Application for Ambulance Certification

Fee Must Accompany Application.

The license period is from January 1 to December 31. \$1,100.00 - New Applicants and Renewals Make check payable to the City of Milwaukee Health Department

Ch	eck(🗸) one: 🔲 Individual □ Partnership 苤 Corporation							
1.	NAME OF APPLICANT (if individual): Curtis Universal Ambulance, Business Name:	Inc. D.B.	a, Curti	s Ambu	lance			
	Business Address: P.O. Box 2007		Phonei 414	12/0-/	$\frac{711}{7}$ $\frac{(414)}{7}$			
	City: Milwaukee		T T	7:- 522	01 2007			
	Have any people on this application been convicted of violating ar							
	If 'yes', name of person(s), date, charge and penalty:				, ,			
2.	PARTNERSHIP (If applicable):				-			
	Name:							
	Home Address:							
	City:			_				
	Phone: Date of Birth:							
	Name							
	Home Address:							
	City:							
	Phone:		Date of Birth	l:				
3.	NAME OF CORPORATION Curtis-Universal Ambu	lance, Inc	•					
	Address: P.O.Box 2007, Milwaukee WI 53:	201-2007						
	Date and Place of Incorporation: October 17, 1969,	Wisconsin						
	President: James G. Baker, Jr.			,				
	Home Address: W310 N8370 Kilbourne Rd.							
	Hartland	State:	WI	Zip:530	029			
	Phone (202) 900-1853	Date of Birth	10 15 1					
	Vice President:							
	Home Address: Same As Above							
	City:	State:		Zip:				
	Phone							

	Secretary: Ramona I						
	Home Address: 12045	W. Holt Av	е				
	City: West Allis				State:W	I Zip: <u>532</u>	27
	Phone (414) 327-9						
	Treasurer: James G.						
	Home Address: Same A	Above					
	City:	-			State:	Zip:	
	Agent:			· · · · · · · · · · · · · · · · · · ·			
	Home Address:		<u> </u>				
	City:				State:	Zip:	
4.	OTHER REQUIREMENTS:						
	Do you have on file with the				ate of insurance for	r this license period?	
	Do you have a valid State of Do you participate in the Em	•					Yes □No Yes □No
	•		Civices syst	un.,			E21(C) E21(10
	If yes, list service area number Do you wish to participate it	er:	edical Consi	ros Custom?			∭ Yes □ No
			3	ces system:			Mailes Callo
	Total number of vehicles in s Please attach a separate pag	service:e listing all vehicles		ty assigned nu	mber, and descript	ion (year, make and	vin number).
5.	The undersigned agrees to in plied in this application. The or franchise, or refuse to emportancestry; and not seek sure lection of personnel for train	e undersigned shall ploy, or discharge a ch information as a	l not willfully any person c condition c	/ refuse to pro otherwise qual of employmen	vide those services ified because of ra- t, or penalize any e	s offered under this ce, color, creed, sex,	license, permit, national origin
6.	The undersigned understand is solely in the discretion of t			t entitle the ap	plicants to a licens	se and that the gran	ting of licenses
7.	I have a knowledge of the Cit depose and say that I am the	y Ordinances curre person named abo	ntly regulation	ng the license a all statements	applied for herein, a made in the forego	and being duly swor ing application are t	n under oath, rue and correct.
	SUBSCRIBED AND SWORN TO ASTERAS Motary Rublic, State of Wisco My commission expires: STATE OF	O BEFORE ME THIS	16 AN	day of _	August Lumas S	4. Bakes	., 20 <u>12</u>
HIH	BASTERASHILL	·			P	B VA	
TELLINITE OF	TARY	Additional Partn	er/Corporat	e Vice Presider	nt:	2.134	<u></u>
C	Motary Rublic, State of Wisco	onsin: <u> </u>	1 De la companya della companya della companya de la companya della companya dell				
	PUBL PUBLISHED P	01/25/2013					
THIN	STATE OF WILLIAM		G)	مر کی م	0 0 0 - ·	
•	Manual Comment of the	Corporate Secre	tary:/	ymanie V	h 10 10		
		Corporate Treas	urer:	any 1	r. palle	<u>/</u>	
Do	Not Write Below This Line						
-							
	Clerk	License #	New	Renewal	Date Filed	Da	te Granted

Client#: 5915

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/15/2012

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 CONTACT NAME:								
Security Insurance Svcs., Inc.	P.	PHONE (AJC, No, Ext): 262 785-9490 FAX (AJC, No): 262 785-9753						
P.O. Box 510925	L <u>(A</u>	E-MAIL address: ccantral@securityins.net						
New Berlin, WI 53151-0925	I AI					NAIC#		
262 785-9490						HAILT		
INSURED		INSURER A: Colony Insurance Company INSURER B: Rock Hill Insurance Company						
Curtis-Universal Ambulance Inc.	IN.	INSURER C: United Wisconsin Insurance Comp				·		
P.O. Box 2007		INSURER C: United Wisconsin Insurance Comp						
2266 N. Prospect Ave., Suite 440	<u> </u>							
Milwaukee, WI 53202		INSURER E:						
COVERAGES CERTIFICATE NUMB		ISURER F :		REVISION NUMBER:	!			
COVERAGES CERTIFICATE NUMB THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE		BEEN ISSUED TO T			POLICY	/ PERIOD		
INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERI	M OR CONDITION OF A	ANY CONTRACT OF	R OTHER DOC	CUMENT WITH RESPECT	TO WHI	ICH THIS		
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMIT	SURANCE AFFORDED E	BY THE POLICIES !	DESCRIBED H	EREIN IS SUBJECT TO A	ALL THE	TERMS,		
		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	<u> </u>			
A DOLLAR OF THE PARTY OF THE PA	POLICY NUMBER				\$1,000	0.000		
A GENERAL LIABILITY AP51	ZU/U	01/10/2012	01/10/2013	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)				
X COMMERCIAL GENERAL LIABILITY			}		\$50,000 \$2,500			
CLAIMS-MADE X OCCUR			}	MED EXP (Any one person) PERSONAL & ADV INJURY	\$2,500			
			ļ	GENERAL AGGREGATE	\$2,000			
			-	PRODUCTS - COMP/OP AGG		•		
GEN'L AGGREGATE LIMIT APPLIES PER:			-	PRODUCTS - COMPTOP AGG	s \$1,000,000 s			
POLICY PRO- JECT LOC D AUTOMOBILE LIABILITY CAO	0233640	04/40/2042	04/40/2043	COMBINED SINGLE LIMIT (Ea accident)	¢1.000	0.000		
	UZ3304U	01/10/2012	01/10/2013	(Ea accident) BODILY INJURY (Per person)	\$ 1,000	0,000		
ANY AUTO ALL OWNED SCHEDULED			-	BODILY INJURY (Per accident)				
AUTOS AUTOS NON-OWNED				PROPERTY DAMAGE	s			
HIRED AUTOS AUTOS			-	(Per accident)	s			
B Y UMBRELLA LIAB X OCCUR RXSI	DUODECAGO	04/40/2042	04/40/2042	EACH OCCURRENCE	\$2,000	0.000		
 	_RU00058100	01/10/2012	01/10/2013		\$2,000			
		l	}	AGGREGATE	\$2,000	0,000		
DED X RETENTION SO WORKERS COMPENSATION DAGG	424004	08/01/2012	00/04/2042	X WC STATU- OTH-	2			
AND EMPLOYERS' LIABILITY	121004	08/01/2012	06/01/2013		\$500,0	000		
ANY PROPRIETOR/PARTNER/EXECUTIVE N / A				E.L. DISEASE - EA EMPLOYEE				
(Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		1		E.L. DISEASE - POLICY LIMIT				
4.00	2070	04/40/2042	04/40/2042	\$1/2,000,000 clms m		000		
A Professional Liab AP51	12070	0 1/10/2012	01/10/2013	\$ 1/2,000,000 Cillis III	iaue			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD	101 Additional Pamarke Sc	chadule. If more space i	s required)					
Certificate holder is named additional insured for	general liability.	one apace						
see attached for affidavit.	•							
WWW WINDOWS CO								
AFFIDAVIT								
(See Attached Descriptions)								
· · · · · · · · · · · · · · · · · · ·	CANCELL ATION	· · · · · · · · · · · · · · · · · · ·						
CERTIFICATE HOLDER CANCELLATION								

City of Milwaukee Health Dept 841 N. Broadway, 3rd Floor Milwaukee, WI 53202-3653

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

June ?

© 1988-2010 ACORD CORPORATION. All rights reserved.

DESCRIPTIONS (Continued from Page 1)						
STATE OF _Wisconsin_)						
_Waukesha COUNTY)						
_Tim Mkowski, being first duly sworn on oath, deposes and says that he/she is the agent ofColony Insurance Company, the insurer on the attached certificate of insurance issued to _Curtis Universal Ambulance, Inc(the insured).						
Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee or other thing of value on account of the sale or furnishing of said insurance or bond. Signature of Agent						
Subscribed and sworn to before me						
This 15th day of 102, 2012. Notary Public, 101 00 County, Wisconsin My Commission expires 7-2/0-2014						
·						

CURTIS AMBULANCE SERVICE VEHICLE LIST

	Unit#	Vehicle I.D.#	Year	Make	Model		
	Response	<u>Vehicles</u>					
	321	1FDXE45F41HA86500	2001	Ford	E350		
	323	1FDSE35FO3HB48983	2003	Ford	E350		
	325	1FDSE35F23HB43705	2003	Ford	E350		
	326	1FDSE35F91HA86366	2001	Ford	E350		
	327	1FDWE35P77DA13538	2007	Ford	E350		
	328	1FDWE35P37DA51560	2007	Ford	E350		
	330	1FDXE45F8YHA90690	2000	Ford	E450		
	331	1FDXE45F92HB56493	2002	Ford	E450		
	333	1FDXE45F2YHA27522	2000	Ford	E450		
	351	1FDSE30F2XHB75339	1999	Ford	E350		
	379	1FDKE30M8RHB61124	1994	Ford	E350		
Secondary Response Vehicles							
	380	1FDKE30M5RHB93383	1994	Ford	E350		
	381	1FDXE40F1XHB68281	1999	Ford	E350		
	382	1FDLE40F6VHB62892	1997	Ford	E350		
	383	1FDXE40F0XHA17738	1999	Ford	E350		
	340	1FDXE40F7WHB64718	1998	Ford	E350		
	341	1FDLE40F9VHA37918	1997	Ford	E350		
	345	1FDWE35F6YHB47670	2000	Ford	E350		
	346	1FDXE40F3WHB81015	1998	Ford	E350		
	347	1FDJE30M1PHB54055	1993	Ford	E350		
	830	1FDXE45P46DA24876	2006	Ford	E450		
	831	1FDXE45F12HB56097	2002	Ford	E350		
	832	1FDJE30F7SHA80392	1995	Ford	E350		