





TKAKUSKA



CERTIFICATE OF LIABILITY INSURANCE

7/31/2020

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).

this certificate does not confer rights to the certificate holder in lieu of PRODUCER Robertson Ryan - La Crosse PO Box 547 La Crosse, WI 54602 INSURED Driftless Pure, LLC Dba: La Crosse Distilling Company 232 3rd Street N Suite 202 La Crosse, WI 54601 COVERAGES CERTIFICATE NUMBER:				Such endorsement(s). CONTACT NAME: PHONE (A/C, No, Ext): (608) 784-4854 FAX (A/C, No): (608) 784-4774 E-MAIL ADDRESS:				
				INSURER(S) AFFORDING COVERAGE			NAIC #	
				INSURER A : Western National Mutual				15377
				INSURER B : EMPLO				10011
				INSURER C:				
				INSURER D:				
				INSURER E :				
				INSURER F:				
				REVISION NUMBER:				·
IN C	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIRE! PERTAII POLICIES	MENT, TERM OR CONDITIOI N, THE INSURANCE AFFORI S. LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC	CT OR OTHER	R DOCUMENT WITH RE BED HEREIN IS SUBJE	SPECT	TO WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL SUE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			8/30/2019	8/30/2020	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	500,000
						MED EXP (Any one persor	·	5,000
						PERSONAL & ADV INJUR	Y \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC					PRODUCTS - COMP/OP A	GG \$	2,000,000
	OTHER:					LIQUOR LIABILIT	\$	1,000,000
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS			8/30/2019	8/30/2020	BODILY INJURY (Per pers	on) \$	
						BODILY INJURY (Per accid	lent) \$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
В	X UMBRELLA LIAB X OCCUR			0/00/0040	8/30/2020	EACH OCCURRENCE	\$	2,000,000
	EXCESS LIAB CLAIMS-MADE			8/30/2019		AGGREGATE	\$	0.000.000
	DED X RETENTION \$ 10,000					PER 01	\$	2,000,000
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			8/1/2019	8/1/2020	STATUTE EF		500,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		0/1/2019		E.L. EACH ACCIDENT	\$	500,000
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLO		500,000
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LI	MIT \$	300,000
DES he	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI City of La Crosse, it officials, employee	LES (ACOI s and ag	RD 101, Additional Remarks Schedu gents are listed as Additiona	le, may be attached if moi	re space is requi	red)	ı	
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				