

Fire Department

Aaron Lipski

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

Make check payable to the City of Milwaukee Fire Department

Fee Must Accompany Application.

The license period is from January 1 to December 31.

\$1,210.00 – New Applicants

\$1,100.00 - Renewals

Check (✓) one: ☐ Individual Check (✓) one: ✓ Certified Provider □ Partnership ☐ Limited Certified Provider ✓ Corporation ☐ 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: ______ State: ______ Zip: _____ Date of Birth: _____ Name: Home Address: State: _____ Zip: ____ 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 State: WI Zip: <u>53092</u> City: MEQUON _____ Date of Birth <u>06/15/1948</u> Phone 262-241-1990 Vice President: JAMES P. LOMBARDO Home Address: 549 E WILSON ST

City: MILWAUKEE

Phone 414-486-4013

State: WI Zip: <u>53207</u>

Date of Birth: 12/24/1952

	Secretary: VALERIE ZEHETNER			
	Home Address: 11811 N LAKE SHORE DR			·
	City: MEQUON	State: WI	Zip: <u>_5</u>	3092
	Phone <u>414-406-0567</u>	Date of Birth <u>02/06/1978</u>		
	Treasurer: WAYNE A. JURECKI			
	Home Address: 1111 N MARSHALL ST, UNIT 1002			
	City: MILWAUKEE	State: WI	Zip: <u>5</u>	3202
	Agent: WAYNE A. JURECKI			
	Home Address: 1111 N MARSHALL ST, UNIT 1002			
	City: MILWAUKEE	State: WI	Zip: <u>53</u>	3202
4.	OTHER REQUIREMENTS: Do you have on file with the Fire Department, a valid and current cert Do you have a valid State of Wisconsin Inspection Certificate? Do you participate in the Emergency Medical Services System? If yes, list service area number: 4	ificate of insurance for this licer	ise period?	■ Yes □ No ■ Yes □ No ■ Yes □ No
	Do you wish to participate in the Emergency Medical Services System? Total number of vehicles in service: 85 Please attach a separate page listing all vehicles including city assigned.		ar, make and	¥¥Yes □ No
5.	The undersigned agrees to inform the Milwaukee Fire Department we supplied in this application. The undersigned shall not willfully refuse or franchise, or refuse to employ, or discharge any person otherwise or ancestry; and not seek such information as a condition of employm selection of personnel for training or promotion on the basis of such in	e to provide those services offer qualified because of race, color, nent, or penalize any employee	ed under this creed, sex, n	license, permit, ational origin
5.	The undersigned understand that this application does not entitle this solely in the discretion of the Common Council.	he applicants to a license and t	hat the gran	ting of licenses
7.	I have a knowledge of the City Ordinances currently regulating the licer decrease and that all statements are the person named above and that all statements are the person named above and that all statements are the person named above and that all statements are the person named above and that all statements are the person named above and that all statements are the person named above and that all statements are the person named above and that all statements are the person named above and that all statements are the person named above and that all statements are the person named above and that all statements are the person named above and that all statements are the person named above and that all statements are the person named above and that all statements are the person named above and the person named above and that all statements are the person named above and the person named above are the person named above and the person named above and the person named above and the person named above are the person named above and the person named above are the per			
THE WALLES	SUBSCRIBED AND SWORN TO BEFORE ME THIS	of September	A	,20 35
7	Additional Partner/Corporate Vice Pre	esident:	uland	01
	Notar What State of Wisconsin: Work Concerns	<u>i </u>		
	My commission expires: 10/15/3038			
	Corporate Secretary: Value	a. Zelay		
	Corporate Treasurer: Muse	alfle		
0	Not Write Below This Line			
	Clerk License# New Renew	/al 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	
405	2018	CHEVROLET	
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
142	2022	FORD	1FDBW2XG4NKA47464
143	2022	FORD	1FDBW2XG0NKA78419
144	2022	FORD	1FDBW2XG3NKA49545
145	2022	FORD	1FDBW2XG8NKA49847
147	2016	FORD	1FDBW2XM2GKB22798
149	2017	FORD	1FDBW2XM3HKA15499
153	2017	FORD	1FDBW2XM8HKA37725
154	2019	FORD	1FDBW2XM7KKA94957
155	2021	 	1FDBW2XG7MKA40541
156	2021		1FDBW2XG0MKA76667
157	+	-	
	2022		1FDBW2XG7NKA47488
158	2022		1FDBW2XG1NKA49219
59	2022	FORD	1FDBW2XG1NKA49608

460	2017	FORD	1FDXE4FS6HDC26785
461	2017	FORD	1FDXE4FS7HDC73209
462	2023	CHEVROLET	
463	2023	CHEVROLET	1HA6GUC74PN004826
473	2023	CHEVROLET	
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
		<u> </u>	
706	2025	FORD	1FDXE4FN9SDD16742

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

SERVICE CONTRACT (BID. CONTRACT OR PURCHASE ORDER #)

Appidavit of no interest appidavit must accompany bach certificate of insurance issued, including new and renewals

TOO CONTROL WAR OF TOO CONTROL OF TO
Colin Green
(Insurance Agent that signed the insurance certificate submitted)
says that he/she is the agent of the
Covervs Specialty Insurance Company
(Insurance Company(s) Named on Insurance Cortificate that apply -listed under Insurers Affording Coverage)
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 promium, commission, fee or other thing of value in connection with the furnishing of said insurance conflicate.
Colin Shan
(Agont's Signature)
(Agoni's Signature)
STATE OF Lowa
Dubygre COUNTY
Subscribed and sworn to before me this 4th day of September
My Commission expires: 8/25/26 Notary Public Spanish Accommission = 765656 Notary Public Spanish Notary Public
NOTE: THIS "APPIDAVIT OF NO INTEREST" MUST BE COMPLETED AND SIGNED BY THE PERSON WEO EXECUTED THE CERTIFICATE OF INSURANCE, NOTARIZED, AND SUBMITTED WITH YOUR CERTIFICATE OF INSURANCE.

The same of the insurance agent signing this efficient not the many of the insurance company. The same agent whose numbersignature is on the insurance confident must complete this efficient, and their signature must be nearlized.

Ref: Sharedistrance-instrumer Regularment-fluorence Regularments_01212011.dox



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).

the detailed does not define higher to the detailed holder in head of		101.					
Cottingham & Butler	CONTACT NAME: PHONE (A/C, No, Ext): 563-587-5000 FAX (A/C, No, Ext): 563-583-7339						
Colin Green	F-MAII				-7000		
800 Main St. Dubuque IA 52001	ADDRESS:						
Dubuque IA 32001			RDING COVERAGE		NAIC#		
		INSURER A : Old Republic Insurance Company			24147		
INSURED BELAMB' Bell Ambulance, Inc.	INSURER B : Covery	s Specialty In:	surance Company		15686		
549 E Wilson St	INSURER C:			j			
Milwaukee WI 53207	INSURER D :						
	INSURER E :						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 424462707	INSURER F.		REVISION NUMBER:				
	VE REEN ISSUED T	O THE INSUR		HE POUC	Y PERIOD		
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 INSD WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY						
B X COMMERCIAL GENERAL LIABILITY 005WI000031401	6/1/2025	6/1/2026	EACH OCCURRENCE	\$1,000,0	00		
	01 ()2020	07 172020	DAMAGE TO RENTED		00		
CLAIMS-MADE X OCCUR		İ	PREMISES (Ea occurrence)	\$ 50,000			
			MED EXP (Any one person)	\$ 5,000			
		ľ	PERSONAL & ADV INJURY	s 1,000,0	00		
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE	\$ 3,000,0	00		
X POLICY PRO- JECT LOC	•		PRODUCTS - COMP/OP AGG	\$3,000,0	00		
OTHER:				\$			
A AUTOMOBILE LIABILITY MWTB-313557-25	6/1/2025	6/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,00	00		
X ANY AUTO				\$			
OWNED SCHEDULED AUTOS ONLY AUTOS		i	BODILY INJURY (Per accident)	\$			
HIRED NON-OWNED		1	PROPERTY DAMAGE	\$			
AUTOS ONLY AUTOS ONLY		1	(Per accident)	\$			
B X UMBRELLA LIAB X OCCUP 005WI000031401	014/0005	0/4/0000					
TV OCCUR	6/1/2025	6/1/2026		\$ 5,000,00			
EXCESS LIAB CLAIMS-MADE		[AGGREGATE	\$ 5,000,00	00		
DED X RETENTION\$0				\$			
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N MWC 313558-25	6/1/2025	6/1/2026	X PER STATUTE ER				
ANYPROPRIETOR/PARTNER/EXECUTIVE N/A			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	\$ 1,000,00	00		
B Healthcare Professional 005WI000031401	6/1/2025	6/1/2026	Per Occurrence	1,000,00	00		
			Aggregate Retro Date	3,000,00 02/01/19			
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 Wl 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 AUTHORIZED HEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
			ORD CORPORATION A	II atalate			