

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR 91
PARAT-1

DATE (MM/DD/YYYY)
04/12/06

PRODUCER
AIS GROUP a div of
R&R Insurance Services Inc.
N80 W14824 Appleton Ave.
Menomonee Falls WI 53052-1180
Phone: 262-255-5100

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.

RECEIVED

INSURED


2006 AUG 30

Paratech Ambulance Service, Inc
9401 W. Brown Deer Road
Milwaukee WI 53224

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Empire Fire & Marine Insurance	
INSURER B: 243 Acuity Insurance Company	14184
INSURER C:	
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 ADD'L LTR INSRD	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"/> Prof Liab Include GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CL311784	03/01/06	03/01/07	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CL311783	03/01/06	03/01/07	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	APPROVED AS TO FORM AND EXECUTION THIS <u>6th</u> DAY OF <u>October</u> 20 <u>06</u>			AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	 Assistant City Attorney			EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTR-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	OTHER Building/Contents	K28716	03/01/06	03/01/07	Blanket \$1,936,620

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 City of Milwaukee is additional insured as respects named insured's operation as an ambulance service

CERTIFICATE HOLDER

CITYM-2

City of Milwaukee
Health Department
Attn: Health Commissioner
841 N. Broadway Rm 112
Milwaukee WI 53202-3653

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.
 AUTHORIZED REPRESENTATIVE
 Thomas [Signature] [Signature]

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

RECEIVED

2006 JUL 10 P 1: 36

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

MILWAUKEE HEALTH
DEPARTMENT

1. NAME OF APPLICANT (If Individual) _____

BUSINESS NAME Paratech Ambulance Service, Inc. Phone Number (414) 358-1111

Business Address 9401 W. Brown Deer Road Zip Code 53224

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 No. _____ Date of Birth _____

Name _____ Home Address _____

(City, State, Zip) _____ Phone No. _____ Date of Birth _____

3. NAME OF CORPORATION: Paratech Ambulance Service, Inc.

Address, City, State, Zip 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 480 Woodview Trace

City, State, Zip Colgate, WI 53051 Phone (262) 628-9244 Date of Birth 4/22/1949

Vice President Richard Romanshek Home Address N90 W20881 Scenic Drive

City, State, Zip Menomonee Falls, WI 53051 Phone (262) 255-6486 Date of Birth 03/24/1953

Secretary Richard Romanshek Home Address SAME AS ABOVE

City, State, Zip SAME AS ABOVE Phone _____ Date of Birth _____

Treasurer Robert A. Rauch Home Address SAME AS ABOVE

City, State, Zip SAME AS ABOVE Phone _____ Date of Birth _____

Agent _____ Home Address _____

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

4. OTHER REQUIREMENTS:

Do you have on file with the Health Department, a valid and current certificate of insurance for this license period? XX Yes ___ No

Do you have a valid State of Wisconsin Inspection Certificate? XX Yes ___ No

Do you participate in the Emergency Medical Services System? XX Yes ___ No

If 'yes', list service are number: 1

Do you wish to participate in the Emergency Medical Services System? XX 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

6th day of July, 2006

Kathleen J. Hahn
Milwaukee Notary Public, State of Wisconsin WI

My commission expires August 20, 2006

[Signature]
(Individual/Corporate President/Partner)

[Signature]
(Additional Partner/Corporate Vice President)

[Signature]
(Corporate Secretary)

[Signature]
(Corporate Treasurer)

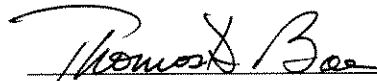
Do Not Write Below This Line

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

AFFIDAVIT

STATE OF WISCONSIN)
)
COUNTY OF WAUKESHA)

Thomas D. Baer, CIC, being first duly sworn on oath, deposes and says that he/she is the agent of the Empire Fire & Marine Insurance & Acuity Insurance Company, insurer on the attached certificate or bond issued to Paratech Ambulance Service, 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.

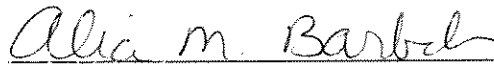


Signature (same as on cert or bond)

Thomas D. Baer, CIC 262-255-5100
Typed Name and Phone Number

Subscribed and sworn to before me

this 28th day of February, 2006



Notary Public

My Commission Expires 01/31/10.

PARATECH AMBULANCE SERVICE SQUAD LIST FOR 2006

UNIT NUMBER	VEHICLE ID	VEHICLE LOCATION	IN SERVICE
101	1FDSE35F32HA44132	WALWORTH	2/26/2002
102	1FDSE35F73HA78978	MILWAUKEE	3/10/2003
103	1FDSE35F81HA96984	JANESVILLE	7/23/2001
104	1FDSE35F9YHA37615	MILWAUKEE	6/9/2000
105	1FDSE35F0YHB24156	MILWAUKEE	6/8/2000
106	1FDSE35F53HA78980	MILWAUKEE	3/10/2003
107	1FDSE35F12HA44131	MILWAUKEE	2/26/2002
108	1FDSE35FXHYB25055	JANESVILLE	6/30/2000
109	1FDSE30F9WHA39918	MILWAUKEE	5/15/1998
110	1FDSE30F8WHA39926	MILWAUKEE	5/15/1998
111	1FDSE30FXWHA06362	MILWAUKEE	5/15/1998
112	1FDSE35F93HA78979	JANESVILLE	5/1/2003
113	1FDSE35FX2HA44130	WALWORTH	2/26/2002
114	1FDSE35F73HA78981	MILWAUKEE	5/1/2003
115	1FDSE35P05HA58969	MILWAUKEE	5/12/2005
116	1FDKE30M4NHB47294	MILWAUKEE	6/26/2003
117	1FDSE35P05HA09271	MILWAUKEE	5/12/2005
118	1FDWE35P06HA92462	WALWORTH	11/1/2005
119	1FDWE35P66HA92465	MILWAUKEE	11/1/2005
120	1FDSE30F9WHA39921	MILWAUKEE	5/15/1998
121	1FDWE30F9WHA14521	MILWAUKEE	5/21/1998
122	1FDWE35P86DA61158	MILWAUKEE	8/8/2006
123	1FDJE30M0RHB48735	MILWAUKEE	4/8/2002
124	1FDJE30F3VHB06720	MILWAUKEE	4/8/2002

058408

atech, Ambulance Service, Inc. • P.O. Box 240076 • Milwaukee, WI 53224-9004

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
07062006	RENEWAL AMBULANCE CERTIFICATION	7/1/06	1100.00		1100.00

CHECK DATE	CHECK NO.	PAYEE	DISCOUNTS TAKEN	CHECK AMOUNT
Jul 6, 2006	058408	CITY OF MILWAUKEE HEALTH DEPT		\$1,100.00

THIS CHECK IS VOID IF MICRO PRINT SIGNATURE LINE IS UNREADABLE UNDER MAGNIFICATION



...help is on the way.
P.O. Box 240076
Milwaukee, WI 53224-9004

M&I Marshall & Isley Bank

12-5 222
750

058408

CHECK NO.	DATE	AMOUNT
058408	Jul 6, 2006	1,100.00

Memo:

PAY One Thousand One Hundred and 00/100 Dollars
TO THE ORDER OF: CITY OF MILWAUKEE HEALTH DEPT

[Handwritten Signature]
AUTHORIZED SIGNATURE

⑈058408⑈ ⑆07500005⑆ 00034⑈97472⑈

THE FACE OF THIS CHECK HAS A SECURITY VOID BACKGROUND PATTERN - DO NOT CASH IF THE WORD VOID IS VISIBLE