

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: MILWAUKEE, WI 1/10/72

President YVONNE LARSEN Home Address 568 W1818 ISLAND DR.
City, State, Zip MUSKEGO, WI 53150 Phone 262-9679-0290 Date of Birth 9/24/37

Vice President — Home Address _____
City, State, Zip _____ Phone _____ Date of Birth _____

Secretary TED LARSEN Home Address 20905 VILLA CT.
City, State, Zip WAUKESHA, WI 53186 Phone 262-798-3425 Date of Birth 11/12/65

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

Agent LINDA K. WIEDMANN Home Address W351 N6018 BAVERS 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: 18

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

22 day of September, 2009

Yvonne Larsen
(Individual/Corporate President/Partner)

John Wilson
Notary Public, State of Wisconsin

(Additional Partner/Corporate Vice President)

My commission expires 5/19/13

[Signature]
(Corporate Secretary)

(Corporate Treasurer)

Do Not Write Below This Line

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

MEDA-CARE AMBULANCE VEHICLES

FLEET NUMBER	VIN Number	License Number	Yr Manufactured Model
201	1FDKE30M4MHB04119	315-EVU	1991 FORD TYPE 111
202	1FDXE45F3YHB84122	929-MKW	2000 FORD TYPE 111
204	1FDKE30M8RHC16879	888-EKN	1994 FORD TYPE 111
206	1FDSS34P14HB09503	930-MKW	2004 FORD TYPE 11
207	1FDJE30F6SHB33437	794-EZJ	1995 FORD TYPE 111
210	1FDKE30M8LHA92376	256-AWM	1990 FORD MINIMOD
212	1FDKE30M2RHA13034	117-KHW	1994 FORD TYPE 111
214	1FDSS34FOX4A32750	195-MKW	1999 FORD TYPE 11
217	1FDXE40FXWHC12633	563-NYJ	1998 FORD TYPE 111
219	1FDSS34P35HB25025	758-KNK	2005 FORD TYPE 11
220	1FDSS34P65HB44832	755-KNK	2005 FORD TYPE 11
221	1FDSS34PX5HB49418	739-KNK	2005 FORD TYPE 11
223	1FDJS34F0SHA56177	793-EZJ	1995 FORD TYPE 11
227	1FDJE30F5SHB84332	771-JWR	1995 FORD TYPE 11
231	1FDXE45F63HB49017	133-PWA	2003 FORD TYPE 111
232	1FDXE45F83HB49018	134-PWA	2003 FORD TYPE 111
233	1FDXE45P97DA27533	135-PWA	2007 FORD TYPE 111
234	1FDXE45P97DA38063	136-PWA	2007 FORD TYPE 111

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/29/2009

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

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

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	NAIC #
INSURER A: Empire Fire & Marine	21326
INSURER B: United Wisconsin Ins Co	29157
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	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 Incl Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CL315403	2/1/2009	2/1/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CL315402	2/1/2009	2/1/2010	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 \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	D40D086333	2/1/2009	2/1/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS DTH-ER 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
 The City of Milwaukee is additional insured per CG2026 concerning work performed by Meda-Care Ambulance Service, Inc.

<p>CERTIFICATE HOLDER (414) 286-5990 City of Milwaukee Health Department 841 N Broadway Milwaukee, WI 53202</p>	<p>CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 </p>
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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.

