

**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 Bell Ambulance, Inc. Phone Number 414-486-2000

Business Address 549 E Wilson St Zip Code 53207-1635

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:** Bell Ambulance, Inc.

Address, City, State, Zip 549 E Wilson St, Milwaukee, WI 53207-1635

Date and Place of Incorporation: October 1, 1978, Wisconsin

President R A Zehetner Home Address 212 E Ravine Dr

City, State, Zip Mequon, WI 53092 Phone 262-241-1990 Date of Birth 6/15/48

Vice President James P Lombardo Home Address 549 E Wilson St

City, State, Zip Milwaukee, WI 53207 Phone 414-486-2000 Date of Birth 12/24/52

Secretary Valerie A Zehetner Home Address 1925 N Water St, Unit 205

City, State, Zip Milwaukee, WI 53202 Phone 414-406-0567 Date of Birth 2/16/78

Treasurer Wayne A Jurecki Home Address 1111 N Marshall St, Unit 1002

City, State, Zip Milwaukee, WI 53202-3380 Phone 414-486-4042 Date of Birth 10/20/66

Agent Wayne A Jurecki Home Address Same as above

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: 4

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

Total number of vehicles in service: 40

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, 2010

[Signature]
Notary Public, State of Wisconsin

My commission expires 9/9/2012

[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 _____

Unit number	In service since	Make	VIN	Location
425	2003	Ford	1FDSE35FO3HA80667	Milwaukee
426	2003	Ford	1FDSE35F23HA80668	Milwaukee
430	2005	Ford	1FDWE35P65HA12810	Milwaukee
432	2005	Ford	1FDWE35P65HA12815	Milwaukee
433	2006	Ford	1FDWE35P96HA92461	Milwaukee
434	2006	Ford	1FDWE35P36DA19447	Milwaukee
436	2006	Ford	1FDWE35P76DA19449	Milwaukee
437	2006	Ford	1FDWE35P36DA19450	Milwaukee
439	2006	Ford	1FDWE35P26DA39754	Milwaukee
440	2006	Ford	1FDWE35P26DA49670	Milwaukee
486	2005	Ford	1FDWE35P65HA01497	Milwaukee
487	2006	Ford	1FDXE45P26DA19417	Milwaukee
488	2007	Ford	1FDXE45P67DA01259	Milwaukee
490	2008	Ford	1FDXE45P98DA77060	Milwaukee
491	2008	Ford	1FDXE45P78DA55025	Milwaukee
492	2008	Chevrolet	1GBKG316091100135	Milwaukee
493	2009	Chevrolet	1GBKG316291100136	Milwaukee
494	2009	Chevrolet	1GBKG316X91123650	Milwaukee
495	2009	Chevrolet	1GBKG316791152653	Milwaukee
496	2010	Chevrolet	1GB9G5B64A1112379	Milwaukee
497	2010	Chevrolet	1GB9G5B63A1112714	Milwaukee
498	2010	Chevrolet	1GB9G5B66A1113713	Milwaukee
441	2007	Ford	1FDWE35P27DA51730	Milwaukee
442	2007	Ford	1FDWE35P27DA51731	Milwaukee
443	2007	Ford	1FDWE35P47DA51732	Milwaukee
444	2007	Ford	1FDWE35P67DA51733	Milwaukee
445	2008	Ford	1FDWE35P48DA42271	Milwaukee
446	2008	Ford	1FDWE35P28DA35920	Milwaukee
447	2008	Ford	1FDWE35P78DA40093	Milwaukee
448	2009	Chevrolet	1GBHG316191155798	Milwaukee
449	2009	Chevrolet	1GBJG316191148724	Milwaukee
450	2009	Chevrolet	1GBJG316X91152299	Milwaukee
451	2009	Chevrolet	1GBJG316391152550	Milwaukee
452	2009	Chevrolet	1GBJG316491152685	Milwaukee
453	2009	Chevrolet	1GBJG316791154415	Milwaukee
454	2010	Chevrolet	1GB6G2B6XA1101582	Milwaukee
455	2010	Chevrolet	1GB6G2B69A1100181	Milwaukee
456	2010	Chevrolet	1GB6G2B69A1100410	Milwaukee
457	2010	Chevrolet	1GB6G2B60A1101347	Milwaukee
458	2010	Chevrolet	1GB6G2B60A1101655	Milwaukee



CERTIFICATE OF LIABILITY INSURANCE

OP ID BJ

DATE (MM/DD/YYYY)

08/16/10

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 Robertson Ryan & Assoc., Inc. Two Plaza East, Suite 650 330 East Kilbourn Avenue Milwaukee WI 53202 Phone: 414-271-3575 Fax: 414-271-0196		CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: BELLA-1	
INSURED Bell Ambulance, Inc. P O Box 070550 Milwaukee WI 53207		INSURER(S) AFFORDING COVERAGE INSURER A: THE CINCINNATI INS. COMPANIES NAIC # 10677 INSURER B: Landmark American Ins Co INSURER C: UNITED HEARTLAND INS INSURER D: National Casualty Company INSURER E: INSURER F:	

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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			CPP0892296	10/01/10	10/01/11	EACH OCCURRENCE	\$ 100000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
B	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			LHM723600	10/01/10	10/01/11	MED EXP (Any one person)	\$ 5000
	<input checked="" type="checkbox"/> Professional Liab	X					PERSONAL & ADV INJURY	\$ 100000
	Limits = \$1m/\$3m						GENERAL AGGREGATE	\$ 2000000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMPROP AGG	\$ 2000000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
D	<input type="checkbox"/> AUTOMOBILE LIABILITY			CAO0195449	10/01/10	10/01/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
A	<input checked="" type="checkbox"/> Comp Ded: \$1,000			CAA5873684	04/11/10	04/11/11		\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CPP0892296	10/01/10	10/01/11	EACH OCCURRENCE	\$ 2000000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 2000000
	DEDUCTIBLE							\$
	RETENTION \$							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0400092357	10/01/10	10/01/11	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$ 500000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500000
							E.L. DISEASE - POLICY LIMIT	\$ 500000
A	Excess Liability			XS1155216	10/01/10	10/01/11	Limit:	\$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 The City of Milwaukee is an Additional Insured, as their interest may appear. Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will mail a minimum of 10 days written notice to the Certificate Holder named below.

CERTIFICATE HOLDER**CANCELLATION**

MILW373 City of Milwaukee Health Dept 841 N Broadway, Room 315 Milwaukee WI 53202	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 Michael R. Schulte
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AFFIDAVIT OF "NO INTEREST" MUST ACCOMPANY EACH CERTIFICATE OF
INSURANCE ISSUED, INCLUDING NEW AND RENEWALS.

AFFIDAVIT

STATE OF WISCONSIN)

)ss

MILWAUKEE COUNTY)

Michael R. Schulte, being first duly sworn, on oath deposes and says that he is the agent of The Cincinnati Insurance Co., insurer, on the attached certificate issued to Bell Ambulance, 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

Michael R. Schulte 414-271-3575
Typed Name and Phone Number

Subscribed and sworn to before me this 17th day of August, 2010


Notary Public

My Commission Expires 1-26-14

MILWAUKEE POLICE DEPARTMENT MEMORANDUM

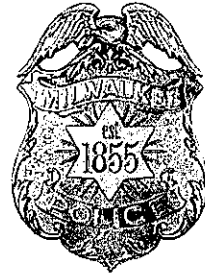
Date: 10-13-10

TO: Joel B. Plant, Chief of Staff

FR: Sergeant Paul MacGillis

CC: Bevan K. Baker, Commissioner of Health


RE: Personnel Checks for Ambulance Applications

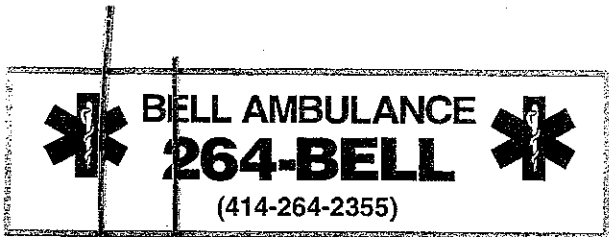


Sir:

The individuals listed in the application of Bell Ambulance have no convictions or other concerns that would preclude them from being licensed in the City of Milwaukee as a certified provider.

Respectfully submitted,


Sgt. Paul M. MacGillis
License Investigation Unit



"IF IT DOESN'T SAY BELL ON THE SIDE,
YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"®

RICK A. ZEHETNER
President

JAMES P. LOMBARDO
Executive Vice President

WAYNE A. JURECKI
Vice President

KEITH RADER, M.D.
Program Medical Director

I acknowledge receipt of the Bell Ambulance, Inc. Application for
Ambulance Certification 2011.

Date: 8-20-2010

Time: 12:09

Name: (please print) Theresa Hernandez

Signature: Theresa Hernandez

RECEIVED
2010 AUG 20 P 12: 08
MILWAUKEE HEALTH
DEPARTMENT