

John O. Norquist Mayor

Seth L. Foldy, MD Commissioner of Health

Bevan K. Baker, CHE Health Operations Director

Administration



Frank P. Zeidler Municipal Building, 841 North Broadway, 3rd Floor, Milwaukee, WI 53202-3653

phone (414) 286-3521

fax (414) 286-5990

web site: www.milwaukee.gov

MEMORANDUM

TO:

Jeffery Osterman

Legislative Reference Bureau

FROM:

Bernita Zollicoffer

Dr. Foldy's Assistant

DATE:

November 26, 2003

SUBJECT:

Applications for Ambulance Certification 2004

Attached are the completed Ambulance Certification Applications for your file.

If you have any questions, comments or concerns, please feel free to contact me, Bernita at extension 5708.

Thank you

City of Milwaukee Health Department APPLICATION FOR AMBULANCE CERTIFICATION

Fee Must Accompan License period Januar \$1,000.00 - New Make check payable	y Application ry 1 to December 31. y Applicants and Renewals to the City of Milwaukee H	lealth Department	Check ($\sqrt{}$) one:	() Individua () Partnersh (√) Corporat
NAME OF APPLIC	ANT (If individual)			
	Bell Ambulance, I			
	549 East Wilson St			
Have any people on th	nis application been convicted	of violating any federal o	r state laws, or local of	ordinances?
	X If 'yes' name of per			
PARTNERSHIP:(if ap	oplicable)			
City State 7in		Home Address		
Name		Phone	Date	e of Birth
City, State, Zip		Home Address		
Address, City, State, Zip	TION: Bell Ambu 549 East Wilson Str	reet; Milwaukee, WI 532	07-0550	
Date and Place of Incorporati	ionOctober 1, 1978 - N	Ailwaukee, WI		THE WAY TO A STATE OF THE STATE
President	R. A. Zehetner	Home Address 21	2 East Ravine Drive	e
City, State, Zip	Mequon, WI 53092	Phone (262) 241-1		of Birth 06/15
Vice PresidentJ	lames P. Lombardo	Home Address 54	9 East Wilson Stree	t
City, State, ZipN	Milwaukee, WI 53207	Phone (414) 486-4	1013 Date	of Rirth 12/24/
Secretary <u>E</u>	Cric E. Hobbs	Home Address 23	02 East Newberry B	Soulevard
	Milwaukee, WI 53211			
	Vavne Jurecki			
	Ailwaukee, WI 53202			

4.	OTHER REQUIREMENTS:
	Do you have on file with the Health Department a valid and current certificate of insurance for this license period? X Yes No.
	Do you have a valid State of Wisconsin Inspection Certificate? X_YesNo
	Do you participate in the Emergency Medical Services System?
	If 'yes', list service area number: 4
	Do you wish to participate in the Emergency Medical System?
	Total number of vehicles in service: 22
	Please attach a separate page listing all vehicles including city assigned number, and description (year, make and van number)
5.	The undersigned agrees to inform the Health Department within ten days of any substantial changes in the information supplied the 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 regular 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 the discretion of the Common Council.
7.	I have the knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under out deposition and say that I am the person named above and that all statements made in the foregoing application are true and corre
	SUBSCRIBED AND SWORN TO BERFORE ME THIS 22 rd day of October, 2003 Individual/Corporato President/Partner) Notary Public, State of Wisconsin My commission expires 11/20/2005 (Corporate Secretary) (Corporate Treasurer)
	Do Not Write Below This Line
+	ClerkLicense #NewRenewalDate Filed Date Granted

Bell Ambulance, Inc. Squad Listing

Squads in Operation

# of	Squad				
Squads	#	VIN	BodyType	ChasYear	Lic. Plate
1	401	1FDJE30F7SHB24620	Moduvan		BELL 401
2	402	1FDJE30F9SHB24621	Moduvan		BELL 402
3	404	1FDJE30F6SHB24625	Moduvan		BELL 404
4	405	1FDJE30F0THA04725	Moduvan		BELL 405
5	409	1FDJE30F6THA04731	Moduvan		BELL 409
6	412	1FDJE30F2VHA39401	Moduvan		BELL 412
7	414	1FDSE30F7WHA10997	Moduvan		BELL 414
8	415	1FDSE30F4XHB57473	Moduvan		BELL 415
9	4 16	1FDSE30F6XHB57474	Moduvan		BELL 416
10	417	1FDSE35F1YHB25056	Moduvan		BELL 417
11	418	1FDSE35F5YHB25058	Moduvan		BELL 418
12	1	1FDSE35F92HA33961	Moduvan		BELL 420
13	421	1FDSE35F22HA33963	Moduvan		BELL 421
14	422	1FDSE35FX2HA33967	Moduvan		BELL 422
15	423	1FDSE35F82HA57684	Moduvan		BELL 423
16	424	1FDSE35F93HA80666	Moduvan		BELL 424
17	425	1FDSE35FO3HA80667	Moduvan		BELL 425
18	426	1FDSE35F23HA80668	Moduvan		BELL 426
19	427	1FDWE35F63HA96860	111		BELL 427
20		1FDXE45F32HA45678	111		BELL 483
21	484	1FDXE45F23HA42191	111		BELL 484
22	485	1FDXE45F43HA68758	111		BELL 485
23		IFDJE30F2SHB24623	Moduvan	1995	
24		1FDJE30F2THAO4726	Moduvan	1996	BELL 406
25 26		IFDJE30F1VHA42385	Moduvan	1996	BELL 410
20 27		FDJE30F1VHA39406 FDLE40F3VHA18796	Moduvan	1997	
		U DECAOLO AUDITO (A)		1997 E	BELL 482

MEMO_ PAY TO THE Application for Ambulance Certification City of Milwaukee Health Department City of Milwaukee Health Department BELL AMBULANCE, INC. 1 P.O. BOX 070550 MILWAUKEE, WI 53207-0550 (414) 486-2000 #064969# #075000666# #1489# 12-91 PARK BANK MILWAUKEE, WI 53216 9 9 1 12-66/750 VOID AFTER 180 DAYS \$ **1,100.00 10/22/2003 64969 3

BELL AMBULANCE, INC.

City of Milwaukee Health Department

10/22/2003 Bill Reference

Original Amt. 1,100.00

Balance Due 1,100.00

10/22/2003

Discount

Check Amount

Payment 1,100.00 1,100.00

64969

General Checking Acc Application for Ambulance Certification

CERTIFICATE OF LIABILITY INSURANCE ACORD DATE (MM/DD/YYYY) OPID BJ BELLA-1 10/22/03 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION Robertson Ryan & Assoc., Inc. ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR Two Plaza East, Suite 650 330 East Kilbourn Avenue ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. Milwaukee WI 53202 Phone: 414-271-3575 Fax: 414-271-0196 INSURERS AFFORDING COVERAGE NAIC # INSURED THE CINCINNATI INS. COMPANIES INSURER A: INSURER 8: Lloyd's of London Bell Ambulance, Inc. Mike Kresovic P O Box 070550 INSURER C UNITED HEARTLAND INS INSURER D Granite State Insurance Co Milwaukee WI รัรวกซ INSURER E Underwriters at Lloyd's London 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, POLICY NUMBER TYPE OF INSURANCE LIMITS GENERAL LIABILITY EACH OCCURRENCE \$1000000 A2002LP0001301 APPROVED AS X COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurence) В X \$100000 CLAIMS MADE X OCCUR MED EXP (Any one person) s 5000 X Professional AND EXECUTION THIS PERSONAL & ADV INJURY \$1000000 Liability is Incl DAY OF GENERAL AGGREGATE \$ 2000000 GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG | \$ 200000 POLICY PRO-AUTOMOBILE LIABILITY Assistant City Afforney 01/01/03 01 COMBINED SINGLE LIMIT \$ 1000000 ANY AUTO ħ ARB26932257 (Ea accident) 01/01/04 ALL OWNED AUTOS BODILY INJURY Ś X SCHEDULED AUTOS (Per person) HIRED AUTOS BODILY INJURY (Per accident) \$ NON-OWNED AUTOS 18 X Comp Ded: \$1,000 FPD10309 01/01/03 01/01/04 PROPERTY DAMAGE (Per accident) E X Coll Ded: \$1,000 FPD10309 01/01/03 01/01/04 GARAGE LIABILITY AUTO ONLY - EA ACCIDENT ANY AUTO EA ACC S OTHER THAN AUTO ONLY: AGG S **EXCESS/UMBRELLA LIABILITY** EACH OCCURRENCE \$ 2000000 A X OCCUR X CLAIMS MADE CCC4972542 01/01/03 01/01/04 AGGREGATE s 2000000 \$ DEDUCTIBLE \$ RETENTION s10,000 \$ X WCSTATU: TORY LIMITS WORKERS COMPENSATION AND JIH FR **EMPLOYERS' LIABILITY** 0400036817 01/01/03 01/01/04 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ 500000 E.L. DISEASE - EA EMPLOYEE \$ 500000 If yes, describe under SPECIAL PROVISIONS below E.L. DISEASE - POLICY LIMIT \$ 500000 OTHER DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Certificateholder is additional insured on the general liability policy as respects the named insured's operations as ambulance service, but only for claims arising out of the negligence of the named insured.

CE	RT	IF.	IC.	47	E	Н	Οl	۵.	E	R

CANCELLATION

MILW373

Milwaukee Health Dept 841 N Broadway, Room 112 Milwaukee WI 53202

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MANAGE MAIL 30

NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT

AUTHORIZED REPRESENTAT

Michael R.

ACORD 25 (2001/08)

© ACORD CORPORATION 1988

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

AFFIDAVIT

STATE OF WISCONSIN COUNTY OF MILWAUKEE

Michael R. Schulte, BEING FIRST DULY SWORN, on oath deposes and says that he/she is the agent of the The Cincinnati Insurance Co., insurer on the attached certificate of insurance or bond issued to Bell 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.

Signature (same as it appears on cert)

Michael R. Schulte, (414) 271-3575 Typed Name and Phone Number

Subscribed and sworn to before me

This 23nd day of October, 2003

Notary Public,

My Commission expires 2-19-06

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 D		Check (🗸) one: () Individual () Partnership (X) Corporation
NAME OF APPLICANT (if individual)		
BUSINESS NAME Crass Ambulance	Same ,	Inc Phone 414-546-8
Business Address 5436 W. Fogens U	Net Allie	W1
Have any people on this application been convicted of viol	lating any federal or sta	ate laws, or local ordinances?
YesNo If 'yes' name of person (s), do	ate, charge and penalty	;
, .		
PARTNERSHIP: (if applicable)	•	
Name	Home Address	
City, State, Zip	Phone	Date of Birth
Name	Home Address	
City, State, Zip	Phone	Date of Birth
NAME OF CORPORATION:		50-2
Address, City, State, Zip	e Ha Hu	50-L
President Robert E. BAHUT	Home Address ZLI	7 W. Chestrut
President Robert E. BAHUT City, State, Zip Mequen, WI 5392	Phone 262-242	1-4658 Date of Birth 94/37
Vice President	Home Address	
City, State, Zip	Phone	Date of Birth
Secretary	Home Address	
City, State, Zip	Phone	Date of Birth
Treasurer	Home Address	
City, State, Zip	Phone	Date of Birth
Agent	Home Address	1
City State 7in	Phone	Date of Birth

4.	. OTHER REQUIREMENTS:		
-	Do you have on file with the Health Department a valid and current certificate of insurance fo	r this license period?	<u>X</u> Yes
	Do you have a valid State of Wisconsin Inspection Certificate?		上上Yes
	Do you participate in the Emergency Medical Services System?		Yes
	If 'yes', list service area number: West Milwoufee		
	Do you wish to participate in the Emergency Medical Services System?		X Yes
	Total number of vehicles in service:		
	Please attach a separate page listing all vehicles including city assigned number, and desc		
5.	The undersigned agrees to inform the Health Department within ten days of any substantial chapplication. The undersigned shall not willfully refuse to provide those services offered under refuse to employ, or discharge any person otherwise qualified because of race, color, creed, seek such information as a condition of employment, or penalize any employee or discriminate or promotion on the basis of such information.	anges in the informati this license, permit, c k, national origin or an in the selection of pe	on supplied or franchise, ncestry; and ersonnel for
6.	The undersigned understand that this application does not entitle the applicants to a license and the discretion of the Common Council.	that the granting of l	icenses is so
7.	I have a knowledge of the City Ordinances currently regulating the license applied for herein, and say that I am the person named above and that all statements made in the foregoing applications.	nd being duly sworn tion are true and corr	under oath, ect.
/	SUBSCRIBED AND SWORN TO BEFORE ME THIS day of 50 cl (Individual/Corporate President)	hut	
_	Albert Bublis		
	My commission expires 6-26-05 (Additional Partner/Corpora	e Vice President)	
	(Corporate Secretary)		
	(Corporate Treasurer)		
	Do Not Write Below This Line		
	Clerk License # New Renewal Date Filed	Date Grant	led

CROSS AMBULANCE SERVICE, INC VEHICLE LIST 11/12/03

#	YEAR	MAKE	ID #
500 591 592 593 594 595 598	1989 1994 1994 1989 1988 1990	FORD FORD FORD FORD FORD CHEV	1FDKE30M6KHA40825 1FDJE30M1RHB00872 1FDJE30M9RHB43307 1FDKE30M0KHA73365 1FDHS34M7JHC12579 1FDHS34M5LHB81562 1GBHR34N7KJ105605

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Se 27	25	rity Ins. 8 S. Moorla	nd	Roa		Various delination of the Control of	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.				
Ne	W.	Berlin, WI		ئىل كاد		ļ		COMPANIES	AFFORDING COVERAG	Ex	
							company ACumi	s Ins. So	ciety, Inc.(M	cNeil & Co	
INSU	RED				ce Service, Inc.	t e mail de la transferie de la programa de manerco	COMPANY BEMC Insurance Company				
		5436 W. 1 West All					COMPANY G		eriani, annument et erien et en		
							COMPANY D				
	THIS INDI CER	CATED, NOTWITHSTA TIFICATE MAY BE IS	ANDI SSUE	NG AND OR	DLICIES OF INSURANCE LISTED NY REQUIREMENT, TERM OR CO MAY PERTAIN, THE INSURANCE SUCH POLICIES, LIMITS SHOWN M	ONDITION E AFFORE	OF ANY CONT DED BY THE PC	RACT OR OTHER DLICIES DESCRIBEI	DOCUMENT WITH RESPEC	CT TO WHICH THIS	
CO		TYPE OF INSURANC	E	the state of the s	POLICY NUMBER		OLICY EFFECTIVE ATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	;	
A	GEI	NERAL LIABILITY			ZDZ5633213	0.	4/01/03	04/01/04	GENERAL AGGREGATE	\$2,000,000	
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									ľ	s 100,000	
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A		FOMOBILE LIABILITY ANY AUTO			ZDZ5633213	0	4/01/03	04/01/04	COMBINED SINGLE LIMIT	\$1,000,000	
		ALL OWNED AUTOS SCHEDULED AUTOS							BODILY INJURY (Per person)	\$	
		HIRED AUTOS			APPROVE	D AS	TO FORM		BODILY INJURY (Per accident)	\$	
					AND EXECUTION	THIS_	2/1/	and a	PROPERTY DAMAGE	\$	
	GA	RAGE LIABILITY			DAY OF A THE		2 <i>9</i> /4/2/	*	AUTO ONLY-EA ACCIDENT	\$	
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	X	UMBRELLA FORM			manuar (Constant)				AGGREGATE	\$1,000,000	
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B	WC	RKERS COMPENSATION			2H4352802	0	4/01/03	04/01/04	X STATUTORY LIMITS		
	EM	PLOYERS' LIABILITY					01/01/00 04,	_,,	EACH ACCIDENT	s 100,000	
		E PROPRIETOR/	Χ	INCL		200			DISEASE-POLICY LIMIT	s 500,000	
		RTNERS/EXECUTIVE FICERS ARE:		EXCL					DISEASE-EACH EMPLOYEE	700 000	
	··	HER					***************************************				
	2.7										

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

City of Milwaukee Health Department 840 n Broadway Room 315

Milwaukee, WI 53202

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL I _DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,

AUTHORIZED REPRESENTATIVE

MES @ ACORD CORPORATION 19:

ACORD 25-\$ (3/93) 1 of 1 #967236/M6722

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

AFFIDAVIT

STATE OF WISCONSIN)

MILWAUKEE COUNTY)

GORDON A. RATHKE , BEING FIRST DULY SWORN, on oath deposes and says that he/she is the agent of the CUMIS INSURANCE COMPANY, insurer, on the attached certificate or bond issued to CROSS 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.

Signature (same as it appears on Certificate)

GORDON A. RATHKE

Subscribed and sworn to before me

this 14th day of november ,2003

NOTARY PUBLIC

My Commission expires 65-2005

\$ 1,100.00

DOLLARS

CROSS AMBULANCE SERVICE, INC. 5436 W. ROGERS ST. WEST ALLIS, WI 53219

WISCOR CREDIT UNION WEST ALLIS, WISCONSIN 53219 79-8251-2750

11/12/03

PAY TO THE ORDER OF CITY OF MILWAUKEE

milwaukee,, WI 53202-3653

10-00/146080

health dept, 841 n broadway, 3d floor

City of Milwaukee

MEMO

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"165 EE2 O :11

City of Milwaukee Health Department APPLICATION FOR AMBULANCE CERTIFICATION

Fee Must Accompany Application	Check (✓) one: () Individual
License period January 1 to December 31. \$1,000.00 - New Applicants and Renewals	() Partnership
Make check payable to the City of Milwaukee Health	Department (*) Corporatio
NAME OF APPLICANT (if individual) Curtis Universal A	
BUSINESS NAME d/b/a Curtis Ambul	mbulance, Inc. 414-933 ance Phone 414-276
D 0 Por 2007 1614	Phone 414-276
Business Address F.O. BOX 2007, MIIWauke	e, WI zip 53201-200
Have any people on this application been convicted of v	riolating any federal or state laws, or local ordinances?
	date, charge and penalty:
x jos namo or person (s)	date, charge and penalty;
PARTNERSHIP: (if applicable)	•
Name	Home Address
	Phone Date of Birth
Name	Home Address
City, State, Zip	Phone Date of Birth
NAME OF CORPORATION: Curtis Univers	sal Ambulance, Inc.
Address, City, State, Zip P.O. Box 2007	Milwaukee, WI 53201-2007
Date and Place of Incorporation10/17/1969 Wis	sconsin
	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 G. Baker, Jr.	Manual Samo as above
City, State, Zip	Phone Date of Birth
Secretary Ramona Lenger	Home Address 12045 W. Holt Ave.
	Phone 414-327-9984 Date of Birth 06/20/4
Treasurer James G. Baker, Jr.	Home Address Same as above
City, State, Zip	Phone Date of Birth
Agent O. Dakel, Ul.	Home Address Same as aborre
City, State, Zip	Phone

4.	OTHER REQUIREMENTS:	
	Do you have on file with the Health Department a valid and current certificate of insurance for this license period?	XYes
	Do you have a valid State of Wisconsin Inspection Certificate?	Yes
	Do you participate in the Emergency Medical Services System?	X Yes
	If 'yes', list service area number:3	
	Do you wish to participate in the Emergency Medical Services System?	X_Yes
	Total number of vehicles in service: 15	
	Please attach a separate page listing all vehicles including city assigned number, and description (year, make	and van nu
5.	The undersigned agrees to inform the Health Department within ten days of any substantial changes in the informat application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or a seek such information as a condition of employment, or penalize any employee or discriminate in the selection of promotion on the basis of such information.	or franchise,
6.	The undersigned understand that this application does not entitle the applicants to a license and that the granting of the discretion of the Common Council.	licenses is so
7.	I have a knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworm and say that I am the person named above and that all statements made in the foregoing application are true and cor	under oath, rect.
The management	SUBSCRIBED AND SWORN TO BEFORE ME THIS Additional Partner/Corporate President)
***************************************	DU NUL MTHE BEIOW INIS LINE	······································
	Clerk License # New Renewal Date Filed Date Gr	anted

Curtis Ambulance Service Vehicle Registration

Unit #:	Vehicle I.D. #:	Year/Make	Type:
320	1FDSE30F0XHB75338	1999'/Ford E-350	Wheelcoach
322	1FDKE30M8NHA31841	1992'/Ford E-350	Wheelcoach
326	1FDJE30M0PHB25307	1993'/Ford E-350	Wheelcoach
329	1FDKE30M7MHA43655	1991'/Ford E-350	Wheelcoach
351	1FDSE30F2XHB75339	1999'/Ford E-350	Wheelcoach
352	1FDKE30L7GHB63886	1988'/Ford E-350	Horton
353	1FDJS34F6THB56687	1996'/Ford E-350	Wheelcoach
354	1FDJS34F1THB56693	1996'/Ford E-350	Wheelcoach
371	1FDKE30M8MHB27337	1991'/Ford E-350	Wheelcoach
377	1FDKE30M5NHA00708	1992'/Ford E-350	Wheelcoach
378	1FDKE30F4 SHA65109	1995'/Ford E-350	Wheelcoach
379	1FDKE30M8RHB61124	1994'/Ford E-350	MedTech
391	1FDJE30M2PHB25275	1993'/Ford E-350	Wheelcoach
392	1FDJE30M1PHB54055	1992'/Ford E-350	Wheelcoach
NL-1	1FDLE40F6VHB62892	1997'/Ford E-350	Wheelcoach
Back-up on	<u>ľy:</u> 1FDJE30M7RHA11761		
327		94'/Ford E-350	Wheelcoach
	1FDJE30M1RHB00967	94'/Ford E-350	Wheelcoach
376	IFDKE30F1VHA10640	97'/Ford E-350	Wheelcoach

	NOV 26 '03 01:40	PM		P.1/1				
	CORD CERTI	FICATE OF LIABIL	ITY INS	URANCI		DATE (MM/DD/YY) 11/26/2003		
730	JUP & ASSOCIATES INC. 18935 W. WISCONSIN AVE. EROOKFIELD, WI 53005	262-827 -0 600	ONLY AND	D CONFERS NO THIS CERTIFICA E COVERAGE A	UED AS A MATTER OF RIGHTS UPON THE TOOLS NOT AME OFFORDED BY THE PARFORDING COVERA	NO, EXTEND OR OLICIES BELOW.		
Perm	CURTIS-UNIVERSAL PO BOX 2007 MILWAUKEE WI 532		INSURER A: INEX INSURANCE INSURER B: NATIONAL INDEMNITY INSURER C: INSURER D:					
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LIS	TYPE OF INSURANCE	FOLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/TY)	POLICY EXPIRATION DATE (MN/DD/YY)	(3ML	is		
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR	DOL 253640 \$300,000 PER ACT	1/10/2003	1/10/2004	EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person)	s 300,000 s		
	GENTL AGGREGATE LIMIT APPLIES PER: POLICY FRO LOC	\$300,000 PER ACCIDENT COMMERCIAL LIABILITY & WRONGFUL ACTS LIABILITY			PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPAND AGG	\$ 500,000 \$		
В	ATTOMORILE LIABILITY ANY AUTO ALL OWNED AUTOS		:		COMBINED SINGLE LIMIT (Es accident)	s 500,000		
	S SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	70 APN 205299 UM/UIM LIMIT \$100,000 CSL	1/10/2003	1/10/2004	(Per person) BODILY INJURY (Per scatent)	5		
ì		,	14	V	PROPERTY DAMAGE (Par acoldwit)	5		
	CARAGE LIABILITY ANY AUTO	appenlel	ad h		AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY: AGG	***		
	OCCUR CLAIMS MADE	our very	A ATTO	7 7	AGOREGATE	\$ 3		
	RETENTION S ORNERS COMPENSATION AND	- 4/4 6 Ja	J JAC		WCSTATU OTH	\$		
	EMPLOYERS' LIABILITY	J William Miles			EL DISEASE - POLICY LIMIT	·		
	THER	MANNE	WI HA	W.				
DES	AFTION OF OPERATIONS/LOCATIONS/VE	HICLES/EXCLUSIONS ADOED BY ENDORSEMENT	BPÉGIAL PROVIDION	S				
		·		· • • • • • • • • • • • • • • • • • • •				
CE	CITY OF MILWAUKER DEPT OF HEALTH ATTN.: DR. SETH FO 841 N BROADWAY R MILWAUKEE, WI 532	LEY M 112	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MINE EXPIRATION NOTICE TO THE GERTIFICATE HOLDER NAMED TO THE LEFT MINE AND					
AC	90 25-8 (7/97)		© ACORD CORPORATION 1988					

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

AFFIDAVIT

STATE OF WI)
Waukesha COUNTY)
John M Protiva	, BEING FIRST DULY SWORN, on
oath deposes and	says that he/she is the agent of the INEX Insurance (Insurance or
	, insurer on the attached certificate
Bonding Company) or bond issued to	Curtis-Universal Ambulance Co.
employee of the Ci indirectly, or is	ner deposes and says that no officer, official or ity of Milwaukee has any interest, directly or receiving any premium, commission, fee or other account of the sale or furnishing of said insurance
	Signature (same as it appears on cert)
	John M Protiva 262-827-0600
*	Typed Name and Phone Number
-	

R SECURITY FEATURES INCLUDED DETAILS ON BACK

CASHIER'S CHECK

1364863

REMITTER CURTIS UNIVERSAL, INC.

DATE 11/13/2003

79-57 759

One Thousand One Hundred Dollars and 00 cents

PAY TO THE CITY OF MILWAUKEE***
ORDER OF

\$1,100.00

Associated Bank
Wisconsin

"1364863" CO75900575"

90000034"

TECENED ED SE CENTRE DE SE CENT

1000 M

City of Milwaukee Health Department APPLICATION FOR AMBULANCE CERTIFICATION

License period January 1 to December 31.	Check (✓) one: () Individu () Partners
\$1,000.00 - New Applicants and Renewals Make check payable to the City of Milwaukee Health	(V) Corpora
NAME OF APPLICANT (if individual)	
BUSINESS NAME MEDA-CAPE AME	BULANCE Phone 4/4-34
Business Address 3515 W. VietSt.	Milwantee Wi zip 53305
Have any people on this application been convicted of vi	iolating any federal or state laws, or local ordinances?
YesNo If 'yes' name of person (s),	
• .	
PARTNERSHIP: (if applicable)	•
Name	Home Address
City, State, Zip	Phone Date of Birth
Name	Home Address
City, State, Zip	Phone Date of Birth
NAME OF CORPORATION: MEDA - CARL	
Address, City, State, Zip 2515 W. VIIe 1	. , , , , , , , , , , , , , , , , , , ,
Date and Place of Incorporation Milwaukee,	
President <u>Nonne Larsen</u>	Home Address 368 W18118 4 Sland De.
City, State, Zip Muskego, W. 5315	D Phone 362-679-0290 Date of Birth 9/24/
Vice President /one	Home Address
City, State, Zip	Phone Date of Birth
Secretary TED LARSEN	Home Address <u>20905 VI/a C+</u> -
City, State, Zip <u>Maukesha</u> , Wi 53186	
Treasurer <u>Nonz</u>	Home Address
City, State, Zip	Phone Date of Birth
Agent LINDA WIEDMANN	Home Address W351 N6018 BAUCKS LN
City, State, Zip Oconomowoc, Wi 53066	

4.	OTHER REQUIREMENTS:		
	Do you have on file with the Health Department a valid and cu	arrent certificate of insurance for this license period?	Yes
	Do you have a valid State of Wisconsin Inspection Certificate?	?	_i_Yes
	Do you participate in the Emergency Medical Services System		<u>V</u> Yes
	If 'yes', list service area number:		
	Do you wish to participate in the Emergency Medical Services	System?	<u>V</u> Yes
	Total number of vehicles in service:		
	Please attach a separate page listing all vehicles including of	city assigned number, and description (year, make	and van nur
5.	The undersigned agrees to inform the Health Department with application. The undersigned shall not willfully refuse to prove refuse to employ, or discharge any person otherwise qualified seek such information as a condition of employment, or penaltor promotion on the basis of such information.	Ade those services offered under this license, permit, or because of race, color, creed, sex, patienal origin as as	or franchise,
б.	The undersigned understand that this application does not entithe discretion of the Common Council.	tle the applicants to a license and that the granting of l	icenses is so
7.	I have a knowledge of the City Ordinances currently regulatin and say that I am the person named above and that all statemen	g the license applied for herein, and being duly sworn nts made in the foregoing application are true and corr	under oath, ect.
	SUBSCRIBED AND SWORN TO BEFORE ME THIS	hearne Lane	
	Side Media	(Individual/Corporate President/Partner)	
	Notary Public, State of Wisconsin My commission expires	(Additional Partner/Corporate Vice President)	
		(Corporate Secretary)	and the second s
		(Corporate Treasurer)	······································
-	Do Not Write Below This Line		,
	Clerk License # New	Renewal Date Filed Date Gra	nted
		Date Gra	() LOU

Ambulance List Updated 2/3/03

	Ambulance Number	VIN Number	Liscense Number	Renewal Date	Inspection Date	License Type	Location of Inspection	Year manufactured	Year Purchased
21 22	KIDS-1	1FDXE40FXWHC12633	KIDS ONE	2003/Nov.	4/23/03		535 S. 92 nd Street	1998	1998
,	KIDS-2	1FDKE30M4NHB24582	KIDS TWO	2003/Nov.	4/23/03		535 S. 92 nd Street	1992	1998
3	STAT-201	1FDKE30M6MHB07961	STATI	2003/Dec	4/24/03	911/ALS	535 S. 92 rd Street	1991	1996
4	STAT-202	1FDKE30M8MHB07962	STAT2	2003/Dec	4/24/03	911/ALS	535 S. 92 ^{ns} Street	1991	1996
5	STAT-203	1FDKE30M9KHA07429	545-ERC	2004/Oct	4/24/03	911/ALS	536 S. 92 nd Street	1989	1994
6	204	1FDKE30MARHC16879	888-EKN	2004/Sep	2/6/03	911/BLS	535 S. 92 nd Street	1994	2002
7	STAT-205	1FDKE30M0RHB15500	887-EKN	2004/Sep	4/23/03	911/BLS	535 S. 92 nd Street	1994	2002
8	STAT-206	1FDKE30M0NHA02804	PNF-526	2003/Dec	4/23/03	911/ALS	535 S. 92 nd Street	1992	1996
9	207	1FDJE30F6SHB33437	794-EZJ	2003/Jan	4/23/03	911/BLS	535 S. 92 nd Street	1995	2002
10	STAT-208	1FDKE30M4MHB04119	315-EVU	2003/Nov.	4/24/03	911/ALS	535 S. 92 nd Street	1991	2002
11	210	1FDKE30M8LHA92376	256-AWM	2004/Oct	4/24/03	911/BLS	535 S. 92 nd Street	1993	2001
12	211	1FDHS34M4JHA95477	PAJ-941		May. 21, 2001	911/BLS	535 S. 92 nd Street	1988	1995
13	212	1FDHS34M3JHB53692	VDW-603	2003/Nov.	4/24/03	911/BLS	535 S. 92" Street	1988	1999
14	213	1FDH534M9LHA41885	673-GBS	2004/Jan	4/24/03	911/BLS	535 S. 92 nd Street	1990	2000
15	214	1FDHS34M5JHC13035	537-FGL	2004/Mar	4/24/03	911/BLS	535 S. 92 nd Street	1988	2002
16	217	1FDHS34MXLHB30171	UCJ-529	2003/Dec	4/24/03	911/BLS	535 S. 92 [™] Street	1990	1998
17	219	1FDHS34M3MHB17506	544 EWV	2004/Dec	4/24/03	911/BLS	535 S. 92 ^{re} Street	1991	1992
18	222	1FDJS34M6NHB27210	WCK-636	2004/Jul	4/24/03	911/BLS	535 S. 92 nd Street	1992	1992
19	223	1FDJS34F0SHA56177	793-EZJ	2003/Jan	4/23/03	911/BLS	535 S. 92 rd Street	1995	2002
20	224	1FDJE30M1PHA23644	WECNHLP	2003/Mar	4/24/03	911/ALS	535 S. 92 nd Street	1993	1996
21	225	1FDHS34M4MHA31413	PVD-960	2004/Jan	4/24/03	911/BLS	535 S. 92 nd Street	1991	1991
22	227	1FDHS34M8KHA38443	VCG-925	2004/Oct	4/23/03	911/BLS	535 S. 92 nd Street	1989	1999
23	New Stat	1FDKE30F1THA42940	672-GBS	2004/Aug		911/BLS	536 S. 92 ^{ns} Street	1996	2003
24									

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Ambulance List Updated 2/3/03

ГП	Т		······································			······			
	Ambulance Number	VIN Number	Liscense Number	Renewal Date	Inspection Date	License Type	Location of Inspection	Year manufactured	Year Purchased
ζ1 ζ2	KIDS-1	1FDXE40FXWHC12633	KIDS ONE	2003/Nov.	4/23/03		535 \$. 92 [™] Street	1998	1998
	KIDS-2	1FDKE30M4NHB24582	KIDS TWO	2003/Nov.	4/23/03		535 S. 92 nd Street	1992	1998
3	STAT-201	1FDKE30M6MHB07961	STATI	2003/Dec	4/24/03	911/ALS	535 S. 92** Street	1991	1996
4	STAT-202	1FDKE30M8MHB07962	STAT2	2003/Dec	4/24/03	911/ALS	535 S. 92 ^{ns} Street	1991	1996
5	STAT-203	1FDKE30M9KHA07429	545-ERC	2004/Oct	4/24/03	911/ALS	535 S. 92 nd Street	1989	1994
6	204	1FDKE30MARHC16879	888-EKN	2004/Sep	2/6/03	911/BLS	535 S. 92 ^{ns} Street	1994	2002
7	STAT-205	1FDKE30M0RHB15500	887-EKN	2004/Sep	4/23/03	911/BLS	535 S. 92 ^{mt} Street	1994	2002
8	STAT-206	1FDKE30M0NHA02804	PNF-526	2003/Dec	4/23/03	911/ALS	535 S. 92 nd Street	1992	1996
9	207	1FDJE30F6SHB33437	794-EZJ	2003/Jan	4/23/03	911/BLS	535 S. 92 nd Street	1995	2002
10	STAT-208	1FDKE30M4MHB04119	315-EVU	2003/Nov.	4/24/03	911/ALS	535 S. 92 nd Street	1991	2002
11	210	1FDKE30M8LHA92376	256-AWM	2004/Oct	4/24/03	911/BLS	535 S. 92 [™] Street	1993	2001
12	211	1FDHS34M4JHA95477	PAJ-941	2003/Apr.	May. 21, 2001	911/BLS	535 S. 92 [™] Street	1988	1995
13	212	1FDHS34M3JHB53692	VDW-603	2003/Nov.	4/24/03	911/BLS	535 S. 92 nd Street	1988	1999
14	213	1FDH534M9LHA41885	673-GBS	2004/Jan	4/24/03	911/BLS	535 S 92"d Street	1990	2000
15	214	1FDHS34M5JHC13035	537-FGL	2004/Mar	4/24/03	911/BLS	535 S. 92 [™] Street	1988	2002
16	217	1FDHS34MXLHB30171	UCJ-529	2003/Dec	4/24/03	911/BLS	535 S. 92 ^{nt} Street	1990	1998
17	219	1FDHS34M3MHB17506	544 EWV	2004/Dec	4/24/03	911/BLS	535 S, 92 rd Street	1991	1992
18	222	1FDJS34M6NHB27210	WCK-636	2004/Jul	4/24/03	911/BLS	535 S. 92 [™] Street	1992	1992
19	223	1FDJS34F0SHA56177	793-EZJ	2003/Jan	4/23/03	911/BLS	535 S. 92 nd Street	1995	2002
20	224	1FDJE30M1PHA23644	WECNHLP	2003/Mar	4/24/03	911/ALS	535 S. 92 [™] Street	1993	1996
21	225	1FDHS34M4MHA31413	PVD-960	2004/Jan	4/24/03	911/BLS	535 S. 92 [™] Street	1991	1991
22	227	1FDHS34M8KHA38443	VCG-925	2004/Oct	4/23/03	911/BLS	535 S. 92 nd Street	1989	1999
23	New Stat	1FDKE30F1THA42940	672-GBS	2004/Aug		911/BLS	535 S. 92 [™] Street	1996	2003
24							I		

24¹ 25

180 X	2003 15/06 17:09:24 1/6/03 Time: 3:52 PM To: W	iedmann, Linda @ 9,14143	2/3 420888	A SOCIETY AND A		Page: 002	-003
		ATE OF LIABIL		URANC		DATE (MM/DI 04/21/	DMMM)
PROL		AX (262)574-7080	THIS CERTI ONLY AND HOLDER, T	FICATE IS ISSUE CONFERS NO RI HIS CERTIFICAT	D AS A MATTER OF IN GHTS UPON THE CER E DOES NOT AMEND, FORDED BY THE POLI	FORMATION TIFICATE	N
	Box 1610 ukesha, WI 53187-1610		INSURERS AI	FFORDING COVE	RAGE	NAIC#	
	Meda-Care Ambulance Se 2515 W Vliet St	rvice Inc		yal/SunAllia			
	Milwaukee, WI 53205		INSURER D: INSURER E:	Teca Wiscon	3111 1113 10		
TH AA M	/ERAGES IE POLICIES OF INSURANCE LISTED BELO IE POLICIES OF INSURANCE LISTED BELO IN REQUIREMENT, TERM OR CONDITION (AY PERTAIN, THE INSURANCE AFFORDED DLICIES, AGGREGATE LIMITS SHOWN MA	OF ANY CONTRACT OR OTHER DOC BY THE POLICIES DESCRIBED HER	SUMENT WITH RESP EIN IS SUBJECT TO	PECT TO WHICH TH	IS CERTIFICATE MAY BE I	SSUED OR	
	ADD'L INSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/Y)	LIM	rs	
*****	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR	R2ST330591			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurence) MED EXP (Any one person)	.j	000,000 LOO,000 5,000
A	X Professional Liab. GENLAGGREGATE LIMIT APPLES PER:				PERSONAL & ADVINJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG	\$ 3,0	000,000 000,000
	POLICY PRO LOC AUTOMOBILE LIABILITY ANY AUTO	R2ST330591	02/01/2003	02/01/2004	COMBINED SINGLE LIMIT (Ea accident)	\$	000,000
A	ALL OWNED AUTOS X SCHEDULED AUTOS	ARROU	rd 15	TU TU	BODILY INJURY (Per person)	\$	
	X HRED AUTOS X NON-OWIVED AUTOS	HOVY/ C	nt W	d	SODLY INJURY (Per accident) PROPERTY DAMAGE	\$	
	GARAGE LIABILITY	1///	MA MI	1/5/	(Per eccident) AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO	NhV()	1 / MM		OTHER THAN EA ACC AUTO ONLY: AGG	\$	
	EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE	15 M W W A 55 1 5 7 W	nt CITY	14-1 18 2 X 171 .	ÆACH OCCURRENCE AGGREGATE	\$ \$	
	DEDUCTBLE RETENTION \$					\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE OFFICERMEMBER EXCLUDED?	0400037883	02/01/2003	02/01/2004	WC STATU- OTH TORYLIMTS ER EL EACH ACCIDENT EL DISEASE - EA EMPLOYEE	\$.	100,000 100,000
	if yes, describe under SPECIAL PROVISIONS below OTHER				EL DISEASE POLICYLIMIT		500,000
DES The	cription of operations/Locations/Vehicle City of Milwaukee is add	s/exclusions added by ENDORSEMEN litional insured conce	T/SPECIAL PROVISION	s egal liabil	ity of the insur	ed.	***************************************
The second secon							
CE	RTIFICATE HOLDER		EXPIRATION I	OF THE ABOVE DESCR DATE THEREOF, THE IS	RIBED POLICIES BE CANCELLEI SUING INSURER WILL KYON THE CERTIFICATE HOLDER NAI	XXXXX MAIL	Ť,
The state of the s	City of Milwaukee Health Department 841 N Broadway		KXXXXX	XXXXXXXXXXXX XXXXXXXXXXXXXXXX	SAKSOGA AKSEKAN KIKASE DEKKAS KERKESOEKASOK K	KKKKKKKKK KBEKKKKKKK	XXXXX

William Katzfey/C182

PECENTER HEATH

WILMAUKEE HEATH

WILMAUKEE HEATH

AFFIDAVIT

STATE OF WISCONSIN}
MILWAUKEE COUNTY}
William Katzfey , BEING FIRST DULY SWORN,
on oath deposes and says that he is the agent of Royal/SunAlliance & United Wisconsin Ins Co, insurer on the attached certificate issued to Meda-Care 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 certificate.
SIGNATURE
Subscribed and sworn to before me this
14th day of November, 2003.
Christine k. Howard
Notary Public, Waukesha County, WI My commission expires:

City of Milwankee 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	•	ck (🗸) one; () Individual () Partnership (X)X Corporation
MARKE CHECK DAYABLE to the City of Inflammatice Heaver	reparment	
NAME OF APPLICANT (if individual)		
BUSINESS NAME PARATECH AMBULA	NCE SERVICE, IN	C Phon(414) 358
Business Address 9401 W. Brown Deer	Road Milwaukee	WT Zib 53224
Have any people on this application been convicted of v	iolating any federal or state :	laws, or local ordinances?
Yes No XX If 'yes' name of person (s),	date, charge and penalty:	•
	A. C.	
PARTNERSHIP: (if applicable)		
Name	Home Address	
City, State, Zip	Phone	Date of Birth
Name	Home Address	
City, State, Zip	Phone	Date of Birth
NAME OF CORPORATION: PARATECH Address, City, State, Zip 9401 W BROWN DE	ER ROAD, MILWAUK	EE, WT 53224
Date and Place of Incorporation JANUARY 1, 19		*
President ROBERT A. RAUCH		
City, State, Zip COLGATE, WI 53051	Phone (262) 628_	9244 Date of Birth 4/22/194!
Vice President RICHARD ROMANSHEK	Home Address N90 W	20881 SCENIC DR.
City, State, Zip MENOMONEE FALLS, WI 530	51 Phone (262)255-	6486 Date of Birth 3/24/1951
Secretary RICHARD ROMANSHEK	Home Address SAM	E AS ABOVE
City, State, Zip SAME AS ABOVE	Phone	Date of Birth
Treasurer ROBERT RAUCH		
CONSTRUCTION OF THE PROPERTY O		Date of Birth
Agent	Home Address	
City State 7in	Phona	

4.	OTHER REQUIREMENTS:		
	Do you have on file with the Health Department a valid and current certifi	icate of insurance for this license period?	XX yes
	Do you have a valid State of Wisconsin Inspection Certificate?		XXYes
	Do you participate in the Emergency Medical Services System?		XX Yes
	If 'yes', list service area number:1	•	
	Do you wish to participate in the Emergency Medical Services System?		XX Yes
	Total number of vehicles in service: 23	•	
	Please attach a separate page listing all vehicles including city assigne	d number, and description (year, make	end van numbe
5.	The undersigned agrees to inform the Health Department within ten days application. The undersigned shall not willfully refuse to provide those se refuse to employ, or discharge any person otherwise qualified because of seek such information as a condition of employment, or penalize any employment on the basis of such information.	ervices offered under this license, permit, o race, color, creed, sex, national origin or a	or franchise, or
õ.	The undersigned understand that this application does not entitle the appli- the discretion of the Common Council.	cants to a license and that the granting of l	icenses is solely
7.	I have a knowledge of the City Ordinances currently regulating the license and say that I am the person named above and that all statements made in	applied for herein, and being duly sworn the foregoing application are true and corr	under oath, depo ect.
	SUBSCRIBED AND SWORN TO BEFORE ME THIS 15th day of October, 12003	P. Hael	·
1	Attilled Glienewter &	Med Corporate President Pr	
	My commission expires 10/12/07	and from	
	-	rate Secretary) At Eul	
	Do Not Write Below This Line	rate Treasurer)	
	Clerk License # New Renewal	Date Filed Date Gran	tad '
		DOW OIL	PAAR

<u> </u>	VEHICLE ID NUMBER	YEAR/MAKE	PURCHASE	IN SERVICE
101	1FDSE35F32HA44132	2002 FORD	NEW	2/26/2002
102	1FDSE35F73HA78978	2003 FORD E350	NEW	3/10/2003
103	1FDSE35F81HA96984	2001 FORD E350 III	NEW	7/23/2001
104	1FDSE35F9YHA37615	2000 FORD E350 XL	NEW	6/9/2000
105	1FDSE35F0YHB24166	2000 FORD E350 XL	NEW	6/9/2000
106	1FDSE35F53HA78980	2003 FORD E350	NEW	3/10/2003
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	1FDSE35F93HA78979	2003 FORD E350	NEW	5/1/2003
113	1FDSE35FX2HA44130	2002 FORD	NEW	2/26/2002
114	1FDSE35F73HA78981	2003 FORD E350	NEW	5/1/2003
115	1FDJE30F2SHB07644	1995 FORD MODUVAN III	NEW	8/4/1995
116				
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
123	1FDJE30M0RHB48735	1994 FORD	USED	4/8/2002
124	1FDJE30F3VHB06720	1997 FORD	USED	4/8/2002

11/24/2003	Ø8:21	262 502 0941 AIS GROUP LTD → 1414	2868550				NO.779	P ØØ1
ACORD.	CERTI	FICATE OF LIABI	LITY INS	JRAN	CE ,	CSR 09 ARAT-1	DATE (MM/D 11/15	
RODUCER LIS GROUP LTD)1		THIS CER	TIFICATE I	S ISSUED AS A M RS NO RIGHTS UP TIFICATE DOES! AGE AFFORDED	ON THE CENO NOT AMEND.	RIPICATE EXTEND OR	₹
P.O. Box 1180 Menomonee Fal Phone:262-25	lls WI 530	052-1180			NG COVERAGE		NAIC #	
NSURED			INSURER A:	Royal	Indemnity (Company 🔧		
			INSURER B:		Insurance		/ 1418	84
	. W. Walter T	Sauce Commission Ton	INSURER C:					,
9401	w Brown	Lance Service, Inc Deer Road	INSURER D:					
Milwaukee WI 53224		INSURER E:						
COVERAGES								<u></u>
THE POLICIES OF INSL	IRANCE LISTED BE	LOW HAVE BEEN ISSUED TO THE INSURED I	NAMED ABOVE FOR THE	POLICY PERIO	OD INDICATED, NOTWIT ITHFICATE MAY BE ISSU	HSTANDING ED OR		

			INSURER 6:	culty Insu	rance Company .	TATOA	
	Paratech_Ambulance	Service.Inc	INSURER C:				
	9401 W. Brown Deer Milwaukee WI 53224	Road	INSURER D:	INSURER D:			
	Milwaukee WI 53224		INSURER E:				
:nvi	ERAGES						
THE	POLICIES OF INSURANCE LISTED BELOW HAVE REQUIREMENT, TERM OR CONDITION OF ANY PERTAIN, THE INSURANCE AFFORDED BY THI ICIES, AGGREGATE LIMITS SHOWN MAY HAVE	CONTRACT OR OTHER DOCUMENT POLICIES DESCRIBED HEREIN IS S					
	DYG.	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	' \$	
TRI		1 Wildy 1 Publication	DATE (MINICOTTY)		EACH OCCURRENCE	a1,000,000	
	GENERAL LIABILITY	R2ST330605	06/15/03	06/15/04	DAMAGE TO KENTED PREMISES (Ea occurance)	\$ 300,000	
A.	X COMMERCIAL GENERAL LIABILITY	#291330603	00, 20, 00	 ,,	MED EXP (Any one person)	\$5,000	
A. CHILDREN P. C.	CLAIMS MADE X OCCUR	1 1			PERSONAL & ADV INJURY	s1,000,000	
-	X Prof Liab Include				GENERAL AGGREGATE	\$3,000,000	
					PRODUCTS - COMP/OP AGG	\$3,000,000	
-	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC				TROBUSTO COM TO THE		
A	AUTOMOBILE LIABILITY X ANY AUTO	R2ST330605	06/15/03	06/15/04	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS				BODILY INJURY (Per person)	5	
	X HIRED AUTOS X NON-OWNED AUTOS	APPROV	ED AS TO FO	RM	BODILY INJURY (Per accident)	\$	
	NOTOWNED SOTOS	AND EXECUTIO			PROPERTY DAMAGE (Per accident)	\$	
		DAY OF	<i>LILLEI</i> 30 7,		AUTO ONLY - EA ACCIDENT	\$	
	GARAGE LIABILITY ANY AUTO	Arm	O Latro		OTHER THAN EA ACC		
			Assistant City Autor	ley-	EACH OCCURRENCE	\$1,000,000	
	EXCESS/UMBRELLA LIABILITY		0010000	06/15/04	AGGREGATE	\$1,000,000	
A	OCCUR CLAIMS MADE	RLX006688	06/18/03	06/13/04	MUSICIANIE	\$	
		Processor 1				13	
	DEDUCTIBLE					5	
	RETENTION \$				- TWC STATU- OTF	-	
	WORKERS COMPENSATION AND	The Control of the Co		A decision of the second of th	TORY LIMITS ER	1	
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				EL EACH ACCIDENT	\$	
	OFFICERMEMBER EXCLUDED?			g delen a sal de	E.L. DISEASE - EA EMPLOYE		
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	1 } \$	
В	OTHER Building/Contents	K28716	06/15/03	06/15/04	Blanket	\$1,885,000	
Ci	CRIPTION OF OPERATIONS/LOCATIONS/VEH ty of Milwaukee is addi eration as an ambulance	tional insured as	CORSEMENT/SPECIAL PROPERTY SPECIAL PROPE	 cvisions ad insured'	s		
			CANCELLA:	TION	<u> </u>		
CE	RTIFICATE HOLDER				RIBED POLICIES BE CANCELLE	D BEFORE THE EXPIRATION	
		CIT	YM-2 SHOULD ANY	E THE ISSUING INSI	RER WILL THE MAIL	10 DAYS WRITTEN	
	er i suu an				DER NAMED TO THE LEFT,		
	City of Milwauk ee Heatlh Department		1				
	Attn: Seth L. Fo					Generalistic star distribution	
	841 N. Broadway R	m 112					
	Milwaukee WI 5320	2-3653	1	EPRESENTATIVE	allaBarb	0.	
			Alice Ba	arbeln	<u> uuinan</u>	TXX	

AFFIDAVIT

STATE OF WISCONSIN COUNTY OF WAUKESHA)

Alice M. Barbeln, being first duly sworn on oath, deposes and says that he/she is the agent of the Royal Indemnity Company, 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 Milwankee 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

athrak

Alice M. Barbeln

Typed Name and Phone Number 255-5100

Subscribed and sworn to before me this 23rd day of October, 2003

Notary Public

insurance or bond.

My Commission Expires 02/05/06

DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE ACORD PARAT-1 11/19/03 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE AIS GROUP LTD. -1 HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. P.O. Box 1180 Menomonee Falls WI 53052-1180 Phone: 262-255-5100 **INSURERS AFFORDING COVERAGE** NAIC# INSLIRED INSURER A: Royal Indemnity Company INSURER B Acuity Insurance Company 14184 INSURER C Paratech Ambulance Service, Inc 9401 W. Brown Deer Road Milwaukee WI 53224 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'U LTR INSRD POLICY EFFECTIVE | POLICY EXPIRATION DATE (MM/DD/YY) POLICY NUMBER LIMITS TYPE OF INSURANCE **GENERAL LIABILITY** EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurence) X COMMERCIAL GENERAL LIABILITY R2ST330605 06/15/03 06/15/04 \$300,000 A CLAIMS MADE X OCCUR MED EXP (Any one person) \$5,000 X Prof Liab Include PERSONAL & ADV INJURY \$1,000,000 \$3,000,000 GENERAL AGGREGATE \$3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG PRO-JECT POLICY AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$1,000,000 A ANY AUTO R2ST330605 06/15/03 06/15/04 ALL OWNED AUTOS **BODILY INJURY** S (Per person) SCHEDULED AUTOS Х HIRED AUTOS **BODILY INJURY** \$ (Per accident) NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) GARAGE HARILITY AUTO ONLY - EA ACCIDENT S ANY AUTO EA ACC \$ OTHER THAN AUTO ONLY: \$ AGG EACH OCCURRENCE \$1,000,000 EXCESS/UMBRELLA LIABILITY 06/15/04 06/15/03 \$1,000,000 RLX006688 AGGREGATE Α OCCUR CLAIMS MADE \$ DEDUCTIBLE S RETENTION \$ WORKERS COMPENSATION AND TORY LIMITS ER **EMPLOYERS' LIABILITY** E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under SPECIAL PROVISIONS below E.L. DISEASE - POLICY LIMIT \$ OTHER Building/Contents K28716 06/15/03 06/15/04 Blanket \$1,885,000 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

CITYM-2

CANCELLATION

City of Milwaukee Heatlh Department

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

AUTHORIZED REPRESENTATIVE

WaBar Alice Barbeln

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION

DATE THEREOF, THE ISSUING INSURER WILL THE THEREOF MAIL 10

NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, SUCLEA

DAYS WRITTEN

AFFIDAVIT

STATE OF WISCONSIN COUNTY OF WAUKESHA)

Alice M. Barbeln, being first duly sworn on oath, deposes and says that he/she is the agent of the Royal Indemnity Company, 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.

Alice M. Barbeln
Typed Name and Phone Number 255-5100

Subscribed and sworn to before me this 23rd day of October, 2003

Notary Public

My Commission Expires 02/05/06

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

One Hundred and 00/100 Dollars	### P.O. Box 240076 Wilwaukee, W1 53224-9004 Wemo:	OCT 20, 2003 052015 CITY OF MILWAUREE HEALTH DEPT FIRSTONINKELIAN (\$100.00		MLWAUKEE HEALTH DEPARTMENT	CERTIFICATION 10/20/03 100.00 100.00	100.00	2052	is on the way. O. Box 240076 Ree, WI 53224-9004 Indied and 00/100 Dollars
	e Hundred and 00/100 D. CITY OF MILWAUKEE	MAZI MATERIAL PROPERTY OF THE CASE OF THE	OCT 20, 2003 052015 CITY OF MILMAURE HEALTH DEPT 5100.00 MATHER CHECK STORY BRIDGE HEALTH DEPT 6100.00 ONE Hundred and 00/100 Dollars CITY OF MILWAUKEE HEALTH DEPT 100.00	OCT 20, 2003 052015 CITY OF MILMANGE HEALTH DEPT \$100.00 STOOL 20 STOOL 20 STOOL 20 MARINATION STORY DE MILMANGE HEALTH DEPT \$100.00 Mannor ONE Hundred and 00/100 Dollars CITY OF MILMANGE HEALTH DEPT \$100.00 ONE Hundred and 00/100 Dollars CITY OF MILMANGE HEALTH DEPT \$100.00	OCT 20, 2003 GILLS AND CITY OF BILLARUSE HEALTH DEPT MAINVALUE HEALTH DEPT AND SOLUTION OF STANDORS SOLVED SOLUTION OF STANDORS SOLUT	Gumenett	00034m97472m	1105201511 1075011
052015 Oct 20, 2003			CITY OF MILWAUKEE HEALTH DEPT	20, 2003 052015 CITY OF MILWAUKEE HEALTH DEPT	MILVVAU CEE HEALTH DEPARTMENT CITY OF MILWAUREE HEALTH DEPT		750 222	
Cet 20, 2003 052015 CITY OF MILWAUGE HEALTH DEPT 5100.00 THIS CHARLY WAY WHEN WAY WHEN WAY FOR BOX 240076 Whilwauked MI 53224-9004 Menno: Menno:	CITY OF MILWAUKEE HEALTH DEPT CITY OF MILWAUKEE HEALTH DEPT HEGGENORIEMINESIEWANGENINGENINGENINGENINGENINGENINGENINGEN		WLWAUKEE HEALTH DEPARTMENT			\$100.00 \$100.00	WILWAUKEE HEALTH DEPARTMENT LINGOUNIAN AUGE HEALTH DEPT AUGE HEALTH DEPT	03 052015 CITY OF MIL

Paratech Ambulance Service, Inc. • P.O. Box 240076 • Milwaukee, Wi 53224-9004 RENEWAL AMBULANCE CERTIFICATION \$1,000.00 CITY OF MILWAUKEE HEALTH DEPT Oct 15, 2003

...help is on the way. P.O. Box 240076 Milwaukee, WI 53224-9004

052006

M&t Marshall & Ilsley Bank

12-5 750 222

052006

1,000.00

Memo:

One Thousand and 00/100 Dollars

ORDER

CITY OF MILWAUKEE HEALTH DEPT

#O\$2006# #075000051# 00034#97472#