

**CITY OF MILWAUKEE HEALTH DEPARTMENT  
APPLICATION FOR AMBULANCE CERTIFICATION**

RECEIVED

**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**

2007 JUL 19 A 7:59

MILWAUKEE HEALTH  
DEPARTMENT

Check (✓) one: ( ) Individual  
( ) Partnership  
(x) Corporation

1. NAME OF APPLICANT (If Individual) \_\_\_\_\_  
BUSINESS NAME Paratech Ambulance Service Phone Number (414) 358-1111  
Business Address 9401 W. Brown Deer Road Zip Code 53224

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: Paratech Ambulance Service, Inc.  
Address, City, State, Zip 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, State, Zip Milwaukee, WI 53224 Phone (414) 358-1111 Date of Birth 4/22/1949

Vice President Richard Romanshek Home Address N90 W20881 Scenic Drive  
City, State, Zip Menomonee Falls, WI 53051 Phone (262) 255-6486 Date of Birth 03/24/1953

Secretary Richard Romanshek Home Address SAME AS ABOVE  
City, State, Zip SAME AS ABOVE Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Treasurer Robert A. Rauch Home Address SAME AS ABOVE  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Agent SAME AS ABOVE Home Address \_\_\_\_\_  
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 are number: 1

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

Total number of vehicles in service: 24

**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

16<sup>th</sup> day of July, 2007

Kathleen J. Halon  
Notary Public, State of Wisconsin WI  
*Milwaukee*

My commission expires August 20, 2010

[Signature]  
(Individual/Corporate President) Partner

[Signature]  
(Additional) Partner (Corporate Vice President)

[Signature]  
(Corporate Secretary)

[Signature]  
(Corporate Treasurer)

**Do Not Write Below This Line**

Clerk \_\_\_\_\_ License # \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_ Date Filed \_\_\_\_\_ Date Granted \_\_\_\_\_

PARATECH AMBULANCE SERVICE  
SQUAD LIST FOR 2007

UNIT NUMBER	VEHICLE ID	VEHICLE LOCATION	IN SERVICE	YEAR/MAKE
101	1FDSE35F32HA44132	MILWAUKEE	2/26/2002	2002 FORD
102	1FDSE35F73HA78978	JANESVILLE	3/10/2003	2003 FORD E350
103	1FDSE35F81HA96984	JANESVILLE	7/23/2001	2001 FORD E350 III
104	1FDSE35F9YHA37615	MILWAUKEE	6/9/2000	2000 FORD E350 XL
105	1FDSE35F0YHB24156	MILWAUKEE	6/9/2000	2000 FORD E350 XL
106	1FDSE35F53HA78980	MILWAUKEE	3/10/2003	2003 FORD E350
107	1FDSE35F12HA44131	MILWAUKEE	2/26/2002	2002 FORD
108	1FDSE35FXYHB25055	JANESVILLE	6/30/2000	2000 FORD E350
109	1FDWE35P16DB12628	KENOSHA	5/15/1998	2006 FORD E138
110	1FDSE30F8WHA39926	MILWAUKEE	5/15/1998	1998 FORD
111	1FDSE30FXWHA06362	MILWAUKEE	5/15/1998	1998 FORD
112	1FDSE35F93HA78979	MILWAUKEE	5/1/2003	2003 FORD E350
113	1FDSE35FX2HA44130	WALWORTH	2/26/2002	2002 FORD
114	1FDSE35F73HA78981	MILWAUKEE	5/1/2003	2003 FORD E350
115	1FDSE35P05HA58969	MILWAUKEE	5/12/2005	2005 FORD E350
116	1FDKE30M4NHB47294	MILWAUKEE	6/26/2003	1992 FORD
117	1FDSE35P05HA09271	JANESVILLE	5/12/2005	2005 FORD E350
118	1FDWE35P06HA92462	WALWORTH	11/1/2005	2006 FORD E138
119	1FDWE35P66HA92465	MILWAUKEE	11/1/2005	2006 FORD E138
120	1FDSE30F9WHA39921	MILWAUKEE	5/15/1998	1998 FORD
121	1FDWE30F9WHA14521	MILWAUKEE	5/21/1998	1998 FORD
122	1FDWE35P86DA61158	MILWAUKEE	8/8/2006	2006 FORD E138
123	1FDWE35PX6DB09615	MILWAUKEE	4/8/2002	2006 FORD E138
124	1FDJE30F3VHB06720	MILWAUKEE	4/8/2002	1997 FORD

# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR 09  
PARAT-1

DATE (MM/DD/YYYY)  
02/23/07

PRODUCER  
RIS GROUP a div of  
R&R Insurance Services Inc.  
N80 W14824 Appleton Ave.  
Menomonee Falls WI 53052-1180  
Phone: 262-255-5100

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.

RECEIVED

INSURERS AFFORDING COVERAGE

NAIC #

INSURED  
  
Paratech Ambulance Service, Inc  
9401 W. Brown Deer Road  
Milwaukee WI 53224

INSURER A: Empire Fire & Marine Insurance Co  
INSURER B: Acuity Insurance Company  
INSURER C:  
INSURER D: MILWAUKEE HEALTH DEPARTMENT  
INSURER E:

14184

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof Liab Include GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CL313037	03/01/07	03/01/08	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRDOUCTS - COMP/DP AGG \$ 4,000,000	
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CL313036	03/01/07	03/01/08	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	APPROVED AS TO FORM AND EXECUTION THIS <u>5<sup>th</sup></u> DAY OF <u>October</u> 2007 <i>Thomas D. Schmitt</i> Assistant City Attorney				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIDNS below					WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
3		OTHER Building/Contents	K28716	03/01/07	03/01/08	Blanket \$2,390,776	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 City of Milwaukee is additional insured as respects named insured's operation as an ambulance service

## CERTIFICATE HOLDER

CITYM-2  
 City of Milwaukee  
 Health Department  
 Attn: Health Commissioner  
 841 N. Broadway Rm 112  
 Milwaukee WI 53202-3653

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL NOT CONSTITUTE WAIVER OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE  
*Thomas D. Schmitt*

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID PG  
PARAT-1

DATE (MM/DD/YYYY)  
05/07/07

PRODUCER  
The Horton Group, Inc. - MW  
www.thehortongroup.com  
N19W24101 North Riverwood Dr.  
Waukesha WI 53188  
Phone: 262-347-2600 Fax: 262-347-2700

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.

INSURERS AFFORDING COVERAGE NAIC #

INSURED  
  
Paratech Ambulance Service Inc  
P.O. Box 240076  
9401 W. Brown Deer Rd.  
Milwaukee WI 53224-9004

INSURER A: United Heartland	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER		03/01/07	03/01/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER  
  
MILWA-1  
  
City of Milwaukee  
Health Department  
Attn: Health Commissioner  
841 N. Broadway, Rm 112  
Milwaukee WI 53202

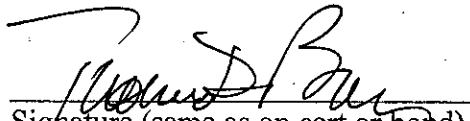
CANCELLATION  
  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~AND FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.~~  
 AUTHORIZED REPRESENTATIVE  
*Tough R. Adenda*

**AFFIDAVIT**

STATE OF WISCONSIN    )  
  )  
COUNTY OF WAUKESHA)

Thomas D. Baer, CIC, being first duly sworn on oath, deposes and says that he/she is the agent of the Empire Fire & Marine & Acuity Insurance Company, insurer on the attached certificate or bond issued to Paratech 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 on cert or bond)

Thomas D. Baer, CIC 262-255-5100  
Typed Name and Phone Number

Subscribed and sworn to before me  
This 5th day of March, 2007  
Alicia M. Barbel  
Notary Public  
My Commission Expires 01/31/10

060724

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
07232007	RENEWAL AMBULANCE CERTIFICATION	7/16/07	1100.00		1100.00

CHECK DATE	CHECK NO.	PAYEE	DISCOUNTS TAKEN	CHECK AMOUNT
Jul 16, 2007	060724	CITY OF MILWAUKEE HEALTH DEPT		\$1,100.00

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



M&I Marshall & Ilsley Bank

060724

12-5  
750 222

...help is on the way.  
P.O. Box 240076  
Milwaukee, WI 53224-9004

CHECK NO.	DATE	AMOUNT
060724	Jul 16, 2007	1,100.00

Memo:

PAY One Thousand One Hundred and 00/100 Dollars

TO THE ORDER OF: CITY OF MILWAUKEE HEALTH DEPT

*Paula Bruner*  
AUTHORIZED SIGNATURE

⑈060724⑈ ⑆07500005⑆ 00034⑈97472⑈

THE FACE OF THIS CHECK HAS A SECURITY VOID BACKGROUND PATTERN - DO NOT CASH IF THE WORD VOID IS VISIBLE