

City of Milwaukee Health Department  
APPLICATION FOR AMBULANCE CERTIFICATION

Fee Must Accompany Application

License period January 1 to December 31.

\$1,000.00 - New Applicants and Renewals

Make check payable to the City of Milwaukee Health Department

Check (✓) one: ( ) Individual  
( ) Partnership  
(X) Corporation

1. NAME OF APPLICANT (if individual) \_\_\_\_\_  
BUSINESS NAME CROSS AMBULANCE SERVICE Phone 914-546-854  
Business Address 5436 W. ROGERS, WEST ALLIS, WI Zip 53219

Have any people on this application been convicted of violating any federal or state laws, or local ordinances?

Yes \_\_\_\_\_ No X 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: CROSS AMBULANCE SERVICE, INC  
Address, City, State, Zip 5436 W. ROGERS, WEST ALLIS, WI 53219  
Date and Place of Incorporation 1/15/1981 Wisconsin  
President ROBERT BLAHUT Home Address 2617 W. CHESTNUT  
City, State, Zip MEQUON, WI 53092 Phone 262-242-4658 Date of Birth 9/4/37  
Vice President Same as Above Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Secretary Same as Above Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Treasurer Same as Above Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Agent Same as Above Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_



**CROSS AMBULANCE SERVICE, INC.**

5436 W. ROGERS ST.  
WEST ALLIS, WI 53219

WISCOR CREDIT UNION  
WEST ALLIS, WISCONSIN 53219  
79-8251-2750

22871

11/18/02

PAY TO THE  
ORDER OF City of Milwaukee HEALTH DEPARTMENT

\$ 1,000.00

\*\*One Thousand And 00/100 Dollars\*\*\*\*\*

DOLLARS

City of Milwaukee HEALTH DEPART  
841 N BROADWAY , 3rd FLOOR  
MILWAUKEE, WI 53202

MEMO

*[Handwritten signature]*

⑈022871⑈ ⑆275082510⑆ 8100074635⑈

CROSS AMBULANCE SERVICE, INC  
AMBULANCE VEHICLE LIST  
DECEMBER 11, 2002

| VEHICLE # | YEAR & MAKE & TYPE | VIN #             |
|-----------|--------------------|-------------------|
| 91        | 94 FORD II         | 1FDJE30MIRHB00872 |
| 92        | 94 FORD II         | 1FDJE30M9RHB43307 |
| 93        | 89 FORD III        | 1FDKE30M9KHA73365 |
| 94        | 88 FORD II         | 1FDHS34M7JHC12579 |
| 95        | 90 FORD II         | 1FDHS34M5LHB81562 |
| 98        | 89 CHEV III        | 1GBHR34N7KJ105605 |
| 500       | 89 FORD III        | 1FDKE30M6KHA40825 |

**ACORD™ CERTIFICATE OF INSURANCE**DATE (MM/DD/YY)  
04/11/02

|   |  |   |  |
|---|--|---|--|
| <b>PRODUCER</b><br>Security Ins. & Fin. Serv, Inc.<br>2725 S. Moorland Road<br>New Berlin, WI 53151 |  | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |  |
| <b>INSURED</b><br>Cross Ambulance Service, Inc.<br>5436 W. Rogers Street<br>West Allis, WI 53214    |  | <b>COMPANIES AFFORDING COVERAGE</b>   |  |
|   |  | COMPANY<br>ACumis Ins. Society, Inc. (McNeil & Co   |  |
|   |  | COMPANY<br>BEMC Insurance Company   |  |
|   |  | COMPANY<br>C  |  |
|   |  | COMPANY<br>D  |  |

**COVERAGES**

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.

| CO LTR | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |
|--------|---|---------------|----------------------------------|-----------------------------------|---|
| A      | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT                  | ZDZ5633213    | 04/01/02                         | 04/01/03                          | GENERAL AGGREGATE \$2,000,000<br>PRODUCTS-COMP/OP AGG \$2,000,000<br>PERSONAL & ADV INJURY \$1,000,000<br>EACH OCCURRENCE \$1,000,000<br>FIRE DAMAGE (Any one fire) \$ 100,000<br>MED EXP (Any one person) \$ 5,000 |
| A      | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS | ZDZ5633213    | 04/01/02                         | 04/01/03                          | COMBINED SINGLE LIMIT \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE \$   |
|        | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO  |               |                                  |                                   | AUTO ONLY-EA ACCIDENT \$<br>OTHER THAN AUTO ONLY: \$<br>EACH ACCIDENT \$<br>AGGREGATE \$  |
| A      | <b>EXCESS LIABILITY</b><br><input checked="" type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM   | UHZ5634111    | 04/01/02                         | 04/01/03                          | EACH OCCURRENCE \$1,000,000<br>AGGREGATE \$1,000,000<br>\$  |
| B      | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>THE PROPRIETOR/<br>PARTNERS/EXECUTIVE<br>OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL   | 2H4352802     | 04/01/02                         | 04/01/03                          | <input checked="" type="checkbox"/> STATUTORY LIMITS<br>EACH ACCIDENT \$ 100,000<br>DISEASE-POLICY LIMIT \$ 500,000<br>DISEASE-EACH EMPLOYEE \$ 100,000   |
|        | OTHER   |               |                                  |                                   |   |

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

The City of Milwaukee is an additional insured for general liability coverage, but only as respects work performed by the named insured.  
 (See Attached Schedule.)

**CERTIFICATE HOLDER**

City of Milwaukee  
 Community of Health  
 840 North Broadway Street  
 Room 315  
 Milwaukee, WI 53202

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,

AUTHORIZED REPRESENTATIVE



DESCRIPTIONS (Continued from page 1.)

Coverage includes 10 day written notice of cancellation.

AFFIDAVIT OF "NO INTEREST" MUST ACCOMPANY EACH CERTIFICATE OF INSURANCE ISSUED, INCLUDING NEW AND RENEWALS.

AFFIDAVIT

STATE OF WISCONSIN)

MILWAUKEE COUNTY )

Gordon A. Rathke , BEING FIRST DULY SWORN, on oath deposes and says that he/she is the agent of the Cumis Insurance Society, Inc. insurer, on the attached certificate or bond issued to Cross Ambulance Service, 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.

Gordon Rathke  
Signature (same as it appears on Certificate)

Gordon A. Rathke 1-262-796-8818

Subscribed and sworn to before me

this 12th day of April, 2002

Clara M Bonck  
Notary Public,  
My Commission expires ~~4/10~~ 7/24/05