

Tom Barrett Mayor

Bevan K. Baker, FACHE Commissioner of Health

### **Health Department**

Frank P. Zeidler Municipal Building, 841 North Broadway, 3rd Floor, Milwaukee, WI 53202-3653

phone (414) 286-3521 fax (414) 286-5990

web site: www.milwaukee.gov/health

TO:

Jim Owczarski

City Clerk

FROM:

Bevan K. Baker, FACHE

Commissioner of Health

DATE:

October 17, 2017

RE:

Ambulance Company's Applications for Approval

Attached are the ambulance company's applications for certification. Per Chapter 75-15-13 the Milwaukee Health Department is to submit these to your office after receiving approval from the Milwaukee Police Department. That approval letter is attached along with the applications.

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

Thank you.

Form PM-9E 11/09

## MILWAUKEE POLICE DEPARTMENT MEMORANDUM

Date: Monday, October 16, 2017

TO: Leslie Silletti Director of OMAP

FR: Chad Raden Police Sergeant

CC:

**RE: Ambulance Applications** 



Ma'am,,

On Monday, October 16, 2017, the License Investigation Unit processed the following ambulance applications: Paratech, Bell, Meda-care, and Curtis. The LIU conducted a background check on each application. At the conclusion of the LIU's investigation it is my recommendation to approve the applications that were provided.

OFFICE OF THE CHIEF OFFICE OF MANAGEMENT, ANALYSIS

AND PLANNING

REFERRED Kumpn Hesonie

SIGNATURE

Respectfully submitted

Police Sergeant Chad Raden License Investigation Unit



Torn Barrell Mayor

Bevan K. Baker, FACHE Commissioner of Health

**Health Department** 

Frank P. Zeidler Municipal Building. 841 North Broadway, 3rd Floor, Milwaukee, Wt 53202-3653

phone (414) 286-3521 lax (414) 286-5990 web site: www.milwaukee.gov/hea/th

MEMORANDUM

TO:

Edward Flynn

Chief of Police

FROM:

Bevan K. Baker, FACHE

Commissioner of Health

DATE:

September 28, 2017

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

Please return approval/denial to Ali Reed

(con scant send to afreed@milwakee.gov)

MHD ZMB, 3rd Floor

### 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

Ch	neck( <b>&lt;</b> ) one:		
	✓ Corporation		
1.	NAME OF APPLICANT (If individual):		HILL BOOKS S. EMPHROR. COMMON
	Business Name: Paratech Ambulance Service, Inc.	Phone: (414)	358-1111
	Business Address: <u>9401 W. Brown Deer Road</u>		
	City: Milwuakee		
	Have any people on this application been convicted of violatin		
	If 'yes', name of person(s), date, charge, and penalty:		
			***
2.	PARTNERSHIP (If applicable):		
	Name:		
	Home Address:		
	City:		
	Phone:		;
	Name		
	Home Address:		
	City:		
	Phone:		
3,	NAME OF CORPORATION Paratech Ambulance Service, Inc.		
	Address: 9401 W. Brown Deer Road, Milwaukee, WI 53224		
	Date and Place of Incorporation: January 1, 1979 State of Wisc	consin	
	President: Robert A. Rauch		
	Home Address: _9401 W. Brown Deer Road		
		State: WI	b
	Phone (414) 365-8900	Date of Birth <u>04/22/1949</u>	
	Vice President: Richard Romanshek		
	Home Address: N90 W20881 Scenic Drive		
	City: Menomonee Falls		
	Phone <u>(262) 255-6486</u>	Date of Birth: 03/24/1952	

	rd Romanshek					
	AME AS ABOVE					
	7,500				A STORY - NO POR TO A STOR	
Treasurer: Robe	rt A. Rauch					
Home Address: _SA	ME AS ABOVE					······································
City:	······································			State:	Zip:	
Agent:	·····					
Home Address:				· ·	···	
City:				State:	Zip:	
OTHER REQUIREMEN	ITS:					
	th the Health Departmen			te of insurance for t	his license period?	
	ate of Wisconsin Inspect the Emergency Medical					☐Yes □No ☐Yes □No
	and the second s	services system	113			ALI YES LINO
	number: 1	Andias Com	- C			
Do you wish to partici	pate in the Emergency A	nedical Services	s system?			☑Yes ☐No
Total number of vehicl Please attach a separat	les in service: <u>39</u> te page listing all vehicle	s including city	assigned nun	nber, and description	n (year, make and v	/in number).
or franchise, or refuse to or ancestry; and not se	n. The undersigned sha to employ, or discharge eek such information as or training or promotion	any person oth a condition of e	erwise qualifi employment,	ied because of race, or penalize any em	color, creed, sex, r	national origin
The undersigned undersigned under is solely in the discretion	erstand that this application of the Common Cour	ion does not er icil.	ntitle the app	licants to a license a	and that the granti	ng of licenses
I have a knowledge of t depose and say that I a	he City Ordinances curre m the person named abo	ntly regulating to ove and that all s	the license ap statements m	oplied for herein, and ade in the foregoing	l being duly sworn application are tru	under oath, ue and correct.
SUBSCRIBED AND SWC	DRN TO BEFORE ME THIS	25 14	day of	Lysten	he no	20 17
	Individual/Corpo	orate President/	/Partner:	Myce	There	
	Additional Partn	er/Corporate Vi	ice President:	x Kap 1	m	
Notary Public, State of	Wisconsin: Mes	naka	1 6	WEX	1	****
My commission expires	s: april 23	,2019	11	1	Not	KAY TOLBERT lary Public of Wisconsin
	Corporate Secre	ary: K	So R	m)		
	Corporate Treasu	ırer: H	Aud	Allene	el	
Not Write Below This L	ine					
Clerk	License #	New Rei	newal	Date Filed	Date	Crontad
CICIA	LICEIDE II	IACAA VGI	i i ewai	Date Lilea	uate (	Granted



DATE (MM/DD/YYYY) 9/20/2017

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	CONTACT Linda Jensen	
R & R Insurance Services, Inc.		(262) 953-1429
N80 W14824 Appleton Ave	E-MAIL ADDRESS: linda.jensen@rrins.com	
PO Box 160	INSURER(S) AFFORDING COVERAGE	NAIC#
Menomonee Falls WI 53052-0160	INSURER & Arch Insurance Company	11150
INSURED	INSURER B. United Heartland, Inc.	621910
Paratech Ambulance Service Inc	INSURER C:	
9401 W. Brown Deer Road	INSURER D:	
	INSURER E:	
Milwaukee WI 53224	INSURER F:	
00/504050		

COVERAGES

CERTIFICATE NUMBER:CL1722272392

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	ACLUSIONS AND CONDITIONS OF SUCH						5.		
LTR		ADDL INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	<u> </u>	
l	GENERAL LIABILITY					1		\$	1,000,000
9285	X COMMERCIAL GENERAL LIABILITY			MAPK08385302			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
A	CLAIMS-MADE X OCCUR	X			3/1/2017	3/1/2018	MED EXP (Any one person)	\$	10,000
	X Prof Liab \$1mil/\$3mil						PERSONAL & ADV INJURY	\$	1,000,000
	X Abuse \$1mi1/\$3mi1						GENERAL AGGREGATE	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMPIOP AGG	\$	3,000,000
	POLICY X PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	ANY AUTO			MAPK08385302			BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS				3/1/2017	3/1/2018	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
				29				\$	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE S	\$	2,000,000
A	EXCESS LIAB CLAIMS-MADE						AGGREGATE S	\$	2,000,000
	DED X RETENTIONS N/A			MAUM08508802	3/1/2017	3/1/2018		\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X WC STATU- OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				20 80	E.L. EACH ACCIDENT S	\$	100,000
	(Mandatory in NH) If yes, describe under		1	0400157562	3/1/2017	3/1/2018	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	5	500,000
							1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	Attach	ACORD 101, Additional Remarks Schedu	le, if more space	is required)			

CE	RT	IFIC	CA	TE	H	OL	D	ER	

CANCELLATION

City of Milwaukee Dept of Health

AUTHORIZED REPRESENTATIVE

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

Thomas Baer/LJ332

Thomas & Ban

ACORD 25 (2010/05)

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

INS025 /201005\ 01

	Paratech Am	bulance Vehicles as	of September 25, 2017	
SQ#	VEHICLE ID NUMBER	YEAR/MAKE	Model	
101	1FDWE3FSXEDB00110	2014 FORD	E350	
102	1FDWE3FS7CDA07817	2012 FORD	E350	
103	1FDWE3FS6GDC55823	2016 FORD	E350	
104	1FDWE3FS7HDC62782	2017 FORD	E350	
106	1FDWE3FS0DDA91593	2013 FORD	E350	
107	1FDWE3FS5BDA42600	2011 FORD	E350	
108	1GDHG316991181220	2009 GMC	Savanna 3500	
109	1FDWE3FS3EDA45970	2014 FORD	E350	
110	1FDWE3FS5FDA29190	2015 FORD	E350	
111	1FDWE3FS1FDA29171	2015 FORD	E350	
112	1FDXE4FS9CDA70654	2012 FORD	E450	
114	1FDWE3FS6BDA38684	2011 FORD	E350	
115	1FDSE3FS0EDB13724	2014 FORD	E350	
116	1GDHG316891180740	2009 GMC	Savanna 3500	
117	1FDWE3FS7DDA91591	2013 FORD	E350	
118	1FDWE3FS1CDA28470	2012 FORD	E350	*10. 1
119	1FDWE3FS8DDA91597	2013 FORD	E350	
120	1FDWE3FS0FDA22129	2015 FORD	E350	
121	1FDWE3FS7FDA33113	2015 FORD	E350	
122	1FDWE3FS3FDA33125	2015 FORD	E350	
123	1FDWE3FS8DDA34946	2013 FORD	E350	
L24	1GBHG396091143534	2009 CHEVROLET	Express 3500	
125	1FDWE3FS1EDB06085	2014 FORD	E350	
126	1FDWEFSXGDC55825	2016FORD	E350	
L27	1FSWE3FS0FDA33115	2015 FORD	E350	
28	1FDWE3FS8DDA61578	2013 FORD	E350	
.29	1FDWE3FS7FDA33147	2015 FORD	E350	
.30	1FDWE3FSXGDC55839	2016 FORD	E350	
31	1FDWE3FS0BDA16177	2011 FORD	E350	
32	1FDWE3FS8BDA38685	2011 FORD	E350	
.33	1FDWE3FS9BDA42602	2011 FORD	E350 TYPE III	
.34	1FDWE3FS3CDA90498	2012 FORD	E350	
.35	1FDWE3FS5GDC27575	2016 FORD	E350 ·	
36	1FDXE45PX8DB01236	2008 FORD	E450	
37	1FDWE3FS6GDC27570	2016 FORD	E350	
.38	1FDWE3FS7GDC27576	2016 FORD	E350	
39	1FDWE3FS6GDC27573	2016 FORD	E350	
40	1FDWE3FS9GDC27580	2016 FORD	E350	
51	1FDWE3FS4EDA37098	2014 FORD	TYPE III	******

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#### 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

Ch	eck(√) one: ☐ Individual ☐ Partnership		
	✓ Corporation		
1.	NAME OF APPLICANT (If individual):		4
	Business Name: Meda Care Ambulance Service LLC		
	Business Address: 9401 W. Brown Deer Road		4.1
	City: Milwuakee	State: WI	Zip: <u>53224</u>
	Have any people on this application been convicted of violating	any federal or state laws, or loca	ordinances? Yes V No
	If 'yes', name of person(s), date, charge, and penalty:		
2,			
	Name:		
	Home Address:		
	City:		
	Phone:		ı:
	Name		
	Home Address:		
	City:		Zip:
	Phone:		
3,	NAME OF CORPORATION Meda Care Ambulance Service LLC		
	Address: 9401 W. Brown Deer Road, Milwaukee, WI 53224		
	Date and Place of Incorporation: October 26, 2016 Milwaukee,	Wisconsin	
	President: Robert A. Rauch		
	Home Address: 9401 W. Brown Deer Road		
	City: Milwaukee	State: WI	Zip: <u>53224</u>
	Phone (414) 365-8900	Date of Birth <u>04/22/1949</u>	
	Vice President: Richard Romanshek		
	Home Address: N90 W20881 Scenic Drive		
	City: Menomonee Falls		Zip: <u>53051</u>
	Phone (262) 255-6486	Date of Birth: 03/24/1952	

	Home Address: SAME AS ABC	)VE				
	City:					
	Phone					
	Treasurer: Robert A. Rauc					
	Home Address: SAME AS ABOV					
	City:					
	Agent: Robert A. Rauch					
	Home Address: 9401 W. Brow					
	City: Milwaukee			State: WI	Zip: <u>5</u> .3	224
ļ.	OTHER REQUIREMENTS:					
	Do you have on file with the Health Depa Do you have a valid State of Wisconsin I Do you participate in the Emergency Me	nspection Certif	icate?	icate of Insurance for thi	s license period	? ☑Yes ☐No ☑Yes ☐No ☑Yes ☐No
	If yes, list service area number: Do you wish to participate in the Emerg					☑Yes ☐No
	Total number of vehicles in service: Please attach a separate page listing all v	9 ehicles including	- g city assigned n	umber, and description	(year, make and	l vin number).
i.	The undersigned agrees to inform the H plied in this application. The undersigne or franchise, or refuse to employ, or disclor ancestry; and not seek such informatilection of personnel for training or prom	ed shall not willf harge any perso on as a conditio	ully refuse to pr n otherwise qua n of employme	ovide those services off ulified because of race, c nt, or penalize any empl	ered under this color, creed, sex	license, permit,
e .	The undersigned understand that this are is solely in the discretion of the Commor	oplication does	not entitle the a	pplicants to a license ar	d that the grar	iting of licenses
Ü	I have a knowledge of the City Ordinances depose and say that I am the person name	ed above and th	at all statements	made in the foregoing a	peing duly swor	n under oath, rue and correct,
	SUBSCRIBED AND SWORN TO BEFORE MI	ETHIS 25	day of	Systems	e)	, 20 17
	Individual	/Corporate Presi	dent/Partner: _	KARDLA	KALLE	<u></u>
	Additional	Partner/Corpor	ate Vice Preside	nt: N Kinds K	as 1	
	Notary Public, State of Wisconsin:	ermale	ay (b)	LABIN	NORM	A KAY TOLBERT
	My commission expires: Uprul	23, 201 Secretary: X	9/		N	otary Public of Wisconsin
	Corporate	186 - 1800	BAHIT	A America	,	
o !	Not Write Below This Line	reasurer		your of		
		············			***************************************	



DATE (MM/DD/YYYY) 9/20/2017

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	CONTACT Linda Jensen	
R&R Insurance Services Inc	PHONE (A/C, No. Ext): (262) 502-3858 FAX (A/C, No):	(262) 953-1429
N80 W14824 Appleton Ave	E-MAIL ADDRESS: linda.jensen@rrins.com	
PO Box 160	INSURER(S) AFFORDING COVERAGE	NAIC#
Menomonee Falls WI 53052-0160	INSURER A Arch Insurance Co	11150
INSURED	INSURER B : United Heartland Inc	621910
Meda Care Ambulance Service LLC	INSURER C:	
P O Box 240096	INSURER D:	
9401 W Brown Deer Rd.	INSURER E:	
Milwaukee WI 53224-9005	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:C1171371206

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED \$ 100,000
A	CLAIMS-MADE X OCCUR			MAPK08394500	12/1/2016	12/1/2017	MED EXP (Any one person) \$ 5,000
	X Prof Liab \$1mi1/\$3mil						PERSONAL & ADVINJURY \$ 1,000,000
	X Sexual Abuse \$1mil/\$3mil						GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 3,000,000
	X POLICY PRO- JECT LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
А	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED X SCHEDULED AUTOS			MAPK08394500	12/1/2016	12/1/2017	BODILY INJURY (Per accident) \$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							s
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE \$ 2,000,000
A	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 2,000,000
	DED X RETENTION\$ 0			MAUM08514100	12/1/2016	12/1/2017	s
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- OTH- ER ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED?	· N/A			1		E.L. EACH ACCIDENT \$ 100,000
	(Mandatory in NH)			0400157562	3/1/2017	3/1/2018	E.L. DISEASE - EA EMPLOYEE \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			LLC Members excluded			E.L. DISEASE - POLICY LIMIT \$ 500,000
1808							
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	IES I	Attach	ACOPD 101 Additional Remarks Esta	edula if more enace	le semulsed)	

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

CERTIFICATE HOLDER	CANCELLATION

City of Milwaukee Dept of Health 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

Thomas D/ Ban

SQ#	VEHICLE ID NUMBER	YEAR/MAK	Model	
MCA 211	1FDWE35P79DA39141	2009	E350	
MCA 230	1FDWE35P58DB36269	2008	E350	 
MCA 232	1FDWE35P08DB11778	2008	E350	
MCA 270	1FDWE3FSBDA83070	2011	E350	
MCA 271	1FDWEFS4BDA87026	2011	E350	 
MCA 272	1FDWE3FS4CDB23671	2012	E350	 
MCA 273	1FDWE3FS4CDB03940	2012	E350	
MCA 274	1FDWE3FSXDDA52672	2013	E350	
MCA 275	1FDWE3FS0DDA69089	2013	E350	

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## **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

Ch	eck(🗸) one: 🔲 Individual Partnership Corporation				
1.	NAME OF APPLICANT (If individual);  Business Name: BELL AMBULANCE, INC.  Business Address: 549 E WILSON ST		Phone: 414-		
	City: MILWAUKEE	State:	WI	Zip: 53207	7-1635
	Have any people on this application been convicted of violating a if 'yes', name of person(s), date, charge and penalty:				
2.	PARTNERSHIP (If applicable):  Name:  Home Address:  City:	State:		Zip:	
	Phone:				
	Home Address:				
	City:				
	Phone:				
3.	NAME OF CORPORATION BELL AMBULANCE, INC.  Address: 549 E WILSON ST, MILWAUKEE, WI 53207-1635  Date and Place of Incorporation: OCTOBER 1, 1978, WISCONSI  President: R A ZEHETNER	N			
	Home Address: 212 E RAVINE DR		~	· · · · · · · · · · · · · · · · · · ·	
	City: MEQUON 262-241-1990	n 06/	WI /15/1948	Zip: 53092	
	Vice President: JAMES P LOMBARDO	Date of Dirtii	Maria de la composição		
	Home Address: 549 E WILSON ST				
	City: MILWAUKEE	State: \	WI	Zip: 53207	
	Phone 414-486-4013	Date of Birth: 12/			

continued on other side

	Secretary: VALERIE A ZEHETNER						
	Home Address: 11811 N LAKE SHORE DR						
	City: MEQUON	State: WI	<sub>7ip:</sub> 53092				
	414-406-0567 Phone	Date of Birth 02/06/1978					
	City: MEQUON  City: 414-406-0567  Phone WAYNE A JURECKI  Treasurer: 1111 N MARSHALL ST, UNIT 1002	The state of the s	17. a pares personal antique de 11. d'aude <del>- quair abunt de 50. To d'abre 1999</del> 19. gravig una a sus avez eve es				
	Home Address: 1111 N MARSHALL ST, UNIT 1002	and the second	4. P 2. 14. A - 15 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.				
	City: MILWAUKEE  Agent: WAYNE A JURECKI  Home Address: 1111 N MARSHALL ST, UNIT 1002	State. WI	7in: 53202				
	Agenti WAYNE A JURECKI	Julio,					
	Home Address: 1111 N MARSHALL ST, UNIT 1002						
	MILWAUKEE City:	State: WI	Zip: 53202				
	City.	State.	2·P·				
4.	OTHER REQUIREMENTS:						
	Do you have on file with the Health Department, a valid and curren	t certificate of insurance for this l	lcense period?				
	Do you have a valid State of Wisconsin Inspection Certificate?  Do you participate in the Emergency Medical Services System?		✓ Yes □No				
	If yes, list service area number:	stem?	√Yes □No				
	. 54		<u> </u>				
	Total number of vehicles in service:  Please attach a separate page listing all vehicles including city assi	and number and description (ve	ear make and vin number)				
5.	The undersigned agrees to inform the Health Department within plied in this application. The undersigned shall not willfully refus	ten days of any substantial chan	ges in the information sup-				
	or franchise, or refuse to employ, or discharge any person otherw	ise qualified because of race, col-	or, creed, sex, national origin				
	or ancestry; and not seek such information as a condition of emp lection of personnel for training or promotion on the basis of suc		ee or discriminate in the se-				
6.	The undersigned understand that this application does not entitle	e 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 depose and say that I am the person named above and that all state	license applied for herein, and be	ing duly sworn under oath,				
	depose and say that I am the person named above and that an state	ements made in the loregoing ap	plication are true and correct.				
	SUBSCRIBED AND SWORN TO BEFORE METHIS 22 nd	day of September	a D1. 20 17				
	12/-/ 6/0/2						
4	NY PUBLICATION Individual/Corporate President/Par	tner:	417				
	Additional Partner/Corporate Vice	President: (	Jollano.				
A C	MAGELAM.						
THE PARTY OF	Motor Physic, States Wisconsin: 1711 (1) (1) ree	4	4				
The same	Ny commission expires: 7/31/2020						
71/	Corporate Secretary: Cole	Ju a. Loute					
	Company Translation	61-66					
	Corporate Treasurer:	The state of the s					
Do	Not Write Below This Line						
1	Clerk License # New Reney	val Date Filed	Date Granted				



DATE (MM/DD/YYYY) 9/21/2017

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 have ADDITIONAL INSURED provisions or 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 Cottingham & Butler PHONE (A/C, No, Ext): 563-587-5000 FAX (A/C, No): 563-583-7339 Jeff K. Bair E-MAIL ADDRESS: 800 Main St. Dubuque IA 52001 INSURER(S) AFFORDING COVERAGE NAIC # 34452 INSURER A: Homeland Insurance Company of New York INSURER B: Old Republic Insurance Company 24147 INSURED BELAMB1 Bell Ambulance, Inc. INSURER C : Lloyd's PO Box 070550 INSURER D ; Milwaukee WI 53207-0550 INSURER E : INSURER F **CERTIFICATE NUMBER: 1676318847 REVISION NUMBER** COVERAGES 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. ADDLISUBR TYPE OF INSURANCE POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY MFL-004692-0617 6/1/2017 6/1/2018 X EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$2,000,000 POLICY **Employee Benefits** \$\$1M/\$2M OTHER: COMBINED SINGLE LIMIT 6/1/2018 В 6/1/2017 AUTOMOBILE LIABILITY MWTB 310592 \$1,000,000 (Ea accident **BODILY INJURY (Per person)** X ANY AUTO SCHEDULED AUTOS BODILY INJURY (Per accident) OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY 6/1/2018 C X UMBRELLA LIAB UM300011 6/1/2017 **EACH OCCURRENCE** \$4,000,000 OCCUR **EXCESS LIAB** AGGREGATE \$4,000,000 CLAIMS-MADE DED X RETENTION \$5,000 WORKERS COMPENSATION 6/1/2017 6/1/2018 X STATUTE MWC 310593 AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000 6/1/2018 6/1/2017 Aggregate Incident 2.000.000 Healthcare Professional MFL-004692-0617 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The City of Milwaukee is additional insured on the general liability policy subject to all terms and conditions of the policy forms. A 30 day notice of cancellation is provided by the insurance company to the certificate holder as outlined by the endorsement attached to the General Liability policy. CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Milwaukee; Health Department 841 N. Broadway, Room 315 Milwaukee WI 53202 AUTHORIZED REPRESENTATIVE

TT 738949 cpires

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Unit number	In service since	Make	VIN	Location
403	2017	FORD	BEING DELIVERED 10/1/17	Milwaukee
404	2012	CHEVROLET	1GB6G2B65A1101621	Milwaukee
405	2012	CHEVROLET	1GB6G2B67A1100731	Milwaukee
406	2012	CHEVROLET	1GB6G2B67A1101247	Milwaukee
407	2012	CHEVROLET	1GB6G2B67A1101894	Milwaukee
408	2013	CHEVROLET	1GB3G2CLXD1130463	Milwaukee
409	2014	CHEVROLET	1GB3G2CL0E1108523	Milwaukee
410	2014	CHEVROLET	1GB3G2CL8E1108544	Milwaukee
411	2014	CHEVROLET	1GB3G2CL9E1108908	Milwaukee
412	2014	CHEVROLET	1GB3G2CL5E1107772	Milwaukee
413	2014	CHEVROLET	1GB3G2CL6D1182382	Milwaukee
414	2014	CHEVROLET	1GB3G2CL4D1182459	Milwaukee
415	2015	CHEVROLET	1GB3G2CL4E1186335	Milwaukee
416	2015	CHEVROLET	1GB3G2CL8E1186435	Milwaukee
417	2015	CHEVROLET	1GB3G2CL5E1187266	Milwaukee
418	2015	CHEVROLET	1GB3G2CL3E1187363	Waukesha*
419	2016	FORD	1FDWE3FS3GDC36534	Milwaukee
420	2016	FORD	1FDWE3FS5GDC36535	Milwaukee
421	2016	FORD	1FDWE3FSXGDC50673	Milwaukee
440	2015	CHEVROLET	1GBZGUCLXE1205718	Milwaukee
441	2015	CHEVROLET	1GBZGUCL7E1207426	Milwaukee
442	2015	FORD	1FDBW2XM1FKA42438	Milwaukee
443	2016	FORD	1FDBW2XM4GKB07798	Waukesha*
444	2016	FORD	1FDBW2XM9GKB18778	Milwaukee
445	2016	FORD	1FDBW2XM0GKB22797	Milwaukee
446	2016	FORD	1FDBW2XM4GKB22799	Milwaukee
447	2016	FORD	1FDBW2XM2GKB22798	Milwaukee
448	2009	CHEVROLET	1GBHG316191155798	Milwaukee
449	2017	FORD	1FDBW2XM3HKA15499	Milwaukee
450	2017	FORD	1FDBW2XMXHKA37726	Milwaukee
451	2017	FORD	1FDBW2XM1HKA37727	Milwaukee
452	2017	FORD	1FDBW2XM3HKA37728	Milwaukee
453		FORD	1FDBW2XM8HKA37725	Milwaukee
454		FORD	1FDBW2XM6HKA40946	Milwaukee
455	2010	CHEVROLET	1GB6G2B69A1100181	Milwaukee
456	2010	CHEVROLET	1GB6G2B69A1100410	Milwaukee
457	2010	CHEVROLET	1GB6G2B60A1101347	Milwaukee
460	2017	FORD	1FDXE4FS6HDC26785	Milwaukee**
461	2012	CHEVROLET	1GB9G5B61A1114395	Milwaukee**
470		CHEVROLET	1GB9G5B61A1124831	Milwaukee
472		CHEVROLET	1GB9G5B68A1113647	Milwaukee
473	2015	CHEVROLET	1GB6G5CL7E1198039	Milwaukee
474	2015	CHEVROLET	1GB6G5CL1E1198649	Waukesha*
475	2016	FORD	1FDXE4FS4GDC09191	Milwaukee
476		FORD	1FDXE4FS3GDC24426	Milwaukee
477		FORD	1FDXE4F\$9GDC06531	Milwaukee
478		FORD	1FDXE4FS7GDC06530	Milwaukee
479		FORD	1FDXE4FS8GDC34935	Milwaukee
480		FORD	1FDWE3FS8GDC50672	Milwaukee
493		CHEVROLET	1GBKG316291100136	Milwaukee
494		CHEVROLET	1GBKG316X91123650	Milwaukee
495		CHEVROLET	1GBKG316791152653	Milwaukee
496		CHEVROLET	1GB9G5B64A1112379	Milwaukee
497	2010	CHEVROLET	1GB9G5B63A1112714	Milwaukee

54 UNITS IN SERVICE

<sup>\*</sup>these units are assigned to Waukesha county, but can be moved to Milwaukee if needed

<sup>\*\*</sup>these units are assigned to the Children's Hospital Transport Team

### City of Milwaukee Health Department

## **Application for Ambulance Certification**

J

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

Ch	eck(✔) one: ☐ Individual ☐ Partnership ☐ Corporation		
1.	NAME OF APPLICANT (If individual):		
	Business Name: Curtis Universal Ambula	10.1 (C. 10.1 C. 10.1	: ( - T. ) : [ ] [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [
	Business Address: 2266 N. Prospect Ave. S		
	city: Milwaukee		Zip: <u>53202</u>
	Have any people on this application been convicted of violati		cal ordinances? 🗆 Yes 🗷 No
	if 'yes', name of person(s), date, charge and penalty:		
	Mailing Address: P.O. Box 2007 n	11)waukee, WI 53201	1-2007
2.	PARTNERSHIP (If applicable):	*	
27	Name:		
*	Home Address:		
	City:	State:	Zip:
	Phone:	Date of E	Birth:
	Name		
	Home Address:		
	City:	State:	Zip:
	Phone:		Birth:
	NAME OF CORPORATION <u>Curtis-Universal</u> , I		
	Address: 2266 N. Prospect Ave. Ste. #		
	Date and Place of Incorporation: October 17th 19	69 - Wisconsin	
	President: James G. Baker, Jr.		·
	Home Address: W310 N8370 KIlbourne	Rd.	
•	city: <u>Hartland</u>	State: W)	zip: 530,29
	Phone <u>262-966-1853</u>	Date of Birth 12/17/19	955
	Vice President: James G. Baker, Jr.	. /	
	Home Address: Same as above	Management of the second of th	
	City:	State:	_ Zip:
	Db	Page 1 Page 1	

Secretary: <u>Debra</u>	a Baker					
2000	3 Glenowen 1					
city: Hartland	1		s	tate: W/	_ Zip:53	029
Phone			Date of Birt	h	· · · · · · · · · · · · · · · · · · ·	·•
Treasurers Jame	s G. Baker, U	r.				
Home Address: 1/3	10 N8370 K	Ubourne	e Rd.			
city: Hartland			Si	tate: W/	_ Zip: 53	029
Agent:						
Home Address:	······································	<del></del>				
City:	·		St	ate:	Zip:	
		*		-	÷	
. OTHER REQUIREMENT	'S:					
Do you have on file with	the Health Department, a	valid and curre	ent certificate of in	surance for this	license periodi	⊠Yes □No
Do you have a valid Stat	te of Wisconsin Inspection	Certificate?			eurovasas Politikas at 1997	⊠Yes □No
	e Emergency Medical Ser					⊠Yes □No
	ımber: <u>3</u>			¥	140 12	
Do you wish to participa	ate in the Emergency Med	Ical Services S	ystem?			☑Yes ☐No
Total number of vehicle	s in service: 2.5					
Please attach a separate	page listing all vehicles in	cluding city as:	signed number, ar	nd description ()	ear, make and	vin number).
or franchise, or refuse to or ancestry; and not see	. The undersigned shall no employ, or discharge any k such information as a co training or promotion on	person other endition of emp	wise qualified bed ployment, or pen	ause of race, co	lor, creed, sex.	national origin
The undersigned unders is solely in the discretion	stand that this application of the Common Council.	does not entit	tle the applicants	to a license and	that the grant	ing of licenses
I have a knowledge of the depose and say that I am	e City Ordinances currently the person named above	regulating the and that all sta	e license applied fo tements made in t	or herein, and be the foregoing ap	eing duly sworn plication are tr	under oath, ue and correct.
SUBSCRIBED AND SWOR	N TO BEFORE ME THIS	201h	day of Sef	Hemb	er	20
	individual/Corporat	e President/Pa	rtner:	real &	Baky	h
* *****	Additional Partner/0	Corporate Vice	President:	amos El	, Befor	1
Notary Public, State of W	isconsin:	HU XI	mis			MEED DEVIS
My commission expires:_	augus 21,200	70			¶ N	NIFER BEMIS otary Public e of Wisconsin
	Corporate Secretary	. De	bia B	rker	Siar	3 O) VIIOOMIOIII
			I was	h Red	Ba 1	•
	Corporate Treasurer		VINEY 2	, ways	yp.	
Not Write Below This Lin	e					
a see			<u> </u>	¥		
Clerk	License #	New Renev	wal Da	te Filed	Date	Granted



DATE (MM/DD/YYYY)

9/21/2017

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

F	BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	URA	NCE	DOES NOT CONSTITU	TE A	CONTRACT	BETWEEN	THE ISSUING INSURER(	S), AL	THORIZED
I	MPORTANT: If the certificate holder if SUBROGATION IS WAIVED, subject in this certificate does not confer rights to	s ar	AD e ter	DITIONAL INSURED, the	policy	, certain pol	icies may re	NAL INSURED provision quire an endorsement. A	s or b	e endorsed. ment on
PRO	DDUCER	1110		THE STATE OF	CONTA NAME:	Carol G				
Ma	rsh & McLennan Agency LLC 25 South Moorland Road				PHONE	, Ext): 262-79		FAX (A/C, No): 2	62-7	35-9753
No	v Berlin WI 53151				E-MAIL	ss: carol.gat	@marshmr	na.com	-02 11	0.00
146	W Denni W 00101				ADDRE					
								RDING COVERAGE		NAIC #
INCI	URED		-			RA:Arch Ins				11150
1	rtis-Universal Ambulance Inc.						visconsin ir	surance Company		29157
P.C	). Box 2007				INSURE	RC:				
226	66 N. Prospect Ave., Suite 440 waukee WI 53202				INSURE	RD:				
Mil	waukee WI 53202				INSURE	RE:				
				45,1000050	INSURE	RF:				
CO	VERAGES CERT	<u>rific</u>	ATI	NUMBER: 154266956	7			REVISION NUMBER:		AV 555/55
CE	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH I	QUIF ERT POLIC	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT	T TO 1	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY			MAPK08390201 ·		1/10/2017.	1/10/2018		1,000,	000
	CLAIMS-MADE X OCCUR			<b>'</b> :"		* .	43	DAMAGE TO RENTED PREMISES (Ea occurrence)	100,00	10
		3					· ·	MED EXP (Any one person)	55,000	•
								PERSONAL & ADV INJURY 5	1,000,	000
	GEN'L AGGREGATE LIMIT APPLIES PER:			4 , :			, E	GENERAL AGGREGATE	2,000,	000
	POLICY PRO- LOC			÷			ř	PRODUCTS - COMPIOP AGG	2,000,	000
	OTHER:			· · · · ·		·	•		3	
Α	AUTOMOBILE LÍABILITY			MAPK08390201	× .	1/10/2017	1/10/2018.	COMBINED SINGLE LIMIT (En accident)	1,000,	000
	ANY AUTO							BODILY INJURY (Per person) \$		
	OWNED X SCHEDULED AUTOS ONLY NON-OWNED AUTOS ONLY AUTOS ONLY	1						BODILY INJURY (Per accident)	1	
	X HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	;	
				Development of A Frague Conservation and Artistic Service Conservation of the Conserva				S S		
Α	UMBRELLA LIAB X OCCUR			MAUM08511001		1/10/2017	1/10/2018	EACH OCCURRENCE S	2,000,	000
	X EXCESS LIAB CLAIMS-MADE	1							2,000,	000
	DED X RETENTIONSO									
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0400153260		8/1/2017	8/1/2018	X PER OTH-		
	ANY PROPRIETOPIPAPTMEDIEVECTIVIE				- 1				500,00	0
	(Mandalory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE S		
	If yes, describe under DESCRIPTION OF OPERATIONS below	1		(4)	- 1			E.L. DISEASE - POLICY LIMIT \$		
A	Portable Equipment	$\neg$		MAIM08442001		1/10/2017	1/10/2018	Per schedule on file	00,00	<u> </u>
Α	Professional Liability			MAPK08390201		1/10/2017	1/10/2018	\$1,000,000/\$2,000,000		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	ES (A	CORD	101, Addillonal Remarks Schedu	le, may b	e attached if more	e space is requir	ed) .		
Ce	rtificate holder is additional insured f	or g	ener	al liability.						1
C4-	ate of Wisconsin	-								
	aukesha County									1
										1
Ça	rol Gau, being first duly sworn on oa	th, c	lepo	ses and says that she is	s the a	gent of				ı
56	e Attached									- 1
CEF	RTIFICATE HOLDER				CANO	ELLATION		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
					OMINO	PPENTIVIA	****			1
	City of Milwaukee Health Dept 841 N. Broadway, 3rd Floor Milwaukee WI 53202-3653				THE	EXPIRATION	DATE THE	escribed policies be can reof, notice will be y provisions.		
					AUTHOR	RIZED REPRESEN	TATIVE			
	(RECE-									

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	AGEN	ICY CUSTOMER ID:	
ACORD ADDITIONAL	L REMA	RKS SCHEDULE	Page _1_ of _1_
AGENCY Marsh & McLennan Agency LLC		NAMED INSURED Curtis-Universal Ambulance Inc. P.O. Box 2007	
POLICY NUMBER		2266 N. Prospect Ave., Suite 440 Milwaukee WI 53202	
CARRIER	NAIC CODE	EFFECTIVE DATE:	
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC FORM NUMBER: 25 FORM TITLE: CERTIFICATE C		Y INSURANCE	A North Control of the Control of th
Arch Insurance Company, the insurer on the attached cert Curtis-Universal Ambulance, Inc.			
Affiant further deposes and says that no officer, official or receiving any premium, commission, fee or other thing of	employee of value on acc	f the City of Milwaukee has any interest, directly o count of the sale or furnishing of said insurance or	r indirectly, or is bond.
ColGa	Market Market	righter.	
	¥		

	Milwaukee								
Unit#	Year	Model	V.I.Ň. #	License	Registration				
321	2001	E-450	1FDXE45F41HA86500	535-GFS	6/30/2018				
327	2006	E-350	1FDXE45P16HB00613	968-XKK	12/31/2017				
328	2007	E-350	1FDWE35P77DA13538	487-SVM	5/25/2018				
329	2002	E-350	1FDSE35F72HA66179	411-YFW	10/05/2017				
334	2004	E-450	1FDXE45P24HA49538	LT 3908	5/31/2018				
352	2008	E-350	1FDSS34P58DA74431	734-YRT	12/02/2017				
353	1996	E-350	1FDJS34F6THB56687	543-XBV	4/30/2018				
355	2010	E-350	1FDSS3EP3ADA32411	852-YSS	3/1/2018				
383	1999	E-450	1FDXE40F0XHA17738	112-SSU	2/28/2018				
384	1997	E-450	1FDLE40F3VHA42063	904-UNV	3/5/2018				
356	2008	E-350	1FDSS34P48DB56909	472-ZEE	7/13/2018				
357	2008	E-350	1FDSS34P48DB09962	Pending					
	<u></u>	Sec	ondary Response Veh	nicles	<u> </u>				
5440	1998	E-350	1FDXE40F7WHB64718	113-SSU	2/28/2018				
5441	1997	E-350	1FDLE40F9VHA37918	118-RYX	7/5/2018				
5442	2002	E-350	1FDXE45F82HA19223	799-WCV	5/21/2018				
5444	1997	E-450	1FDLE40F9VHB77449	831-UUB	6/2/2018				
5446	1998	E-350	1FDXE40F3WHB81015	457-KHH	12/13/17				
5447	1998	E-350	1FDXE40F8WHB07329	359-ZTF	1/31/18				
5448	2000	E-350	1FDXE45F2YHA12485	368-UWF	7/17/2018				
5449	2005	E-450	1FDE45P95HA58965	149-XLF	2/19/2018				
385	2006	E-450	1FDXE45P36DA68531	606-XUU	5/14/2018				
386	1998	E-450	1FDXE40F3WHC06205	116-ZKF	12/7/2017				
830	2006	E-450	1FDXE45P46DA24876	696-REA	9/21/2017				
832	1995	E-350	1FDJE30F7SHA80392	947-GXS	3/31/2018				
354	1993	E-350	1FDJS34MXPHB53697	280-VGV	10/1/2017				