

Fire Department

Aaron Lipski

Joshua Parish Assistant Chief **David Hensley** Schuyler Belott

MEMORANDUM

TO:

Jim Owczarski

City Clerk

FROM: David Hensley

Assistant Chief

DATE: 10/3/2025

RE:

Ambulance Company's Application for Approval

Attached is a copy of Event Medical Solution Inc.'s application for recertification. Per Chapter 75-15-13, the City of Milwaukee Fire Department is to submit these to your office after receiving approval from the City of Milwaukee Police Department. That approval letter is attached, along with the application and accompanying documentation.

If you have any questions or required further information, please contact Deputy Chief Michael Cieciwa at mcieci@milwaukee.gov or (414) 286-8981.

Thank you.

David Hensley

Assistant Chief

Bureau of EMS, Training, and Education

CC: DC Michael Cieciwa





Milwaukee Police Department Police Administration Building 749 West State Street Milwaukee, Wisconsin 53233 http://www.milwaukee.gov/police

Jeffrey B. Norman Chief of Police

(414) 933-4444

September 23, 2025

David Hensley Assistant Chief Milwaukee Fire Department

Assistant Chief Hensley,

Per your request, the Milwaukee Police Department's License Investigation Unit has investigated the following application for certification as a certified provider:

Event Medical Solutions, INC.

The Milwaukee Police Department approves the application pursuant to MCO 75-16-6.

Regards,

JEFFREY NORMAN CHIEF OF POLICE

City of Milwaukee Fire Department

Application for Ambulance Certification

Fee Must Accompany Application.

The license period is from January 1 to December 31.

\$1,210.00 - New Applicants \$1,100.00 - Renewals

Make check payable to the City of Milwaukee Fire Department

heck (<) one: Individual	Check (✓) one: ☐ Certified Pr	rovider
☐ Partnership	🔽 Limited Cer	tified Provider
✓ Corporation	☐ Non-Transp	porting EMS Provider
1. NAME OF APPLICANT (If individual):		
1. NAME OF APPLICANT (If individual): Business Name: Event Medical Solutions, Inc.	Phone	: <u>844-383-6863</u>
Business Address: 2125 Point Blvd, Unit 200		- Commence of the Commence of
City: Elgin	State: <u>IL</u>	Zip: <u>60123</u>
Have any people on this application been convicted of viola if yes', name of person(s), date, charge, and penalty:		
2. PARTNERSHIP (if applicable):		
Name:		
Home Address:	State:	Zlp;
Phone:	Da	te of Birth:
Name:	Ja	CC 94 Sitters manager
Home Address:		
Home Address: City:	State:	Zip:
Phone:	Date of Bi	rth:
3. NAME OF CORPORATION BKS Solutions, Inc.		
Address: 2125 Point Blvd, Unit 200 Elgin, IL 60126		
Date and Place of Incorporation: February 2011, Illinois	S .	
President: Karl Kuester		
Home Address: 14N566 Timber Ridge Dr		
City: Elgin	State: IL	
Phone 630-204-0851	Date of Birth <u>06/11</u>	/1983
ce President: Nicholas Birmingham		
Home Address: 3000 Buena Park Rd	e konsensi oleh seria erebia ereb	gustima e e en en en el
		7:- F210F
City: Burlington	State: <u>Wl</u>	Zip: <u>53105</u>

	Secretary: Maureen Schmitt			
	Home Address: 3924 Shiloh Dr	· · · · · · · · · · · · · · · · · · ·	····	
	City: Johnsburg	State: <u>IL</u>	Zip: <u>_6</u>	0051
	Phone 815-354-2706	Date of Birth <u>6/24/1966</u>		·
	Treasurer: Maureen Schmitt			
	Home Address: 3924 Shiloh Dr			· · · · · · · · · · · · · · · · · · ·
	City: Johnsburg	State: <u>IL</u>	Zlp; <u>_6</u>	0051
	Agenta			
	Home Address:			<u></u>
	.City:	State:	Zip:	
•	OTHER REQUIREMENTS: Do you have on file with the Fire Department, a valid and current of Do you have a valid State of Wisconsin Inspection Certificate? Do you participate in the Emergency Medical Services System? If yes, list service area number:	ertificate of insurance for this lice	nse period?	Yes No Yes No Yes No
	Do you wish to participate in the Emergency Medical Services System Total number of vehicles in service: Please attach a separate page listing all vehicles including city assi		ear, make and	□ Yes ■ No I vin number).
	The undersigned agrees to inform the Milwaukee Fire Department supplied in this application. The undersigned shall not willfully refu or franchise, or refuse to employ, or discharge any person otherwise or ancestry; and not seek such information as a condition of employ selection of personnel for training or promotion on the basis of such	use to provide those services offe se qualified because of race, color pyment, or penalize any employe	red under thi , creed, sex, r	s license, permit, national origin
	The undersigned understand that this application does not entitle is solely in the discretion of the Common Council.	e the applicants to a license and	that the gran	iting of licenses
	I have a knowledge of the City Ordinances currently regulating the lie depose and say that i am the person named above and that all states	and the second of the second o	Called and Company of the Company of	
:	SUBSCRIBED AND SWORN TO BEFORE ME THIS . 127 da	ayof September		,2025
	Individual/Corporate President/Pai	rtner:		AL ROV TIB TX pire
	Additional Partner/Corporate Vice	President:		Series Series
	Notary Public, State of Wisconsin: Caronial Partnery Corporate vice	Marie Octor	oli.	Miss of Mark
	My commission expires: 696089 Corporate Secretary: Maurice	a a Schmitt		OFF DRIENNE Commiss My Com
	Corporate Treasurer: Www.	n a Schmitt		
) [Not Write Below This Line	 		

Year	Make	Model	Vin	Unit Number	Туре
2015	Mercedes	Sprinter	WD3PE7DD6F5960824	737	Type 2
2022	Ford	Econoline	1FDWE3FN3NDC39831	007	Type 3
2017	Ford	Transit	1FDYR2CMXHKA46711	121	Type 2
2021	Ford	Econoline	1FDWE3FN7MDC13697	252	Type 3
2014	Ford	Econoline	1FDSS3EL1EDA38310	501	Type 2
2022	Ford	Transit	1FDBR1CG5NKA73112	606	Туре 2
2018	Ford	Transit	1FDYR2CMXJKB08999	343	Type 2
2019	Ford	Transit	1FDYR2CM5KKA96701	151	Type 2
2009	Ford	Truck	1FDXE45P69DA85568	808	Type 2

AFFIDAVIT

STATE OF GEORGIA} SS						
Conee County)						
Agent) being first duly sworn, on oath deposes and says						
that he/she is the agent of the McGriff, a Marsh & McLennan Agency LLC Company, insurer						
(Company name)						
on the attached certificate issued to BKS Event Medical Solutions						
(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. Jack White Land (Signature of above Agent)						
Subscribed and sworn to before me						
this 11th day of September 2025.						
Notary Public-State of Georgia						
My Commission expires 10/10/27						
Notary Seal Must Be Affixed.						

Please note the following requirements:

- 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.)

THIS IS TO CEPTIEV THAT THE POLICIES OF INCUPANCE LISTED BELOW HAVE BEEN ISSUED TO THE

 $ACORD_{\scriptscriptstyle 10}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/11/2025

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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff, a MMA LLC Company	CONTACT Misty Binkley				
1150 Julian Drive 2nd Floor Suite 200	PHONE (A/C, No, Ext): 678 726-0540 FAX (A/C, No): 770 725-5282 E-MAIL ADDRESS: Misty.Binkley@mcgriff.com INSURER(S) AFFORDING COVERAGE NAIC #				
Watkinsville, GA 30677	INSURER A : Arch Insurance Company	11150			
INSURED	INSURER B: Great American Risk Solutions Surplus	35351			
BKS Solutions Inc. dba	INSURER C : Brickstreet Mutual Insurance Company	12372			
Event Medical Solutions, Inc	INSURER D: Great American E&S Insurance Company	37532			
2125 Point Blvd Unit 200	INSURER E : Vantage Risk Specialty Insurance Co	16275			
Elgin, IL 60123	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:				

] (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,								
INSI LTR	EXCLUSIONS AND CONDITIONS OF SUCH				LICIES. LIMITS SHOWN MAY HAVE BE LISUBR WYD POLICY NUMBER		BY PAID CLA POLICY EXP (MM/DD/YYYY)	IMS.	
A	X COMMERCIAL GENERAL LIABILITY	Α	Ţ	MAPL20025001			EACH OCCURRENCE	\$1,000,000	
	X CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s100.000	
			İ				MED EXP (Any one person)	\$5,000	
					1		PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		[]				GENERAL AGGREGATE	\$3,000,000	
	POLICY PRO- JECT LOC]			;	PRODUCTS - COMP/OP AGG	s3,000,000	
L	OTHER:							\$	
Α	AUTOMOBILE LIABILITY	A		MAPK08412101	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	X ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY				· [BODILY INJURY (Per accident)	\$	
İ	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				,		PROPERTY DAMAGE (Per accident)	\$	
		<u> </u>						\$	
В	UMBRELLA LIAB OCCUR			XSF12535701	11/01/2024	11/01/2025	EACH OCCURRENCE	\$5,000,000	
	EXCESS LIAB CLAIMS-MADE	<u>.</u>	İ				AGGREGATE	s5,000,000	
L	DED RETENTION \$							\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		C	WCB1040583	11/01/2024	11/01/2025	X PER OTH-		
İ	ANY PROPRIETOR/PARTNER/EXECUTIVE VIO	N/A		1			E.L. EACH ACCIDENT	\$1,000,000	
	(Mandatory in NH)				1 1	<u> </u>	E.L. DISEASE - EA EMPLOYEE	s1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000	
D	Excess Liabi			XSF19806901	11/01/2024	11/01/2025	\$4,000,000		
E	Excess Liabi			P03HC0000070980	11/01/2024	11/01/2025	\$3,000,000		
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

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

Live Nation Worldwide, Inc. and its landlords or licensors, if any, and their respective parents, members,
partners, affiliates, divisions and subsidiaries and their respective officers, directors and employees
(collectively, the Purchaser Parties) are included as Additional Insured with respect to the operations of
the Named Insured. Additional Insured coverage shall be on a primary basis irrespective of any other
insurance, whether collectible or not, to the extent of Contractors liability as described in this
Agreement.

CERTIFICATE HOLDER	CANCELLATION			
Milwaukee Fire Department 711 West Wells Street, 3rd Floor Milwaukee, WI 53233	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			
	Gade Whiteheal			

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