

City of Milwaukee Health Department
RECEIVED APPLICATION FOR AMBULANCE CERTIFICATION

Fee Must Accompany Application

License period January 1 to December 31.

\$1,000.00 - New Applicants and Renewals

Make check payable to the City of Milwaukee Health Department
MILWAUKEE HEALTH DEPARTMENT

Check (✓) one: () Individual
() Partnership
(x) Corporation

1. **NAME OF APPLICANT** (if individual) SALL AMBULANCE
BUSINESS NAME BELL AMBULANCE Phone 414-486-2000
Business Address 549 EAST WILSON STREET MILW., WI Zip 53207-0550

Have any people on this application been convicted of violating any federal or state laws, or local ordinances?

Yes _____ No xx 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, City, State, Zip 549 EAST WILSON STREET MILWAUKEE, WI 53207-0550

Date and Place of Incorporation OCTOBER 1, 1978

President R. A. ZEHETNER Home Address 212 EAST RAVINE DRIVE
City, State, Zip MEQUON, WI 53092 Phone 262-241-1990 Date of Birth 06-15-48

Vice President JAMES P. LOMBARDO Home Address 549 E. WILSON STREET
City, State, Zip MILWAUKEE, WI 53207 Phone 414-483-4013 Date of Birth 12-24-52

Secretary ERIC E. HOBBS Home Address 2302 E. NEWBERRY BLVD.
City, State, Zip MILWAUKEE, WI 53211 Phone 414-225-4991 Date of Birth 01-16-60

Treasurer WAYNE JURECKI Home Address 1707 N. PROSPECT AVE.
City, State, Zip MILWAUKEE, WI 53202 Phone 414-486-4042 Date of Birth 10-20-66

Agent _____ Home Address _____
City, State, Zip _____ Phone _____ Date of Birth _____

[illegible]

ACORD CERTIFICATE OF LIABILITY INSURANCE

SP ID BJ
BLLA-1

DATE (MM/DD/YY)
11/07/02

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

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

RA Zehetner & Associates, Inc.
d/b/a Bell Ambulance
Mike Kresovic
P O Box 07550
Milwaukee WI 53207

INSURER A: ☒ St Paul Fire & Casualty Ins Co
INSURER B: ☒ THE CINCINNATI INS. COMPANIES
INSURER C: ☒ UNITED HEARTLAND INS
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	FKO6604427	01/01/02	01/01/03	EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one fire) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 1000000 PRODUCTS - COM/OP AGG \$ 1000000 Prof Aggr 3000000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comp Ded \$250 <input checked="" type="checkbox"/> Coll Ded \$500	FKO6604427	01/01/02	01/01/03	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
B	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	CCC4472542	01/01/02	01/01/03	EACH OCCURRENCE \$ 2000000 AGGREGATE \$ 2000000 \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	0400026879	01/01/02	01/01/03	E.L. EACH ACCIDENT \$ 500000 E.L. DISEASE - EA EMPLOYEE \$ 500000 E.L. DISEASE - POLICY LIMIT \$ 500000
	OTHER				

APPROVED AS TO FORM
AND EXECUTION THIS 6
DAY OF December 20 02
Barry D. Schmitz
Assistant City Attorney

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificateholder is additional insured on the general liability policy as respects the named insured's operations as ambulance service, but only for claims arising out of the negligence of the named insured.

CERTIFICATE HOLDER

Y

ADDITIONAL INSURED; INSURER LETTER: A

CANCELLATION

MILW373
Milwaukee Health Dept
Cathy Miller
841 N Broadway, Room 112
Milwaukee WI 53202

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

Michael S. Schulte

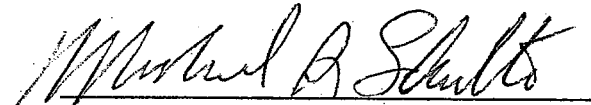
**AFFIDAVIT OF "NO INTEREST" MUST ACCOMPANY EACH CERTIFICATE
OF INSURANCE ISSUED, INCLUDING NEW AND RENEWALS.**

AFFIDAVIT

**STATE OF WISCONSIN
COUNTY OF MILWAUKEE**

**Michael R. Schulte, BEING FIRST DULY SWORN, on oath deposes and says that
he/she is the agent of the St Paul Fire & Casualty Ins Co, insurer on the attached
certificate of insurance or bond issued to Bell Ambulance, Inc.**

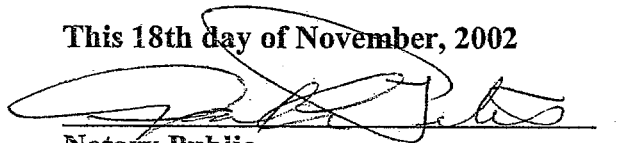
**Affiant further deposes and says that no officer, official or employee of the City of
Milwaukee has any interest, directly or indirectly, or is receiving any premium,
commission, fee or other thing of value on account of the sale or furnishing of said
insurance or bond.**


Signature (same as it appears on cert)

**Michael R. Schulte, (414) 271-3575
Typed Name and Phone Number**

Subscribed and sworn to before me

This 18th day of November, 2002


Notary Public,
My Commission expires 2-2-06