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 Meda-Care Ambulance Phone Number 414-344-4444

Business Address 2515 W. Vliet St. Zip Code 53205

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:** Meda-Care Ambulance Inc.

Address, City, State, Zip 2515 W. Vliet St. Milwaukee, WI 53205

Date and Place of Incorporation: 1/01/72 Milwaukee, WI

President Yvonne Larsen Home Address 568 W18118 Island Dr.

City, State, Zip Muskego, WI 53150 Phone 262-679-0290 Date of Birth 9/04/37

Vice President none Home Address _____

City, State, Zip _____ Phone _____ Date of Birth _____

Secretary Ted Larsen Home Address 20905 Villa Ct.

City, State, Zip Waukesha, WI 53187 Phone 262-798-0654 Date of Birth 11/12/65

Treasurer none Home Address _____

City, State, Zip Phone _____ Date of Birth _____

Agent Linda Wedmann Home Address W351 N6018 Bauers Ln.

City, State, Zip Oconomowoc, WI 53066 Phone 414-940-4921 Date of Birth 6/14/54

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: 2

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

Total number of vehicles in service: 17

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

1 day of September, 2010

Notary Public, State of Wisconsin

My commission expires 5/19/13

Yvonne Larson
(Individual/Corporate President/Partner

(Additional Partner/Corporate Vice President)

(Corporate Secretary)

(Corporate Treasurer)

Do Not Write Below This Line

Clerk _____ License # _____ New ____ Renewal ____ Date Filed _____ Date Granted _____

Meda-Care Ambulance Vehicle List
As of 09/2010

Unit Number	Vin Number	Year and Make
202	1FDXE45F34YHB84122	2000 Ford Type II
204	1FDKE30MARHC16879	1994 Ford Med-Tech
206	1FDSS34P14HB09503	2004 Ford Type II
207	1FDJE30F6SHB33437	1995 Ford Horton
210	1FDKE30M8LHA92376	1990 Ford
212	1FDKE30M2RHA13034	1994 Ford Type III
214	1FDSS34F83HA20405	2003 Ford Type II
217	1FDXE40FXWHC12633	1998 Ford Type III
219	1FDSS34P35HB25025	2005 Ford Type II
220	1FDSS34P65HB44832	2005 Ford Type II
221	1FDSS34PX5HB49418	2005 Ford Type II
223	1FDJ34F0SHA56177	1995 Ford Type II
227	1FDJE30F5SHB84332	1995 Ford Type II
231	1FDXE45F63HB49017	2003 Ford Type III
232	1FDXE45F83HB49018	2003 Ford Type III
233	1FDXE45P97DA27533	2007 Ford Type III
234	1FDXE45P97DA39063	2007 Ford Type III

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/14/2010

PRODUCER (262)574-7000 FAX: (262)574-7080
R & R Insurance Services, Inc.
1581 E Racine Avenue
PO Box 1610
Waukesha WI 53186

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.

INSURED
Meda-Care Ambulance Service Inc
2515 W Vliet St
Milwaukee WI 53205-1835

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Empire Fire & Marine	21326
INSURER B: American Guarantee &	26247
INSURER C: United Wisconsin Ins Co	29157
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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC	CL316939	2/1/2010	2/1/2011	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
A		AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [X] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS	CL316938	2/1/2010	2/1/2011	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
		GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
B		EXCESS / UMBRELLA LIABILITY [ ] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [X] RETENTION $ 0	UMB906214501	2/1/2010	1/1/2011	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000 $ $ $
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	04D0096159	2/1/2010	2/1/2011	[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 500,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
The City of Milwaukee is additional insured per CG2026 concerning work performed by Meda-Care Ambulance Service, Inc.

CERTIFICATE HOLDER

(414)286-5990
City of Milwaukee
Health Department
841 N Broadway
Milwaukee, WI 53202

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ccl-101c (02/07)

AFFIDAVIT

STATE OF WISCONSIN}
} SS
Milwaukee County}

Julie Llebelt (Agent), being first duly sworn, on oath deposes and says

that he/she is the agent of the Empire Fire & Marine (Company name), insurer

on the attached certificate issued to Meda-Care Ambulance Services 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 14th day of September ,20 10 .

Notary Public-State of Wisconsin

My Commission expires 3/4/2010

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.)

Print Form

Form PM-9E
11/09

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 Meda-Care 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