



Tom Barrett
Mayor

Bevan K. Baker, FACHE
Commissioner of Health

Sandra J. Rotar
Health Operations Administrator

Health Department

www.milwaukee.gov/health

Frank P. Zeidler Municipal Building, 841 North Broadway, 3rd Floor, Milwaukee, WI 53202-3653 phone (414) 286-3521 fax (414) 286-5990

MEMORANDUM

TO: Edward Flynn
Chief of Police

FROM: Bevan K. Baker, FACHE
Commissioner of Health

DATE: September 16, 2015

RE: Ambulance Company's Applications for Approval

Attached are copies of the ambulance company's applications for certification. Please approve or deny application based on qualifications described in city ordinance 75-15 (6).

Upon completion, please return your recommendations for allowance or denial to my office.

If you have any questions or require further information, please contact Ali Reed at x3524.

Thank you.

C: Joel Plant

Think Health. Act Now!



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 (If individual):

Business Name: Paratech Ambulance Service, Inc. Phone: (414) 358-1111

Business Address: 9401 W. Brown Deer Road

City: Milwaukee State: WI Zip: 53224

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 Paratech Ambulance Service, Inc.

Address: 9401 W. Brown Deer Road, Milwaukee, WI 53224

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

President: Robert A. Rauch

Home Address: 9401 W. Brown Deer Road

City: Milwaukee State: WI Zip: 53224

Phone (414) 358-1111 Date of Birth 04/22/1949

Vice President: Richard Romanshek

Home Address: N90 W20881 Scenic Drive

City: Menomonee Falls State: WI Zip: 53051

Phone (262) 255-6486 Date of Birth: 03/24/1952

continued on other side

Secretary: Richard Romanshek

Home Address: SAME AS ABOVE

City: _____ State: _____ Zip: _____

Phone _____ Date of Birth _____

Treasurer: Robert A. Rauch

Home Address: SAME AS ABOVE

City: _____ State: _____ Zip: _____

Agent: _____

Home Address: _____

City: _____ State: _____ Zip: _____

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 area number: 1

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

Total number of vehicles in service: 36

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 9th day of September, 20 15

NORMA KAY TOLBERT
Notary Public
State of Wisconsin

Notary Public, State of Wisconsin: Norma Kay Tolbert

My commission expires: April 23, 2019

Individual/Corporate President/Partner: Robert A. Rauch

Additional Partner/Corporate Vice President: Robert A. Rauch

Corporate Secretary: Robert A. Rauch

Corporate Treasurer: Robert A. Rauch

Do Not Write Below This Line

Clerk

License #

New

Renewal

Date Filed

Date Granted

<u>SQ#</u>	<u>VEHICLE ID NUMBER</u>	<u>INS</u>	<u>YEAR/MAKE</u>	<u>Model</u>	<u>PURCHASED</u>	<u>IN SERVICE</u>
101	1FDWE3FSXEDB00110	Y	2014 FORD	E350	NEW	10/9/2014
102	1FDWE3FS7CDA07817	Y	2012 FORD	E350	NEW	11/22/2011
103	1FDXE45P95HA88466	Y	2005 FORD	E450	USED	5/5/2010
104	1FDWE3FS2BDA42599	Y	2011 FORD	E350	NEW	6/8/2011
105	1GDJG316291138873	Y	2009 GMC	3500	NEW	6/16/2009
106	1FDWE3FS0DDA91593	Y	2013 FORD	E350	NEW	8/19/2013
107	1FDWE3FS5BDA42600	Y	2011 FORD	E350	NEW	6/16/2011
108	1GDHG316991181220	Y	2009 GMC	3500	NEW	9/23/2009
109	1FDWE3FS3EDA45970	Y	2014 FORD	E350	NEW	5/28/2014
110	1FDWE3FS5FDA29190	Y	2015 FORD	E350	NEW	8/17/2015
111	1FDWE3FS5FDA29171	Y	2015 FORD	E350	NEW	8/17/2015
112	1FDXE4FS9CDA70654	Y	2012 FORD	E450	NEW	10/1/2012
114	1FDWE3FS6BDA38684	Y	2011 FORD	E350	NEW	8/4/2011
115	1FDSE3FS0EDB13724	Y	2014 FORD	E350	NEW	12/18/2014
116	1GDHG316891180740	Y	2009 GMC	3500	NEW	1/7/2010
117	1FDWE3FS7DDA91591	Y	2013 FORD	E350	NEW	7/31/2013
118	1FDWE3FS1CDA28470	Y	2012 FORD	E350	NEW	2/28/2012
119	1FDWE3FS8DDA91597	Y	2013 FORD	E350	NEW	7/31/2013
120	1FDWE3FS5FDA33129	Y	2015 FORD	E350	NEW	8/17/2015
121	1GBHG396371240501	Y	2007 CHEVROLET	3500	NEW	3/3/2008
122	1FDWE3FS3FDA33125	Y	2015 FORD	E350	NEW	8/17/2015
123	1FDWE3FS8DDA34946	Y	2013 FORD	E350	NEW	3/19/2013
124	1GBHG396091143534	Y	2009 CHEVROLET	3500	NEW	6/19/2009
125	1FDWE3FS1EDB06085	Y	2014 FORD	E350	NEW	4/10/2015
126	1FDXE45F53HA63844	Y	2003 FORD	E450	USED	5/1/2008
127	1FDWE3FS5FDA33115	Y	2015 FORD	E450	NEW	8/17/2015
128	1FDWE3FS8DDA61578	Y	2013 FORD	E350	NEW	6/27/2013
129	1FDXE45P56HA77143	Y	2006 WHEEL COACH	TYPE III	USED	10/4/2010
130	1FDXE45P16HA77138	Y	2006 WHEEL COACH	TYPE III	USED	10/4/2010
131	1FDWE3FS0BDA16177	Y	2011 FORD	E350	NEW	4/8/2011
132	1FDWE3FS8BDA38685	Y	2011 FORD	E350	NEW	4/8/2011
133	1FDWE3FS9BDA42602	Y	2011 FORD	E350	NEW	5/7/2012
134	1FDWE3FS3CDA90498	Y	2012 FORD	E350	NEW	8/20/2012
135	1FDXE45P88DB01235	Y	2008 FORD	E450	USED	3/19/2013
136	1FDXE45PX8DB01236	Y	2008 FORD	E450	USED	3/19/2013
151	1FDWE3FS4EDA37098	Y	2014 FORD	TYPE III	NEW	6/11/2014

PARATECH AMBULANCE SERVICE as of September 8, 2015



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/17/2015

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).

PRODUCER R & R Insurance Services, Inc. N80 W14824 Appleton Ave PO Box 160 Menomonee Falls WI 53052-0160	CONTACT NAME: Linda Jensen	
	PHONE (A/C, No, Ext): (262) 502-3858	FAX (A/C, No): (262) 953-1429
INSURED Paratech Ambulance Service Inc 9401 W. Brown Deer Road Milwaukee WI 53224	E-MAIL ADDRESS: linda.jensen@rrins.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Arch Insurance Company	
	INSURER B: United Heartland, Inc.	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES	CERTIFICATE NUMBER: CL153956664	REVISION NUMBER:
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	MAPK08385300	3/1/2015	3/1/2016	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) \$ 10,000
	<input checked="" type="checkbox"/> Prof Liab \$1mil/\$3mil					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> Abuse \$1mil/\$3mil					GENERAL AGGREGATE \$ 3,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMPIOP AGG \$ 3,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY		MAPK08385300	3/1/2015	3/1/2016	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"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					\$
A	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		3/1/2015	3/1/2016	EACH OCCURRENCE \$ 2,000,000
	EXCESS LIAB					AGGREGATE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE					\$
	DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N N	0400142185	3/1/2015	3/1/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is an additional insured for liability coverage as regards their interest in the insured's operation as an ambulance service and as required by written contract. Form CG2010 would apply.

CERTIFICATE HOLDER

CANCELLATION

City of Milwaukee
Dept of Health
Attn: Health Commissioner
841 N Broadway, Room 112
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.

AUTHORIZED REPRESENTATIVE

Thomas Baer/LJ332

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 (If individual):

Business Name: Curt's Universal, Inc Phone: 414-276-7711Business Address: 2266 W. Prospect Ave Ste 440City: Milwaukee State: WI Zip: 53202Have 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: _____

Mailing address: PO Box 2007, Milwaukee WI 53201

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 Curt's Universal, Inc.

Address: 2266 W. Prospect Ave Ste 440 Milwaukee WI 53202Date and Place of Incorporation: Oct. 17 1969 - WisconsinPresident: James G Baker, JrHome Address: W310 N8370 Kilbourne RdCity: Hartland State: WI Zip: 53029Phone: 262-966-1853 Date of Birth: 12-17-55Vice President: James G Baker, JrHome Address: Same as above

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

continued on other side

* Secretary: Debra Baker
Home Address: 100 Corrina Blvd #427
City: Waukesha State: WI Zip: 53029
Phone: 262-227-0147 Date of Birth: 3/4/1953
Treasurer: James E Baker, Jr
Home Address: W310 N8370 Kilbourne Rd
City: Hartland State: WI Zip: 53029
Agent: None
Home Address: _____
City: _____ State: _____ Zip: _____

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 area number: 3
Do you wish to participate in the Emergency Medical Services System? ☒ Yes ☐ No

Total number of vehicles in service: 25 (12 primary)
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 10th day of Sept, 20 15

Individual/Corporate President/Partner: James E Baker

Additional Partner/Corporate Vice President: James E Baker

Notary Public, State of Wisconsin: Cindy Pohl

My commission expires: 6/1/18

Corporate Secretary: Debra Baker

Corporate Treasurer: James E Baker

Do Not Write Below This Line

Clerk

License #

New

Renewal

Date Filed

Date Granted

Unit #	Year	Model	V.I.N. #	License	Registration Due
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PRIMARY

321	2001	E-450	1FDXE45F41HA 86500	535 GFS	June
325	2003	E-350	1FDSE35F23HB 43705	540 HEV	July
326	2001	E-350	1FDSE35F91HA 86366	440 JKB	May
327	2007	E-350	1FDXE45P16HB 00613	487 SVM	May
328	2007	E-350	1FDWE24P77DA 13538	486 SVM	May
329	2002	E-350	1FDSE35F72HA 66179	Pending	Pending
333	2000	E-450	1FDXE45F2YHA 27522	439 JKB	May
334	2004	E-350	1FDXE45P24HA 49538	LT 3908	May
381	1999	E-450	1FDXE40F1XHB 68281	778 MKW	October
383	1999	E-450	1FDXE40F0XHA 17738	112 SSU	February
385	2006	E-450	1FDXE45P36DA 68531	606 XUW	May
830	2006	E-450	1FDXE45P46DA 24876	696 REA	September

SECONDARY

353	1996	E-350	1FDJS34F6THB 56687	543 XBV	April
354	1993	E-350	1FDJS34MXPHB 53697	280 VGV	October
5440	1998	E-450	1FDXE40F7WHB 64718	113 SSU	February
5441	1997	E-450	1FDLE40F9VHA 37918	118 RYX	July
5442	2002	E-450	1FDXE45F82HA 19223	799 WCV	May
5443	2003	E-450	1FDXE45F73HA 49847	868 UJH	December
5444	1997	E-450	1FDLE40F9VHB 77449	831 UUB	June
5445	2000	E-350	1FDWE35F6YHB 47670	713 KKG	April
5446	1998	E-450	1FDXE40F3WHB 81015	457 KHH	December
5448	2000	E-450	1FDXE45F2YHA 12485	368 UWF	July
5449	2005	E-450	1FDXE45P95HA 58965	149 XLF	February
Car 3	2004	Explorer	1FMZU73K04ZA 37502	830 UUB	June
Car 4	2004	Expedition	1FMPU16L24LB 26936	Pending	Pending
832	1995	E-350	1FDJE30F7SHA 80392	947 GXS	March
384	1997	E-450	1FDLE40F3VHA 42063	904 UNV	March

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/31/2015

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).

PRODUCER Marsh & McLennan Agency LLC P.O. Box 510925 New Berlin, WI 53151-0925 262 785-9490	CONTACT NAME: Carol Cantrall PHONE (A/C, No, Ext): 262 785-9490 FAX (A/C, No): 262 785-9753 E-MAIL ADDRESS: ccantral@securityins.net														
INSURED Curtis-Universal Ambulance Inc. P.O. Box 2007 2266 N. Prospect Ave., Suite 440 Milwaukee, WI 53202	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Colony Insurance Company</td> <td>39993</td> </tr> <tr> <td>INSURER B: Rock Hill Insurance Company</td> <td>28053</td> </tr> <tr> <td>INSURER C: Nationwide Mutual</td> <td>005987</td> </tr> <tr> <td>INSURER D: National Casualty - Wisconsin</td> <td>11991</td> </tr> <tr> <td>INSURER E: United Wisconsin Ins Co</td> <td>29157</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Colony Insurance Company	39993	INSURER B: Rock Hill Insurance Company	28053	INSURER C: Nationwide Mutual	005987	INSURER D: National Casualty - Wisconsin	11991	INSURER E: United Wisconsin Ins Co	29157	INSURER F:	
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INSURER F:															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			AP512070	01/10/2015	01/10/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$2,500 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CA00253462	01/10/2015	01/10/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			FF01214800	01/10/2015	01/10/2016	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	0400145480	08/01/2015	08/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Professional			AP512070	01/10/2015	01/10/2016	\$1,000,000/claim
C	Scheduled Eqpmnt			ACP7125891136	01/10/2015	01/10/2016	\$399,483

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

WC only

AFFIDAVIT

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

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

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

AUTHORIZED REPRESENTATIVE

Scott Rose

DESCRIPTIONS (Continued from Page 1)

STATE OF Wisconsin)

Waukesha COUNTY)

Tim Mkowski, being first duly sworn on oath,
deposes and says that he/she is the agent of Colony 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

Subscribed and sworn to before me

This 17th day of January 2015.

KATHLEEN KROEGER
Notary Public
State of Wisconsin

Kathleen Kroeger
Notary Public, Milwaukee County, Wisconsin
My Commission expires 9/8/2017