

**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) _____
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 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:** 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 Heartland, 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 Avenue

City, State, Zip West Allis, WI 53227 Phone 414-327-9984 Date of Birth 06-20-46

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? 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: 3

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

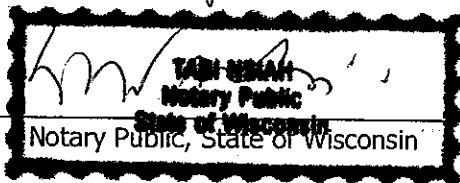
Total number of vehicles in service: 24

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

24 day of Sept., 2009



My commission expires Dec. 2. 2012

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

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

Ramona E. Lengua
(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>				
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
331	1FDXE45F92HB56493	2002	Ford	E450
333	1FDXE45F2YHA27522	2000	Ford	E450
351	1FDSE30F2XHB75339	1999	Ford	E350
377	1FDKE30M5NHA00708	1992	Ford	E350
<u>Secondary Response Vehicles</u>				
321	1FDXE45F41HA86500	2001	Ford	E350
353	1FDJS34F6THB56687	1996	Ford	E350
379	1FDKE30M8RHB61124	1994	Ford	E350
380	1FDKE30M5RHB93383	1994	Ford	E350
381	1FDXE40F1XHB68281	1999	Ford	E350
382	1FDLE40F6VHB62892	1997	Ford	E350
343	1FDKE30M7PHB92328	1993	Ford	E350
344	1FDKE30M1KHA75689	1989	Ford	E350
345	1FDWE35F6YHB47670	2000	Ford	E350
346	1FDXE40F3WHB81015	1998	Ford	E350
347	1FDJE30M1PHB54055	1993	Ford	E350
348	1FDJE30M5RHA38912	1994	Ford	E350
830	1FDXE45P46DA24876	2006	Ford	E450
831	1FDXE45F12HB56097	2002	Ford	E350
832	1FDJE30F7SHA80392	1995	Ford	E350

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/17/09

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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Curtis-Universal Ambulance, Inc. P O Box 2007;316 N. Milwaukee Street Milwaukee, WI 53201-2007	INSURER A:	Lexington Insurance Company
	INSURER B:	United National
	INSURER C:	United Heartland
	INSURER D:	National Casualty - Wisconsin
	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	6795996	01/10/09	01/10/10	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
						MEO EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
D		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIREO AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CA00210613	01/10/09	01/10/10	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 AUTO ONLY: EA ACC	\$
						AGG	\$
B		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	DEU000406	01/10/09	01/10/10	EACH OCCURRENCE	\$2,000,000
						AGGREGATE	\$2,000,000
							\$
							\$
							\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	0400091334	08/01/09	08/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
						<input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$500,000
						E.L. DISEASE - EA EMPLOYEE	\$500,000
						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 N Broadway 3rd floor
 Milwaukee, WI 53202

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~RECEIVE BY MAIL~~ 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BY REGISTERED MAIL~~
~~BY REGISTERED MAIL~~
~~BY REGISTERED MAIL~~
~~BY REGISTERED MAIL~~

AUTHORIZED REPRESENTATIVE

Shelley Pagan

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)

Shelley Paquin, BEING FIRST DULY SWORN, on oath
deposes and says that she is the agent of the
United Heartland, United National & National Casualty,
Lexington Insurance Company 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.

Shelley Paquin
Signature (same as it appears on Certificate)

Shelley Paquin 262-796-8802

Subscribed and sworn to before me

this 17th day of September, 2009

Pamela A. Ciszek
Notary Public,
My Commission expires 8/28/2009

