ACORD CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY) 02/01/2006			
PR(	DUCE	R (800) 566-7007	FAX (262)574-7080	THIS CER	TIFICATE IS ISS	SUED AS A MATTER OF	FINEC	RMATION	
		Insurance Services, In	С.	ONLY AN	D CONFERS NO	RIGHTS UPON THE C	FRTIF	ICATE	
1		E Racine Avenue ox 1610		ALTER TH	HE COVERAGE	ATE DOES NOT AMEN AFFORDED BY THE PO	D, EXT )LICIE	S BELOW.	
Waukesha, WI 53187-1610				INSURERS	INSURERS AFFORDING COVERAGE INSURERA: Empire Fire & Marine				
INS	INSURED Meda-Care Ambulance Service Inc								
		2515 W Vliet St		INSURER B: U	nited Wiscon	sin Ins Co 🐇			
		Milwaukee, WI 53205		INSURER C:					
				INSURER D:					
			·	INSURER E:					
		AGES  DLICIES OF INSURANCE LISTED BEL  FOLIDEMENT, TERM OF CONDITION	OW LAVE BEEN IQUIED TO THE	MOUSEPANIE				·	
N	AY P	ERTAIN, THE INSURANCE AFFORDE ES. AGGREGATE LIMITS SHOWN M.	D BY THE POLICIES DESCRIBED I	JOCUMENT WITH JEREIN IS SUBJEC	DECDEAT TO WAR	へい ていに クロロエピック・ナー・・・・	1 mm 10	CI IMPA COM	
NSF	ADD'	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	N LIMI	TS	<u> </u>	
		GENERAL LIABILITY	CL311756	02/01/2006	02/01/2007		Ts	1,000,000	
		X COMMERCIAL GENERAL LIABILITY			WIREA A Colonia	DAMAGE TO RENTED	5	100,000	
		CLAIMS MADE X OCCUR				PREMISES (Ea occurence) MED EXP (Any one person)	1 8	5,000	
A		X Professional		**************************************	mpr: 18790 2000	PERSONAL & ADV INJURY	† <del>`</del>	1,000,000	
					**************************************	GENERAL AGGREGATE	\$	3,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG		3,000,000	
		POLICY PRO- JECT LOC		The state of the s			+	3,000,000	
		AUTOMOBILE LIABILITY  ANY AUTO	CL311757	02/01/2006	02/01/2007	COMBINED SINGLE LIMIT (Ea accident)	£4	1,000,000	
A	* Tomas Anna Anna Anna Anna Anna Anna Anna An	X SCHEDULED AUTOS	·			BODILY INJURY (Per person)	s	,000,000	
•		X HIRED AUTOS X NON-OWNED AUTOS			The state of the s	BODILY INJURY (Per accident)	5		
			APPROVED	AS TO FOR	M	PROPERTY DAMAGE (Per accident)	\$		
		GARAGE LIABILITY	<del></del> · · · ·	1 6		AUTO ONLY - EA ACCIDENT	\$		
		ANY AUTO	AND EXECUTION TH	IIS 6/	<u> </u>	OTHER THAN EA ACC	\$		
		EVOCACAINADOCALA	— DAY OF <u>AD CLAR</u> L	44_720. <b>U</b> b		AUTO ONLY: AGG	\$		
		OCCUR CLAIMS MADE	$\Delta / \alpha$	11.1	***	EACH OCCURRENCE	\$	***************************************	
		OCCUR CLAIMS MADE	_ /www y	21/11/14	<u> </u>	AGGREGATE	\$		
		DEDUCTIBLE	Assis Assis	tant City Attorne	Y		\$	· · · · · · · · · · · · · · · · · · ·	
	ALL WASHINGTON			4			\$		
		RETENTION \$	0.4000.55333	/			\$		
		KERS COMPENSATION AND LOYERS' LIABILITY	0400056322	02/01/2006	02/01/2007	X WC STATU- OTH- TORY LIMITS ER			
В		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$	100,000	
	If yes	, describe under	Į.			E.L. DISEASE - EA EMPLOYEE	\$	100,000	
	OTHE	FR PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$	500,000	
								- Covernment	
ES(	RIPTI	ON OF OPERATIONS / LOCATIONS / VEHICL	LES / EXCLUSIONS ADDED BY ENDORSE	MENT / SPECIAL PRO	VISIONS		***************************************		
HE	CIL	y or milwaukee is addit	Tional insured per CG2(	026 concernío	ng work perf	ormed by			
ea	3-€a	re Ambulance Service, I	nc.						
								177	
· = c	TIEL	CATE HOLDER							
<u>L.</u> F	<u> </u>	LATE HOLDER		CANCELLAT	***************************************				
City of Milwaukee Health Department				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
									10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.
					KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
				841 N Broadway				XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	P	lilwaukee, WI 53202		AUTHORIZED REP	PRESENTATIVE	V/1/18		-	
					Alle	KULLY			
AC C	RD :	25 (2001/08) FAX: (414)286	5-5990	1.	//	@ΔCΩPD C4		RATION 1088	

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## 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

2006 AUG -3 P 1: 43

Check (✓) one: ( )

X

Individual Partnership Corporation

MILWAUKEE HEALTH DEPARTMENT

NAME OF APPLICANT (If Individual)						
BUSINESS NAME MEDA-CARE AMBULI	ANCE Phone Number 44-344-4444					
Business Address <u>\$515</u> W. VLIETST.	Zip Code <u>53</u> 305					
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:						
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					
	ARE AMBULANCE , INC.					
	ET ST. MILWAUKEE, W. 53205					
Date and Place of Incorporation: MILWAVKEE, WI \$ 1/01/72						
President VUNNE LARSEN	Home Address 568 W 18118 ISLAND De					
President VONNE LARSEN  City, State, Zip Musk E&o, Wi 53157	Phone <u>362-679-0290</u> Date of Birth <u>9/34/3</u>					
Vice President 1011 e	Home Address					
City, State, Zip						
Secretary TED LARSEN	Home Address 20905 VILLA CT.					
City, State, Zip WANKES HM, WI 53186	Phone 262-798-0654 Date of Birth 11/12/65					
Treasurer none	Home Address					
City, State, Zip	Phone Date of Birth					
Agent LINDA WIEDMANN	Home Address W351 N6018 BAUERS LN					
City, State 7 in CRONOMOWOR, W. 53066	Phone 262-560-0399 Date of Right 6/14/54					

	Do you have on file with the Health Department, a valid and period?	current certificate of insurance for	or this license  Yes — No
	Do you have a valid State of Wisconsin Inspection Certificate	?-note-State of Wis. has been who an inspector to cost recently hiredone	Yes No
	Do you participate in the Emergency Medical Services System	n?	Yes No
	If 'yes', list service are number: 2		,
	Do you wish to participate in the Emergency Medical Service:  Total number of vehicles in service:	s System?	Yes No
	Please attach a separate page listing all vehicles inclu (year, make and vin number).	ıding city assigned number, a	nd description
5.	The undersigned agrees to inform the Health Department information supplied in this application. The undersigned offered under this license, permit, or franchise, or refuse to because of race, color, creed, sex, national origin or ances employment, or penalize any employee or discriminate in the basis of such information.	I shall not willfully refuse to pro employ, or discharge any person try; and not seek such informati	ovide those services n otherwise qualified ion as a condition of
6.	The undersigned understand that this application does not e of licenses is solely in the discretion of the Common Council.		and that the granting
7.	I have a knowledge of the City Ordinances currently regu sworn under oath, depose and say that I am the person foregoing application are true and correct.	lating the license applied for he named above and that all state	rein, and being duly ements made in the
	SUBSCRIBED AND SWORN TO BEFORE ME THIS  2 day of August, 20 06	Jeanne Sar (Individual/Corporate Preside	
	Notary Public, State of Wisconsin	(Additional Partner/Corporat	e Vice President)
	My commission expires	(Corporate Secretary)	
		(Corporate Treasurer)	
Do No	ot Write Below This Line		
	License # New Renewal _		e Granted
~ * * i i u * * * * * * * * * * * * * * *	14944		

OTHER REQUIREMENTS:

4.

### **AFFIDAVIT**

STATE OF WISCONSIN)	
MILWAUKEE COUNTY}	
Julie Liebelt , BEING F	FIRST DULY SWORN,
on oath deposes and says that she is and United Wisconsin Insurance Co issued for Meda-Care Ambulance S	
the City of Milwaukee has any inter	vs that no officer, official or employee of est, directly or indirectly, or is receiving her thing of value on account of the sale ficate.
	Julie Liebelt SIGNATURE
Subscribed and sworn to before me	this
31 <sup>st</sup> day of July, 2006.	J
Notary Public, Waukesha County, V My commission expires: 5/17/09	
IVIV COHHIIISSIOH CXDHCS \ \ 1 / 1 ( ) ~ 1	<i>i</i>

# Ambulance List Updated 7/31/

	Ambulance Number	VIN Number	License Number	Renewal Date	Inspection Date	License Type	Location of Inspection	Year manufactured	Year Purchased
1	K-1	1FDXE45F63HB49017	KIDS I	Apr-05		Special Use	535 S. 92 <sup>nd</sup> Street	2003	2004
2	K-2	1FDXE45F83HB49018	KIDS II	Apr-05		Special Use	535 S. 92 <sup>nd</sup> Street	2003	2004
3	K-3	1FDXE40FXWHC12633	KIDS ONE	Nov-06	4/23/03	Special Use	535 S. 92 <sup>nd</sup> Street	1998	1998
4	201	1FDKE30M4MHB04119	315-EVU	Nov-06	4/24/03	911/ALS	535 S. 92 <sup>nd</sup> Street	1991	2002
5	202	1FDKE30F1THA42940	672-GBS	Aug-07		911/BLS	535 S. 92 <sup>nd</sup> Street	1996	2003
6	203	1FDKE30M2RHA81804	282-JTF	Aug-07		911/ALS	535 S. 92 <sup>nd</sup> Street	1994	2004
7 [	204	1FDKE30MARHC16879	888-EKN	Sep-05	2/6/03	911/BLS	535 S. 92 <sup>nd</sup> Street	1994	2002
8	205	1FDKE30M0RHB15500	887-EKN	Sep-05	4/23/03	911/BLS	535 S. 92 <sup>nd</sup> Street	1994	2002
9	206	1FDKE30M0NHA02804	105-JDB	Dec-06	4/23/03	911/ALS	535 S. 92 <sup>nd</sup> Street	1992	1996
10	207	1FDJE30F6SHB33437	794-EZJ	Jan-07	4/23/03	911/BLS	535 S. 92 <sup>nd</sup> Street	1995	2002
11	210	1FDKE30M8LHA92376	256-AWM	Oct-06	4/24/03	911/BLS	535 S. 92 <sup>nd</sup> Street	1993	2001
12	212	1FDJS34F7SHB91852	118-KHW	Feb-06	6/20/06	911/BLS	535 S. 92 <sup>nd</sup> Street	1995	2005
13	213	1FDKE30M2RHA13034	117-KHW	Feb-07	5/6/06	911/BLS	535 S. 92 <sup>nd</sup> Street	1994	2005
14	214	1FDHS34M5JHC13035	537-FGL	Feb-07	4/24/03	911/BLS	535 S. 92 <sup>nd</sup> Street	1988	2002
15	217	1FDHS34MXLHB30171	UCJ-529	Dec-05	4/24/03	911/BLS	535 S. 92 <sup>nd</sup> Street	1990	1998
16	219	1FDSS34P35HB25025	758-KNK	Nov-06	2/9/06	911/BLS	535 S. 92 <sup>nd</sup> Street	2005	2005
17	220	1FDSS34P65HB44832	755-KNK	Nov-06	2/9/06	911/BLS	535 S. 92 <sup>nd</sup> Street	2005	2005
18	221	1FDSS34PX5HB49418	739-KNK	Nov-06	2/9/06	911/BLS	535 S. 92 <sup>nd</sup> Street	2005	2005
19	222	1FDKE30M4NHB24582	KIDS TWO	Nov-06	4/23/03	911/BLS	535 S. 92 <sup>nd</sup> Street	1992	1998
20	223	1FDJS34F0SHA56177	793-EZJ	Nov-06	4/23/03	911/BLS	535 S. 92 <sup>nd</sup> Street	1995	2002
21	224	1FDJE30M1PHA23644	WECNHLP	Mar-06	4/24/03	911/ALS	535 S. 92 <sup>nd</sup> Street	1993	1996
22	227	1FDJE30F5SHB84332	771-JWR	Sep-06	2/20/06	911/BLS	535 S. 92 <sup>rd</sup> Street	1995	2005

MEDA-CARE AMBULANCE SERVICE, INC.

2515 W. VILET ST.
MILWAUKEE, WI 53205

PAY TO THE ORDER OF Lity of Milwaukee \$ 1/00.00

Once thinsund on hundred \* 1/00

M&I Marshall & Ilsley Bank

FOR

AMBULANCE SERVICE, INC.

23505

DATE 9/2/06

\$ 1/00.00

DOLLARS D

00 24 25 2665311\*