

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID KK
CURTI-1

DATE (MM/DD/YYYY)
08/03/06

PRODUCER
J. P. & Associates, Inc.
16935 W. Wisconsin Ave.
Brookfield WI 53005
Phone: 262-827-0600 Fax: 262-827-0999

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.

INSURED
Curtis Universal Inc
dba Medix Ambulance Service
James Baker
PO Box 2007
Milwaukee WI 53201

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: General Star Indemnity Co.	
INSURER B: National Indemnity Co	
INSURER C:	
INSURER D:	
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 X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab Retro 1/10/05 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	IJG396563 CLAIMS MADE-PROFESSIONAL DED \$7,500/CLAIM	01/10/06	01/10/07	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 2,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	70APN380392	01/10/06	01/10/07	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	APPROVED AS TO FORM AND EXECUTION THIS <u>6th</u> DAY OF <u>October</u> 20 <u>06</u> <i>Frank Lehmann</i> Assistant City Attorney			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 The City of Milwaukee is hereby listed as an additional insured in regards to the General Liability policy with General Star Indemnity Co.

CERTIFICATE HOLDER
 MILHEAL
 City of Milwaukee
 Health Department
 841 N Broadway, 3rd Floor,
 Milwaukee WI 53202-3653

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL SEND BY MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
 John M. Protiva *John M. Protiva*

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 2: 38

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, Milwaukee, 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 X 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 Hartland, WI 53029 Phone 262-966-1853 Date of Birth 12-17-55

Vice President James B. Barker, Jr. Home Address same as above
City, State, Zip _____ Phone _____ Date of Birth _____

Secretary Ramona Lenger Home Address 12045 W Holt Ave.
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 _____

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

AFFIDAVIT

STATE OF WI)
COUNTY OF Waukesha)

John M Protiva, being first duly sworn, on oath deposes and says that he/she is the agent of the National Indemnity Co and General Star Indemnity Co (Insurance or Bonding Company), insurer on the attached certificate or bond 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.

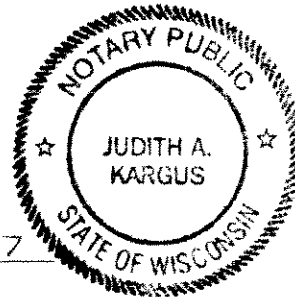
John M Protiva

John M. Protiva 262-827-0600
Typed name and phone number

Subscribed and sworn to before me
this 3RD day of AUGUST 2006,

Judith A. Kargus
Notary Public

My commission expires FEBRUARY 18, 2007



**Curtis Ambulance Service
Vehicle List**

<u>Unit #</u>	<u>Vehicle I.D.</u>	<u>Year/Make</u>	<u>Type</u>
<u>Primary Response Vehicles</u>			
320	1FDSE30F0XHB75338	1999/Ford E-350	Wheeled Coach
322	1FDJE30M1RHB00872	1994/Ford E-350	Med Tech
323	1FDSE35F03HB48983	2003/Ford E-350 (New) In Service July 2004	Wheeled Coach
324	1FDJE30M7RHA11761	1994/Ford E-350	Wheeled Coach
325	1FDSE35F23HB43705	2003/Ford E-350 (New) In Service July 2004	Wheeled Coach
326	1FDSE35F91HA86366	2001/Ford E-350	Wheeled Coach
330	1FDXE45F8YHA90690	2000/Ford E-450	Road Rescue
351	1FDSE30F2XHB75339	1999/Ford E-350	Wheeled Coach
<u>Secondary Response Vehicles</u>			
321	1FDXE45F41HA86500	2001/Ford E-350	Wheeled Coach
353	1FDJS34F6THB56687	1996/Ford E-350	Wheeled Coach
378	1FDKE30F4SHA65109	1995/Ford E-350	Wheeled Coach
379	1FDKE30M8RHB61124	1994/Ford E-350	Med Tech
391	1FDJE30M1PHB54055	1993/Ford E350	Wheeled Coach
792	1FDJE30M2PHB25275	1993/Ford E-350	Wheeled Coach
793	1FDXE45F2YHA27522	2000/Ford E450	
Med-Flight	1FDLE40F6VHB62892	1997/Ford E-350	Wheeled Coach
<u>Back-up only:</u>			
377	1FDKE30M5NHA00708	1992/Ford E-350	Wheeled Coach

Plus another 7 vehicles in Racine and Walworth Counties.

CASHIER'S CHECK

2326553

REMITTER CURTIS UNIVERSAL, INC

DATE 08/03/2006

79-57
759

One Thousand One Hundred Dollars and 00 cents

PAY TO THE ORDER OF CITY OF MILWAUKEE HEALTH DEPT***

\$ ***\$1,100.00***



Associated Bank

[Handwritten Signature]

⑈ 23 26 55 3 ⑈ ⑆ 0 7 5 9 0 0 5 7 5 ⑆

90000034⑈