



Fire Department

Aaron Lipski
Chief

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

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 Ciecwa at mciecwa@milwaukee.gov or (414) 286-8981.

Thank you.

David Hensley
Assistant Chief
Bureau of EMS, Training, and Education

CC: DC Michael Ciecwa





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

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

Check (✓) one: ☐ Individual
☐ Partnership
☒ Corporation

Check (✓) one: ☐ Certified Provider
☒ Limited Certified Provider
☐ Non-Transporting EMS Provider

1. NAME OF APPLICANT (If individual): _____

Business Name: Event Medical Solutions, Inc

Phone: 844-383-6863

Business Address: 2125 Point Blvd, Unit 200

City: Elgin

State: IL

Zip: 60123

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 BKS Solutions, Inc

Address: 2125 Point Blvd, Unit 200 Elgin, IL 60126

Date and Place of Incorporation: February 2011, Illinois

President: Karl Kuester

Home Address: 14N566 Timber Ridge Dr

City: Elgin

State: IL

Zip: 60124

Phone 630-204-0851

Date of Birth 06/11/1983

Vice President: Nicholas Birmingham

Home Address: 3000 Buena Park Rd

City: Burlington

State: WI

Zip: 53105

Phone 414-750-8010

Date of Birth: 09/16/86

continued on other side

Secretary: Maureen Schmitt

Home Address: 3924 Shiloh Dr

City: Johnsburg

State: IL

Zip: 60051

Phone: 815-354-2706

Date of Birth: 6/24/1966

Treasurer: Maureen Schmitt

Home Address: 3924 Shiloh Dr

City: Johnsburg

State: IL

Zip: 60051

Agent: _____

Home Address: _____

City: _____

State: _____

Zip: _____

4. OTHER REQUIREMENTS:

Do you have on file with the Fire 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: _____

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

Total number of vehicles in service: _____

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 Milwaukee Fire 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

, 2025

Individual/Corporate President/Partner: [Signature]

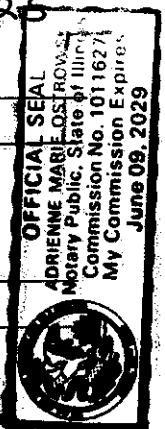
Additional Partner/Corporate Vice President: [Signature]

Notary Public, State of Wisconsin: Adrienne Marie Ostrowski

My commission expires: 6/9/2029

Corporate Secretary: Maureen A Schmitt

Corporate Treasurer: Maureen A Schmitt



Do Not Write Below This Line

Clerk

License#

New

Renewal

Date Filled

Date Granted

Event Medical Solutions Ambulances					
Year	Make	Model	Vin	Unit Number	Type
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	Type 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}

Oconee County}

SS

Jack B. Whitehead
(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 B. Whitehead
(Signature of above Agent)

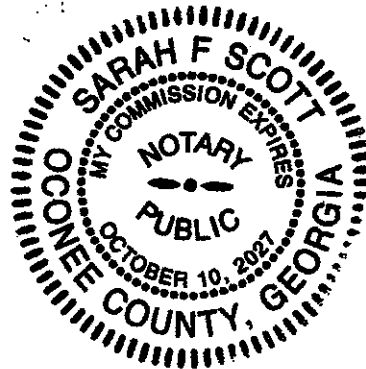
Subscribed and sworn to before me

this 11th day of September 2025.

Sarah F. Scott
Notary Public-State of Georgia

My Commission expires 10/10/27

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.)

ACORD™

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 1150 Julian Drive 2nd Floor Suite 200 Watkinsville, GA 30677		CONTACT NAME: Misty Binkley 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	
		INSURER A: Arch Insurance Company NAIC # 11150	
		INSURER B: Great American Risk Solutions Surplus 35351	
		INSURER C: Brickstreet Mutual Insurance Company 12372	
		INSURER D: Great American E&S Insurance Company 37532	
		INSURER E: Vantage Risk Specialty Insurance Co 16275	
		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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☒ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:	A		MAPL20025001	11/01/2024	11/01/2025	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 ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY	A		MAPK08412101	11/01/2024	11/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			XSF12535701	11/01/2024	11/01/2025	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y/N ☒ Y (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCB1040583	11/01/2024	11/01/2025	☒ PER STATUTE ☐ 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
D	Excess Liab			XSF19806901	11/01/2024	11/01/2025	\$4,000,000
E	Excess Liab			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)

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

Jade Whitehead

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