City of Milwaukee

Fire Department

Aaron Lipski
Chief

Joshua Parish
Assistant Chief
David Hensley
Assistant Chief
Schuyler Belott
Assistant Chief

MEMORANDUM

TO: Jim Owczarski
City Clerk

FROM: David Hensley
Assistant Chief

DATE: 10/3/2025

RE: Ambulance Company's Application for Approval

Attached is a copy of Curtis Universal Ambulance Inc.'s application for recertification. Per Chapter 75-15-13, the City of Milwaukee Fire Department is to submit these to your office after receiving approval from the City of Milwaukee Police Department. That approval letter is attached, along with the application and accompanying documentation.

If you have any questions or required further information, please contact Deputy Chief Michael Cieciwa at mcieci@milwaukee.gov or (414) 286-8981.

Thank you.

David Hensley
Assistant Chief
Bureau of EMS, Training, and Education

CC: DC Michael Cieciwa

Milwaukee Police Department
Police Administration Building
749 West State Street
Milwaukee, Wisconsin 53233
http://www.milwaukee.gov/police

Jeffrey B. Norman
Chief of Police

(414) 933-4444

September 23, 2025

David Hensley
Assistant Chief
Milwaukee Fire Department

Assistant Chief Hensley,

Per your request, the Milwaukee Police Department's License Investigation Unit has investigated the following application for certification as a certified provider:

- Curtis Universal Ambulance, INC.

The Milwaukee Police Department approves the application pursuant to MCO 75-16-6.

Regards,

JEFFREY NORMAN
CHIEF OF POLICE

City of Milwaukee Fire Department

Application for Ambulance Certification

Fee Must Accompany Application.
The license period is from January 1 to December 31.
$1,210.00 – New Applicants ***$1,100.00 - Renewals***
Make check payable to the City of Milwaukee Fire Department

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

Check (✓) one: ✓ Certified Provider
☐ Limited Certified Provider
☐ Non-Transporting EMS Provider

1. **NAME OF APPLICANT** (If individual): _____
Business Name: Curtis Universal Ambulance, Inc. Phone: 414-276-7711

Business Address: 2266 N. Prospect Ave Ste. 440 Mailing: PO Box 2007 Milwaukee, WI 53201-2007

City: Milwaukee State: WI Zip: 53202

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** _**Curtis-Universal, Inc**

Address: 2266 N. Prospect Ave. Ste 440 Milwaukee, WI 53202

Date and Place of Incorporation: October 17, 1969 - Wisconsin

President: _**James G Baker, Jr.**

Home Address: W310N8370 Kilbourne Rd

City: Hartland State: WI Zip: 53029

Phone 262-966-1853 Date of Birth 12/17/1955

Vice President: _**James G. Baker, Jr**

Home Address: SAME AS ABOVE
City: _____ State: _____ Zip: _____

Phone _____ Date of Birth: _____

continued on other side

Assistant Secretary: _ Breanne Brennan

Home Address: W310N8370 Kilbourne Road

City: Hartland State: Wi Zip: 53029

Phone 262-966-1853 Date of Birth 1/31/86

Treasurer: _ James G. Baker, Jr.

Home Address: W310N8370 Kilbourne Rd

City: Hartland State: WI Zip: 53029

Agent: _

Home Address:

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: 3

Do you wish to participate in the Emergency Medical Services System? ■ Yes ☐ No

Total number of vehicles in service: 23

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 11 day of September , 2025

Individual/Corporate President/Partner: James G. Baker Jr.

Additional Partner/Corporate Vice President: James G. Baker Jr.

Notary Public, State of Wisconsin: Tatyana Rivera

My commission expires: July 20, 2029.

TATYANA RIVERA
Notary Public
State of Wisconsin

Assistant Corporate Secretary:

Corporate Treasurer: James G. Baker Jr.

Do Not Write Below This Line

Clerk	License#	New	Renewal	Date Filled	Date Granted

Secretary: Debra Baker

Home Address: 10712 Anthem Way

City: Jacksonville State: WI Zip: 33256

Phone 262-227-0147 Date of Birth 03/04/1953

Curtis Ambulance Vehicle List			
Milwaukee			
Unit #	**Year**	**Model**	**VIN**
310	2007	G3500	1GBJG316971248731
313	2009	G4500	1GBKG316791154399
315	2025	E-350	1FDWE3FN1SDD29362
316	2010	G3500	1GB6G2B66A1133123
317	2009	G4500	1GBKG316491153954
318	2015	G4500	1GB6G5CL6F1117422
319	2023	G4500	1HA6GUC77PN009311
320	2010	E-450	1FDWE3FP1ADA28025
321	2025	E-350	1FDXE4FN8SDD25805
322	2005	E-450	1FDXE45P65HB00864
323	2011	E-450	1FDXE4FS2BDB09387
324	2009	E-450	1FDXE45P49DA55713
325	2026	E-450	1FDXE4FN6TDD22404
327	2025	E-350	1FDWE3FN9SDD00997
383	1999	E-450	1FDXE40F0XHA17738
389	2007	E-450	1FDXE45P67DA85339
Secondary Response Vehicles			
5440	2006	E-450	1FDXE45P26HA37389
5441	2010	E-450	1FDXE4FP3ADA20969
5442	2008	E-450	1FDXE45P78DA35549
5443	2009	E-450	1FDXE34P49DA08259
5444	2024	E-450	1FDXE4FN6RDD07264
5445	2009	E-450	1FDXE45P59DA90051
5446	2009	E-450	1FDXE45P59DA53789

AFFIDAVIT OF NO INTEREST

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

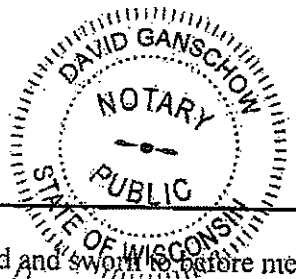
STATE OF WISCONSIN

MILWAUKEE COUNTY

Paul Kihslinger, being first duly sworn, on oath deposes and says that he/she is the agent of All Risks Ltd in connection with Coverys Specialty Insurance Company and National Indemnity Company, insurers, on the attached certificate issued to City of Milwaukee.

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)



Subscribed and sworn to before me this 11th day of September, 2025.

David C Ganschow Notary Public

My Commission Expires 11-13-2026

CURTUNI-01 KNEUGENT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/11/2025

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	CONTACT NAME: Kevelyn Neugent	
Robertson Ryan - Waukesha 20975 Swenson Drive, Suite 175 Waukesha, WI 53186	PHONE (A/C, No, Ext): (262) 597-1566	FAX (A/C, No): (877) 700-0139
	E-MAIL ADDRESS: kneugent@robertsonryan.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Coverys Specialty Insurance Company	15686
INSURED	INSURER B : NATIONAL INDEMNITY COMPANY	20087
Curtis Universal Ambulance Inc PO Box 2007 Milwaukee, WI 53201	INSURER C : PRAETORIAN INSURANCE COMPANY	
	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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X		005WI000024906	1/10/2025	1/10/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X SCHEDULED AUTOS			70APB010467	1/10/2025	1/10/2026	BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 2,000,000
	EXCESS LIAB CLAIMS-MADE			005WI000024906	1/10/2025	1/10/2026	AGGREGATE	$ 2,000,000
	X DED RETENTION $ 0							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH)	N/A		202000638	8/1/2025	8/1/2026	E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
A	Professional/E&O			005WI000024906	1/10/2025	1/10/2026	$1M/$3M Limit-$0 Ded	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Milwaukee is listed as additional insured in regards to the General Liability.

CERTIFICATE HOLDER

City of Milwaukee
711 W Wells Street
Milwaukee, WI 53233

CANCELLATION

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

Paul F Kiley