City of Milwaukee Fire 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 Fire Department

Ch	eck(✔) one:										
	Partnership										
1.	NAME OF APPLICANT (If individual):										
	Business Name: Curtis Universal Ambulance, Inc	Phone: 414	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										
	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:		Zip:								
	Phone:	Date of Bir	Date of Birth:								
	Name _										
	Home Address:										
	City:		Zip:								
	Phone:										
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: W310N8370 Kilbourne Rd.										
	City: Hartland	State: WI	Zip: 53029								
	Phone 262-966-1853	Date of Birth 12/17/195									
	Vice President: James G. Baker, Jr.										
	Home Address: Same as above.										
	City:	State:	Zip:								
	Phone	Date of Rirth:	,								

-	Clerk	License#	New	Renewal	Date Filled	Dat	e Granted		
00	Not Write Below This Line								
		Corporate Treas	surer:	assel &	Bally	7			
		Corporate Secre		ebra	Daker		State of Wisconsin		
	My commission expires: 9/16/2025 OMAR MAJID Notary Public								
	Notary Public, State of W	/ /1	10	5		7			
		Additional Parti			Jasos	9. Be	and .		
		Individual/Corp		,	James	& B	Le A		
	SUBSCRIBED AND SWOR	N TO BEFORE ME TH	is 15th	day of 🕤	eptember		.2073		
	depose and say that i am t								
7.	Thave a knowledge of the	City Ordinances curre	ntlyregulating	the license appl	ed for herein, and be	ing duly sworn	underoath,		
	is solely in the discretion				CONTRACTOR MAIL	etrme sirw grui	ar needlage		
5.	The undersigned underst	tand that this applica	tion does not	entitle the appl	cants to a license an	d that the grai	nting of licenses		
	discriminate in the select	ion of personnel for to	raining or prom	notion on the ba	sis of such informatio	on.			
	sex, national origin or ar								
	license, permit, or franci								
) ,	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								
	ricase attach a separate	hage nating an venicle	a meidonig eie	у азывней нин	er, and description (year, make am	a via numberj.		
	Total number of vehicles Please attach a separate			v assigned num	ner and description !	voar make an	d vin number)		
				• *************************************					
	If yes, list service area number:3								
	If you list consist area num	abari 3							
	Doyouparticipateinthe						Yes No		
	Do you have on file with to Do you have a valid State of			ent certificate o	rinsurance for this lic	ense period?	¥Yes ∏No ¥Yes ∏No		
*			s in the area as on	nut anutificate o	finnsson on forethir lie	on a substitution of the	17 1v., 171v.		
1,	OTHER REQUIREMENTS	í							
	City:					Zip:			
	Home Address:								
	Agent:								
	11 1		W		State: WI	Zip: 5	3029		
	Home Address: W310		e Rd						
	Treasurer: _ James G			Date	OI BIEII				
	City: Hartland Phone								
	-				State: WI		3029		
	Home Address: 203 G								
	Secretary: Debra B	aker							

Curtis Ambulance Vehicle List									
Vehicle #	Year	Make	Model	VIN	Туре				
Primary Vehicles									
310 2007 Ch		Chevy	G3500	1GBJG3169712 4873 1	Type III				
313	2009	Chevy	G4500	1GBKG3167911 54399	Type III				
315	2012	Chevy	G3500	1GB3G2CL8C11 52878	Type III				
316	2010	Chevy	G3500	1GB6G2B66A11 33123	Type III				
317 2009 Chevy 318 2015 Chevy		G4500	1GBKG3164911 53954	Type III					
		G4500	1GB6G5CL6F11 17422	Type III					
319	2023	Chevy	C-450	1HA6GUC77PN0 09311	Type III				
320	2010	Ford	E-450	1FDWE3FP1ADA 28025	Type III				
321	2009	Ford	E-450	1FDXE45P89DA77973	Type III				
327	2006	Ford	E-450	1FDXE45P16HB 00613	Type III				
383	1999	Ford	E-450	1FDXE40F0XHA 17738	Type III				
387	2008	Ford	E-450	1FDXE45PX8DB 19901	Type III				
388 2005 Ford		E-450	E-450 1FDXE45P75HA 30680						
388 2005 Ford E-450 1FDXE45P75HA30680 Type III Secondary Vehicles									
5440	2006	Ford	E-450	1FDXE45P26HA 37389	Type III				
5441	2010	Ford	E-450	1FDXE4FP3ADA 20969	Type III				
5442	2008	Ford	E-450	1FDXE45P78DA 35549	Type III				
5443	2009	Ford	E-450	1FDXE34P49DA 08259	Type III				
5444	2024	Ford	E-450	1FDXE4FN6RDD07264	Type III				
5445	2009	Ford	E-450	1FDXE45P59DA 90051	Type III				
5448	2000	Ford	E-450	1FDXE45F2YHA 12485	Type III				

AHORNER

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/18/2023

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)

This certificate does not confer rights to the certificate holder in lieu of s PRODUCER Robertson Ryan - Waukesha 20975 Swenson Drive, Suite 175					CONTACT April Horner NAME: PHONE (A/C, No, Ext): (414) 221-0332 1332 FAX (A/C, No): (877) 700-0139					
							RDING COVERAGE		NAIC #	
(N.C.)	IDED.		_				Insurance Company			
INS	JRED				INSURER B : Nation	20087				
	Curtis Universal Ambulanc PO Box 2007	e Inc			INSURER C:	-		_	-	
	Milwaukee, WI 53201				INSURER D :					
	-				INSURER E :					
	VEDLOES				INSURER F:					
				E NUMBER:			REVISION NUMBER:			
C	HIS IS TO CERTIFY THAT THE POLIC IDICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	TAIN CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC	ACT OR OTHER	R DOCUMENT WITH RESPI	ECT T	A MAHAMA TURE	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		rs		
Α	X COMMERCIAL GENERAL LIABILITY				(300.22,7,1,1)	1	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	Х		005WI000024906	1/10/2023	1/10/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	50,000	
							MED EXP (Any one person)	\$	5,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000	
	X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:						TRODUCTS - COMPTOP AGG	\$		
В	ACTOMODICE EIABICH 1						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO OWNED SCHEDULED			70APB006045	1/10/2023	1/10/2024	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY X SCHEDULED AUTOS ONLY NON OWNED						BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
Α	X UMBRELLA LIAB X OCCUR	-		-				\$		
^				005Wi000024906	414010000	414010004	EACH OCCURRENCE	\$	2,000,000	
	EXCESS LIAB CLAIMS-MADE	-		003441000024306	1/10/2023	1/10/2024	AGGREGATE	\$	2,000,000	
	DED RETENTION \$				_		DEB LOTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A				PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT	\$			
	If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$		
Α	Professional/E&O/Non			005WI000024906	1/10/2023	1/10/2024	E.L. DISEASE - POLICY LIMIT	\$	= =	
^				000111000024300	1/10/2023	1/10/2024	\$1M/\$3M Limit-\$0 Ded			
DESC City	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC of Milwaukee is listed as additional ins	LES (A	CORD	101, Additional Remarks Schedul	le, may be attached if mo	re space ls requir	red)			
, ity	or milwadkee is listed as additional fils	ureu	ıı reç	jards to the General Liabili	ty.					
CEF	RTIFICATE HOLDER			·	CANCELLATION					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
City of Milwaukee 711 W Wells Street					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Milwaukee, WI 53233					AUTHORIZED REPRESENTATIVE					
					Pour FKidur					
					Toug & Kidur					

AFFIDAVIT OF NO INTEREST

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

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 Coverys Specialty Insurance Company and National Indemnity Company, insurers, on the attached certificate issued to City of Milwaukee.

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)

Subscribed and sworn to before me this 18th day of September, 2023.

Jonathan R. Lucas Notary Public

My Commission Expires ___11-14-2026





CASHIER'S CHECK

2007233975

79-57 759

DATE: 09/18/23

***\$1,100.00

One Thousand One Hundred and 00/100ths Dollars

CITY

CITY OF MILWAUKEE FIRE DEPARTMENT

REMITTER:

TO THE ORDER OF

CURTIS UNIVERSAL INC

2007233975# #075900575# 90000034#

FILE COPY