

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: Curtis Universal Ambulance, Inc.

Phone: 414-276-771

Business Address: 2266 N Prospect Ave. Suite #440

City: Milwaukee

State: WI

Zip: 53202

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: _____

Mailing Address: PO Box 2007 Milwaukee, WI 53201-2007

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 Curtis-Universal, Inc.

Address: 2266 N. Prospect Ave. Suite #440 Milwaukee, WI 53202

Date and Place of Incorporation: October 17th, 1969 - Wisconsin

President: James G. Baker Jr.

Home Address: W310 N8370 Kilbourne Rd.

City: Hartland

State: WI

Zip: 53029

Phone 262-966-1853

Date of Birth 12/17/1955

Vice President: James G. Baker Jr.

Home Address: Same as above

City: _____

State: _____

Zip: _____

Phone _____

Date of Birth: _____

continued on other side

Secretary: Debra Baler

Home Address: 203 Glenowen Dr.

City: Hartland State: WI Zip: 53029

Phone _____ Date of Birth _____

Treasurer: James G. Baker Jr.

Home Address: W310 N8370 Kilbourne Rd.

City: Hartland State: WI Zip: 53029

Agent: _____

Home Address: _____

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: 3

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

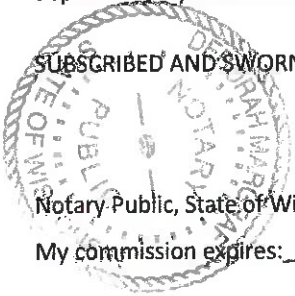
Total number of vehicles in service: 19

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 30 day of September, 2020

Individual/Corporate President/Partner: James G. Baker Jr.

Additional Partner/Corporate Vice President: James G. Baker Jr.

Notary Public, State of Wisconsin: Deborah Meyer

My commission expires: 12/18/2022

Corporate Secretary: Debra M. Baker

Corporate Treasurer: James G. Baker Jr.

Do Not Write Below This Line

Clerk	License#	New	Renewal	Date Filled	Date Granted

Milwaukee					
Unit #	Year	Model	V.I.N. #	License	Registration
310	2007	G3500	1GBJG316971248731	ABP-5265	01/09/2021
311	2010	G3500	1GB6G2B66A1120419	ADB7526	6/14/2021
313	2009	G4500	1GBKG316791154399	AJN-5257	05/12/2021
315	2012	G3500	1GB3G2CL8C1152878	AFK-8166	06/24/2021
316	2010	G3500	1GB6G2B66A1133123	AGZ-9454	09/30/2021
317	2009		1GBKG316491153954	AJW-6511	06/17/2021
327	2006	E-350	1FDXE45P16HB00613	968-XKK	12/31/2020
355	2010	E-350	1FDSS3EP3ADA32411	852-YSS	03/01/2021
383	1999	E-450	1FDXE40F0XHA17738	112-SSU	2/28/2021
387	2008	E-450	1FDXE45PX8DB19901	AJE-1256	04/06/2021
Secondary Response Vehicles					
5440	2006	E-450	1FDXE45P26HA37389	Pending	Pending
5442	2008	E-450	1FDXE45P78DA35549	AJV-7349	05/19/2021
5445	2007	G3500	1GBJG316471252928	ACD-3596	6/13/2021
5446	2007	G3500	1GBJG316871252799	AEG-3125	11/14/2020
5447	1998	E-350	1FDXE40F8WHB07329	359-ZTF	01/31/2021
5448	2000	E-350	1FDXE45F2YHA12485	368-UWF	07/17/2021
5449	2005	E-450	1FDE45P95HA58965	149-XLF	2/19/2021
386	1998	E-450	1FDXE40F3WHC06205	116-ZKF	12/7/2020
354	1993	E-350	1FDJS34MXPB53697	280-VGV	10/1/2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/16/2020

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 - Waukesha 20975 Swenson Drive, Suite 175 Waukesha, WI 53186	CONTACT NAME: PHONE (A/C, No, Ext): (414) 271-3575 FAX (A/C, No): (262) 717-9434 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Covertys Specialty Insurance Company INSURER B : National Indemnity Company INSURER C : INSURER D : INSURER E : INSURER F :
INSURED Curtis Universal Ambulance Inc PO Box 2007 Milwaukee, WI 53201	NAIC #

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		005WI000024906	1/10/2020	1/10/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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 H&NO Auto Liab \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			70APB003636	1/11/2020	1/10/2021	BODILY INJURY (Per person) \$ 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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			005WI000024906	1/10/2020	1/10/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab			005WI000024906	1/10/2020	1/10/2021	\$1M/\$3M Limit-\$0 Ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is additional insured for General Liability.

CERTIFICATE HOLDER

CANCELLATION

City of 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 REGARDING CANCELLATION PROVISIONS

STATE OF WISCONSIN)

)

MILWAUKEE COUNTY)

Paul Kihlslinger, being first duly sworn on oath, deposes and says that he/she is the agent of R-T Specialty LLC in connection with Coverys Specialty Insurance Company, the insurer on the attached certificate of insurance issued to Curtis Universal Ambulance Inc (the insured).

Affiant further deposes and says that attached hereto is a true and correct copy of the provisions of said policy governing notice to additional insured(s) in the event of cancellation of said policy prior to its termination date.


Signature of Agent

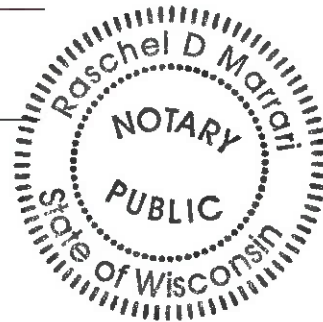
Subscribed and Sworn to before me

This 16th day of September, 2020



Notary Public, Milwaukee County, Wisconsin

My commission expires 5/21/2024



AFFIDAVIT REGARDING CANCELLATION PROVISIONS

STATE OF WISCONSIN)

)

MILWAUKEE COUNTY)

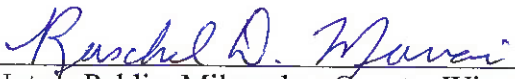
Paul Kihslinger, being first duly sworn on oath, deposes and says that he/she is the agent of All Risks Ltd in connection with National Indemnity Company, the insurer on the attached certificate of insurance issued to Curtis Universal Ambulance Inc (the insured).

Affiant further deposes and says that attached hereto is a true and correct copy of the provisions of said policy governing notice to additional insured(s) in the event of cancellation of said policy prior to its termination date.

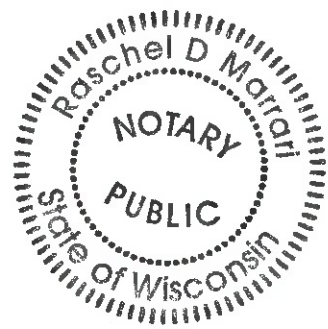

Signature of Agent

Subscribed and Sworn to before me

This 16th day of September, 2020


Notary Public, Milwaukee County, Wisconsin

My commission expires 5/21/2024



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WISCONSIN CHANGES – CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
 COMMERCIAL AUTOMOBILE COVERAGE PART
 COMMERCIAL GENERAL LIABILITY COVERAGE PART
 COMMERCIAL INLAND MARINE COVERAGE PART
 COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
 COMMERCIAL PROPERTY COVERAGE PART
 CRIME AND FIDELITY COVERAGE PART
 EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART
 EQUIPMENT BREAKDOWN COVERAGE PART
 FARM COVERAGE PART
 FARM UMBRELLA LIABILITY POLICY
 LIQUOR LIABILITY COVERAGE PART
 POLLUTION LIABILITY COVERAGE PART
 PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

A. Paragraph 2. of the **Cancellation** Common Policy Condition is replaced by the following:

2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least 10 days before the effective date of cancellation.

If this policy has been in effect for less than 60 days and is not a renewal policy, we may cancel for any reason.

If this policy has been in effect for 60 days or more or is a renewal of a policy we issued, except as provided in Paragraph 7. below, we may cancel this policy only for one or more of the following reasons:

- a. The policy was obtained by material misrepresentation;
- b. There has been a substantial change in the risk we originally assumed, except to the extent that we should have foreseen the change or considered the risk in writing the policy;
- c. There have been substantial breaches of contractual duties, conditions or warranties; or

d. Nonpayment of premium.

If this policy has been in effect for 60 days or more or is a renewal of a policy we issued, the notice of cancellation will state the reason for cancellation.

B. The following is added to the **Cancellation** Common Policy Condition:

7. Anniversary Cancellation

If this policy is written for a term of more than one year or has no fixed expiration date, we may cancel this policy for any reason by mailing or delivering to the first Named Insured written notice of cancellation at least 60 days before the anniversary date of the policy. Such cancellation will be effective on the policy's anniversary date.

We may cancel this policy because of the termination of an insurance marketing intermediary's contract with us only if the notice of cancellation contains an offer to continue the policy with us if we receive a written request from the first Named Insured prior to the date of cancellation.

- C. The following applies to the:
- Capital Assets Program (Output Policy) Coverage Part
 - Commercial Inland Marine Coverage Part
 - Commercial Property Coverage Part
 - Crime And Fidelity Coverage Part
 - Equipment Breakdown Coverage Part
 - Farm Coverage Part

1. We may rescind this policy because of the following:

- a. Misrepresentation made by you or on your behalf in the negotiation for or procurement of this Coverage Part, if the person knew or should have known that the representation was false;
- b. Breach of affirmative warranty made by you or on your behalf in the negotiation for or procurement of this Coverage Part;
- c. Failure of a condition before a loss if such failure exists at the time of loss; or
- d. Breach of a promissory warranty if such breach exists at the time of loss.

2. We may not rescind this policy:

- a. For the reasons in Paragraphs C.1.a. and C.1.b. unless:

- (1) We rely on the misrepresentation or affirmative warranty and the misrepresentation or affirmative warranty is either material or made with intent to deceive; or

- (2) The facts misrepresented or falsely warranted contribute to the loss.

- b. For the reasons in Paragraphs C.1.c. and C.1.d. unless such failure or breach:

- (1) Increases the risk at the time of loss; or

- (2) Contributes to the loss.

3. If we elect to rescind this policy, we will notify the first Named Insured of our intention within 60 days after acquiring knowledge of sufficient facts to constitute grounds for rescission.

D. The following are added and supersede any other provisions to the contrary:

1. Nonrenewal

- a. If we elect not to renew this policy we will mail or deliver written notice of nonrenewal to the first Named Insured's last mailing address known to us. We may elect not to renew for any reason; the notice will state the reason for nonrenewal. We will mail or deliver the notice at least 60 days before the expiration date of this policy.

We need not mail or deliver the notice if:

- (1) You have insured elsewhere;
- (2) You have accepted replacement coverage;
- (3) You have requested or agreed to nonrenewal of this policy;
- (4) This policy is renewed in an affiliate in compliance with WIS. STAT. § 631.39; or
- (5) This policy is expressly designated as nonrenewable.

b. We may refuse to renew this policy because of the termination of an insurance marketing intermediary's contract with us only if the notice of nonrenewal contains an offer to renew the policy with us if we receive a written request from the first Named Insured prior to the renewal date.

c. If you fail to pay the renewal or continuation premium by the premium due date, this policy will terminate on the policy expiration or anniversary date, if we have:

- (1) Given you written notice of the renewal or continuation premium not more than 75 days nor less than 10 days prior to the due date of the premium; and
- (2) Stated clearly in the notice the effect of nonpayment of premium by the due date.

2. Anniversary Alteration

If this policy is written for a term of more than one year or has no fixed expiration date, we may alter the terms or premiums of this policy by mailing or delivering written notice of less favorable terms or premiums to the first Named Insured's last mailing address known to us. We will mail, by first class mail, or deliver this notice at least 60 days prior to the anniversary date.

If we notify the first Named Insured within 60 days prior to the anniversary date, the new terms or premiums will not take effect until 60 days after the notice was mailed or delivered. The notice will include a statement of the first Named Insured's right to cancel. The first Named Insured may elect to cancel the policy at any time during the 60-day period, in accordance with Paragraph 1. of the Cancellation Common Policy Condition. If the first Named Insured elects to cancel the policy during the 60-day period, return premiums or additional premium charges will be calculated proportionately on the basis of the old premiums.

3. Renewal With Altered Terms

If we elect to renew this policy but on less favorable terms or at higher premiums, we will mail or deliver written notice of the new terms or premiums to the first Named Insured's last mailing address known to us. We will mail, by first class mail, or deliver this notice at least 60 days prior to the renewal date.

If we notify the first Named Insured within 60 days prior to the renewal date, the new terms or premiums will not take effect until 60 days after the notice was mailed or delivered. The notice will include a statement of the first Named Insured's right to cancel. The first Named Insured may elect to cancel the renewal policy at any time during the 60-day period, in accordance with Paragraph 1. of the Cancellation Common Policy Condition. If the first Named Insured elects to cancel the renewal policy during the 60-day period, return premiums or additional premium charges will be calculated proportionately on the basis of the old premiums.

We need not mail or deliver this notice if the only change adverse to you is a premium increase that:

- a. Is less than 25% and is generally applicable to the class of business to which this policy belongs; or
- b. Results from a change based on your action that alters the nature or extent of the risk insured against, including but not limited to a change in the classification or the units of exposure, or increased policy coverage.

E. Special Provision – Cancellation And Nonrenewal

With respect to insurance provided under the Commercial Automobile Coverage Part, we will not cancel or refuse to renew Liability Coverage wholly or partially because of age, sex, residence, race, color, creed, religion, national origin, ancestry, marital status or occupation of anyone who is an insured.

COMMON POLICY TERMS

The following terms, exclusions, definitions and conditions apply to all of the Coverage Parts included in the POLICY except where specifically stated otherwise. These terms, exclusions, definitions and conditions apply in addition to the specific terms, exclusions, definitions and conditions stated in each Coverage Part. Various terms, exclusions, definitions and conditions in this POLICY restrict coverage.

Throughout these Common Policy Terms, the words YOU and YOUR refer to the INSURED as defined in the Coverage Parts included in this POLICY. The words WE, US, and OUR refer to the insurer named on the DECLARATIONS or an affiliated Coverys company. Capitalized words and phrases have special meaning as defined in these Common Policy terms and in the Coverage Parts included in the POLICY.

Read the entire policy carefully to determine YOUR rights and duties.

Section I. Defense, Settlement and Claim Expenses

In addition to the provisions stated in Section IV. Defense, Settlement and Claim Expenses of the applicable Coverage Part, the following provisions apply:

- A. By accepting this POLICY or any benefits under this POLICY including the payment of any CLAIM EXPENSES on the INSURED'S behalf, the NAMED INSURED agrees that in the event it is determined that WE were not obligated under this POLICY to pay any such CLAIM EXPENSES, the NAMED INSURED shall be obligated to reimburse US for all such CLAIM EXPENSES. Such reimbursement must be made within thirty (30) days after WE send the NAMED INSURED a written demand for reimbursement. A failure to make such reimbursement shall be grounds for cancellation of this POLICY and any other policy issued by US to the NAMED INSURED. Such cancellation shall be in accordance with the terms of this POLICY, or such other policy, if applicable. If any such CLAIM EXPENSES were paid in connection with a CLAIM against more than one INSURED, the NAMED INSURED shall be required to pay a pro rata portion of the total CLAIM EXPENSES for each INSURED for whom there was no duty to pay CLAIM EXPENSES based upon the number of INSUREDS on whose behalf CLAIM EXPENSES were paid.
- B. WE shall not be obligated to pay any DAMAGES or CLAIM EXPENSES, to defend or to continue to defend any SUIT, including an appeal from any judgment entered against an INSURED, after the applicable Limit of Liability of this POLICY has been exhausted by the payment of settlements or judgments, even if the payment is not sufficient to satisfy the full amount of any such settlement or judgment.
- C. In the event that OUR duty to defend any pending SUIT, including any duty to appeal from any judgment against YOU, terminates because the applicable Limit of Liability of this POLICY has been exhausted, WE will provide YOU with thirty (30) days' notice before withdrawing from or ending OUR participation in or OUR funding of YOUR defense.
- D. No INSURED shall incur any CLAIM EXPENSES or make any settlements or assume any obligation without OUR prior written consent.

Section II. Exclusions

This POLICY does not apply to any liability of an INSURED or to any DAMAGES, INCIDENT, OFFENSE, INJURY, medical expense, act, error, omission, CLAIM, SUIT, or LICENSING BOARD PROCEEDING:

- A. **Access or Disclosure of Confidential or Personal Information and Data-Related Liability**
 - a. INJURY arising out of any actual or potential access to or disclosure of any person's or organization's confidential or personal information, including but not limited to patents, trade

CLAIMS or circumstances that may give rise to a CLAIM, the giving or receiving of notice of cancellation or non-renewal, invoices for premiums, receiving unearned premium or dividends, agreeing to any changes in this POLICY and, unless otherwise expressly stated in a Coverage Part, exercising or declining the right to purchase an EXTENDED REPORTING PERIOD.

- D. **Bankruptcy or Insolvency.** Bankruptcy or insolvency of any INSURED or the INSURED'S estate will not relieve US of any obligations under this POLICY with respect to that INSURED.
- E. **Cancellation or Non-Renewal.** The FIRST NAMED INSURED may cancel this POLICY by returning it to US or by giving US advance written notice of when the cancellation is to take effect. WE may cancel or non-renew this POLICY by mailing to the FIRST NAMED INSURED at the FIRST NAMED INSURED'S last address as known by US, at least thirty (30) days advance notice of OUR intent to cancel or non-renew unless such cancellation is for non-payment of premium.

In the event any NAMED INSURED fails to pay any premium or reimburse any deductible or expense amounts owed to US, WE may cancel this POLICY by mailing notice to the FIRST NAMED INSURED at least ten (10) days in advance of the effective date of the cancellation. Proof of mailing will constitute proof of notice for purposes of this provision.

The effective date and hour of cancellation stated in the notice or the time of surrender of the POLICY will become the end of the POLICY PERIOD.

If this POLICY is cancelled, the FIRST NAMED INSURED may be entitled to a premium refund. However, WE are not required to make or offer any refund for any cancellation to be effective. If the FIRST NAMED INSURED cancels, the FIRST NAMED INSURED shall be responsible for payment of any earned premium calculated on a pro rata basis based on the period the POLICY was in effect plus 10% of the unearned premium for the original POLICY PERIOD stated in the DECLARATIONS. If the FIRST NAMED INSURED is due a refund the refund will be equal to any unearned premium calculated on a pro rata basis based on the period the POLICY was in effect, less 10% of any unearned premium for the original POLICY PERIOD stated in the DECLARATIONS. If WE cancel, WE will refund any unearned premium for the original POLICY PERIOD stated in the DECLARATIONS calculated on a pro rata basis.

Bankruptcy or insolvency of any NAMED INSURED will not preclude US from asserting OUR right to cancel or non-renew this POLICY.

- F. **Changes.** Notice to or knowledge of any agent or other person acting on OUR behalf will not effect a waiver or change to any terms or conditions of this POLICY or estop US from asserting any right under the terms and conditions of this POLICY. The terms and conditions of this POLICY can be waived or changed only by written endorsement signed by US.
- G. **Consent to Settle.** With respect to the Entity Medical Professional Liability Coverage Part or Provider Medical Professional Liability Coverage Part, if attached to this POLICY, WE will not settle any CLAIM or SUIT against YOU without the NAMED INSURED'S written consent to settle. Such consent will be deemed to have been given if the NAMED INSURED does not notify US in writing of intent to withhold consent within thirty (30) days after WE send the NAMED INSURED written notice that WE recommend settlement. Such notice shall be deemed sufficient if mailed to the NAMED INSURED'S address listed on the DECLARATIONS unless the NAMED INSURED has previously notified US in writing of a change in address. OUR notice will be deemed given on the date of mailing to such address.

If the NAMED INSURED consents to settlement or is deemed to have consented, then WE may settle the CLAIM or SUIT for such amount, up to the applicable Limit of Liability, and on such terms as WE, in OUR sole judgment, determine.

WE shall not be obligated to obtain consent to settle any CLAIM or SUIT against any INSURED:

1. After a jury verdict, judgment or any other ruling by a court or arbitrator establishing that INSURED'S liability regardless of whether such verdict, judgment or ruling is subject to appeal or further judicial review;
2. Arising out of any allegation of the actual or threatened sexual abuse of or any sexual misconduct



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/16/2020

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PRODUCER Marsh & McLennan Agency LLC 2725 South Moorland Road New Berlin WI 53151	CONTACT NAME: Carol Gau PHONE (A/C, No, Ext): 262 796-8829 FAX (A/C, No): 262 785-9753 E-MAIL ADDRESS: carol.gau@marshmma.com	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : United Wisconsin Insurance Company 29157 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED Curtis-Universal Ambulance Inc. P.O. Box 2007 2266 N. Prospect Ave., Suite 440 Milwaukee WI 53202		

COVERAGES **CERTIFICATE NUMBER:** 288858430 **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	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	0400182258	8/1/2020	8/1/2021	X PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of Milwaukee Fire Department
 711 W Wells St
 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

Carol Gau

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Affidavit of "no interest" must accompany each certificate of insurance issued, including new and renewals.

AFFIDAVIT

State of Wisconsin

Waukesha County

Carol Gau, being first duly sworn on oath, deposes and says that she is an agent of the United Wisconsin, the insurer on the attached certificate on bond issued to Curtis-Universal Ambulance, Inc .

Affiant further deposes and says that no official or employee of the City of Milwaukee has any interest, direct 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.

Carol Gau

Signature of Agent

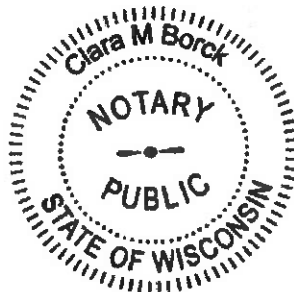
Subscribed and sworn to before me

This 16th day of September, 2020

Clara M Borck

Notary Public, Waukesha County, Wisconsin

My commission expires: 6/28/21



TriCity National Bank 

4698 S. Whitnall Avenue
St. Francis, WI 53235

1051959

September 30, 2020

Remitter: CURTIS UNIVERSAL AMBULANCE INC. *****

Payable to: CITY OF MILWAUKEE FIRE DEPARTMENT *****

\$*****1,100.00

Issued by:w855542

THE FACE OF THIS CHECK IS COLORED INK ON WHITE PAPER WITH VISIBLE AND INVISIBLE FIBERS AND AN AUTHENTIC WATERMARK

TriCity National Bank 

4698 S. Whitnall Avenue
St. Francis, WI 53235

1051959

79-119
750

Remitter: CURTIS UNIVERSAL AMBULANCE INC. *****

September 30, 2020

Payable to: CITY OF MILWAUKEE FIRE DEPARTMENT ***** \$*****1,100.00

ONE THOUSAND ONE HUNDRED DOLLARS AND ZERO CENTS

CASHIER'S CHECK

Two Signatures required for amounts greater than \$1,000.00

Brian T. McHarty
Cathleen Gonzalez (27)

⑈1051959⑈ ⑆075001199⑆ ⑈000000⑈086⑈