

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
(✓) Corporation

1. NAME OF APPLICANT (if individual) _____
BUSINESS NAME Curtis Universal Ambulance, Inc. 414-933-7600
d/b/a Curtis Ambulance Phone 414-276-7711
Business Address P.O. Box 2007, Milwaukee, WI Zip 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 _____ Date of Birth _____
Name _____ Home Address _____
City, State, Zip _____ Phone _____ Date of Birth _____

3. NAME OF CORPORATION: Curtis Universal Ambulance, Inc.
Address, City, State, Zip P.O. Box 2007 Milwaukee, WI 53207-2007
Date and Place of Incorporation 10/17/69 Wisconsin
President James G. Baker, Jr. 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 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 06/20/46
Treasurer James G. Baker, Jr Home Address Same as above
City, State, Zip _____ Phone _____ Date of Birth _____
Agent James G. Baker, Jr Home Address Same as above
City, State, Zip _____ Phone _____ Date of Birth _____

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/18/2002

PRODUCER
J P & ASSOCIATES INC
16935 W. WISCONSIN AVE.
BROOKFIELD, WI 53005
262-827-0600

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.

INSURERS AFFORDING COVERAGE

INSURED
CURTIS-UNIVERSAL AMBULANCE CO.
PO BOX 2007
MILWAUKEE WI 53201

INSURER A: AMERICAN CASUALTY CO. OF READING, PA (CNA)
INSURER B:
INSURER C:
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 LTR	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 checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PROFESSIONAL LIAB. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	226766343	1/10/02	1/10/03	EACH OCCURRENCE \$ 1,000,000. FIRE DAMAGE (Any one fire) \$ 100,000. MED EXP (Any one person) \$ 10,000. PERSONAL & ADV INJURY \$ 1,000,000. GENERAL AGGREGATE \$ 3,000,000. PRODUCTS - COMP/OP AGG \$ 3,000,000.
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	226766326	1-10-02	1-10-03	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	APPROVED AS TO FORM AND EXECUTION THIS <u>6th</u> DAY OF <u>December</u> 20 <u>02</u> <i>Brian D. Lehman</i> Assistant City Attorney			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER PHYSICAL DAMAGE	226766326	1-10-02	1-10-03	COMPREHENSIVE \$1,000 DED. COLLISION \$1,000 DED.

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

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

CITY OF MILWAUKEE
DEPARTMENT OF HEALTH
ATTN: DR. SETH FOLEY
841 N BROADWAY RM 112
MILWAUKEE, WI 53202

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL SEND OR BY MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~AND FAILURE TO SEND NOTICE SHALL IMPOSE NO OBLIGATION ON LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.~~
 AUTHORIZED REPRESENTATIVE
J. Protter

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

AFFIDAVIT

STATE OF WI)
COUNTY) Waukesha

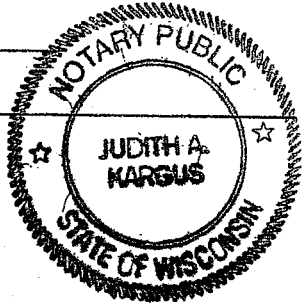
John M. Protiva, BEING FIRST DULY SWORN, on oath deposes and says that he/she is the agent of the CNA Insurance Co. (Insurance or Bonding Company) insurer on the attached certificate or bond issued to Curtis Universal Ambulance Co.

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.

John M Protiva
Signature (same as it appears on cert)
John M Protiva 262-827-0600
Typed Name and Phone Number

Subscribed and sworn to before me
this 19th day of JUNE, 2002

Judith A. Kargus
Notary Public,
My Commission expires 2-23-03



Curtis Ambulance Service
Vehicle Registration

<u>Unit #:</u>	<u>Vehicle I.D. #:</u>	<u>License Plate #:</u>	<u>Station:</u>	<u>Expiration:</u>
NL-1	1FDLE40F6VHB62892	STP163		OCT
320	1FDSE30F0XHB75338	VGA506		SEP
322	1FDKE30M8NHA31841	PGT413		JUL
323	1FDKE30L0EHB98508	UZD719		JUL
324	1FDJE30M7RHA11761	MGF431		DEC
326	1FDJE30M0PHB25307	SPU288		JUL
327	1FDJE30M1RHB00967	MSN440		APR
329	1FDKE30M7MHA43655	SUB706		AUG
791	1FDJE30M1PHB54055	SNW111		JUL
792	1FDJE30M2PHB25275	SNW115		JUL
351	1FDSE30F2XHB75339	VGA509		SEP
352	1FDKE30L7GHB63886	UDV888		DEC
353	1FDJS34F6THB56687			
354	1FDJS34F1THB56693			
370	1FDKE30M1MHB32251	DYC620		DEC
371	1FDKE30M8MHB27337	SRY405		JUN
372	1FDKE30M8KHC33414	SJX845		JUN
376	1FDKE30F1VHA10640	SAL91		MAR
377	1FDKE30M5NHA00708	TJK883		APR
378	1FDKE30F4 SHA65109			
380	1FDKE30L1GHC15755	NRJ206	<u>Maintenance</u>	MAR

Highlighted numbers are the current number being used.

NOTICE OF CANCELLATION, NONRENEWAL OR CHANGE IN POLICY PREMIUM/COVERAGE

INSURANCE COMPANY

American Casualty Company of Reading, Pa.
CNA Plaza
Chicago, IL 60685

NAME AND ADDRESS OF INSURED

Curtis Universal Ambulance, Inc.
DBA: Curtis Ambulance and Curtis
Emergency Medical Services
PO Box 2007
Milwaukee, WI 53201-2007

KIND OF POLICY:	Commercial Auto Coverage	
POLICY NO.:	226766326	
CANCELLATION, EXPIRATION OR CHANGE WILL TAKE EFFECT AT:	01/10/03 (DATE) 12:01 a.m. (HOUR-STANDARD TIME)	
DATE OF MAILING:	10/01/02	
ISSUED THROUGH AGENCY OR OFFICE AT:	8140 N. Hayden Rd., Ste. H-110 Scottsdale, AZ 85258-2466	

(Specific information concerning the cancellation or nonrenewal has been given to the insured.)

TO LIENHOLDER:

You are hereby notified that the agreement under the Loss Payable Clause payable to you as Lienholder, which is a part of the above policy, issued to the above insured, is hereby cancelled or nonrenewed in accordance with the conditions of the policy, said cancellation or nonrenewal to be effective on and after the hour and date mentioned above.

TO MORTGAGEE:

DATE OF MAILING:

Effective _____, at _____ (Standard Time), we hereby cancel or nonrenew the Mortgagee Agreement which is made part of the above mentioned policy and also the above mentioned policy issued to the insured named above covering on _____

at _____ and made payable to you as mortgagee (or trustee), in the event of loss.

INSURANCE COMPANY

American Casualty Company of Reading, Pa.

NAME AND ADDRESS OF LIENHOLDER OR MORTGAGEE

Per attached schedule

RECEIVED
MILWAUKEE HEALTH DEPARTMENT
2002 OCT 4 PM 1:56
AUTHORIZED REPRESENTATIVE

SCHEDULE OF CERTIFICATE HOLDERS
ADDITIONAL INSURED & LOSS PAYEES

Russ Darrow Leasing Co., Inc.
P.O. Box 128
Cedarburg, WI 53012

Wermuth Properties LLC
Attn: Mike Wermuth
W. 11980 Dalman Rd.
Waterloo, WI 53594

Russ Darrow Leasing Co., Inc.
W133 N8569 Executive Parkway
Menomonee Falls, WI 53051

City of Milwaukee
Department of Health
841 N. Broadway, Room 112
Milwaukee, WI 53202

Edgerton Fire Protection
District Commission
621 N. Main Street
Edgerton, WI 53534

Mayfair Leasing
1720 Paramount Drive
Waukesha, WI 53186

University of Wisconsin-Madison
Division of Intercollegiate Athletics
1440 Monroe Street
Madison, WI 53711-2080