City of Milwaukee Health Department APPLICATION FOR AMBILANTIFICATION

	\$1,000.00 - New Applicants and Renewals Make check payable to the City of Milwaukee Health De	AUG 16 AN 8: 03 Check (V NAUKEE: HEALTH DEPARTMENT	() Individual () Partnership (X) Corporation
***	NAME OF APPLICANT (if individual) Curtis Universal Ambi	ulance, Inc.	414-933-7600
	BUSINESS NAME d/b/a Curtis Ambulance		
	Business Address P.O. Box 2007, 316 N Milwa	aukee St #330	Zip 53201-2007
	Have any people on this application been convicted of viola	ating any federal or state laws,	or local ordinances?
	YesNoX If 'yes' name of person (s), dat	te, 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	l Ambulance, Inc.	
	Address, City, State, Zip P.O. Box 2007 Mi	ilwaukee, WI 5320	1-2007
	Date and Place of Incorporation 10/17/1969 Wisco	onsin	
	President James G. Baker, Jr.		£
	City, State, Zip Hartland, WI 53029		
	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
	Treasurer James G. Baker, Jr.	Home Address Same as	above
	City, State, Zip	Phone	Date of Birth
	Agent James G. Baker, Jr.	Home Address Sime as	abore
	City State 7in	Phone	Date of Birth

hax:4142865990

OTHER REQUIREMENTS: 4.

5.

6.

7.

	Do you have on file with the Health Department, a valid and current certificate of insurance period?	for this licen $\frac{X}{X}$ Yes	
	Do you have a valid State of Wisconsin Inspection Certificate?	X Yes	No
	Do you participate in the Emergency Medical Services System?	X_Yes	No
	If 'yes', list service are number:3		
	Do you wish to participate in the Emergency Medical Services System?	X_Yes	No
	Total number of vehicles in service: 16		
	Please attach a separate page listing all vehicles including city assigned number, (year, make and vin number).	and descri	ption
5.	The undersigned agrees to inform the Health Department within ten days of any substrinformation supplied in this application. The undersigned shall not willfully refuse to proffered under this license, permit, or franchise, or refuse to employ, or discharge any personal because of race, color, creed, sex, national origin or ancestry; and not seek such informate employment, or penalize any employee or discriminate in the selection of personnel for traitine basis of such information.	rovide those on otherwise tion as a co	services qualified ndition of
6.	The undersigned understand that this application does not entitle the applicants to a granting of licenses is solely in the discretion of the Common Council.	license and	that the
7.	I have a knowledge of the City Ordinances currently regulating the license applied for his sworn under oath, depose and say that I am the person named above and that all statements foregoing application are true and correct.	erein, and t tements ma	eing duly de In the
	SUBSCRIBED AND SWORN TO BEFORE ME THIS 13th day of August, 2004 (Individual/Corporate Presi	/	
-	Annier M. Frimble Man & Baller	dent/Partne	-
	Notary Public, State of Wisconsin (Additional Partner/Compora	ate Vice Pres	ident)
	My commission expires 8/28/05 Panana E Length (Corporate Secretary)	<u> </u>	
	(Corporate Treasurer)	<u>Kerf,</u>	
Do Nr	ot Write Below This Line		
Glerk.		ate Granted	

Curtis Ambulance Service Vehicle List

Unit#	Vehicle I.D.	Year/Make	Type	
Primary Response Vehicles				
320	1FDSE30F0XHB75338	1999/Ford E-350	Wheeled Coach	
321	1FDXE45F41HA86500	2001/Ford E-350	Wheeled Coach	
322	1FDJE30M1RHB00872	1994/Ford E-350	Med Tech	
323	1FDSE35F03HB48983	2003/Ford E-350 (new) In-service as of 8/1/04	Wheeled Coach	
324	1FDJE30M7RHA11761	1994/Ford E-350	Wheeled Coach	
325	1FDSE35F23HB43705	2003/Ford E-350 (new) In-service as of 8/1/04	Wheeled Coach	
351	1FDSE30F2XHB75339	1999/Ford E-350	Wheeled Coach	
Secondary R	Response Vehicles			
353	1FDJS34F6THB56687	1996/Ford E-350	Wheeled Coach	
354	1FDJS34F1THB56693	1996/Ford E-350	Wheeled Coach	
377	1FDKE30M5NHA00708	1992/Ford E-350	Wheeled Coach	
378	1FDKE30F4SHA65109	1995/Ford E-350	Wheeled Coach	
379	1FDKE30M8RHB61124	1994/Ford E-350	Med Tech	
391	1FDJE30M1PHB54055	1993/Ford E350	Wheeled Coach	
392	1FDJE30M2PHB25275	1993/Ford E-350	Wheeled Coach	
Med-Flight	1FDLE40F6VHB62892	1997/Ford E-350	Wheeled Coach	
Back-up onl	<u>Y:</u>			
370	1FDKE30M1MHB32251	1991/Ford E-350	Med Tech	

	4 <i>C</i>	OF	RD. CERTIFIC	ATE OF LIABILI			OP ID KK CURTI-1	DATE (MM/DD/YYYY) 08/11/04
J. 169	935	⊊ W.	Associates, Inc. Wisconsin Ave.		ONLY AND HOLDER.	CONFERS NOT THIS CERTIFIC	SUED AS A MATTER OF RIGHTS UPON THE PARTE DOES NOT AME AFFORDED BY THE PARTE OF THE	CERTIFICATE ND, EXTEND OR
			ld WI 53005 52-827-0600 Fax:26	52-827-0999	INSURERS A	AFFORDING CO	OVERAGE	NAIC #
INSU	RED				INSURER A:	INEX-Prime	Insurance Syndi	cate
			Curtis Universal A James Baker	mbulance Inc	INSURER B:]	National In	demnity Co 🗸	
			PO Box 2007 Milwaukee WI 53201		INSURER D:			
co	VER	AG	ES		INSURER E:			
Al M	Y RE	QUIF RTA	REMENT, TERM OR CONDITION (IN, THE INSURANCE AFFORDED	W HAVE BEEN ISSUED TO THE INS DF ANY CONTRACT OR OTHER DO BY THE POLICIES DESCRIBED HER HAVE BEEN REDUCED BY PAID CL	CUMENT WITH RES	PECT TO WHICH TI	HIS CERTIFICATE MAY BE IS	SSUED OR
	ADD'L INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	}
		GEN	IERAL LIABILITY			· · · · · · · · · · · · · · · · · · ·	EACH OCCURRENCE	\$ 250000
A	244	X	COMMERCIAL GENERAL LIABILITY	SPAMB04010101	01/10/04	01/10/05	DAMAGE TO RENTED PREMISES (Ea occurence)	\$
			CLAIMS MADE X OCCUR			The state of the s	MED EXP (Any one person)	\$
		x	Professional Liab	\$250,000 PER ACC/\$250,000			PERSONAL & ADV INJURY	\$
			-Wrongful Acts	PER ACT/\$500,000 AG	G		GENERAL AGGREGATE	\$ 500000
		GEN	POLICY PROJECT LOC				PRODUCTS - COMPIOP AGG	\$
В		AUT	OMOBILE LIABILITY ANY AUTO	70APN253772	01/10/04	01/10/05	COMBINED SINGLE LIMIT (Ea accident)	\$ 500000
	And an annual of the state of t	x	ALL OWNED AUTOS SCHEDULED AUTOS		ALVERTON CONTRACTOR CO		BODILY INJURY (Per person)	\$
			HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
		GAF	RAGE LIABILITY		A management of the state of th		AUTO ONLY - EA ACCIDENT	\$
			ANY AUTO	APPROVED A	S TO FORM		OTHER THAN EA ACC	
			ESS/UMBRELLA LIABILITY		<u> </u>		EACH OCCURRENCE	\$
			OCCUR CLAIMS MADE	AND EXECUTION THI			AGGREGATE	\$
			DEDUCTIBLE	DAY OF SOften	20/97		ACCRECATE	\$
			RETENTION \$	- Birull- f	Xe Daniel			\$
	WOR	KFRS	COMPENSATION AND	Assista	nt City Attorney		WCSTATU- OTH-	
	EMP	OYE	RS' LIABILITY				<u> </u>	\$
			PRIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$
	If yes	desc	cribe under PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$
	ОТН	ER						
men	-	~~	E ODEDATIONS // COLEMAN !	PO ITVOLLIDIATE PROPERTY	CHAPTER JACKSTON	3 (FEIGNE		***************************************
<i></i>	⊕1.1 6 1.1	UN U	OF ENGLIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDORSI	emen) / Special PRO	e in		
CE	RTIF	ICA	TE HOLDER		CANCELLA	TION		
			City of Milwaukee Health Department 841 N Broadway, 3r Milwaukee WI 53202		SHOULD ANY OF DATE THEREOF, NOTICE TO THE	F THE ABOVE DESCRII , THE ISSUING INSURE CERTIFICATE HOLDEI JEATRING XIABRITA YEX	BED POLICIES BE CANCELLED BER WILL BING PAYON YO MAIL. R NAMED TO THE LEFT PRICES CORPANY WANT OF THIS THEORY	DAYS WRITTEN
					1 6	MITA	ANAKRO	
AC	ORD	25	(2001/08)		10		© ACORD	CORPORATION 1

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

AFFIDAVIT

STATE OF Wisconsin)
COUNTY OF Waukesha)
deposes and says that he/she is the agent of the INEX Insurance Co
& National Indemnity Co. (Insurance or Bonding Company)
certificate or bond issued toCurtis 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. Signature (same as it appears on cert.) John M. Protiva 262-827-0600 Typed name and phone number Subscribed and sworn to before me
Subscribed and sworn to before me
this 11 day of August ,2004 &, JUDITHA.
Judith a. Kargus KARGUS
Notary Public My commission expires FEBRUARY 18, 3505 WISCONST

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK PRINTED ON THE BACK. THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT SIGNATURE LINE, ABSENCE OF THESE FLATURES WILL, INDICATE A COPY.

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REMITTER

CAN LIBERTAIND SILVAND

MILWAUKEE, WI 53216

4877907141

August 12, 2004

#1,100.00

AMOUNT

PAY TO THE CITY OF MILWAUKEE HEALTH DEPARTMENT ORDER OF ONE THOUSAND ONE HUNDRED DOLLARS AND ZERO CENTS

CASHIER'S CHECK

Roban Madowatis

AUTHORIZED SIGNATURE

4840031E2E00P12031

PAYABLE THROUGH BB&T CHARLESTON, WV

790714161

ZUDA AUG 16 AM B. 03 MILWAUKEE HEALTH DEPARTMENT

RECEIVED

Org Code	Deposit ID			
3810	4/903			
Deposit Detail				
Currency	9 9			
Coins	•			
Checks '	1,100.00			
Credit Card				
Cash Shortage				
Total	1,100.00			
FMIS AR Entry Made by: faith Sitem Ext. 234/ Date: 8/14/04				
Deposit Slip Prepared by:	Um Smolarch Ext. 8529 Date: 8/16/04			
Complete deposit slip using a black ink FMIS A/R cash receipt transaction at to	en after FMS A/R cash receipt entry has been made. Enter deposit ID from not deliver deposit to City Treasurer at Room 103, City Hall. If FMS A/R one by the same employee, the employee's supervisor must initial the deposit			

CBP-200 Part 2

Keep Area Clear for Teller Validation

Centis Universal

COPY - DEPARTMENT