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	
Corporation	
1. NAME OF APPLICANT ((findividual): Curtis Universal Ambular	ice. for
1. NAME OF APPLICANT (If individual): Curtis Universal Ambular Business Name: d.b.a Curtis Ambulance Business Address: P.O. Box 2007	Phone: (414) 276-7711 Phone: (414) 933-7600
Business Address: P.O. Box 2007	
Clty:Milwaukee	State: WI Zlp: 53201-2007
Have any people on this application been convicted of violating	ting any federal or state laws, or local ordinances? Yes 🖾 No
if 'yes', name of person(s), date, charge and penalty:	any rederal of state laws, or local ordinances? □ Yes ☑ No
, 32.	
	·
9	
2. PARTNERSHIP (if applicable):	
Name:	
Home Address:	
City:	State: Z/p:
Phone:	
Name	Date of Birth:
Home Address:	-1
Phone	State: Zip:
Flione.	Date of Birth:
3. NAME OF CORPORATION Curtis-Universal	
Address: P.O. Box 2007, Milwaukee	WI 53201-2007
Date and Place of incorporation: October 17, 196	9, Wisconsin
President: James G. Baker, Jr.	E. MARQ VE
Home Address: W310 N8370 Kilbourn Rd.	260
City: Hartland	WT 53020
Phone (262) 966-1853	
Vice President: James G. Baker, Jr.	Date of Birth
Home Address: Same As Above	
City:	
Phone	Date of Birth:

Secretary: Ka	imona Lenge				
Home Address:	045 West H	olt Avenue.			
City: West A1	lis		State	WT 7	52227
Phone <u>(414) 32</u>	7-9984		Date of Birth	06-20-1946	33221
Treasurer: Jam	es G. Baker	· •			
Home Address:	Same As Abo				
City:					
Agent:				Zip: _	
Agent:					
City:			Cana		
			State: _	Zip: _	
4. OTHER REQUIREMENTS	:				
Do you have on file with t	he Health Departm	ent a valid and curre	ont cordificate of in		-
) minute a faila Diale	S OF AMISCOLIZIN IUZDE	CTION (ertificate)	ent certificate of insuran	ce for this license pe	
Do you participate in the	Emergency Medic	al Services System?			⊠Yes □Nes □Nes
If yes, list service area nur	mber: 3				30 163 (2) (1)
Do you wish to participat	e in the Emergenc	Medical Services S	ystem?		⊠Yes □ No
Total number of vehicles	in service· 2	3			
Please attach a separate p	age listing all vehic	les including city as:	signed number, and de-	scrintion (vear make	and sin muse by a
plied in this application. To or franchise, or refuse to e or ancestry; and not seek lection of personnel for tra	such information a aining or promotio	s a condition of emp n on the basis of suc	wise qualified because oboyment, or penalize a chinformation.	of race, color, creed, iny employee or disc	sex, national origin criminate in the se-
The undersigned understa is solely in the discretion o	ind that this applic If the Common Cou	ation does not e ntit ıncil.	le the applicants to a li	cense and that the o	granting of licenses
I have a knowledge of the C depose and say that I am th	lity Ordinances curr e person named at	ently regulating the pove and that all stat	license applied for here ements made in the for	ein, and being duly s egoing application a	wom under oath, retrue and correct.
SUBSCRIBED AND SWORN	TO BEFORE ME THI	5_26th	day of AUGUST	-	, 20 _
WIN 4 408	Individual/Corp	orate President/Par	tner: Sames	Be Bake	1
	Additional Parti	ner/Corporate Vice F	President: And	4 B. 25	ka 1
Notary Callic State of the	onsin: Lom V	Obe Lauren			
My controls of express	December ?	22 2013			
E OF WEIGHT	Corporate Secre	tary: Ran	nona E O	Dander 1	
	Corporate Treass	urer: Land	us b. Bi	far 1	
Do Not Write Below This Line					
4	637		1.	11	
Clerk	License #	New Renewa	al Date Filed)ata Canada d
II be color and			Date Filed	· L	ate Granted

CURTIS AMBULANCE SERVICE VEHICLE LIST

Unit#	Vehicle I.D.#	Year	Make	Model
Response	e Vehicles			
321	1FDXE45F41HA86500	2001	Ford	E350
323	1FDSE35FO3HB48983	2003	Ford	E350
325	1FDSE35F23HB43705	2003	Ford	E350
326	1FDSE35F91HA86366	2001	Ford	E350
327	1FDWE35P77DA13538	2007	Ford	E350
328	1FDWE35P37DA51560	2007	Ford	E350
330	1FDXE45F8YHA90690	2000	Ford	E450
331	1FDXE45F92HB56493	2002	Ford	E450
333	1FDXE45F2YHA27522	2000	Ford	E450
351	1FDSE30F2XHB75339	1999	Ford	E350
379	1FDKE30M8RHB61124	1994	Ford	E350
Seconda	y Response Vehicles			
380	1FDKE30M5RHB93383	1994	Ford	E350
381	1FDXE40F1XHB68281	1999	Ford	E350
382	1FDLE40F6VHB62892	1997	Ford	E350
383	1FDXE40F0XHA17738	1999	Ford	E350
340	1FDXE40F7WHB64718	1998	Ford	E350
341	1FDLE40F9VHA37918	1997	Ford	E350
345	1FDWE35F6YHB47670	2000	Ford	E350
346	1FDXE40F3WHB81015	1998	Ford	E350
347	1FDJE30M1PHB54055	1993	Ford	E350
830	1FDXE45P46DA24876	2006	Ford	E450
831	1FDXE45F12HB56097	2002	Ford	E350 23
832	1FDJE30F7SHA80392	1995	Ford	E350

		* .					
ACORD. CE		ATE OF LI			ANCE	8/22/	
THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRM BELOW: THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCE	IATIVELY OR N ISURANCE DO R, AND THE C	iegatively amend, e des not constitute / ertificate holder.	XTEND OR ALTER T A CONTRACT BETW	HE COVERA EEN THE ISS	GE AFFORDED BY T SUING INSURER(S), A	HE POLIC UTHORIZ	ies Ed
IMPORTANTS If the certificate hold the terms and conditions of the po- certificate holder in lieu of such of	жием, соптавл в	o ne oilines way realilra sa o	ndorsement. A state	ndorsed. If St ment on this	JBROGATION IS WAI certificate does not a	VED, subj	ect lo hts to the
PRODUCER		(2940 M.	CONTACT NAME:				
Security Insurance Svcs., Inc.			PHONE (A/C, No. Ent): 262 78	5-9490	FAX (AIC)	ol: 26278	59753
P.O. Box 510925			I E-MAIL		[[]		
New Berlin, WI 53151-0925			PRODUCER				
262 785-9490		• **	CUSTOMER ID #				
INSURED			Colous		AFFORDING COVERAGE		NAIC #
Curtis-Universal Amb	ulance Inc.	•	INSURER A : Colony				
P.O. Box 2007			INSURERS : Rock H	IIII Insuranc	e Company		
2266 N. Prospect Ave.	Sulfa 440		INSURER C :				
Milwaukee, WI 53202	1 0014 440		INSURER O : Nation	al Casualty	- Wisconsin		
no Montreague			INSURER E :	V			ale
。在一种人类的基本。		•	INBURER P :				
COVERAGES	CERTIFICATE	NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED, NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SU	(EQUIREMENT, 1 PERTAIN, THE II CH POLICIES, LII	FERM OR CONDITION OF A NSURANCE AFFORDED BY MITS SHOWN MAY HAVE B	NY CONTRACT OR OTH THE POLICIES DESCR	SUREO NAMEO	ABOVE FOR THE POLI	DIMU TURE	1
NSR TYPE OF INSURANCE	NSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		14	MITS	
A GENERAL LIABILITY		AP512070	01/10/2011		EACH OCCURRENCE	\$1,000	0.000
X COMMERCIAL GENERAL LIABILITY		10 100	[1/10/2011	011,012012	DAMAGE YO RENTED PREMISES (FR DOCUMENCE)	\$50.00	

LTR		NSR WVD	FOLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3
A	GENERAL LIABILITY X. COMMERCIAL GENERAL LIABILITY CLAMAS MADE X OCCUR GENT AGGREGAYE LIMIT APPLIES PER: PROJECY: PROT LOC		AP512070		01/10/2012		\$1,000,000 \$50,000 \$2,500 \$1,000,000 \$2,000,000 \$1,000,000
ď	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS HIREOLITOS NÓN-OWNED AUTOS		CAO0228520	01/10/2011	01/10/2012	COMBINED SINGLE LIMIT [Ea accident) DODILY INJURY (Por person) BOORY INJURY (Por secident) PROPERTY DAMAGE (Per secident)	\$ 1,000,000 \$ \$ \$
В	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION S 0 WORKERS COMPENSATION AND EMPLOYERS LIABILITY. ANY PROPRETON/PARTHER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In, MI), If yes, describe under	N/A	RXSLRU00058100	01/10/2011	01/10/2012	EACH OCCURRENCE AGGREGATE WO STATU TORY LIMITS EL EACH ACCIDENT EL DASEASE - EA EMPLOYEE EL DISEASE - POLICY LIMIT	
A	Professional Clab		AP512070	01/10/2011	01/10/2012		

DESCRIPTION OF CREATIONS / LOCATIONS / VEHICLES (Amon ACORD 191, Additional Remarks Schedule, if more space is required)
Certificate holder is named additional insured for general liability. see attached for affidavit.

CERTIFICATE HOLDER	15 %	CANCELLATIO
A CONTRACTOR OF THE CONTRACTOR	C. 10 1/4/1	

City of Milwaukee Department of Health 841 N Broadway 3rd floor Milwaukee, WI 53202

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED SEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZEO REPRESENTATIVE

@1988-2009 ACORD CORPORATION, All rights reserved.

Client#: 5915

CURTUNI

ACORD. (

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/22/2011

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 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).

ROOUCER		······································	CONTACT NAME:			
ecurity Insurance Svcs., Inc.			PHONE 252 7	25 0400	FAX	2627859753
.O. Box 510925			PHONE (AJC, No, Ext): 262 70 E-MAIL ADDRESS:	33-9490	(A/C, No):	202/009/00
ew Berlin, WI 53151-0925			ADDRESS:			
62 785-9490			PRODUCER CUSTOMER IO #:			
					AFFORDING COVERAGE	NAIC #
SURED Countie Majorana I Amabasta			INSURER A: United	Wisconsin	Insurance Comp	
Curtis-Universal Ambula	nce inc.		INSURER 8 :			
P.O. Box 2007			INSURER C :			
2266 N. Prospect Ave., S	uite 440		INSURER D :			
Milwaukee, WI 53202			INSURER E :			
N/EDAGES SE	DTIEIOAT	E AUMADED.	INSURER F:		DE1/101011 1111110ED	
OVERAGES CE THIS IS TO CERTIFY THAT THE POLICIES O		E NUMBER:			REVISION NUMBER:	
NDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PE XCLUSIONS AND CONDITIONS OF SUCH	RTAIN, THE POLICIES, I	E INSURANCE AFFOROED BY LIMITS SHOWN MAY HAVE BE	THE POLICIES DESCR	IBED HEREIN I CLAIMS.		
R TYPE OF INSURANCE	ADDL SUB NSR WV	POLICY NUMBER	POLICY EFF (MM/DOYYYY)	(MM/DD/YYYY)	шмп:	8
GENERAL LIABILITY					EACH OCCURRENCE	s
COMMERCIAL GENERAL LIABILITY]	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
CLAIMS-MADE OCCUR				! i	MEO EXP (Any one person)	S
300011						s
	-				PERSONAL & ADV INJURY	
<u> </u>	-				GENERAL AGGREGATE	\$
GEN'L AGGREGATE LIMIT APPLIES PER:			İ		PRODUCTS - COMP/OP AGG	\$
POLICY PRO-						\$
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
ALL OWNED AUTOS				!	BODILY INJURY (Per person)	\$
SCHEOULED AUTOS					BOOILY INJURY (Per accident)	\$
mar n. c	1			İ	PROPERTY DAMAGE	\$
HIRED AUTOS					(Per accident)	
NON-OWNED AUTOS				ŀ		S
						Ş
UMBRELLA LIAB OCCUR				l i	EACH OCCURRENCE	5
EXCESS LIAB CLAIMS-MAD			VA .		AGGREGATE	s
DEOUCTIBLE					10	s
RETENTION S						s
WORKERS COMPENSATION		0400110609	08/01/2011	08/01/2012	X WC STATU- OTH-	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	าไ ไ				E.L. EACH ACCIDENT	s500,000
OFFICER/MEMBER EXCLUDED? N (Mandatory In NH)] N/A					
If yes, describe under DESCRIPTION OF OPERATIONS below			1		E.L. DISEASE - EA EMPLOYEE	
DESCRIPTION OF OPERATIONS below	+		<u> </u>		E.L. DISEASE - POLICY LIMIT	s500,000
1		1				
SCRIPTION OF OPERATIONS / LOCATIONS / VEH	ICLES (Atlac	h ACORO 101, Additional Remarks	Schedule, I/ more spece	is required)		
ATE OF MACHINES						
rATE OF _Wisconsin_)						
ee Attached Descriptions)						
RTIFICATE HOLDER			CANCELLATION			
			TOUGHTON			
City of Milwaukee Healt	h Dank		SHOULD ANY OF	THE ABOVE OF	SCRIBED POLICIES BE CA	NCELLED RESO

841 N. Broadway, 3rd Floor Milwaukee, WI 53202-3653 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZEO REPRESENTATIVE

Cal Carrel

	DESCRIPTIONS (Continued from Page 1)
) Waukesha COUNTY)	
Carol Cantrall, being first duly seposes and says that he/she is the algorithms are insurer on the attached certificate Curtis Universal Ambulance, Inc	agent ofUnited Wisconsin Insurance Company, e of insurance issued to
ffiant further deposes and says that blicy.	t attached hereto is a true and correct copy of the provisions of said
ignature of Agent	
ubscribed and sworn to before me	
otary Public, Willes 6 21 21 22 22 23 24 24 24 24 24	11 J Sound Wisconsin 12015
NOTARA PUBLIC NOTARA PUBLIC TO F WISCONSIL	

V . V. 2	AFFIDAVIT
in the second	
14,74	
	STATE OF WISCONSIN)
	MilwaukeeCOUNTY)
	Tim Makowski , BEING FIRST DULY SWORN, on oath
. :	deposes and says that she is the agent of the
	Colony Insurance Company
	insurer, on the attached certificate or bond issued to Curtis Universal Ambulance, Inc.
orthographic	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.
	-1
: :	Jam S Mary
40.17	Signature (same as it appears on Certificate)
	NAME AND PHONE #
· · · · · · · · · · · · · · · · · · ·	Subscribed and sworn to before me
	this 2274 day of Aco ,2011
	Carlo PRO
	Notary Public, My Commission expires 7/20/2014
1/2	
A 14.5	1 & 10

Client#: 5915

CURTUNI

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

8/29/2011

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 DR 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.

IMPDRTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must 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).

PRODUCER	CONTACT NAME:		
Security Insurance Svcs., Inc. P.O. Box 510925 New Berlin, WI 53151-0925 262 785-9490	PHONE (AC, No, Ext): 262 785-9490 (AC, No): 2627 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:		
Curtis-Universal Ambulance Inc. P.O. Box 2007 2266 N. Prospect Ave., Suite 440 Milwaukee, WI 53202	INSURER(S) AFFORDING COVERAGE INSURER A: Colony Insurance Company INSURER B: Rock Hill Insurance Company INSURER C: INSURER C: INSURER C: National Casualty - Wisconsin INSURER E: INSURER F:		
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:		

THIS IS TO CERTIPY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSUREO 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. ADDL BUBR INSR WVD TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY 01/10/2011 01/10/2012 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es OCCUTOROS) AP512070 s1,000,000 X COMMERCIAL GENERAL LIABILITY \$50,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) s2.500 s1,000,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE GENL AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG s1,000,000 POLICY PRO-AUTOMOBILE LIABILITY D CAO0228520 01/10/2011 01/10/2012 COMBINEO SINGLE LIMIT (Ee accident) ^{\$}1,000,000 ANY AUTO SODILY INJURY (Per person) ALL OWNED AUTOS SODILY INJURY (Per accident) \$ SCHEOULED AUTOS PROPERTY DAMAGE HIRED AUTOS NON-OWNED AUTOS В UMBRELLA LIAB 01/10/2011 01/10/2012 EACH OCCURRENCE OCCUR RXSLRU00058100 \$2,000,000 EXCESS LIAB CLAIMS-MADE \$2,000,000 AGGREGATE DEDUCTIBLE RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandelory in NH) if yes, despite under DESCRIPTION OF OPERATIONS below. E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT Professional Liab AP512070 01/10/2011 01/10/2012 \$1,000,000/claim \$2,000,000/agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more epace is required)
Certificate holder is named as additional insured for automobile liability
only, for work performed by the named insured.
(See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
City of Milwaukee Department of Health 841 N. Broadway, 3rd Floor	BHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Milwaukea, Wi 53202	AUTHORIZED REPRESENTATIVE
1	The May

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DESCRIPTIONS (Continued from Page 1)

on

Cancellation wording is amended to read: should any of the above described policies be cancelled before the expiration date thereof,the issuing insurer will mail 10 days written notice to the certificate holder.

AFFIDAVIT
STATE OF _Wisconsin_)
_Tim Mkowski, being first duly sworn on oath, deposes and says that he/she is the agent ofColony 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, fea 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 2914 day of August, 2011
Minde A Cosh
Notary Public, <u>////////////////////////////////////</u>
HOTAR, PUBLIC