

**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**

**RECEIVED**

**2010 AUG 30 P 1:21**

**MILWAUKEE HEALTH  
DEPARTMENT**

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

1. NAME OF APPLICANT (If Individual) \_\_\_\_\_

BUSINESS NAME Paratech Ambulance Service Phone Number (414) 358-1111

Business Address 9401 W. Brown Deer Road Zip Code 53224

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:** Paratech Ambulance Service, Inc.

Address, City, State, Zip 9401 W. Brown Deer Road, Milwaukee, WI 53224

Date and Place of Incorporation: January 1, 1979 State of Wisconsin

**President** Robert A. Rauch Home Address 9401 W. Brown Deer Road

City, State, Zip Milwaukee, WI 53224 Phone (414) 358-1111 Date of Birth 4/22/1949

**Vice President** Richard Romanshek Home Address N90 W20881 Scenic Drive

City, State, Zip Menomonee Falls, WI 53051 Phone (262) 255-6486 Date of Birth 03/24/1953

**Secretary** Richard Romanshek Home Address SAME AS ABOVE

City, State, Zip SAME AS ABOVE Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Treasurer** Robert A. Rauch Home Address SAME AS ABOVE

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Agent** SAME AS ABOVE 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: 1

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

Total number of vehicles in service: 27

**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

30<sup>th</sup> day of August, 20 10

Paula S. Chenaster  
Notary Public, State of Wisconsin

My commission expires 9-25-2011

[Signature]  
(Individual/Corporate President/Partner)

[Signature]  
(Additional Partner/Corporate Vice President)

[Signature]  
(Corporate Secretary)

[Signature]  
(Corporate Treasurer)

**Do Not Write Below This Line**

Clerk \_\_\_\_\_ License # \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_ Date Filed \_\_\_\_\_ Date Granted \_\_\_\_\_

# PARATECH AMBULANCE SERVICE

## SQUAD LIST FOR 2010

UNIT NUMBER	VEHICLE ID	IN SERVICE	YEAR/MAKE
101	1GBJG316971191611	1/19/2009	2007 CHEVROLET
102	1FDSE35F73HA78978	3/10/2003	2003 FORD
103	1FDXE45P95HA88466	5/5/2010	2005 FORD
104	1FDSE35F9YHA37615	6/9/2000	2000 FORD
105	1GDJG316291138873	6/16/2009	2009 GMC
106	1FDSE35F53HA78980	3/10/2003	2003 FORD
107	1FDSE35F12HA44131	2/26/2002	2002 FORD
108	1GDHG316991181220	9/23/2009	2009 GMC
109	1FDWE35P16DB12628	4/24/2007	2006 FORD
110	1GBJG316871252639	4/8/2008	2007 CHEVROLET
111	1GBJG316471201753	11/3/2008	2007 CHEVROLET
112	1FDSE35F93HA78979	5/1/2003	2003 FORD
113	1FDXE45P55HB49442	6/2/2010	2005 FORD
114	1FDSE35F73HA78981	5/1/2003	2003 FORD
115	1FDSE35P05HA58969	5/12/2005	2005 FORD
116	1GDHG316891180740	1/7/2010	2009 GMC
117	1FDSE35P05HA09271	5/12/2005	2005 FORD
118	1FDWE35P06HA92462	11/1/2005	2006 FORD
119	1FDWE35P66HA92465	11/1/2005	2006 FORD
120	1GBJG316171254474	5/28/2008	2007 CHEVROLET
121	1GBHG396371240501	3/3/2008	2007 CHEVROLET
122	1FDWE35P86DA61158	4/5/2006	2006 FORD
123	1FDWE35PX6DB09615	6/5/2007	2006 FORD
124	AGBHG396091143534	6/19/2009	2009 CHEVROLET
125	1FDSE35P87DB00752	7/31/2007	2007 FORD
126	1FDXE45F53HA63844	5/1/2008	2003 FORD
127	1FDXE45F33HA63843	5/1/2008	2003 FORD

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
8/24/2010PRODUCER (262)255-5100  
R & R Insurance Services, Inc.  
N80 W14824 Appleton Ave  
PO Box 1180  
Menomonee Falls WI 53052-1180

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  
Paratech Ambulance Service, Inc.  
9401 W. Brown Deer Road  
Milwaukee WI 53224

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Empire Fire &amp; Marine

21326

INSURER B: American Guarantee &amp; Liab

26247

INSURER C: Acuity A Mutual Ins Co

14184

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	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	LTR	GENERAL LIABILITY	CL317097	3/1/2010	3/1/2011	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
		<input checked="" type="checkbox"/> Professional Liab				PERSONAL & ADV INJURY \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 3,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 3,000,000
A		AUTOMOBILE LIABILITY	CL317096	3/1/2010	3/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIREO AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
B		EXCESS/UMBRELLA LIABILITY	UMB9062175-01	3/1/2010	3/1/2011	EACH OCCURRENCE \$ 2,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 2,000,000
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input checked="" type="checkbox"/> RETENTION \$ 0				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
C		OTHER Property	K28716	3/1/2010	3/1/2011	E.L. DISEASE - POLICY LIMIT \$
		- Special Form				Building/Contents
		- Repl Cost				- Blanket Limit Per Policy

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

City of Milwaukee is an additional insured for liability as regards their interest in the insured's operation as an ambulance service. Additional Insured form #CG2026(0704) applies.

## CERTIFICATE HOLDER

City of Milwaukee  
Dept of Health  
Attn: Health Commissioner  
841 N Broadway, Room 112  
Milwaukee, WI 53202-3653

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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

Thomas Baer/LJ332



**AFFIDAVIT**

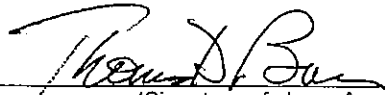
STATE OF WISCONSIN }  
 Waukesha County } SS

Thomas D. Baer, being first duly sworn, on oath deposes and says  
 (Agent)

that he/she is the agent of the Empire Fire & Marine, insurer  
 (Company name)

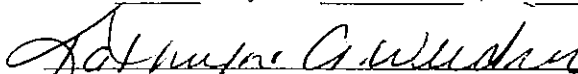
on the attached certificate issued to Paratech Ambulance Service, Inc.  
 (Legal entity of Insured)

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 any other thing of value on account of the sale of furnishing of said insurance certificate.

  
 (Signature of above Agent)

Subscribed and sworn to before me

this 24th day of August, 20 10

  
 Notary Public-State of Wisconsin

My Commission expires 1/30/2011

Notary Seal Must Be Affixed.

Please note the following requirements:

- 1) The name and signature of the agent or authorized representative must be included and match the agent or authorized who signed the insurance certificate.
- 2) The full name of the Insurance Company must be listed and match exactly the Insurance Company's name from the insurance certificate.
- 3) The date the notary signed and dated the affidavit must be the same as the date of the insurance certificate.
- 4) The Notary must sign, date and stamp the form.
- 5) The correct county and state must be listed. (If outside the state of Wisconsin, please cross out Wisconsin and write/type in correct state.)

# MILWAUKEE POLICE DEPARTMENT MEMORANDUM

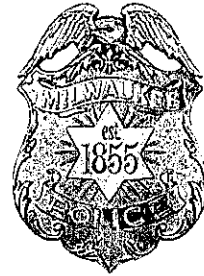
**Date:** 10-13-10

**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 Paratech 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', is written over a horizontal line.

Sgt. Paul M. MacGillis  
License Investigation Unit