



Tom Barrett
Mayor

Bevan K. Baker, FACHE
Commissioner of Health

Health Department

Frank P. Zeidler Municipal Building, 841 North Broadway, 3rd Floor, Milwaukee, WI 53202-3653 phone (414) 286-3521 fax (414) 286-5990
web site: www.milwaukee.gov/health

TO: Jim Owczarski
City Clerk

FROM: Bevan K. Baker, FACHE
Commissioner of Health

DATE: October 17, 2017

RE: Ambulance Company's Applications for Approval

Attached are the ambulance company's applications for certification. Per Chapter 75-15-13 the Milwaukee Health Department is to submit these to your office after receiving approval from the Milwaukee Police Department. That approval letter is attached along with the applications.

If you have any questions or require further information to open this file, please contact Ali Reed at x3524.

Thank you.

MILWAUKEE POLICE DEPARTMENT MEMORANDUM

Date: Monday, October 16, 2017

TO: Leslie Silletti
Director of OMAP

FR: Chad Raden
Police Sergeant

CC:

RE: Ambulance Applications



Ma'am,,

On Monday, October 16, 2017, the License Investigation Unit processed the following ambulance applications: Paratech, Bell, Meda-care, and Curtis. The LIU conducted a background check on each application. At the conclusion of the LIU's investigation it is my recommendation to approve the applications that were provided.

OFFICE OF THE CHIEF OFFICE OF MANAGEMENT, ANALYSIS AND PLANNING
RECEIVED <u>10/16/17</u>
REFERRED <u>Human Resources</u>
<u>Shannon M. Seymer</u> SIGNATURE

Respectfully submitted,

Police Sergeant Chad Raden
License Investigation Unit



Tom Barrell
Mayor

Bevan K. Baker, FACHE
Commissioner of Health

Health Department

Frank P. Zedler Municipal Building, 841 North Broadway, 3rd Floor, Milwaukee, WI 53202-3659 phone (414) 286-3521 fax (414) 286-6990
web site: www.milwaukee.gov/health

MEMORANDUM

TO: Edward Flynn
Chief of Police

FROM: Bevan K. Baker, FACHE
Commissioner of Health

DATE: September 28, 2017

RE: Ambulance Company's Applications for Approval

Attached are copies of the ambulance company's applications for certification. Please approve or deny application based on qualifications described in city ordinance 75-15 (6).

Upon completion, please return your recommendations for allowance or denial to my office.

If you have any questions or require further information, please contact Ali Reed at x3524.

Thank you.

C: Joel Plant

Please return
approval/denial
to Ali Reed
(can scan & send to
afreed@milwaukee.gov)
or send to
MHD ZMB, 3rd Floor

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

Check(✓) one: Individual
 Partnership
 Corporation

1. **NAME OF APPLICANT** (If individual): _____

Business Name: Paratech Ambulance Service, Inc. Phone: (414) 358-1111

Business Address: 9401 W. Brown Deer Road

City: Milwaukee State: WI Zip: 53224

Have any people on this application been convicted of violating any federal or state laws, or local ordinances? Yes No

If 'yes', name of person(s), date, charge, and penalty: _____

2. **PARTNERSHIP** (If applicable):

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Name _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

3. **NAME OF CORPORATION** Paratech Ambulance Service, Inc.

Address: 9401 W. Brown Deer Road, Milwaukee, WI 53224

Date and Place of Incorporation: January 1, 1979 State of Wisconsin

President: Robert A. Rauch

Home Address: 9401 W. Brown Deer Road

City: Milwaukee State: WI Zip: 53224

Phone (414) 365-8900 Date of Birth 04/22/1949

Vice President: Richard Romanshek

Home Address: N90 W20881 Scenic Drive

City: Menomonee Falls State: WI Zip: 53051

Phone (262) 255-6486 Date of Birth: 03/24/1952

continued on other side

Secretary: Richard Romanshek

Home Address: SAME AS ABOVE

City: _____ State: _____ Zip: _____

Phone _____ Date of Birth _____

Treasurer: Robert A. Rauch

Home Address: SAME AS ABOVE

City: _____ State: _____ Zip: _____

Agent: _____

Home Address: _____

City: _____ State: _____ Zip: _____

4. OTHER REQUIREMENTS:

Do you have on file with the Health Department, a valid and current certificate of insurance for this license period? Yes No

Do you have a valid State of Wisconsin Inspection Certificate? Yes No

Do you participate in the Emergency Medical Services System? Yes No

If yes, list service area number: 1

Do you wish to participate in the Emergency Medical Services System? Yes No

Total number of vehicles in service: 39

Please attach a separate page listing all vehicles including city assigned number, and description (year, make and vin number).

- 5. The undersigned agrees to inform the Health Department within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or franchise, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.
- 6. The undersigned understand that this application does not entitle the applicants to a license and that the granting of licenses is solely in the discretion of the Common Council.
- 7. I have a knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 25th day of September, 2017

Individual/Corporate President/Partner: Robert A. Rauch

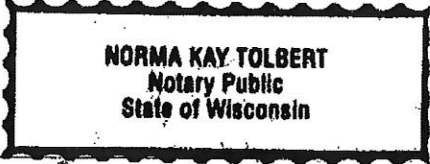
Additional Partner/Corporate Vice President: [Signature]

Notary Public, State of Wisconsin: Norma Kay Tolbert

My commission expires: April 23, 2019

Corporate Secretary: [Signature]

Corporate Treasurer: Robert A. Rauch



Do Not Write Below This Line

Clerk	License #	New	Renewal	Date Filed	Date Granted



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/20/2017

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 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).

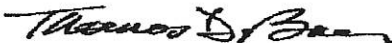
PRODUCER R & R Insurance Services, Inc. N80 W14824 Appleton Ave PO Box 160 Menomonee Falls WI 53052-0160		CONTACT NAME: Linda Jensen PHONE (A/C No. Ex): (262) 502-3858 FAX (A/C No.): (262) 953-1429 E-MAIL ADDRESS: linda.jensen@rrins.com	
INSURED Paratech Ambulance Service Inc 9401 W. Brown Deer Road Milwaukee WI 53224		INSURER(S) AFFORDING COVERAGE INSURER A: Arch Insurance Company NAIC # 11150 INSURER B: United Heartland, Inc. 621910 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1722272392 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X	MAPK08385302	3/1/2017	3/1/2018	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000	
	<input checked="" type="checkbox"/> Prof Liab \$1mil/\$3mil					PERSONAL & ADV INJURY \$ 1,000,000	
	<input checked="" type="checkbox"/> Abuse \$1mil/\$3mil					GENERAL AGGREGATE \$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COM/OP AGG \$ 3,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$	
A	AUTOMOBILE LIABILITY		MAPK08385302	3/1/2017	3/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO					<input checked="" type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					<input checked="" type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
						\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB					EACH OCCURRENCE \$ 2,000,000	
	<input type="checkbox"/> EXCESS LIAB					<input checked="" type="checkbox"/> OCCUR	AGGREGATE \$ 2,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS					<input type="checkbox"/> CLAIMS-MADE	\$
			MAUM08508802	3/1/2017	3/1/2018	\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	0400157562	3/1/2017	3/1/2018	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER City of Milwaukee Dept of Health Attn: Health Commissioner 841 N Broadway, Room 112 Milwaukee, WI 53202-3653	CANCELLATION 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 Thomas Baer/LJ332 

Paratech Ambulance Vehicles as of September 25, 2017

SQ#	VEHICLE ID NUMBER	YEAR/MAKE	Model
101	1FDWE3FSXEDB00110	2014 FORD	E350
102	1FDWE3FS7CDA07817	2012 FORD	E350
103	1FDWE3FS6GDC55823	2016 FORD	E350
104	1FDWE3FS7HDC62782	2017 FORD	E350
106	1FDWE3FS0DDA91593	2013 FORD	E350
107	1FDWE3FS5BDA42600	2011 FORD	E350
108	1GDHG316991181220	2009 GMC	Savanna 3500
109	1FDWE3FS3EDA45970	2014 FORD	E350
110	1FDWE3FS5FDA29190	2015 FORD	E350
111	1FDWE3FS1FDA29171	2015 FORD	E350
112	1FDXE4FS9CDA70654	2012 FORD	E450
114	1FDWE3FS6BDA38684	2011 FORD	E350
115	1FDSE3FS0EDB13724	2014 FORD	E350
116	1GDHG316891180740	2009 GMC	Savanna 3500
117	1FDWE3FS7DDA91591	2013 FORD	E350
118	1FDWE3FS1CDA28470	2012 FORD	E350
119	1FDWE3FS8DDA91597	2013 FORD	E350
120	1FDWE3FS0FDA22129	2015 FORD	E350
121	1FDWE3FS7FDA33113	2015 FORD	E350
122	1FDWE3FS3FDA33125	2015 FORD	E350
123	1FDWE3FS8DDA34946	2013 FORD	E350
124	1GBHG396091143534	2009 CHEVROLET	Express 3500
125	1FDWE3FS1EDB06085	2014 FORD	E350
126	1FDWEFSXGDC55825	2016 FORD	E350
127	1FSWE3FS0FDA33115	2015 FORD	E350
128	1FDWE3FS8DDA61578	2013 FORD	E350
129	1FDWE3FS7FDA33147	2015 FORD	E350
130	1FDWE3FSXGDC55839	2016 FORD	E350
131	1FDWE3FS0BDA16177	2011 FORD	E350
132	1FDWE3FS8BDA38685	2011 FORD	E350
133	1FDWE3FS9BDA42602	2011 FORD	E350 TYPE III
134	1FDWE3FS3CDA90498	2012 FORD	E350
135	1FDWE3FS5GDC27575	2016 FORD	E350
136	1FDXE45PX8DB01236	2008 FORD	E450
137	1FDWE3FS6GDC27570	2016 FORD	E350
138	1FDWE3FS7GDC27576	2016 FORD	E350
139	1FDWE3FS6GDC27573	2016 FORD	E350
140	1FDWE3FS9GDC27580	2016 FORD	E350
151	1FDWE3FS4EDA37098	2014 FORD	TYPE III

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

- Check(✓) one: Individual
 Partnership
 Corporation

1. NAME OF APPLICANT (If Individual): _____

Business Name: Meda Care Ambulance Service LLC Phone: (414) 344-4444

Business Address: 9401 W. Brown Deer Road

City: Milwaukee State: WI Zip: 53224

Have any people on this application been convicted of violating any federal or state laws, or local ordinances? Yes No

If 'yes', name of person(s), date, charge, and penalty: _____

2. PARTNERSHIP (If applicable):

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Name _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

3. NAME OF CORPORATION Meda Care Ambulance Service LLC

Address: 9401 W. Brown Deer Road, Milwaukee, WI 53224

Date and Place of Incorporation: October 26, 2016 Milwaukee, Wisconsin

President: Robert A. Rauch

Home Address: 9401 W. Brown Deer Road

City: Milwaukee State: WI Zip: 53224

Phone (414) 365-8900 Date of Birth 04/22/1949

Vice President: Richard Romanshek

Home Address: N90 W20881 Scenic Drive

City: Menomonee Falls State: WI Zip: 53051

Phone (262) 255-6486 Date of Birth: 03/24/1952

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Secretary: Richard Romanshek

Home Address: SAME AS ABOVE

City: _____ State: _____ Zip: _____

Phone _____ Date of Birth _____

Treasurer: Robert A. Rauch

Home Address: SAME AS ABOVE

City: _____ State: _____ Zip: _____

Agent: Robert A. Rauch

Home Address: 9401 W. Brown Deer Road

City: Milwaukee State: WI Zip: 53224

4. OTHER REQUIREMENTS:

Do you have on file with the Health Department, a valid and current certificate of insurance for this license period? Yes No

Do you have a valid State of Wisconsin Inspection Certificate? Yes No

Do you participate in the Emergency Medical Services System? Yes No

If yes, list service area number: 2

Do you wish to participate in the Emergency Medical Services System? Yes No

Total number of vehicles in service: 9

Please attach a separate page listing all vehicles including city assigned number, and description (year, make and vin number).

5. The undersigned agrees to inform the Health Department within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or franchise, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

6. The undersigned understand that this application does not entitle the applicants to a license and that the granting of licenses is solely in the discretion of the Common Council.

7. I have a knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

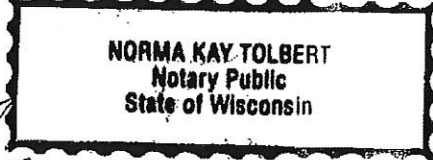
SUBSCRIBED AND SWORN TO BEFORE ME THIS 25th day of September, 20 17

Individual/Corporate President/Partner: [Signature]

Additional Partner/Corporate Vice President: [Signature]

Notary Public, State of Wisconsin: Norma Kay Tolbert

My commission expires: April 23, 2019



Corporate Secretary: [Signature]

Corporate Treasurer: [Signature]

Do Not Write Below This Line

Clerk	License #	New	Renewal	Date Filed	Date Granted



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/20/2017

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 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 R&R Insurance Services Inc N80 W14824 Appleton Ave PO Box 160 Menomonee Falls WI 53052-0160		CONTACT NAME: Linda Jensen PHONE (A/C, No, Ext): (262) 502-3858 FAX (A/C, No): (262) 953-1429 E-MAIL ADDRESS: linda.jensen@rrins.com																						
INSURED Meda Care Ambulance Service LLC P O Box 240096 9401 W Brown Deer Rd. Milwaukee WI 53224-9005		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A</td> <td>Arch Insurance Co</td> <td>11150</td> </tr> <tr> <td>INSURER B</td> <td>United Heartland Inc</td> <td>621910</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A	Arch Insurance Co	11150	INSURER B	United Heartland Inc	621910	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A	Arch Insurance Co	11150																						
INSURER B	United Heartland Inc	621910																						
INSURER C:																								
INSURER D:																								
INSURER E:																								
INSURER F:																								

COVERAGES CERTIFICATE NUMBER: CL171371206 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			MAPK08394500	12/1/2016	12/1/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Prof Liab \$1mil/\$3mil						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> Sexual Abuse \$1mil/\$3mil						GENERAL AGGREGATE \$ 3,000,000
	GENL AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY			MAPK08394500	12/1/2016	12/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			MAUM08514100	12/1/2016	12/1/2017	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 2,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS \$ 0	<input type="checkbox"/> CLAIMS-MADE					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0400157562	3/1/2017	3/1/2018	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
	LLC Members excluded						E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER City of Milwaukee Dept of Health 841 N. Broadway, Room 112 Milwaukee, WI 53202-3653	CANCELLATION 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 Thomas Baer/LJ332 

Meda Care Ambulance Vehicles as of September 25, 2017

SQ#	VEHICLE ID NUMBER	YEAR/MAKE	Model		
MCA 211	1FDWE35P79DA39141	2009	E350		
MCA 230	1FDWE35P58DB36269	2008	E350		
MCA 232	1FDWE35P08DB11778	2008	E350		
MCA 270	1FDWE3FSBDA83070	2011	E350		
MCA 271	1FDWEFS4BDA87026	2011	E350		
MCA 272	1FDWE3FS4CDB23671	2012	E350		
MCA 273	1FDWE3FS4CDB03940	2012	E350		
MCA 274	1FDWE3FSXDDA52672	2013	E350		
MCA 275	1FDWE3FSODDA69089	2013	E350		

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

Check(✓) one: Individual
 Partnership
 Corporation

1. **NAME OF APPLICANT** (if individual): _____
Business Name: BELL AMBULANCE, INC. Phone: 414-486-2000
Business Address: 549 E WILSON ST
City: MILWAUKEE State: WI Zip: 53207-1635
Have any people on this application been convicted of violating any federal or state laws, or local ordinances? Yes No
If 'yes', name of person(s), date, charge and penalty: _____

2. **PARTNERSHIP** (if applicable):
Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Date of Birth: _____
Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Date of Birth: _____

3. **NAME OF CORPORATION** BELL AMBULANCE, INC.
Address: 549 E WILSON ST, MILWAUKEE, WI 53207-1635
Date and Place of Incorporation: OCTOBER 1, 1978, WISCONSIN
President: R A ZEHETNER
Home Address: 212 E RAVINE DR
City: MEQUON State: WI Zip: 53092
Phone 262-241-1990 Date of Birth 06/15/1948
Vice President: JAMES P LOMBARDO
Home Address: 549 E WILSON ST
City: MILWAUKEE State: WI Zip: 53207
Phone 414-486-4013 Date of Birth: 12/24/1952

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Secretary: VALERIE A ZEHETNER

Home Address: 11811 N LAKE SHORE DR

City: MEQUON

State: WI

Zip: 53092

Phone: 414-406-0567

Date of Birth: 02/06/1978

Treasurer: WAYNE A JURECKI

Home Address: 1111 N MARSHALL ST, UNIT 1002

City: MILWAUKEE

State: WI

Zip: 53202

Agent: WAYNE A JURECKI

Home Address: 1111 N MARSHALL ST, UNIT 1002

City: MILWAUKEE

State: WI

Zip: 53202

4. OTHER REQUIREMENTS:

Do you have on file with the Health Department, a valid and current certificate of insurance for this license period? Yes No

Do you have a valid State of Wisconsin Inspection Certificate? Yes No

Do you participate in the Emergency Medical Services System? Yes No

If yes, list service area number: 4

Do you wish to participate in the Emergency Medical Services System? Yes No

Total number of vehicles in service: 54

Please attach a separate page listing all vehicles including city assigned number, and description (year, make and vin number).

- 5. The undersigned agrees to inform the Health Department within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or franchise, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.
- 6. The undersigned understand that this application does not entitle the applicants to a license and that the granting of licenses is solely in the discretion of the Common Council.
- 7. I have a knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 22nd day of September, 20 17

Individual/Corporate President/Partner: [Signature]

Additional Partner/Corporate Vice President: [Signature]

Notary Public, State of Wisconsin: Milwaukee

My commission expires: 7/31/2020

Corporate Secretary: Valerie A. Zehetner

Corporate Treasurer: Wayne A. Jurecki



Do Not Write Below This Line

Clerk	License #	New	Renewal	Date Filed	Date Granted
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/21/2017

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).

PRODUCER Cottingham & Butler Jeff K. Bair 800 Main St. Dubuque IA 52001	CONTACT NAME:	
	PHONE (A/C, No., Ext): 563-587-5000	FAX (A/C, No.): 563-583-7339
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Homeland Insurance Company of New York		34452
INSURER B: Old Republic Insurance Company		24147
INSURER C: Lloyd's		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
BELAMB1
Bell Ambulance, Inc.
PO Box 070550
Milwaukee WI 53207-0550

COVERAGES CERTIFICATE NUMBER: 1676318847 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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MFL-004692-0617	6/1/2017	6/1/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000 Employee Benefits \$1M/\$2M
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			MWTB 310592	6/1/2017	6/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$5,000			UM300011	6/1/2017	6/1/2018	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			MWC 310593	6/1/2017	6/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Healthcare Professional			MFL-004692-0617	6/1/2017	6/1/2018	Aggregate Incident 2,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Milwaukee is additional insured on the general liability policy subject to all terms and conditions of the policy forms. A 30 day notice of cancellation is provided by the insurance company to the certificate holder as outlined by the endorsement attached to the General Liability policy.

CERTIFICATE HOLDER

City of Milwaukee; Health Department
841 N. Broadway, Room 315
Milwaukee WI 53202

CANCELLATION

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

TT
738949
cpires

© 1988-2015 ACORD CORPORATION. All rights reserved.

Unit number	In service since	Make	VIN	Location
403	2017	FORD	BEING DELIVERED 10/1/17	Milwaukee
404	2012	CHEVROLET	1GB6G2B65A1101621	Milwaukee
405	2012	CHEVROLET	1GB6G2B67A1100731	Milwaukee
406	2012	CHEVROLET	1GB6G2B67A1101247	Milwaukee
407	2012	CHEVROLET	1GB6G2B67A1101894	Milwaukee
408	2013	CHEVROLET	1GB3G2CLXD1130463	Milwaukee
409	2014	CHEVROLET	1GB3G2CL0E1108523	Milwaukee
410	2014	CHEVROLET	1GB3G2CL8E1108544	Milwaukee
411	2014	CHEVROLET	1GB3G2CL9E1108908	Milwaukee
412	2014	CHEVROLET	1GB3G2CL5E1107772	Milwaukee
413	2014	CHEVROLET	1GB3G2CL6D1182382	Milwaukee
414	2014	CHEVROLET	1GB3G2CL4D1182459	Milwaukee
415	2015	CHEVROLET	1GB3G2CL4E1186335	Milwaukee
416	2015	CHEVROLET	1GB3G2CL8E1186435	Milwaukee
417	2015	CHEVROLET	1GB3G2CL5E1187266	Milwaukee
418	2015	CHEVROLET	1GB3G2CL3E1187363	Waukesha*
419	2016	FORD	1FDWE3FS3GDC36534	Milwaukee
420	2016	FORD	1FDWE3FS5GDC36535	Milwaukee
421	2016	FORD	1FDWE3FSXGDC50673	Milwaukee
440	2015	CHEVROLET	1GBZGUCLXE1205718	Milwaukee
441	2015	CHEVROLET	1GBZGUCL7E1207426	Milwaukee
442	2015	FORD	1FDBW2XM1FKA42438	Milwaukee
443	2016	FORD	1FDBW2XM4GKB07798	Waukesha*
444	2016	FORD	1FDBW2XM9GKB18778	Milwaukee
445	2016	FORD	1FDBW2XM0GKB22797	Milwaukee
446	2016	FORD	1FDBW2XM4GKB22799	Milwaukee
447	2016	FORD	1FDBW2XM2GKB22798	Milwaukee
448	2009	CHEVROLET	1GBHG316191155798	Milwaukee
449	2017	FORD	1FDBW2XM3HKA15499	Milwaukee
450	2017	FORD	1FDBW2XMXHKA37726	Milwaukee
451	2017	FORD	1FDBW2XM1HKA37727	Milwaukee
452	2017	FORD	1FDBW2XM3HKA37728	Milwaukee
453	2017	FORD	1FDBW2XM8HKA37725	Milwaukee
454	2017	FORD	1FDBW2XM6HKA40946	Milwaukee
455	2010	CHEVROLET	1GB6G2B69A1100181	Milwaukee
456	2010	CHEVROLET	1GB6G2B69A1100410	Milwaukee
457	2010	CHEVROLET	1GB6G2B60A1101347	Milwaukee
460	2017	FORD	1FDXE4FS6HDC26785	Milwaukee**
461	2012	CHEVROLET	1GB9G5B61A1114395	Milwaukee**
470	2011	CHEVROLET	1GB9G5B61A1124831	Milwaukee
472	2012	CHEVROLET	1GB9G5B68A1113647	Milwaukee
473	2015	CHEVROLET	1GB6G5CL7E1198039	Milwaukee
474	2015	CHEVROLET	1GB6G5CL1E1198649	Waukesha*
475	2016	FORD	1FDXE4FS4GDC09191	Milwaukee
476	2016	FORD	1FDXE4FS3GDC24426	Milwaukee
477	2016	FORD	1FDXE4FS9GDC06531	Milwaukee
478	2016	FORD	1FDXE4FS7GDC06530	Milwaukee
479	2016	FORD	1FDXE4FS8GDC34935	Milwaukee
480	2016	FORD	1FDWE3FS8GDC50672	Milwaukee
493	2009	CHEVROLET	1GBKG316291100136	Milwaukee
494	2009	CHEVROLET	1GBKG316X91123650	Milwaukee
495	2009	CHEVROLET	1GBKG316791152653	Milwaukee
496	2010	CHEVROLET	1GB9G5B64A1112379	Milwaukee
497	2010	CHEVROLET	1GB9G5B63A1112714	Milwaukee

54 UNITS IN SERVICE

*these units are assigned to Waukesha county, but can be moved to Milwaukee if needed

**these units are assigned to the Children's Hospital Transport Team

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

- Check (✓) one: Individual
 Partnership
 Corporation

1. NAME OF APPLICANT (if individual): _____

Business Name: Curtis Universal Ambulance, Inc. Phone: 414-276-7711

Business Address: 2266 N. Prospect Ave. Ste. #440

City: Milwaukee State: WI Zip: 53202

Have any people on this application been convicted of violating any federal or state laws, or local ordinances? Yes No

If 'yes', name of person(s), date, charge and penalty: _____

Mailing Address: P.O. Box 2007 Milwaukee, WI 53201-2007

2. PARTNERSHIP (if applicable):

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Name _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

3. NAME OF CORPORATION Curtis-Universal, Inc.

Address: 2266 N. Prospect Ave. Ste. #440 Milwaukee, WI 53202

Date and Place of Incorporation: October 17th, 1969 - Wisconsin

President: James G. Baker, Jr.

Home Address: W310 N8370 Kilbourne Rd.

City: Hartland State: WI Zip: 53029

Phone 262-966-1853 Date of Birth 12/17/1955

Vice President: James G. Baker, Jr.

Home Address: Same as above

City: _____ State: _____ Zip: _____

Phone _____ Date of Birth: _____

Secretary: Debra Baker

Home Address: 203 Glenowen Dr.

City: Hartland State: WI Zip: 53029

Phone _____ Date of Birth _____

Treasurer: James G. Baker, Jr.

Home Address: W310 N8370 Kilbourne Rd.

City: Hartland State: WI Zip: 53029

Agent: _____

Home Address: _____

City: _____ State: _____ Zip: _____

4. OTHER REQUIREMENTS:

Do you have on file with the Health Department, a valid and current certificate of insurance for this license period? Yes No

Do you have a valid State of Wisconsin Inspection Certificate? Yes No

Do you participate in the Emergency Medical Services System? Yes No

If yes, list service area number: 3

Do you wish to participate in the Emergency Medical Services System? Yes No

Total number of vehicles in service: 25

Please attach a separate page listing all vehicles including city assigned number, and description (year, make and vin number).

- 5. The undersigned agrees to inform the Health Department within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or franchise, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.
- 6. The undersigned understand that this application does not entitle the applicants to a license and that the granting of licenses is solely in the discretion of the Common Council.
- 7. I have a knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

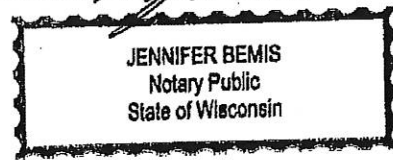
SUBSCRIBED AND SWORN TO BEFORE ME THIS 20th day of September, 2017

Individual/Corporate President/Partner: James G. Baker, Jr.

Additional Partner/Corporate Vice President: James G. Baker, Jr.

Notary Public, State of Wisconsin: Jennifer Bemis

My commission expires: August 21, 2020



Corporate Secretary: Debra Baker

Corporate Treasurer: James G. Baker, Jr.

Do Not Write Below This Line

Clerk	License #	New	Renewal	Date Filed	Date Granted



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/21/2017

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).

PRODUCER Marsh & McLennan Agency LLC 2725 South Moorland Road New Berlin WI 53151	CONTACT NAME: Carol Gau PHONE (A/G, No, Ext): 262-796-8829 FAX (A/G, No): 262-785-9753 E-MAIL ADDRESS: carol.gau@marshmma.com
	INSURER(S) AFFORDING COVERAGE
INSURED Curtis-Universal Ambulance Inc. P.O. Box 2007 2266 N. Prospect Ave., Suite 440 Milwaukee WI 53202	INSURER A: Arch Insurance Company NAIC # 11150
	INSURER B: United Wisconsin Insurance Company NAIC # 29157
	INSURER C:
	INSURER D:
	INSURER E:
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1542669567 **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.

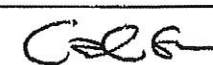
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MAPK08390201	1/10/2017	1/10/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		MAPK08390201	1/10/2017	1/10/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0		MAUM08511001	1/10/2017	1/10/2018	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	0400163260	8/1/2017	8/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Portable Equipment Professional Liability		MAIM08442001 MAPK08390201	1/10/2017 1/10/2017	1/10/2018 1/10/2018	Per schedule on file \$1,000,000/\$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is additional insured for general liability.

State of Wisconsin
Waukesha County

Carol Gau, being first duly sworn on oath, deposes and says that she is the agent of
See Attached...

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

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Marsh & McLennan Agency LLC		NAMED INSURED Curtis-Universal Ambulance Inc. P.O. Box 2007 2266 N. Prospect Ave., Suite 440 Milwaukee WI 53202	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Arch Insurance Company, the insurer on the attached certificate of insurance issued to Curtis-Universal Ambulance, Inc.

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.

Colgan

Signature of Authorized Agent

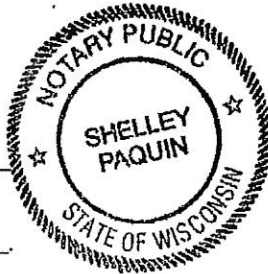
Subscribed and sworn to before me

This 21st day of September, 2017

Shelley Paquin

Notary Public, Waukesha County, Wisconsin

My commission expires on 9-14-18



Milwaukee					
Unit #	Year	Model	V.I.N. #	License	Registration
321	2001	E-450	1FDXE45F41HA86500	535-GFS	6/30/2018
327	2006	E-350	1FDXE45P16HB00613	968-XKK	12/31/2017
328	2007	E-350	1FDWE35P77DA13538	487-SVM	5/25/2018
329	2002	E-350	1FDSE35F72HA66179	411-YFW	10/05/2017
334	2004	E-450	1FDXE45P24HA49538	LT 3908	5/31/2018
352	2008	E-350	1FDSS34P58DA74431	734-YRT	12/02/2017
353	1996	E-350	1FDJS34F6THB56687	543-XBV	4/30/2018
355	2010	E-350	1FDSS3EP3ADA32411	852-YSS	3/1/2018
383	1999	E-450	1FDXE40F0XHA17738	112-SSU	2/28/2018
384	1997	E-450	1FDLE40F3VHA42063	904-UNV	3/5/2018
356	2008	E-350	1FDSS34P48DB56909	472-ZEE	7/13/2018
357	2008	E-350	1FDSS34P48DB09962	Pending	
Secondary Response Vehicles					
5440	1998	E-350	1FDXE40F7WHB64718	113-SSU	2/28/2018
5441	1997	E-350	1FDLE40F9VHA37918	118-RYX	7/5/2018
5442	2002	E-350	1FDXE45F82HA19223	799-WCV	5/21/2018
5444	1997	E-450	1FDLE40F9VHB77449	831-UUB	6/2/2018
5446	1998	E-350	1FDXE40F3WHB81015	457-KHH	12/13/17
5447	1998	E-350	1FDXE40F8WHB07329	359-ZTF	1/31/18
5448	2000	E-350	1FDXE45F2YHA12485	368-UWF	7/17/2018
5449	2005	E-450	1FDE45P95HA58965	149-XLF	2/19/2018
385	2006	E-450	1FDXE45P36DA68531	606-XUU	5/14/2018
386	1998	E-450	1FDXE40F3WHC06205	116-ZKF	12/7/2017
830	2006	E-450	1FDXE45P46DA24876	696-REA	9/21/2017
832	1995	E-350	1FDJE30F7SHA80392	947-GXS	3/31/2018
354	1993	E-350	1FDJS34MXPHB53697	280-VGV	10/1/2017