CITY OF MILWAUKEE HEALTH DEPARTMENT APPLICATION FOR AMBULANCE CERTIFICATION

The lice \$1,100.	Ist Accompany Application. Inse period is from January 1 to December 31. OO - New Applicants and Renewals Check payable to the City of Milwaukee Health Depar	RECEIVED
маке с	meck payable to the City of Milwaukee health bepar	tment 2001 JUL 20 P 4: 30
Check (✓) one: () Individual() Partnership(X) Corporation	MILW JUKEE HEALTH DEPARTMENT
i.	NAME OF APPLICANT (If Individual) Curtis Universal Ambular BUSINESS NAME d/b/a Curtis Ambulance	nce, Inc. 414-933-7600 Phone Number 414-276-7711
	Business Address P.O. Box 2007, Milw., WI	Zip Code <u>53201-2007</u>
••	Have any people on this application been convicted of viol	
	Yes No x _ If 'yes', name of person(s), date, charg	e 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: Curtis-Universa	1 Ambulance, Inc.
	Address, City, State, Zip P.O. Box 2007, Milw	aukee, WI 53201-2007
	Date and Place of Incorporation: October 17, 19	
	President James G. Baker Jr.	
,	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 $\frac{414-327-9984}{}$ Date of Birth $6-20-46$
	Treasurer James G. Baker Jr.	Home Address same as above
	City, State, Zip	Phone Date of Birth
	Agent	Home Address
	City, State, Zip	Phone Date of Birth

-over-

E-25 7/04

City of Milwaukee Health Department

Do you have on file with the Health Department, a valid and current certificate of insurance period?	for this license —X. Yes	: No
Do you have a valid State of Wisconsin Inspection Certificate?	X_Yes	No
Do you participate in the Emergency Medical Services System?	<u>x</u> Yes	
If 'yes', list service are number:3		
Do you wish to participate in the Emergency Medical Services System?	<u>x_</u> Yes	No
Total number of vehicles in service: 26	,	
Please attach a separate page listing all vehicles including city assigned number, (year, make and vin number).	and descript	ion .
The undersigned agrees to inform the Health Department within ten days of any substinformation supplied in this application. The undersigned shall not willfully refuse to possible under this license, permit, or franchise, or refuse to employ, or discharge any perspectations of race, color, creed, sex, national origin or ancestry; and not seek such information employment, or penalize any employee or discriminate in the selection of personnel for training the basis of such information.	provide those son otherwise ation as a con	services qualified dition of
6. The undersigned understand that this application does not entitle the applicants to a license of licenses is solely in the discretion of the Common Council.	e and that the	granting
 I have a knowledge of the City Ordinances currently regulating the license applied for I sworn under oath, depose and say that I am the person named above and that all st foregoing application are true and correct. 	herein, and be atements mad	ing duly e in the
SUBSCRIBED AND SWORN TO BEFORE ME THIS Zon day of Auly, 20 07 (Individual/Corporate Pres		
	•	
Motaly Public State of Wisconsin (Additional Partner/Corpor		ient)
3-11-19 authinition B. C. S.		
My commission expires My commission expires	kerh	
Corporate Treasurer)		
Do Not Write Below This Line		
Clerk License # New Renewal Date Filed C	Date Granted	
CICI N LICETISC # NOW NOTICE NOT PAGE 1 NOW	_	

OTHER REQUIREMENTS:

CURTIS AMBULANCE SERVICE VEHICLE LIST

Unit#	Vehicle I.D.#	Year	Make	Modei
Primary F	Response Vehicles	•		
320	1FDSE30FOXHB75338	1999	Ford	E350
322	WD2YD641835434153	2003	SPRINTER	
323	1FDSE35FO3HB48983	2003	Ford	E350
324	1FDJE30M7RHA11761	1994	Ford	E350
325	1FDSE35F23HB43705	2003	Ford	E350
326	1FDSE35F91HA86366	2001	Ford	E350
330	1FDXE45F8YHA90690	2000	Ford	E450
351	1FDSE30F2XHB75339	1999	Ford	E350
391	1FDJE30M2 P HB25275	1993	Ford	E350
PENDING	1FDXE40F1XHB68281	1999	Ford	E350
	ry Response Vehicles tt 1FDLE40F6VHB62892	1997	Ford	E350
321	1FDXE45F41HA86500	2001	Ford	E350
353	1FDJS34F6THB56687	1996	Ford	E350
377	1FDKE30M5NHA00708	1992	Ford	E350
378	1FDKE30F4SHA65109	1995	Ford	E350
379	1FDKE30M8RHB61124	1994	Ford	E350
380	1FDKE30M5RHB93383	1994	F or d	E350
792	1FDJE30M1PHB54055	1993	Ford	E350
793	1FDXE45F2YHA27522	2000	Ford	E450
341	1FDJE30MORHA38915	1994	Ford	E350
343	1FDKE30MXKHC37044	1989	Ford	E350
344	1FDKE30M1KHA75689	1988	Ford	E350

CURTIS AMBULANCE SERVICE VEHICLE LIST

Unit#	Vehicle I.D.#	Year	Make	Model	
345	1FDWE35F6YHB47670	2000	Ford	E350	
346	1FDXE40F3WHB81015	1998	Ford	E350	
347	1FDKE3011HHB13341	1987	Ford	E350	
348	1FDJE30M5RHA38912	1994	Ford	E350	

DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE OP ID JK *ACOPD* 07/20/07 CURTI-1 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION PROPLICER ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR J. P. & Associates, Inc. ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW 16935 W. Wisconsin Ave. Brookfield WI 53005 INSURERS AFFORDING COVERAGE NAIC # Phone: 262~827-0600 Fax: 262-827-0999 General Star Indemnity Co. INSURED INSURER A: Curtis Universal, Inc. dba Medix Ambulance Service James Baker PO Box 2007 INSURER B: 2: 27 INSURER C INSURER D Milwaukee WI 53201 INSURER E: MILNAMATI PLACE DEIMERS LEVEL 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 LTR INSRD LIMITS POLICY NUMBER TYPE OF INSURANCE EACH OCCURRENCE \$ 1000000 GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurence) 01/10/08 01/10/07 \$ 50000 X COMMERCIAL GENERAL LIABILITY IJG396563 A CLAIMS MADE X OCCUR MED EXP (Any one person) \$ 2000 \$ 100000 X Professional Liab CLAIMS MADE-PROFESSIONAL PERSONAL & ADV INJURY Retro 1/10/05 DED \$7,500/CLAIM GENERAL AGGREGATE \$ 1000000 PRODUCTS - COMP/OP AGG s 1000000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) \$ ANY AUTO ALL OWNED AUTOS BODILY INJURY (Per person) SCHEDULED AUTOS HIRED AUTOS BODILY INJURY (Per accident) NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) AUTO ONLY - EA ACCIDENT GARAGE LIABILITY \$ ANY AUTO EA ACC \$ OTHER THAN AUTO ONLY: AGG \$ EXCESS/UMBRELLA LIABILITY EACH OCCURRENCE AGGREGATE OCCUR CLAIMS MADE \$ DEDUCTIBLE \$ RETENTION s WC STATU-TORY LIMITS WORKERS COMPENSATION AND ER EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under SPECIAL PROVISIONS below E.L. DISEASE - POLICY LIMIT | S OTHER DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS The City of Milwaukee is hereby listed as an additional insured in regards to the General Liability policy with General Star Indemnity Co. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION MILHEAL DATE THEREOF, THE ISSUING INSURER WILKENDEAN MAIL 30 City of Milwaukee NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT AND TH Health Department MY OSE NO OBDIGATION OF LABILITY OF ANY KINDURGAL THE ABURER ATE AGENTS OF X 841 N Broadway, 3rd Floor

ACORD 25 (2001/08)

Milwaukee WI 53202~3653

ALPHRESENTATIVES.
AUTHORIZED REPRESENTATIVE

John M. Protiva

© ACORD CORPORATION 1

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

AFFIDAVIT

STATE OF WI)	
COUNTY OF Waukesha)	
John M Protiva	, being first duly sworn, on oath
deposes and says that he/she i Company Bonding Company)	Is the agent of the General Star Indemnity (Insurance or , insurer on the attached
certificate or bond issued to	Curtis Universal Inc.
employee of the City of Milwau indirectly, or is receiving ar thing of value on account of tor bond.	ays that no officer, official or akee has any interest, directly or ay premium, commission, fee or other the sale or furnishing of said insurance. Signature (same as it appears on cert.) John M. Protiva 262-827-0600 Typed name and phone number
	Typod name and phone name.
Subscribed and sworn to before this 20 day of July Audith a. Karque Notary/Public My commission expires TA	JUDITH A. KARGUS

Client#: 5915

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Client#: 5915 CURTUNI ACORD. **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 07/20/07 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. PRODUCER Security Insurance Svcs., Inc. P.O. Box 510925 New Berlin, WI 53151-0925 262 785-9490 INSURERS AFFORDING COVERAGE NAIC # INSURED INSURER A: United Heartland 23 Curtis-Universal Ambulance, Inc. INSURER B: National Casualty - Wisconsin P O Box 2007;316 N. Milwaukee Street NAHAMAHEE HEALTH

		Milwaukee, WI 53201-20	07	INSURER C:		NEE HEALIT			
		111.11.dan.oc, 111. 00201 20		INSURER D;	INSURER D: DEPARTMENT				
				INSURER E:	INSURER E:				
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INSF	ADD'L INSRE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S		
	1	GENERAL LIABILITY				EACH OCCURRENCE	s		
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	SPEC	, describe under CIAL PROVISIONS below		٠		E.L. DISEASE - POLICY LIMIT	\$500,000		
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L.	<u>L</u> .								
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS AFFIDAVIT OF "NO INTEREST" MUST ACCOMPANY EACH CERTIFICATE OF INSURANCE ISSUED, INCLUDING NEW AND RENEWALS.								
(Se	e Ati	tached Descriptions)		· ·					
CE	RTIF	CATE HOLDER	·	CANCELLAT	ION				
			· . «	SHOULD ANY OF	THE ABOVE DESCRIBE	D POLICIES BE CANCELLED B	EFDRE THE EXPIRATION		
		City of Milwaukee		DATE THEREOF, 1	THĘ ISSUING INSURER	WILL RIXINGEN RESERVANTE	10 DAYS WRITTEN		
		Department of Health				NAMED TO THE LEFT, TXX RAI	<u> </u>		
		841 North Broadway, 3rd	i Floor			MARIN MAKAN MAKAN KAKAN			
		Milwaukee, WI 53202-36		REPORTED BY THE REAL PROPERTY.					
		minutance, Tri Ookok-Oo		AUTHORIZED REI	······	stery			
AC	ACORD 25 (2001/08) 1 of 3 #S144459/M144457 SMP © ACORD CORPORATION 1988								

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

DESCRIPTIONS (Continued from Page 1)

AFFIDAVIT

STATE OF WISCONSIN)

Waukesha COUNTY)

Cindy Stephens, BEING FIRST DULY SWORN, on oath deposes and says that she is the agent of the United Heartland & National Casualty, Wisconsin insurer, on the attached certificate or bond issued to Curtis Universal Ambulance, Inc.

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.

Luig Stephen

Signature (same as it appears on Certificate)

Cindy Stephens 262-785-9490

Subscribed and sworn to before me

this 20th day of July 2007

Notary Publicy

My Commission expires 10 - 3-10

ACORD. CERTIFIC	CATE OF LIAE				DATE [MM/DD/YYYY) 10/5/07		
PRODUCER Security Insurance Svcs., Inc. P.O. Box 510925		ONLY AND HOLDER. T	CONFERS NO RIGHTS CERTIFICATE	D AS A MATTER OF INF GHTS UPON THE CERT DOES NOT AMEND, EX	IFICATE . XTEND OR		
New Berlin, WI 53151-0925	~ .	ALTER THE	COVERAGE AFF	ORDED BY THE POLIC	IES BELOW.		
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INSURED	,	INSURER A: Ur	nited Heartland	V			
Curtis-Universal Ambula	•	INSURER B: Na	tional Casualty	- Wisconsin /	-		
P O Box 2007;316 N. Milv	· ·	INSURER C:		,			
Milwaukee, WI 53201-20	07	INSURER D:			1		
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NSR ADD'LI LTR INSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	шміт:	s		
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If yes, describe under SPECIAL PROVISIONS below		•	1		\$500,000		
OTHER -				E.L. DISEASE - POLICY LIMIT	_\$500,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL			VISIONS				
Certificate holder is named as addition	onal insured for automobile	e liability					
only, for work performed by the nam	ed insured.						
•							
See Attached Descriptions)							
CERTIFICATE HOLDER		CANCELLATI	ON .	•	· · · · · · · · · · · · · · · · · · ·		
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City of Milwaukee				WILL XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	,		
Department of Health		NOTICE TO THE C	ERŢIFICATE HOLDER N	AMED TO THE LEFT, XXXXXXX	XMARKSARKARKARKARK		
200 E. Wells, room 800		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
City Hall;Atn: Bruce Schr	impf		REDDESERVESTAL				
Miiwaukee, WI 53202		AUTHORIZED REI	AUTHORIZED REPRESENTATIVE				

CURTUNI

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

DESCRIPTIONS (Continued from Page 1)

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

AFFIDAVIT

STATE OF WISCONSIN)

Waukesha COUNTY)

Carol Cantrall, BEING FIRST DULY SWORN, on oath deposes and says that she is the agent of the United Heartland & National Casualty, Wisconsin insurer, on the attached certificate or bond issued to Curtis Universal Ambulance, Inc.

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 Certificate)

Carol Cantrall 262-785-9490

Subscribed and sworn to before me

this 5th day of Ocotber 2007

Notary Public,

My Commission expires_

CASHIER'S CHECK

UU / 3

79-57

REMITTER STATES

DATE 07/19:2007

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***CITY OF MILWAUREE HEALTH DEFT *** ORDER OF

One Thousand One Hundred Dollars and 00 cents

Associated Bank

#12700736# #075900576#

40000034 III