City of Milwaukee Fire 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 Fire Department

Che	ck(✔) one: ☐ Individual										
	Partnership										
	Corporation										
2.	NAME OF APPLICANT (If individual):										
		Phone: 414-2	76-7711								
	Business Address: 2266 N Prospect Ave. Suite #440	Al Ambulance, Inc.									
	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. Suite #440 Milwaukee, WI 53										
	Date and Place of Incorporation: October 17th, 1969 - Wisconsin										
	Home Address: W310 N8370 Kilbourne Road										
		State: WI	<u>Zip:</u> <u>53029</u>								
	Phone 262-966-1853	Date of Birth 12/17/195	5								
	Vice President: Same as above										
	Home Address:										
	City:	State:	_ Zip:								
	Phone										

	Secretary: Debra Baker				
	Home Address: 203 Glenowen	Drive	7	e	
	_{City:} Hartland		****	_{State:} WI	Zip: 53029
	Phone			e of Birth 03/04/195	3
	Treasurer: James G. Baker Jr	•		<u> </u>	
	Home Address: W310 N8370 K	ilbourne Road			
	1.1 (1 1			_ _{State:} WI	_{Zip:} 53029
	Agent:				
	Home Address:				
	City:				Zip:
4.	OTHER REQUIREMENTS:				
	Do you have on file with the Fire Depa	rtment, a valid and cu	rrent certificate	of insurance for this licer	nse period? Yes No
	Do you have a valid State of Wisconsin I				Yes No
	Do you participate in the Emergency M	edical Services System	1?		Yes No
	If yes, list service area number: 3				
	Do you wish to participate in the Emerg		s System?		Yes No
		١٥			
	Total number of vehicles in service: 1 Please attach a separate page listing a		ity accionad nun	abor and description (ve	oor make and vin number)
	riease attacii a separate page iistilig a	in vernicles including c	ity assigned nun	iber, and description (ye	ar, make and virindinger).
5.	0 0				
	information supplied in this application	= = = = = = = = = = = = = = = = = = = =	•	· ·	
	license, permit, or franchise, or refus sex, national origin or ancestry; and i				
	discriminate in the selection of persor				
_		11 - xx - 1			
6.	The undersigned understand that this is solely in the discretion of the Comi		t entitle the app	olicants to a license and i	that the granting of licenses
7.	I have a knowledge of the City Ordinand				· ·
	depose and say that i am the person na	med above and that a	ll statements ma I	ide in the foregoing appli	cation are true and correct.
	SUBSCRIBED AND SWORN TO BEFOR	E ME THIS 10 T	人 day of	Leplan	7 20 22
	Indiv <u>i</u> d	ual/Corporate Presid	ent/Partner:	James & Ba	Lufe
	Addito	nal Partner/Corporat	e Vice Preside	t: James 8	Beky !
	Notary Public, State of Wisconsin:	Notary Pub			
	My commission expires:	2 State of Wisc	onsin		•
	Corpor	ate Secretary:	Debus	Saker.	
	Corpora	ate Treasurer:	ings of	Balens	
Do	Not Write Below This Line			′ /	
	Clerk License	# New	Renewal	Date Filled	Date Granted

Unit#	Year	Make	Model	V.I.N. #
310	2007	Chevy	G3500	1GBJG3169712 4873 1
313	2009	Chevy	G4500	1GBKG316791154399
315	2012	Chevy	G3500	1GB3G2CL8C11 52878
316	2010	Chevy	G3500	1GB6G2B66A11 33123
317	2009	Chevy	G4500	1GBKG3164911 53954
318	2015	Chevy	G4500	1GB6G5CL6F1117422
319	2007	Chevy	G4500	1GBJG3164712 52928
320	2010	Ford	E-450	1FDWE3FP1ADA28025
327	2006	Ford	E-450	1FDXE45P16HB 00613
355	2010	Ford	E-350	1FDSS3EP3ADA 32411
383	1999	Ford	E-450	1FDXE40F0XHA 17738
387 2008		Ford	E-450	1FDXE45PX8DB 19901
	Seco	ndary Se	t of Availabl	e Ambulances
5440	2006	Ford	E-450	1FDXE45P26HA37389
5441	2010	Ford	E-450	1FDXE4FP3ADA20969
5442	2008	Ford	E-450	1FDXE45P78DA35549
5446	2007	Chevy	G4500	1GBJG3168712 52799
5447	1998	Ford	E-450	1FDXE40F8WHB 07329
5448	2000	Ford	E-450	1FDXE45F2YHA 12485
5449	2005	Ford	E-450	1FDE45P95HA 58965

RMARRARI

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2022

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).

		City of Milwaukee					N DATE TH	ESCRIBED POLICIES BE C. IEREOF, NOTICE WILL CY PROVISIONS.		
CE	RTIF	FICATE HOLDER				CANCELLATION				
DES	ORIPT of M	TION OF OPERATIONS / LOCATIONS / VE filwaukee is listed as additional	HICLES (A	ACOR in re	D 101, Additional Remarks Sched gards to the General Liabi	ule, may be attached if mor ility.	e space is requi	red)		
Α	F10	JICSSIVHAI LIAU			003111000024300	1110/2022	1710/2023	A 140 A 244 FILLIT-AO DEG		
A	If yes	s, describe under SCRIPTION OF OPERATIONS below ofessional Liab			005WI000024906	1/10/2022	1/10/2023	E.L. DISEASE - POLICY LIMIT \$1M/\$3M Limit-\$0 Ded	2000	
		PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE		
	AND	RKERS COMPENSATION DEMPLOYERS' LIABILITY VENDODRIETOR/DARTMER/EYEC! ITIME	/ N					PER OTH- STATUTE ER	\$	
	141-5	DED X RETENTION\$	0					PER OTH-	\$	
		EXCESS LIAB CLAIMS-MA			005WI000024906	1/10/2022	1/10/2023	AGGREGATE	\$	2,000,000
A	х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	2,000,000
		HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS			70APB004424	1/10/2022	1/10/2023	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$	
В	AUTOMOBILE LIABILITY				70 A DD004424	1/10/2022	4/40/2022	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Р		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG HNAO Auto Liab COMBINED SINGLE LIMIT	\$	3,000,000 1,000,000 1,000,000
		N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	S	3,000,000
								PERSONAL & ADV INJURY	\$	1,000,000
			^					MED EXP (Any one person)	\$	5,000
	**	CLAIMS-MADE X OCCUR	x		005WI000024906	1/10/2022	1/10/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	S	50,000
A	Х	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVE	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	s	1,000,000
C E INSR	ERTI XCLL	ATED. NOTWITHSTANDING AN IFICATE MAY BE ISSUED OR MUSIONS AND CONDITIONS OF SU	AY PER	TAIN CIES	I, THE INSURANCE AFFOR I. LIMITS SHOWN MAY HAVE	RDED BY THE POLIC E BEEN REDUCED BY	ies descrie	ED HEREIN IS SUBJECT T	O AL	
Т	HS I	IS TO CERTIFY THAT THE POL	ICIES O	FIN	SURANCE LISTED BELOW	HAVE BEEN ISSUED	TO THE INSU	RED NAMED ABOVE FOR T	HE P	OLICY PERIOD
CO	VFR	RAGES C	FRTIFIC	CAT	E NUMBER:	INSURER F :		REVISION NUMBER:		
						INSURER E:				
PO Box 2007 Milwaukee, WI 53201						INSURER D:				
		Curtis Universal Ambula	nce Inc			INSURER C :				
INSL	RED					INSURER B : Nationa	I Indemnit	y Company		20087
								Insurance Company		11,7110 11
####	ivez	311a, 141 JJ 100						RDING COVERAGE		NAIC#
20975 Swenson Drive, Suite 175 Waukesha, WI 53186						PHONE (A/C, No, Ext): (414) 221-0332 1332 FAX (A/C, No): (262) 717-9436 E-MAIL ADDRESS: rmarrari@robertsonryan.com				
	DUCE	^{ER} son Ryan - Waukesha						FAX	(000	747 0496
tŀ	is c	certificate does not confer right	s to the	cer	tificate holder in lieu of s	uch endorsement(s)		Toquito all'olladiocilici		

ACORD 25 (2016/03)

711 W Wells Street Milwaukee, WI 53233

© 1988-2015 ACORD CORPORATION. All rights reserved.

Paul F Kil

AFFIDAVIT OF NO INTEREST

STATE OF WISCONSIN))

MILWAUKEE COUNTY)

Matthew J Cruise, being first duly sworn on oath, deposes and says that he/she is the agent of All Risks Ltd in connection with National Indemnity Company, the insurer on the attached certificate of insurance issued to Curtis Universal Ambulance Inc (the insured).

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 of Agent ()

Subscribed and Sworn to before me

This 11th day of February, 2022

Notary Public, Milwankee County, Wisconsin

My commission expires 05/21/24



AFFIDAVIT OF NO INTEREST

STATE OF WISCONSIN)

)

MILWAUKEE COUNTY)

Matthew J Cruise, being first duly sworn on oath, deposes and says that he/she is the agent of R-T Specialty LLC in connection with Coverys Specialty Insurance Company, the insurer on the attached certificate of insurance issued to Curtis Universal Ambulance Inc (the insured).

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 of Agent Cruise

Subscribed and Sworn to before me

This 11th day of February, 2022

Rasclel D. Morran
Notary Public, Milwankee County, Wisconsin

My commission expires $\frac{05/21/24}{}$



RMARRARI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/8/2022

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.

t	his c	certificate does	not o	onfer rights	to the	certificate holder in lieu of	such endorsement(s).	•			
	DUC perts	^{ER} son Ryan - Wau	kech	a			CONTACT Rasche	ı ıvıarrarı	FAY			
20975 Swenson Drive, Suite 175 Waukesha, WI 53186				175			(A/C, No, Ext): (414)	221-0332 1	332 (A/c, N	o): (262	717-9436	
B.C.	Inch									ıy		
INSURED								20087				
Curtis Universal Ambulan PO Box 2007					e Inc		INSURER C :					
		Milwauke		53201			INSURER D :					
							INSURER E:					
	3755	DACES		055	TIELO	ATT MUMBED	INSURER F :			8		
		RAGES	TUAT			ATE NUMBER:	MILIAN/C DEEN IDOLLED	TO THE INCH			OLIOV BEDIOD	
ļi,	NDIC	ATED, NOTWITI	HSTA	nding any f	REQUIF	REMENT, TERM OR CONDITI	ON OF ANY CONTRA	ACT OR OTHE	R DOCUMENT WITH RES	PECT 3	O WHICH THIS	
- 0	ERT	IFICATE MAY BE	E ISS	UED OR MAY	PERT	AIN, THE INSURANCE AFFO	ROED BY THE POLICE	CIES DESCRIB	BED HEREIN IS SUBJECT	T TO AL	L THE TERMS,	
INSF		TYPE OF IN			ADDL:	SUBR POLICY NUMBER	POLICY EFF	POLICY EXP				
A		COMMERCIAL GE			INSD	WAD LOUICA MOMBER	(MM/DD/YYYY	(MM/DD/YYYY)			1,000,000	
	^	CLAIMS-MADI	-	1	v	005WI000024906	1/10/2022	4/40/2022	DAMAGE TO RENTED		50,000	
		OLI IIIIO-IVII DI		OUSER	X	003441080024300	1/10/2022	1/10/2023			5,000	
							25				1,000,000	
	05	NII ACCRECATE UNI	ME ADO								3,000,000	
	X	N'L AGGREGATE LIM POLICY PRO		LOC					1-0332 1332	3,000,000		
	-		al L								1,000,000	
В	ΔU	OTHER: TOMOBILE LIABILITY	,		++				COMBINED SINGLE LIMIT		1,000,000	
	70	ANY AUTO	•			70APB004424	1/10/2022	1/10/2023			.,,,,,,,,	
		OLLOUED	X	CHEDULED UTOS		TOAT BOOTTET	1710/2022	171012025				
	-	HIRED AUTOS ONLY		ION-OWNED UTOS ONLY								
		AUTOS ONLY	A	UTOS ONLY					(Per accident)			
Α	Х	UMBRELLA LIAB	Х	OCCUR					EVER OCCUBBLINGE		2,000,000	
		EXCESS LIAB		CLAIMS-MADE		005WI000024906	1/10/2022	1/10/2023			2,000,000	
		DED X RETEN	NTION	\$ 0					AGGREGATE	10		
	WOR	RKERS COMPENSAT EMPLOYERS' LIABI							PER OTH-			
				KECUTIVE Y/N						s		
		PROPRIETOR/PARTI ICER/MEMBER EXCLU Indatory in NH)	UDED?		N/A							
	If yes	s, describe under CRIPTION OF OPERA	ATION	S below								
Α		fessional Liab				005WI000024906	1/10/2022	1/10/2023				
DES	CRIPT	TION OF OPERATION	S/LO	CATIONS / VEHIC	LES (A	CORD 101, Additional Remarks Schee	dule, may be attached if mo	re space is regul	red)			
City	of M	lilwaukee Fire De	ept is	listed as add	itional	ORD 101, Additional Remarks Schei insured in regards to the Ge	neral Liability.		•			
CEI	RTIF	ICATE HOLDE	R				CANCELLATION					
				ee Fire Dept			ACCORDANCE W	N DATE TH	IEREOF, NOTICE WILL CYPROVISIONS,	BE D	ELIVERED IN	
		711 W Well Milwaukee										
			,				AUTHORIZED REPRESE	NTATIVE				
							P	Lung 1 -			ļ	
							Pane & Kily					

REFERENCE NO.	DESCR	IPTION .	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID		
	CITY CERTIFICAT	TION LICENSE			S.OOGOITI TAKEN	1,100.0		
	*							
	8			*				
			*			-		
					-			
CHECK DATE	CHECK NO.		PAYEE		DISCOUNTS TAKEN	CHECK AMOUNT		
2/11/22	58217	CITY OF M	LWAUKEE FIR	E DEPARTMENT		\$1,100.00		

CURTIS UNIVERSAL, INC. WISCONSIN'S LARGEST SYSTEM OF MEDICAL TRANSPORTATION P.O. BOX 2007 MILWAUKEE, WI 53201

Associated Bank

79-57/759

CHECK NO.

58217

DATE

Feb 11, 2022

AMOUNT

0

58217

****\$1,100.00

Memo:

PAY One Thousand One Hundred and 00/100 Dollars

TO THE ORDER OF:

CITY OF MLWAUKEE FIRE DEPARTMENT

VOID AFTER 90 DAYS

a mimi 司多图引 到图图图

19.01