

**CITY OF MILWAUKEE HEALTH DEPARTMENT
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 Health Department

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

1. NAME OF APPLICANT (If Individual) _____

BUSINESS NAME Bell Ambulance, Inc. Phone Number 414-486-2000

Business Address 549 E Wilson St Zip Code 53207-1635

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

Yes ___ No X 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:** Bell Ambulance, Inc.

Address, City, State, Zip 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, State, Zip Mequon, WI 53092 Phone 262-241-1990 Date of Birth 6/15/48

Vice President James P Lombardo Home Address 549 E Wilson St

City, State, Zip Milwaukee, WI 53207 Phone 414-486-2000 Date of Birth 12/24/52

Secretary Valerie A Zehetner Home Address 1925 N Water St, Unit 205

City, State, Zip Milwaukee, WI 53202 Phone 414-406-0567 Date of Birth 2/26/78

Treasurer Wayne A Jurecki Home Address 1111 N Marshall St, Unit 1002

City, State, Zip Milwaukee, WI 53202-3380 Phone 414-486-4042 Date of Birth 10/20/66

Agent Wayne A Jurecki Home Address Same as above

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? 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 are number: 4

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

Total number of vehicles in service: 40

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

11 day of August, 20 11

Angie Dather
(Notary Public, State of Wisconsin)

My commission expires 9-2-12

R.A. Zick
(Individual/Corporate President/Partner)

Joseph L. ...
(Additional Partner/Corporate Vice President)

Valerie A. Zick
(Corporate Secretary)

...
(Corporate Treasurer)

Do Not Write Below This Line

Clerk _____ License # _____ New _____ Renewal _____ Date Filed _____ Date Granted _____

Unit number	In service since	Make	VIN	Location
401	2011	CHEVY	1GB6G2B64A1100458	Milwaukee
402	2011	CHEVY	1GB6G2B64A1101965	Milwaukee
403	2011	CHEVY	1GB6G2B65A1101120	Milwaukee
431	2005	FORD	1FDWE25P65HA01497	Milwaukee
433	2006	FORD	1FDWE35P96HA92461	Milwaukee
434	2006	FORD	1FDWE35P36DA19447	Milwaukee
436	2006	FORD	1FDWE35P76DA19449	Milwaukee
437	2006	FORD	1FDWE35P36DA19450	Milwaukee
439	2006	FORD	1FDWE35P26DA39754	Milwaukee
440	2006	FORD	1FDWE35P26DA49670	Milwaukee
441	2007	FORD	1FDWE35P27DA51730	Milwaukee
442	2007	FORD	1FDWE35P47DA51731	Milwaukee
443	2007	FORD	1FDWE35P67DA51732	Milwaukee
444	2007	FORD	1FDWE35P87DA51733	Milwaukee
445	2008	FORD	1FDWE35P48DA42271	Milwaukee
446	2008	FORD	1FDWE35P28DA35920	Milwaukee
447	2008	FORD	1FDWE35P78DA40093	Milwaukee
448	2009	CHEVY	1GBHG316191155798	Milwaukee
449	2009	CHEVY	1GBJG316191148724	Milwaukee
450	2009	CHEVY	1GBJG316X91152299	Milwaukee
451	2009	CHEVY	1GBJG316391152550	Milwaukee
452	2009	CHEVY	1GBJG316491152685	Milwaukee
453	2009	CHEVY	1GBJG316791154415	Milwaukee
454	2010	CHEVY	1GB6G2B6XA1101582	Milwaukee
455	2010	CHEVY	1GB6G2B69A1100181	Milwaukee
456	2010	CHEVY	1GB6G2B69A1100410	Milwaukee
457	2010	CHEVY	1GB6G2B60A1101347	Milwaukee
470	2011	CHEVY	1GB9G5B61A1124831	Milwaukee
471	2011	CHEVY	1GB9G5B67A1124932	Milwaukee
487	2006	FORD	1FDXE45P26DA19417	Milwaukee
488	2007	FORD	1FDXE45P67DA01259	Milwaukee
490	2008	FORD	1FDXE45P98DA77060	Milwaukee
491	2008	FORD	1FDXE45P78DA55025	Milwaukee
492	2009	CHEVY	1GBKG316091100135	Milwaukee
493	2009	CHEVY	1GBKG316291100136	Milwaukee
494	2009	CHEVY	1GBKG316X91123650	Milwaukee
495	2009	CHEVY	1GBKG316791152653	Milwaukee
496	2010	CHEVY	1GB9G5B64A1112379	Milwaukee
497	2010	CHEVY	1GB9G5B63A1112714	Milwaukee
498	2010	CHEVY	1GB9G5B66A1113713	Milwaukee

40 UNITS IN SERVICE

AFFIDAVIT OF "NO INTEREST" MUST ACCOMPANY EACH CERTIFICATE OF INSURANCE ISSUED, INCLUDING NEW AND RENEWALS.

AFFIDAVIT

STATE OF WISCONSIN)

)ss

MILWAUKEE COUNTY)

Michael R. Schulte, being first duly sworn, on oath deposes and says that he is the agent of The Cincinnati Insurance Co., insurer, on the attached certificate issued to Bell Ambulance, 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

Michael R. Schulte 414-271-3575

Subscribed and sworn to before me this 2nd day of August, 2011.



Notary Public

My Commission Expires 1-26-14



RICK A. ZEHETNER
President

JAMES P. LOMBARDO
Executive Vice President

WAYNE A. JURECKI
*Vice President,
Chief Operating Officer*

KEITH RADER, M.D.
Program Medical Director

**"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"**

September 28, 2011

City of Milwaukee
Office of the Health Commissioner

RE: 2012 Application for Ambulance Certification insurance certificate update.

Please see attached updated insurance certificate for our already-submitted 2012 provider application.

These new insurance policies are effective October 1, 2011 and replace our previous policies, of which a copy is provided in this packet.

Please replace our previous certificate of insurance with this new copy.

Sincerely,

Christopher Anderson
Operations Director
Bell Ambulance, Inc.

AFFIDAVIT OF "NO INTEREST" MUST ACCOMPANY EACH CERTIFICATE OF INSURANCE ISSUED, INCLUDING NEW AND RENEWALS

AFFIDAVIT

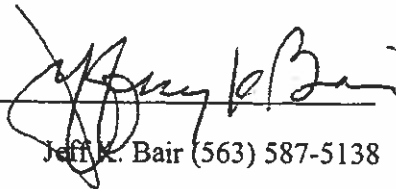
STATE OF WISCONSIN)

)ss

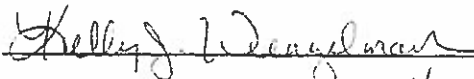
MILWAUKEE COUNTY)

Jeff K. Bair, being first duly sworn, on oath deposes and says that he is the agent of Zurich American Insurance Company insurer, on the attached certificate issued to Bell Ambulance, Inc.

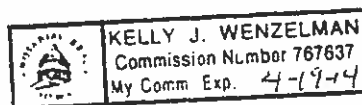
Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee, or other thing of value on account of the sale or furnishing of said insurance or bond.


Jeff K. Bair (563) 587-5138

Subscribed and sworn to before me this 29th day of September, 2011.

 Notary Public

My Commission Expires 4/19/14





CERTIFICATE OF LIABILITY INSURANCE

OP ID: KL1

DATE (MM/DD/YYYY)

09/29/11

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 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).

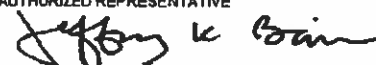
PRODUCER Cottingham & Butler, Inc. 800 Main Street Dubuque, IA 52001 Jeff K. Bair		563-587-5000 563-583-7339	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID # BELAMB1
INSURED Bell Ambulance, Inc. PO Box 07D550 Milwaukee, WI 53207-0550		INSURER(S) AFFORDING COVERAGE	
		INSURER A: United Wisconsin Insurance Co	NAIC # 29157
		INSURER B: American Guarantee & Liability	26247
		INSURER C: Zurich American Insurance Co.	16535
		INSURER D: Steadfast Insurance Company	26387
		INSURER E:	
		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	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		PRA948082800	10/01/11	10/01/12	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC GEN'L AGGREGATE LIMIT APPLIES PER:					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1M/2M
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		PRA948082800	10/01/11	10/01/12	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 type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AUC931895300	10/01/11	10/01/12	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000					AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/FORMER EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	0400111886	10/01/11	10/01/12	WC STATUTORY LIMITS OTHER \$
						E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Professional		PL965611500	10/01/11	10/01/12	Aggregate 2,000,000 Incident 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 The City of Milwaukee is additional insured on the general liability policy subject to the terms and conditions of the endorsement attached to the policy.

CERTIFICATE HOLDER City of Milwaukee Health Dept. 841 N. Broadway, Room 315 Milwaukee, WI 53202	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 
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