

CITY OF MILWAUKEE HEALTH DEPARTMENT
APPLICATION FOR AMBULANCE CERTIFICATION

RECEIVED

2004 AUG 10 PM 1:07

MILWAUKEE HEALTH
DEPARTMENT

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
(xx) Corporation

1. NAME OF APPLICANT (If Individual) _____

BUSINESS NAME Bell Ambulance, Inc. Phone Number (414) 486-2000

Business Address 549 E Wilson Street Zip Code 53207-0550

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

Yes ___ No xx If 'yes', name of person(s), date, charge and penalty: _____

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

Name _____ Home Address _____

(City, State, Zip) _____ Phone No. _____ Date of Birth _____

Name _____ Home Address _____

(City, State, Zip) _____ Phone No. _____ Date of Birth _____

3. **NAME OF CORPORATION:** Bell Ambulance, Inc.

Address, City, State, Zip 549 E Wilson Street, Milwaukee, WI 53207-0550

Date and Place of Incorporation: October 1, 1978 - Milwaukee, WI

President R. A. Zehetner Home Address 212 East Ravine Drive

City, State, Zip Megunon, WI 53092 Phone (262) 241-1990 Date of Birth 6/15/48

Vice President James P. Lombardo Home Address 549 East Wilson Street

City, State, Zip Milwaukee, WI 53207 Phone (414) 486-4013 Date of Birth 12/24/52

Secretary Eric E. Hobbs Home Address 2302 East Newberry Blvd

City, State, Zip Milwaukee, WI 53211 Phone (414) 225-4991 Date of Birth 1/16/60

Treasurer Wayne Jurecki Home Address 1701 North Prospect Ave

City, State, Zip Milwaukee, WI 53202 Phone (414) 486-4042 Date of Birth 10/20/66

Agent _____ Home Address _____

City, State, Zip _____ Phone _____ Date of Birth _____

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 are number: 4

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

Total number of vehicles in service: 23

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

9th day of August, 2004

Julia M. Duchler
Notary Public, State of Wisconsin

My commission expires 11/20/2005

[Signature]
(Individual/Corporate President/Partner)

[Signature]
(Additional Partner/Corporate Vice President)

[Signature]
(Corporate Secretary)

[Signature]
(Corporate Treasurer)

Do Not Write Below This Line

Clerk _____ License # _____ New _____ Renewal _____ Date Filed _____ Date Granted _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BJ
BELLA-1
DATE (MM/DD/YYYY)
08/05/04

PRODUCER Robertson Ryan & Assoc., Inc. Two Plaza East, Suite 650 330 East Kilbourn Avenue Milwaukee WI 53202 Phone: 414-271-3575 Fax: 414-271-0196		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.	
INSURED Bell Ambulance, Inc. Wayne Jurecki P O Box 070550 Milwaukee WI 53207		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: THE CINCINNATI INS. COMPANIES ✓	
		INSURER B: Lloyd's of London ✓	
		INSURER C: UNITED HEARTLAND INS ✓	
		INSURER D: Granite State Insurance Co ✓	
		INSURER E: Underwriters at Lloyd's London	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability is Incl GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	A2004LP0001301 APPROVED AS TO FORM AND EXECUTION THIS DAY OF <u>Sept 16th 2004</u> <i>Bruce P. Schulte</i> Assistant City Attorney	01/01/04	01/01/05	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	2827640	01/28/04	01/28/05	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$
E	<input checked="" type="checkbox"/> Comp Ded: \$2,500	FDP10309	01/01/04	01/01/05	PROPERTY DAMAGE (Per accident) \$
E	<input checked="" type="checkbox"/> Coll Ded: \$2,500	FDP10309	01/01/04	01/01/05	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> DEDUCTIBLE RETENTION \$10,000	CCC4972542	01/01/04	01/01/05	EACH OCCURRENCE \$ 2000000 AGGREGATE \$ 2000000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	0400036817	01/01/04	01/01/05	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500000 E.L. DISEASE - EA EMPLOYEE \$ 500000 E.L. DISEASE - POLICY LIMIT \$ 500000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

RECEIVED
 2004 AUG - 6 PM 2:06
 MILWAUKEE HEALTH DEPARTMENT

CERTIFICATE HOLDER MILW373 City of Milwaukee Health Dept 841 N Broadway, Room 112 Milwaukee WI 53202	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL _____ MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT _____ AUTHORIZED REPRESENTATIVE <i>Michael E. Schulte</i>
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CONTRACT:

AFFIDAVIT OF NO INTEREST

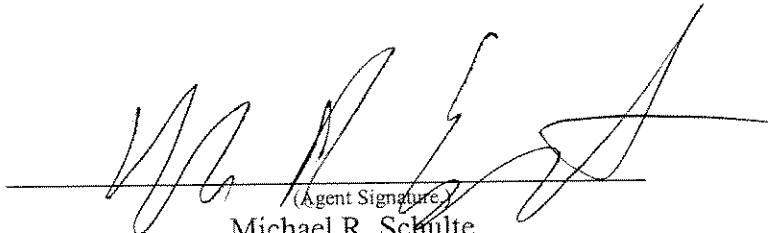
STATE OF WISCONSIN)

)ss

MILWAUKEE COUNTY)

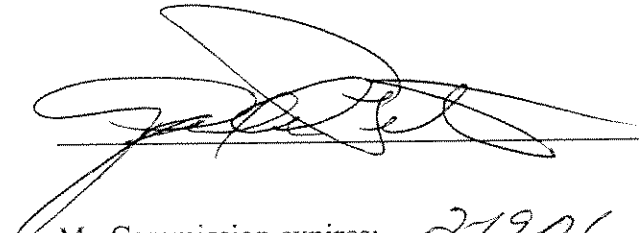
Michael R. Schulte, being first duly sworn, on oath deposes and says that he/she is the agent of the The Cincinnati Insurance Co., insurer, on the attached certificate issued to Bell Ambulance, Inc..

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 in connection with the furnishing of said insurance certificate.



(Agent Signature)
Michael R. Schulte

Subscribed and sworn to before me this 5th day of August, 2004.



Notary Public

My Commission expires: 21906

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

OPID BJJ
BELLA-1

DATE (MM/DD/YYYY)
08/05/04

PRODUCER
Robertson Ryan & Assoc., Inc.
Two Plaza East, Suite 650
330 East Kilbourn Avenue
Milwaukee WI 53202
Phone: 414-271-3575 Fax: 414-271-0196

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INSURED
Bell Ambulance, Inc.
Wayne Jurecki
P O Box 070550
Milwaukee WI 53207

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: THE CINCINNATI INS. COMPANIES	
INSURER B: Lloyd's of London	
INSURER C: UNITED HEARTLAND INS	
INSURER D: Granite State Insurance Co	
INSURER E: Underwriters at Lloyd's London	

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INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS				
B X	GENERAL LIABILITY	A2004LP0001301	01/01/04	01/01/05	EACH OCCURRENCE	\$ 1000000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000			
					<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	MED EXP (Any one person)	\$ 5000		
	<input checked="" type="checkbox"/> Professional							PERSONAL & ADV INJURY	\$ 1000000
	Liability is Incl						GENERAL AGGREGATE	\$ 2000000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2000000	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								
D	AUTOMOBILE LIABILITY	2827640	01/28/04	01/28/05	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000			
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$			
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$			
	<input type="checkbox"/> SCHEDULED AUTOS								
E	<input type="checkbox"/> HIRED AUTOS								
	<input type="checkbox"/> NON-OWNED AUTOS								
E	<input checked="" type="checkbox"/> Comp Ded: \$2,500	FPD10309	01/01/04	01/01/05	PROPERTY DAMAGE (Per accident)	\$			
E	<input checked="" type="checkbox"/> Coll Ded: \$2,500	FPD10309	01/01/04	01/01/05					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$			
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$			
					AUTO ONLY: AGG	\$			
A	EXCESS/UMBRELLA LIABILITY	CCC4972542	01/01/04	01/01/05	EACH OCCURRENCE	\$ 2000000			
	<input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 2000000			
	<input type="checkbox"/> DEDUCTIBLE					\$			
	RETENTION \$10,000					\$			
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	0400036817	01/01/04	01/01/05	<input checked="" type="checkbox"/> WC STATUTORY LIMITS				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 500000			
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 500000			
	OTHER				E.L. DISEASE - POLICY LIMIT	\$ 500000			

APPROVED AS TO FORM

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

AND EXECUTION THIS 16th DAY OF September 2004

Michael E. Schulte
Assistant City Attorney

CERTIFICATE HOLDER

MILW373
City of Milwaukee Health Dept
841 N Broadway, Room 112
Milwaukee WI 53202

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Michael E. Schulte

CONTRACT:

AFFIDAVIT OF NO INTEREST

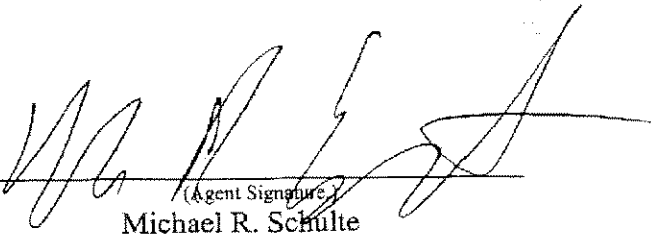
STATE OF WISCONSIN)

)ss

MILWAUKEE COUNTY)

Michael R. Schulte, being first duly sworn, on oath deposes and says that he/she is the agent of the The Cincinnati Insurance Co., insurer, on the attached certificate issued to Bell 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 in connection with the furnishing of said insurance certificate.



(Agent Signature)
Michael R. Schulte

Subscribed and sworn to before me this 5th day of August, 2004.



Notary Public

My Commission expires: 21906

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BELL AMBULANCE, INC.
PO BOX 070550
MILWAUKEE, WI 53207-0550
(414) 486-2000

PARK BANK
DOWNTOWN . CAPITOL DRIVE . BROOKFIELD
MILWAUKEE, WISCONSIN 53216
12-66-750

07/30/2004

70826

PAY TO THE
ORDER OF City of Milwaukee Health Department

\$ ****1,100.00**

One Thousand One Hundred and 00/100***** DOLLARS

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

[Signature]
TWO SIGNATURES REQUIRED - VOID AFTER 180 DAYS

MEMO
2005 License

⑈070826⑈ ⑆075000666⑆ ⑈1007333660⑈

BELL AMBULANCE, INC.

City of Milwaukee Health Department

Date 07/29/2004 Type Bill Reference

Original Amt.	1,100.00	Balance Due	1,100.00	Discount		Payment	1,100.00
		Check Amount	1,100.00				

70826

DEPARTMENT
HEALTH DEPARTMENT

90:1 MA 01 91V 4002

RECEIVED

City of Milwaukee - Deposit to City Treasurer

Org Code

Deposit ID

3 8 1 0

4 1 8 3 1

Deposit Detail

Currency					
Coins					
Checks			1	1 0 0	0 0
Credit Card					
Cash Shortage					
Total			1	1 0 0	0 0

FMIS A/R Entry Made by: *Faith Aitken* Ext. 2341 Date: *8/11/04*
 Deposit Slip Prepared by: *N. Tolson* Ext. 3569 Date: *8/11/04*

Complete deposit slip using a black ink pen after FMIS A/R cash receipt entry has been made. Enter deposit ID from FMIS A/R cash receipt transaction at top of form and deliver deposit to City Treasurer at Room 103, City Hall. If FMIS A/R cash receipt entry and deposit slip are done by the same employee, the employee's supervisor must initial the deposit slip form by the signature block.

Keep Area Clear for Teller Validation

*Bell Ambulance
 Certification
 deposited 8/11/04*

D-Health Department 00025721 0050 0004
 WI 8/12/04 PAID \$1,100.00
 41031 8/11/04
 3:48PM
 D-Health Department 101104 0990 \$1,100.00
 3010 101104 0990
 CK 00000000 \$1,100.00
 CHANGE \$0.00

BELL AMBULANCE, INC.

City of Milwaukee Health Department

07/30/2004

70826

Date	Type	Reference
07/29/2004	Bill	

Original Amt.
1,100.00

Balance Due	Discount
1,100.00	
	Check Amount

Payment
1,100.00
1,100.00

RECEIVED
 2004 AUG 10 PM 1:06
 MILWAUKEE HEALTH
 DEPARTMENT

General Checking Acc 2005 License

1,100.00