

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

2011 AUG 31 P 2: 33

MILWAUKEE HEALTH DEPARTMENT

Check(✓) one: Individual
 Partnership
 Corporation

1. NAME OF APPLICANT (If individual): _____

Business Name: MEDA-CARE AMBULANCE CORP. 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

Address: 2515 W. VLIET ST. MILWAUKEE, WI 53205

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

President: VIVONNE LARSEN

Home Address: 568 W 18118 ISLAND DR.

City: MUSKEGO State: WI Zip: 53150

Phone 262-679-0290 Date of Birth 9/24/37

Vice President: none

Home Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Date of Birth: _____

Secretary: TED LARSEN
Home Address: 20905 Ville Ct.
City: Waukesha State: WI Zip: 53184
Phone: 262-798-0654 Date of Birth: 11/12/65

Treasurer: none
Home Address: _____
City: _____ State: _____ Zip: _____

Agent: Linda Wiedmann
Home Address: W351 N6018 Bauers Ln
City: Deonowoc 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: 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 23 day of August, 20 11

Individual/Corporate President/Partner: James Larsen

Additional Partner/Corporate Vice President: _____

Notary Public, State of Wisconsin: Debi Mulin

My commission expires: 5/19/13

Corporate Secretary: [Signature]

Corporate Treasurer: _____

Do Not Write Below This Line

Clerk License # New Renewal Date Filed Date Granted



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/31/2011

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).

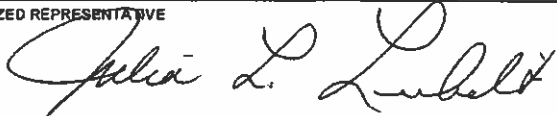
PRODUCER R & R Insurance Services, Inc. 1581 E Racine Avenue PO Box 1610 Waukesha WI 53186		CONTACT NAME: Julie Liebelt PHONE (A/C No. Ext): (262) 574-7000 FAX (A/C No.): (262) 574-7080 E-MAIL ADDRESS: julie.liebelt@rrins.com PRODUCER CUSTOMER ID#: 00018318	
INSURED Meda-Care Ambulance Service Inc 2515 W Vliet St Milwaukee WI 53205-1835		INSURER(S) AFFORDING COVERAGE INSURER A: Zurich American Insurance Co. INSURER B: American Guarantee & Liability 26247 INSURER C: United Wisconsin Ins Co 29157 INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1113127975 **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		CPO9475045-00	2/1/2011	2/1/2012	EACH OCCURRENCE \$ 1,000,000
	<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					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		CPO9475045-00	2/1/2011	2/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIREO AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 350,000 Uninsured motorist combined \$ 350,000
B	UMBRELLA LIAB	<input checked="" type="checkbox"/>	AUC4755121-00	2/1/2011	2/1/2012	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0					AGGREGATE \$ 1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		0400105748	2/1/2011	2/1/2012	<input checked="" type="checkbox"/> WC STATU: <input type="checkbox"/> OTH: TORY (LIMITS) ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N N/A				E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability		PL9474800-00	2/1/2011	2/1/2012	\$1,000,000 each Incident \$3,000,000 aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The City of Milwaukee is additional insured for general liability 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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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AFFIDAVIT

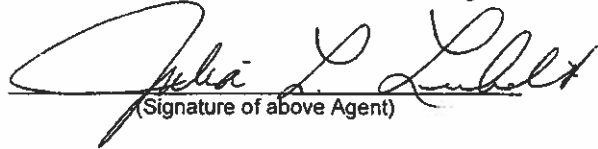
STATE OF WISCONSIN }
Waukesha County } SS

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

that he/she is the agent of the Thomco Inc. representing Zurich American Ins , 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.


(Signature of above Agent)

Subscribed and sworn to before me

this 31st day of January ,20 11


Notary Public-State of Wisconsin

My Commission expires 5/12/13

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.)



MEDA-CARE AMBULANCE vehicle list as of September 1, 2011

UNIT #	YEAR	MAKE	ID#
202	2000	FORD TYPE 111	1FDXE45F3YHB84122
204	2004	FORD TYPE 11	1FDSS34P34HA96656
206	2004	FORD TYPE 11	1FDSS34P14HB09503
207	1995	FORD MINIMOD	1FDJE30F6SHB33437
210	2004	FORD TYPE11	1FDSS34P54HA96657
212	1994	FORD TYPE111	1FDKE30M2RHA13034
214	2003	FORD TYPE11	1FDSS34F83HA20405
217	1998	FORD TYPE111	1FDXE40FXWHC12633
219	2005	FORD TYPE 11	1FDSS34P35HB25025
220	2005	FORD TYPE11	1FDSS34P65HB44832
221	2005	FORD TYPE 11	1FDSS34PX5HB49418
223	1995	FORD TYPE 11	1FDJS34FOSHA56177
224	2004	FORD TYPE 11	1FDSS34P84HB04962
227	1995	FORD MINIMOD	1FDJE30F5SHB84332
231	2003	FORD TYPE 111	1FDXE45F63HB49017
232	2003	FORD TYPE 111	1FDXE45F83HB49018
233	2007	FORD TYPE 111	1FDXE45P97DA27533
234	2007	FORD TYPE 111	1FDXE45P97DA38063