#### City of Milwaukee Fire 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 Fire Department

Ched	ck(  one: Individual  Partnership  Corporation									
	NAME OF APPLICANT (If individual):		400,0000							
	Business Name: BELL AMBULANCE, INC.		486-2000							
	Business Address: 549 E WILSON ST		50007.4005							
	City: MILWAUKEE	State: VVI	Zip: 53207-1635							
	Have any people on this application been convicted of violating any If 'yes', name of person(s), date, charge, and penalty:	y federal or state laws, or local	l ordinances? Tyes No							
	PARTNERSHIP (If applicable): Name:									
	Home Address:									
	City:		Zip:							
	Phone:		th:							
	Name									
	Home Address:									
	City:		Zip:							
	Phone:									
	NAME OF CORPORATION BELL AMBULANCE, INC.  Address: 549 E WILSON ST, MILWAUKEE, WI 53207-1635		·							
	Date and Place of Incorporation: OCTOBER 1, 1978, WISCONSII	V								
	President: R A ZEHETNER									
	Home Address: 212 E RAVINE DR									
	City: MEQUON	State: WI	53092							
	Phone 262-241-1990	Date of Birth 06/15/1948	8							
	Vice President: JAMES P LOMBARDO		7							
	Home Address: 549 E WILSON ST									
	City: MILWAUKEE	State: WI	Zip: <u>53207</u>							
	Phone 414-486-4013	Date of Birth: 12/24/1952	2 ·							

	Secretary: VALERIE A ZEHETNER				
	Home Address: 11811 N LAKE SHORE DR				5 - 5 - 7
	City: MEQUON	State:	WI	Zip:	53092
	Phone 414-406-0567	Date of Birth			T.,
	Treasurer: WAYNE A JURECKI	·			
	Home Address: 1111 N MARSHALL ST, UNIT 1002				- T
	City: MILWAUKEE	State:	WI	Zip:	53202
	Agent: WAYNE A JURECKI			•	76-20
	Home Address: 1111 N MARSHALL ST, UNIT 1002				77 77
	City: MILWAUKEE	State:	WI	Zip:	53202
4.	OTHER REQUIREMENTS:				
	Do you have on file with the Fire Department, a valid and current cer	tificate of insurance	e for this license p	eriod	? Yes No
	DoyouhaveavalidStateofWiscons inInspectionCertificate?				Yes No
	Do you participate in the Emergency Medical Services System?				Yes N
	If yes, list service area number: 4				
	Do you wish to participate in the Emergency Medical Services System	?			Yes No
	Total number of vehicles in service: 65				
	Please attach a separate page listing all vehicles including city assign	ned number, and do	escription (vear. r	nake :	and vin number).
	information supplied in this application. The undersigned shall not validense, permit, or franchise, or refuse to employ, or discharge any sex, national origin or ancestry; and not seek such information as a discriminate in the selection of personnel for training or promotion.	person otherwise q condition of emplo	ualified because syment, or penali	of rac	e, color, creed,
6.	The undersigned understand that this application does not entitle is solely in the discretion of the Common Council.	the applicants to a	license and that	the g	ranting of licenses
7.	I have a knowledge of the City Ordinances currently regulating the lice depose and say that i am the person named above and that all statem		_		
	SUBSCRIBED AND SWORN TO BEFORE ME THIS dar	of SeDJeA	tot l		, 20
	Individual/Corporate President/Part	ner:	TAON	4	
	Additional Partner/Corporate Vice F	resident:	20 Forms	M	do.
	Notary Public, State of Wisconsin: Milwackee Coo	nty day	reela n	10	Saches
	My commission expires: 8/3/2004 Angelo	2M Sath	el		
	Corporate Secretary:	u (). 2	selven	~	ANFOR
	Corporate Treasurer:	-an	1	V.	3 7 7 7 3 3
Do	Not Write Below This Line	7			
_	Clerk License# New Rene	ewal Date	e Filled		Date Granted

#### BELL AMBULANCE 2021 VEHICLE LIST FOR CITY

Jnit number	In service since	Make	VIN	Location
403	2017	FORD	1FDWE3FS3HDC46465	Milwaukee
404	2018	CHEVROLET	1GB3GRCG5J1216125	Milwaukee
405	2018	CHEVROLET	1GB3GRCG1J1342949	Waukesha*
406	2018	CHEVROLET	1GB3GRCG7J1342177	Milwaukee
407	2018	CHEVROLET	1GB3GRCG2J1342541	Milwaukee
408	2018	CHEVROLET	1GB3GRCG3J1342631	Milwaukee
409	2020	CHEVROLET	1GB3GRCG9L1216342	Milwaukee
410	2014	CHEVROLET	1GB3G2CL8E1108544	Milwaukee
411	2020	CHEVROLET	1GB3GRCG3L1215249	Milwaukee
412	2014	CHEVROLET	1GB3G2CL5E1107772	Milwaukee
413	2014	CHEVROLET	1GB3G2CL6D1182382	Milwaukee
414	2014	CHEVROLET	1GB3G2CL4D1182459	Milwaukee
415	2019	CHEVROLET	1GB3GRCGXK1298189	Milwaukee
416	2015	CHEVROLET	1GB3G2CL8E1186435	Milwaukee
418	2015	CHEVROLET	1GB3G2CL3E1187363	Milwaukee
419	2016	FORD	1FDWE3FS3GDC36534	Milwaukee
420	2016	FORD	1FDWE3FS5GDC36535	Milwaukee
421	2016	FORD	1FDWE3FSXGDC50673	Milwaukee
422	2016	CHEVROLET	1FDWE3FS8GDC50672	Milwaukee
423	2018	CHEVROLET	1GB3GRCG0J1215318	Milwaukee
424	2018	CHEVROLET	1GB3GRCG8J1217608	Milwaukee
425	2018	CHEVROLET	1GB3GRCG1J1218955	Milwaukee
426	2018	CHEVROLET	1GB3GRCG1J1218468	Milwaukee
430	2018	FORD	1FDBW2XM6JKA75590	Milwaukee
431	2018	FORD	1FDBW2XM8JKA81021	Milwaukee
432	2018	FORD	1FDBW2XM8JKA75591	Milwaukee
433	2018	FORD	1FDBW2XMXJKA81022	Milwaukee
434	2018	FORD	1FDBW2XM1JKA81023	Milwaukee
435	2018	FORD	1FDBW2XM3JKA81024	Milwaukee
436	2019	FORD	1FDBW2XM1KKA07411	Milwaukee
437	2019	FORD	1FDBW2XMXKKA38236	Milwaukee
439	2019	FORD	1FDBW2XM1KKA38237	Milwaukee
440	2015	CHEVROLET	1GBZGUCLXE1205718	Milwaukee
441	2015	CHEVROLET	1GBZGUCL7E1207426	Milwaukee
442	2015	FORD	1FDBW2XM1FKA42438	Milwaukee
443	2016	FORD	1FDBW2XM4GKB07798	Milwaukee
444	2016	FORD	1FDBW2XM9GKB18778	Milwaukee
445	2016	FORD	1FDBW2XM0GKB22797	Milwaukee
446	2016	FORD	1FDBW2XM4GKB22799	Milwaukee
447	2016	FORD	1FDBW2XM2GKB22798	Milwaukee
449	2017	FORD	1FDBW2XM3HKA15499	Waukesha*
450	2017	FORD	1FDBW2XMXHKA37726	Milwaukee
451	2017	FORD	1FDBW2XM1HKA37727	Milwaukee
452	2017	FORD	1FDBW2XM3HKA37728	Milwaukee
453	2017	FORD	1FDBW2XM8HKA37725	Milwaukee
454	2019	FORD	1FDBW2XM7KKA94957	Milwaukee
460	2017	FORD	1FDXE4FS6HDC26785	Milwaukee**
461	2017	FORD	1FDXE4FS7HDC73209	Milwaukee**
473	2015	CHEVROLET	1GB6G5CL7E1198039	Milwaukee
474	2015	CHEVROLET	1GB6G5CL1E1198649	Milwaukee
475	2016	FORD	1FDXE4FS4GDC09191	Milwaukee
476	2016	FORD	1FDXE4FS3GDC24426	Milwaukee
477	2016	FORD	1FDXE4FS9GDC06531	Milwaukee
479	2016	FORD	1FDXE4FS8GDC34935	Milwaukee
481	2017	FORD	1FDXE4FS5HDC73211	Waukesha*
482	2018	FORD	1FDXE4FS0JDC06960	Milwaukee
483	2018	FORD	1FDXE4FS0JDC06957	Milwaukee
484	2018	FORD	1FDXE4FS2JDC19483	Milwaukee
485	2018	FORD	1FDXE4FS4JDC40190	Milwaukee
486	2019	FORD	1FDXE4FS1KDC04099	Milwaukee
487	2019	FORD	1FDXE4FS7KDC01515	Milwaukee
488	2019	FORD	1FDXE4FS4GDC49464	Milwaukee
489	2019	FORD	1FDXE4FSXGDC49467	Milwaukee
490	2019	FORD	1FDXE4FS7GDC24395	Milwaukee
491	2020	FORD	1FDXE4F\$1KDC42643	Milwaukee

65 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



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/16/2020

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 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.				CONTACT NAME: PHONE IAIC, No, Ext): 563-587-5000  E-MAIL ADDRESS:    FAX (A/C, No): 563-583-7339					
Dubuque IA 52001			INSURER(S) AFFORDING COVERAGE				AIC#		
			INSURER A : Old Republic Insurance Company				4147		
	INSURED BELAMB1			INSURER B: Coverys Specialty Insurance Company				5686	
	Bell Ambulance, Inc. PO Box 070550			INSURER C:					
Mil	waukee WI 53207-0550				INSURER D :				
					INSURER E :				
					INSURER F :				
				NUMBER: 670610381			REVISION NUMBER:		
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE. BEEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	T TO WHIC	H THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
8	X COMMERCIAL GENERAL LIABILITY			005WI000031401	6/1/2020	6/1/2021	EACH OCCURRENCE	\$ 1,000,000	
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000	
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$3,000,000	
	OTHER:						Employee Benefits	\$ 1,000,000	
Α	AUTOMOBILE LIABILITY			MWTB-313557	6/1/2020	6/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	X ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
В	UMBRELLA LIAB X OCCUR			005WI000031401	6/1/2020	6/1/2021	EACH OCCURRENCE	\$4,000,000	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$							\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			MWC 313558	6/1/2020	6/1/2021	X PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000,000	
	(Mandatory in NH)  If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
В	Healthcare Professional			005W1000031401	6/1/2020	6/1/2021	Aggregate Per occurrence	3,000,000 1,000,000	
The	RIPTION OF OPERATIONS / LOCATIONS / VEHICI City of Milwaukee is additional insured /ided by the insurance company to the o	on th	e ger	neral liability policy subject	to all terms and cond	litions of the	policy forms. A 30 day not	ice of cance	lation is
CERTIFICATE HOLDER C				CANCELLATION					
City of Milwaukee Fire Department			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						

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

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

1990 DEST TANDESCRIPTION TO STAND TO STAND
Jeffrey K. Bair , being first duly sworn, on oath deposes and
(Insurance Agent that signed the insurance certificate submitted)1
says that he/she is the agent of the
Coverys Specialty Insurance Company, insurer, on the attached certificate issued
(Insurance Company(s) Named on Insurance Certificate that apply -listed under Insurers Affording Coverage)
to Bell Ambulance, Inc
(Name of Insured/Contractor listed on insurance certificate)
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 in connection with the furnishing of said insurance certificate.
- Store com
(Agant's Signature)
STATE OF LOWS
Dubuque COUNTY
Subscribed and sworn to before me this 21 day of September,
Christine Adams Notary Public CHRISTINE A. ADAMS Commission Number 786971
My Commission expires: //-/0 - 2020 My Comm. Exp.//-/05000
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</u> INSURANCE.

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

Ref. Shared\maximucolinsurance Requirementalinsurance\_Requirements\_02232011.doc

# **BELL AMBULANCE, INC.**

PO BOX 070550 AUKEE, WI 53207-0550 (414) 486-2000

DOWNTOWN • CAPITOL DRIVE • BROOKFIELD MILWAUKEE, WISCONSIN 53216

12-66/750

9/16/2020

PAY TO THE ORDER OF

City of Milwaukee Fire Department

\*\*1,100.00

DOLLARS

0

City of Milwaukee Fire Department 711 W Wells St Milwaukee WI, 53233-1403

**MEMO** 

Annual City Recertification

TWO SIGNATURES REQUIRED - VOID AFTER 180 DAYS

#OB7560# #1075000666# #1#733 366 O#

BELL AMBULANCE, INC.

City of Milwaukee Fire Department

9/16/2020

1,100.00

87560

Annual City Recertification

General Checking Acc Annual City Recertification

1,100.00