

# 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: BELL AMBULANCE, INC. Phone: 414-486-2000

Business Address: 549 E WILSON ST

City: MILWAUKEE State: WI Zip: 53207-1635

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** BELL AMBULANCE, INC.

Address: 549 E WILSON ST, MILWAUKEE, WI 53207-1635

Date and Place of Incorporation: OCTOBER 1, 1978, WISCONSIN

President: R A ZEHETNER

Home Address: 212 E RAVINE DR

City: MEQUON State: WI Zip: 53092

Phone 262-241-1990 Date of Birth 06/15/1948

Vice President: JAMES P LOMBARDO

Home Address: 549 E WILSON ST

City: MILWAUKEE State: WI Zip: 53207

Phone 414-486-4013 Date of Birth: 12/24/1952

*continued on other side*

Secretary: VALERIE A ZEHETNER

Home Address: 11811 N LAKE SHORE DR

City: MEQUON

Phone: 414-406-0567

State: WI

Zip: 53092

Date of Birth: 02/06/1978

Treasurer: WAYNE A JURECKI

Home Address: 1111 N MARSHALL ST, UNIT 1002

City: MILWAUKEE

State: WI

Zip: 53202

Agent: WAYNE A JURECKI

Home Address: 1111 N MARSHALL ST, UNIT 1002

City: MILWAUKEE

State: WI

Zip: 53202

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: 4

Do you wish to participate in the Emergency Medical Services System?

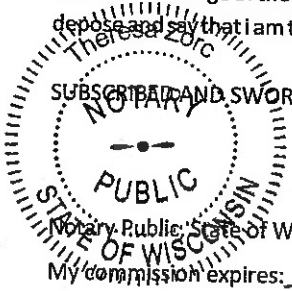
Yes  No

Total number of vehicles in service: 63

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 1st day of February, 2022

Individual/Corporate President/Partner: [Signature]

Additional Partner/Corporate Vice President: James P. Lombardo

Notary Public, State of Wisconsin: Theresa Zorc

My commission expires: 11/3/2024

Corporate Secretary: Valerie A. Zehetner

Corporate Treasurer: Wayne A. Jurecki

Do Not Write Below This Line

Clerk	License#	New	Renewal	Date Filled	Date Granted
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Unit number	In service since	Make	VIN	Location
403	2017	FORD	1FDWE3FS3HDC46465	Milwaukee
404	2018	CHEVROLET	1GB3GRCG5J1216125	Milwaukee
405	2018	CHEVROLET	1GB3GRCG1J1342949	Waukesha*
406	2018	CHEVROLET	1GB3GRCG7J1342177	Milwaukee
407	2018	CHEVROLET	1GB3GRCG2J1342541	Milwaukee
408	2018	CHEVROLET	1GB3GRCG3J1342631	Milwaukee
409	2020	CHEVROLET	1GB3GRCG9L1216342	Milwaukee
410	2021	CHEVROLET	1GB3G2CL8E1108544	Milwaukee
411	2020	CHEVROLET	1GB3GRCG3L1215249	Milwaukee
412	2014	CHEVROLET	1GB3G2CL5E1107772	Milwaukee
414	2021	CHEVROLET	1GB3G2CL4D1182459	Milwaukee
415	2019	CHEVROLET	1GB3GRCGXK1298189	Milwaukee
416	2015	CHEVROLET	1GB3G2CL8E1186435	Milwaukee
418	2015	CHEVROLET	1GB3G2CL3E1187363	Milwaukee
419	2021	FORD	1FDWE3FS3GDC36534	Milwaukee
420	2016	FORD	1FDWE3FS5GDC36535	Milwaukee
421	2016	FORD	1FDWE3FSXGDC50673	Milwaukee
422	2016	CHEVROLET	1FDWE3FS8GDC50672	Milwaukee
424	2018	CHEVROLET	1GB3GRCG8J1217608	Milwaukee
425	2018	CHEVROLET	1GB3GRCG1J1218955	Milwaukee
426	2018	CHEVROLET	1GB3GRCG1J1218468	Milwaukee
428	2021	CHEVROLET	1GB3GRC74M1193053	Milwaukee
430	2018	FORD	1FDBW2XM6JKA75590	Milwaukee
431	2018	FORD	1FDBW2XM8JKA81021	Milwaukee
432	2018	FORD	1FDBW2XM8JKA75591	Milwaukee
433	2018	FORD	1FDBW2XMJKA81022	Milwaukee
434	2018	FORD	1FDBW2XM1JKA81023	Milwaukee
435	2018	FORD	1FDBW2XM3JKA81024	Milwaukee
436	2019	FORD	1FDBW2XM1KKA07411	Milwaukee
437	2019	FORD	1FDBW2MXKKA38236	Milwaukee
439	2019	FORD	1FDBW2XM1KKA38237	Milwaukee
442	2015	FORD	1FDBW2XM1FKA42438	Milwaukee
443	2016	FORD	1FDBW2XM4GKB07798	Milwaukee
444	2016	FORD	1FDBW2XM9GKB18778	Milwaukee
445	2016	FORD	1FDBW2XM0GKB22797	Milwaukee
447	2016	FORD	1FDBW2XM2GKB22798	Milwaukee
449	2017	FORD	1FDBW2XM3HKA15499	Waukesha*
450	2017	FORD	1FDBW2MXHKA37726	Milwaukee
451	2017	FORD	1FDBW2XM1HKA37727	Milwaukee
452	2017	FORD	1FDBW2XM3HKA37728	Milwaukee
453	2017	FORD	1FDBW2XM8HKA37725	Milwaukee
454	2019	FORD	1FDBW2XM7KKA94957	Milwaukee
455	2021	FORD	1FDBW2XG7MKA40541	Milwaukee
456	2021	FORD	1FDBW2XG0MKA76667	Milwaukee
460	2017	FORD	1FDXE4FS6HDC26785	Milwaukee**
461	2017	FORD	1FDXE4FS7HDC73209	Milwaukee**
473	2015	CHEVROLET	1GB6G5CL7E1198039	Milwaukee
474	2015	CHEVROLET	1GB6G5CL1E1198649	Milwaukee
475	2016	FORD	1FDXE4FS4GDC09191	Milwaukee
476	2016	FORD	1FDXE4FS3GDC24426	Milwaukee
477	2016	FORD	1FDXE4FS9GDC06531	Milwaukee
479	2016	FORD	1FDXE4FS8GDC34935	Milwaukee
481	2017	FORD	1FDXE4FS5HDC73211	Waukesha*
482	2018	FORD	1FDXE4FS0JDC06960	Milwaukee
483	2018	FORD	1FDXE4FS0JDC06957	Milwaukee
484	2018	FORD	1FDXE4FS2JDC19483	Milwaukee
485	2018	FORD	1FDXE4FS4JDC40190	Milwaukee
486	2019	FORD	1FDXE4FS1KDC04099	Milwaukee
487	2019	FORD	1FDXE4FS7KDC01515	Milwaukee
488	2019	FORD	1FDXE4FS4GDC49464	Milwaukee
489	2019	FORD	1FDXE4FSXGDC49467	Milwaukee
490	2019	FORD	1FDXE4FS7GDC24395	Milwaukee
491	2020	FORD	1FDXE4FS1KDC42643	Milwaukee

63 UNITS IN SERVICE

\*these units are assigned to Waukesha county,  
but can be moved to Milwaukee if needed

\*\*these units are assigned to the Children's Hospital  
Transport Team

SERVICE CONTRACT (BID, CONTRACT OR PURCHASE ORDER #)

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

Jeffrey K. Blair

\_\_\_\_\_, being first duly sworn, on oath deposes and  
(Insurance Agent that signed the insurance certificate submitted)

says that he/she is the agent of the

Coverys Specialty Insurance Company..

\_\_\_\_\_, Insurer, on the attached certificate issued  
(Insurance Company(s) Named on Insurance Certificate that apply  
-listed under Insurers Affording Coverage)

to Bell Ambulance, Inc:

\_\_\_\_\_  
(Name of Insured/Contractor listed on insurance certificate)

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 in connection with the furnishing of said insurance certificate.

*Jeffrey K. Blair*

\_\_\_\_\_  
(Agent's Signature)

STATE OF Iowa

Dubuque COUNTY <sup>SS</sup>

Subscribed and sworn to before me this 12<sup>th</sup> day of January  
20. 22.

Katie L. Carlson Notary Public

My Commission expires: June 2, 2022



**NOTE: THIS "AFFIDAVIT OF NO INTEREST" MUST BE COMPLETED AND  
SIGNED BY THE PERSON WHO EXECUTED THE CERTIFICATE OF  
INSURANCE, NOTARIZED, AND SUBMITTED WITH YOUR CERTIFICATE OF  
INSURANCE.**

<sup>1</sup> The name of the insurance agent signing this affidavit - not the name of the insurance company. The name agent  
whose name/signature is on the insurance certificate must complete this affidavit, and their signature must be  
notarized.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/13/2022

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 certification does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Cottingham & Butler Jeff K. Bair 800 Main St. Dubuque IA 52001	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): 563-587-5000		FAX (A/C, No): 563-583-7339
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Bell Ambulance, Inc. PO Box 070550 Milwaukee WI 53207-0550	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Old Republic Insurance Company		24147
	<b>INSURER B:</b> Coverys Specialty Insurance Company		15686
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES**

CERTIFICATE NUMBER: 381370456

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<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 OTHER:		005WI000031401	6/1/2021	6/1/2022	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		MWTB-313557	6/1/2021	6/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		005WI000031401	6/1/2021	6/1/2022	EACH OCCURRENCE	\$ 4,000,000
						AGGREGATE	\$
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	MWC 313558	6/1/2021	6/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	Healthcare Professional		005WI000031401	6/1/2021	6/1/2022	Aggregate Per occurrence	3,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Milwaukee is additional insured on the General Liability policy per written contract between the named insured and the certificate holder that requires such a status subject to the terms and conditions of the endorsement attached to the policy.

**CERTIFICATE HOLDER****CANCELLATION**

City of 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

88041

**BELL AMBULANCE, INC.**

PO BOX 070550  
MILWAUKEE, WI 53207-0550  
(414) 486-2000

**PARK BANK**

DOWNTOWN • CAPITOL DRIVE • BROOKFIELD  
MILWAUKEE, WISCONSIN 53216

12-66/750

1/24/2022

PAY TO THE ORDER OF City of Milwaukee Fire Department

\$ \*\*1,100.00

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

City of Milwaukee Fire Department  
711 W Wells St  
Milwaukee WI, 53233-1403

TWO SIGNATURES REQUIRED - VOID AFTER 180 DAYS

*R.A. Zeltner*  
*W. J. [Signature]*  
AUTHORIZED SIGNATURE

MEMO 2022 Private Provider Recertification

⑈08804⑈ ⑆075000666⑆ ⑈⑆⑈733 366 0⑈

**BELL AMBULANCE, INC.**

City of Milwaukee Fire Department

1/24/2022

88041

1,100.00

General Checking Acc 2022 Private Provider Recertification

1,100.00

**BELL AMBULANCE, INC.**

City of Milwaukee Fire Department

1/24/2022

88041

1,100.00

General Checking Acc 2022 Private Provider Recertification

1,100.00

Security features. Details on back.