DE	LED BEFORE LIVERED IN		
400 La Crosse St La Crosse WI 54601					AUTHORIZED REPRESENTATIVE ROM ANDRE						

AGENCY CUSTOMER ID:	BEECABI-01

ACORD

ADDITIONAL REMARKS SCHEDULE

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AGENCY Coverra Insurance Services, Inc.		NAMED INSURED Bee Cab Inc 1224 Island St			
POLICY NUMBER CARRIER	NAIC CODE	La Crosse WI 54601			
SANUEL C		EFFECTIVE DATE:			
ADDITIONAL REMARKS	"				

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD TOKM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE
2006 DODG 1D4GP45R26B642244
2010 TOYT JTDKN3DU0A0210995
2005 TOYT JTDKB20U057025481
2005 TOYT JTDKB20U753055262
2005 Toyota JTDKB20UX53107774
2008 Toyota JTDKB20U087817165
2008 Dodge 1D8HN44HX8B114634
2004 Toyota JTDKB22UX40008840
2006 Toyota JTDKB22U163156912
2005 Toyota JTDKB20U257044291
2005 Toyota JTDKB20U457037309
2008 Chrys 2A8HR64X28R137146
2010 Chrys 2A4RR5D15AR110315
2006 Dodge 1D4GP24R06B538017
2007 Toyota JTDKB20UX77618560
2010 Toyota JTDKN3DU8A0061848
2008 Chrys 2A8HR54P18R815346
2013 Chrys 2C4RC1BG9DR540781
2021 Tesla 5YJYGDEE7MF209298
2007 Dodge 1D8GP45R97B115317
2007 Toyota JTDKB20U777630827
2007 Chev 1G1ZS58F07F194651
2010 Toyota JTDKN3DU7A0089544