

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BJ
BELLA-1

DATE (MM/DD/YYYY)
07/10/06

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.

RECEIVED

INSURED
2006 JUL 11 P 1:52
Bell Ambulance, Inc.
P O Box 070550
Milwaukee WI 53207
MILWAUKEE HEALTH DEPARTMENT

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	THE CINCINNATI INS. COMPANIES	10677
INSURER B:	Aspen Specialty Ins. Co.	
INSURER C:	UNITED HEARTLAND INS	
INSURER D:	National Casualty Company	
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	X	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab Limits = \$1m/\$2m GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CPP0901606	10/01/06	10/01/07	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/\$2m GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	A2005AP0003305	10/01/06	10/01/07	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	CAO0195425	10/01/06	10/01/07	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$
D		<input checked="" type="checkbox"/> Comp Ded: \$1,000	CAO0195425	10/01/06	10/01/07	PROPERTY DAMAGE (Per accident) \$
D		<input checked="" type="checkbox"/> Coll Ded: \$1,000	CAO0195425	10/01/06	10/01/07	
		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 checked="" type="checkbox"/> DEDUCTIBLE RETENTION \$ 10,000	CCC4972542	10/01/06	10/01/07	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	0400047656	10/01/06	10/01/07	<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
		OTHER				

APPROVED AS TO FORM

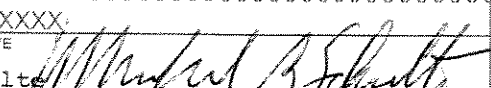
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 The City of Milwaukee is an Additional Insured.

AND EXECUTION THIS 6th
 DAY OF October 20 06

 Assistant City Attorney

CERTIFICATE HOLDER

CANCELLATION

City of Milwaukee Health Dept
 Attn: Peggy Luckow
 841 N Broadway, Room 315
 Milwaukee WI 53202

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~XXX XXXXX~~ 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
 AUTHORIZED REPRESENTATIVE
 Michael R. Schulte 

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

RECEIVED

2006 JUL 24 A 8:34

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

MILWAUKEE HEALTH
DEPARTMENT

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

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

Date and Place of Incorporation: 1978 Wisconsin

President Rick A. Zehetner Home Address 212 E. Ravine Dr.

City, State, Zip Milwaukee, WI 53202 Phone 414-559-7008 Date of Birth 6/15/46

Vice President James P. Lombardi Home Address 549 E. Wilson St

City, State, Zip Milwaukee, WI 53207 Phone 414-486-2000 Date of Birth 11/24/52

Secretary Holistic Zehetner Home Address 1925 N Water St #205

City, State, Zip Milwaukee WI 53202 Phone 414-406-0567 Date of Birth 2/6/78

Treasurer Wayne A. Juszek Home Address 1707 N Prospect Ave #11A

City, State, Zip Milwaukee, WI 53202 Phone 714-406-3715 Date of Birth 10/20/1966

Agent Frederick T. Hoenig, Jr Home Address 6544 Newark Rd

City, State, Zip Brook, WI 53202 Phone 262-681-2556 Date of Birth 02/28/67

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: 60-01146

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

Total number of vehicles in service: 33

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

16th day of July, 20 06

[Signature]
Notary Public, State of Wisconsin

My commission expires 6/21/09

[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 _____

73779

BELL AMBULANCE, INC.

PO BOX 070550
MILWAUKEE, WI 53207-0550
(414) 486-2000

PARK BANK
DOWNTOWN . CAPITOL DRIVE . BROOKFIELD
MILWAUKEE, WISCONSIN 53216
12-86-750

05/27/2006

PAY TO THE
ORDER OF

City of Milwaukee Health Department

\$ **1,100.00

One Thousand One Hundred and 00/100***** DOLLARS

City of Milwaukee Health Department
841 N Broadway
Milwaukee, WI 53202

TWO SIGNATURES REQUIRED - VOID AFTER 180 DAYS

MEMO

2007 Ambulance Certification

⑈073779⑈ ⑆075000666⑆ ⑆10733 366 0⑈

Security Features Included Details on back

BELL AMBULANCE, INC.

City of Milwaukee Health Department

05/27/2006

73779

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
6/30/2006	Bill		1,100.00	1,100.00		1,100.00
				Check Amount		1,100.00

General Checking Acc 2007 Ambulance Certification

1,100.00

AFFIDAVIT OF NO INTEREST

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 National Casualty 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 in connection with the furnishing of said insurance certificate.


(Agent Signature.)

Subscribed and sworn to before me this 10th day of July, 2006.


Notary Public
my commission expires 10-19-06


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Organization: **BELL AM**

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- [Associates](#)
- [EMT Roster](#)
- [Protocols](#)
- [Vehicle Fleet](#)
- [Permit Holders](#)
- [Provider Info](#)
- [Persons](#)

Vehicle Fleet

1 to 33 of **33** vehicles

<input type="checkbox"/>	Unit Number	Vehicle ID	Vehicle Location	In Service
<input type="checkbox"/>	400	1FDXE45F32HA45678	MILWAUKEE	2002
<input type="checkbox"/>	402	1FDJE30F9SHB24621	MILWAUKEE	1995
<input type="checkbox"/>	404	1FDJE30F6SHB24625	MILWAUKEE	1995
<input type="checkbox"/>	405	1FDJE30F0THA04725	MILWAUKEE	1996
<input type="checkbox"/>	409	1FDJE30F6THA04731	MILWAUKEE	1996
<input type="checkbox"/>	414	1FDSE30F7WHA10997	MILWAUKEE	1998
<input type="checkbox"/>	415	1FDSE30F4XHB57473	MILWAUKEE	1999
<input type="checkbox"/>	416	1FDSE30F6XHB57474	MILWAUKEE	1999
<input type="checkbox"/>	417	1FDSE35F1YHB25056	MILWAUKEE	2000
<input type="checkbox"/>	418	1FDSE35F5YHB25058	MILWAUKEE	2000
<input type="checkbox"/>	420	1FDSE35F92HA33961	MILWAUKEE	2002
<input type="checkbox"/>	421	1FDSE35F22HA33963	MILWAUKEE	2002
<input type="checkbox"/>	422	1FDSE35FX2HA33967	MILWAUKEE	2002
<input type="checkbox"/>	423	1FDSE35F82HA57684	MILWAUKEE	2002
<input type="checkbox"/>	424	1FDSE35F93HA80666	MILWAUKEE	2003
<input type="checkbox"/>	425	1FDSE35F)3HA80667	MILWAUKEE	2003
<input type="checkbox"/>	426	1FDSE35F23HA80668	MILWAUKEE	2003
<input type="checkbox"/>	427	1FDWE35F63HA96860	MILWAUKEE	2003
<input type="checkbox"/>	428	1FDWE35F73HB37433	MILWAUKEE	2003
<input type="checkbox"/>	430	1FDWE35P65HA12810	MILWAUKEE	2005
<input type="checkbox"/>	431	1FDWE35P85HA12811	MILWAUKEE	2005
<input type="checkbox"/>	432	1FDWE35P55HA12815	MILWAUKEE	2005
<input type="checkbox"/>	433	1FDWE35P96HA92461	MILWAUKEE	2006
<input type="checkbox"/>	434	1FDWE35P36DA19447	MILWAUKEE	2006
<input type="checkbox"/>	435	1FDWE35P56DA19448	MILWAUKEE	2006
<input type="checkbox"/>	436	1FDWE35P76DA19449	MILWAUKEE	2006
<input type="checkbox"/>	437	1FDWE35P36DA19450	MILWAUKEE	2006
<input type="checkbox"/>	439	1FDWE35P26DA39754	MILWAUKEE	2006
<input type="checkbox"/>	440	1FDWE35P26DA49670	MILWAUKEE	2006
<input type="checkbox"/>	484	1FDXE45F23HA42191	MILWAUKEE	2003

<input type="checkbox"/>	485	1FDXE45F43HA42191	MILWAUKEE	2003
<input type="checkbox"/>	486	1FDWE35P45HA01496	MILWAUKEE	2005
<input type="checkbox"/>	487	1FDXE45P26DA19417	MILWAUKEE	2006

Remove

MyLoginAccount



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

Memorandum

To: Management Staff
CC: Operations
From: Fred Hornby, ALS Director
Date: 07/13/2006
Re: Receipt of Application for Ambulance Certification

I have received the following items for Milwaukee Ambulance Certification for Bell Ambulance, Inc. This includes the following:

- 1.) Affidavit of no interest
- 2.) Cancellation clause updated.
- 3.) Check in the amount of \$1,100.00
- 4.) Completed application

Signature: _____

Theresa Hernandez

Date: _____

7-20-06

[Signature]