



Tom Barrett
Mayor

Bevan K. Baker, FACHE
Commissioner of Health

Sandra J. Rotar
Health Operations Administrator

Health Department

www.milwaukee.gov/health

Frank P. Zeidler Municipal Building, 841 North Broadway, 3rd Floor, Milwaukee, WI 53202-3653 phone (414) 286-3521 fax (414) 286-5990

TO: Jim Owczarski
City Clerk

FROM: Bevan K. Baker, FACHE
Commissioner of Health

DATE: September 23, 2016

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.

Think Health. Act Now!



MILWAUKEE POLICE DEPARTMENT MEMORANDUM

DATE: SEPTEMBER 22, 2016

TO: BEVAN K. BAKER, FACHE
COMMISSIONER OF HEALTH

C/O: ALI TAHLER-REED
COMPLIANCE ANALYST & ACCREDITATION COORDINATOR

FROM: CAPTAIN MARK STANMEYER *MS*
OFFICE OF THE CHIEF *MS*

RE: AMBULANCE COMPANY APPLICATIONS



The Milwaukee Police Department's License Investigation Unit processed the following ambulance company applications:

Bell
Curtis Universal
Meda-Care
Paratech

Based on investigations that included background checks, we recommend approval of these applications.

MS/hmh

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 Phone (414) 344-4444

Business Address: 2515 W VLIET ST

City: MILWAUKEE State: WI Zip: 53205

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

Address: 2515 W. VLIET ST MILWAUKEE WI 53205

Date and Place of Incorporation: 11/0/77 MILWAUKEE WI

President: YVONNE LARSEN

Home Address: 518 WISLIS ISLAND DR

City: MUSKEGO State: WI Zip: 53150

Phone (262) 679-0290 Date of Birth 09/24/37

Vice President: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Date of Birth: _____

Secretary: TED LARSEN

Home Address: 20905 Villa CT

City: BROOKFIELD State: WI Zip: 53186

Phone: (262) 798-0654 Date of Birth: 11/12/65

Treasurer: SAME AS SECRETARY

Home Address: _____

City: _____ State: _____ Zip: _____

Agent: CHRIS MULLOY

Home Address: 2103 GARLAND AVE

City: WAUKESHA State: WI Zip: 53188

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: 16

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 15th day of September, 20 16

Individual/Corporate President/Partner: Upeovne Larsen

Additional Partner/Corporate Vice President: _____

Notary Public, State of Wisconsin: Chris Mulloy

My commission expires: 6/8/19

Corporate Secretary: [Signature]

Corporate Treasurer: _____

Do Not Write Below This Line

Clerk	License #	New	Renewal	Date Filed	Date Granted
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Meda-Care Ambulance List of Ambulances as of 9/15/16

2006 Ford Ambulance	1FSS34P46DA88818	Van
2005 Ford Ambulance	1FDXEP35HB39573	Type 3 Mod
2006 Ford Ambulance	1FDXE45P56HA37726	Type 3 Mod
2006 Ford Ambulance	1FDSS34P26DA92043	Van
2007 Ford Ambulance	1FDSS34P07DA91524	Van
2006 Ford Ambulance	1FDSS34P86HA97319	Van
2006 Ford Ambulance	1FDSS34P16DB15523	Van
2008 Ford Ambulance	1FWE35P08DB11778	Type 3 Mod
2008 Ford Ambulance	1FDWE35P08DB40519	Type 3 Mod
2008 Ford Ambulance	1FDWE35P98DB36274	Type 3 Mod
2008 Ford Ambulance	1FDWE35P58DB36269	Type 3 Mod
2009 Ford Ambulance	1FWE35P79DA39141	Type3 Mini Mod
2010 Ford Ambulance	1FDSSEP1ADA03537	Van
2010 Ford Ambulance	1FDSS3EPXADA03536	Van
2004 Ford Ambulance	1FDSS34P84HB04962	Van
2007 Ford Ambulance	1FDXE45P97DA38063	Type 3 Mod



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/16/2016

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 1581 E Racine Avenue PO Box 1610 Waukesha WI 53186	CONTACT NAME: Julie Liebelt	
	PHONE (A/C, No, Ext): (262) 574-7000 FAX (A/C, No): (262) 574-7080 E-MAIL ADDRESS: julie.liebelt@rrins.com	
INSURED Meda-Care Ambulance Service Inc 2515 W Vliet St Milwaukee WI 53205-1835	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Arch Insurance Company	
	INSURER B: Society Insurance	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

CERTIFICATE NUMBER: CL1691668364

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			MAPK07855603	2/1/2016	2/1/2017	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			MAPK07855603	2/1/2016	2/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB			MAUM08511700	3/22/2016	2/1/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WP16026962	8/23/2016	8/23/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 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)

The City of Milwaukee is additional insured per CG 20 26 (07-04) concerning work performed by the Insured. Certificate holder will be given 10 days notice of cancellation for non-payment of premium.

CERTIFICATE HOLDER

CANCELLATION

City of Milwaukee
Health Department
841 N Broadway
Milwaukee, WI 53202

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

Julie Liebelt
Julie Liebelt

AFFIDAVIT

STATE OF WISCONSIN }
 } SS
Waukesha County }

Julie Liebelt, being first duly sworn, on oath deposes and says
(Agent)

that he/she is the agent of the Arch Insurance Co, insurer
(Company name)

on the attached certificate issued to Meda-Care Ambulance Service Inc.
(Legal entity of 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 any other thing of value on account of the sale of furnishing of said insurance certificate.

Julie Liebelt
(Signature of above Agent)

Subscribed and sworn to before me

this 16th day of September 2009

Amy Brennan
Notary Public-State of Wisconsin
My Commission expires 7/29/11
Notary Seal Must Be Affixed.



- Please note the following requirements:
- 1) The name and signature of the agent or authorized representative must be included and match the agent or authorized who signed the insurance certificate.
 - 2) The full name of the Insurance Company must be listed and match exactly the Insurance Company's name from the insurance certificate.
 - 3) The date the notary signed and dated the affidavit must be the same as the date of the insurance certificate.
 - 4) The Notary must sign, date and stamp the form.
 - 5) The correct county and state must be listed. (If outside the state of Wisconsin, please cross out Wisconsin and write/type in correct state.)

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) 358-1111 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

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

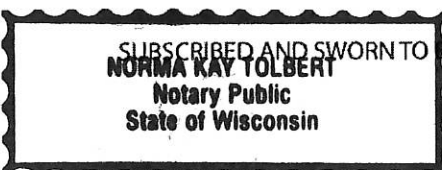
Total number of vehicles in service: 39

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 12th day of September, 2014

Individual/Corporate President/Partner: [Signature]

Additional Partner/Corporate Vice President: [Signature]

Notary Public, State of Wisconsin: [Signature]

My commission expires: April 23, 2018

Corporate Secretary: [Signature]

Corporate Treasurer: [Signature]

Do Not Write Below This Line

Clerk	License #	New	Renewal	Date Filed	Date Granted
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PARATECH AMBULANCE SERVICE AS OF September 6, 2016

<u>SQ#</u>	<u>VEHICLE ID NUMBER</u>	<u>YEAR/MAKE</u>	<u>Model</u>
101	1FDWE3FSXEDB00110	2014 FORD	E350
102	1FDWE3FS7CDA07817	2012 FORD	E350
103	1FDXE45P95HA88466	2005 FORD	E450
104	1FDWE3FS2BDA42599	2011 FORD	E350
105	1GDJG316291138873	2009 GMC	3500
106	1FDWE3FS0DDA91593	2013 FORD	E350
107	1FDWE3FS5BDA42600	2011 FORD	E350
108	1GDHG316991181220	2009 GMC	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	3500
117	1FDWE3FS7DDA91591	2013 FORD	E350
118	1FDWE3FS1CDA28470	2012 FORD	E350
119	1FDWE3FS8DDA91597	2013 FORD	E350
120	1FDWE3FS0FDA33129	2015 FORD	E350
121	1FDWE3FS7FDA33113	2015 FORD	E350
122	1FDWE3FS3FDA33125	2015 FORD	E350
123	1FDWE3FS8DDA34946	2013 FORD	E350
124	1GBHG396091143534	2009 CHEVROLET	3500
125	1FDWE3FS1EDB06085	2014 FORD	E350
126	1FDXE45F53HA63844	2003 FORD	E450
127	1FSWE3FS0FDA33115	2015 FORD	E350
128	1FDWE3FS8DDA61578	2013 FORD	E350
129	1FDWE3FS7FDA33147	2015 FORD	E350
131	1FDWE3FS0BDA16177	2011 FORD	E350
132	1FDWE3FS8BDA38685	2011 FORD	E350
133	1FDWE3FS9BDA42602	2011 FORD	E350
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	E350



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/17/2016

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
	INSURER(S) AFFORDING COVERAGE
	INSURER A Arch Insurance Company
	INSURER B United Heartland, Inc.
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: CL1621764032 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			MAPK08385301	3/1/2016	3/1/2017	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		X				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 - COMP/OP AGG \$ 3,000,000			
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				\$		
A	AUTOMOBILE LIABILITY			MAPK08385301	3/1/2016	3/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input 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			MAUM08508801	3/1/2016	3/1/2017	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 2,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0400149864	3/1/2016	3/1/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	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
							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 is an additional insured for liability coverage as regards their interest in the insured's operation as an ambulance service and as required by written contract. Form CG2010 would apply.

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 

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: 4310 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.

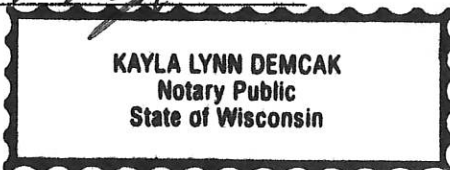
SUBSCRIBED AND SWORN TO BEFORE ME THIS 14th day of September, 2016

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

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

Notary Public, State of Wisconsin: Kayla Lynn Demcak

My commission expires: April 3rd 2020



Corporate Secretary: Debra Baker

Corporate Treasurer: James B. Baker, Jr.

Do Not Write Below This Line

Clerk	License #	New	Renewal	Date Filed	Date Granted

Milwaukee					
Unit #	Year	Model	V.I.N. #	License	Registration
381	1999	E-450	1FDXE40F1XHB68281	778-MKW	10/11/2016
321	2001	E-450	1FDXE45F41HA86500	535-GFS	6/30/2017
327	2006	E-350	1FDXE45P16HB00613	968-XKK	12/31/2016
328	2007	E-350	1FDWE35P77DA13538	487-SVM	5/25/2017
329	2002	E-350	1FDSE35F72HA66179	411-YFW	10/05/2016
334	2004	E-450	1FDXE45P24HA49538	LT 3908	5/31/2017
352	2008	E-350	1FDSS34P58DA74431	734-YRT	12/02/2016
353	1996	E-350	1FDJS34F6THB56687	543-XBV	4/30/2017
355	2010	E-350	1FDSS3EP3ADA32411	852-YSS	3/1/2017
383	1999	E-450	1FDXE40F0XHA17738	112-SSU	2/28/2017
384	1997	E-450	1FDLE40F3VHA42063	904-UNV	3/5/2017
356	2008	E-350	1FDSS34P48DB56909	Pending	
357	2008	E-350	1FDSS34P48DB09962	Pending	
Secondary Response Vehicles					
5440	1998	E-350	1FDXE40F7WHB64718	113-SSU	2/28/2017
5441	1997	E-350	1FDLE40F9VHA37918	118-RYX	7/5/2017
5442	2002	E-350	1FDXE45F82HA19223	799-WCV	5/21/2016
5444	1997	E-450	1FDLE40F9VHB77449	831-UUB	6/2/2017
5445	2000	E-350	1FDWE35F6YHB47670	713-KKG	4/6/2017
5446	1998	E-350	1FDXE40F3WHB81015	457-KHH	12/13/16
5448	2000	E-350	1FDXE45F2YHA12485	368-UWF	7/17/2016
5449	2005	E-450	1FDE45P95HA58965	149-XLF	2/19/2017
385	2006	E-450	1FDXE45P36DA68531	606-XUU	5/14/2017
830	2006	E-450	1FDXE45P46DA24876	696-REA	9/21/2016
832	1995	E-350	1FDJE30F7SHA80392	947-GXS	3/31/2015
354	1993	E-350	1FDJS34MXPB53697	280-VGV	10/1/2016

Client#: 176921

CURTIAMBUL1

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/16/2016

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 Marsh & McLennan Agency LLC 2725 South Moorland Road New Berlin, WI 53151 800 242-7001	CONTACT NAME: Carol Gau	PHONE (A/C, No, Ext): 262-796-8829	FAX (A/C, No): 262-785-9753
	E-MAIL ADDRESS: carol.gau@marshmma.com		
INSURED Curtis-Universal Ambulance Inc. P.O. Box 2007 2266 N. Prospect Ave., Suite 440 Milwaukee, WI 53202	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Arch Insurance Company		11150
	INSURER B: United Wisconsin		29157
	INSURER C:		
	INSURER D:		
INSURER E:			
INSURER F:			

COVERAGES CERTIFICATE NUMBER: 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	<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:		MAPK08390200	01/10/2016	01/10/2017	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	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		MAPK08390200	01/10/2016	01/10/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		MAUM08511000	01/10/2016	01/10/2017	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/A	0400153260	08/01/2016	08/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Portable Equip		MAIM08442000	01/10/2016	01/10/2017	per schedule on file
A	Prof Liab		MAPK08390200	01/10/2016	01/10/2017	\$1,200,000

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.
see attached for affidavit.

AFFIDAVIT

(See Attached Descriptions)

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

Braedyn Armstrong

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DESCRIPTIONS (Continued from Page 1)

STATE OF Wisconsin

Waukesha COUNTY)

Brandy L. Armstrong being first duly sworn on oath,
deposes and says that he/she is the agent of Arch 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.

Brandy L. Armstrong
Signature of Agent

Subscribed and sworn to before me

This 16th day of Sept., 2016.

Stacey Harrington
Notary Public, _____ County, _____ (State)
My Commission expires _____ STACEY HARRINGTON
Notary Public, State of New York
No. 01HA6045465
Qualified in Cortland County
Commision Expires July 31, 2 018

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

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).

- 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.
- 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.
- 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 30th day of August, 20 16
 Individual/Corporate President/Partner: [Signature]
 Additional Partner/Corporate Vice President: [Signature]
 Notary Public, State of Wisconsin: Angela M. Sather
 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)
8/26/2016

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 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 #
INSURED BELAMB1 Bell Ambulance, Inc. PO Box 070550 Milwaukee WI 53207-0550	INSURER A: Homeland Insurance Company of New Y	34452
	INSURER B: Old Republic Insurance Company	24147
	INSURER C: Lloyd's	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 144844544** **REVISION NUMBER:**

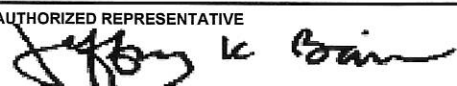
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MFL-004692-0616	6/1/2016	6/1/2017	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 Employee Benefits \$1M/\$2M
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			MWTB 307626	6/1/2016	6/1/2017	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 <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$5,000			UM200011	6/1/2016	6/1/2017	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
B	<input checked="" type="checkbox"/> 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 / A	MVC 307625	6/1/2016	6/1/2017	<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-004692-0616	6/1/2016	6/1/2017	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 **CANCELLATION**

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

SERVICE CONTRACT (BID, CONTRACT OR PURCHASE ORDER #)

AFFIDAVIT OF NO INTEREST

AFFIDAVIT MUST ACCOMPANY EACH CERTIFICATE OF INSURANCE
ISSUED, INCLUDING NEW AND RENEWALS

Jeffrey K. Bair

_____, being first duly sworn, on oath deposes and
(Insurance Agent that signed the insurance certificate submitted)¹

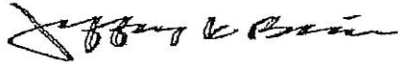
says that he/she is the agent of the
Homeland Insurance Company of New York

_____, insurer, on the attached certificate issued
(Insurance Company(s) Named on Insurance Certificate that apply
-listed under Insurers Affording Coverage)

to Bell Ambulance, Inc

(Name of Insured/Contractor listed on insurance certificate)

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 in connection with the furnishing of said insurance certificate.



(Agent's Signature)

STATE OF Iowa

Dubuque COUNTY

SS



Subscribed and sworn to before me this 30th day of August
20____.

Stacey Abbitt, Notary Public

My Commission expires: 2/13/18

**NOTE: THIS "AFFIDAVIT OF NO INTEREST" MUST BE COMPLETED AND
SIGNED BY THE PERSON WHO EXECUTED THE CERTIFICATE OF
INSURANCE, NOTARIZED, AND SUBMITTED WITH YOUR CERTIFICATE OF
INSURANCE.**

¹ The name of the insurance agent signing this affidavit – not the name of the insurance company. The same agent
whose name/signature is on the insurance certificate must complete this affidavit, and their signature must be
notarized.

Unit number	In service since	Make	VIN	Location
401	2011	CHEVROLET	1GB6G2B64A1100458	Milwaukee
402	2011	CHEVROLET	1GB6G2B64A1101965	Milwaukee
403	2011	CHEVROLET	1GB6G2B65A1101120	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
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
450	2009	CHEVROLET	1GBJG316X91152299	Milwaukee
453	2009	CHEVROLET	1GBJG316791154415	Milwaukee
455	2010	CHEVROLET	1GB6G2B69A1100181	Milwaukee
456	2010	CHEVROLET	1GB6G2B69A1100410	Milwaukee
457	2010	CHEVROLET	1GB6G2B60A1101347	Milwaukee
460	2012	CHEVROLET	1GB9G5B6XA1113567	Milwaukee
461	2012	CHEVROLET	1GB9G5B61A1114395	Milwaukee
470	2011	CHEVROLET	1GB9G5B61A1124831	Milwaukee
471	2011	CHEVROLET	1GB9G5B67A1124932	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
481	2016	FORD	1FDWE3FSXGDC50673	Milwaukee
491	2008	FORD	1FDXE45P78DA55025	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