



**City
of
Milwaukee
Health Department**

Tom Barrett
Mayor

Bevan K. Baker, FACHE
Commissioner of Health

Joe Mar Hooper, MPA
Health Operations Administrator

www.milwaukee.gov/health

Frank P. Zeidler Municipal Building, 841 North Broadway, 3rd Floor, Milwaukee, WI 53202-3653 phone (414) 286-3521 fax (414) 286-5990

TO: Jim Owczarski
City Clerk

FROM: Bevan K. Baker, FACHE
Commissioner of Health

DATE: September 28, 2014

RE: **Ambulance Company's Applications for Approval**

Attached are the ambulance company's applications for certification. Per Chapter 75-15-13 the Milwaukee Health Department is to submit these to your office after receiving approval from the Milwaukee Police Department. That approval letter is attached along with the applications.

If you have any questions or require further information to open this file, please contact Ali Reed at x3524.

Thank you.

Think Health. Act Now!



MILWAUKEE POLICE DEPARTMENT MEMORANDUM

DATE: SEPTEMBER 24, 2014

TO: BEVAN K. BAKER, FACHE
HEALTH DEPARTMENT

ATTN: ALI REED
HEALTH DEPARTMENT

FROM: CHIEF OF STAFF JOEL B. PLANT
POLICE DEPARTMENT

RE: AMBULANCE APPLICATIONS



A handwritten signature in blue ink, appearing to be 'JBP', is written over the 'FROM' line of the memorandum.

On September 15, 2014, applications for ambulance certifications from the following companies

Paratech Ambulance Service, Inc.
Bell Ambulance, Inc.
Meda-Care Ambulance
Curtis Universal Ambulance, Inc.

were forwarded to us for evaluation based on criteria contained within City Ordinance 75-15 (6).

Background checks were performed and it is recommended that the applications provided be approved.

JBP:hmh

MILWAUKEE POLICE DEPARTMENT MEMORANDUM

Date: Tuesday, September 23, 2014

OFFICE CHIEF OF POLICE Received <u>SEP 23 2014</u> Referred _____
--



TO: Regina Howard
Police Captain

FR: Chad Raden
Police Sergeant

CC:

RE: Ambulance Applications

Ma'am,

On Tuesday, September 23, 2014, the License Investigation Unit processed the following ambulance applications: Paratech, Bell, Meda-care, and Curtis. The LIU conducted a background check on each application. At the conclusion of the LIU's investigation it is my recommendation to approve the applications that were provided.

Respectfully submitted,


Police Sergeant Chad Raden
License Investigation Unit

OFFICE OF MANAGEMENT, ANALYSIS AND PLANNING RECEIVED <u>9/23/14</u> REFERRED <u>[Signature]</u> <u>[Signature]</u> SIGNATURE

OFFICE	
CHIEF OF POLICE	
Received	SEP 17 2014
Referred	Sgt Raden

MEMORANDUM

TO: Edward Flynn
Chief of Police

FROM: Bevan K. Baker, FACHE
Commissioner of Health

DATE: September 15, 2014

RE: Ambulance Company's Applications for Approval

Attached are copies of the ambulance company's applications for certification. Please approve or deny application based on qualifications described in city ordinance 75-15 (6).

Upon completion, please return your recommendations for allowance or denial to my office.

If you have any questions or require further information, please contact Ali Reed at x3524.

Thank you.

C: Joel Plant

Please send response to
Ali Reed at MHD

14-0777

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
 Corporation

1. NAME OF APPLICANT (If individual): _____
Business Name: MEDA-CARE AMBULANCE Phone: 414-344-4444
Business Address: 2515 W. Vliet St.
City: Milwaukee State: WI Zip: 53205
Have any people on this application been convicted of violating any federal or state laws, or local ordinances? Yes No
If 'yes', name of person(s), date, charge and penalty: _____

2. PARTNERSHIP (If applicable):
Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Date of Birth: _____
Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Date of Birth: _____

3. NAME OF CORPORATION MEDA-CARE AMBULANCE, INC.
Address: 2515 W. Vliet St. Milwaukee, WI 53205
Date and Place of Incorporation: 1/10/72 Milwaukee, WI
President: Yvonne Larsen
Home Address: 568 W18118 Island Dr.
City: Muskego State: WI Zip: 53150
Phone 262-679-0290 Date of Birth 09/24/37
Vice President: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Phone _____ Date of Birth: _____

Secretary: Ted Larsen
 Home Address: 20905 Villa Ct.
 City: Brookfield State: WI Zip: 53186
 Phone: 262-798-0654 Date of Birth: 11/12/65
 Treasurer: same as secretary
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Agent: Linda Wiedmann
 Home Address: 39612 Cedar Ln
 City: Oconomowoc State: WI Zip: 53066

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 area 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 8 day of September, 2014
 Individual/Corporate President/Partner: Cornel Larsen Pres.
 Additional Partner/Corporate Vice President: _____
 Notary Public, State of Wisconsin: [Signature]
 My commission expires: 5/8/17
 Corporate Secretary: [Signature]
 Corporate Treasurer: _____

Do Not Write Below This Line

Clerk	License #	New	Renewal	Date Filed	Date Granted

MEDA-CARE AMBULANCE vehicle list as of August 31, 2014

UNIT #	YEAR	MAKE	ID#
202	2006	FORD TYPE 11	1FDSS34P26DA92043
203	2006	FORD TYPE 11	1FDSS34P86HA92878
204	2004	FORD TYPE 11	1FDSS34P34HA96656
206	2004	FORD TYPE 11	1FDSS34P14HB09503
207	2005	FORD TYPE 11	1FDSS34P65HB44572
208	2006	Ford Type 11	1FDSS34P46DA88818
209	2006	Ford Type 11	1FDSS34P26DA88820
210	2004	FORD TYPE11	1FDSS34P54HA96657
217	1998	FORD TYPE111	1FDXE40FXWHC12633
219	2005	FORD TYPE 11	1FDSS34P35HB25025
224	2004	FORD TYPE 11	1FDSS34P84HB04962
231	2003	FORD TYPE 111	1FDXE45F63HB49017
232	2003	FORD TYPE 111	1FDXE45F83HB49018
233	2007	FORD TYPE 111	1FDXE45P97DA27533
234	2007	FORD TYPE 111	1FDXE45P97DA38063
228	2006	FORD TYPE 111	1FDXE45P56HA37226
229	2005	FORD TYPE 111	1FDXE45P35HB39573



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/2/2014

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 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).

PRODUCER R & R Insurance Services, Inc. 1581 E Racine Avenue PO Box 1610 Waukesha WI 53186	CONTACT NAME: Julie Liebelt
	PHONE (A/C, No, Ext): (262) 953-7219 FAX (A/C, No): (262) 953-1353
	E-MAIL ADDRESS: julie.liebelt@rrins.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Arch Insurance Company	NAIC #
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

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

COVERAGES CERTIFICATE NUMBER: CL149252590 REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			MAPK07855601	2/1/2014	2/1/2015	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 checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			MAPK07855601	2/1/2014	2/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			MAUM06385201	2/1/2014	2/1/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Should policies be cancelled, certificate holder will be given 10 days' notice of such cancellation.
Certificate holder is additional insured for general liability per CG 20 26 (07-04)

CERTIFICATE HOLDER 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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Julie L. Liebelt

AFFIDAVIT

STATE OF WISCONSIN }
County} SS

Julia L. Liebelt, being first duly sworn, on oath deposes and says
(Agent)

that he/she is the agent of the Arch Insurance Company, insurer
(Company name)

on the attached certificate issued to Meda-Care Ambulance Service, 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.

Julia L. Liebelt
(Signature of above Agent)

Subscribed and sworn to before me

this 2nd day of September, 2014.

JoAnn M Brown
Notary Public-State of Wisconsin

My Commission expires 4/21/17

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.)

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
 Corporation

1. NAME OF APPLICANT (If Individual): _____

Business Name: Paratech Ambulance Service, Inc. Phone: (414) 358-1111

Business Address: 9401 W. Brown Deer Road

City: Milwaukee State: WI Zip: 53224

Have any people on this application been convicted of violating any federal or state laws, or local ordinances? Yes No

If 'yes', name of person(s), date, charge and penalty: _____

2. PARTNERSHIP (If applicable):

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Name _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

3. NAME OF CORPORATION Paratech Ambulance Service, Inc.

Address: 9401 W. Brown Deer Road, Milwaukee, WI 53224

Date and Place of Incorporation: January 1st, 1979 State of Wisconsin

President: Robert A. Rauch

Home Address: 9401 W. Brown Deer Road

City: Milwaukee State: WI Zip: 53224

Phone (414) 358-1111 Date of Birth 04/22/1949

Vice President: Richard Romanshek

Home Address: N90 W20881 Scenic Drive

City: Menomonee Falls State: WI Zip: 53051

Phone (262) 255-6486 Date of Birth: 03/24/1953

continued on other side

Secretary: Richard Romanshek

Home Address: SAME AS ABOVE

City: _____ State: _____ Zip: _____

Phone _____ Date of Birth _____

Treasurer: Robert A. Rauch

Home Address: SAME AS ABOVE

City: _____ State: _____ Zip: _____

Agent: _____

Home Address: _____

City: _____ State: _____ Zip: _____

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 area number: 1

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

Total number of vehicles in service: 36

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 8th day of September, 20 14.

Individual/Corporate President/Partner: [Signature]

Additional Partner/Corporate Vice President: [Signature]

Notary Public, State of Wisconsin: Kathleen J. Holm
Mcwaukee, WI

My commission expires: January 12, 2015

Corporate Secretary: [Signature]

Corporate Treasurer: [Signature]

Do Not Write Below This Line

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

Last updated: 9-9-14

<u>SQ#</u>	<u>VEHICLE ID NUMBER</u>	<u>YEAR/MAKE</u>	<u>PURCHASE IN SERVICE</u>	
102	1FDWE3FS7CDA07817	2012 FORD E350	NEW	11/21/2011
103	1FDXE45P95HA88466	2005 FORD E450 TYPE III	USED	5/6/2010
104	1FDWE3FS2BDA42599	2011 FORD E350 TYPE III	NEW	6/10/2011
105	1GDJG316291138873	2009 GMC SAVANNA 3500	NEW	6/19/2009
106	1FDWE3FS0DDA91593	2013 FORD E350	NEW	7/31/2013
107	1FDWE3FS5BDA42600	2011 FORD E350 TYPE III	NEW	7/1/2011
108	1GDHG316991181220	2009 GMC G3500	NEW	9/23/2009
109	1FDWE3FS3EDA45970	2014 MEDIX 90 WIDE TYPE III	NEW	5/20/2014
111	1GBJG316471201753	2007 CHEVY EXPRESS 3500	NEW	11/3/2008
112	1FDXE4FS9CDA70654	2012 FORD E450	NEW	10/27/2012
114	1FDWE3FS6BDA38684	2011 FORD E350 TYPE III	NEW	6/24/2011
115	1FDSE35P05HA58969	2005 FORD E350	NEW	5/12/2005
116	1GDHG316891180740	2009 GMC SAVANNA 3500	NEW	1/7/2010
117	1FDWE3FS7DDA91591	2013 FORD E350	NEW	7/31/2013
118	1FDWE3FS1CDA28470	2012 FORD E350	NEW	2/28/2012
119	1FDWE3FS8DDA91597	2013 FORD E350	NEW	7/31/2013
120	1GBJG316171254474	2007 CHEVY EXPRESS 3500	NEW	5/27/2008
121	1GBHG396371240501	2007 CHEVY EXPRESS 3500	NEW	3/1/2008
122	1FDWE35P86DA61158	2006 FORD E350	NEW	10/23/2006
123	1FDWE3FS8DDA34946	2013 FORD E350	NEW	3/19/2013
124	1GBHG396091143534	2009 CHEVY EXPRESS 3500	NEW	6/12/2009
125	1FDSE35P87DB00752	2007 FORD E350	NEW	7/31/2007
126	1FDXE45F53HA63844	2003 XLT E450 FORD	USED	5/1/2008
127	1FDXE45F33HA63843	2003 XLT E450 FORD	USED	5/1/2008
128	1FDWE3FS8DDA61578	2013 FORD E350	NEW	6/27/2013
129	1FDXE45P56HA77143	2006 WHEEL COACH TYPE III	USED	10/4/2010
130	1FDXE45P16HA77138	2006 WHEEL COACH TYPE III	USED	10/4/2010
131	1FDWE3FS0BDA16177	2011 FORD E350 TYPE III	NEW	4/18/2011
132	1FDWE3FS8BDA38685	2011 FORD E350 TYPE III	NEW	4/18/2011
133	1FDWE3FS9BDA42602	2011 FORD TYPE III	NEW	5/18/2012
134	1FDWE3FS3CDA90498	2012 FORD E350	NEW	8/20/2012
135	1FDXE45P88DB01235	2008 FORD E450	USED	3/19/2013
136	1FDXE45PX8DB01236	2008 FORD E450	USED	3/19/2013
151	1FDWE3FS4EDA37098	2014 MEDIX 150 TYPE 111	NEW	5/28/2014



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/4/2014

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 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).

PRODUCER R & R Insurance Services, Inc. N80 W14824 Appleton Ave PO Box 160 Menomonee Falls WI 53052-0160	CONTACT NAME: Linda Jensen	
	PHONE (A/C No. Ext): (262) 502-3858 FAX (A/C No.): (262) 953-1429	
	E-MAIL ADDRESS: linda.jensen@rrins.com	
INSURED Paratech Ambulance Service Inc 9401 W. Brown Deer Road Milwaukee WI 53224	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Markel Insurance Company	
	INSURER B: United Heartland, Inc.	
	INSURER C: Acuity	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL143448333 REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			MTK7000083901	3/1/2014	3/1/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Prof Liab \$1mil/\$3mil						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> Abuse \$1mil/\$2mil			GENERAL AGGREGATE \$ 3,000,000			PRODUCTS - COMP/OP AGG \$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY			MTA7000083901	3/1/2014	3/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		MTU7000083901	3/1/2014	3/1/2015	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 2,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0400135217	3/1/2014	3/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
C	Leased or Rented Equip \$250 deductible			K28716	3/1/2014	3/1/2015	Each Item 25,000 All covered Property 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Milwaukee is an additional insured for liability as regards their interest in the insured's operation as an ambulance service. Form MGL1215(0912) applies.

CERTIFICATE HOLDER

City of Milwaukee
Dept of Health
Attn: Health Commissioner
841 N Broadway, Room 112
Milwaukee, WI 53202-3653

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Thomas Baer/LJ332

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
 Corporation

1. NAME OF APPLICANT (If Individual): _____
Business Name: Curtis Universal Ambulance, Inc. 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 No
If 'yes', name of person(s), date, charge and penalty: _____
mailing address: P.O. Box 2007 Milwaukee, WI 53201-2007

2. PARTNERSHIP (If applicable):
Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Date of Birth: _____
Name _____
Home Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Date of Birth: _____

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: W310 N 8370 Kilbourne Rd.
City: Hartland State: WI Zip: 53029
Phone (262) 966-1853 Date of Birth 12-17-1955
Vice President: James G. Baker, Jr.
Home Address: Same as above.
City: _____ State: _____ Zip: _____
Phone _____ Date of Birth: _____

continued on other side

Secretary: Debra Baker
 Home Address: 100 Corrina Blvd. Apt. #427
 City: Waukesha State: WI Zip: 53186
 Phone _____ Date of Birth _____
 Treasurer: James G. Baker, Jr.
 Home Address: 6310 N8370 Kilbourne Rd.
 City: Hartland State: WI Zip: 53029
 Agent: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____

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 area number: 3
 Do you wish to participate in the Emergency Medical Services System? Yes No
 Total number of vehicles in service: 25
 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 11 day of Sept, 20 14
 Individual/Corporate President/Partner: James G. Baker
 Additional Partner/Corporate Vice President: James G. Baker
 Notary Public, State of Wisconsin: Christine Stenmark
 My commission expires: 1-22-2017
 Corporate Secretary: Debra Baker
 Corporate Treasurer: James G. Baker

Do Not Write Below This Line

Clerk	License #	New	Renewal	Date Filed	Date Granted

Milwaukee

Unit #	Year	Model	Engine	Trans.	V.I.N. #	License	Registration Due
321	2001	E-450	7.3 DIT	E4OD	1FDXE45F41HA86500	535 GFS	June
323	2003	E-350	7.3 DIT	4R100W	1FDSE35FO3HB48983	855 HEV	July
325	2003	E-350	7.3 DIT	4R100W	1FDSE35F23HB43705	540 HEV	July
326	2001	E-350	7.3 DIT	4R100W	1FDSE35F91HA86366	440 JKB	May
327	2007	E-350	6.0 L	5R110W	1FDWE35P77DA13538	487 SVM	May
328	2007	E-350	6.0L	5R110W	1FDWE35P37DA51560	486 SVM	May
331	2002	E-450	7.3 DIT	4R100W	1FDXE45F92HB56493	179 NAK	July
333	2000	E-450	7.3 DIT	4R100W	1FDXE45F2YHA27522	439 JKB	May
351	1999	E-350	7.3 DIT	4R100W	1FDSE30F2XHB75339	VGA 509	Sept.
379	1993	E-350	7.3 L	E4OD	1FDKE30M8RHB61124	862 FNR	April
381	1999	E-450	7.3 DIT	4R100W	1FDXE40F1XHB68281	778 MKW	October
383	1999	E-450	7.3 DIT	4R100W	1FDXE40F0XHA17738	112 SSU	February
384	1997	E-450	7.3 dit	4R100W	1FDLE40F3VHA42063	904 UNV	March

Secondary Response Vehicles

40	1998	E-350	7.3 DIT	4R100W	1FDXE40F7WHB64718	113 SSU	February
41	1997	E-350	7.3 DIT	4R100W	1FDLE40F9VHA37918	118 RYX	July
42	2002	E-350	7.3 DIT	4R100W	1FDXE45F82HA19223	799 WCV	May
43	2003	E-450	7.3 DIT	4R100W	1FDXE45F73HA49847	868 UJH	December
44	1997	E-450	7.3 DIT	4R100W	1FDLE40F9VHB77449	831 UUB	June
45	2000	E-350	7.3 DIT	4R100W	1FDWE35F6YHB47670	713 KKG	April
46	1998	E-350	7.3 DIT	4R100W	1FDXE40F3WHB81015	457 KHH	December
47	1993	E-350	7.3 L	E4OD	1FDJE30M1PHB54055	869 RGL	July
48	2000	E-350	7.3 L	4R100W	1FDXE45F2YHA12485	368 UWF	July
830	2006	E-450	6.0 L	4R100W	1FDXE45P46DA24876	696 REA	September
832	1995	E-350	7.3 DIT	E4OD	1FDJE30F7SHA80392	947 GXS	March
834	1993	E-350	7.3 L	E4OD	1FDJS34MXPB53697	280 VGV	October

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 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).

PRODUCER Security Insurance Services P.O. Box 510925 New Berlin, WI 53151-0925 262 785-9490	CONTACT NAME: Carol Cantrall PHONE (A/C, No, Ext): 262 785-9490 E-MAIL ADDRESS: ccantral@securityins.net	FAX (A/C, No): 262 785-9753
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Colony Insurance Company	
	INSURER B: Rock Hill Insurance Company	
	INSURER C: Nationwide Mutual	
	INSURER D: National Casualty - Wisconsin	
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			AP512070	01/10/2014	01/10/2015	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$2,500
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$	
D	AUTOMOBILE LIABILITY			CAO0233650	01/10/2014	01/10/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		RXSLRU00058103	01/10/2014	01/10/2015	EACH OCCURRENCE	\$2,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$2,000,000
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$0						\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATUTORY LIMITS	OTHER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT	\$
Y/N N/A							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Professional			AP512070	01/10/2014	01/10/2015	\$1,000,000/claim	
C	Scheduled Eqpmnt			ACP7105891136	01/10/2014	01/10/2015	\$409,500	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder is named additional insured for general liability.
 see attached for affidavit.

AFFIDAVIT
 (See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

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

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Scott Nose