

**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

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

1. NAME OF APPLICANT (If Individual) Curtis Universal Ambulance, Inc.
BUSINESS NAME d.b.a. Curtis Ambulance Phone Number (414) 933-7600
(414) 276-7711
Business Address P.O. Box 2007, Milw. 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 Heartland, WI 53029 Phone 262-966-1853 Date of Birth 12-17-55

Vice President James G. Baker, 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 6-20-46

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 _____

4. OTHER REQUIREMENTS:

Do you have on file with the Health 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 are number: 3

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

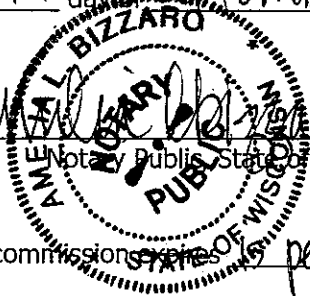
Total number of vehicles in service: 24

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 Health 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

10th day of September, 2010



Anita L. Bizzaro
 Notary Public, State of Wisconsin

My commissions expires 5 permanent

James B. Berkup
(Individual/Corporate President/Partner)

James B. Berkup
(Additional Partner/Corporate Vice President)

Monica E. Larson
(Corporate Secretary)

James B. Berkup
(Corporate Treasurer)

Do Not Write Below This Line

Clerk _____ License # _____ New _____ Renewal _____ Date Filed _____ Date Granted _____

**CURTIS AMBULANCE SERVICE
VEHICLE LIST**

<u>Unit#</u>	<u>Vehicle I.D.#</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>
<u>Primary Response Vehicles</u>				
323	1FDSE35FO3HB48983	2003	Ford	E350
324	1FDJE30M7RHA11761	1994	Ford	E350
325	1FDSE35F23HB43705	2003	Ford	E350
326	1FDSE35F91HA86366	2001	Ford	E350
330	1FDXE45F8YHA90690	2000	Ford	E450
331	1FDXE45F92HB56493	2002	Ford	E450
333	1FDXE45F2YHA27522	2000	Ford	E450
351	1FDSE30F2XHB75339	1999	Ford	E350
377	1FDKE30M5NHA00708	1992	Ford	E350
<u>Secondary Response Vehicles</u>				
321	1FDXE45F41HA86500	2001	Ford	E350
353	1FDJS34F6THB56687	1996	Ford	E350
379	1FDKE30M8RHB61124	1994	Ford	E350
380	1FDKE30M5RHB93383	1994	Ford	E350
381	1FDXE40F1XHB68281	1999	Ford	E350
382	1FDLE40F6VHB62892	1997	Ford	E350
343	1FDKE30M7PHB92328	1993	Ford	E350
344	1FDKE30M1KHA75689	1989	Ford	E350
345	1FDWE35F6YHB47670	2000	Ford	E350
346	1FDXE40F3WHB81015	1998	Ford	E350
347	1FDJE30M1PHB54055	1993	Ford	E350
348	1FDJE30M5RHA38912	1994	Ford	E350
830	1FDXE45P46DA24876	2006	Ford	E450
831	1FDXE45F12HB56097	2002	Ford	E350
832	1FDJE30F7SHA80392	1995	Ford	E350

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/OD/YYYY)
09/09/10

PRODUCER Security Insurance Svcs., Inc. P.O. Box 510925 New Berlin, WI 53151-0925 262 785-9490	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 Ambulance Inc. P.O. Box 2007 2266 N. Prospect Ave., Suite 440 Milwaukee, WI 53201-2007	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">INSURERS AFFORDING COVERAGE</td> <td style="width:20%;">NAIC #</td> </tr> <tr> <td>INSURER A: Colony Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: United National</td> <td></td> </tr> <tr> <td>INSURER C: United Wisconsin Insurance Comp</td> <td></td> </tr> <tr> <td>INSURER D: National Casualty - Wisconsin</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Colony Insurance Company		INSURER B: United National		INSURER C: United Wisconsin Insurance Comp		INSURER D: National Casualty - Wisconsin		INSURER E:	
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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 LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS														
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	AP512070	01/10/10	01/10/11	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td>\$1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td>\$50,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td>\$2,500</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td>\$1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td>\$2,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td>\$1,000,000</td> </tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000	MED EXP (Any one person)	\$2,500	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$1,000,000		
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D		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	CA00228502	01/10/10	01/10/11	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>COMBINED SINGLE LIMIT (Ea accident)</td> <td>\$1,000,000</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td>\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td>\$</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td>\$</td> </tr> <tr> <td>AUTO ONLY - EA ACCIDENT</td> <td>\$</td> </tr> <tr> <td>OTHER THAN AUTO ONLY: EA ACC</td> <td>\$</td> </tr> <tr> <td>AUTO ONLY: AGG</td> <td>\$</td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY: EA ACC	\$	AUTO ONLY: AGG	\$
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B		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	DEU0000458	01/10/10	01/10/11	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td>\$2,000,000</td> </tr> <tr> <td>AGGREGATE</td> <td>\$2,000,000</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table>	EACH OCCURRENCE	\$2,000,000	AGGREGATE	\$2,000,000		\$		\$		\$				
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C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	0400100812	08/01/10	08/01/11	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$500,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$500,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$500,000</td> </tr> </table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER		E.L. EACH ACCIDENT		\$500,000	E.L. DISEASE - EA EMPLOYEE		\$500,000	E.L. DISEASE - POLICY LIMIT		\$500,000		
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

(See Attached Descriptions)

CERTIFICATE HOLDER City of Milwaukee Department of Health 841 N Broadway 3rd floor Milwaukee, WI 53202	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> 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 <i>Clara M Bonck</i>
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DESCRIPTIONS (Continued from Page 1)

AFFIDAVIT OF "NO INTEREST"

STATE OF WISCONSIN)

Waukesha COUNTY)

Clara M Borck, BEING FIRST DULY SWORN, on oath
deposes and says that she is the agent of the
United Wisconsin Ins Co, United National & National Casualty,
Colony Insurance Company 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.

Clara M Borck

Signature (same as it appears on Certificate)

Clara M Borck 262-796-8823

Subscribed and sworn to before me

this 9th day of September 2010

Pamela M. Derman

Notary Public,

My Commission expires 10-17-10

DESCRIPTIONS (Continued from Page 1)

AFFIDAVIT REGARDING CANCELLATION PROVISIONS

STATE OF WISCONSIN)

Waukesha COUNTY)

Clara M Borck, BEING FIRST DULY SWORN, on oath
deposes and says that she is the agent of the
United Wisconsin Ins Co, United National & National Casualty,
Colony Insurance Company, the insurer on the attached certificate of insurance
issued to Curtis Universal Ambulance, Inc.

Affiant further deposes and says that attached hereto is a true and correct copy
of the provisions of said policy governing notice to additional insured(s) in the
event of cancellation of said policy prior to its termination date.

Clara M Borck

Signature (same as it appears on Certificate)

Clara M Borck 262-796-8823

Subscribed and sworn to before me

this 9th day of September 2010

Pamela M. Deman

Notary Public,

My Commission expires 10-17-10

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

MILWAUKEE POLICE DEPARTMENT MEMORANDUM

Date: 10-13-10

TO: Joel B. Plant, Chief of Staff

FR: Sergeant Paul MacGillis

CC: Bevan K. Baker, Commissioner of Health

RE: Personnel Checks for Ambulance Applications



Sir:

The individuals listed in the application of Curtis Universal Ambulance have no convictions or other concerns that

would preclude them from being licensed in the City of Milwaukee as a certified provider.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Sgt. Paul M. MacGillis', written in a cursive style.

Sgt. Paul M. MacGillis
License Investigation Unit