

City of Milwaukee Health Department
APPLICATION FOR AMBULANCE CERTIFICATION

Fee Must Accompany Application

License period January 1 to December 31.

\$1,000.00 - New Applicants and Renewals

Make check payable to the City of Milwaukee Health Department

Check (✓) one: () Individual
() Partnership
(XX) Corporation

1. NAME OF APPLICANT (if individual) _____

BUSINESS NAME PARATECH AMBULANCE SERVICE, INC. Phone (414) 358-1111

Business Address 9401 W. Brown Deer Road Milwaukee WI Zip 53224

Have any people on this application been convicted of violating any federal or state laws, or local ordinances?

Yes No XX 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, City, State, Zip 9401 W. BROWN DEER RD., MILWAUKEE, WI 53224

Date and Place of Incorporation JANUARY 1, 1979 STATE OF WISCONSIN

President ROBERT A. RAUCH Home Address 480 WOODVIEW TRACE

City, State, Zip COLGATE, WI 53017 Phone (262) 628-9244 Date of Birth 4/22/49

Vice President RICHARD ROMANSHEK Home Address N90 W20881 SCENIC DR.

City, State, Zip MENOMONEE FALLS, WI 53051 Phone (262) 255-6486 Date of Birth 3/24/53

Secretary RICHARD ROMANSHEK Home Address SAME AS ABOVE

City, State, Zip _____ Phone _____ Date of Birth _____

Treasurer ROBERT RAUCH Home Address SAME AS ABOVE

City, State, Zip _____ Phone _____ Date of Birth _____

Agent _____ Home Address _____

City, State, Zip _____ Phone _____ Date of Birth _____

<u>SQ#</u>	<u>VEHICLE ID NUMBER</u>	<u>YEAR/MAKE</u>	<u>PURCHASE IN SERVICE</u>
101	1FDSE35F32HA44132	2002 FORD	NEW 2/26/2002
102	1FDJE30F0SHB07643	1995 FORD MODUVAN III	NEW 8/4/1995
103	1FDSE35F81HA96984	2001 FORD E350 III	NEW 7/23/2001
104	1FDSE35F9YHA37615	2000 FORD E350 XL	NEW 6/9/2000
105	1FDSE35F0YHB24156	2000 FORD E350 XL	NEW 6/9/2000
106			
107	1FDSE35F12HA44131	2002 FORD	NEW 2/26/2002
108	1FDSE35FXYHB25055	2000 FORD E350	NEW 6/30/2000
109	1FDSE30F9WHA39918	1998 FORD	NEW 5/15/1998
110	1FDSE30F8WHA39926	1998 FORD	NEW 5/15/1998
111	1FDSE30FXWHA06362	1998 FORD	NEW 5/15/1998
112	1FDJE30F3SHB31001	1995 FORD TYPE III	NEW 9/15/1995
113	1FDSE35FX2HA44130	2002 FORD	NEW 2/26/2002
114	1FDJE30M4RHB00963	1994 FORD MODUVAN III	NEW 4/14/1994
115	1FDJE30F2SHB07644	1995 FORD MODUVAN III	NEW 8/4/1995
116	1FDKE30M7RHB55668	1994 FORD TYPE III	NEW 7/28/1994
117	1FDJE30F0THA70899	1996 FORD TYPE III	NEW 4/30/1996
118	1FDJE30F3THA70900	1996 FORD TYPE III	NEW 4/30/1996
119	1FDJE30F5THA70901	1996 FORD TYPE III	NEW 4/30/1996
120	1FDSE30F9WHA39921	1998 FORD	NEW 5/15/1998
121	1FDWE30F9WHA14521	1998 FORD	NEW 5/21/1998
122	1FDKE30M0PHB88539	1993 FORD	USED 4/8/2002 354DJK
123	1FDJE30M0RHB48735	1994 FORD	USED 4/8/2002 352DJK
124	1FDJE30F3VHB06720	1997 FORD	USED 4/8/2002 353DJK

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

CSR 09
PARAT-1

DATE (MM/DD/YY)

PRODUCER

AIS GROUP LTD. -1
P.O. Box 1180
Menomonee Falls WI
Phone: 262-255-5110

RECEIVED

2012 NOV 19 PM 2:51

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

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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	3XZ115100	06/15/02	06/15/03	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 3,000,000
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY	3XZ115100	06/15/02	06/15/03	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
APPROVED AS TO FORM AND EXECUTION THIS <u>6</u> DAY OF <u>December</u> 20 <u>02</u> <i>Brian D. Schmitz</i> Assistant City Attorney						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	EA ACC AGG
A	EXCESS LIABILITY	79775112	06/15/02	06/15/03	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 3,000,000
						\$
						\$
						\$
	DEDUCTIBLE					
	RETENTION \$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- TORY LIMITS	OTH- ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
A	OTHER	3XZ115100	06/15/02	06/15/03		
	Blanket Property				\$1,397,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

City of Milwaukee is additional insured as respects named insured's operation as an ambulance service

CERTIFICATE HOLDER

N | ADDITIONAL INSURED: INSURER LETTER:

CANCELLATION

CITYM-2

City of Milwaukee
Health Department
Attn: Seth L. Foldy, M.D.
841 N. Broadway Rm 112
Milwaukee WI 53202-3653

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
DATE THEREOF, THE ISSUING INSURER WILL ~~MAIL~~ MAIL 30 DAYS WRITTEN
NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BY FAILURE~~ ~~DOING~~
IMPROVING OBLIGATION ~~BY~~ ~~DOING~~ ~~IT'S~~ ~~AGREEMENT~~
REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE

Thomas D. Beer CIC

AFFIDAVIT

STATE OF WISCONSIN)

)

COUNTY OF WAUKESHA)

Thomas D. Baer CIC _____, being first duly sworn on oath, deposes and says that he/she is the agent of the Norman Spencer McKernan, Inc., insurer on the attached certificate or bond issued to Paratech Ambulance Service, 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.

Thomas D. Baer
Signature (same as on cert or bond)

Thomas D. Baer CIC

262 255-5100

Subscribed and sworn to before me

this 18th day of November, 2002

Alicia M. Barbeh
Notary Public
My Commission Expires 03/12/06