

ACORD™

Client#: 5915

CURTUNI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/10/2014

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, P.O. Box 510925, New Berlin, WI 53151-0925, 262 785-9490. CONTACT NAME: Carol Cantrall, PHONE (A/C, No, Ext): 262 785-9490, FAX (A/C, No): 262 785-9753, E-MAIL ADDRESS: ccantral@securityins.net. INSURER(S) AFFORDING COVERAGE: Travelers.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR WVO, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for General Liability, Automobile Liability, Umbrella Liab, Excess Liab, and Workers Compensation and Employers' Liability.

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

WC only

AFFIDAVIT

(See Attached Descriptions)

CERTIFICATE HOLDER CANCELLATION

City of Milwaukee, Department of Health, 841 N. Broadway, 3rd Floor, 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

Handwritten signature of authorized representative.

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DESCRIPTIONS (Continued from Page 1)

(STATE OF Wisconsin)

(Waukesha COUNTY)

Jessica L. Pozel, being first duly sworn on oath,
deposes and says that he/she is the agent of Travelers,
the insurer on the attached certificate of insurance issued to
Curtis-Universal Ambulance, Inc. (the Insured).

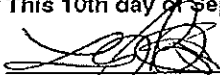
Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any
interest, directly or indirectly, or is receiving any premium, commission, fee or other thing of value on
account of the sale or furnishing of said insurance or bond.



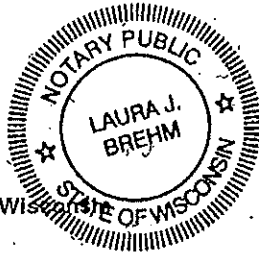
Signature of Agent

Subscribed and sworn to before me

This 10th day of September, 2014.



Notary Public, Waukesha County, Wisconsin
My Commission expires 9/14/17



Client#: 5915

CURTUNI

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/29/2014

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 Security Insurance Services P.O. Box 510925 New Berlin, WI 53151-0925 262 785-9490	CONTACT NAME: Carol Cantrall PHONE (A/C, No, Ext): 262 785-9490 FAX (A/C, No): 262 785-9753 E-MAIL ADDRESS: ccantral@securityins.net
	INSURER(S) AFFORDING COVERAGE INSURER A: Colony Insurance Company INSURER B: Rock Hill Insurance Company INSURER C: Nationwide Mutual INSURER D: National Casualty - Wisconsin INSURER E: INSURER F:
INSURED Curtis-Universal Ambulance Inc. P.O. Box 2007 2266 N. Prospect Ave., Suite 440 Milwaukee, WI 53202	

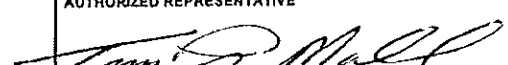
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		AP512070	01/10/2014	01/10/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$2,500 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CAO0233650	01/10/2014	01/10/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0		RXSLRU00058103	01/10/2014	01/10/2015	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional		AP512070	01/10/2014	01/10/2015	\$1,000,000/claim
C	Scheduled Eqmnt		ACP7105891136	01/10/2014	01/10/2015	\$409,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder is named additional insured for general liability.

(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 
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DESCRIPTIONS (Continued from Page 1)

AFFIDAVIT

STATE OF Wisconsin

(Waukesha COUNTY)

Tim Makowski, being first duly sworn on oath,
deposes and says that he/she is the agent of Colony Insurance Company,
the insurer on the attached certificate of insurance issued to
Curtis Universal Ambulance, Inc. (the insured).


Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any
interest, directly or indirectly, or is receiving any premium, commission, fee or other thing of value on
account of the sale or furnishing of said insurance or bond.


Signature of Agent

Subscribed and sworn to before me

KATHLEEN KROEGER
Notary Public
State of Wisconsin

This 29 day of April, 2014.


Notary Public, Milwaukee County, Wisconsin
My Commission expires 9/8/2017

Bell Ambulance, Inc.
Post Office Box 070550
Milwaukee, Wisconsin 53207

Offices: (414) 486-2000
Facsimile: (414) 486-4100

Website: www.264Bell.com



*"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"*[®]

Rick A. Zehetner
President

James P. Lombardo
Executive Vice President

Wayne A. Jurecki
Vice President, Chief Operating Officer

Keith Rader, M. D.
Medical Director

August 18, 2014

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

Ms. Reed,

I have enclosed the requested certificate of insurance and affidavit of no interest.

Our insurance policies all renew on October 1, which is reflected by the expiration date on the enclosed certificate. As soon as the renewed policies are issued, a new certificate and affidavit will be delivered to your office.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Anderson", is written over the word "Sincerely,".

Christopher Anderson
Operations Director

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: 42

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.

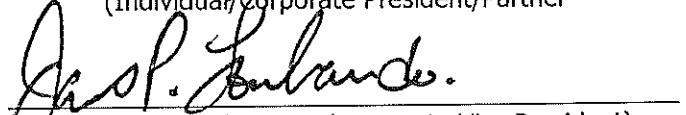
SUBSCRIBED AND SWORN TO BEFORE ME THIS

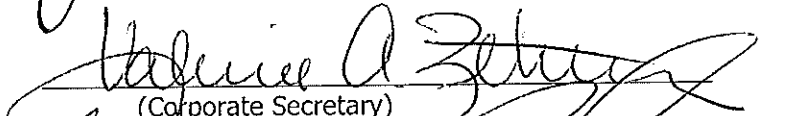
15th day of August, 2014

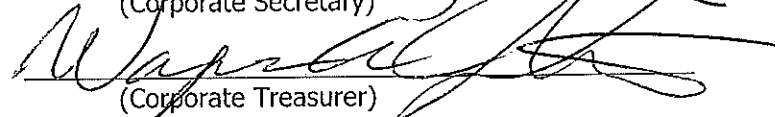

Notary Public, State of Wisconsin

My commission expires 11.16.2014


(Individual/Corporate President/Partner)


(Additional Partner/Corporate Vice President)


(Corporate Secretary)


(Corporate Treasurer)

Do Not Write Below This Line

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

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
443	2007	FORD	1FDWE35P47DA51732	Milwaukee
444	2008	FORD	1FDXE45P98DA77060	Milwaukee
445	2008	FORD	1FDWE35P48DA42271	Milwaukee
446	2008	FORD	1FDWE35P28DA35920	Milwaukee
447	2008	FORD	1FDWE35P78DA40093	Milwaukee
448	2009	CHEVROLET	1GBHG316191155798	Milwaukee
449	2009	CHEVROLET	1GBJG316191148724	Milwaukee
450	2009	CHEVROLET	1GBJG316X91152299	Milwaukee
451	2009	CHEVROLET	1GBJG316391152550	Milwaukee
452	2009	CHEVROLET	1GBJG316491152685	Milwaukee
453	2009	CHEVROLET	1GBJG316791154415	Milwaukee
454	2010	CHEVROLET	1GB6G2B6XA1101582	Milwaukee
455	2010	CHEVROLET	1GB6G2B69A1100181	Milwaukee
456	2010	CHEVROLET	1GB6G2B69A1100410	Milwaukee
457	2010	CHEVROLET	1GB6G2B60A1101347	Milwaukee
459	2009	CHEVROLET	1GBKG316791152653	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
491	2008	FORD	1FDXE45P78DA55025	Milwaukee
492	2009	CHEVROLET	1GBKG316091100135	Milwaukee
493	2009	CHEVROLET	1GBKG316291100136	Milwaukee
494	2009	CHEVROLET	1GBKG316X91123650	Milwaukee
496	2010	CHEVROLET	1GB9G5B64A1112379	Milwaukee
497	2010	CHEVROLET	1GB9G5B63A1112714	Milwaukee
498	2010	CHEVROLET	1GB9G5B66A1113713	Milwaukee

42 UNITS IN SERVICE



CERTIFICATE OF LIABILITY INSURANCE

BELAMB1 OP ID: KAE

DATE (MM/DD/YYYY)
08/07/2013

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.

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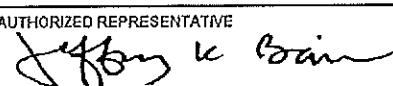
PRODUCER Cottingham & Butler, Inc. 800 Main Street Dubuque, IA 52001 Jeff K. Balr	Phone: 563-587-5000 Fax: 563-583-7339	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: United Wisconsin Insurance Co NAIC # 29157 INSURER B: Markel American Insurance Comp 28932 INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Bell Ambulance, Inc. PO Box 070550 Milwaukee, WI 53207-0550		

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			MTK70000552	10/01/2013	10/01/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1M/2M
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			MTA70000552	10/01/2013	10/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			MTU20003428	10/01/2013	10/01/2014	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ \$
A	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	0400122598	10/01/2013	10/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 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 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 Dept. 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 
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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

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

to Bea 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.

Jeffrey K. Bair
(Agent's Signature)

STATE OF Iowa

SS

Dubuque COUNTY

Subscribed and sworn to before me this 18th day of August,
20 14.

Kelly J. Wenzelman, Notary Public
My Commission expires: April 19th 2017.



**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.