

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 Fire Department

Check(✓) one: Individual
 Partnership
 Corporation

1. NAME OF APPLICANT (If individual): _____

Business Name: BELL AMBULANCE, INC. Phone: 414-486-2000

Business Address: 549 E WILSON ST

City: MILWAUKEE State: WI Zip: 53207-1635

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 BELL AMBULANCE, INC.

Address: 549 E WILSON ST, MILWAUKEE, WI 53207-1635

Date and Place of Incorporation: OCTOBER 1, 1978, WISCONSIN

President: R A ZEHETNER

Home Address: 212 E RAVINE DR

City: MEQUON State: WI Zip: 53092

Phone 262-241-1990 Date of Birth 06/15/1948

Vice President: JAMES P LOMBARDO

Home Address: 549 E WILSON ST

City: MILWAUKEE State: WI Zip: 53207

Phone 414-486-4013 Date of Birth: 12/24/1952

continued on other side

Secretary: VALERIE A ZEHETNER

Home Address: 11811 N LAKE SHORE DR

City: MEQUON State: WI Zip: 53092

Phone: 414-406-0567 Date of Birth: 02/06/1978

Treasurer: WAYNE A JURECKI

Home Address: 1111 N MARSHALL ST, UNIT 1002

City: MILWAUKEE State: WI Zip: 53202

Agent: WAYNE A JURECKI

Home Address: 1111 N MARSHALL ST, UNIT 1002

City: MILWAUKEE State: WI Zip: 53202

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: 4

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

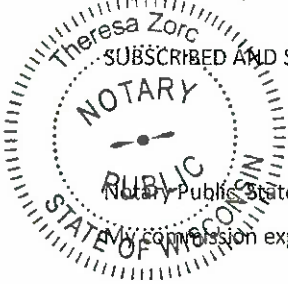
Total number of vehicles in service: 66

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 29 day of September, 2022

Individual/Corporate President/Partner: [Signature]

Additional Partner/Corporate Vice President: [Signature]

Notary Public State of Wisconsin: Theresa Zorc

My commission expires: 11/3/2024

Corporate Secretary: [Signature]

Corporate Treasurer: [Signature]

Do Not Write Below This Line

| Clerk | License# | New | Renewal | Date Filled | Date Granted |
|-------|----------|-----|---------|-------------|--------------|
|-------|----------|-----|---------|-------------|--------------|

Bell Ambulance 2023 vehicle list

| Unit number | In service since | Make | VIN | Location |
|-------------|------------------|-----------|-------------------|-------------|
| 400 | 2022 | CHEVROLET | 1HA3GRC76MN012308 | Milwaukee |
| 401 | 2022 | FORD | 1FDWE3FN0NDC28088 | Milwaukee |
| 402 | 2022 | FORD | 1FDWE3FN2NDC28089 | Milwaukee |
| 403 | 2017 | FORD | 1FDWE3FS3HDC46465 | Milwaukee |
| 404 | 2018 | CHEVROLET | 1GB3GRCG5J1216125 | Milwaukee |
| 405 | 2018 | CHEVROLET | 1GB3GRCG1J1342949 | Waukesha* |
| 406 | 2018 | CHEVROLET | 1GB3GRCG7J1342177 | Milwaukee |
| 407 | 2018 | CHEVROLET | 1GB3GRCG2J1342541 | Milwaukee |
| 408 | 2018 | CHEVROLET | 1GB3GRCG3J1342631 | Milwaukee |
| 409 | 2020 | CHEVROLET | 1GB3GRCG9L1216342 | Milwaukee |
| 410 | 2021 | CHEVROLET | 1GB3G2CL8E1108544 | Milwaukee |
| 411 | 2020 | CHEVROLET | 1GB3GRCG3L1215249 | Milwaukee |
| 412 | 2014 | CHEVROLET | 1GB3G2CL5E1107772 | Milwaukee |
| 414 | 2021 | CHEVROLET | 1GB3G2CL4D1182459 | Milwaukee |
| 415 | 2019 | CHEVROLET | 1GB3GRCGXK1298189 | Milwaukee |
| 416 | 2015 | CHEVROLET | 1GB3G2CL8E1186435 | Milwaukee |
| 418 | 2015 | CHEVROLET | 1GB3G2CL3E1187363 | Milwaukee |
| 419 | 2021 | FORD | 1FDWE3FS3GDC36534 | Milwaukee |
| 420 | 2016 | FORD | 1FDWE3FS5GDC36535 | Milwaukee |
| 421 | 2016 | FORD | 1FDWE3FSXGDC50673 | Milwaukee |
| 422 | 2016 | FORD | 1FDWE3FS8GDC50672 | Milwaukee |
| 424 | 2018 | CHEVROLET | 1GB3GRCG8J1217608 | Milwaukee |
| 425 | 2018 | CHEVROLET | 1GB3GRCG1J1218955 | Milwaukee |
| 426 | 2018 | CHEVROLET | 1GB3GRCG1J1218468 | Milwaukee |
| 428 | 2021 | CHEVROLET | 1GB3GRC74M1193053 | Milwaukee |
| 430 | 2018 | FORD | 1FDBW2XM6JKA75590 | Milwaukee |
| 431 | 2018 | FORD | 1FDBW2XM8JKA81021 | Milwaukee |
| 432 | 2018 | FORD | 1FDBW2XM8JKA75591 | Milwaukee |
| 433 | 2018 | FORD | 1FDBW2XMJKA81022 | Milwaukee |
| 434 | 2018 | FORD | 1FDBW2XM1JKA81023 | Milwaukee |
| 435 | 2018 | FORD | 1FDBW2XM3JKA81024 | Milwaukee |
| 436 | 2019 | FORD | 1FDBW2XM1KKA07411 | Milwaukee |
| 437 | 2019 | FORD | 1FDBW2XMKKA38236 | Milwaukee |
| 439 | 2019 | FORD | 1FDBW2XM1KKA38237 | Milwaukee |
| 442 | 2015 | FORD | 1FDBW2XM1FKA42438 | Milwaukee |
| 443 | 2016 | FORD | 1FDBW2XM4GKB07798 | Milwaukee |
| 444 | 2016 | FORD | 1FDBW2XM9GKB18778 | Milwaukee |
| 445 | 2016 | FORD | 1FDBW2XM0GKB22797 | Milwaukee |
| 447 | 2016 | FORD | 1FDBW2XM2GKB22798 | Milwaukee |
| 449 | 2017 | FORD | 1FDBW2XM3HKA15499 | Waukesha* |
| 450 | 2017 | FORD | 1FDBW2MXHKA37726 | Milwaukee |
| 453 | 2017 | FORD | 1FDBW2XM8HKA37725 | Milwaukee |
| 454 | 2019 | FORD | 1FDBW2XM7KKA94957 | Milwaukee |
| 455 | 2021 | FORD | 1FDBW2XG7MKA40541 | Milwaukee |
| 456 | 2021 | FORD | 1FDBW2XG0MKA76667 | Milwaukee |
| 457 | 2022 | FORD | 1FDBW2XG7NKA47488 | Milwaukee |
| 458 | 2022 | FORD | 1FDBW2XG1NKA49219 | Milwaukee |
| 460 | 2017 | FORD | 1FDXE4FS6HDC26785 | Milwaukee** |
| 461 | 2017 | FORD | 1FDXE4FS7HDC73209 | Milwaukee** |
| 473 | 2015 | CHEVROLET | 1GB6G5CL7E1198039 | Milwaukee |
| 474 | 2015 | CHEVROLET | 1GB6G5CL1E1198649 | Milwaukee |
| 475 | 2016 | FORD | 1FDXE4FS4GDC09191 | Milwaukee |
| 476 | 2016 | FORD | 1FDXE4FS3GDC24426 | Milwaukee |
| 477 | 2016 | FORD | 1FDXE4FS9GDC06531 | Milwaukee |
| 479 | 2016 | FORD | 1FDXE4FS8GDC34935 | Milwaukee |
| 481 | 2017 | FORD | 1FDXE4FS5HDC73211 | Waukesha* |
| 482 | 2018 | FORD | 1FDXE4FS0JDC06960 | Milwaukee |
| 483 | 2018 | FORD | 1FDXE4FS0JDC06957 | Milwaukee |
| 484 | 2018 | FORD | 1FDXE4FS2JDC19483 | Milwaukee |
| 485 | 2018 | FORD | 1FDXE4FS4JDC40190 | Milwaukee |
| 486 | 2019 | FORD | 1FDXE4FS1KDC04099 | Milwaukee |
| 487 | 2019 | FORD | 1FDXE4FS7KDC01515 | Milwaukee |
| 488 | 2019 | FORD | 1FDXE4FS4GDC49464 | Milwaukee |
| 489 | 2019 | FORD | 1FDXE4FSXGDC49467 | Milwaukee |
| 490 | 2019 | FORD | 1FDXE4FS7GDC24395 | Milwaukee |
| 491 | 2020 | FORD | 1FDXE4FS1KDC42643 | Milwaukee |

66 UNITS IN SERVICE

*these units are assigned to Waukesha county, but can be moved to Milwaukee if needed

**these units are assigned to the Children's Hospital Transport Team



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/7/2022

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 rights to the certificate holder in lieu of such endorsement(s).

| | | | | |
|--|--|--|-----------------------------|---------------|
| PRODUCER Cottingham & Butler Jeff K. Bair 800 Main St. Dubuque IA 52001 | CONTACT NAME: PHONE (A/C, No, Ext): 563-587-5000 | | FAX (A/C, No): 563-583-7339 | |
| | E-MAIL ADDRESS: | | | |
| INSURED Bell Ambulance, Inc. PO Box 070550 Milwaukee WI 53207-0550 | BELAMB1 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | | INSURER A : Old Republic Insurance Company | | 24147 |
| | | INSURER B : Covery's Specialty Insurance Company | | 15686 |
| | | INSURER C : | | |
| | | INSURER D : | | |
| | | INSURER E : | | |
| INSURER F : | | | | |

COVERAGES

CERTIFICATE NUMBER: 583503918

REVISION NUMBER:

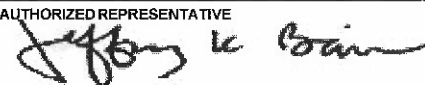
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|----------------|-------------------------|-------------------------|---|
| B | <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 OTHER: | | | 005WI000031401 | 6/1/2022 | 6/1/2023 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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 checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | MWTB-313557 | 6/1/2022 | 6/1/2023 | 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 DED RETENTION \$ | | | 005WI000031401 | 6/1/2022 | 6/1/2023 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | MWC 313558 | 6/1/2022 | 6/1/2023 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 |
| B | Healthcare Professional | | | 005WI000031401 | 6/1/2022 | 6/1/2023 | Aggregate Per occurrence 3,000,000 1,000,000 |

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

The City of Milwaukee is additional insured on the General Liability policy per written contract between the named insured and the certificate holder that requires such a status subject to the terms and conditions of the endorsement attached to the policy.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|---|
| City of Milwaukee Fire Department 711 W. Wells Street 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  |
|--|---|

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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. Balr

being first duly sworn, on oath deposes and
(Insurance Agent that signed the insurance certificate submitted)

says that he/she is the agent of the

Coverys Specialty Insurance Company.

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

to Bell 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.

(Agent's Signature)

STATE OF Iowa

88

Dubuque

COUNTY

Subscribed and sworn to before me this 27th day of September
20 22.

Notary Public

My Commission expires: 8/25/23



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.

88242

BELL AMBULANCE, INC.

PO BOX 070550
MILWAUKEE, WI 53207-0550
(414) 486-2000

PARK BANK

DOWNTOWN • CAPITOL DRIVE • BROOKFIELD
MILWAUKEE, WISCONSIN 53216

12-66/750

9/23/2022

PAY TO THE ORDER OF City of Milwaukee Fire Department

\$ **1,100.00

One Thousand One Hundred and 00/100***** DOLLARS

City of Milwaukee Fire Department
711 W Wells St
Milwaukee WI, 53233-1403

TWO SIGNATURES REQUIRED - VOID AFTER 180 DAYS

R.A. Zettl
[Signature]
AUTHORIZED SIGNATURE

MEMO
2023 Private Provider Recertification

⑈088242⑈ ⑆075000666⑆ ⑈100733 366 0⑈

BELL AMBULANCE, INC.

88242

City of Milwaukee Fire Department

9/23/2022

2023 Private Provider Recertification

1,100.00

General Checking Acc 2023 Private Provider Recertification

1,100.00

BELL AMBULANCE, INC.

88242

City of Milwaukee Fire Department

9/23/2022

2023 Private Provider Recertification

1,100.00

General Checking Acc 2023 Private Provider Recertification

1,100.00