City of Milwaukee Health Department APPLICATION FOR AMBULANCE CERTIFICATION

Fee Must Accompany Application License period January 1 to December 31. \$1,000.00 - New Applicants and Renewals Make check payable to the City of Milwaukee Health I	Check (1) one: () Individual () Partnership (XX) Corporation Department
NAME OF APPLICANT (if individual)	
BUSINESS NAME PARATECH AMBULANCE S	SERVICE, INC. Phone (414) 358-
Business Address 9401 W. BROWN DEER RD.	MILWAUKEE WI zip 53224
Have any people on this application been convicted of vio	•
Yes No _XX If 'yes' name of person (s), d	late, charge and penalty:
PARTNERSHIP: (if applicable)	•
Name	Home Address
City, State, Zip	Phone Date of Birth
Name	Home Address
City, State, Zip	Phone Date of Birth
NAME OF CORPORATION: PARATECH AMBU	JLANCE SERVICE, INC.
Address, City, State, Zip 9401 W. BROWN DEER R	
Date and Place of IncorporationJANUARY 1, 1979	
President ROBERT A. RAUCH	•
	Phone (262) 628-9244 Date of Birth 4/22/49
Vice President RICHARD ROMANSHEK	
City, State, Zip MENOMONEE FALLS, WI 530	51 Phone (262) 255-6486 Date of Birth 3/24/53
Secretary RICHARD ROMANSHEK	Home Address SAME AS ABOVE
City, State, Zip	Phone Date of Birth
	Home Address SAME AS ABOVE
City, State, Zip	Phone Date of Birth
Agent	Home Address
City State 7in	Phone Phone

4.	OTHER REQUIREMENTS:	·	
	Do you have on file with the Health Department a valid and current certificate of insurance for this license period?	XXYes	No
	Do you have a valid State of Wisconsin Inspection Certificate?	<u>xx</u> Yes	No
	Do you participate in the Emergency Medical Services System?	_XXYes	No
	If 'yes', list service area number:1		
	Do you wish to participate in the Emergency Medical Services System?	XX Yes	No
	Total number of vehicles in service: 21		
	Please attach a separate page listing all vehicles including city assigned number, and description (year, make a	ınd van nu	mber).
5.	The undersigned agrees to inform the Health Department within ten days of any substantial changes in the informatic application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or an seek such information as a condition of employment, or penalize any employee or discriminate in the selection of per or promotion on the basis of such information.	r franchise,	or
6.	The undersigned understand that this application does not entitle the applicants to a license and that the granting of little discretion of the Common Council.	censes is so	lely in
7.	I have a knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn used and say that I am the person named above and that all statements made in the foregoing application are true and corre	inder oath, o	depose
	SUBSCRIBED AND SWORN TO BEFORE ME THIS 17 May of September, 19 200		
	Laula Blanaster (historial Corporate President/Partner)		
	My commission expires 10/12/03 (Corporate Secretary)		
	(Corporate Treasurer)		
	Do Not Write Below This Line		
	Clerk License # New Renewal Date Filed Date Grante	d	

LIC#	VEHICLE ID NUMBER YEAR/MAKE		PURCHAS IN	SERVICE
SQ 1	1FDJE30M2RHB00959	1994 FORD	NEW	5/16/1994
\$Q 2	1FDJE30F0SHB07643	1995 FORD	NEW	8/4/1995
SQ 3	1FDSE35F81HA96984	2001 FORD	NEW	8/1/2001
SQ 4	1FDSE35F9YHA37615	2000 FORD	NEW	6/9/2000
SQ 5	1FDSE35FOYHB24156	2000 FORD	NEW	6/9/2000
SQ 6	1FDKE30M2JHB18936	1988 FORD NEO-NATAL UNIT	NEW	8/1/1988
SQ7	1FDJE30MORHB00961	1994 FORD	NEW	4/14/1994
SQ 8	1FDSE35FXYHB25055	2000 FORD	NEW	6/30/2000
SQ 9	1FDSE30F9WHA39918	1998 FORD	NEW	5/15/1998
SQ 10	1FDSE30F8WHA39926	1998 FORD	NEW	5/15/1998
SQ 11	1FDSE30FXWHA06362	1998 FORD	NEW	5/15/1998
SQ 12	1FDJE30F3SHB31001	1995 FORD	NEW	9/15/1995
SQ 13	1FDJE30F5SHB31002	1995 FORD	NEW	9/15/1995
SQ 14	1FDJE30M4RHB00963	1994 FORD	NEW	4/14/1994
SQ 15	1FDJE30F2SHB07644	1995 FORD	NEW	8/4/1995
SQ 16	1FDKE30M7RHB55668	1994 FORD TYPE III	NEW	7/28/1994
SQ 17	1FDJE30F0THA70899	1996 FORD	NEW	4/30/1996
SQ 18	1FDJE30F3THA70900	1996 FORD	NEW	4/30/1996
SQ 19	1FDJE30F5THA70901	1996 FORD	NEW	4/30/1996
SQ 20	1FDSE30F9WHA39921	1998 FORD	NEW	5/15/1998
SQ 21	1FDWE30F9WHA14521	1998 FORD TYPE III	NEW	5/21/1998

PARATECH AMBULANCE SERVICE, INC.

AS OF AUGUST 2001

	ACORD CERTI	FICATE OF LIAE	BILITY II	NSURA	NCESR 09	DATE (MM/DD/YY)
PR	ODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION			
2	IS GROUP LTD1		ONLY AND	CONFERS NO RI	GHTS UPON THE CERT	TEICATE
1	.O. Box 1180		ALTER TH	HIS CERTIFICAT E COVERAGE AF	E DOES NOT AMEND, E FORDED BY THE POLIC	XTEND OR
Me	enomonee Falls WI 5305	52-1180			. ORDED DI TRET OLIO	TEO BELOVY.
	hone: 262-255-5100			INSURERS	AFFORDING COVERAG	E
INS	SURED		INSURER A:	Norman-Sper	ncer McKernan I	nc
			INSURER B:			· · · · · · · · · · · · · · · · · · ·
	Paratech Ambula	nce Service, Inc	INSURER C:			
	P.O. Box 240076 Milwaukee WI 53	1224-9004	INSURER D:			
			INSURER E:			
	OVERAGES					
1 7	MAY PERTAIN. THE INSURANCE AFFOI	BELOW HAVE BEEN ISSUED TO THE INS TION OF ANY CONTRACT OR OTHER DO RDED BY THE POLICIES DESCRIBED HER N MAY HAVE BEEN REDUCED BY PAID CL	CUMENT WITH RES	DECT TO MUICU T	THE CEDTIFICATE MAY BE	Jeenier on
INS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	TS
Г	GENERAL LIABILITY			Serie (ministra)	EACH OCCURRENCE	\$1,000,000
A	X COMMERCIAL GENERAL LIABILITY	3XZ115100	06/15/01	06/15/02	FIRE DAMAGE (Any one fire)	\$ 300,000
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$ 10,000
				·	PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$3,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 3,000,000
	POLICY PRO- JECT LOC					10/000/000
A	AUTOMOBILE LIABILITY X ANY AUTO	3XZ115100	06/15/01	06/15/02	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
<u></u>					PROPERTY DAMAGE (Per accident)	s
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	ANY AUTO				OTHER THAN EA ACC	\$
<u></u>					AUTO ONLY: AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$3,000,000
A	OCCUR CLAIMS MADE	79775112	06/15/01	06/15/02	AGGREGATE	\$3,000,000
						\$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- OTH- TORY LIMITS ER	
	EMPLOTERS LIABILITY				E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEI	\$
					E.L. DISEASE - POLICY LIMIT	\$
A	Blanket Property	3xz115100	06/15/01	06/15/02		\$1,397,000
		HICLES/EXCLUSIONS ADDED BY ENDORSEME			APPROVED A	S TO EORM
Ci	ty of Milwaukee is ad	ditional insured as res	spects named	d insured's		INE NO
op	eration as an ambulan	ce service		AND	EXECUTION THIS	14
				DAY	OF AND PM	WEADI.
					ZI O TO T	
				-	Mrun W. X	ohtmb/
CE	RTIFICATE HOLDER N ADD	ITIONAL INSURED; INSURER LETTER:	CANCELLATIO	- N	Assistan	i City//corney
	THE ADDITION OF THE ADDITION O		T		BED POLICIES BE CANCELLED	BEFORE THE EXPIDATION
	•	CITYM-2	-	THE ISSUING INSURE		10 DAYS WRITTEN
	City of Milwauke	ee			R NAMED TO THE LEFT,	DATS WAITTEN
	Heatlh Departmen	it ·	HOUSE TO THE	SEATH TOATE HOLDER	AMMED TO THE LEFT,	
	Attn: Clarence					
	841 N. Broadway Milwaukee WI 532					
	HITMERISE MI 332	1023633	ATTOR DAD	BEIN /)	Dir Randal) [
ACC	CORD 25-S (7/97) ALICE BARBELN OACORD CORPORATION 1988					

Paratech Ambulance Service,	Inc. • P.O. Box 240076	 Milwaukee, WI 53224-90 	004			046199
REFERENCE NO.	DESCRIP	IION	INVOIGEDATE	INVOIGEAMOUNT	DISCOUNT TAKEN	AMOUNT PAID
09302001			9/14/01	1,000.00		1,000.00
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		MIM	ALIKEE HEAL	H.		ţ
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AL CHECKDAIR	CHECKNO:		PAYEE		DISCOUNTSTAKEN	GHECK AMOUNT
8/1/01	046199	CITY OF MILW	. HEALTH DEE	PT.		\$1,000.00
			 			12/000.00

HIS CHECK IS VOID IF MICRO PRINT SIGNATURE LINE IS UNREADABLE UNDER MAGNIFICATION

...help is on the way. P.O. Box 240076 Milwaukee, WI 53224-9004 M&I Bank of Menomonee Falls Menomonee Falls, Wisconsin 79-1216/759

CHECK NO

046199

Aug 1, 2001

\$1,000.00

Memo:

One Thousand and 00/100 Dollars

TO THE ORDER

CITY OF MILW. HEALTH DEPT. 841 N BROADWAY 3RD FLOOR MILWAUKEE, WI 53202-3653

"OLG199" 1:0759121651: 00034"974721"

MILWAUKEE HEALTH
DEPARTMENT 3001 2Eb 13 bH 1: 50 **LECEINED**

City of Milwaukee Health Department APPLICATION FOR AMBULANCE CERTIFICATION

	Fee Must Accompany Application License period January 1 to December 31. \$1,000.00 - New Applicants and Renewals Make check payable to the City of Milwaukee Health D		ne: () Individual () Partnership () Corporation
1.	NAME OF APPLICANT (if individual)		
	BUSINESS NAME MEDA-CARE AMBULA	NCE	Phone <u>342-0225</u>
	Business Address 2515 W. VLIET ST	MILWAVKEE	_zip_ <u>53205</u>
	Have any people on this application been convicted of viol Yes No If 'yes' name of person (s), da		•
٠	• ,		•
2.	PARTNERSHIP: (if applicable)	•	
	Name	Home Address	
	City, State, Zip		•
	Name	Home Address	
	City, State, Zip	Phone D	Pate of Birth
3.	NAME OF CORPORATION: MEDA - CARE		
	Address, City, State, Zip 35/5 W. VLIET	ST. MILWAUKEE,	Wi 53205
	Date and Place of Incorporation		
	President <u>HYONNE LARSEN</u>	Home Address <u> </u>	8 ISLAND DR.
	City, State, Zip MUSKE60, W1 53 150	Phone <u>262-679-0290</u> D	ate of Birth <u>9/24/37</u>
	Vice President	Home Address	
	City, State, Zip	Phone D	ate of Birth
		Home Address 15980 W.	
	City, State, Zip New BERLIN, W. 53151	_ Phone <u>262 -821-389/</u> D	ate of Birth <u>2/09/43</u>
	Treasurer	Home Address	
	City, State, Zip	Phone D	ate of Birth
	Agent LINDA WIEDMANN		
	City, State, Zip Sconomowoc, WI 53066	Phone 262-560-0399 r	eate of Birth OC 1454

OTHER REQUIREMENTS:		
Do you have on file with the Health Department a valid and cur	rent certificate of insurance for this license period?	×YesN
Do you have a valid State of Wisconsin Inspection Certificate?		X Yes N
Do you participate in the Emergency Medical Services System?		X YesN
If 'yes', list service area number:		:
Do you wish to participate in the Emergency Medical Services S	System?	<u>X</u> YesN
Total number of vehicles in service:		
Please attach a separate page listing all vehicles including cit	y assigned number, and description (year, make a	nd van number).
The undersigned agrees to inform the Health Department within application. The undersigned shall not willfully refuse to provid refuse to employ, or discharge any person otherwise qualified be seek such information as a condition of employment, or penalize or promotion on the basis of such information.	e those services offered under this license, permit, or cause of race, color, creed, sex, national origin or an any employee or discriminate in the selection of per	franchise, or cestry; and not sonnel for training
The undersigned understand that this application does not entitle the discretion of the Common Council.	the applicants to a license and that the granting of license and that the granting of license applicants to a license and that the granting of license applicants to a license and that the granting of license applicants to a license and that the granting of license applicants to a license and that the granting of license applicants to a license and that the granting of license applicants to a license and that the granting of license applicants to a license and that the granting of license applicants to a license and that the granting of license applicants to a license and that the granting of license applicants to a license and that the granting of license applicants to a license applicant to the granting of license applicants to a license applicant to the granting of license applicants to a license applicant to the granting of license applicants to the granting applicants to the grant to the granting applicants to the grant to	enses is solely in
I have a knowledge of the City Ordinances currently regulating the and say that I am the person named above and that all statements	he license applied for herein, and being duly sworn u made in the foregoing application are true and corre	nder oath, depose ct.
SUBSCRIBED AND SWORN TO BEFORE ME THIS 14 day of September, # 200/ State Malenan	(Vidividual/Corporate President/Partner)	
My commission expires 8/2004	(Additional Partner/Corporate Vice President)	\sim
My commission expires	(Corporate Secretary)	
Do Not Write Below This Line	(Corporate Treasurer)	
Cloub.		
Clerk New F	Renewal Date Filed Date Granted	i

5.

6.

7.

Ambulance List Updated 7/17/2001

Ambulance Number	VIN Number	Liscense Number	Renewal Date	Inspection Date		License Type	Location of Inspection	Year manufactured	Year Purchased
	1FDXE40FXWHC12633	KIDS ONE	2001/Nov.	May 21,2001	Special Use		535 S. 92 nd Street	1998	1998
KIDS-2		KIDS TWO	2001/Nov.	May 21,2001	Special Use		535 S. 92 nd Street	1992	1998
STAT-201	1FDKE30M6MHB07961	STATI	2001/Dec	Feb. 05, 1999	911/ALS		535 S. 92 nd Street	1991	1996
STAT-202	1FDKE30M8MHB07962	STAT-2	2001/Dec	May 22,2001	911/ALS		535 S. 92 nd Street	1991	1996
STAT-203	1FDKE30M9KHA07429	MZT-456	2001/Oct	May 22,2001	911/ALS		535 S. 92 [™] Street	1989	1994
STAT-204	1FDKE30M0LHB27461	NXE-155	2002/Jun	May 22,2001	911/ALS		535 S. 92 nd Street	1990	1995
STAT-206	1FDKE30M0NHA02804	PNF-526	2001/Dec	May 21,2001	911/ALS		535 S. 92 nd Street	1992	1996
210	1FDKE30M8LHA92376	256-AWM	2001/Oct	May 07,2001	911/BLS		535 s. 92nd Street	1993	2001
36/ 211	1FDHS34M4JHA95477	PAJ-941	2002/Apr.	May 21,2001	911/BLS		535 S. 92nd Street	1988	1995
212	1FDHS34M3JHB53692	VDW-603	2001/Nov.	May 22,2001	911/BLS		535 S. 92nd Street	1988	1999
213	1FDH534M9LHA41885	WCK-637	2002/Jan	May 21,2001	911/BLS		535 S. 92nd Street	1990	2000
45/214	1FDHS34M9KHA58166	JPD-179	2002/Feb	Feb. 02, 1999	911/BLS		535 S. 92 nd Street	1989	1992
35/215	1FDHS34M9KHA51895	JZL-358	2002/Jun	Feb. 05, 1999	911/BLS		535 S. 92 nd Street	1989	1992
32/216	1FDHS34M1KHC33185	MRJ-759	2002/Mar	May 22,2001	911/BLS		535 S. 92 nd Street	1989	1994
217	1FDHS34MXLHB30171	UCJ-529	2001/Dec	May 22,2001	911/BLS		535 S. 92 nd Street	1988	1998
43/218	1FDHS34M4MHA56893	HFT-329	2002/May	May 22,2001	911/BLS		535 S. 92nd Street	1991	1991
34/219	1FDHS34M3MHB17506	KWW-687	2001/Dec	May 22,2001	911/BLS		535 S. 92nd Street	1991	1992
	1FDJS34M4PHB20873	683-BTU	2002/Apr	PENDING	911/BLS		535 S. 92 nd Street	1993	2001
48/221	1FDJS34M3NHA21524	PZY-322	2002/Mar	May 23,2001	911/BLS		535 S. 92 nd Street	1992	1992
47/222	1FDJS34M6NHB27210	WCK-636	2002/Jul	May 21,2001	911/BLS		535 S. 92 nd Street	1992	1992
44/223	1FDJS34M0PHA20431	WHV-894	2002/Mar	Dec. 20, 1999	911/BLS		535 S. 92 rd Street	1993	1996
42/224	1FDJE30M1PHA23644	WECNHLP	2002/Mar	May 22,2001	911/ALS		535 S. 92 nd Street	1993	1996
41/225	1FDHS34M4MHA31413	Out	Of	Service	911/BLS		535 S. 92nd Street	1991	1991
227	1FDHS34M8KHA38443	VCG-925	2001/Oct	May 23,2001	911/BLS		535 S. 92 nd Street	1989	1999

1	ACORD CERII	FICATE OF LIAE	BILITY II	VSURAI	NCE		TE (MM/DD/YY) /26/2001
	DUGER (262) 574-7000	FAX (262)574-7080	THIS CERT	IFICATE IS ISSUI	ED AS A MATTER OF IN	FORN	MATION
R∈∂	& R Insurance Services,	Inc.	ONLY AND	CONFERS NO RI	IGHTS UPON THE CERT E DOES NOT AMEND, E	IFICA	TE ID OB
	81 East Racine Avenue		ALTER THE	COVERAGE AF	FORDED BY THE POLIC	IES E	BELOW.
	Box 1610			INCUDEDO	AEEODDING COVEDAG	-	
	ukesha, WI 53187-1610			INSURERS	AFFORDING COVERAG	E	
NSU	RED Meda-Care Ambulance	Service In	INSURER A:	Kemper Insur	ance Group		
	2515 W Vliet St		INSURER B:				
	Milwaukee, WI 53205		INSURER C:				
			INSURER D:				
			INSURER E:				
_	VERAGES						
Al M	NY REQUIREMENT, TERM OR CONDIT AY PERTAIN, THE INSURANCE AFFOI	BELOW HAVE BEEN ISSUED TO THE INS TION OF ANY CONTRACT OR OTHER DOO RDED BY THE POLICIES DESCRIBED HEF N MAY HAVE BEEN REDUCED BY PAID CI	CUMENT WITH RESI REIN IS SUBJECT TO	PECT TO WHICH TH	IS CERTIFICATE MAY BE IS	SSUED	OR I
NSR TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	s	
	GENERAL LIABILITY	3XZ115242	02/01/2001	02/01/2002	EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY	_			FIRE DAMAGE (Any one fire)	\$	100,000
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$	5,000
Α					PERSONAL & ADV INJURY	\$	1,000,000
					GENERAL AGGREGATE	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$	1,000,000
	POLICY PRO- JECT LOC						
	AUTOMOBILE LIABILITY X ANY AUTO	3XZ115242	02/01/2001	02/01/2002	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$,
Α	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
			·		PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANYÄUTO	_		1	FAACC	 	
	Phone:				OTHER THAN AUTO ONLY: AGG		
	EXCESS LIABILITY	3XZ115243	02/01/2001	02/01/2002	EACH OCCURRENCE	\$	1,000,000
	X OCCUR CLAIMS MADE				AGGREGATE	\$	1,000,000
Α						\$	
	DEDUCTIBLE					\$	
	RETENTION \$ 10,000					\$	
	· · · · · · · · · · · · · · · · · · ·	3BH062353	02/01/2001	02/01/2002	X WC STATU- TORY LIMITS OTH- ER		
Α	EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT	\$	100,000
′•					E.L. DISEASE - EA EMPLOYEE	\$	100,000
					E.L. DISEASE - POLICY LIMIT	\$	500,000
	OTHER						·
he he	cription of operations/Locations/Visions (Vision of Milwaukee is a	EHICLES/EXCLUSIONS ADDED BY ENDORSEME additional insured concern	ent/special provisi ing the lega	iliability AND EX DAY CA		TO T	2°M 0/
CE	RTIFICATE HOLDER AD	DITIONAL INSURED; INSURER LETTER:	CANCELLAT	ION /	Presistant Ci	1/	forme)
	1 170	7 1100 1101 1101 1101 1101			CRIBED POLICIES BE CANCEL	ED BEI	FORE THE
			l l		ISSUING COMPANY WILL XXXX		
	City of Milwaukee		1	•	O THE CERTIFICATE HOLDER N		
	Health Department				KKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKK		l l
	Attn: Cathy Miller 841 N Broadway				XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	Milwaukee, WI 53202			EPRESENTATIVE			
			William K	atzfey/>			
AC	ORD 25-S (7/97) FAX: (41	4)286-5990			©ACORD	COR	PORATION 1988

The Control of the Control	MEDA-CA	ARE AMBULANCE SERVICE, INC. CMM	20650
The second	TOTAL OF	2515 W, VLIET ST. MILWAUKEE, WI 53205	12-5
A Comment	PAY	DATE 9/14/01	12–5 750 157 ——
UXE HBF	TO THE ORDER OF	of Milwander Dulta Department \$1	550-00
20 C	Wil th		LARS Security Feetures Instanted. Details on Back.
HONEYOU	M&I	l Marshall & Ilsley Bank	
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City of Milwaukee Health Department APPLICATION FOR AMBULANCE CERTIFICATION

^	Fee Must Accompany Application License period January 1 to December 31. \$1,000.00 - New Applicants and Renewals Make check payable to the City of Milwaukee Health 1	Check (✔) o	ne: () () XXX	Partnership
1.	NAME OF APPLICANT (if individual)			
	BUSINESS NAME Bell Ambulance Service		Phone	414-486-2000
	Business Address549 East Wilson Street, M	Milwaukee, WI	Zip	53207-0550
	Have any people on this application been convicted of vio	olating any federal or state laws, or	local ordi	inances?
	YesNoXX If 'yes' name of person (s), o	date, charge and penalty:		
2.	PARTNERSHIP: (if applicable)			
	Name	Home Address		
	City, State, Zip			
	Name			
	City, State, Zip	Phone	Date of Bir	th
3.	NAME OF CORPORATION: R. A. Zehetner	& Associates, Inc.		·
•	Address, City, State, Zip 549 East Wilson Street	, Milwaukee, WI 53207-05	50	·
	Date and Place of Incorporation October 1, 1978			
	President R. A. Zehetner		Ravine	Drive
	City, State, Zip Mequon, WI 53092	Phone 262-241-1990	Date of Bir	nth06/15/1948
	Vice President James P. Lombardo	Home Address549 East	Wilson	Street
	City, State, Zip Milwaukee, WI 53207			
		Home Address 2302 East		
	City, State, Zip Milwaukee, WI 53211	Phone 414-225-4991	Date of Bi	irth <u>01/16/</u> 1960
	Treasurer Wayne Jurecki			
	City, State, Zip Milwaukee, WI 53202	Phone 414-486-4042	Date of B	irth10/20/1966
•	Agent			
	City State 7 in			

OTHER REQUIREMENTS:	_	
Do you have on file with the Health Department a valid and current certificate of insurance for this license period?	XX Yes	N
Do you have a valid State of Wisconsin Inspection Certificate?	XX Yes	N
Do you participate in the Emergency Medical Services System?	XX Yes	N
If 'yes', list service area number:4		
Do you wish to participate in the Emergency Medical Services System?	XX Yes	N
Total number of vehicles in service: 23		
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The undersigned agrees to inform the Health Department within ten days of any substantial changes in the informati application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or as seek such information as a condition of employment, or penalize any employee or discriminate in the selection of peopromotion on the basis of such information.	or franchise, ncestry; and	or l not
The undersigned understand that this application does not entitle the applicants to a license and that the granting of I the discretion of the Common Council.	icenșes is so	olely in
I have a knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn and say that I am the person named above and that all statements made in the foregoing application are true and com-		depose
SUBSCRIBED AND SWORN TO BEFORE ME THIS 194 day of		
Do Not Write Below This Line		
Clerk License # New Renewal Date Filed Date Gran	ted	

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Squad Roster

SquadNum	. VIN	LicensePlate	BodyType	DeliveryDateNew
400				
401	1FDJE30F7SHB24620	BELL 401	Moduvan	5/8/95
402	1FDJE30F9SHB24621	BELL 402	Moduvan	5/8/95
403	1FDJE30F2SHB24623	BELL 403	Moduvan	5/25/95
404	1FDJE30F6SHB24625	BELL 404	Moduvan	5/25/95
405	1FDJE30F0THA04725	BELL 405	Moduvan	2/2/96
406	1FDJE30F2THA04726	BELL 406	Moduvan	2/2/96
407	1FDJE30F6THA04728	BELL 407	Moduvan	2/2/96
408	1FDJE30F8THA04729	BELL 408	Moduvan	2/2/96
409	1FDJE30F6THA04731	BELL 409	Moduvan	2/2/96
410	1FDJE30F1VHA42385	BELL 410	Moduvan	2/7/97
411	1FDJE30F1VHA39406	BELL 411	Moduvan	2/7/97
412	1FDJE30F2VHA39401	BELL 412	Moduvan	3/10/97
414	1FDSE30F7WHA10997	BELL 414	Moduvan	11/20/97
415	1FDSE30F4XHB57473	BELL 415	Moduvan	6/29/99
416	1FDSE30F6XHB57474	BELL 416	Moduvan	6/29/99
417	1FDSE35F1YHB25056	BELL 417	Moduvan	5/26/00
418	1FDSE35F5YHB25058	BELL 418	Moduvan	5/26/00
419	1FDSE35F7YHB25059	BELL 419	Moduvan	5/26/00
455	1FDJS34M3NHA15013	BELL 455	II	3/20/92
456	1FDJS34M8NHA28226	BELL 456	II	4/20/92
457	1FDJS34M3NHA69136	BELL 457	II	5/13/92
480	1FDKE30M7NHA12813	BELL 480	HI	7/13/92
482	1FDLE40F3VHA18796	BELL 482	III ·	12/23/97

Fax#: (414) 271-0195 Date: 10/5/01 02:22 PM Page 2 of 2

	ACORD. CERT	IFICATE OF LIAB	ILITY IN	SURAN	CE OPID BJ BELLA-1	DATE (MM/DD/YY)
Ro	bertson Ryan & Assoc.	. The	THIS CER	TIFICATE IS ISSUE	DAS A MATTER OF ME	10/05/01
33	70 Plaza East, Suite 6 80 East Kilbourn: Avenu	5n	HOLDER.	THIS CERTIFICATE	FIGS NOT AMEND FOR	CATE
	lwaukee WI 53202 hone: 414-271-3575 Fa	414 000 0000	ACTENTA		ORDED BY THE POLICIE	S BELOW.
_	VAED : 214-271-35,75 FE	ex: 414-271-0196	INSURER A:		AFFORDING COVERAGE	
	D# # 1 1		INSURER 8:	THE CINCIN	te & Casualty In NATI INS. COMPAN	s Co
	RA Zehetner & A d/b/a Bell Ambu P O Box 07550	ssociates, Inc. lance	INSUBER C.	UNITED HEAR	TATE THE	IES
	P O Box 07550 Milwaukee WI 53	207	INSURER O:	ONLIED MEAR	CILIAND INS	
_		20,	INSURER E:			
	VERAGES					
M	IAY PERTAIN. THE INSURANCE AFFO:	D BELOW HAVE BEEN ISSUED TO THE INSI TION OF ANY CONTRACT OR OTHER DOCL RDED BY THE POLICIES DESCRIBED HERI IN MAY HAVE BEEN REDUCED BY PAID CL		E FOR THE POLICY ECT TO WHICH THIS ALL THE TERMS, EX	PERIOD INDICATED. NOTW CERTIFICATE MAY BE ISS (CLUSIONS AND CONDITIO	VITHSTANDING UED OR NS OF SUCH
NSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY SFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DO/YY)		
	GENERAL LIABILITY		DATE (MM/DD/YY)	DATE (MMVDO/YY)) Libra	
A	COMMERCIAL GENERAL LIABILITY	FK06604427	01/01/01	01/01/02	EACH OCCURRENCE	s 1000000
	CLAIMS MADE I CCCUR		01,01,01	01/01/02	FIRE DAMAGE (Any one fire)	s 100000
	X Professional				MEO EXP (Any one person)	s 5000
	Liability				PERSONAL & ADVINURY	s 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE PRODUCTS - COMP/OF AGG	\$ 1000000
	POLICY PRO-		1			\$ 1000000
	AUTOMOBILE LIABILITY				Prof Aggr	3000000
A	AL OWNED AUTOS	FR06604427	01/01/01	01/01/02	COMBINED SINGLE LIMIT (Ea accident)	s 1000000
	SCHEDULED AUTOS			,	EODILY INJURY (Per person)	s
	HIRED AUTOS NON-OWNED AUTOS				EODILYINJURY (Per sccideni)	s
		_			PROPERTY DAMAGE (Pet accident)	s
	CARAGE LUBILITY					<u> </u>
	OTUA Y/A				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
	EXCESS LIABILITY				AGG	s - nanaaa
в	X OCCUR CLAIMS MADE	CCC4472542	01/01/01	01/01/02	EACH OCCURRENCE AGGREGATE	s 2000000
Ī	—		01,01,01	01/01/02	AGOREGATE	\$ 2000000 \$
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	RETENTION \$	APPROVED AS	TO FORM			3
	WORKERS COMPENSATION AND		1114		X WG STATU- OTH-	*
2	EMPLOYERS' LIABILITY	ANDO 6266 GOLTION THIS.	01/01/01	01/01/02	EL EACH ACCIDENT	s 500000
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		The State of the s			EL. DISEASE - POLICYLMIT	s 500000
	OTHER	(Land) - Note	and t			1.30000
Ì		Assistant Gi	ty			
ESCP	PTION OF OPERATIONS/LOCATIONS/VEHICLE	SZEXCLUSIONS ADDED BY ENDORSEMENTISPECIAL	ROVISIONS		· · · · · · · · · · · · · · · · · · ·	
-2	tificateholder is addi	itional insured on the ge	eneral liabi	lity policy	as	İ
26	pects the named insura	ed's operations as ambula	ance service	but only	for	
la	ims arising out of the	negligence of the named	insured.	•		
	4					I
ER1	IFICATE HOLDER Y ADDIT	HONAL INGUREO; INGURER LETTER:	CANCELLATIO	N		
	4 - 1 - 1	MILW373			OLICIES BE CANCELLED BEFORE	THE EXPIRATION
	. Karana da kara	MILW3/3	l .	HE PERING INSURER WIL		30 DAYS WRITTEN
	Milwaukee Health	Dept	1		IED TO THE LEFT, BUT FAILURE T	
	Cathy Miller	Na 115	l l		NY KIND UPON THE INSURER, ITS	
	841 N Broadway, F Milwaukee WI 5320		REPRESENTATIVES		or ore recembered, 113	MUENTO UK
					· · · · · · · · · · · · · · · · · · ·	
			Michael R.	Schulte		
COF	D 25-S (7/97)				© ACORD CO	RPORATION 1988

BELL AMBULANCE SERVICE 12-91

PO BOX 070550 MILWAUKEE, WI 53207-0550 PARK BANK MILWAUKEE, WI 53216 12-66/750 60941

9/20/2001

PAY TO THE ORDER OF _

Milwaukee, City of, Health Department

\$ **1,000.00

One Thousand and 00/100***

*** DOLLARS 🚹

Milwaukee, City of, Health Department

MEMO

2001 Ambulance Certification Application

R.A Zehelner

#O50941# ##075000666# #1#733 366 0#

BELL AMBULANCE SERVICE

Milwaukee, City of, Health Department

Date 09/20/2001 Type Bill Reference

2001 Amb Cert

Original Amt.

1,000.00

9/20/2001

Balance Due Discount 1,000.00

Check Amount

60941

Payment 1,000.00 1,000.00

General Checking Acc 2001 Ambulance Certification Application

1,000.00

City of Milwaukee Health Department APPLICATION FOR AMBULANCE CERTIFICATION

Fee Must Accompany Application License period January 1 to December 31. \$1,000.00 - New Applicants and Renewals	Che	ck (🗸) one: () Individual () Partnership (¾) Corporation
Make check payable to the City of Milwaukee Health	Department	. y.) corporation
NAME OF APPLICANT (if individual)		
BUSINESS NAME CROSS AMBUL	ANCE SERVICE	E , Thone 414-5
Business Address 5436 W. Pogers Tweet Al	lin, WI	zip 53219
Have any people on this application been convicted of vi	iolating any federal or state	<i>'</i>
Yes No If 'yes' name of person (s),	date, charge and penalty:	
PARTNERSHIP: (if applicable)	*	
Name	Home Address	
City, State, Zip	Phone	Date of Birth
Name	Home Address	
City, State, Zip	Phone	Date of Birth
NAME OF CORPORATION: RGSS A MANGE Address, City, State, Zip SEE	BULANCE ST ABOVE	ZRVICE, INC
i	980	
President POBERT E. BLAHUT	Home Address 2617	W. Chestnu
City, State, Zip Megwan, W1 53092	Phone 414-546-8	SOO Date of Birth 9/4/
Vice President Some	Home Address	
	Phone	Date of Birth
Secretary Some	Home Address	
City, State, Zip	Phone	Date of Birth
Treasurer Some	Home Address	
City, State, Zip	Phone	Date of Birth
		Date of Birth

OTHER REQUIREMENTS:		
Do you have on file with the Health Department a valid and current certificate of insurance for this license peri	iod? X Yes	N
Do you have a valid State of Wisconsin Inspection Certificate?	<u>⊁</u> Yes	N
Do you participate in the Emergency Medical Services System?	Yes	N
If 'yes', list service area number:		
Do you wish to participate in the Emergency Medical Services System?	Yes	N
Total number of vehicles in service:		
Please attach a separate page listing all vehicles including city assigned number, and description (year, ma		
The undersigned agrees to inform the Health Department within ten days of any substantial changes in the informapplication. The undersigned shall not willfully refuse to provide those services offered under this license, permetiuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin a seek such information as a condition of employment, or penalize any employee or discriminate in the selection or promotion on the basis of such information.	nit, or franchise,	or
The undersigned understand that this application does not entitle the applicants to a license and that the granting the discretion of the Common Council.	of licenses is so	- lely in
I have a knowledge of the City Ordinances currently regulating the license applied for herein, and being duly swe and say that I am the person named above and that all statements made in the foregoing application are true and contains the statements of the contains a say that I am the person named above and that all statements made in the foregoing application are true and contains the contai	orn under oath, c	lepose
SUBSCRIBED AND SWORN TO BEFORE ME THIS 29 day of September 19 2001		
Noter: Public Section (Individual/Corporate President/Partner)		
Notary Public, State of Wisconsin (Additional Partner/Corporate Vice President) My commission expires 6-5-2005		
(Corporate Secretary) (Corporate Treasurer)		
Do Not Write Below This Line		
Clerk License # New Renewal Date Filed Date Gr	ranted	

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CROSS AMBULANCE SERVICE, INC AMBULANCE VEHICLE LIST SEPTEMBER 27, 2001

VECHICLE #	YEAR & MAKE & TYPE	VIN #
92	90 FORD II	1FDHS34M9LHB75229
93	89 FORD III	1FDKE30M9KHA73365
94	88 FORD II	1FDHS34M7JHC12579
95	90 FORD II	1FDHS34M5LHB81562
98	89 CHEV III	1GBHR34N7KJ105605
99	91 FORD II	1FDHS34M9MHA14428
96	86 FORD III	1FDKE3016GHC28063
500	89 FORD III	1FDKE30M6KHA40825

					SAMB_	
1	ACORD. CERTI	FICATE OF INS	URANCE			DATE (MM/DD/YY) 10/09/01
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27	curity Ins. & Fin 25 S. Moorland Ro	ad	ONLY AN HOLDER.	D CONFERS N THIS CERTIFICA	O RIGHTS UPON THATE DOES NOT AME AFFORDED BY THE P	IE CERTIFICATE ND, EXTEND OR
Νe	w Berlin, WI 531	51		COMPANIES	AFFORDING COVERA	GE
			COMPANY AMasa	chuetts E	Bay Ins.Co. (McNeil & C
INSL	IRED		COMPANY			
	Cross Ambulan 5436 W. Roger	ce Service, Inc.	BEmpl	oyers Mut	ual Casualty	Company
	West Allis, W		company CThe	Hanover I	nsurance Com	npany
	•		COMPANY			1 2
			D			
co	INDICATED, NOTWITHSTANDING A CERTIFICATE MAY BE ISSUED OR	OLICIES OF INSURANCE LISTED BELC NY REQUIREMENT, TERM OR CONDI MAY PERTAIN, THE INSURANCE AF SUCH POLICIES. LIMITS SHOWN MAY H.	TION OF ANY CONT FORDED BY THE PO	RACT OR OTHER DLICIES DESCRIBE	DOCUMENT WITH RESP	ECT TO WHICH THIS
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	тѕ
A	GENERAL LIABILITY	ZDZ5633213	04/01/01	04/01/02	GENERAL AGGREGATE	\$2,000,000
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$2,000,000
	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY	\$1,000,000
	OWNER'S & CONTRACTOR'S PROT				FIRE DAMAGE (Any one fire)	\$ 100,000
					MED EXP (Any one person)	\$ 5,000
A	AUTOMOBILE LIABILITY X ANY AUTO	ZDZ5633213	04/01/01	04/01/02	COMBINED SINGLE LIMIT	\$1,000,000
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	X HIRED AUTOS X NON-OWNED AUTOS	,			BODILY INJURY (Per accident)	\$
	11 NON-OWNED ACTOO				PROPERTY DAMAGE	\$
<u> </u>	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	\$
	ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
_			01/01/01	0.4 /0.1 /0.0	AGGREGATE	\$
C	X UMBRELLA FORM	UHZ5634111	04/01/01	04/01/02	EACH OCCURRENCE AGGREGATE	\$1,000,000
	OTHER THAN UMBRELLA FORM			. • •	AGGREGATE	\$
В	WORKERS COMPENSATION AND	2H4352802	04/01/01	04/01/02	X STATUTORY LIMITS	
	EMPLOYERS' LIABILITY				EACH ACCIDENT	s 100,000
	THE PROPRIETOR/ PARTNERS/EXECUTIVE X INCL	Į	APPROVED AS	TO FORM	DISEASE-POLICY LIMIT	\$ 500,000
	OFFICERS ARE: EXCL	AND EXT	QUTION THIS	76	DISEASE-EACH EMPLOYER	s 100,000
	OTHER	DAY OF A	Ad u Pin be	20011		
		15				
DES	CRIPTION OF OPERATIONS/LOCATIONS/VI	EHICLES/SPECIAL ITEMS		JULIUM.		
Tł	e City of Milwauk	ee is an additiona as respects work p	l insured erformed b	for gener y the nam	al liability ed insured.	
		uie./				
CE	RTIFICATE HOLDER		CANCELLAT		DED BOLIQUES DE CANOELLES	DEFORE THE
ĺ	City of Milwa	aukee			BED POLICIES BE CANCELLED UING COMPANY WILL BY	
	Community of				IE CERTIFICATE HOLDER NAM	-
		oadway Street	B . II. Daniel De	MANUAL ON OFFICE OF	HALLINGOE NO OBLICATIO	N GB LIABILITY
	Room 315		ALTUONIST	DECENTATIVE		
	Milwaukee, W	1 53202	AUTHORIZED RE	_ / /i	Dothe	

MES @ ACORD CORPORATION 1993

ACORD 25-S (3/93) 1 of 2 #S61867/M61866

DESCRIPTIONS (Continued from page 1.)

Coverage includes 10 day written notice of cancellation.

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

AFFIDAVIT

STATE OF WISCONSIN)

MILWAUKEE COUNTY)

Gordon A. Rathke , BEING FIRST DULY SWORN, on oath deposes and says that he/she is the agent of the Massachusetts Bay Insruance Company, insurer, on the attached certificate or bond issued to Cross Ambulance Service, 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 Certificate)

Gordon A. Rathke 1-262-796-8818

Subscribed and sworn to before me

this __9th___ day of ___October____, 2001

Netary Public,

My Commission/expires 0/0-06-02



CROSS AMBULANCE SERVICE, INC.

5436 W. ROGERS ST. WEST ALLIS, WI 53219

WISCOR CREDIT UNION WEST ALLIS, WISCONSIN 53219 79-8251-2750

09/28/01

PAY TO THE ORDER OF City of Milwaukee

1,000,00

_DOLLARS

City of Milwaukee

F.P. Zeidler Building, 841 N. Broadway

Milwaukee, WI 53202-3653

MEMO

#O22131# #275082510# 8100074635#

City of Milwaukee Health Department APPLICATION FOR AMBULANCE CERTIFICATION

Fee Must Accompany Application Check (✓) one: () Individual License period January 1 to December 31. () Partnership \$1,000.00 - New Applicants and Renewals (Corporation Make check payable to the City of Milwaukee Health Department NAME OF APPLICANT (if individual) ___ .1. 414-933-7600 Phone 414-276-7711 Curtis Universal Ambulance, Inc. BUSINESS NAME d/b/a Curtis Ambulance Business Address P.O. Box 2007, Milwaukee, WI Zip 53201-2007 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: _____ PARTNERSHIP: (if applicable) 2. Name___ Home Address City, State, Zip ______ Phone _____ Date of Birth _____ Home Address City, State, Zip ______ Phone _____ Date of Birth ____ NAME OF CORPORATION: Curtis Universal Ambulance, Inc. 3. Address, City, State, Zip P.O. Box 2007, Milwaukee, WI 53201-2007 Date and Place of Incorporation _____10/17/69 Wisconsin President James G. Baker, Jr. Home Address W310 N8370 Kilbourn Rd. City, State, Zip Hartland, WI 53029 Phone 262-966-1853 Date of Birth 12/17/55 Vice President James G. Baker, Jr. Home Address Same as above City, State, Zip ______ Date of Birth _____ Secretary Ramona Lenger Home Address 12045 W Holt Ave. City, State, Zip West Allis, WI 53227 Phone 414-327-9984 Date of Birth 06/20/46 Treasurer James J. Baker, Jr. Home Address same as above City, State, Zip ______ Phone _____ Date of Birth _____ Agent James G. Baker, Jr. Home Address same as above City, State, Zip Phone Date of Birth

OTHER REQUIREMENTS:		
Do you have on file with the Health Department a valid and current certificate of insurance for this license per	riod? <u>X</u> Yes	N
Do you have a valid State of Wisconsin Inspection Certificate?	X Yes	N
Do you participate in the Emergency Medical Services System?	<u>X</u> Yes	N
If 'yes', list service area number:3		
Do you wish to participate in the Emergency Medical Services System?	Yes	N
Total number of vehicles in service:17		
Please attach a separate page listing all vehicles including city assigned number, and description (year, n	nake and van nu	mber).
The undersigned agrees to inform the Health Department within ten days of any substantial changes in the info application. The undersigned shall not willfully refuse to provide those services offered under this license, per refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin seek such information as a condition of employment, or penalize any employee or discriminate in the selection or promotion on the basis of such information.	mit, or franchise,	or
The undersigned understand that this application does not entitle the applicants to a license and that the granting the discretion of the Common Council.	g of licenses is so	lely in
I have a knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sv and say that I am the person named above and that all statements made in the foregoing application are true and	worn under oath, l correct.	depose
SUBSCRIBED AND SWORN TO BEFORE ME THIS 28 day of September 200/ Individual/Corporate President/Partner) Notary Public, State of Wisconsin Additional Partner/Corporate Vice President	£)	
My commission Expires Operminent Gamena & Longer (Corporate Secretary)		
Corporate Treasurer)		
Do Not Write Below This Line		
Clerk License # New Renewal Date Filed Date	Granted	

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CURTIS-UNIVERSAL AMBULANCE, INC. VEHICLE LIST MILWAUKEE

September 17, 2001

LICENSE#	LICENSE EXPIRATION	UNIT#	VEHICLE ID#	MAKE	YEAR
VGA 506	09/02	320	1FDSE30FOXHB75338	FORD	1999
PGT 413	07/02	322	1FDKE30M8NHA31841	FORD	1992
UZD 719	07/02	323	1FDKE30L0EHB98508	FORD	1984
VFV 836	12/02	324	1FDJE30M7RHA11761	FORD	1994
SPU 291	07/02	325	1FDJE30M4PHB25309	FORD	1993
SPU288	07/02	326	1FDJE30M0PHB25307	FORD	1993
MSN440	04/02	327	1FDJE30M1RHB00967	FORD	1994
SUB 706	08/02	329	1FDKE30M7MHA43655	FORD	1991
SNW 115	07/02	340	1FDJE30M20HB25275	FORD	1993
SNW 111	07/02	341	1FDJE30M1PHB54055	FORD	1993
TYC 620	12/00	370	1FDKE30M1MHB32251	FORD	1991
SRY 405	06/02	371	1FDKE30M8MHB27337	FORD	1991
SJX 845	06/02	372	1FDKE30M8KHC33414	FORD	1989
SAL 919	03/02	376	1FDKE30F1VHA10640	FORD	1997
TJK 883	04/02	377	1FDK330M5NHA00708	FORD	1992
NRJ 206	03/02	380	1FDKE30L1GHC15755	FORD	1986
UDV 888	12/02	751	1FDKE30L7GHB63886	FORD	1986



The State of Wisconsin

Cut on this line 🛉

DEPARTMENT OF HEALTH AND FAMILY SERVICES DIVISION OF HEALTH

Airense, Permit or Registration

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Wisconsin statutes and is hereby authorized to engage in the activity as indicated below.

Paramed/Basic AED with all skills

Activity	Expiration Date	I.D. Number
Ambulance Service Provider	06/30/2002	8600009
Mailing Address	NOT TRANSFERABLE	Business or licensee address

CURTIS UNIV AMB SV INC-MILW

P O BOX 2007 MILWAUKEE, WI 53201

DOH 7216 (Rev. 06/96)

DEPARTMENT OF HEALTH AND FAMILY SERVICES DIVISION OF HEALTH Aicense, Permit or Registration 8600009 Paramed/Basic AED with all skills The State of Wisconsin CURTIS UNIV AMB SV. INC-MILW Ambulance Service Provi 06/30/2002 Expiration Date

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

Cut on this line

1100		SOBS	atter titer i til i se ste te t	no ni Barting mata matagan.			TUNI	
•	40	OKD" CEKI	IFICATE OF INSU	JRANC	Œ			DATE (MM/DD/YY) 08/20/01
RO	DUC	ER	·	THIS CE	RTI	FICATE IS ISSU	JED AS A MATTER OF	
		rity Ins. & Fin					O RIGHTS UPON THI ATE DOES NOT AMEN	
		S. Moorland Ro Berlin, WI 531	.51-0925	ALTER	THE	COVERAGE A	AFFORDED BY THE PO	OLICIES BELOW.
	w 62	•	.51-0925			COMPANIES	AFFORDING COVERAG	GE
	62	· ·	No.	COMPANY	- -	ed 24	a.	, -··
	IRED	•	19 (44.21.12)	COMPANY	7	grande and a processing the contract of	<u>`</u>	,
			sal Ambulance, Inc.	B	6	ROUPOFUL	WITHERD HEARD	CLAND POY
		P O Box 2007	1 0 0 220	COMPANY	Y	ě		
		Milwaukee, WI	kee St., Suite 330	. (A. C.		62,C,		
		Milwaukee, Wi	. 53201-2007	COMPANY				
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	IND	CATED, NOTWITHSTANDING A	NY REQUIREMENT, TERM OR CONDITI	ON OF ANY CO	ONTR	ACT OR OTHER	DOCUMENT WITH RESPE	CT TO WHICH THIS
			R MAY PERTAIN, THE INSURANCE AFFO SUCH POLICIES. LIMITS SHOWN MAY HAY				D HEREIN IS SUBJECT TO	O ALL THE TERMS,
:0				1		POLICY EXPIRATION		
TR		TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY		DATE (MM/DD/YY)	LIMIT Control of the control of the	\$ · <u>. : </u>
	GE	VERAL LIABILITY	and the second second second				GENERAL AGGREGATE	s
		COMMERCIAL GENERAL LIABILITY		Singalay a			PRODUCTS-COMP/OP AGG	\$
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	<u> </u>	OWNER'S & CONTRACTOR'S PROT	MATTER CONTROL TO CAR.	rangi merengan	, , ,	instal subject	EACH OCCURRENCE	\$
		- A		si . No			FIRE DAMAGE (Any one fire)	\$
	415	OMOBILE LIABILITY		20 109 . F	-		MED EXP (Any one person)	\$
	AU	ANY AUTO	e îstrografia avel e je e	ra with intige.			COMBINED SINGLE LIMIT	s
		ALL OWNED AUTOS					BODILY INJURY	
		SCHEDULED AUTOS					(Per person)	s
		HIRED AUTOS	_			utries I	BODILY INJURY	
		NON-OWNED AUTOS					(Per accident)	 S
			A DDD OX				PROPERTY DAMAGE	læ.
				ED AS TO	<u> </u>	RM	THOI ENTI DAMAGE	"
	GAF	RAGE LIABILITY	AND EXECUTION	THIS 19	1			S
		ANY AUTO	DAY OF ALDER	m 00 / 20	0	o/ .	OTHER THAN AUTO ONLY:	-
			1860				EACH ACCIDENT AGGREGATE	\$
	EVC	ESS LIABILITY	- JAMIN W.	Kefu	11		EACH OCCURRENCE	e
		UMBRELLA FORM		ssistant City A	1		AGGREGATE	\$
		OTHER THAN UMBRELLA FORM						\$
7		RKERS COMPENSATION AND	0400030008	08/01/03	1 (08/01/02	X STATUTORY LIMITS	
	EMF	LOYERS' LIABILITY						s100,000
		PROPRIETOR/ TNERS/EXECUTIVE X INCL				į.		\$500,000
4		ICERS ARE: EXCL					DISEASE-EACH EMPLOYEE	s100,000
	ОТН	ER				·		
-								
			•					,
	RIPT	ION OF OPERATIONS/LOCATIONS/VE	HIČLES/SPECIAL ITEMS					
c.	<u>.</u> `	Attached Sched	ulo)					
10000	100000000		uie./					
ER	TIF	CATE HOLDER		CANCELLA	\TIO	N		
		014E 3617		1 .			ED POLICIES BE CANCELLED E	
		City of Milwa		1			ING COMPANY WILL ENDEAVO	
		Department of	adway, Room 112	LU DAYS	WRIT	I I EN NOUCE TO THE	CERTIFICATE HOLDER NAME	ORTHODETY
		Milwaukee, WI				PON HIS COMPA	ACENE OR REER	ESENTATIVES.
		TILLHAUICC, HI		AUTHORIZED I				
				Xylv	(a)	J. Sche	refer	
CC	RD	25-S (3/93) 1 of 2 #S6	0686/M60683	<u> </u>		A^{-}	SUS @ ACORD C	ORPORATION 1993
				-		V		•

	_ CEKI	FICATE OF LIABI	LITY INS	URANCE		12/4201
	J P & ASSOCIATES IN 16935 West Wisconsi Brookfield WI 530	VC. in Avenue	THIS CERT	TIFICATE IS ISSI D CONFERS NO THIS CERTIFICA IE COVERAGE A	JED AS A MATTER OF RIGHTS UPON THE TE DOES NOT AMERICATED BY THE PROPERTY OF T	ND, EXTEND OR OLICIES BELOW.
INSL	DAED	- And the second		INSURERS A	Affording Coverac	3E
	Curtis-Universal An	abalanca Co	INSURER A:	CNA Insu	cance Co.	
	PO Box 2007	Daranes W.	INSURER C:			
	Milwaukee WI 5320)]	INSURER D			
co	VERAGES		INSUREA E:	· · · · · · · · · · · · · · · · · · ·		
7	HE BOLICIES OF MOUSE WATER	D BELOW HAVE BEEN 188 HED TO 19 IE				
M P REM RILI	OLICIES. AGGREGATE LIMITS SHOW	D BELOW HAVE BEEN ISSUED TO 17HE II DITION OF ANY CONTRADT OR OTHER ORDED BY THE POLICIES DESCRIBED I NN MAY HAVE BEEN REDUCED BY PAID	Terein is subjec Claims.	T TO ALL THE TERI	LICY FERIOD INDICATED. HICH THIS CERTIFICATE I MS. EXCLUSIONS AND CO	NOTWITHSTANDING MAY BE ISSUED OR INDITIONS OF SUCH
LIA	TYPE OF INSURANCE GENERAL LIABILITY	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE IMMODRY	LIMIT	
A		CGL226760252	1-10-01	1-10-02	EACH OCCURRENCE	\$1,000,000
	CLAIMS MADE OCCUR		,0-01	1-10-02	FIRE DAMAGE (Any one lire)	, 100,000
	XProfessional Li	ab. \$1,000,000 Each	wrongful	act	MED EXP (Any one person)	, 10,000
		3,000,000 Aggr	egate		PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PERI				GENERAL AGGREGATE	23,000,000
	POLICY PRO-				PRODUCTS - COMPIOP AGG	\$3,000,000
	ANY AUTO				COMBINED SINGLE LIMIT	ş
A	ALL OWNED AUTOS SCHEDULED AUTOS HIPED AUTOS	226760249	1-10-01	1-10-02	BODILY INJURY (Per porton)	1,000,000
	NON-OWNED AUTOS				BODILY INJURY (Per accident)	ī
	GARAGE LIABILITY				PROPERTY DAMAGE (Per accident)	3
	OTUA YAA				AUTO ONLY - EA ACCIDENT	5
			•		O'THER THAN EA ACC	\$
	EXCESS LIABILITY				AGG	
	OCCUH CLAIMS MADE				AGGREGATE	\$
	DEDUCTIBLE				1 - 41 12 14 14 1	\$
						\$
	RETENTION S WORKERS COMPENSATION AND				~	3
	EMPLOYERS' LIABILITY	₹ 4			WC STATU: OTH	
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYE	E \$
	OTHER		 	 	E.L. DISEASE - POLICY LIMIT	\$
A	Physical Damage	226760249	1-10-01	1-10-02 A	Comprehensive Collision PPROVED AS TO	5a5 000 [2
		HICLES/EXCLUSIONS ADDED BY ENDORSEMEN	NT/SPECIAL PHOVISIO	NS AND EXE	CUTION THIS	TURM -
		•	ė,	DAY OF	D. VINIS	13.
		•			Beremyer 3	20 0/
	•		يأبيه أ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- C	7
					Assistant	Engl -
CE	RTIFICATE HOLDER AD	DITIONAL INSURED; INSURER LETTER:	CANCELLA"	TION	Assistant City	Atterna
Ci	ty of Milwaukee - Dep	artment of Health			BED POLICIES BE CANCELLED	REFORETHE EVAIRATION
	1 N. Broadway Rm112		DATE THEREO	F, THE ISSUING INSUR	ER WILL ENGRAPED TO MAIL	30 DAYS WRITTEN
MI	lwaukee, WI 53202		NOTICE TO THE	E CERTIFICATE HOLDE	A NAMED TO THE LEFT, BURNS	HILL ATTULDOUS CONTACT
			infressions of	n and and an area of the second	th open which the continues and	produced income and con
ΡA	TN: Dr. Seth Foldy		ALPAGSENTON AUTHORIZED A	REGERATIVE TO	10-4	
AC	ORD 25-S (7/97)		\perp Λ	2101011	1 Malle	to
	• • •			-	© ACORD C	ORPORATION 1988

<u>AFFIDAVIT</u>

MILWAUKEE COUNTY } JOHN M. PROTIVA , being first duly sworn, on oath deposes and says that (AGENT) he/she is the agent of the
(AGENT) he/she is the agent of the CNA INSURANCE CO. (COMPANY NAME)
(AGENT) he/she is the agent of the CNA INSURANCE CO. (COMPANY NAME)
he/she is the agent of the CNA INSURANCE CO. (COMPANY NAME)
(COMPANY NAME)
insurer, on the attached certificate issued to <u>CURTIS-UNIVERSAL AMBULANCE CO.</u> (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 other
thing of value on account of the sale or furnishing of said insurance certificate
John Protein
(Signature of Agent above)
Subscribed and sworn to before me
this 13 day of DECEMBERS 200 / Jan Comments
this 13 day of DECEMBERS 200/ Sudith G. Kargus JUDITH A. KARGUS
Motary Public, Milwaukee County, WI My Commission expires FEB. 23, 2003

1:075000666: "61:001 3793" 1144	One That	CURTIS-UNIVERSAL, INC. P.O. BOX 2007 MILWAUKEE, WI 53201-0007 12-66 ₁ 750 Date	1144 28/2001 \$ 1,000,00 Desired to have.	
MEDITION OF THE PROPERTY OF TH	·:07500066			MEDALION