

**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

2007 JUL 20 P 4: 30

MILWAUKEE HEALTH
DEPARTMENT

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

1. NAME OF APPLICANT (If Individual) _____
Curtis Universal Ambulance, Inc. 414-933-7600
BUSINESS NAME d/b/a Curtis Ambulance Phone Number 414-276-7711
Business Address P.O. Box 2007, Milw., WI Zip Code 53201-2007

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:** Curtis-Universal Ambulance, Inc.

Address, City, State, Zip P.O. Box 2007, Milwaukee, WI 53201-2007

Date and Place of Incorporation: October 17, 1969, Wisconsin

President James G. Baker Jr. Home Address W310 N8370 Kilbourn Rd
City, State, Zip Hartland, WI 53029 Phone 262-966-1853 Date of Birth 12-17-55

Vice President James G. Baker Jr. Home Address same as above
City, State, Zip _____ Phone _____ Date of Birth _____

Secretary Ramona Lenger Home Address 12045 W. Holt Ave.
City, State, Zip West Allis, WI 53227 Phone 414-327-9984 Date of Birth 6-20-46

Treasurer James G. Baker Jr. Home Address same as above
City, State, Zip _____ 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? 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: 3

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

Total number of vehicles in service: 26

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 July, 20 07

James D. Baker
(Individual/Corporate President/Partner)

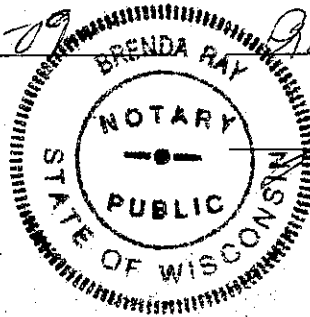
[Signature]
Notary Public, State of Wisconsin

James D. Baker
(Additional Partner/Corporate Vice President)

My commission expires 3-11-09

Ramona E. Lange
(Corporate Secretary)

James D. Baker
(Corporate Treasurer)



Do Not Write Below This Line

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

**CURTIS AMBULANCE SERVICE
VEHICLE LIST**

Unit#	Vehicle I.D.#	Year	Make	Model
<u>Primary Response Vehicles</u>				
320	1FDSE30FOXHB75338	1999	Ford	E350
322	WD2YD641835434153	2003	SPRINTER	
323	1FDSE35FO3HB48983	2003	Ford	E350
324	1FDJE30M7RHA11761	1994	Ford	E350
325	1FDSE35F23HB43705	2003	Ford	E350
326	1FDSE35F91HA86366	2001	Ford	E350
330	1FDXE45F8YHA90690	2000	Ford	E450
351	1FDSE30F2XHB75339	1999	Ford	E350
391	1FDJE30M2PHB25275	1993	Ford	E350
PENDING	1FDXE40F1XHB68281	1999	Ford	E350
<u>Secondary Response Vehicles</u>				
	Med-Flight 1FDLE40F6VHB62892	1997	Ford	E350
321	1FDXE45F41HA86500	2001	Ford	E350
353	1FDJS34F6THB56687	1996	Ford	E350
377	1FDKE30M5NHA00708	1992	Ford	E350
378	1FDKE30F4SHA65109	1995	Ford	E350
379	1FDKE30M8RHB61124	1994	Ford	E350
380	1FDKE30M5RHB93383	1994	Ford	E350
792	1FDJE30M1PHB54055	1993	Ford	E350
793	1FDXE45F2YHA27522	2000	Ford	E450
341	1FDJE30MORHA38915	1994	Ford	E350
343	1FDKE30MXKHC37044	1989	Ford	E350
344	1FDKE30M1KHA75689	1988	Ford	E350

**CURTIS AMBULANCE SERVICE
VEHICLE LIST**

Unit#	Vehicle I.D.#	Year	Make	Model
345	1FDWE35F6YHB47670	2000	Ford	E350
346	1FDXE40F3WHB81015	1998	Ford	E350
347	1FDKE3011HHB13341	1987	Ford	E350
348	1FDJE30M5RHA38912	1994	Ford	E350

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID JK
CURTI-1

DATE (MM/DD/YYYY)
07/20/07

PROPOSER
J. P. & Associates, Inc.
16935 W. Wisconsin Ave.
Brookfield WI 53005
Phone: 262-827-0600 Fax: 262-827-0999

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
Curtis Universal, Inc.
dba Medix Ambulance Service
James Baker
PO Box 2007
Milwaukee WI 53201

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: General Star Indemnity Co.	
INSURER B:	
INSURER C: 2001 JUL 23 P 2:27	
INSURER D:	
INSURER E: MILWAUKEE HEALTH DEPARTMENT	

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 X	GENERAL LIABILITY	IJG396563	01/10/07	01/10/08	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab Retro 1/10/05 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ 2000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 1000000 PRODUCTS - COMP/OP AGG \$ 1000000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below
	OTHER				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

The City of Milwaukee is hereby listed as an additional insured in regards to the General Liability policy with General Star Indemnity Co.

CERTIFICATE HOLDER

MILHEAL

City of Milwaukee
Health Department
841 N Broadway, 3rd Floor
Milwaukee WI 53202-3653

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL SEND A COPY TO MAIL 30 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
John M. Protiva *John M. Protiva*

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

AFFIDAVIT

STATE OF WI)
)
COUNTY OF Waukesha)

John M Protiva, being first duly sworn, on oath deposes and says that he/she is the agent of the General Star Indemnity Company (Insurance or Bonding Company), insurer on the attached certificate or bond issued to Curtis Universal Inc.

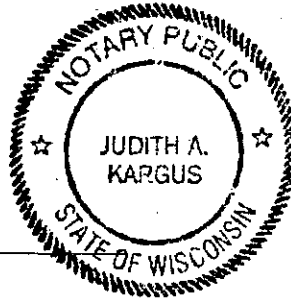
Affiant further deposes and says that no officer, official or employee of the City of Milwaukee has any interest, directly or indirectly, or is receiving any premium, commission, fee or other thing of value on account of the sale or furnishing of said insurance or bond.

John M Protiva
Signature (same as it appears on cert.)

John M. Protiva 262-827-0600
Typed name and phone number

Subscribed and sworn to before me
this 20 day of July, 2007

Judith A. Kargus
Notary Public
My commission expires JAN 30, 2011



Client#: 5915

CURTUNI

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/5/07

PRODUCER Security Insurance Svcs., Inc. P.O. Box 510925 New Berlin, WI 53151-0925 262 785-9490
INSURED Curtis-Universal Ambulance, Inc. P O Box 2007;316 N. Milwaukee Street Milwaukee, WI 53201-2007
INSURERS AFFORDING COVERAGE: INSURER A: United Heartland, INSURER B: National Casualty - Wisconsin, 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.

Table with columns: INSR ADD'LTR, INSRD, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE, POLICY EXPIRATION DATE, LIMITS. Includes sections for General Liability, Automobile Liability, Garage Liability, Excess/Umbrella Liability, and Workers Compensation and Employers' Liability.

APPROVED AS TO FORM

AND EXECUTION THIS 5th DAY OF October 2007

Handwritten signature of Bruce Schrlmpf, Assistant City Attorney.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Certificate holder is named as additional Insured for automobile liability only, for work performed by the named insured.
(See Attached Descriptions)

CERTIFICATE HOLDER: City of Milwaukee Department of Health 200 E. Wells, room 800 City Hall; Attn: Bruce Schrlmpf Milwaukee, WI 53202
CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL... AUTHORIZED REPRESENTATIVE: [Signature]

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/20/07

PRODUCER Security Insurance Svcs., Inc. P.O. Box 510925 New Berlin, WI 53151-0925 262 785-9490	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 Curtis-Universal Ambulance, Inc. P O Box 2007;316 N. Milwaukee Street Milwaukee, WI 53201-2007	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">INSURERS AFFORDING COVERAGE</td> <td style="width:20%;">NAIC #</td> </tr> <tr> <td>INSURER A: United Heartland 23 P 2:27</td> <td></td> </tr> <tr> <td>INSURER B: National Casualty - Wisconsin</td> <td></td> </tr> <tr> <td>INSURER C: MILWAUKEE HEALTH</td> <td></td> </tr> <tr> <td>INSURER D: DEPARTMENT</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: United Heartland 23 P 2:27		INSURER B: National Casualty - Wisconsin		INSURER C: MILWAUKEE HEALTH		INSURER D: DEPARTMENT		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
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COVERAGES

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INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CA00204009	01/10/07	01/10/08	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				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	0400070880	08/01/07	08/01/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
AFFIDAVIT OF "NO INTEREST" MUST ACCOMPANY EACH CERTIFICATE OF INSURANCE ISSUED, INCLUDING NEW AND RENEWALS.

(See Attached Descriptions)

CERTIFICATE HOLDER City of Milwaukee Department of Health 841 North Broadway, 3rd Floor Milwaukee, WI 53202-3653	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL XXXXXXX MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, XX AUTHORIZED REPRESENTATIVE <i>Curtis Stepien</i>
--	--

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

The Certificate of Insurance on the reverse side of this form 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.

DESCRIPTIONS (Continued from Page 1)

AFFIDAVIT

STATE OF WISCONSIN)

Waukesha COUNTY)

Cindy Stephens, BEING FIRST DULY SWORN, on oath
deposes and says that she is the agent of the
United Heartland & National Casualty, Wisconsin
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.

Cindy Stephens
Signature (same as it appears on Certificate)

Cindy Stephens 262-785-9490

Subscribed and sworn to before me

this 20th day of July 2007

Shelley Paquin
Notary Public,
My Commission expires 10-3-10

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).

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DESCRIPTIONS (Continued from Page 1)

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

AFFIDAVIT

STATE OF WISCONSIN)

Waukesha COUNTY)

Carol Cantrall, BEING FIRST DULY SWORN, on oath deposes and says that she is the agent of the United Heartland & National Casualty, Wisconsin 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.

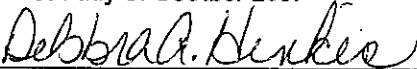


Signature (same as it appears on Certificate)

Carol Cantrall 262-785-9490

Subscribed and sworn to before me

this 5th day of October 2007



Notary Public,

My Commission expires 7-12-09

THIS CHECK IS VOID UNLESS IT IS DEPOSITED WITHIN 90 DAYS OF THE DATE OF ISSUANCE. THE BANK WILL NOT BE RESPONSIBLE FOR ANY LOSS OF FUNDS IF THIS CHECK IS NOT DEPOSITED WITHIN THE SPECIFIED PERIOD.

CASHIER'S CHECK 2700736

79-57
759

REMITTER: CUEETS
DATE: 07/19/2007

One Thousand One Hundred Dollars and 00 cents

\$1,100.00

***CITY OF MILWAUKEE HEALTH DEPT ***

\$

PAY TO THE ORDER OF



Associated Bank

[Signature]

90000034

⑆ 2700736 ⑆ ⑆ 0759005751 ⑆