City of Milwaukee

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 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

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

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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: _____

Additional Partner/Corporate Vice President: _____

Notary Public, State of ~~Wisconsin~~ Illinois: Adrienne Marie Ostrowski

My commission expires: 6/9/2029

Corporate Secretary: Maureen A Schmitt

Corporate Treasurer: Maureen A Schmitt

OFFICIAL SEAL
ADRIENNE MARIE OSTROWSKI
Notary Public, State of Illinois
Commission No. 1011627
My Commission Expires
June 09, 2029

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

Jade 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 (Company name), insurer 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.

Jade 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.

SARAH F SCOTT NOTARY PUBLIC OCONEE COUNTY, GEORGIA MY COMMISSION EXPIRES OCTOBER 10, 2027

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.)

Client#: 2309145 594EVENTMED

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	CONTACT NAME: Misty Binkley
McGriff, a MMA LLC Company 1150 Julian Drive 2nd Floor Suite 200 Watkinsville, GA 30677	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 #
INSURER A : Arch Insurance Company	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 :	

INSURED
BKS Solutions Inc. dba
Event Medical Solutions, Inc
2125 Point Blvd Unit 200
Elgin, IL 60123

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	X COMMERCIAL GENERAL LIABILITY	A		MAPL20025001	11/01/2024	11/01/2025	EACH OCCURRENCE	$1,000,000
	X CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							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	$3,000,000
	OTHER:							$
A	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 AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	☐ UMBRELLA LIAB ☐ OCCUR			XSF12535701	11/01/2024	11/01/2025	EACH OCCURRENCE	$5,000,000
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$5,000,000
	☐ DED ☐ RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A	C	WCB1040583	11/01/2024	11/01/2025	X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y						E.L. EACH ACCIDENT	$1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$1,000,000
	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)

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

Milwaukee Fire Department
711 West Wells Street, 3rd Floor
Milwaukee, WI 53233

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

Jade Whitehead

MBINK