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

Ch	eck(🗸) one: 🔲 Individual Partnership Corporation					
1.						
	Business Name: MEDA - CARE AMBULANCE	Phone: <u>4</u>	14-344-4444			
	Business Address: 2515 W. VLIET ST.					
	City: MILWAUKEE	State://	Zip: 53208			
	Have any people on this application been convicted of violating ar	y federal or state laws, or loca	l ordinances? 🗆 Yes 💢 No			
	If 'yes', name of person(s), date, charge and penalty:					
2.	PARTNERSHIP (If applicable): Name:					
	Home Address:					
	City:	State:	Zip:			
	Phone:	Date of B	rth:			
	Name					
	Home Address:					
	City:	State:	Zip:			
	Phone:	Date of B	rth:			
3.	NAME OF CORPORATION MEDA-CARE AMBULANCE Address: 2515 W. VLIET ST., MILWAUKEE, WI 53205					
		WI 1/10/72				
	President: YVONNE HARSEN	,				
	Home Address: 568 W 18118 ISLAND DR.					
	City: MUSKEGO	State: WI	zip: <u>5</u> 3/50			
	Phone 262-679-02-90		11937			
	Vice President:					
	Home Address:					
	City:	State:	Zip:			
	Phone					

Secretary:	TED LARSEN						
Home Address: 20	1905 VILLA GT.						
City: <i>U)A</i> (The state of the s		State: W/	Zip;	53186		
Phone 262-7	198-3425	Date	ofBirth <u>////2/</u>	965			
Treasurer:							
Home Address:	SAME AS ABOU	15.					
City:			State:	_ Zip:			
Agent:A	WIEDMANN				· · · · · · · · · · · · · · · · · · ·		
	51 N6018 BAUERS						
City: <u>CC</u> S	Nomowoc		State:	_ Zip: <u>5</u> _	3066		
4. OTHER REQUIREMEN	NTS:						
Do you have a valid Si Do you participate in	th the Health Department, a valid a tate of Wisconsin Inspection Certif the Emergency Medical Services S	icate?	ate of insurance for this	license perio	od? ☑Yes □No ☑Yes □No ☑Yes □No		
If yes, list service area Do you wish to partic	number: ipate in the Emergency Medical Se	 ervices System?			ŪYes □N		
	eles in service: te page listing all vehicles includin	_ g city assigned nur	mber, and description (year, make a	nd vin number).		
plied in this application or franchise, or refuse or ancestry; and not s	ees to inform the Health Departme on. The undersigned shall not will to employ, or discharge any perso eek such information as a conditio or training or promotion on the ba	fully refuse to prov on otherwise qualii on of employment,	ide those services offe fied because of race, co or penalize any empio	red under th olor, creed, s	nis license, permit ex, national origi		
	erstand that this application does ion of the Common Council.	not entitle the app	olicants to a license an	d that the gr	anting of license		
	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 SW	ORN TO BEFORE ME THIS	23_ day of _	AUGUST	,	_, 20[]		
	Individual/Corporate Pres	sident/Partner:	Rearne De	ersin	Olees.		
	Additional Partner/Corpo	orate Vice Presiden	t:		·		
Notary Public, State o	f Wisconsin:	Mul					
My commission expire	es: 5/19/1	3 / /					
any commission on par	Corporate Secretary:	pul.	m-				
	Corporate Treasurer:	de	1/2-				
Do Not Write Below This	Line	, 		····································	 		
		<u> </u>					
Clerk	License # New	Renewal	Date Filed		Date Granted		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/15/2012

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).

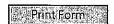
C	ertificate holder in lieu of such endor	sement(s).						
PRO	DUCER			CONTACT Julie Liebelt					
R	& R Insurance Services,	Inc.		PHONE (A/C. N	(262) 953-7219	FAX (A/C	No). (262)	953-1353
1	81 E Racine Avenue		;	PHONE (A/C, No, Ext): (262) 953-7219 FAX (A/C, No): (262) 953-1353 E-MAIL ADDRESS: julie.liebelt@rrins.com					
	Box 1610			PRODUCER CUSTOMER ID #.00018318					
	ukesha WI 53	186		Cusio			DDING COVED A CE		
	JRED	±0.9					RDING COVERAGE		NAIC#
	3112			INSURERA Zurich American Insurance Co.					
Mα	da-Care Ambulance Servic	e Inc		INSURER B: United Wisconsin Ins Co 29157					
	15 W Vliet St	1110		INSURE	RC:Amerı	can Guar	antee & Liab	. Co.	26247
2,5	TO M ATTEC DC			INSURER D:					
342	7	005 10	, a.c.	INSURER E:					
		205-18		INSURE	RF:				
			ENUMBER:CL1213035:		_,		REVISION NUMBE		
II C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIE REDUCED BY	FOR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RE D HEREIN IS SUBJEC	SPECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSR WVD			MW/DD/XXXX)	POLICY EXP (MM/DD/YYYY)		LIMITS	
	GENERAL LIABILITY					1	EACH OCCURRENCE	. \$	1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrent	ce) \$	100,000
A	CLAIMS-MADE X OCCUR	i	CPO9475045-01		2/1/2012	2/1/2013	MED EXP (Any one perso	n) \$	5,000
	X Professional Liab	. 1	<u> </u> 				PERSONAL & ADV INJUI		1,000,000
							GENERAL AGGREGATE	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					:	PRODUCTS - COMPIOP	AGG \$	3,000,000
	X POLICY JECT LOC					1		\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMI (Ea accident)		1,000,000
	ANY AUTO		CPO9475045-01				BODILY INJURY (Per per	son) \$	
Α	ALL OWNED AUTOS				2/1/2012	2/1/2013	BODILY INJURY (Per acc		
	X SCHEDULED AUTOS				PROPERTY DAMAGE				
	X HIRED AUTOS	.	! ! !			•	· (Per accident)	\$	
	X NON-OWNED AUTOS		•	:			Underinsured motorist	\$	
			: 	:			Uninsured motorist combin	ned \$	
	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE		: -				AGGREGATE	\$	1,000,000
	DEDUCTIBLE							\$	·
Α	RETENTION \$ 0		! AUC4755121-01	į	2/1/2012	2/1/2013			
	WORKERS COMPENSATION	- i -	i			:	wc statu-	OTH-	-
_	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			i			X TORY LIMITS E.L. EACH ACCIDENT	_ER	100.000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	ICER/MEMBER EXCLUDED?		2/1/2012	2/1/2013		\$	100,000	
	If yes, describe under	der		E.L. DISEASE - EA EMPL			100,000		
	DESCRIPTION OF OPERATIONS below	1	!		 -	i	E.L. DISEASE - POLICY I	IMII \$	500,000
		1		1			1		
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	EC /attack	ACCORD and Additional Demants		76	<u> </u>	:	-	
The	: City of Milwaukee is addition	al insi	acoku ivi, Additional Remarks: ired per UGL/1175-C (Screause 07-10'	, if more space i	is required) ind work no	erformed by the	Incured	
				0, 10,	,	ing work p	TIOIMEG DY CHE	THOUTCH.	,
CERTIFICATE HOLDER				CANCELLATION					
City of Milwaukee			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Health Department			AUTHORIZED REPRESENTATIVE						
841 N Broadway			THE THE PARTY NAME OF THE PART						
Milwaukee, WI 53202									

AFFIDAVIT

STATE OF WISCONSIN}						
} SS Waukesha County}						
Julia L. Liebelt , being first duly sworn, on oath deposes and says (Agent)						
that he/she is the agent of the Zurich American Insurance Co (Company name) , insurer						
on the attached certificate issued to Meda-Care 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.						
Subscribed and sworn to before me						
this 15th day of August ,20 12						
Notary Public-State of Wisconsin						
Wy Commission expires 7/28//3						
Notary Seal Must Be Affixed.						

Please note the following requirements:

- 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.)



MEDA-CARE AMBULANCE vehicle list as of August 13, 2012

UNIT#	YEAR	MAKE	ID#
202	2000	FORD TYPE 111	1FDXE45F3YHB84122
204	2004	FORD TYPE 11	ʻ1FDSS34P34HA96656
205	2007	FORD TYPE 11	1FDSS34F53HA16666
206	2004	FORD TYPE 11	1FDSS34P14HB09503
207	2005	FORD TYPE 11	1FDSS34P65HB44572
210	2004	FORD TYPE11	1FDSS34P54HA96657
212	1994	FORD TYPE111	1FDKE30M2RHA13034
214	2003	FORD TYPE11	1FDSS34F83HA20405
217	1998	FORD TYPE111	1FDXE40FXWHC12633
219	2005	FORD TYPE 11	1FDSS34P35HB25025
220	2005	FORD TYPE11	1FDSS34P65HB44832
221	2005	FORD TYPE 11	1FDSS34PX5HB49418
223	1995	FORD TYPE 11	1FDJS34FOSHA56177
224	2004	FORD TYPE 11	1FDSS34P84HB04962
227	1995	FORD MINIMOD	1FDJE30F5SHB84332
231	2003	FORD TYPE 111	1FDXE45F63HB49017
232	2003	FORD TYPE 111	1FDXE45F83HB49018
233	2007	FORD TYPE 111	1FDXE45P97DA27533
234	2007	FORD TYPE 111	1FDXE45P97DA38063