

**CITY OF MILWAUKEE HEALTH DEPARTMENT
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

RECEIVED

2007 JUL 19 A 10:44

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

MILWAUKEE HEALTH
DEPARTMENT

1. NAME OF APPLICANT (If Individual) MEDA-CARE
BUSINESS NAME MEDA-CARE AMBULANCE Phone Number 44-344-4444
Business Address 2515 W. VLIET ST. Zip Code 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 No. _____ Date of Birth _____
Name _____ Home Address _____
(City, State, Zip) _____ Phone No. _____ Date of Birth _____

3. **NAME OF CORPORATION:** MEDA-CARE AMBULANCE

Address, City, State, Zip 2515 W. VLIET ST. MILWAUKEE, WI 53205

Date and Place of Incorporation: MILWAUKEE, WI 1/01/72

President Yvonne Larsen Home Address 568 W. 18118 Island Dr.
City, State, Zip Muskego, WI 53150 Phone 262-679-0290 Date of Birth 9/24/37

Vice President NONE Home Address _____
City, State, Zip _____ Phone _____ Date of Birth _____

Secretary TED LARSEN Home Address 20905 VILLA CT.
City, State, Zip WAUKESHA, WI 531 Phone 262-798-0654 Date of Birth 11/12/65

Treasurer _____ Home Address _____
City, State, Zip _____ Phone _____ Date of Birth _____

Agent LINDA WIEDMANN Home Address W351 N6018 BAYERS LN
City, State, Zip CRENSHAW, WI 53066 Phone 262-560-6399 Date of Birth 6/14/54

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: 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

18 day of July, 20 07

[Signature]
Notary Public, State of Wisconsin

[Signature]
(Individual/Corporate President/Partner)

(Additional Partner/Corporate Vice President)

My commission expires 6/7/09

[Signature]
(Corporate Secretary)

(Corporate Treasurer)

Do Not Write Below This Line

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

Meda-Care Ambulance Vehicle List
As of 7/2007

Unit Number	Vin Number	Year and Make
201	1FDKE30M4MHB04119	1991 Ford Med-Tech
203	1FDKE30M2RHA81804	1994 Ford Med-Tech
204	1FDKE30MARHC16879	1994 Ford Med-Tech
205	1FDKE30MORHB15500	1994 Ford Med-Tech
207	1FDJE30F6SHB33437	1995 Ford Horton
210	1FDKE30M8LHA92376	1990 Ford
212	1FDJS34F7SHB91852	1995 Ford Horton
213	1FDKE30M2RHA13034	1994 Ford Horton
217	1FDHS34MXLHB30171	1990 Ford Type II
219	1FDSS34P35HB25025	2005 Ford Type II
220	1FDSS34P65HB44832	2005 Ford Type II
221	1FDSS34PX5HB49418	2005 Ford Type II
222	1FDKE30M4NHB24582	1992 Ford Type II
223	1FDJ34F0SHA56177	1995 Ford Type II
224	1FDJE30M1PHA23644	1993 Ford Minimod
227	1FDJE30F5SHB84332	1995 Ford Type 11

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/17/2007

PRODUCER (262) 574-7000 FAX: (262) 574-7080
R & R Insurance Services, Inc.
1581 E Racine Ave
PO Box 1610
Waukesha WI 53186

INSURED
Meda-Care Ambulance Service Inc
2215 W Vliet St
Milwaukee WI 53205

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.

INSURERS AFFORDING COVERAGE **A 10: 45** NAIC #

INSURER A: Empire Fire & Marine
INSURER B: United Wisconsin Ins Co
INSURER C: MILWAUKEE HEALTH DEPARTMENT
INSURER D:
INSURER E:

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
A		GENERAL LIABILITY <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	CL312979	2/1/2007	2/1/2008	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
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CL312976	2/1/2007	2/1/2008	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	0400065903	2/1/2007	2/1/2008	<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
		OTHER				

APPROVED AS TO FORM AND EXECUTION THIS DAY OF July 2007
Frank J. Schump
Assistant City Attorney

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
The City of Milwaukee is additional insured per CG2026 concerning work performed by Meda-Care Ambulance Service, Inc.

CERTIFICATE HOLDER

(414) 286-5990
City of Milwaukee
Health Department
841 N Broadway
Milwaukee, WI 53202

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~SEND BY~~ MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BY~~ FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
John J. L...

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

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

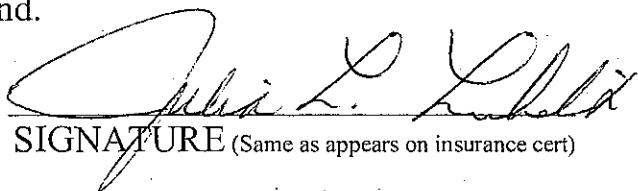
AFFIDAVIT

STATE OF WISCONSIN }
 }
MILWAUKEE COUNTY }

Julia L. Liebelt, BEING FIRST DULY SWORN,

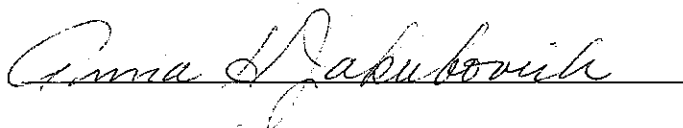
on oath deposes and says that he/she is the subagent of the Empire Fire and
Marine Insurance Co.
(Insurance or Bonding Company)
insurer, on the attached certificate or
bond issued to Meda-Care Ambulance Service, Inc..

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.


SIGNATURE (Same as appears on insurance cert)

Subscribed and sworn to before me this

17th day of July, 2007.



Notary Public, Waukesha County, WI
My commission expires: 9/19/2010.

MEDA-CARE AMBULANCE SERVICE, INC.

2515 W. VLIJET ST.
MILWAUKEE, WI 53205

24282

PAY
TO THE
ORDER OF

City of Milwaukee Health Dept.
One thousand one hundred & 00/100

DATE

7/17/67

12-5 157
750

\$ *1100.00*

DOLLARS



Security Features
Available
Check the Back

M&I Marshall & Ilsley Bank

FOR

[Signature]

⑆024282⑆ ⑆07500005⑆ 00242⑆ 26653⑆

MP