

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 Fire Department

Check(✓) one: Individual
 Partnership
 Corporation

1. NAME OF APPLICANT (If individual): _____

Business Name: Meda Care Ambulance Service LLC Phone: (414) 344-4444

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 Meda Care Ambulance Service LLC

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

Date and Place of Incorporation: October 26, 2016 Milwaukee, Wisconsin

President: Robert A. Rauch

Home Address: 9401 W Brown Deer Road

City: Milwaukee State: WI Zip: 53224

Phone (414) 365-8900 Date of Birth 04/22/1949

Vice President: Richard Romanshek

Home Address: 9401 W Brown Deer Road

City: Milwaukee State: WI Zip: 53224

Phone (414) 365-8900 Date of Birth: 03/24/1952

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: Robert A. Rauch

Home Address: SAME AS ABOVE

City: _____ State: _____ Zip: _____

4. OTHER REQUIREMENTS:

Do you have on file with the Fire 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: 4

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 Milwaukee Fire 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 28 day of September 2020

Individual/Corporate President/Partner: [Signature]

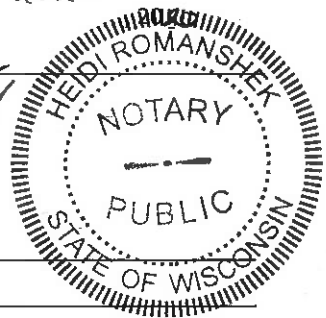
Additional Partner/Corporate Vice President: [Signature]

Notary Public, State of Wisconsin: [Signature]

My commission expires: March 25, 2023

Corporate Secretary: [Signature]

Corporate Treasurer: [Signature]



Do Not Write Below This Line

| Clerk | License# | New | Renewal | Date Filled | Date Granted |
|-------|----------|-----|---------|-------------|--------------|
|-------|----------|-----|---------|-------------|--------------|

Meda Care Ambulance Service LLC
Vehicle List as of September 15 2020

| SQUAD | VIN | YEAR | MAKE | MODEL |
|---------|-------------------|------|------|-------|
| MCA 275 | 1FDWE3FS0DDA69089 | 2013 | FORD | E350 |
| MCA 272 | 1FDWE3FS4CDB23671 | 2012 | FORD | E350 |
| MCA 270 | 1FDWE3FS9BDA83070 | 2011 | FORD | E350 |
| MCA 277 | 1FDWE3FS1DDA52673 | 2013 | FORD | E350 |



PARAAMB-02

LKOECKENBERG

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
9/21/2020

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 have **ADDITIONAL INSURED** provisions or 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 Robertson Ryan - Mequon 10335 North Port Washington Road, Suite 100 Mequon, WI 53092 | CONTACT NAME: PHONE (A/C, No, Ext): (262) 478-3255 | | FAX (A/C, No): (262) 478-3260 | |
| | E-MAIL ADDRESS: | | | |
| INSURED Meda Care Ambulance Service LLC 9401 W Brown Deer Road Milwaukee, WI 53224 | INSURER(S) AFFORDING COVERAGE | | NAIC # | |
| | INSURER A : NATIONAL INTERSTATE INSURANCE COMPANY | | 32620 | |
| | INSURER B : Argent Insurance Company | | | |
| | INSURER C : | | | |
| | INSURER D : | | | |
| | INSURER E : | | | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|
| 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. | | |

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------|---------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | LJG455002501 | 7/1/2020 | 4/1/2021 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 FELLOW EMPLOYEE \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | ACA455002500 | 7/1/2020 | 4/1/2021 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | UMB000010700 | 7/1/2020 | 4/1/2021 | EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ Aggregate \$ 2,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> | N/A | A55807001 | 3/1/2020 | 3/1/2021 | <input checked="" type="checkbox"/> PER STATUTE <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 |
| A | Professional/E&O/Non | | | LPL4550025 | 7/1/2020 | 4/1/2021 | Occurrence 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is an additional insured for liability coverage as regards their interest in the insured's operation as an ambulance service and as required by written contract. Form CG2010 would apply. In the event of cancellation, the company will mail a written notice of cancellation at least 10 days prior to the date of cancellation, per NI IL 01500911 Cancellation Notice for Designated Certificate Holders.

CERTIFICATE HOLDER**CANCELLATION**
 Milwaukee Fire Department
 711 W Wells Street
 Milwaukee, WI 53233

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

AFFIDAVIT OF NO INTEREST

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

STATE OF WISCONSIN

SS

MILWAUKEE COUNTY

Matthew T Frank, being first duly sworn, on oath deposes and says that he/she is the agent of the National Interstate Insurance Company, insurer, on the attached certificate issued to Milwaukee Fire Department.

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.

Matthew T Frank
Signature (same as it appears on cert)

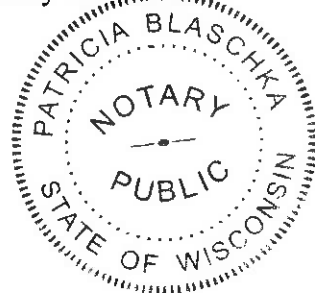
Matthew T. Frank

414-507-3355

Subscribed and sworn to before me this 21st day of September, 2020.

Patricia Blaschka Notary Public

My Commission Expires *02/11/2023*



MEDA CARE AMBULANCE SERVICE
P.O. Box 240096
Milwaukee, WI 53224-9005

BMO Harris Bank
2-28/710

9/24/2020

PAY TO THE ORDER OF CITY OF MILWAUKEE FIRE DEPARTMENT

\$ **1,100.00

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

DOLLARS

CITY OF MILWAUKEE FIRE DEPARTMENT
711 W WELLS STREET
MILWAUKEE WI 53233

VOID AFTER 180 DAYS

Rob Remenschel

MEMO

RENEWAL AMBULANCE CERTIFICATION

⑈00 203 2⑈ ⑆07 1000 288⑆

3 296 47 2⑈

MEDA CARE AMBULANCE SERVICE
CITY OF MILWAUKEE FIRE DEPARTMENT

| Date | Type | Reference | Original Amt. | Balance Due | 9/24/2020 Discount | Payment |
|-----------|------|-------------------|---------------|--------------|--------------------|----------|
| 9/24/2020 | Bill | 2020CERTIFICATION | 1,100.00 | 1,100.00 | | 1,100.00 |
| | | | | Check Amount | | 1,100.00 |

CASH IN CHECKING RENEWAL AMBULANCE CERTIFICATION 1,100.00