

**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 2/16/78

**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: 39

**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

14 day of September, 2009

[Signature]  
Notary Public, State of Wisconsin

My commission expires 2/21/10

[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 \_\_\_\_\_

Unit number	In service since	Make	VIN	Location
400	2002	Ford	1FDXE45F32HA45678	Milwaukee
420	2002	Ford	1FDSE35F92HA33961	Milwaukee
422	2002	Ford	1FDSE35FX2HA33967	Milwaukee
423	2002	Ford	1FDSE35F82HA57684	Milwaukee
424	2003	Ford	1FDSE35F93HA80666	Milwaukee
425	2003	Ford	1FDSE35FO3HA80667	Milwaukee
426	2003	Ford	1FDSE35F23HA80668	Milwaukee
428	2003	Ford	1FDWE35F73HB37433	Milwaukee
430	2005	Ford	1FDWE35P65HA12810	Milwaukee
431	2005	Ford	1FDWE35P85HA12811	Milwaukee
432	2005	Ford	1FDWE35P65HA12815	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
489	2006	Ford	1FDWE35P26DA49670	Milwaukee
486	2005	Ford	1FDWE35P65HA01497	Milwaukee
487	2006	Ford	1FDXE45P26DA19417	Milwaukee
488	2007	Ford	1FDXE45P67DA01259	Milwaukee
490	2008	Ford	1FDXE45P98DA77060	Milwaukee
491	2008	Ford	1FDXE45P78DA55025	Milwaukee
492	2008	Chevrolet	1GBKG316091100135	Milwaukee
493	2009	Chevrolet	1GBKG316291100136	Milwaukee
494	2009	Chevrolet	1GBKG316X91123650	Milwaukee
495	2009	Chevrolet	1GBKG316791152653	Milwaukee
441	2007	Ford	1FDWE35P27DA51730	Milwaukee
442	2007	Ford	1FDWE35P27DA51731	Milwaukee
443	2007	Ford	1FDWE35P47DA51732	Milwaukee
444	2007	Ford	1FDWE35P67DA51733	Milwaukee
445	2008	Ford	1FDWE35P48DA42271	Milwaukee
446	2008	Ford	1FDWE35P28DA35920	Milwaukee
447	2008	Ford	1FDWE35P78DA40093	Milwaukee
448	2009	Chevrolet	1GBHG316191155798	Milwaukee
449	2009	Chevrolet	1GBJG316191148724	Milwaukee
450	2009	Chevrolet	1GBJG316X91152299	Milwaukee
451	2009	Chevrolet	1GBJG316391152550	Milwaukee
452	2009	Chevrolet	1GBJG316491152685	Milwaukee
453	2009	Chevrolet	1GBJG316791154415	Milwaukee

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BJ  
BELLA-1

DATE (MM/DD/YYYY)  
09/02/09

PRODUCER Robertson Ryan & Assoc., Inc. Two Plaza East, Suite 650 330 East Kilbourn Avenue Milwaukee WI 53202 Phone: 414-271-3575 Fax: 414-271-0196	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.												
INSURED  Bell Ambulance, Inc. P O Box 070550 Milwaukee WI 53207	<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: THE CINCINNATI INS. COMPANIES</td> <td>10677</td> </tr> <tr> <td>INSURER B: Landmark American Ins Co</td> <td></td> </tr> <tr> <td>INSURER C: UNITED HEARTLAND INS</td> <td></td> </tr> <tr> <td>INSURER D: National Casualty Company</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: THE CINCINNATI INS. COMPANIES	10677	INSURER B: Landmark American Ins Co		INSURER C: UNITED HEARTLAND INS		INSURER D: National Casualty Company		INSURER E:	
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## 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	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	CPP0892296	10/01/09	10/01/10	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000
B		<input checked="" type="checkbox"/> Professional Liab Limits = \$1m/\$3m GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	LHM719271	10/01/09	10/01/10	PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000
D		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CAO0195449	10/01/09	10/01/10	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$
A		<input checked="" type="checkbox"/> Comp Ded: \$1,000	CAA5873684	04/11/09	04/11/10	PROPERTY DAMAGE (Per accident) \$
A		<input checked="" type="checkbox"/> Coll Ded: \$1,000	CAA5873684	04/11/09	04/11/10	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	CPP0892296	10/01/09	10/01/10	EACH OCCURRENCE \$ 2000000 AGGREGATE \$ 2000000
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	0400072051	10/01/09	10/01/10	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500000 E.L. DISEASE - EA EMPLOYEE \$ 500000 E.L. DISEASE - POLICY LIMIT \$ 500000
A		OTHER Excess Liability	XS1155216	10/01/09	10/01/10	Limit: \$2,000,000

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The City of Milwaukee is an Additional Insured, as their interest may appear.

### CERTIFICATE HOLDER

MILW373

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, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL NOT BE AN AFFIRMATION OF LIABILITY OF ANY KIND ON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
 Michael R. Schulte

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

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

**AFFIDAVIT**

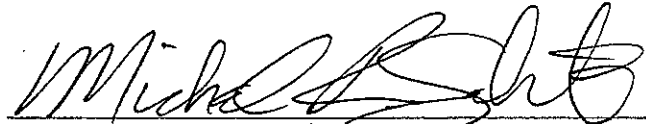
**STATE OF WISCONSIN)**

)ss

**MILWAUKEE COUNTY)**

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

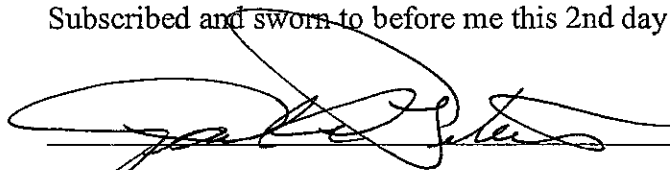
Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee or other thing of value on account of the sale or furnishing of said insurance or bond.



Signature (same as it appears on cert)

Michael R. Schulte 414-271-3575  
Typed Name and Phone Number

Subscribed and sworn to before me this 2nd day of September, 2009.



Notary Public

My Commission Expires 2-07-10