

# 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 Fire 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, Wisconsin, 53224  
Date and Place of Incorporation: January 1, 1979 State of Wisconsin  
**President:** Robert A. Rauch  
Home Address: 9401 W Brown Deer Road  
City: Milwaukee State: WI Zip: 53224  
Phone (414) 365-8900 Date of Birth 04/22/1949  
**Vice President:** Richard Romanshek  
Home Address: 9401 W Brown Deer Road  
City: Milwaukee State: WI Zip: 53224  
Phone (414) 365-8900 Date of Birth: 03/24/1952

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: Robert A. Rauch

Home Address: SAME AS ABOVE

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**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: 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 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 28<sup>th</sup> day of September 2020, 9/28, 2020

Individual/Corporate President/Partner: [Signature]

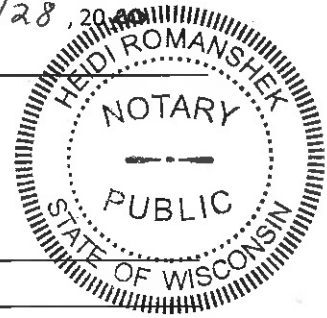
Additional Partner/Corporate Vice President: [Signature]

Notary Public, State of Wisconsin: [Signature]

My commission expires: March 25, 2023

Corporate Secretary: [Signature]

Corporate Treasurer: [Signature]



**Do Not Write Below This Line**

Clerk	License#	New	Renewal	Date Filled	Date Granted
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**Paratech Ambulance Service Inc  
Vehicles as of September 15 2020**

SQUAD	VIN	YEAR	MAKE	MODEL
101	1FDYR2CM8KKB86554	2020	FORD	Transit
102	1FDYR2CMXKKB86541	2020	FORD	Transit
104	1FDWE3FS7HDC62782	2017	FORD	E350
105	1FDWE3FS6JDC02000	2018	FORD	E350
106	1FDYR2CM1KKB86542	2020	FORD	Transit
107	1FDWE3FS9HDC62783	2018	FORD	E350
108	1FDWE3FS1JDC01997	2018	FORD	E350
109	1FDWE3FS3EDA45970	2014	FORD	E350
110	1FDWE3FS5FDA29190	2015	FORD	E350
111	1FDWE3FS1FDA29171	2015	FORD	E350
112	1FDXE4FS9CDA70654	2012	FORD	E450
114	1FDWE3FS6BDA38684	2011	FORD	E350
115	1FDYR2CM3KKB86526	2020	FORD	Transit
116	1FDWE3FS6JDC01994	2018	FORD	E350
117	1FDWE3FS3KDC20794	2020	FORD	E350
120	1FDWE3FS0FDA33129	2015	FORD	E350
121	1FDWE3FS7FDA33113	2016	FORD	E350
122	1FDWE3FS3FDA33125	2015	FORD	E350
123	1FDWE3FS8DDA34946	2013	FORD	E350
125	1FDWE3FS1EDB06085	2015	FORD	E350
126	1FDWE3FSXGDC55825	2017	FORD	E350
127	1FDWE3FS0FDA33115	2015	FORD	E350
128	1FDWE3FS8DDA61578	2013	FORD	E350
129	1FDWE3FS2FDA33147	2016	FORD	E350
130	1FDWE3FSXGDC55839	2016	FORD	E350
132	1FDYR2CM2KKB86582	2020	FORD	Transit
133	1FDYR2CM6KKB86584	2020	FORD	Transit
134	1FDWE3FS3CDA90498	2012	FORD	E350
135	1FDWE3FS5GDC27575	2016	FORD	E350
136	1FDWE3FS2JDC01992	2013	FORD	E350
137	1FDWE3FS6GDC27570	2016	FORD	E350
138	1FDWE3FS7GDC27576	2016	FORD	E350
139	1FDWE3FS1GDC27573	2016	FORD	E350
140	1FDWE3FS9GDC27580	2016	FORD	E350
CHETA 1	1FDXE4FS4FDA33273	2016	FORD	E450
CHETA 2	1FDXE4FSXHDC20150	2017	FORD	E450



PARAAMB-02

LKOECKENBERG

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

9/21/2020

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 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. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Robertson Ryan - Mequon</b> 10335 North Port Washington Road, Suite 100 Mequon, WI 53092	CONTACT NAME: <b>Lori Koeckenberg</b>
	PHONE (A/C, No, Ext): <b>(262) 478-3252 252</b> FAX (A/C, No): <b>(262) 478-3260</b>
	E-MAIL ADDRESS: <b>lkoeckenberg@robertsonryan.com</b>
	INSURER(S) AFFORDING COVERAGE
	INSURER A : <b>NATIONAL INTERSTATE INSURANCE COMPANY</b> NAIC # <b>32620</b>
INSURED  <b>Paratech Ambulance Service Inc</b> 9401 W Brown Deer Road Milwaukee, WI 53224	INSURER B : <b>Argent Insurance Company</b>
	INSURER C :
	INSURER D :
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			LJG455002501	7/1/2020	4/1/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b> FELLOW EMPLOYEE \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ACA455002500	7/1/2020	4/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ <b>1,000,000</b> BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>			UMB000010700	7/1/2020	4/1/2021	EACH OCCURRENCE \$ <b>2,000,000</b> AGGREGATE \$ Aggregate \$ <b>2,000,000</b>
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below			A55807001	3/1/2020	3/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
A	Professional/E&O/Non			LPL4550025	7/1/2020	4/1/2021	Occurrence \$ <b>1,000,000</b>
A	Professional/E&O/Non			LPL4550025	7/1/2020	4/1/2021	Aggregate \$ <b>3,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is an additional insured for liability coverage as regards their interest in the insured's operation as an ambulance service and as required by written contract. Form CG2010 would apply. In the event of cancellation, the company will mail a written notice of cancellation at least 10 days prior to the date of cancellation, per NI IL 01500911 Cancellation Notice for Designated Certificate Holders.

**CERTIFICATE HOLDER****CANCELLATION**

**Milwaukee Fire Department**  
711 W Wells Street  
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

**AFFIDAVIT OF NO INTEREST**

AFFIDAVIT OF "NO INTEREST" MUST ACCOMPANY EACH CERTIFICATE OF INSURANCE ISSUED, INCLUDING NEW AND RENEWALS.

**STATE OF WISCONSIN**

SS

**MILWAUKEE COUNTY**

Matthew T Frank, being first duly sworn, on oath deposes and says that he/she is the agent of the National Interstate Insurance Company, insurer, on the attached certificate issued to Milwaukee Fire Department.

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.

*Matthew T Frank*  
Signature (same as it appears on cert)

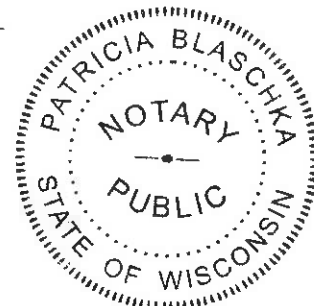
Matthew T. Frank

414-507-3355

Subscribed and sworn to before me this 21st day of September, 2020.

*Patricia Blaschka* Notary Public

My Commission Expires 02/11/2023



THIS CHECK HAS AN AUTHENTIC WATERMARK, MICROPRINT SIGNATURE LINE, VISIBLE AND INVISIBLE FIBERS AND A CHEMICAL STAIN REACTANT.



AMBULANCE SERVICE

...help is on the way.

P.O. Box 240076 • Milwaukee, WI 53224-9004

BMO HARRIS BANK N.A.  
CHICAGO, ILLINOIS

2-28  
710

092122

9/24/2020

PAY TO THE  
ORDER OF CITY OF MILWAUKEE FIRE DEPARTMENT

\$  
1,100.00

DOLLARS

One Thousand One Hundred and 00/100\*\*\*\*\*

CITY OF MILWAUKEE FIRE DEPARTMENT  
711 W WELLS STREET  
MILWAUKEE WI 53233

VOID AFTER 180 DAYS.

*Robert R. ...*  
AUTHORIZED SIGNATURE

MP

MEMO

RENEWAL AMBULANCE CERTIFICATION

⑈092122⑈ ⑆071000288⑆ 0003497472⑈

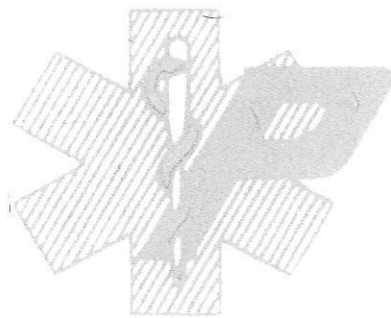
Paratech Ambulance Service, Inc. • P.O. Box 240076 • Milwaukee, WI 53224-9004

CITY OF MILWAUKEE FIRE DEPARTMENT

9/24/2020

092122

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
9/24/2020	Bill	2020CERTIFICATION	1,100.00	1,100.00		1,100.00
					Check Amount	1,100.00



CASH IN CHECKING RENEWAL AMBULANCE CERTIFICATION

1,100.00