

Fire Department

Aaron Lipski

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

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 Check	(▼) one: ▼ Certified Provid	der					
☐ Partnership	☐ Limited Certifie	ed Provider					
✓ Corporation	☐ Non-Transport	ing EMS Provider					
1. NAME OF APPLICANT (If individual):							
Business Name: Curtis Universal Ambulance, Inc.							
Business Address: 2266 N. Prospect Ave Ste. 440 Mailing: PO E	<u>30x 2007 Milwaukee, Wi 532</u> 0	01-2007					
City: Milwaukee	State: WI	Zip: <u>53202</u>					
Have any people on this application been convicted of violating any fell fyes', name of person(s), date, charge, and penalty:	deral or state laws, or local or	rdinances? □ Yes ■ No					
2. PARTNERSHIP (If applicable):	-						
Name: _							
Home Address:City:	States	7in					
City.	State:	Zip:					
Phone:	Doto o	f Diusta					
Name:	Date 6: Bitti						
•							
Home Address:							
City:	State:	Zip:					
Phone:	Date of Rirth						
3. NAME OF CORPORATION County Universal land							
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: <u>53029</u>					
	Oldici Wil						
Phone <u>262-966-1853</u>	Date of Birth <u>12/17/195</u>	5					
ice President: _ James G. Baker, Jr							
Home Address: SAME AS ABOVE							
City:		Zip:					
Dhana	Date of Drut						
Phone	Date of Birth:						

	Assistant Secretary: _ Breanne Brennan			
	Home Address: W310N8370 Kilbourne Road			
	City: Hartland	State: Wi	Zip: <u>5</u>	3029
	Phone <u>262-966-1853</u>	Date of Birth <u>1/31/86</u>		
	Treasurer: _ James G. Baker, Jr.			
	Home Address: W310N8370 Kilbourne Rd			
	City: <u>Hartland</u>	State: WI	Zip: <u>5</u>	3029
	Agent: _			
	Home Address:			
	City:		Zip: _	
4.	OTHER REQUIREMENTS:			
	Do you have on file with the Fire Department, a valid and current cert	tificate of insurance for this licen	se period?	
5.	you have a valid State of Wisconsin Inspection Certificate?			■ Yes □ No
	Doyou participate in the Emergency Medical Services System? If yes, list service area number:3			■ Yes □ No
	Do you wish to participate in the Emergency Medical Services System 6	?		■ Yes □ No
	Total number of vehicles in service:23			
	The undersigned agrees to inform the Milwaukee Fire Department w supplied in this application. The undersigned shall not willfully refuse or franchise, or refuse to employ, or discharge any person otherwise or ancestry; and not seek such information as a condition of employr selection of personnel for training or promotion on the basis of such	e to provide those services offere qualified because of race, color, ment, or penalize any employee	ed under thi creed, sex, r	s license, permit, national origin
5.	The undersigned understand that this application does not entitle t is solely in the discretion of the Common Council.	the applicants to a license and t	hat the grar	nting of licenses
7.	I have a knowledge of the City Ordinances currently regulating the lice depose and say that i am the person named above and that all statements of the contract of the contra	· · · -	' - '	
	SUBSCRIBED AND SWORN TO BEFORE ME THIS _ \ \ \ \ day	of. September		, 20 JS
	Individual/Corporate President/Partr	ner: Jangs A	<u>. Se</u>	fleep.
	Additional Partner/Corporate Vice Pr	resident: 12 mls / a	· Du	Kaff_
	Notary Public, State of Wisconsin: Talyana Kivera	64 L.		
_	My commission expires: Suly 20, 2029.			
00	TATYANA RIVERA Notary Public State of Wisconsin Not Write Below This Line Assistant Corporate Secretary: Corporate Treasurer: 1350	O.K. Bah	n/r.	
	Clerk License# New Renev	wal Date Filled	- <u> </u>	Granted
				·

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	324 2009		1FDXE45P49DA55713					
325 2026		E-450	1FDXE4FN6TDD22404					
327 2025		E-350	1FDWE3FN9SDD00997					
383 1999		E-450	1FDXE40F0XHA17738					
389	2007	E-450	1FDXE45P67DA85339					
	Second	lary Res	ponse 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 Kinslinger, 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.

Pau	Signatury same as it appears on cert)
NOTAR DE	V
Subscribed and swort Subscribed and subscribed and swort Subscribed and subscribe	of September, 2025.
My Commission Expires 1/-13-2026	Notary Public
· · · · · · · · · · · · · · · · · · ·	

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 confor rights to the configurate holder in lieu of such endorsement(s).

	this certificate does not confer rights t				uch en	dorsement(s).	y require an endorseme	III. A 3	Laternett On
PRODUCER				CONTACT Kevelyn Neugent						
Robertson Ryan - Waukesha			PHONE (A/C, No, Ext): (262) 597-1566 FAX (A/C, No): (877) 700-0139							
20975 Swenson Drive, Suite 175 Waukesha, WI 53186				E-MAIL ADDRESS: kneugent@robertsonryan.com						
						IN	SURER(S) AFFO	RDING COVERAGE		NAIC#
				·	INSUR	RA: Covery	s Specialty	y Insurance Company		15686
INSURED			INSURER B : NATIONAL INDEMNITY COMPANY				20087			
	Curtis Universal Ambulance	Inc			INSURE	RC:PRAET	ORIAN INS	SURANCE COMPANY		
PO Box 2007				INSURER D:						
Milwaukee, WI 53201					INSURER E :					
						RF:				
CC	OVERAGES CER	TIFIC	CATE	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.									WHICH THIS	
INSI	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
Α							,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	х		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- LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER:								\$	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO			70APB010467		1/10/2025	1/10/2026	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	X UMBRELLA LIAB X OCCUR		İ					EACH OCCURRENCE	\$	2,000,000
	EXCESS LIAB CLAIMS-MADE			005WI000024906		1/10/2025	1/10/2026	AGGREGATE	\$	2,000,000
	X DED RETENTION\$ 0							l nen	\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		400.000
	ANY DRODRIETOR/DARTNER/EYECUTIVE ()	202000638		8/	8/1/2025	8/1/2026	E.L. EACH ACCIDENT	\$	100,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	100,000
	DESCRIPTION OF OPERATIONS below			0051810000001000	414-14-14		41404000	E.L. DISEASE - POLICY LIMIT	5	500,000
Α	Professional/E&O		1	005WI000024906		1/10/2025	1/10/2026	\$1M/\$3M Limit-\$0 Ded		
]								
DES	спртом оf operations / Locations / vehicle of Milwaukee is listed as additional insu	ES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	space is requir	ed)		
- ILY	Of Miliwaukee is listed as additional filsu	reu i	ii ieg	alus to the General Clabili	ty.					
							-			
CERTIFICATE HOLDER CA					CANCELLATION					
City of Milwaukee 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						

ACORD 25 (2016/03)

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