

**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

RECEIVED

2009 SEP 21 P 12: 53

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: 27

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 September, 2009

Kathleen J. Hahn
Melwaukee Notary Public, State of Wisconsin WI

My commission expires August 15, 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 2009

UNIT NUMBER	VEHICLE ID	IN SERVICE	YEAR/MAKE
101	1GBJG316971191611	1/19/09	2007 CHEVROLET
102	1FDSE35F73HA78978	3/10/03	2003 FORD
103	1FDSE35F81HA96984	7/23/01	2001 FORD
104	1FDSE35F9YHA37615	6/9/00	2000 FORD
105	1GDJG316291138873	6/16/09	2009 GMC
106	1FDSE35F53HA78980	3/10/03	2003 FORD
107	1FDSE35F12HA44131	2/26/02	2002 FORD
108	1FDSE35FXHYHB25055	6/30/00	2000 FORD
109	1FDWE35P16DB12628	4/24/07	2006 FORD
110	1GBJG316871252639	4/8/08	2007 CHEVROLET
111	1GBJG316471201753	11/3/08	2007 CHEVROLET
112	1FDSE35F93HA78979	5/1/03	2003 FORD
113	1FDSE35FX2HA44130	2/26/02	2002 FORD
114	1FDSE35F73HA78981	5/1/03	2003 FORD
115	1FDSE35P05HA58969	5/12/05	2005 FORD
116	1FDKE30M4NHB47294	6/26/03	1992 FORD
117	1FDSE35P05HA09271	5/12/05	2005 FORD
118	1FDWE35P06HA92462	11/1/05	2006 FORD
119	1FDWE35P66HA92465	11/1/05	2006 FORD
120	1GBJG316171254474	5/28/08	2007 CHEVROLET
121	1GBHG396371240501	3/3/08	2007 CHEVROLET
122	1FDWE35P86DA61158	4/5/06	2006 FORD
123	1FDWE35PX6DB09615	6/5/07	2006 FORD
124	AGBHG396091143534	6/19/09	2009 CHEVROLET
125	1FDSE35P87DB00752	7/31/07	2007 FORD
126	1FDXE45F53HA63844	5/1/08	2003 FORD
127	1FDXE45F33HA63843	5/1/08	2003 FORD

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/5/2009

PRODUCER (262)255-5100 FAX: (262)502-0941
R&R Insurance - Menomonee Falls
N80 W14824 Appleton Avenue
P.O. Box 1180
Menomonee Falls WI 53052-1180

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.

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Empire Fire & Marine	21326
INSURER B: American Guarantee & Liab	26247
INSURER C: Acuity	
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
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CL315559	3/1/2009	3/1/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CL315558	3/1/2009	3/1/2010	CDMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0	UMB9062175-00	3/1/2009	3/1/2010	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C		OTHER Property - Special Form - Repl Cost	K28716-8	3/1/2009	2/1/2010	Building/Contents - Blanket limit - per policy

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 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 #CG2026(0704) 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, 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 IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Thomas Baer/LJ332

Thomas Baer

R&R Insurance Services Inc.
Certificate of Insurance – Standard Agency Practices
Effective 5-1-08

In compliance with Section 628.34(1) Wis Stats., R&R Insurance Services Inc. will not release a certificate of insurance that is known to contain false or misleading information, and will only release a certificate that is deemed to be a true and accurate representation of policy coverage.

This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policies described herein.

This certificate of insurance is intended as a summary of existing coverage only.

R&R Insurance Services, Inc. cannot alter or strike standard verbiage concerning cancellation notice to the certificate holder. Doing so would be a violation of Section 628.34(1) Wis. Stats. concerning true representation of policy coverage.