## City of Milwaukee Health Department APPLICATION FOR AMBULANCE CERTIFICATION

	Fee Must Accompany Application	Chec	k (✓) one: ( ) Individual		
	License period January 1 to December 31.  \$1,000.00 - New Applicants and Renewals	•	( ) Partnership		
	Make check payable to the City of Milwaukee Health	Department	(V) Corporation		
			<i>i</i>		
.1.	NAME OF APPLICANT (if individual)		· .		
	BUSINESS NAME <u>MEDA - CARE AMBULA</u>	PAICE TAIC	- 411 71/2 AZ		
	Business Address 2515 W. VHET ST. M	1 1	Phone <u>117-372-0</u> 66		
	Business Address ASTS IV. INE STA	ILWAUKEE.	zip53205		
	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),	late, charge and penalty:			
	•	,			
2.	PARTNERSHIP: (if applicable)				
20.		**************************************			
	Name	Home Address			
	City, State, Zip	Phone	Date of Birth		
	Name	Home Address			
	City, State, Zip	Phone	Date of Birth		
	WA-na Can-	1	: •••		
3.	NAME OF CORPORATION: MEDA - CARE	,			
•	Address, City, State, Zip <u>A515</u> W. VUET S	,			
	Date and Place of Incorporation MILWAVKEE,	Wi \$ 1/0.	1/72		
	President WYONNE LARSEN	Home Address S68 N	118118 ISLAND DR.		
	City, State, Zip <u>Muske60, W1</u> 53/50				
1	City, State, Zip	Phone Sex 677-0x	Date of Birth 9/4/10/		
	Vice President NONE	Home Address			
	City, State, Zip	Phone	Date of Birth		
	Secretary JULIE LARSEN JOHNSON				
	City, State, Zip NEW BALLIN, WI 53151	Phone <u>262-821-389</u>	71 Date of Birth <u>2/69/63</u>		
	Treasurer NONE	Home Address			
•	City, State, Zip	·			
	Agent LINDA WIEDMANN	Home Address W3	51 N6018 BAVERS W		
	City State Zin ProNAMOLUCE, WI 53066	Phone 262-560-1	399 Date of Righ 6/14/EN		

## MEDA-CARE AMBULANCE VEHICLE LIST as of 9/20.

Vehicle Number	VIN Number	Year and Make
201	1FDKE30M6MHB07961	1991 Ford Type 3
202	1FDKE30MBMHB07962	1991 Ford Type 3
203	1FDKE30M9KHA07429	1989 Ford Type 3
204	1FDKE30M0LHB27461	1990 Ford Type 3
206	1FDKE30M0NHA02804	1992 Ford Type 3
New -No# yet	1FDKE30M0RHB15500	1994 Ford Type 3
New -No# yet	1FDKE30MARHC16879	1994 Ford Type 3
New -No# yet	1FDKE30M4MHB04119	1991 Ford Type 3
210	1FDKE30M8LHA92376	1993 Ford Minimod
211	1FDHS34M4JHA95477	1988 Ford Type 2
212	1FDHS34M3JHB53692	1988 Ford Type 2
213	1FDH534M9LHA41885	1990 Ford Type 2
214	1FDHS34M9KHA58166	1989 Ford Type 2
215	1FDHS34M9KHA51895	1989 Ford Type 2
218	1FDHS34 <b>M</b> 4MHA56893	1991 Ford Type 2
219	1FDHS34M3MHB17506	1991 Ford Type 2
221	1FDJS34M3NHA21524	1992 Ford Type 2
222	1FDJS34M6NHB27210	1992 Ford Type 2
223	1FDJS34m0PHA20431	1993 Ford Type 2
224	1FDJE30M1PHA23644	1993 Ford Minimod
225	1FDHS34M4MHA31413	1991 Ford Type 2
227	1FDHS34M8KHA38443	1989 Ford Type 2

	ACORD CERTI	FICATE OF LIAE	BILITY II	VSURAI	NCE	DATE (MM/DD/YY)	
	DUCER (800)566-7007	FAX (262)574-7081			. 1	02/05/2002 IFORMATION	
R 15	& R Insurance Services, 881 E Racine Avenue		ONLY AND HOLDER. T	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.			
PO Box 1610 Waukesha, WI 53187-1610				INSURERS AFFORDING COVERAGE			
INSL	RED Meda-Care Ambulance	Service In	INSURER A:	INSURER A: Specialty National Insurance Co/Kemper			
	2515 W Vliet St		INSURER B:		cer-McKernan Inc		
	Milwaukee, WI 53205		INSURER C:				
			INSURER D:				
	1		INSURER E:	· · · · · · · · · · · · · · · · · · ·	······································		
CO	VERAGES						
A M	NY REQUIREMENT, TERM OR CONDI IAY PERTAIN, THE INSURANCE AFFO	BELOW HAVE BEEN ISSUED TO THE INS TION OF ANY CONTRACT OR OTHER DO RDED BY THE POLICIES DESCRIBED HE N MAY HAVE BEEN REDUCED BY PAID O	CUMENT WITH RES REIN IS SUBJECT TO	ロドクエ てん いんけんり てん	HO CERTICIONTE MANY DE 10	COLLED OD	
INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	rs	
		3XZ115242	02/01/2002	02/01/2003	EACH OCCURRENCE	\$ 1,000,000	
	X COMMERCIAL GENERAL LIABILITY	,		, , , , ,	FIRE DAMAGE (Any one fire)	\$ 300,000	
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$ 10,000	
Α	X Professional	·			PERSONAL & ADV INJURY	\$ 1,000,000	
	Claims Made 2-1-98				GENERAL AGGREGATE	\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 3,000,000	
	POLICY PRO- JECT LOC						
	AUTOMOBILE LIABILITY  X ANY AUTO	3XZ115242	02/01/2002	02/01/2003	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
А	ALL OWNED AUTOS SCHEDULED AUTOS	A DEPOSITE AS	TO FORM		BODILY INJÚRY (Per person)	\$	
,,	HIRED AUTOS NON-OWNED AUTOS	APPROVED AS AND EXECUTION THIS_	10 FORIVI		BODILY INJURY (Per accident)	\$	
		DAY OF BOTOM DPI	20,02		PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY	1 Ruy 1/- st	Month		AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO	Assistant			OTHER THAN AUTO ONLY: EA ACC		
	<del></del>	3XZ115243	02/01/2002	02/01/2003	EACH OCCURRENCE	\$ 1,000,000	
Α	X OCCUR CLAIMS MADE	·			AGGREGATE	\$ 1,000,000 \$	
	DEDUCTIBLE			The state of the s		\$	
	RETENTION \$ 10,000					\$	
		3BH062353	02/01/2002	02/01/2003	X WC STATU- OTH- TORY LIMITS ER		
А	EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT	\$ 100,000	
l ''					E.L. DISEASE - EA EMPLOYEE	s 100,000	
<u> </u>				ļ	E.L. DISEASE - POLICY LIMIT	\$ 500,000	
	OTHER						
DES T <b>he</b>	I CRIPTION OF OPERATIONS/LOCATIONS/V City of Milwaukee is a	 EHICLES/EXCLUSIONS ADDED BY ENDORSEM additional insured concern	L ENT/SPECIAL PROVISI Ting the lega	l ons l liability	of the insured.		
<u></u>	RTIFICATE HOLDER AD	DITIONAL MINISTER WALLES	CANCELLAT	TON			
City of Milwaukee Health Department 841 N Broadway			SHOULD AN EXPIRATION  10 DAY  NOWELL MANAGEMENT OF THE SHOULD AN THE SHOULD AND THE SHOULD	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MANY OF MAIL  10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,  MICHAEL MANY MANY MANY MANY MANY MANY MANY MANY			
	Milwaukee, WI 53202		1 /	EPRESENTATIVE		X	

ACORD 25-S (7/97) FAX: (414)286-5990

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## **AFFIDAVIT**

STATE OF WISCONSIN)						
WAUKESHA COUNTY)						
Julie Liebelt, being	first duly sworn on					
oath						
deposes and says that he/she is the Specialty National/Kemper Insurance Co.	agent of the					
insurer, on the attached certificate or Meda-Care Ambulance Service Inc.	bond issued to					
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.						
Allie	Y-OA					
Signature (Same	as on certificate)					
Subscribed and sworn to before me						
this 12th day of September 2002						
Christine k. Howard						
Notary Public, Waukesha County, Wisconsin						
My Commission Expires $ \geq   (a) > 0 > $						