

City
of
Milwaukee

Tom Barrett
Mayor

Jeanette Kowalik, PHD, MPH, MCHES
Commissioner of Health

Health Department Office of the Commissioner

jkowal@milwaukee.gov
www.milwaukee.gov/health

Frank P. Zeidler Municipal Building, 841 North Broadway, 3rd Floor, Milwaukee, WI 53202-3653

phone (414) 286-3521

fax (414) 286-5990

MEMORANDUM

TO: Jim Owczarski
City Clerk

FROM: Jeanette Kowalik, PHD, MPH, MCHES
Commissioner of Health

DATE: October 12, 2018

RE: **Ambulance Company's Applications for Approval**

Attached are the ambulance company's applications for certification. Per Chapter 75-15-13 the Milwaukee Health Department is to submit these to your office after receiving approval from the Milwaukee Police Department. That approval letter is attached along with the applications.

If you have any questions or require further information to open this file, please contact Ali Reed at x3524.

Thank you.

MILWAUKEE POLICE DEPARTMENT MEMORANDUM

DATE: OCTOBER 12, 2018

TO: JEANETTE KOWALIK
COMMISSIONER OF HEALTH

C/O: ALI TAHLER-REED
COMPLIANCE ANALYST

FROM: NICHOLAS DESIATO
CHIEF OF STAFF - OFFICE OF THE CHIEF

RE: AMBULANCE COMPANY APPLICATIONS



The Milwaukee Police Department's License Investigation Unit processed the following ambulance company applications:

- Bell
- Curtis Universal
- Meda-Care
- Paratech

Based on investigations that included background checks, we recommend approval of these applications.

ND/smw



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fax (414) 286-5990

MEMORANDUM

TO: Alfonso Morales
Chief of Police

FROM: Jeanette Kowalik, PHD, MPH, MCHES
Commissioner of Health

DATE: October 8, 2018

RE: Ambulance Company's Applications for Approval

Attached are copies of the ambulance company's applications for certification. Please approve or deny application based on qualifications described in city ordinance 75-15 (6).

Upon completion, please return your recommendations for allowance or denial to my office.

If you have any questions or require further information, please contact Ali Reed at x3524.

Thank you.

C: Nicholas DiSiato
Tracy Wetzel

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
 Corporation

1. NAME OF APPLICANT (If individual): _____

Business Name: Paratech Ambulance Service, Inc. Phone: (414) 358-1111

Business Address: 9401 W Brown Deer Road

City: Milwaukee State: WI Zip: 53224

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: _____

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 Paratech Ambulance Service, Inc.

Address: 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: Milwaukee State: WI Zip: 53224

Phone (414) 365-8900 Date of Birth 04/22/1949

Vice President: Richard Romanshek

Home Address: 9401 W Brown Deer Road

City: Milwaukee State: WI Zip: 53224

Phone (414) 365-8900 Date of Birth: 03/24/1952

continued on other side

Secretary: Richard Romanshek

Home Address: SAME AS ABOVE

City: _____ State: _____ Zip: _____

Phone _____ Date of Birth _____

Treasurer: Robert A. Rauch

Home Address: SAME AS ABOVE

City: _____ State: _____ Zip: _____

Agent: Robert A. Rauch

Home Address: SAME AS ABOVE

City: _____ State: _____ Zip: _____

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 area number: 1

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

Total number of vehicles in service: 39

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 25th day of September, 20 18

Individual/Corporate President/Partner: _____

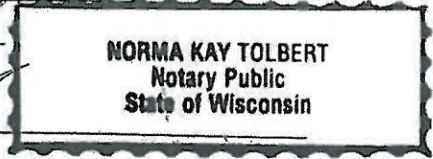
Additional Partner/Corporate Vice President: _____

Notary Public, State of Wisconsin: Norma Kay Tolbert

My commission expires: April 23, 2019

Corporate Secretary: _____

Corporate Treasurer: _____



Do Not Write Below This Line

Clerk License# New Renewal Date Filled Date Granted

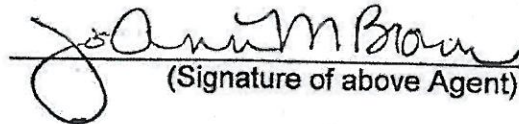
AFFIDAVIT

STATE OF WISCONSIN }
 } SS
Waukesha County }

JoAnn M. Brown, being first duly sworn, on oath deposes and says
(Agent)

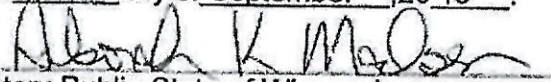
that he/she is the agent of the National Interstate Insurance, insurer
(Company name)
on the attached certificate issued to Paratech Ambulance Service, Inc.
(Legal entity of Insured)

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.


(Signature of above Agent)

Subscribed and sworn to before me

this 20th day of September, 2018.


Notary Public-State of Wisconsin

My Commission expires 6-12-19

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.)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/1/2018

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 160 Menomonee Falls WI 53052-0160		CONTACT NAME: Linda Jensen PHONE (A/C, No, Ext): (262) 502-3858 E-MAIL ADDRESS: linda.jensen@rrins.com FAX (A/C, No): (262) 953-1428																						
INSURED Paratech Ambulance Service Inc. 9401 W. Brown Deer Road Milwaukee WI 53224		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>National Interstate Insurance</td> <td>32620</td> </tr> <tr> <td>INSURER B:</td> <td>Argent- A Div of West Bend Mutual</td> <td>15350</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	National Interstate Insurance	32620	INSURER B:	Argent- A Div of West Bend Mutual	15350	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																								
INSURER E:																								
INSURER F:																								

COVERAGES CERTIFICATE NUMBER: CL183180583 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	ADDITIONAL SUBROGATION WAIVED	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 <input type="checkbox"/> OTHER:	X	LPK0001299-00	3/1/2018	3/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	AA0000116-00	3/1/2018	3/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		UMB0000065-00	3/01/2018	3/01/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	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	A420238	3/01/2018	3/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability		LPL0000105-00	3/01/2018	3/01/2019	Each Medical Incident- CSL 1,000,000 Annual Aggregate Limit- CSL 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is an additional insured for liability coverage as regards their interest in the insured's operation as an ambulance service and as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

City of Milwaukee
 Dept of Health
 Attn: Health Commissioner
 841 N Broadway, Room 112
 Milwaukee, WI 53202-3653

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

Paratech Ambulance Service Vehicles as of September 25, 2018

SQUAD	VEHICLE ID NUMBER	YEAR	MAKE	MODEL
101	1FDWE3FSXEDB00110	2014	FORD	E350
102	1FDWE3FS7CDA07817	2012	FORD	E350
103	1FDWE3FS6GDC55823	2016	FORD	E350
104	1FDWE3FS7HDC62782	2017	FORD	E350
105	1FDWE3FS6JDC02000	2018	FORD	E350
106	1FDWE3FS0DDA91593	2013	FORD	E350
107	1FDWE3FS9HDC62783	2017	FORD	E350
108	1FDWE3FS1JDC01997	2018	FORD	E350
109	1FDWE3FS3EDA45970	2014	FORD	E350
110	1FDWE3FS5FDA29190	2015	FORD	E350
111	1FDWE3FS1FDA29171	2015	FORD	E350
112	1FDXE4FS9CDA70654	2012	FORD	E450
114	1FDWE3FS6BDA38684	2011	FORD	E350
115	1FDWE3FS0EDB13724	2014	FORD	E350
116	1FDWE3FS6JDC01994	2018	FORD	E350
118	1FDWE3FS1CDA28470	2012	FORD	E350
119	1FDWE3FS8DDA91597	2013	FORD	E350
120	1FDWE3FS0FDA33129	2015	FORD	E350
121	1FDWE3FS7FDA33113	2015	FORD	E350
122	1FDWE3FS3FDA33125	2015	FORD	E350
123	1FDWE3FS8DDA34946	2013	FORD	E350
124	1GBHG396091143534	2009	CHEVY	Express 3500
125	1FDWE3FS1EDB06085	2014	FORD	E350
126	1FDWE3FSXGDC55825	2016	FORD	E350
127	1FDWE3FS0FDA33115	2015	FORD	E350
128	1FDWE3FS8DDA61578	2013	FORD	E350
129	1FDWE3FS2FDA33147	2015	FORD	E350
130	1FDWE3FSXGDC55839	2016	FORD	E350
131	1FDWE3FS0BDA16177	2011	FORD	E350
132	1FDWE3FS8BDA38685	2011	FORD	E350
133	1FDWE3FS9BDA42602	2011	FORD	E350
134	1FDWE3FS3CDA90498	2012	FORD	E350
135	1FDWE3FS5GDC27575	2016	FORD	E350
136	1FDWE3FS2JDC01992	2018	FORD	E350
137	1FDWE3FS6GDC27570	2016	FORD	E350
138	1FDWE3FS7GDC27576	2016	FORD	E350
139	1FDWE3FS1GDC27573	2016	FORD	E350
140	1FDWE3FS9GDC27580	2016	FORD	E350
151	1FDWE3FS4EDA37098	2014	FORD	E350

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
 Corporation

1. **NAME OF APPLICANT** (if individual): _____
Business Name: Meda Care Ambulance Service LLC Phone: (414) 344-4444
Business Address: 9401 W Brown Deer Road
City: Milwaukee State: WI Zip: 53224
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: _____

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** Meda Care Ambulance Service LLC
Address: 9401 W Brown Deer Road, Milwaukee, WI, 53224
Date and Place of Incorporation: October 26, 2016 Milwaukee, Wisconsin
President: Robert A. Rauch
Home Address: 9401 W Brown Deer Road
City: Milwaukee State: WI Zip: 53224
Phone (414) 365-8900 Date of Birth 04/22/1949
Vice President: Richard Romanshek
Home Address: 9401 W Brown Deer Road
City: Milwaukee State: WI Zip: 53224
Phone (414) 365-8900 Date of Birth: 03/24/1952

continued on other side

Secretary: Richard Romanshek

Home Address: SAME AS ABOVE

City: _____ State: _____ Zip: _____

Phone _____ Date of Birth _____

Treasurer: Robert A. Rauch

Home Address: SAME AS ABOVE

City: _____ State: _____ Zip: _____

Agent: Robert A. Rauch

Home Address: SAME AS ABOVE

City: _____ State: _____ Zip: _____

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 area number: 2

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

Total number of vehicles in service: 7

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 25th day of September 20 18

Individual/Corporate President/Partner: [Signature]

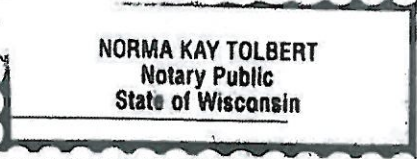
Additional Partner/Corporate Vice President: [Signature]

Notary Public, State of Wisconsin: Norma Kay Tolbert

My commission expires: April 23, 2019

Corporate Secretary: [Signature]

Corporate Treasurer: [Signature]



Do Not Write Below This Line

Clerk	License#	New	Renewal	Date Filled	Date Granted

AFFIDAVIT

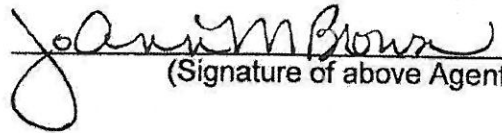
STATE OF WISCONSIN }
 } SS
Waukesha County }

JoAnn M. Brown, being first duly sworn, on oath deposes and says
(Agent)

that he/she is the agent of the National Interstate Insurance, insurer
(Company name)


on the attached certificate issued to Meda Care Ambulance Service, LLC.
(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.


(Signature of above Agent)

Subscribed and sworn to before me

this 20th day of September, 2018.


Notary Public-State of Wisconsin

My Commission expires 6-21-19

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.)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/1/2018

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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).

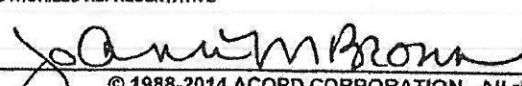
PRODUCER R&R Insurance Services Inc N80 W14824 Appleton Ave PO Box 160 Menomonee Falls WI 53052-0160		CONTACT NAME: Linda Jensen PHONE (A/C, No, Ext): (262) 502-3858 FAX (A/C, No): (262) 953-1428 E-MAIL ADDRESS: linda.jensen@rrins.com	
INSURED Meda Care Ambulance Service LLC 9401 W. Brown Deer Road Milwaukee WI 53224		INSURER(S) AFFORDING COVERAGE INSURER A: National Interstate Insurance INSURER B: Argent- A Div of West Bend Mutual INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 32620 15350

COVERAGES CERTIFICATE NUMBER: CL183180581 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 INSD 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	LPR0001299-00	3/1/2018	3/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	AAI0000116-00	3/1/2018	3/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		UMB0000065-00	3/01/2018	3/01/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	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	A420238	3/01/2018	3/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability		LPL0000105-00	3/01/2018	3/01/2019	Each Medical Incident- CSL 1,000,000 Annual Aggregate Limit- CSL 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is an additional insured for liability coverage as regards their interest in the insured's operation as an ambulance service and as required by written contract.

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 
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Meda Care Ambulance Service Vehicles as of September 25, 2018

SQUAD #	VEHICLE ID NUMBER	YEAR	MAKE	MODEL
MCA 270	1FDWE3FS9BDA83070	2011	FORD	E350
MCA 271	1FDWE3FS4BDA87026	2011	FORD	E350
MCA 272	1FDWE3FS4CDB23671	2012	FORD	E350
MCA 273	1FDWE3FS4CDB03940	2012	FORD	E350
MCA 274	1FDWE3FSXDDA52672	2013	FORD	E350
MCA 275	1FDWE3FS0DDA69089	2013	FORD	E350
MCA 276	1FDXE45P28DA55028	2008	FORD	E450

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
 Corporation

1. NAME OF APPLICANT (If individual): _____

Business Name: BELL AMBULANCE, INC. Phone: 414-486-2000

Business Address: 549 E WILSON ST

City: MILWAUKEE State: WI Zip: 53207-1635

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: _____

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 BELL AMBULANCE, INC.

Address: 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: MEQUON State: WI Zip: 53092

Phone 262-241-1990 Date of Birth 06/15/1948

Vice President: JAMES P LOMBARDO

Home Address: 549 E WILSON ST

City: MILWAUKEE State: WI Zip: 53207

Phone 414-486-4013 Date of Birth: 12/24/1952

continued on other side

Secretary: VALERIE A ZEHETNER

Home Address: 11811 N LAKE SHORE DR

City: MEQUON

Phone: 414-406-0567

State: WI

Zip: 53092

Date of Birth: 02/06/1978

Treasurer: WAYNE A JURECKI

Home Address: 1111 N MARSHALL ST, UNIT 1002

City: MILWAUKEE

State: WI

Zip: 53202

Agent: WAYNE A JURECKI

Home Address: 1111 N MARSHALL ST, UNIT 1002

City: MILWAUKEE

State: WI

Zip: 53202

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 area number: 4

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

Total number of vehicles in service: 59

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 20th day of September, 2018

Individual/Corporate President/Partner: [Signature]

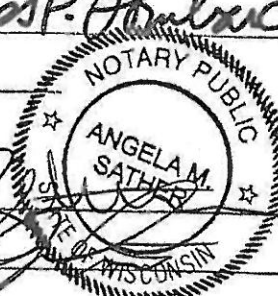
Additional Partner/Corporate Vice President: James P. Lombardo

Notary Public, State of Wisconsin: Milwaukee

My commission expires: 7/31/2020

Corporate Secretary: Valerie A. Zehetner

Corporate Treasurer: Wayne A. Jurecki



Do Not Write Below This Line

Clerk

License #

New

Renewal

Date Filed

Date Granted

SERVICE CONTRACT (BID, CONTRACT OR PURCHASE ORDER #)

AFFIDAVIT OF NO INTEREST
AFFIDAVIT MUST ACCOMPANY EACH CERTIFICATE OF INSURANCE
ISSUED, INCLUDING NEW AND RENEWALS

Jeffrey K. Bair

_____, being first duly sworn, on oath deposes and
(Insurance Agent that signed the insurance certificate submitted)

says that he/she is the agent of the

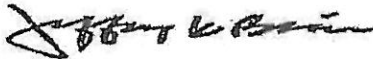
Lloyd's

_____, insurer, on the attached certificate issued
(Insurance Company(s) Named on Insurance Certificate that apply
-listed under Insurers Affording Coverage)

to Bell Ambulance, Inc

(Name of Insured/Contractor listed on insurance certificate)

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 in connection with the furnishing of said insurance certificate.




(Agent's Signature)

STATE OF Iowa

Dubuque COUNTY

Subscribed and sworn to before me this 19 day of September
20 18.

 Notary Public



My Commission expires: _____

**NOTE: THIS "AFFIDAVIT OF NO INTEREST" MUST BE COMPLETED AND
SIGNED BY THE PERSON WHO EXECUTED THE CERTIFICATE OF
INSURANCE, NOTARIZED, AND SUBMITTED WITH YOUR CERTIFICATE OF
INSURANCE.**

¹ The name of the insurance agent signing this affidavit - not the name of the insurance company. The same agent
whose name/signature is on the insurance certificate must complete this affidavit, and their signature must be
notarized.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/19/2018

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 certification does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Cottingham & Butler Jeff K. Bair 800 Main St. Dubuque IA 52001	CONTACT NAME: PHONE (A/C, No, Ext): 563-587-5000		FAX (A/C, No): 563-583-7339
	E-MAIL ADDRESS:		
INSURED Bell Ambulance, Inc. PO Box 070550 Milwaukee WI 53207-0550	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Old Republic Insurance Company		24147
	INSURER B: Lloyd's		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

CERTIFICATE NUMBER: 732104019

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
B	<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:			AH100327	6/1/2018	6/1/2019	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			MWTFB-313557	6/1/2018	6/1/2019	\$ \$ \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 5,000			UM300011	6/1/2018	6/1/2019	\$ EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	MWC-313558-00	6/1/2018	6/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Healthcare Professional			AH100327	6/1/2018	6/1/2019	Aggregate Incident 3,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The City of Milwaukee is additional insured on the general liability policy subject to all terms and conditions of the policy forms. A 30 day notice of cancellation is provided by the insurance company to the certificate holder as outlined by the endorsement attached to the General Liability policy.

CERTIFICATE HOLDER**CANCELLATION**

City of Milwaukee; Health Department
 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

Unit number	In service since	Make	VIN	Location
403	2017	FORD	1FDWE3FS3HDC46465	Milwaukee
404	2018	CHEVROLET	1GB3GRCG5J1216125	Milwaukee
405	2012	CHEVROLET	1GB6G2B67A1100731	Milwaukee
406	2012	CHEVROLET	1GB6G2B67A1101247	Milwaukee
407	2012	CHEVROLET	1GB6G2B67A1101894	Milwaukee
408	2013	CHEVROLET	1GB3G2CLXD1130463	Milwaukee
409	2014	CHEVROLET	1GB3G2CL0E1108523	Milwaukee
410	2014	CHEVROLET	1GB3G2CL8E1108544	Milwaukee
411	2014	CHEVROLET	1GB3G2CL9E1108908	Milwaukee
412	2014	CHEVROLET	1GB3G2CL5E1107772	Milwaukee
413	2014	CHEVROLET	1GB3G2CL6D1182382	Milwaukee
414	2014	CHEVROLET	1GB3G2CL4D1182459	Milwaukee
415	2015	CHEVROLET	1GB3G2CL4E1186335	Milwaukee
416	2015	CHEVROLET	1GB3G2CL8E1186435	Milwaukee
418	2015	CHEVROLET	1GB3G2CL3E1187363	Waukesha*
419	2016	FORD	1FDWE3FS3GDC36534	Milwaukee
420	2016	FORD	1FDWE3FS5GDC36535	Milwaukee
421	2016	FORD	1FDWE3FSXGDC50673	Milwaukee
423	2018	CHEVROLET	1GB3GRCG0J1215318	Milwaukee
424	2018	CHEVROLET	1GB3GRCG8J1217608	Milwaukee
425	2018	CHEVROLET	1GB3GRCG1J1218955	Milwaukee
430	2018	FORD	1FDBW2XM6JKA75590	Milwaukee
431	2018	FORD	1FDBW2XM8JKA81021	Milwaukee
432	2018	FORD	1FDBW2XM8JKA75591	Milwaukee
433	2018	FORD	1FDBW2XMJKA81022	Milwaukee
434	2018	FORD	1FDBW2XM1JKA81023	Milwaukee
435	2018	FORD	1FDBW2XM3JKA81024	Milwaukee
440	2015	CHEVROLET	1GBZGUCLXE1205718	Milwaukee
441	2015	CHEVROLET	1GBZGUCL7E1207426	Milwaukee
442	2015	FORD	1FDBW2XM1FKA42438	Milwaukee
443	2016	FORD	1FDBW2XM4GKB07798	Milwaukee
444	2016	FORD	1FDBW2XM9GKB18778	Milwaukee
445	2016	FORD	1FDBW2XM0GKB22797	Milwaukee
446	2016	FORD	1FDBW2XM4GKB22799	Milwaukee
447	2016	FORD	1FDBW2XM2GKB22798	Milwaukee
449	2017	FORD	1FDBW2XM3HKA15499	Waukesha*
450	2017	FORD	1FDBW2XMXHKA37726	Milwaukee
451	2017	FORD	1FDBW2XM1HKA37727	Milwaukee
452	2017	FORD	1FDBW2XM3HKA37728	Milwaukee
453	2017	FORD	1FDBW2XM8HKA37725	Milwaukee
460	2017	FORD	1FDXE4FS6HDC26785	Milwaukee**
461	2017	FORD	1FDXE4FS7HDC73209	Milwaukee**
462	2010	CHEVROLET	1GB9G5B64A1112379	Milwaukee
470	2011	CHEVROLET	1GB9G5B61A1124831	Milwaukee
472	2012	CHEVROLET	1GB9G5B68A1113647	Milwaukee
473	2015	CHEVROLET	1GB6G5CL7E1198039	Milwaukee
474	2015	CHEVROLET	1GB6G5CL1E1198649	Waukesha*
475	2016	FORD	1FDXE4FS4GDC09191	Milwaukee
476	2016	FORD	1FDXE4FS3GDC24426	Milwaukee
477	2016	FORD	1FDXE4FS9GDC06531	Milwaukee
478	2016	FORD	1FDXE4FS7GDC06530	Milwaukee
479	2016	FORD	1FDXE4FS8GDC34935	Milwaukee
480	2016	FORD	1FDWE3FS8GDC50672	Milwaukee
481	2017	FORD	1FDXE4FS5HDC73211	Milwaukee
482	2018	FORD	1FDXE4FS0JDC06960	Milwaukee
483	2018	FORD	1FDXE4FS0JDC06957	Milwaukee
484	2018	FORD	1FDXE4FS2JDC19483	Milwaukee
485	2018	FORD	1FDXE4FS4JDC40190	Milwaukee
495	2009	CHEVROLET	1GBKG316791152653	Milwaukee

59 UNITS IN SERVICE

*these units are assigned to Waukesha county, but can be moved to Milwaukee if needed

**these units are assigned to the Children's Hospital Transport Team

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
 Corporation

1. NAME OF APPLICANT (if individual): _____

Business Name: Curtis Universal Ambulance, Inc. Phone: 414-276-7711

Business Address: 2266 N. Prospect Ave. Ste. #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

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. Ste #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: _____

Secretary: Debra Baker

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: 53209

Agent: _____

Home Address: _____

City: _____

State: _____

Zip: _____

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 area number: 3

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

Total number of vehicles in service: 24

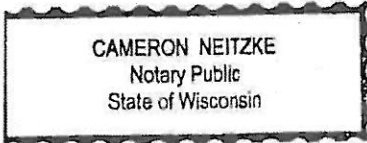
Please attach a separate page listing all vehicles including city assigned number, and description (year, make and vin number).

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 2 day of October, 2018



CAMERON NEITZKE
Notary Public
State of Wisconsin

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

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

Notary Public, State of Wisconsin: Cameron Neitzke

My commission expires: 2/15/2022

Corporate Secretary: Debra M Baker

Corporate Treasurer: James G. Baker, Jr.

Do Not Write Below This Line

Clerk

License #

New

Renewal

Date Filed

Date Granted

Marsh & McLennan Agency 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.

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 he/she is an Agent of Arch Insurance Company, the insurer on the attached certificate or bond Issued to __Curtis-Universal 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.



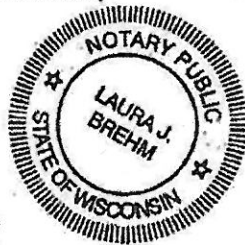
Signature of Agent (same as it appears on Certificate)

Subscribed and sworn to before me
This 25th day of September, 2018



Notary Public, Waukesha County, Wisconsin

My Commission expires: 8-14-21





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/25/2018

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 Marsh & McLennan Agency LLC 2725 South Moorland Road New Berlin WI 53151	CONTACT NAME: Carol Gau	
	PHONE (A/C, No, Ext): 262-795-8829 FAX (A/C, No): 262-786-9753 E-MAIL ADDRESS: carol.gau@marshmma.com	
INSURED Curtis-Universal Ambulance Inc. P.O. Box 2007 2266 N. Prospect Ave., Suite 440 Milwaukee WI 53202	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Arch Insurance Company	11150
	INSURER B: United Wisconsin Insurance Company	29157
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2116866365

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 INSR	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:			MAPK08390202	1/10/2018	1/10/2019	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 \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			MAPK08390202	1/10/2018	1/10/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			MAUM08511002	1/10/2018	1/10/2019	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			0400169017	8/1/2018	8/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	<input type="checkbox"/> Portable Equipment <input type="checkbox"/> Professional Liability			MAIM08442002 MAPK08390202	1/10/2018 1/10/2018	1/10/2019 1/10/2019	Per schedule on file \$1,000,000/\$2,000,000

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 Health Dept
841 N. Broadway, 3rd Floor
Milwaukee WI 53202-3653

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

Milwaukee

Unit #	Year	Model	V.I.N. #	License	Registration
310	2007	G3500	1GBJG316971248731	ABP-5265	1/9/2019
311	2010	G3500	1GB6G2B66A1120419	ADB7526	6/14/2019
312	2009	G3500	1GBJG316991157784	ADB7527	6/14/2019
327	2006	E-350	1FDXE45P16HB00613	968-XKK	12/31/2017
329	2002	E-350	1FDSE35F72HA66179	411-YFW	10/05/2017
334	2004	E-450	1FDXE45P24HA49538	LT 3908	5/31/2018
353	1996	E-350	1FDJS34F6THB56687	543-XBV	4/30/2018
355	2010	E-350	1FDSS3EP3ADA32411	852-YSS	3/1/2018
356	2008	E-350	1FDSS34P48DB56909	472-ZEE	7/13/2018
383	1999	E-450	1FDXE40F0XHA17738	112-SSU	2/28/2018
385	2006	E-450	1FDXE45P36DA68531	606-XUU	5/14/2018
384	1997	E-450	1FDLE40F3VHA42063	904-UNV	3/5/2018
Secondary Response Vehicles					
5442	2002	E-350	1FDXE45F82HA19223	799-WCV	5/21/2018
5443	2009	E-450	1FDXE34P49DA08259	AAB-7445	4/7/2018
5444	1997	E-450	1FDLE40F9VHB77449	831-UUB	6/2/2018
5445	2007	G3500	1GBJG316471252928	ABC-3596	6/15/2019
5446	2007	G3500	1GBJG316871252799	Pending	
5447	1998	E-350	1FDXE40F8WHB07329	359-ZTF	1/31/18
5448	2000	E-350	1FDXE45F2YHA12485	368-UWF	7/17/2018
5449	2005	E-450	1FDE45P95HA58965	149-XLF	2/19/2018
386	1998	E-450	1FDXE40F3WHC06205	116-ZKF	12/7/2017
832	1995	E-350	1FDJE30F7SHA80392	947-GXS	3/31/2018
354	1993	E-350	1FDJS34MXPHB53697	280-VGV	10/1/2017
357	2008	E-350	1FDSS34P48DB09962	Inactive	