

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/29/2021

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).

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PRODUCER		CONTACT Jennifer Gardner					
Edgewood Partners Insurance Center		(A/C, NO, EXt): \	661-2499				
P. O. Box 1689		E-MAIL jennifer.gardner@epicbrokers.com					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
Pearl River	NY 10965	INSURER A: Lexington Insurance Company	19437				
INSURED		INSURER B: Arch Insurance Company	11150				
Paramedics Logistics Operating Company, LLC		INSURER C: Arch Indemnity Insurance Company	30830				
		INSURER D:					
115 Jordan Plaza Blvd., Ste 200		INSURER E :					
Tyler	TX 75704	INSURER F:					
COVERAGES CERTIFICATE NUMBE	R: 21-22 Master	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	INSR POLICY ESP POLICY ESP							
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY			6798524	07/01/2021	07/01/2022	DAMAGE TO RENTED	1,000,000 50,000
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$	n/a
Α		Υ					PERSONAL & ADV INJURY \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	3,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$	1,000,000
	OTHER:						\$	5
	AUTOMOBILE LIABILITY	Υ	11CAB1020502	11CAB1020502	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident)	2,000,000
	X ANY AUTO						BODILY INJURY (Per person) \$	5
В	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	5
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	5
							\$	5
	✓ UMBRELLA LIAB OCCUR			6798525 07/01/2021			EACH OCCURRENCE \$,
Α	EXCESS LIAB CLAIMS-MADE	Υ			07/01/2022	AGGREGATE \$	5,000,000	
	DED RETENTION \$						\$	5
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			11WCl1020302/ 14WCl1020402	07/01/2021	07/01/2022	➤ PER STATUTE OTH-	
B/C	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT \$	1,000,000
(1	(Mandatory in NH)							1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	1,000,000
A	PROFESSIONAL LIABILITY			6798524	07/01/2021	07/01/2022	EACH OCCURRENCE	1,000,000
							AGGREGATE	3,000,000

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

REFERENCE #-96-Z338186. Blanket Waiver of Subrogation as required by written contract, agreement, permit, provided the written contract, agreement or permit is excecuted prior to the "claim" being made or the "suit" being brought. Subject to all policy terms, conditions, exclusions. Additional Insured in favor of Pinellas County (except for Worker's Comp/EL) where and to the extent required by written contract.

See Attached

CERTIFICATE HOLI	DER			CANCELLATION
	as County, a Political Subdivision of the			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
State	of Florida -0/0 LBIX BFO			AUTHORIZED REPRESENTATIVE
400 S Fort Harrison Ave			A CHICAGE REPRESENTATIVE	
Clearv I	water	FL	33756	ful a h

COMMENTS/REMARKS

Crime Limit: \$1,000,000 effective 3/29/21-3/29/22, The Hanover Insurance Company, Policy #BDY-D522425-03

Cyber Liability Limit $$1,000,000\ 3/29/21-3/29/22$, Underwrites at Lloyds', London (Lloyds Syndicate 2623/623), Policy \$#W223C8210401

Claims Made coverage applicable to Professional Liability and Umbrella Policies. Retroactive Date 3/29/2018.

Professional Liability/General Liability/Umbrella Liability

- -Additional Insured as required by written contract
- -Waiver of Subrogation as required by written contract
- -Primary and Non-Contributory as required by written contract
- -Notice of Cancellation (specified days) as required by written contract

Automobile Liability

- -Additional Insured as required by written contract
- -Waiver of Subrogation as required by written contract
- -Primary and Non-Contributory as required by written contract
- -Notice of Cancellation (specified days) as required by written contract

Workers' Compensation

- -Alternate Employer Endorsement
- -Notice of Cancellation as required by written contract
- -Waiver of Subrogation as required by written contract

COMMENTS/REMARKS

Claims Made coverage applicable to Professional Liability and Umbrella Policies. Named Insureds:

- Paramedics Logistics Operating Company, LLC
- Paramedics Logistics South Dakota, LLC
- Paramedics Logistics Florida, LLC
- Paramedics Logistics Indiana, LLC
- Paramedics Logistics Texas, LLC
- The EMS Training School, LLC
- PatientCare Logistics Solutions Mississippi, LLC
- MedFleet LLC

Professional Liability/General Liability/Umbrella Liability

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- -Notice of Cancellation (specified days) as required by written contract

Automobile Liability

- -Additional Insured as required by written contract
- -Waiver of Subrogation as required by written contract
- -Primary and Non-Contributory as required by written contract
- -Notice of Cancellation (specified days) as required by written contract

Workers' Compensation

- -Alternate Employer Endorsement
- -Notice of Cancellation as required by written contract
- -Waiver of Subrogation as required by written contract
- -Policy #14WCI1020402: Indiana, Texas
- -Policy #11WCI1020302: All other states