

# 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  
 Corporation

**1. NAME OF APPLICANT (If individual):** \_\_\_\_\_

Business Name: Paratech Ambulance Service, Inc. Phone: (414) 358-1111

Business Address: 9401 W Brown Deer Road

City: Milwaukee State: WI Zip: 53224

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** Paratech Ambulance Service, Inc.

Address: 9401 W Brown Deer Road, Milwaukee, WI 53224

Date and Place of Incorporation: January 1, 1979 State of Wisconsin

President: Robert A. Rauch

Home Address: 9401 W Brown Deer Road

City: Milwaukee State: WI Zip: 53224

Phone (414) 358-1111 Date of Birth 4/22/1949

Vice President: Richard Romanshek

Home Address: N90 W20881 Scenic Drive

City: Menomonee Falls State: WI Zip: 53051

Phone (262) 255-6486 Date of Birth: 3/24/1953

Secretary: Richard Romanshek

Home Address: SAME AS ABOVE

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Treasurer: Robert A. Rauch

Home Address: SAME AS ABOVE

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agent: SAME AS ABOVE

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**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 area number: 1

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

Total number of vehicles in service: 34

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 30<sup>th</sup> day of August, 20 12

Individual/Corporate President/Partner: [Signature]

Additional Partner/Corporate Vice President: [Signature]

Notary Public, State of Wisconsin: Milwaukee, WI

My commission expires: January 12, 2015

Corporate Secretary: [Signature]

Corporate Treasurer: [Signature]

**Do Not Write Below This Line**

Clerk	License #	New	Renewal	Date Filed	Date Granted

# PARATECH AMBULANCE SERVICE SQUAD LIST FOR 2012

<u>UNIT#</u>	<u>VEHICLE ID NUMBER</u>	<u>YEAR/MAKE</u>	<u>IN SERVICE</u>
101	1GBJG316971191611	2007 CHEVROLET	1/19/09
102	1FDWE3FS7CDA07817	2012 FORD	11/22/11
103	1FDXE45P95HA88466	2005 FORD	5/5/10
104	1FDWE3FS2BDA42599	2011 FORD	6/8/11
105	1GDJG316291138873	2009 GMC	6/16/09
106	1FDSE35F53HA78980	2003 FORD	3/10/03
107	1FDWE3FS5BDA42600	2011 FORD	6/16/11
108	1GDHG316991181220	2009 GMC	9/23/09
109	1FDWE35P16DB12628	2006 FORD	4/24/07
110	1GBJG316871252639	2007 CHEVROLET	4/8/08
111	1GBJG316471201753	2007 CHEVROLET	11/3/08
112	1FDSE35F93HA78979	2003 FORD	5/1/03
113	1FDXE45P55HB49442	2005 FORD	6/2/10
114	1FDWE3FS6BDA38684	2011 FORD	8/4/11
115	1FDSE35P05HA58969	2005 FORD	5/12/05
116	1GDHG316891180740	2009 GMC	1/7/10
117	1FDSE35P05HA09271	2005 FORD	5/12/05
118	1FDWE3FS1CDA28470	2012 FORD	2/28/12
119	1FDWE35P66HA92465	2006 FORD	11/1/05
120	1GBJG316171254474	2007 CHEVROLET	5/28/08
121	1GBHG396371240501	2007 CHEVROLET	3/3/08
122	1FDWE35P86DA61158	2006 FORD	4/5/06
123	1FDWE35PX6DB09615	2006 FORD	6/5/07
124	1GBHG396091143534	2009 CHEVROLET	6/19/09
125	1FDSE35P87DB00752	2007 FORD	7/31/07
126	1FDXE45F53HA63844	2003 FORD	5/1/08
127	1FDXE45F33HA63843	2003 FORD	5/1/08
128	1FDXE45P28DA55028	2008 FORD	9/3/08
129	1FDXE45P56HA77143	2006 WHEEL COACH	10/4/10
130	1FDXE45P16HA77138	2006 WHEEL COACH	10/4/10
131	1FDWE3FS0BDA16177	2011 FORD	4/8/11
132	1FDWE3FS8BDA38685	2011 FORD	4/8/11
133	1FDWE3FS9BDA42602	2011 FORD	5/7/12
134	1FDWE3FS3CDA90498	2012 FORD	7/1/12



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/1/2012

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).

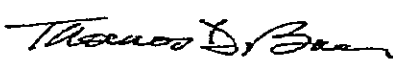
<b>PRODUCER</b> R & R Insurance Services, Inc. N80 W14824 Appleton Ave PO Box 1180 Menomonee Falls WI 53052-1180 INSURED  Paratech Ambulance Service Inc 9401 W. Brown Deer Road  Milwaukee WI 53224	<b>CONTACT NAME:</b> Linda Jensen <b>PHONE (A/C, No, Ext):</b> (262) 255-5100 <b>FAX (A/C, No):</b> (262) 502-0941 <b>E-MAIL ADDRESS:</b> linda.jensen@rrins.com <b>PRODUCER CUSTOMER ID #:</b> 00043091  <b>INSURER(S) AFFORDING COVERAGE:</b> INSURER A: Zurich American Insurance Co. INSURER B: American Guarantee & Liability 26247 INSURER C: Acuity A Mutual Ins Co 14184 INSURER D: INSURER E: INSURER F:
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COVERAGES CERTIFICATE NUMBER: CL1222835515 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>GENERAL LIABILITY</b>						
	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE : \$ 1,000,000
A	CLAIMS-MADE X OCCUR		PRA947500200	3/1/2012	3/1/2013	DAMAGE TO RENTED PREMISES (Ea occurrence) : \$ 100,000
	X Prof Liab \$1mil/\$3mil #PL947482800					MED EXP (Any one person) : \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY : \$ 1,000,000
	X POLICY PRO-JECT LOC					GENERAL AGGREGATE : \$ 3,000,000
						PRODUCTS - COM/OP AGG : \$ 3,000,000
						\$
<b>AUTOMOBILE LIABILITY</b>						
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) : \$ 1,000,000
A	X ALL OWNED AUTOS		PRA947500200	3/1/2012	3/1/2013	BODILY INJURY (Per person) : \$
	SCHEDULED AUTOS					BODILY INJURY (Per accident) : \$
	X HIRED AUTOS					PROPERTY DAMAGE (Per accident) : \$
	X NON-OWNED AUTOS					\$
						\$
						\$
	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE : \$ 2,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE : \$ 2,000,000
	DEDUCTIBLE					\$
B	X RETENTION \$ 0		AUC475603700	3/1/2012	3/1/2013	\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				WC STATUTORY LIMITS OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT : \$
						E.L. DISEASE - EA EMPLOYEE : \$
						E.L. DISEASE - POLICY LIMIT : \$
C	Property - Spec Form/ Repl Cost		K28716	3/1/2012	3/1/3013	Buildgs/Contents - BLKT - Per Policy

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
City of Milwaukee is an additional insured for liability as regards their interest in the insured's operation as an ambulance service. Additional Insured form #U-GL-1175-C CW (7-10) applies.

<b>CERTIFICATE HOLDER</b>  City of Milwaukee Dept of Health Attn: Health Commissioner 841 N Broadway, Room 112 Milwaukee, WI 53202-3653	<b>CANCELLATION</b>  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  Thomas Baer/LJ332 
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AFFIDAVIT

STATE OF WISCONSIN }  
 } SS  
Waukesha County }

Thomas D Baer , being first duly sworn, on oath deposes and says  
(Agent)

that he/she is the agent of the Zurich American Insurance Co , insurer  
(Company name)

on the attached certificate issued to Paratech Ambulance Service Inc.  
(Legal entity of Insured)

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 any other thing of value on account of the sale of furnishing of said insurance certificate.

Thomas D Baer  
(Signature of above Agent)

Subscribed and sworn to before me

this 5th day of March ,20 12

Stephen A. Williams  
Notary Public-State of Wisconsin

My Commission expires 1-11-2015

Notary Seal Must Be Affixed.

Please note the following requirements:

- 1) The name and signature of the agent or authorized representative must be included and match the agent or authorized who signed the insurance certificate.
- 2) The full name of the Insurance Company must be listed and match exactly the Insurance Company's name from the insurance certificate.
- 3) The date the notary signed and dated the affidavit must be the same as the date of the insurance certificate.
- 4) The Notary must sign, date and stamp the form.
- 5) The correct county and state must be listed. (If outside the state of Wisconsin, please cross out Wisconsin and write/type in correct state.)