

Tom Barrett Mayor

Jeanette Kowalik, PHD, MPH, MCHES Commissioner of Health

Health Department Office of the Commissioner

jkowal@milwaukee.gov 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:

Jim Owczarski

City Clerk

FROM:

Jeanette Kowalik, PHD, MPH, MCHES

Commissioner of Health

DATE:

October 12, 2018

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:

**OCTOBER 12, 2018** 

TO:

JEANETTE KOWALIK

**COMMISSIONER OF HEALTH** 

C/O:

**ALI TAHLER-REED** 

**COMPLIANCE ANALYST** 

FROM:

**NICHOLAS DESIATO** 

CHIEF OF STAFF - OFFICE OF THE CHIEF

RE:

**AMBULANCE COMPANY APPLICATIONS** 

The Milwaukee Police Department's License Investigation Unit processed the following ambulance company applications:

Bell Curtis Universal Meda-Care Paratech

Based on investigations that included background checks, we recommend approval of these applications.

ND/smw





Jeanette Kowalik, PHD, MPH, MCHES Commissioner of Health

Health Department Office of the Commissioner

jkowal@milwaukee.gov 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:

Alfonso Morales

Chief of Police

FROM:

Jeanette Kowalik, PHD, MPH, MCHES

Commissioner of Health

DATE:

October 8, 2018

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: Nicholas DiSiato Tracy Wetzel

## **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

Cl	neck(✔) one: ☐ Individual ☐ Partnership ☐ Corporation		
1.	NAME OF APPLICANT (If individual):		
	Business Name: Paratech Ambulance Service, Inc.	Phone: (414	1358-1111
	Business Address: _9401 W Brown Deer Road		1990 1111
	City: Milwaukee	State: W/I	7in: 52224
	Have any people on this application been convicted of violating any fee	deral or state laws, or loca	ordinances Type TAN
	If 'yes', name of person(s), date, charge, and penalty:		res V No
			*
2.	PARTNERSHIP (if applicable):		
	Name:		
	Home Address:		
	City:	State:	7in:
	Phone:		
	Name		"
	Home Address:		
	City:		Zip:
	Phone:		. Lip
3.	NAME OF CORPORATION Paratech Ambulance Service, Inc. Address: 9401 W Brown Door Road Milway leas NV 50004		
	Address: 9401 W Brown Deer Road, Milwaukee, WI 53224  Date and Place of Incorporation: January 1, 1870 State of Milwaukee, WI 53224		
	Date and Place of Incorporation: January 1, 1979 State of Wisconsin  President: Robert A Rauch		
	President: Robert A. Rauch  Home Address: 9401 W Brown Deer Road		
	City: Milwaukee	State: WI	7in: 52224
	Phone (414) 365-8900 Dat	e of Birth 04/22/1949	Zip: _53274
4	Vice President: Richard Romanshek	<u> </u>	
	Home Address: _9401 W Brown Deer Road		
,	City: Milwaukee	State:WI	
	Phone (414) 365-8900		

continued on other side

ary Public, State of Wiscons	BEFORE ME THIS day Individual/Corporate President/Partr Additional Partner/Corporate Vice Pr	of September ner: The	norma Kay Tolber Norma Kay Tolber Norma Kay Tolber Notary Public State of Wisconsin
ary Public, State of Wiscons	BEFORE ME THIS 25 day Individual/Corporate President/Partr Additional Partner/Corporate Vice Pr sin: Marma Cary  VW 23, 2019  Corporate Secretary:	ents made in the foregoing ap of Appropriate ner: Holling	, 20 /8  NORMA KAY TOLBER Notary Public
assessed and say that I am the persons and say that I am the persons are says that I am the p	BEFORE ME THIS 25 day Individual/Corporate President/Partr Additional Partner/Corporate Vice Pr sin: Marma Cay  23, 2019	ents made in the foregoing ap of Appropriate ner: Holling	, 20 /8  NORMA KAY TOLBER Notary Public
BSCRIBED AND SWORN TO I	BEFORE ME THIS day Individual/Corporate President/Partr Additional Partner/Corporate Vice Pr	ents made in the foregoing ap of Appropriate ner: Holling	, 20 18 NORMA KAY TOLBER
oose and say that I am the pe BSCRIBED AND SWORN TO I	BEFORE ME THIS day Individual/Corporate President/Partr Additional Partner/Corporate Vice Pr	ents made in the foregoing ap of Appropriate ner: Holling	plication are true and correct.
oose and say that I am the pe BSCRIBED AND SWORN TO I	erson named above and that all statem BEFORE ME THIS <u>25<sup>44</sup></u> day Individual/Corporate President/Partr	ents made in the foregoing ap of Appropriate ner: Holling	plication are true and correct.
pose and say that I am the pe BSCRIBED AND SWORN TO I	erson named above and that all statem BEFORE ME THIS $25^{9}$ day	ents made in the foregoing ap of <u>Lengtheniff</u>	plication are true and correct.
oose and say that I am the pe	rson named above and that all statem フム畑	ents made in the foregoing ap	eing duly sworn under oath, plication are true and correct.
ose and say that I am the pe	erson named above and that all statem	nse applied for herein, and be ents made in the foregoing an	eing duly sworn under oath,
is a knowledge of the city C	riginarices currently regulating the lice		
ive a knowledge of the City C	Ordinances currently as a lateral to the	19	
olely in the discretion of the	hat this application does not entitle to common Council.	the applicants to a license an	d that the granting of licenses
a undersigned understand t	hat this application described		19. 19.
franchise, or refuse to emplo ancestry; and not seek such	ndersigned shall not willfully refuse to oy, or discharge any person otherwise information as a condition of employ g or promotion on the basis of such in	qualified because of race, co ment, or penalize any employ	lor, creed, sex, national origin
e undersigned agrees to info	orm the Health Department within ter	days of any substantial chan	ges in the information sup-
and and an a deportate page	noting an vernicles including city assign	ied number, and description	(year, make and vin number).
tal number of vehicles in se	ervice:39 listing all vehicles including city assign	and number and describes	T
	1		[▼] res [ ] N
	ne Emergency Medical Services System	? -	✓ Yes N
yes, list service area number:			
	gency Medical Services System?		✓ Yes □ N
you have a valid State of W	lealth Department, a valid and current isconsin Inspection Certificate?	certificate of insurance for th	is license period? ✓ Yes ☐ N ✓ Yes ☐ N
	ealth Department a valid and surrent	acutificate of income of	
THER REQUIREMENTS:		*	
ity:			Zip:
ome Address: SAME AS AF	BOVE	4	
gent: Robert A. Rauch			
ity:		State:	Zio:
Iome Address: SAME AS A	BOVE		
reasurer: Robert A. Rauch	1		
			Zip:
		ME AS ABOVE	ME AS ABOVE
lic Cit	ome Address: <u>SAME AS A</u> ty: one	ome Address: <u>SAME AS ABOVE</u> ty: one	ome Address: SAME AS ABOVE

#### **AFFIDAVIT**

STATE OF WISCONSIN} } SS
Waukesha County}
JoAnn M. Brown , being first duly sworn, on oath deposes and says
that he/she is the agent of the National Interstate Insurance (Company name) insurer
on the attached certificate issued to <u>Paratech Ambulance Service</u> , Inc. (Legal entity of 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 any other thing of value on account of the sale of furnishing of
said insurance certificate.  Signature of above Agent)
Subscribed and sworn to before me
this 20th _day of <u>September</u> _,20 18  Notary Public-State of Wisconsin
My Commission expires 6-12-19
Notary Seal Must Be Affixed.

Please note the following requirements:

- The name and signature of the agent or authorized representative must be included and match the agent or authorized who signed the insurance certificate.
- The full name of the Insurance Company must be listed and match exactly the Insurance Company's name from the insurance certificate.
- 3) The date the notary signed and dated the affidavit must be the same as the date of the insurance certificate.
- 4) The Notary must sign, date and stamp the form.
- 5) The correct county and state must be listed. (If outside the state of Wisconsin, please cross out Wisconsin and write/type in correct state.)



DATE (MM/DD/YYYY)

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(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 Linda Jensen	······································
&R Insurance Services Inc  80 W14824 Appleton Ave  0 Box 160 enomonee Falls WI 53052-0160  SURED aratech Ambulance Service Inc.  401 W. Brown Deer Road	PHONE [A/C, No. Ext]; (262) 502-3858 FAX (A/C, No.); (262) E-MALL ADDRESS: linda.jensen@rrins.com	953-1428
	INSURER(S) AFFORDING COVERAGE	NAIC#
	NSURERA National Interstate Insurance	32620
	INSURER B. Argent- A Div of West Bend Mutual	15350
Insurance Services Inc W14824 Appleton Ave Box 160 comonee Falls WI 53052-0160 RED atech Ambulance Service Inc. 1 W. Brown Deer Road waukee WI 53224	INSURER G:	
9401 W. Brown Deer Road	INSURER D:	
	INSURER E:	
	INSURER F;	
COVERAGES CERTIFICATE	NUMBER:CL183180583	

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.

NSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY EFF (MM/DD/YYYY)						
	X COMMERCIAL GENERAL LIABILITY	11130	FOCIOT NOBIBER	(MM/UU/YYYY)	(MM/DD/YYYY)		rs			
A	CLAIMS MADE X OCCUR	x		1		DAMAGE TO RENTED	\$	1,000,00		
**	OCAMO MADE (X) OCCOR		T.TV.0007.000 00		and to	PREMISES (Ea occurrence)	\$	100,00		
			LPK0001299-00	3/1/2018	3/1/2019	MED EXP (Any one person)	5	10,000		
						PERSONAL & ADV INJURY	5	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER	1	1			GENERAL AGGREGATE	\$	3,000,000		
	- Jeon Tiest Ties					PRODUCTS - COMP/OP AGG	\$	3,000,000		
	OTHER:	-				A series of the series of	\$			
			1			COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
A	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person)	\$			
	AUTOS	x	x	x	AA10000116-00	3/1/2018	3/1/2019	BODILY INJURY (Per accident)	\$	
1	X HIRED AUTOS X NON-OWNED AUTOS					in the state of th		PROPERTY DAMAGE (Per accident)	\$	
-	- Inches		¥			A 10.00	\$			
1	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLARACTER					EACH OCCURRENCE	\$	2,000,000		
A	CLAIMS-MADE		UMB0000065-00	3/01/2018	3/01/2019	AGGREGATE	\$	2,000,000		
-	DED X RETENTIONS 10,000 WORKERS COMPENSATION						5			
- [	AND EMPLOYERS' LIABILITY					X PER OTH-				
- I		NIA	A420238			E.L. EACH ACCIDENT	\$	100,000		
-	(Mandatory in NH) If yes, describe under			3/01/2018	3/1/2019	E.L. DISEASE - EA EMPLOYEE	\$	100,000		
1	DÉSCRIPTION OF OPERATIONS below	-				E.L. DISEASE - POLICY LIMIT	3	500,000		
A	Professional Liability	nal Liability LPL0000105-00 3/01/2018 3/01/2019 Each Medical Hincident	Each Medical lincident- CSL		1,000,000					
						Annual Aggregate Limit- CSL		3,000,000		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached 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.

CENTIFI	~		-	
CERTIF	GAI	EH	UL	DEK

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

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01) INS025 (201401)

The ACORD name and logo are registered marks of ACORD

	Paratech Ambulance Service	Vehicles as of	September :	25, 2018
SQUAD	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
105	1FDWE3FS6JDC02000	2018	FORD	E350
106	1FDWE3FS0DDA91593	2013	FORD	E350
107	1FDWE3FS9HDC62783	2017	FORD	E350
108	1FDWE3FS1JDC01997	2018	FORD	E350
109	1FDWE3FS3EDA45970	2014	FORD	E350
110	1FDWE3FS5FDA29190	2015	FORD	E350
111	1FDWE3FS1FDA29171	2015	FORD	E350
112	1FDXE4FS9CDA70654	2012	FORD	E450
L14	1FDWE3FS6BDA38684	2011	FORD	E350
L15	1FDWE3FS0EDB13724	2014	FORD	E350
16	1FDWE3FS6JDC01994	2018	FORD	E350
18	1FDWE3FS1CDA28470	2012	FORD	E350
.19	1FDWE3FS8DDA91597	2013	FORD	E350
.20	1FDWE3FS0FDA33129	2015	FORD	E350
21	1FDWE3FS7FDA33113	2015	FORD	E350
22	1FDWE3FS3FDA33125	2015	FORD	E350
23	1FDWE3FS8DDA34946	2013	FORD	E350
24	1GBHG396091143534	2009	CHEVY	
25	1FDWE3FS1EDB06085	2014	FORD	Express 3500 E350
26	1FDWE3FSXGDC55825	2016	FORD	E350
27	1FDWE3FS0FDA33115	2015	FORD	E350
28	1FDWE3FS8DDA61578	2013	FORD	E350
29	1FDWE3FS2FDA33147	2015	FORD	E350
30	1FDWE3FSXGDC55839	2016	FORD	E350
31	1FDWE3FS0BDA16177	2011	FORD	E350
32	1FDWE3FS8BDA38685	2011	FORD	E350
33	1FDWE3FS9BDA42602	2011	FORD	E350
34	1FDWE3FS3CDA90498	2012	FORD	E350
35	1FDWE3FS5GDC27575	2016	FORD	
16	1FDWE3FS2JDC01992	2018	FORD	E350
37	1FDWE3FS6GDC27570	2016	FORD	E350
8	1FDWE3FS7GDC27576	2016	FORD	E350
9	1FDWE3FS1GDC27573	2016		E350
10	1FDWE3FS9GDC27580		FORD	E350
1	1FDWE3FS4EDA37098	2016	FORD	E350

## **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

С	heck(✔) one:		
1.	NAME OF APPLICANT (If individually		
	NAME OF APPLICANT (If individual):	Dhana, Ira	
	Business Address: 9401 W Brown Deer Road	rnone: _(4)	4) 344-4444
	City: Milwaukee	State: MI	71
	Have any people on this application been convicted of viola	ting any federal or state laws or le	Zip: <u>53224</u>
	If 'yes', name of person(s), date, charge, and penalty:	ung any rederal of state laws, or lo	cai ordinances? ☐ Yes ☑ No
	, , , , , , , , , , , , , , , , , , ,		
2.	PARTNERSHIP (if applicable):		
	Name;		
	Home Address:		
	City:	State:	Zip:
	Phone:		rth:
	Name		
	Home Address:		
	City:	State:	Zip:
	Phone:		
		,	
3.	NAME OF CORPORATION Meda Care Ambulance Service LL	c	
	Address: 9401 W Brown Deer Road, Milwaukee, WI, 53224		
	Date and Place of Incorporation: October 26, 2016 Milwauke	ee, Wisconsin	
	President: Robert A. Rauch		
	Home Address: _9401 W Brown Deer Road		
	City: Milwaukee	State: WI	Zip: <u>53224</u>
	Phone (414) 365-8900		
	Vice President: Richard Romanshek		
	Home Address: 9401 W Brown Deer Road		
	City: Milwaukee	State: WI	7in: rans
	Phone (414) 365-8900	Date of Birth: 03/24/1952	

continued on other side

	Secretary: Richard Romanshek		
	Home Address: SAME AS ABOVE		
	City:		Zip:
	Phone D.	Action to the second se	
	Treasurer: Robert A. Rauch		
	Home Address: SAME AS ABOVE		
	City:		
	Agent: Robert A. Rauch		
	Home Address: SAME AS ABOVE		
(	City:	State:	Zip:
(	OTHER REQUIREMENTS:		
	Do you have on file with the Health Department, a valid and current certif Do you have a valid State of Wisconsin Inspection Certificate? Do you participate in the Emergency Medical Services System?	icate of insurance for th	✓ Yes ☐ No
			✓ Yes No
	f yes, list service area number:2		
D	Oo you wish to participate in the Emergency Medical Services System?		✓ Yes No
	otal number of vehicles in service:7		
P	lease attach a separate page listing all vehicles including city assigned no	umber, and description	(year, make and vin number).
le	r franchise, or refuse to employ, or discharge any person otherwise quali r ancestry; and not seek such information as a condition of employment, ection of personnel for training or promotion on the basis of such informa- the undersigned understand that this application does not entitle the ap-	or penalize any emplo ation.	yee or discriminate in the se-
ĭs	solely in the discretion of the Common Council.		The second secon
de	have a knowledge of the City Ordinances currently regulating the license a epose and say that i am the person named above and that all statements r	pplied for herein, and b nade in the foregoing a Acptamba	eing duly sworn under oath, pplication are true and correct.
	Individual/Corporate President/Partner:	' Joseph	cel
	Additional Partner/Corporate Vice Preside	pt: Jen 1	find
No	otary Public, State of Wisconsin: Marma (Cary )	miles !	The same state and the same stat
M	ly commission expires: April 23, 2019  Corporate Secretary:	affin 1	NORMA KAY TOLBER Notary Public State of Wisconsin
	Corporate Treasurer:	21	
	1000	- ary	
No	t Write Below This Line	carq	
No		- WC	

#### **AFFIDAVIT**

STATE OF WISCONSIN}    SS     Waukesha   County
JoAnn M. Brown (Agent), being first duly sworn, on oath deposes and says
that he/she is the agent of the National Interstate Insurance (Company name), insurer
on the attached certificate issued to Meda Care Ambulance Service, LLC (Legal entity of 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 any other thing of value on account of the sale of furnishing of
said insurance certificate.  Our Blows (Signature of above Agent)
Subscribed and sworn to before me
this 20th day of September ,20 18 .  Notary Public-State of Wisconsin
My Commission expires 6-21-19
Notary Seal Must Be Affixed.

Please note the following requirements:

- The name and signature of the agent or authorized representative must be included and match the agent or authorized who signed the insurance certificate.
- The full name of the Insurance Company must be listed and match exactly the Insurance Company's name from the insurance certificate.
- 3) The date the notary signed and dated the affidavit must be the same as the date of the insurance certificate.
- 4) The Notary must sign, date and stamp the form.
- The correct county and state must be listed. (If outside the state of Wisconsin, please cross out Wisconsin and write/type in correct state.)



3/1/2018

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(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	NAME: Linda Jensen	CONTACT Linda Jensen				
R&R Insurance Services Inc	PHONE (A/C, No, Ext): (262) 502-3858 FAX (A/C, No): (262)	953-1428				
N80 W14824 Appleton Ave	E-MAIL ADDRESS linda.jensen@rrins.com					
PO Box 160	INSURER(S) AFFORDING COVERAGE	NAIC#				
Menomonee Falls WI 53052-0160	INSURERA: National Interstate Insurance	32620				
INSURED	INSURER B: Argent - A Div of West Bend Mutual	15350				
Meda Care Ambulance Service LLC	INSURER C:					
9401 W. Brown Deer Road	INSURER D:					
	INSURER E:					
Milwaukee WI 53224	INSURER F:	4				
COVERAGES CERTIFICATE I	NUMBER:CL183180581 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 SUB INSD WVI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s				
	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000			
A	CLAIMS-MADE X OCCUR			L. Andrew Communication		PREMISES (Ea occurrence)	\$	100,000			
		x	LPK0001299-00	3/1/2018	3/1/2019	MED EXP (Any one person)	\$	10,000			
		-				PERSONAL & ADV INJURY	\$	1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$	3,000,000			
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$	3,000,000			
	OTHER					•	\$				
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000			
A	ANY AUTO			*	İ	BODILY INJURY (Per person)	\$				
	X ALL OWNED SCHEDULED AUTOS	X ANDOO	AAL0000116-00	AAL0000116-00	AAL0000116-00	X AAL0000116-00	00 3/1/2018	3/1/2019	BODILY INJURY (Per accident)	\$	· · · · · · · · · · · · · · · · · · ·
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$				
										\$	
	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	2,000,000			
A	EXCESS LIAB CLAIMS-MADE		UMB0000065-00	3/01/2018	3/01/2019	AGGREGATE	\$	2,000,000			
	DED X RETENTION\$ 10,000									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					X PER STATUTE ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	TOOK/PARTNER/EXECUTIVE N N/A A420238 IBBER EXCLUDED? NH) 3/01/2018		E.L. EACH ACCIDENT	\$	100,000					
B			3/01/2018	3/1/2019	E.L. DISEASE - EA EMPLOYEE	\$	100,000				
_	DESCRIPTION OF OPERATIONS below					E.L DISEASE - POLICY LIMIT	\$	500,000			
A	Professional Liability		LPL0000105-00	3/01/2018	3/01/2019	Each Medical Ilnoident- CSL		1,000,000			
						Annual Aggregate Limit- CSL		3,000,000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached 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.

CER	TIF	ICA'	TE I	HO	LD	ER

City of Milwaukee Dept of Health

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

#### CANCELLATION

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

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01) INS025 (201401) The ACORD name and logo are registered marks of ACORD

## Meda Care Ambulance Service Vehicles as of September 25, 2018

SQUAD#	VEHICLE ID NUMBER	YEAR	MAKE	MODEL
MCA 270	1FDWE3FS9BDA83070	2011	FORD	E350
MCA 271	1FDWE3FS4BDA87026	2011	FORD	E350
MCA 272	1FDWE3FS4CDB23671	2012	FORD	E350
MCA 273	1FDWE3FS4CDB03940	2012	FORD	E350
MCA 274	1FDWE3FSXDDA52672	2013	FORD	E350
MCA 275	1FDWE3FS0DDA69089	2013	FORD	E350
MCA 276	1FDXE45P28DA55028	2008	FORD	E450

## **Application for Ambulance Certification**

Fee Must Accompany Application.

I

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.	P	hone: 414-	486-2000	
	Business Address: 549 E WILSON ST				
	City: MILWAUKEE		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:		s, or local o	rdinances?	□Yes ✓No
	PARTNERSHIP (If applicable):				
	Name:				
	Home Address:				
	City:	State:		Zip:	
	Phone:				<del></del>
	Name				
	Home Address:				
	City:Phone:				
-	TOTIC	U	ate of Birth:		
	Address: 549 E WILSON ST, MILWAUKEE, WI 53207-1635				
	Date and Place of Incorporation: OCTOBER 1, 1978, WISCONSI  President: R A ZEHETNER	N			
1	Home Address: 212 E RAVINE DR				
	City: MEQUON	State: WI		Zip: 53092	
	Phone <sup>262-241-1990</sup>	Date of Birth 06/15		zip: <u>05002</u>	
	Vice President: JAMES P LOMBARDO	Date of Diffi		····	
	Home Address: 549 E WILSON ST				<del></del>
(	City: MILWAUKEE	State: WI		Zip: 53207	•
F	Phone 414-486-4013	Date of Birth: 12/24		rip: 00207	
•	7.77.7	Date of Diffil.	***************************************		

continued on other side

	Secretary: VALLINE AZERETNER		W. D. W. G. L. D. L. C.
	Home Address: 11811 N LAKE SHORE DR		
	City: MEQUON	State: WI	Zip: 53092
	City: MEQUON  Phone 414-406-0567  Treasurer: WAYNE A JURECKI  Home Address: 1111 N MARSHALL ST, UNIT 1002	Date of Birth02/06/197	'8
	Treasurer: WAYNE A JURECKI		Change I
	Home Address: 1111 N MARSHALL ST, UNIT 1002		and the second s
	City: MILWAUKEE	State: WI	Zip: 53202
	City: MILWAUKEE  Agent: WAYNE A JURECKI  Home Address: 1111 N MARSHALL ST, UNIT 1002		with the same of t
	Home Address: 1111 N MARSHALL ST, UNIT 1002		
	City: MILWAUKEE	State: WI	Zip: 53202
		Jale;	
4.	OTHER REQUIREMENTS:		
	Do you have on file with the Health Department, a valid and curren	t certificate of Insurance for this	license period? Ves Cina
	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:		
	Do you wish to participate in the Emergency Medical Services Sys	item?	✓Yes □No
	Total number of vehicles in service: 59		
	Please attach a separate page listing all vehicles including city assignments	gned number, and description (	year, make and vin number).
5.	The undersigned agrees to inform the Health Department within plied in this application. The undersigned shall not willfully refuse or franchise, or refuse to employ, or discharge any person otherwior ancestry; and not seek such information as a condition of emplection of personnel for training or promotion on the basis of such	e to provide those services offer ise qualified because of race, co ovment, or penalize any emplo	red under this license, permit,
6.	The undersigned understand that this application does not entitle is solely in the discretion of the Common Council.	e the applicants to a license and	that the granting of licenses
7.	I have a knowledge of the City Ordinances currently regulating the I depose and say that I am the person named above and that all state	icense applied for herein, and be ments made in the foregoing ap	eing duly sworn under oath, oplication are true and correct.
	SUBSCRIBED AND SWORN TO BEFORE METHIS 20th	day of Spotembe	9 14, 20 18
	Individual/Corporate President/Part	iner:	9
	Additional Partner/Corporate Vice P	resident Man P. H	mulserdo
	Notary Public, State of Wisconsin: Milwaukee	g-service NO	TARY
	My commission expires: $\frac{7}{31}$ $\frac{31}{2020}$	AV.	Gr. DE
	Corporate Secretary: 100	eie a. Colin	The AM
	Corporate Treasurer:		
		The state of the s	300NSIII
Dol	Not Write Below This Line	***	111111
		14)	
	Clerk License# New Renewa	al Date Filed	Date Granted
H-25	R9/09 MHD Graphics		

#### SERVICE CONTRACT (BID, CONTRACT OR PURCHASE ORDER #)

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

Jeffrey K. Bair	, being first duly sworn, on oath deposes and	
(Insurance Agent that signed the	e hisurance certificate submitted)	
says that he/she is the agen	at of the	
Lloyd's	insurer, on the attached certificate issued	
(Insurance Company(s) Named -listed under Insurers Affording	on Insurance Certificate that apply	
to Bell Ambulance, Ir	nc:	
(Name of Insu	ured/Contractor listed on insurance certificate)	
has any interest, directly or	d says that no officer, official or employee of the City of Milwaukee r indirectly, or is receiving any premium, commission, fee or other on with the furnishing of said insurance certificate.	h william segue
	(Agont's Signature)	
STATE OF lowa	7 X X X X X X X X X X X X X X X X X X X	
Dubugue	COUNTY	
Subscribed and sworn to be 20_18	efore me this 19 day of September	
From	Notary Public KATHRINE MICHELL Commission Number My Comm. Exp. 1	ESMITH 786980 020
My Commission expires:		

NOTE: THIS "AFFIDAVIT OF NO INTEREST" MUST BE COMPLETED AND SIGNED BY THE PERSON WHO EXECUTED THE CERTIFICATE OF INSURANCE, NOTARIZED, <u>AND SUBMITTED WITH YOUR CERTIFICATE OF INSURANCE</u>.

The name of the insurance agent signing this affidavit – not the name of the insurance company. The same agent whose name/signature is on the insurance certificate must complete this affidavit, and their signature must be notarized.

Ref: SharedVanusuoodInsurance Requirementalinsupance\_Requirements\_02222011.doc



9/19/2018

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 Jeff K. Bair 800 Main St. Dubuque IA 52001	confer rights to the certificate holder in lieu of	CONTACT NAME: PHONE (A/C, No, Ext); 563-587-5000 E-MAIL ADDRESS:	FAX (A/C, No): 563-58	3-7339
Dabagae IA 02001		INSURER(S) AFFORDING CO	VERAGE	NAIC#
INSURED	CCI ALIDA	INSURER A : Old Republic Insurance Comp	pany	24147
Bell Ambulance, Inc. PO Box 070550	DCLAWID	INSURER 8 : Lloyd's		
		INSURER C :		
Milwaukee WI 53207-0550	)	INSURER D :		
		INSURER E :		
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER: 732104019	REVISI	ON NUMBER:	
CERTIFICATE MAY BE ISSU	THE POLICIES OF INSURANCE LISTED BELOW HAD DING ANY REQUIREMENT, TERM OR CONDITION ED OR MAY PERTAIN, THE INSURANCE AFFORCINS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE	AVE BEEN ISSUED TO THE INSURED NAME I OF ANY CONTRACT OR OTHER DOCUME	D ABOVE FOR THE POL	

TYPE OF INSURANCE POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) LTR INSD WVD POLICY NUMBER X B COMMERCIAL GENERAL LIABILITY AH100327 6/1/2018 6/1/2019 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 CLAIMS-MADE X OCCUR \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$ 2,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: Employee Benefits

COMBINED SINGLE LIMIT
(Ea accident) \$ 1,000,000 **AUTOMOBILE LIABILITY** MWT8-313557 6/1/2018 6/1/2019 \$ 1,000,000 ANY AUTO X BODILY INJURY (Per person) \$ OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) HIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) X UMBRELLA LIAB UM300011 OCCUR 6/1/2018 6/1/2019 **EACH OCCURRENCE** \$4,000,000 EXCESS HAR CLAIMS-MADE AGGREGATE \$4,000,000 DED X RETENTION \$ 5 000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY MWC-313558-00 6/1/2018 6/1/2019 X PER STATUTE ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ 1,000,000 (Mandatory In NH) E.L. DISEASE - EA EMPLOYEE l yes, describe under DESCRIPTION OF OPERATIONS below \$1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 Healthcare Professional AH100327 6/1/2018 6/1/2019 Aggregate Incident 3,000,000

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.

CERTIFICATE HOLD	DER	 C	ANCELLATION	

City of Milwaukee; Health Department 841 N. Broadway, Room 315 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

K Brin

© 1988-2015 ACORD CORPORATION. All rights reserved.

Init number	In service since	Make	VIN	Location
403	2017	FORD	1FDWE3FS3HDC46465	Milwaukee
404	2018	CHEVROLET	1GB3GRCG5J1216125	Milwaukee
405	2012	CHEVROLET	1GB6G2B67A1100731	Milwaukee
406	2012	CHEVROLET	1GB6G2B67A1101247	Milwaukee
407	2012	CHEVROLET	1GB6G2B67A1101894	Milwaukee
408	2013	CHEVROLET	1GB3G2CLXD113D463	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
418	2015	CHEVROLET	1GB3G2CL3E1187363	Waukesha*
419	2016	FORD	1FDWE3FS3GDC36534	Milwaukee
420	2016	FORD	1FDWE3FS5GDC36535	Milwaukee
421	2016	FORD	1FDWE3FSXGDC50673	Milwaukee
423	2018	CHEVROLET	1GB3GRCG0J1215318	Milwaukee
424 425	2018	CHEVROLET	1GB3GRCG8J1217608	Milwaukee
425	2018	CHEVROLET	1GB3GRCG1J1218955	Milwaukee
***************************************	2018	FORD	1FDBW2XM6JKA75590	Milwaukee
431	2018	FORD	1FDBW2XM8JKA81021	Milwaukee
432	2018	FORD	1FDBW2XM8JKA75591	Milwaukee
434	2018	FORD	1FDBW2XMXJKA81022	Milwaukee
434	2018	FORD	1FDBW2XM1JKA81023	Milwaukee
440	2018	FORD	1FDBW2XM3JKA81024	Milwaukee
441	2015	CHEVROLET	1GBZGUCLXE1205718	Milwaukee
442	2015	CHEVROLET	1GBZGUCL7E1207426	Milwaukee
443	2015	FORD	1FDBW2XM1FKA42438	Milwaukee
444	2016 2016	FORD	1FDBW2XM4GKB07798	Milwaukee
445	2016	FORD	1FDBW2XM9GKB18778	Milwaukee
446	2016	FORD	1FDBW2XM0GKB22797	Milwaukee
447	2016	FORD	1FDBW2XM4GKB22799	Milwaukee
449		FORD	1FDBW2XM2GKB22798	Milwaukee
450		FORD	1FDBW2XM3HKA15499	Waukesha*
451		FORD FORD	1FDBW2XMXHKA37726	Milwaukee
452		FORD	1FDBW2XM1HKA37727	Milwaukee
453		FORD	1FDBW2XM3HKA37728	Milwaukee
460		FORD	1FDBW2XM8HKA37725	Milwaukee
461		FORD	1FDXE4FS6HDC26785	Milwaukee**
462		CHEVROLET	1FDXE4FS7HDC73209	Milwaukee**
470		CHEVROLET	1GB9G5B64A1112379	Milwaukee
472		CHEVROLET	1GB9G5B61A1124831 1GB9G5B68A1113647	Milwaukee
473		CHEVROLET	1GB6G5CL7E1198039	Milwaukee
474		CHEVROLET	1GB6G5CL7E1198039	Milwaukee
475		ORD	15DV545545D00454	Waukesha*
476		ORD	1FDXE4FS4GDC09191 1FDXE4FS3GDC24426	Milwaukee
477		ORD	1FDXE4FS9GDC06531	Milwaukee
478		ORD	1FDXE4FS7GDC06530	Milwaukee
479		ORD	1FDXE4FS8GDC34935	Milwaukee
480		ORD	1FDWE3FS8GDC50672	Milwaukee
481			1FDXE4FS5HDC73211	Milwaukee
482			1FDXE4FS0JDC06960	Milwaukee
483			1FDXE4FS0JDC06957	Milwaukee
484			1FDXE4FS2JDC19483	Milwaukee
485			1FDXE4FS4JDC40190	Milwaukee
495			1GBKG316791152653	Milwaukee Milwaukee

59 UNITS IN SERVICE

\*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

## **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

mana ender payable to the ci	ty of minwaukee Health Depa	irtment
Check(✔) one: ☐ Individual ☐ Partnership ☐ Corporation		
The Contractor		
NAME OF APPLICANT (If individual):		
Business Name: Curtis Universal Ambulance	. /	114 271 77.1
Business Address: 2266 N. Prospect Ave. Ste.:	the MAA	414-216-1711
6/11 - 1		water the second se
	State: <u>W/</u>	zip: 53202
Have any people on this application been convicted of violating	g any federal or state laws, or k	ocal ordinances?
If 'yes', name of person(s), date, charge and penalty:		
mailing Address: PO Box 2007 Milux	whee, w/ 53201	Service A. The Company of the
	÷ .	
2. PARTNERSHIP (If applicable):		
Name:		*
Home Address:		
City:	State:	
Phone:	Date of	Birth:
Hame		
Home Address:		
City:	State:	Zip;
Phone:	Date of E	Birth:
	£.	
. NAME OF CORPORATION Curtis-Universal, Inc.		
Address: 2266 N. Prospect Ave. 810 #440	Milwaukee 101 6:	224.2
Date and Place of Incorporation: October 17th 1969	7-Wisconsin	
President: James G. Baker, Jr.		
Home Address: W310 N8370 Kilbourne Rd.		
City: Hartland	*	
Phone 262-966-1853	State:	Zip: <u>53029</u>
•	Date of Birth 12/17/1	955
Vice President: James G. Baker, Jr.		
Home Address: Same as above		
City:	State:	Zip:
Phone	Date of Birth:	

Secretary: Debro	a Baker					17 3-10 19-301
Home Address: 203	3 Glenow	en Dr.				
City: Hartland				See. 1/1/	· - / - / -	4 >=
riione					8	029
Treasurer: James	G. Boker	· Jr.	Da	ate of Birth		
Home Address: 1/3	10 N8370	Kilhnin	20 10-1			
city:Hartland		MICOURT	K NO.	- 1.11		
Agent:				State: WI	Zip: <u>33</u>	209
Agent:		****				
City:	· ·		79.7		and the second s	-
4.3		à a		State:	Zip:	14
4. OTHER REQUIREMENTS	S:		* A			2 , 2
Do you have on file with t	the Health Depart	ment a validan	deservant martic		7	
>	- OI 4412COLIZILI III2	Dection Certina	are	cate of insurance for ti	his license period?	
Do you participate in the	Emergency Med	ical Services Sys	stem?			Yes □No  Yes □No
If yes, list service area nur	mber: 3	Same of		Organization (Inc.)		210 2110
Do you wish to participat	e in the Emergen	cy Medical Serv	Ices System?			⊠Yes □No
Total number of vehicles i	in service Q	4				St. A
Please attach a separate p	age listing all veh	icles including o	ity assigned nu	mber and description	from male	ar sussession of
or franchise, or refuse to e or ancestry; and not seek lection of personnel for tra  6. The undersigned understals solely in the discretion of	aining or promoti	ion on the basis	of such inform	, or penalize any empi ation.	oyee or discrimina	ate in the se-
is solely in the discretion o	f the Common Co	ouncil.			o that the grantin	g or ricenses
7. I have a knowledge of the C depose and say that I am th	lity Ordinances cu le person named a	irrently regulation above and that a	ng the license ap all statements m	oplied for herein, and bade in the foregoing a	peing duly swom upplication are true	nder oath, and correct.
SUBSCRIBED AND SWORN	TO BEFORE ME TH	11s_2_	day of _(	october		20 18
CAMERON NEITZKE Notary Public	Individual/Co	rporate Preside	nt/Partner:	fires d.	Bakup	
State of Wisconsin	Additional Par	rtner/Corporate	Vice President:	Sunar &	Daky	
Notary Public, State of Wisc	onsin:	ners	9/1/1	P	7	
My commission expires:	215/00	270	Car yes	• / /		
	45/60	162				
		C	Debi	a ym Bo	i de o A	y fi
	Corporate Sec	retary:	Debr	am Bo	iker	
		retary:	Debi Jumas	a m Bo & Bake	iker	
Do Not Write Below This Line	Corporate Sec	retary:	Debi	a m Bo & Bake	iker_	
Do Not Write Below This Line Clerk	Corporate Sec	retary:	Debi	a m Bo Defi	iker	

Marsh & McLennan Agency cannot alter or strike standard verbiage concerning cancellation notice to the Certificate Holder. Doing so would be a violation of Section 628.34(1)Wis. Stats concerning true representation of policy coverage.

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

**AFFIDAVIT** 

State of Wisconsin

Waukesha County

Carol Gau\_\_, being first duly sworn on oath, deposes and says that he/she is an Agent of Arch Insurance Company, the 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 of Agent (same as it appears on Certificate)

Subscribed and sworn to before me This 25th day of September, 2018

Notary Public, Waukesha County, Wisconsin

My Commission expires: 8-14-21

		-	_	-
		-		b
P	MC.		PIK	
	-			

9/25/2018

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 CONTACT Carol Gau Marsh & McLernan Agency LLC 2725 South Moorland Road New Berlin WI 53151 PHONE LAIC, No. Ext): 262-796-8828
E-MAIL
ADDRESS: carol.gau@marshmma.com FAX (A/C, No): 262-785-9753 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Arch Insurance Company 11150 INSURED Curtis-Universal Ambulance Inc. P.O. Box 2007 INSURER B: United Wisconsin Insurance Company 29157 INSURER C: 2266 N. Prospect Ave., Suite 440 Milwaukee Wi 53202 INSURER D : INSURER E: INSURER F : COVERAGES **CERTIFICATE NUMBER: 2116866365 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. ADDL SUBR TYPE OF INSURANCE POLICY EFF POLICY EXP POLICYNUMBER LIMITS COMMERCIAL GENERAL LIABILITY MAPK08390202 1/10/2019 1/10/2018 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 CLAIMS-MADE X OCCUR \$ 100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$ 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 2,000,000 X POLICY PEC-PRODUCTS - COMP/OP AGG \$2,000,000 OTHER: AUTOMOBILE LIABILITY MAPK08390202 COMBINED SINGLE LIMIT (Ea accident) 1/10/2018 1/10/2019 \$ 1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY BODILY INJURY (Per accident) S HIRED AUTOS ONLY PROPERTY DAMAGE (Per socident) \$ UMBRELLA LIAB X MAUM08511002 OCCUR 1/10/2018 1/10/2019 EACH OCCURRENCE \$2,000,000 X EXCESS LIAB CLAIMS-MADE AGGREGATE \$2,000,000 DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS LIABILITY 0400169017 8/1/2018 87/2019 STATUTE ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 500,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 500,000 Portable Equipment Professional Liability MAIM08442002 MAPK08390202 1/10/2018 1/10/2019 Per schedule on file \$1,000,000/\$2,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is additional insured for general liability. CERTIFICATE HOLDER CANCELLATION 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 Dept 841 N. Broadway, 3rd Floor Milwaukee Wi 53202-3653 AUTHORIZED REPRESENTATIVE

			Milwaukee		
Unit #	Year	Model	V.I.N. #	License	Registration
310	2007	G3500	1GBJG316971248731	ABP-5265	1/9/2019
311	2010	G3500	1GB6G2B66A1120419	ADB7526	6/14/2019
312	2009	G3500	1GBJG316991157784	ADB7527	6/14/2019
327	2006	E-350	1FDXE45P16HB00613	968-XKK	12/31/2017
329	2002	E-350	1FDSE35F72HA66179	411-YFW	10/05/2017
334	2004	E-450	1FDXE45P24HA49538	LT 3908	5/31/2018
353	1996	E-350	1FDJS34F6THB56687	543-XBV	4/30/2018
355	2010	E-350	1FDSS3EP3ADA32411	852-YSS	3/1/2018
356	2008	E-350	1FDSS34P48DB56909	472-ZEE	7/13/2018
383	1999	E-450	1FDXE40F0XHA17738	112-SSU	2/28/2018
385	2006	E-450	1FDXE45P36DA68531	606-XUU	5/14/2018
384	1997	E-450	1FDLE40F3VHA42063	904-UNV	3/5/2018
		Sec	ondary Response Vel	nicles	
5442	2002	E-350	1FDXE45F82HA19223	799-WCV	5/21/2018
5443	2009	E-450	1FDXE34P49DA08259	AAB-7445	4/7/2018
5444	1997	E-450	1FDLE40F9VHB77449	831-UUB	6/2/2018
5445	2007	G3500	1GBJG316471252928	ABC-3596	6/15/2019
5446	2007	G3500	1GBJG316871252799	Pending	1110/2010
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
386	1998	E-450	1FDXE40F3WHC06205	116-ZKF	12/7/2017
832	1995	E-350	1FDJE30F7SHA80392	947-GXS	3/31/2018
354	1993	E-350	1FDJS34MXPHB53697	280-VGV	10/1/2017
357	2008	E-350	1FDSS34P48DB09962	Inactive	