Nalowell.
STATE OF WISCONSIN) SS County)
David Jesse, being first duly sworn, on oath deposes and says (Agent)
that he/she is the agent of the $\frac{MMTC}{(Company name)}$, insurer
on the attached certificate issued to Midwest Midwest Midwest Transport Company 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. (Signature of above Agent)
Subscribed and sworn to before me
this 1st day of December 20 20.
Notary Public-State of-Wisconsin Notary
My Commission expires 6/13/23 GENERAL NOTARY - State of Nebraska
Notary Seal Must Be Affixed JACQUELINE L. DREY

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.

My Comm. Exp. June 13, 2023

- 2) 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.)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/1/2020

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(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).

The Harry A, Koch Co. P.O. Box 45279 Omaha NE 68145 Moderate Processing		is certificate does not confer rights to							equire air endorsement		atement on		
The Harry A. Koch Co. PAX	PRODUCER The Harry A. Koch Co. P.O. Box 45279 Omaha NE 68145						CONTACT NAME: Gina Schlake						
Omaha NE 68145 Midvest Medical Transport Company LLC; Midwest Medivan Transportation Company, LLC; Midwest Med													
MIGHED MidWest Medical Transport Company LLC; Midwest Medivan Transportation Company, LLC; Midwest Medical Group, LLC; Platte County Ambulance 4020 S 147th Street, Suite 101 Omaha NE 691 691 7 COVERAGES CERTIFICATE NUMBER: 433821729 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED COUNTY WITH REPORT TO HIGH TRINS. EXCULSIONS AND CONSTRUCTOR SOURCE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TEAN OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH REPORT TO HIGH TERMS. EXCULSIONS AND CONDITIONS OF SULPH POLICIES. LIMITS SHOWN MAY HAVE BEEN ISSUED TO THE INSURED COUNTY WITH REPORT TO HIGH TERMS. EXCULSIONS AND CONSTRUCTOR SULPH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCE BY PAID CALLING. HERMS IN THE TERMS. EXCULSIONS AND CONSTRUCTOR SULPH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CALLING. HERMS IN THE TERMS. EXCULSIONS AND CONSTRUCTOR SULPH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CALLING. HERMS IN THE TERMS. EXCULSIONS AND CONSTRUCTOR SULPH POLICIES. THE TERMS. EXCULSIONS AND CONSTRUCTOR SULPH POLICIES							E-MAIL ADDRESS: gina.schlake@hakco.com						
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