

**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 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: 3

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

17th day of August, 20 11

[Signature]
Notary Public, State of Wisconsin

My commission expires 9/25/11

[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 _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/17/2011

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 R & R Insurance Services, Inc. N80 W14824 Appleton Ave PO Box 1180 Menomonee Falls WI 53052-1180	CONTACT NAME: Linda Jensen PHONE (A/C, No, Ext): (262) 255-5100 E-MAIL ADDRESS: linda.jensen@rrins.com PRODUCER CUSTOMER ID #: 00043091	FAX (A/C, No): 12621502-0941
INSURED Paratech Ambulance Service Inc 9401 W. Brown Deer Road Milwaukee WI 53224	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Zurich American Insurance Co.	NAIC #
	INSURER B: American Guarantee & Liability	26247
	INSURER C: Acuity A Mutual Ins Co	14184
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL113428746 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
A	<input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		PRA947500200	3/1/2011	3/1/2012	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Prof Liab \$1mil/ \$3mil					MED EXP (Any one person) \$ 5,000
	# PL947482800					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COM/PO/ AGG \$ 3,000,000
	AUTOMOBILE LIABILITY					
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	ALL OWNED AUTOS		PRA947500200	3/1/2011	3/1/2012	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					Underinsured motorist \$ 350,000
						Uninsured motorist combined \$ 350,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 2,000,000
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 2,000,000
	DEDUCTIBLE					\$
B	<input checked="" type="checkbox"/> RETENTION \$ 0		AUC475603700	3/1/2011	3/1/2012	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
C	Property - Spec Form / Repl Cost		K28716	3/1/2011	3/1/2012	Buildings / Contents- BLKT Per Policy

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Milwaukee is an additional insured for liability as regards their interest in the insured's operation as an ambulance service. Additional Insured form #U-GL-1175-C CW (7-10) applies.

CERTIFICATE HOLDER City of Milwaukee Dept of Health Attn: Health Commissioner 841 N Broadway, Room 112 Milwaukee, WI 53202-3653	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 Thomas Baer/LJ332 
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AFFIDAVIT

STATE OF WISCONSIN}
} SS
Waukesha County}

Thomas D Baer, being first duly sworn, on oath deposes and says
(Agent)

that he/she is the agent of the Zurich American Insurance Co, insurer
(Company name)

on the attached certificate issued to Paratech Ambulance Service Inc.
(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 any other thing of value on account of the sale of furnishing of said insurance certificate.

[Handwritten Signature]
(Signature of above Agent)

Subscribed and sworn to before me

this 18th day of August, 20 11

[Handwritten Signature]
Notary Public-State of Wisconsin

My Commission expires 1-11-2015

Notary Seal Must Be Affixed.

Please note the following requirements:

- 1) The name and signature of the agent or authorized representative must be included and match the agent or authorized who signed the insurance certificate.
2) The full name of the Insurance Company must be listed and match exactly the Insurance Company's name from the insurance certificate.
3) The date the notary signed and dated the affidavit must be the same as the date of the insurance certificate.
4) The Notary must sign, date and stamp the form.
5) The correct county and state must be listed. (If outside the state of Wisconsin, please cross out Wisconsin and write/type in correct state.)

PARATECH AMBULANCE SERVICE SQUAD LIST FOR 2011

<u>UNIT#</u>	<u>VEHICLE ID NUMBER</u>	<u>YEAR/MAKE</u>	<u>IN SERVICE</u>
101	1GBJG316971191611	2007 CHEVROLET	1/19/09
102	1FDSE35F73HA78978	2003 FORD	3/10/03
103	1FDXE45P95HA88466	2005 FORD	5/5/10
104	1FDWE3FS2BDA42599	2011 FORD	6/8/11
105	1GDJG316291138873	2009 GMC	6/16/09
106	1FDSE35F53HA78980	2003 FORD	3/10/03
107	1FDWE3FS5BDA42600	2011 FORD	6/16/11
108	1GDHG316991181220	2009 GMC	9/23/09
109	1FDWE35P16DB12628	2006 FORD	4/24/07
110	1GBJG316871252639	2007 CHEVROLET	4/8/08
111	1GBJG316471201753	2007 CHEVROLET	11/3/08
112	1FDSE35F93HA78979	2003 FORD	5/1/03
113	1FDXE45P55HB49442	2005 FORD	6/2/10
114	1FDWE3FS6BDA38684	2011 FORD	8/4/11
115	1FDSE35P05HA58969	2005 FORD	5/12/05
116	1GDHG316891180740	2009 GMC	1/7/10
117	1FDSE35P05HA09271	2005 FORD	5/12/05
118	1FDWE35P06HA92462	2006 FORD	11/1/05
119	1FDWE35P66HA92465	2006 FORD	11/1/05
120	1GBJG316171254474	2007 CHEVROLET	5/28/08
121	1GBHG396371240501	2007 CHEVROLET	3/3/08
122	1FDWE35P86DA61158	2006 FORD	4/5/06
123	1FDWE35PX6DB09615	2006 FORD	6/5/07
124	AGBHG396091143534	2009 CHEVROLET	6/19/09
125	1FDSE35P87DB00752	2007 FORD	7/31/07
126	1FDXE45F53HA63844	2003 FORD	5/1/08
127	1FDXE45F33HA63843	2003 FORD	5/1/08
129	1FDXE45P56HA77143	2006 WHEEL COACH	10/4/10
130	1FDXE45P16HA77138	2006 WHEEL COACH	10/4/10
131	1FDWE3FS0BDA16177	2011 FORD	4/8/11
132	1FDWE3FS8BDA38685	2011 FORD	4/8/11