

CITY OF MILWAUKEE HEALTH DEPARTMENT  
APPLICATION FOR AMPULANCE CERTIFICATION

RECEIVED

Fee Must Accompany Application.

The license period is from January 1 to December 31.  
\$1,100.00 - New Applicants and Renewals

2004 AUG 18 PM 2: 26

Make check payable to the City of Milwaukee Health Department

MILWAUKEE HEALTH  
DEPARTMENT

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

1. NAME OF APPLICANT (If Individual) \_\_\_\_\_

BUSINESS NAME Paratech Ambulance Service Phone Number (414) 358-1111

Business Address 9401 W. Brown Deer Road Zip Code 53224

Have any people on this application been convicted of violating any federal or state laws, or local ordinances?

Yes \_\_\_ No XX 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: Paratech Ambulance Service, Inc.

Address, City, State, Zip 9401 W. Brown Deer Road Milwaukee, WI 53224

Date and Place of Incorporation: January 1, 1979 State of Wisconsin

President Robert A. Rauch Home Address 480 Woodview Trace

City, State, Zip Colgate, WI 53051 Phone (262) 628-9244 Date of Birth 4/22/1949

Vice President Richard Romanshek Home Address N90W20881 Scenic Dr.

City, State, Zip Menomonee Falls, WI 53051 Phone (262) 255-6486 Date of Birth 3/24/1953

Secretary Richard Romanshek Home Address SAME AS ABOVE

City, State, Zip SAME AS ABOVE Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Treasurer Robert A. Rauch Home Address SAME AS ABOVE

City, State, Zip SAME AS ABOVE Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Agent \_\_\_\_\_ Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

4. OTHER REQUIREMENTS:

Do you have on file with the Health Department, a valid and current certificate of insurance for this license period? XX Yes \_\_\_ No

Do you have a valid State of Wisconsin Inspection Certificate? XX Yes \_\_\_ No

Do you participate in the Emergency Medical Services System? XX Yes \_\_\_ No

If 'yes', list service are number: 1

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

Total number of vehicles in service: 24

**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

16<sup>th</sup> day of August, 2004

Paula Blumenthal  
Notary Public, State of Wisconsin

My commission expires 10/7/07

[Signature]  
~~Individual~~ Corporate President/Partner

[Signature]  
~~Additional Partner~~ (Corporate Vice President)

[Signature]  
(Corporate Secretary)

[Signature]  
(Corporate Treasurer)

**Do Not Write Below This Line**

Clerk \_\_\_\_\_ License # \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_ Date Filed \_\_\_\_\_ Date Granted \_\_\_\_\_

# PARATECH AMBULANCE SERVICE

## SQUAD LIST FOR 2004

UNIT NUMBER	VEHICLE ID	VEHICLE LOCATION	IN SERVICE
101	1FDSE35F32HA44132	WALWORTH	2002
102	1FDSE35F73HA78978	MILWAUKEE	2003
103	1FDSE35F81HA96984	WALWORTH	2001
104	1FDSE35F9YHA37615	MILWAUKEE	2000
105	1FDSE35F0YHB24156	MILWAUKEE	2000
107	1FDSE35F12HA44131	MILWAUKEE	2000
108	1FDSE35FXHYHB25055	WALWORTH	2000
109	1FDSE30F9WHA39918	MILWAUKEE	2000
110	1FDSE30F8WHA39926	MILWAUKEE	2000
111	1FDSE30FXWHA06362	MILWAUKEE	2000
112	1FDSE35F93HA78979	MILWAUKEE	2003
113	1FDSE35FX2HA44130	MILWAUKEE	2000
114	1FDSE35F73HA78981	MILWAUKEE	2003
115	1FDJE30F2SHB07644	MILWAUKEE	2000
116	1FDKE30M7RHB55668	MILWAUKEE	1994
117	1FDJE30F0THA70899	MILWAUKEE	2000
118	1FDJE30F3THA70900	MILWAUKEE	2000
119	1FDJE30F5THA70901	MILWAUKEE	2000
120	1FDSE30F9WHA39921	MILWAUKEE	2000
121	1FDWE30F9WHA14521	MILWAUKEE	2000
122	1FDKE30M0PHB88539	JANESVILLE	1993
123	1FDJE30M0RHB48735	JANESVILLE	1994
124	1FDJE30F3VHB06720	JANESVILLE	1997

# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR 09  
PARAT-1

DATE (MM/DD/YYYY)  
07/13/04

<b>PRODUCER</b> AIS GROUP LTD. -1 P.O. Box 1180 Menomonee Falls WI 53052-1180 Phone: 262-255-5100		<b>RECEIVED</b> AUG 16 PM 2:2		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.	
<b>INSURED</b> Paratech Ambulance Service 9401 W. Brown Deer Road Milwaukee WI 53224		<b>MILWAUKEE HEALTH DEPARTMENT</b>		<b>INSURERS AFFORDING COVERAGE</b>	
		INSURER A: Empire Fire & Marine Insurance ✓		NAIC #	
		INSURER B: Acuity Insurance Company ✓		14184	
		INSURER C:			
		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 <input checked="" type="checkbox"/> Prof Liab Include GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CL310482	03/01/04	03/01/05	EACH OCCURRENCE	\$ 2,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 2,000,000
					GENERAL AGGREGATE	\$ 4,000,000
					PRODUCTS - COMP/OP AGG	\$ 4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CL310482	03/01/04	03/01/05	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 AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
B	Building/Contents	K28716	06/15/04	06/15/05	Blanket	\$1,936,620

APPROVED AS TO FORM  
 AND EXECUTION THIS  
 DAY OF September 2004  
*Bray D. Schimpf*  
 Assistant City Attorney

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 City of Milwaukee is additional insured as respects named insured's operation as an ambulance service


<b>CERTIFICATE HOLDER</b> CITYM-2 City of Milwaukee Health Department Attn: Seth L. Foldy, M.D. 841 N. Broadway Rm 112 Milwaukee WI 53202-3653		<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL <del>BE OBLIGED TO</del> MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, <del>BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</del> AUTHORIZED REPRESENTATIVE <i>Thomas B. Baer</i>	
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AFFIDAVIT

STATE OF WISCONSIN )  
 )  
COUNTY OF WAUKESHA )

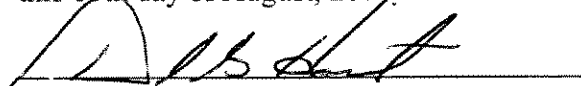
Thomas D. Baer CIC being first duly sworn on oath, deposes and says that  
he/she is the agent of the Empire Fire & Marine & Acuity Insurance Company, insurer on the  
attached certificate or bond issued to Paratech Ambulance Service, Inc.

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 on cert or bond)

Thomas D. Baer CIC :  
262-255-5100

Subscribed and sworn to before me  
this 13th day of August, 2004.

  
Notary Public  
My Commission Expires 5-11-08.

# City of Milwaukee - Deposit to City Treasurer

Keep Area Clear for Teller Validation

Org Code

Deposit ID

3 8 1 0

4 1 9 5 6

**Deposit Detail**

*Ambulance  
Certification  
(Paratech)*

Currency					
Coins					
Checks		1	100	00	
Credit Card					
Cash Shortage					
<b>Total</b>		1	100	00	

O-Health Department 00028366 0070 002  
 MI 8/19/04 PAID \$1,100.00  
 41956 8/18/04  
 4:25PM  
 O-Health Department \$1,100.00  
 CBIG 101104 0990  
 CK 00053898 \$1,100.00  
 CHANGE \$0.00

FMS A/R Entry Made by: *Taich Ditson* Ext. 2341 Date: *8/18/04*  
 Deposit Slip Prepared by: *Taich Ditson* Ext. 2341 Date: *8/18/04*

Complete deposit slip using a black ink pen after FMS A/R cash receipt entry has been made. Enter deposit ID from FMS A/R cash receipt transaction at top of form and deliver deposit to City Treasurer at Room 103, City Hall. If FMS A/R cash receipt entry and deposit slip are done by the same employee, the employee's supervisor must initial the deposit slip form by the signature block.

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
08182004	RENEWAL AMBULANCE CERTIFICATION	8/16/04	1100.00		1100.00

RECEIVED  
 2004 AUG 18 PM 2: 26  
 MILWAUKEE HEALTH DEPARTMENT

CHECK DATE	CHECK NO.	PAYEE	DISCOUNTS TAKEN	CHECK AMOUNT
Aug 16, 2004	053898	CITY OF MILWAUKEE HEALTH DEPT		\$1,100.00

THIS CHECK IS VOID IF MICRO PRINT SIGNATURE LINE IS UNREADABLE UNDER MAGNIFICATION



M&I Marshall & Isley Bank

053898

125 222  
750

...help is on the way.  
P.O. Box 240076  
Milwaukee, WI 53224-9004

CHECK NO.

053898

DATE

Aug 16, 2004

AMOUNT

1,100.00

Memo: AMBULANCE CERTIFICATION

PAY One Thousand One Hundred and 00/100 Dollars

TO THE ORDER OF: CITY OF MILWAUKEE HEALTH DEPT

*Paula A. Blumenthal*  
AUTHORIZED SIGNATURE

⑈053898⑈ ⑆075000051⑆ 00034⑈97472⑈

THE FACE OF THIS CHECK HAS A SECURITY VOID BACKGROUND PATTERN - DO NOT CASH IF THE WORD VOID IS VISIBLE

053898

ratech Ambulance Service, Inc. • P.O. Box 240076 • Milwaukee, WI 53224-9004

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