

Client#: 5915

CURTUNI

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/23/2013

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).

PRODUCER: Security Insurance Services, P.O. Box 610925, New Berlin, WI 53151-0925, 262 785-9490. CONTACT NAME, PHONE (A/C, No, Ext): 262 785-9490, FAX (A/C, No): 262 785-9753, E-MAIL ADDRESS: ccantral@securityins.net. INSURER(S) AFFORDING COVERAGE: INSURER A: Colony Insurance Company, INSURER B: Rock Hill Insurance Company, INSURER C: Travelers Property Casualty Co, INSURER D: National Casualty - Wisconsin, INSURER E: , INSURER F: .

COVERAGES CERTIFICATE NUMBER: 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include: A GENERAL LIABILITY (COMMERCIAL GENERAL LIABILITY, CLAIMS-MADE OCCUR, POLICY PRO-JECT, LOC), D AUTOMOBILE LIABILITY (ANY AUTO, ALL OWNED AUTOS, HIRED AUTOS, SCHEDULED AUTOS, NON-OWNED AUTOS), B UMBRELLA LIAB (EXCESS LIAB, DED, RETENTION \$0), C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below), A Professional Lab.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is named additional insured for general liability. see attached for affidavit.

AFFIDAVIT (See Attached Descriptions)

CERTIFICATE HOLDER: City of Milwaukee Health Dept, 841 N. Broadway, 3rd Floor, Milwaukee, WI 53202-3663. 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: [Signature]

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MILWAUKEE

MILWAUKEE							
323	2003	E-350	7.3 DIT	4R100W	1FDSE35FO3HB48983	855 HEV	July
325	2003	E-350	7.3 DIT	4R100W	1FDSE35F23HB43705	540 HEV	July
326	2001	E-350	7.3 DIT	4R100W	1FDSE35F91HA86366	440 JKB	May
327	2007	E-350	6.0 L	5R110W	1FDWE35P77DA13638	487 SVM	May
328	2007	E-350	6.0L	5R110W	1FDWE35P37DA61660	486 SVM	May
330	2000	E-450	7.3 DIT	4R100W	1FDXE45F8YHA90690	263 NGX	November
331	2002	E-450	7.3 DIT	4R100W	1FDXE45F92HB66493	179 NAK	July
333	2000	E-450	7.3 DIT	4R100W	1FDXE45F2YHA27622	439 JKB	May
351	1999	E-350	7.3 DIT	4R100W	1FDSE30F2XHB75339	VGA 509	Sept.
379	1993	E-350	7.3 L	E4OD	1FDKE30M8RHB61124	862 FNR	April
321	2001	E-450	7.3 DIT	E4OD	1FDXE45F41HA86600	535 GFS	June
381	1999	E-450	7.3 DIT	4R100W	1FDXE40F1XHB68281	778 MKW	October
383	1999	E-450	7.3 DIT	4R100W	1FDXE40F0XHA17738		
384	1997	e-450	7.3 dit	4R100W	1FDLE40F3VHA42063	904 UNV	March

SECONDARY RESPONSE VEHICLES

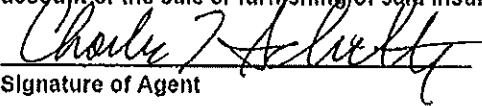
Unit #	Year	Model	Engine	Trans.	V.I.N. #	License	Registration Due
40	1998	E-350	7.3 DIT	4R100W	1FDXE40F7WHB64718	113 SSU	February
41	1997	E-350	7.3 DIT	4R100W	1FDLE40F9VHA37918	118 RYX	July
43	2003	E-450	7.3 DIT	4R100W	1FDXE45F73HA49847	868 UJH	December
44	1997	E-450	7.3 DIT	4R100W	1FDLE40F9VHB77449		
45	2000	E-350	7.3 DIT	4R100W	1FDWE35F6YHB47670	713 KKG	April
46	1998	E-350	7.3 DIT	4R100W	1FDXE40F3WHB81015	457 KHH	December
47	1993	E-350	7.3 L	E4OD	1FDJE30M1PHB64056	869 RGL	July
753	1996	E-350	7.3 DIT	4R100W	1FDJS34F6THB66687	352 DYF	April

DESCRIPTIONS (Continued from Page 1)

STATE OF Wisconsin
)
Waukesha COUNTY)

Charles Schiltz, being first duly sworn on oath,
deposes and says that he/she is the agent of Colony Insurance Company,
the insurer on the attached certificate of insurance issued to
Curtis Universal Ambulance, Inc. (the 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 other thing of value on account of the sale or furnishing of said insurance or bond.



Signature of Agent

Subscribed and sworn to before me

This 23rd day of August, 2013.



Notary Public, Waukesha County, Wisconsin

My Commission expires 10-12-14

**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 2/6/78

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 area number: 4

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

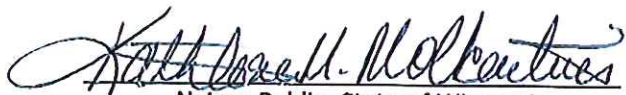
Total number of vehicles in service: 40

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


9th day of August, 2013

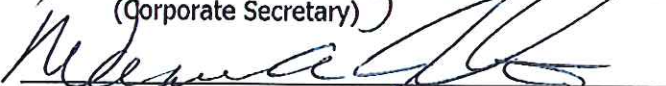

Notary Public, State of Wisconsin

My commission expires 11.16.2014


(Individual/Corporate President/Partner)


(Additional Partner/Corporate Vice President)


(Corporate Secretary)


(Corporate Treasurer)

Do Not Write Below This Line

Clerk _____ License # _____ New ___ Renewal ___ Date Filed _____ Date Granted _____



CERTIFICATE OF LIABILITY INSURANCE

BELAMB1 OP ID: KAE

DATE (MM/DD/YYYY)

08/07/2013

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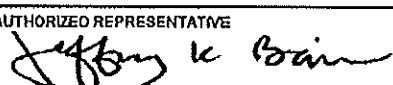
PRODUCER Collingham & Butler, Inc. 800 Main Street Dubuque, IA 52001 Jeff K. Bair	Phone: 563-587-5000 Fax: 563-583-7339	CONTACT NAME: PHONE (A/C No, Ext): FAX (A/C, No): EMAIL ADDRESS:																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>United Wisconsin Insurance Co</td> <td>29157</td> </tr> <tr> <td>INSURER B:</td> <td>Markel American Insurance Comp</td> <td>28932</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	United Wisconsin Insurance Co	29157	INSURER B:	Markel American Insurance Comp	28932	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURED Bell Ambulance, Inc. PO Box 070550 Milwaukee, WI 53207-0550																						

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		MTK70000552	10/01/2013	10/01/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Emp Ben. \$ 1M/2M
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		MTA70000552	10/01/2013	10/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000		MTU20003428	10/01/2013	10/01/2014	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	0400122588	10/01/2013	10/01/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 The City of Milwaukee is additional insured on the general liability policy subject to all terms and conditions of the policy forms. A 30 day notice of cancellation is provided by the insurance company to the certificate holder as outlined by the endorsement attached to the General Liability policy.

CERTIFICATE HOLDER 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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Unit number	In service since	Make	VIN	Location
401	2011	CHEVROLET	1GB6G2B64A1100458	Milwaukee
402	2011	CHEVROLET	1GB6G2B64A1101965	Milwaukee
403	2011	CHEVROLET	1GB6G2B65A1101120	Milwaukee
404	2012	CHEVROLET	1GB6G2B65A1101621	Milwaukee
405	2012	CHEVROLET	1GB6G2B67A1100731	Milwaukee
406	2012	CHEVROLET	1GB6G2B67A1101247	Milwaukee
407	2012	CHEVROLET	1GB6G2B67A1101894	Milwaukee
408	2013	CHEVROLET	1GB3G2CLXD1130463	Milwaukee
440	2006	FORD	1FDWE35P26DA49670	Milwaukee
441	2007	FORD	1FDWE35P27DA51730	Milwaukee
442	2007	FORD	1FDWE35P47DA51731	Milwaukee
443	2007	FORD	1FDWE35P67DA51732	Milwaukee
444	2007	FORD	1FDWE35P87DA51733	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
454	2010	CHEVROLET	1GB6G2B6XA1101582	Milwaukee
455	2010	CHEVROLET	1GB6G2B69A1100181	Milwaukee
456	2010	CHEVROLET	1GB6G2B69A1100410	Milwaukee
457	2010	CHEVROLET	1GB6G2B60A1101347	Milwaukee
460	2012	CHEVROLET	1GB9G5B6XA1113567	Milwaukee
461	2012	CHEVROLET	1GB9G5B61A1114395	Milwaukee
470	2011	CHEVROLET	1GB9G5B61A1124831	Milwaukee
471	2011	CHEVROLET	1GB9G5B67A1124932	Milwaukee
472	2012	CHEVROLET	1GB9G5B68A1113647	Milwaukee
490	2008	FORD	1FDXE45P98DA77060	Milwaukee
491	2008	FORD	1FDXE45P78DA55025	Milwaukee
492	2009	CHEVROLET	1GBKG316091100135	Milwaukee
493	2009	CHEVROLET	1GBKG316291100136	Milwaukee
494	2009	CHEVROLET	1GBKG316X91123650	Milwaukee
495	2009	CHEVROLET	1GBKG316791152653	Milwaukee
496	2010	CHEVROLET	1GB9G5B64A1112379	Milwaukee
497	2010	CHEVROLET	1GB9G5B63A1112714	Milwaukee
498	2010	CHEVROLET	1GB9G5B66A1113713	Milwaukee

40 UNITS IN SERVICE

SERVICE CONTRACT (BID, CONTRACT OR PURCHASE ORDER #)

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

Jeffrey K. Bair, 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

Market American, insurer, on the attached certificate issued
(Insurance Company(s) Named on Insurance Certificate that apply
-listed under Insurers Affording Coverage)

to Ben 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.

Jeffrey K Bair
(Agent's Signature)

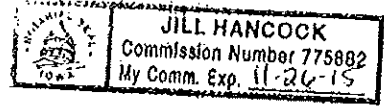
STATE OF Iowa

Dubuque COUNTY

Subscribed and sworn to before me this 12th day of August
20 13.

Jill Hancock, Notary Public

My Commission expires: November 20, 2015.



**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.