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 Bell Ambulance 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:

- Bell Ambulance, 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: 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 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: 85

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.

NOTARY PUBLIC THERESA TOMASHASKI STATE OF WISCONSIN

SUBSCRIBED AND SWORN TO BEFORE ME THIS 12 day of September, 2025

Individual/Corporate President/Partner: [signature]

Additional Partner/Corporate Vice President: James L. Lombardo

Notary Public, State of Wisconsin: Theresa Tomashaski

My commission expires: 10/15/2028

Corporate Secretary: Valerie A. Zehetner

Corporate Treasurer: [signature]

Do Not Write Below This Line

Clerk	License#	New	Renewal	Date Filled	Date Granted

Bell Ambulance 2026 vehicle list

Unit number	In service since	Make	VIN	
400	2022	CHEVROLET	1HA3GRC76MN012308	
402	2022	FORD	1FDWE3FN2NDC28089	
403	2017	FORD	1FDWE3FS3HDC46465	
404	2018	CHEVROLET	1GB3GRCG0J1215318	
405	2018	CHEVROLET	1GB3GRCG1J1342949	
406	2018	CHEVROLET	1GB3GRCG7J1342177	
407	2018	CHEVROLET	1GB3GRCG2J1342541	
408	2018	CHEVROLET	1GB3GRCG3J1342631	
409	2020	CHEVROLET	1GB3GRCG9L1216342	
410	2021	CHEVROLET	1GB3GRC73M1194663	
411	2020	CHEVROLET	1GB3GRCG3L1215249	
413	2023	CHEVROLET	1HA3GRC7XPN000103	
414	2021	CHEVROLET	1HA3GRC7XMN002171	
415	2019	CHEVROLET	1GB3GRCGXK1298189	
416	2022	CHEVROLET	1HA3GRC70PN000112	
417	2022	CHEVROLET	1HA3GRC76PN000261	
418	2022	CHEVROLET	1HA3GRC70PN000093	
419	2021	CHEVROLET	1HA3GRC76MN002118	
420	2024	FORD	1FDWE3FN4RDD25932	
424	2018	FORD	1GB3GRCG1J1218955	
425	2018	FORD	1GB3GRCG8J1217608	
426	2018	FORD	1GB3GRCG1J1218468	
428	2021	CHEVROLET	1GB3GRC74M1193053	
430	2018	FORD	1FDBW2XM6JKA75590	
431	2018	FORD	1FDBW2XM8JKA81021	
432	2018	FORD	1FDBW2XM8JKA75591	
433	2018	FORD	1FDBW2XMXJKA81022	
434	2018	FORD	1FDBW2XM1JKA81023	
435	2018	FORD	1FDBW2XM3JKA81024	
436	2019	FORD	1FDBW2XM1KKA07411	
437	2019	FORD	1FDBW2XMXKKA38236	
438	2023	FORD	1FDBW2XG5PKA51915	
439	2019	FORD	1FDBW2XM1KKA38237	
440	2022	FORD	1FDBW2XGXNKA49459	
441	2022	FORD	1FDBW2XG2NKA49486	
442	2022	FORD	1FDBW2XG4NKA47464	
443	2022	FORD	1FDBW2XG0NKA78419	
444	2022	FORD	1FDBW2XG3NKA49545	
445	2022	FORD	1FDBW2XG8NKA49847	
447	2016	FORD	1FDBW2XM2GKB22798	
449	2017	FORD	1FDBW2XM3HKA15499	
453	2017	FORD	1FDBW2XM8HKA37725	
454	2019	FORD	1FDBW2XM7KKA94957	
455	2021	FORD	1FDBW2XG7MKA40541	
456	2021	FORD	1FDBW2XG0MKA76667	
457	2022	FORD	1FDBW2XG7NKA47488	
458	2022	FORD	1FDBW2XG1NKA49219	
459	2022	FORD	1FDBW2XG1NKA49608	
460	2017	FORD	1FDXE4FS6HDC26785	**
461	2017	FORD	1FDXE4FS7HDC73209	**
462	2023	CHEVROLET	1HA6GUC79PN004627	**
463	2023	CHEVROLET	1HA6GUC74PN004826	**
473	2023	CHEVROLET	1HA6GUC72PN009328	
474	2023	CHEVROLET	1HA6GUC75PN009372	
476	2016	FORD	1FDXE4FS3GDC24426	
477	2016	FORD	1FDXE4FS9GDC06531	
481	2017	FORD	1FDXE4FS5HDC73211	
482	2018	FORD	1FDXE4FS0JDC06960	
483	2018	FORD	1FDXE4FS0JDC06957	
484	2018	FORD	1FDXE4FS2JDC19483	
485	2023	FORD	1FDXE4FN0PDD39026	
486	2019	FORD	1FDXE4FS1KDC04099	
487	2018	FORD	1FDXE4FS7KDC01515	
488	2016	FORD	1FDXE4FS4GDC49464	
490	2016	FORD	1FDXE4FS7GDC24395	
491	2019	FORD	1FDXE4FS1KDC42643	
434	2018	FORD	1FDWE35P36DA19447	
436	2019	FORD	1FDWE35P76DA19449	
437	2020	FORD	1FDWE35P36DA19450	
439	2021	FORD	1FDWE35P26DA39754	
458	2022	FORD	1GB6G2B60A1101655	
487	2023	FORD	1FDXE45P26DA19417	
491	2020	FORD	1FDXE4FS1KDC42643	
492	2023	CHEVROLET	1HA6GUC72PN004548	
500	2023	CHEVROLET	1HA3GRC7XPN000084	
501	2025	CHEVROLET	1FDWE3FN1SDD00623	
502	2025	CHEVROLET	1FDWE3FN0SDD00502	
503	2025	CHEVROLET	1FDWE3FN6SDD00875	
600	2024	FORD	1FDBW2XG5RKB43254	
601	2025	FORD	1FDBW2XG1RKB78275	
602	2025	FORD	1FDBW2XG7RKB43255	
603	2024	FORD	1FDBW2XG9RKB43256	
604	2024	FORD	1FDBW2XG0RKB43257	
605	2024	FORD	1FDBW2XG3RKB78276	
700	2023	CHEVROLET	1HA6GUC72PN004601	
701	2023	CHEVROLET	1HA6GUC76PN005136	
702	2023	CHEVROLET	1HA6GUC73PN014781	
703	2025	FORD	1FDXE4FS9GDC06531	
704	2025	FORD	1FDXE4FNXSDD16443	
705	2025	FORD	1FDX34FN1SDD16797	
706	2025	FORD	1FDXE4FN9SDD16742	

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

SERVICE CONTRACT (BID, CONTRACT OR PURCHASE ORDER #)

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

Colin Green, being first duly sworn, on oath deposes and
(Insurance Agent that signed the insurance certificate submitted)[1]

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.

Colin Green
(Agent's Signature)

STATE OF Iowa
ss
Dubuque COUNTY

Subscribed and sworn to before me this 4th day of September, 20 25.

Notary Public

My Commission expires: 8/25/26

KELSEY STREINZ
COMMISSION # 755555
MY COMMISSION EXPIRES
8/25/26

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.

Ref: Shared\Insurance\Insurance Requirements\Insurance_Requirements_09232015.doc

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/3/2025

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

PRODUCER Cottingham & Butler Colin Green 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 BELAMB1 Bell Ambulance, Inc. 549 E Wilson St Milwaukee WI 53207	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Old Republic Insurance Company — 24147 INSURER B : Coverys Specialty Insurance Company — 15686 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 424462707 **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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			005WI000031401	6/1/2025	6/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY			MWTB-313557-25	6/1/2025	6/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			005WI000031401	6/1/2025	6/1/2026	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		MWC 313558-25	6/1/2025	6/1/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
B	Healthcare Professional			005WI000031401	6/1/2025	6/1/2026	Per Occurrence Aggregate Retro Date	1,000,000 3,000,000 02/01/1990

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

City of Milwaukee Fire Department
711 W. Wells Street
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

Colin Green