

City of Milwaukee Fire Department

Application for Ambulance Certification

Fee Must Accompany Application.

The license period is from January 1 to December 31.

\$1,210.00 – New Applicants

\$1,100.00 - Renewals

Make check payable to the City of Milwaukee Fire Department

Check (✓) one: Individual
 Partnership
 Corporation

Check (✓) one: Certified Provider
 Limited Certified Provider
 Non-Transporting EMS Provider

1. NAME OF APPLICANT (If individual): Not Applicable

Business Name: _____ Phone: _____

Business Address: _____

City: _____ State: _____ Zip: _____

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): Not 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: Superior Air-Ground Ambulance Service of Wisconsin, Inc

Address: N89W14452 Patrita Dr Menomonee Falls, WI 53051

Date and Place of Incorporation: 9/29/2017 Milwaukee, WI

President: David B. Hill III

Home Address: 395 W. Lake St

City: Elmhurst State: IL Zip: 60126

Phone: 630-832-2000 Date of Birth: 12/29/1956

Vice President: Mary Franco

Home Address: 3059 Deerfield Rd

City: Riverwood State: IL Zip: 60015

Phone: 630-235-5418 Date of Birth: 8/21/1969

continued on other side.

Secretary: Kimberly Pate Godden

Home Address: 2135 W. Walton St

City: Chicago

State: IL

Zip: 60622

Phone: 630-417-2287

Date of Birth: 07/26/1973

Treasurer: Dave B. Hill III

Home Address: 395 W. Lake St

City: Elmhurst

State: IL

Zip: 60126

Agent: CT Corporation

Home Address: 301 S Bedford St Suite 1

City: Madison

State: WI

Zip: 53703

4. OTHER REQUIREMENTS:

Do you have on file with the Fire 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: _____

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

Total number of vehicles in service: 35

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 Milwaukee Fire 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 21st day of September, 2023

Individual/Corporate President/Partner: Dave B. Hill III

Additional Partner/Corporate Vice President: Mt Fran

Notary Public, State of Wisconsin: Sandra Tineo

My commission expires: December 11, 2023



Corporate Secretary: [Signature]

Corporate Treasurer: Dave B. Hill III

Do Not Write Below This Line

Clerk	License#	New	Renewal	Date Filled	Date Granted

AFFIDAVIT OF NO INTEREST

AFFIDAVIT OF "NO INTEREST" MUST ACCOMPANAY EACH
CERTIFICATE OF

INSURANCE ISSUED, INCLUEING NEW AND RENWALS.

STATE OF WISCONSIN
MILWAUKEE COUNTY

Rebecca Hill, being first duly sworn, on oath deposes and says that he/she is the agent of HUB International in connection with Liberty Mutual Fire Insurance, Lloyd's of London, Liberty Insurance Corporation and SiriusPoint Specialty Insurance Corporation, insurers, on the attached certificate issued to the City of Milwaukee.

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.

Rebecca Hill

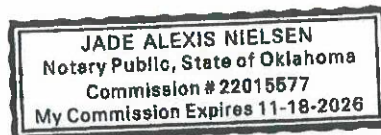
Signature (same as it appears on certificate)

Subscribed and sworn to before me this 9 day of November, 2023.

Jack Nielsen

Notary public name

My Commission Expires: 11-18-2026





SUPEAIR-04

TWATSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/5/2023

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER License # 100101891
Kansas City, MO-Truss LLC-Hub International Mid-America
9200 Ward Pkwy
Suite 500
Kansas City, MO 64114
CONTACT NAME: Cindy Johnson
PHONE (A/C, No, Ext): (918) 712-5282
E-MAIL ADDRESS: cindy.johnson@hubinternational.com
INSURER(S) AFFORDING COVERAGE
INSURER A: Liberty Mutual Fire Insurance Company 23035
INSURER B: Lloyd's Syndicate #2623/623
INSURER C: Liberty Insurance Corporation 42404
INSURER D: SiriusPoint Specialty Insurance Corporation 16820
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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSD, WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Employers' Liability, and XS Auto Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
General Liability and Professional Liability are Self-insured for first \$500,000. General Liability and Healthcare Professional Liability are included in Excess Liability policy above.

The City of Milwaukee is hereby named as Additional Insured with Waiver of Subrogation on the liability policies above, when required by written agreement and signed by the insured, subject to policy terms and conditions. In addition, at least 30 days written notice will be provided in the event of cancellation by all reasons except nonpayment of premium.

CERTIFICATE HOLDER CANCELLATION

City of Milwaukee
711 W Wells St
Milwaukee, WI 53233
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
Todd Stover



To Whom It May Concern;

All deficiencies with all the ambulances have been addressed and all of them have been fixed / corrected.

The emergency brakes have been fixed on the ambulances where they were not working properly. All door alarms / warning lights have been fixed. Any equipment that was missing has been properly placed on all ambulances.

All corrective actions have been forwarded to the proper DOT inspector, as required.

Respectfully Submitted;

A handwritten signature in black ink, appearing to read "Alan Van Dusseldorp", is written in a cursive style.

Alan Van Dusseldorp

Service Director

Superior Air Ground Ambulance Service

Superior Air Ground Ambulance Service of Wisconsin, Inc Service Fleet

Unit	Description	Year	Make	Model	Vin Number	Plate
2301	Box	2023	Ford	T-250	1FDWE3FN5MDC10202	AMN9247
2302	Box	2023	Ford	T-250	1FDWE3FN4MDC12863	AMN9251
2303	Box	2023	Ford	T-250	1FDWE3FN4MDC35060	AMN9253
2304	Box	2021	Ford	E-350	1FDWE3FN4MDC35074	AMN9222
2305	Box	2021	Ford	E-350	1FDWE3FN9MDC16259	AMN9320
2306	Box	2021	Ford	E-350	1FDWE3FN4MDC17884	AML6452
2307	Box	2021	Ford	E-350	1FDWE3FN8MDC17886	AMN9211
2308	Box	2021	Ford	E-350	1FDWE3FN8MDC38687	AMB9261
2309	Box	2021	Ford	E-350	1FDWE3FNXMDC38691	AMN9266
2310	Box	2021	Ford	E-350	1FDXE4FN9MDC38742	ANT7442
2311	Box	2021	Ford	E-350	1FDXE4FN9MDC38741	ARJ9889
2316	Transit	2021	Ford	E-350	1FDBR1CG8MKA35405	ANT8038
2317	Transit	2021	Ford	E-450	1FDBR1CG8MKA35406	ANT9528
2318	Transit	2021	Ford	E-450	1FDBR1CG3MKA35408	ANZ7049
2319	Transit	2021	Ford	T-250	1FDBR1CG3MKA35409	ANT8211
2320	Transit	2021	Ford	T-250	1FDBR1CG3MKA35411	ANT8229
2321	Transit	2021	Ford	T-250	1FDBR1CG2MKA35416	ANT8226
2322	Transit	2021	Ford	T-250	1FDBR1CG4MKA35420	ANT8579
2323	Transit	2021	Ford	T-250	1FDBR1CGXMKA35423	ANT8202
2324	Transit	2021	Ford	T-250	1FDBR1CG0MKA35429	ANZ7053
2325	Transit	2021	Ford	T-250	1FDBR1CG7MKA35430	ANT8138
2326	Transit	2021	Ford	T-250	1FDBR1CG2MKA53611	ANR3569
2327	Transit	2021	Ford	T-250	1FDBR1CG8MKA53614	ANT7430
2338	Box	2021	Ford	T-250	1FDXE4FN4MDC19855	TA3281
2359	Box	2021	Ford	T-250	1FDXE4FP5ADA31147	ALC7259
2361	Box	2021	Ford	T-250	1FDXE4FP7ADA31151	ALA3106
2408	Box	2021	Ford	E-450	1FDXE45P96HB14971	ALH1139
2416	Sprinter	2021	Ford	E-450	WDAPE7CD1GP224101	ALJ4926
2419	Box	2018	Ford	T-250	1FDXE45P38DA31644	AMG3571
2445	Box	2018	Ford	T-250	1FDXE45P58DA31645	ALC6954
2460	Transit	2016	Mercedes	Sprinter	1FDYR2CM9JKB53058	ATN8148
2461	Transit	2010	Ford	E-450	1FDYR2CM9JKB53042	ALA3102
2331	Transit	2008	Ford	E-450	1FDBR1CG3PKA10870	TEMP
2329	Transit	2008	Ford	E-450	1FDBR2CG7PKA10893	TEMP
2328	Transit	2006	Ford	E-450	1FDBR2CG3PKA10888	TEMP

Wintrust Bank
Rosemont, IL 60018

Sep 22, 2023	074306
DATE	CHECK NO.

Superior Ambulance Service, Inc.
395 W. Lake Street
Elmhurst, IL 60126

071925444

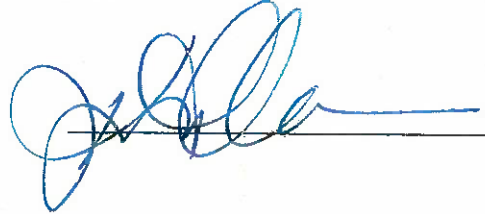
\$1,210.00

One Thousand Two Hundred Ten Dollars and 00 Cents

Void After 90 Days

Pay to the Order of:

CITY OF MILWAUKEE FIRE DEPARTMENT



⑈074306⑈ ⑆071925444⑆ ⑆3805651690⑈