



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: NEW RENEWAL

SERVICE TYPE: Wheelchair Transport ALS Interfacility ALS Non-Transport
 Stretcher Transport ALS Helicopter ALS Transport

TYPE OF ENTITY: Sole Proprietor Partnership Non-Profit Corporation Corporation

Form with fields for Organization Name (Rocky Mountain Holdings, LLC, d/b/a AirLife), Address (5500 Quebec Street), City (Greenwood Village, CO, 80111), and Officer/Director Name (see attached 1).

REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements.

I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: [Handwritten Signature] DATE: MAY 6, 2020

STATE OF FLORIDA
COUNTY OF Hillsborough

Subscribed and sworn to (or affirmed) before me this 5/6/20 by Matthew Edward Turner, who is/are personally known to me or has/have produced FL DL TWSB-545-70-2550 as identification.

(SEAL) Wanda L. Negrón NOTARY PUBLIC STATE OF FLORIDA Comm# GG077562 Expires 2/27/2021 (Name of Notary typed, printed or Form stamped)



HELICOPTER/AIRCRAFT ROSTER

Name of Service: Rocky Mountain Holdings LLC d/b/a Air Life Date: 5/2/2020 Page: 1 of 1

Provide helicopter/aircraft type, model/year, identifying FAA license #/permit information, radio ID, and base location. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included.

Helicopter/Aircraft Type	Model/Year	FAA License #	Radio ID	Base Location
1. AIRBUS	EC135P2+ 2008	N163BF		NORTH PORT
2. AIRBUS	EC135P2+ 2008	N527BF		TAMPA
3. AIRBUS	EC135P2+ 2007	N911BF		INVERNESS
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				



PERSONNEL ROSTER

Name of Service: Rocky Mountain Holdings LLC d/b/a Air Life Date: 5/2/2020 Page: 1 of 1

List personnel, position, licensure/certification, and expiration date. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included.

Name (Last, First) Also list "nick-name" if applicable	Position	License/Certification	Expiration Date
1. PLEASE SEE ATTACHED			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

2020 Air Methods Flight Personnel

Name	Position	EMTP License #	EXP	RN License #	EXP
BURGNER, AMY	FLIGHT NURSE	PMD511393	12/1/20	RN9195187	7/31/20
BULL, MICHAEL	FLIGHT PARAMEDIC	PMD511999	12/1/20		
CHESTER, DEAN	FLIGHT PARAMEDIC	PMD6372	12/1/20		
COATES, MICHAEL	FLIGHT PARAMEDIC	PMD8859	12/1/20		
MADER, ASHLEIGH	FLIGHT NURSE			RN9271391	4/30/21
PRICE, KAITLYN	FLIGHT NURSE			RN9478796	4/30/21
YOUNG, PAMELA	FLIGHT NURSE			RN9326903	4/30/21
SANDERS, CHERYL	FLIGHT NURSE			RN9294562	4/30/21
EVERSON, JAMES	FLIGHT PARAMEDIC	PMD523470	12/1/20		
JOHNSON, CHRIS	FLIGHT PARAMEDIC	PMD520564	12/1/20		
FETTERMAN, SCOTT	FLIGHT PARAMEDIC	PMD514798	12/1/20		
FLOHRE, SHAWN M	FLIGHT PARAMEDIC	PMD505121	12/1/20		
FRY, WILLIAM J	FLIGHT PARAMEDIC	PMD18919	12/1/20		
GLADIEUX, ALAN	FLIGHT NURSE	PMD524585	12/1/20	RN9331877	4/30/21
GONZALEZ, TAMMY M	FLIGHT NURSE	PMD10824	12/1/20	RN2003972	4/30/21
HAVERTY, HAROLD J	FLIGHT PARAMEDIC	PMD9673	12/1/20		
HICKMAN, MELISSA	FLIGHT NURSE	PMD520980	12/1/20	RN9220298	4/30/21
MCMILLAN, JOHN	FLIGHT PARAMEDIC	PMD517533	12/1/20		
MONTE, ALEXANDER	FLIGHT NURSE	PMD17153	12/1/20	RN9243694	4/30/21
MORRELL, DIONALD	FLIGHT PARAMEDIC	PMD529586	12/1/20		
PARSONS, KEITH	FLIGHT PARAMEDIC	PMD515112	12/1/20		
REID, KATHRYN	FLIGHT NURSE	PMD511720	12/1/20	RN9223603	7/31/20
SAVAGE, RICHARD	FLIGHT PARAMEDIC	PMD19564	12/1/20		
SHANE, DAVID	FLIGHT NURSE	PMD10935	12/1/20	RN2163452	4/30/21
SHRIVER, AARON	FLIGHT PARAMEDIC	PMD206675	12/1/20		
SWARTZ, BRIAN	FLIGHT PARAMEDIC	PMD14735	12/1/20		
JOALLAIN THEVENET	FLIGHT NURSE	PMD524393	12/1/20	RN9168099	4/30/20
WILLIAMS, WENDY S	FLIGHT NURSE	PMD509527	12/1/20	RN3214422	4/30/21



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/24/2020

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).

PRODUCER Willis Towers Watson Insurance Services West, Inc. fka Willis of Colorado, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center	
	PHONE (A/C. No. Ext): 1-877-945-7378	FAX (A/C. No.): 1-888-467-2378
E-MAIL ADDRESS: certificates@willis.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Lloyd's		B7874
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

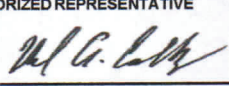
COVERAGES **CERTIFICATE NUMBER:** W16324841 **REVISION NUMBER:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Medical Prof., General Liab. & Prod./Com. Ops Liab			W1B17E200501	04/27/2020	04/27/2021	Aggregate \$10,000,000 Each Claim \$6,000,000 Each Claim Deductible \$500,000

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

CERTIFICATE HOLDER **CANCELLATION**

Evidence Only	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 

**Willis of New York, Inc. d/b/a Willis Aerospace
CERTIFICATE OF INSURANCE**

200 Liberty Street, 7th Floor
New York, NY 10281
(212) 915-7652

This is To Certify To:
To Whom It May Concern

(Sometimes referred to herein as the Certificate Holder(s))

That the insurers listed, each for their own part, and not one for the other, are providing the following insurance:

NAMED INSURED	Air Methods Corporation, et al, and Enchantment Aviation, Inc., dba Southwest Air Ambulance dba Southwest Med Evac, AmSec entities, Air Methods Telemedicine, LLC and/or any associated, subsidiary, affiliated, managed, owned or controlled companies or entities hereafter created or constituted. "Associated, subsidiary, affiliated, managed, owned or controlled companies or entities" appearing above means any company or entity for whom the Insured has agreed to be responsible for or for which it has assumed an active management.
ADDRESS	5500 S. Quebec St., Suite 300 Greenwood Village, CO 80111
COVERAGES	Aircraft Hull and Liability and Aviation General Liability Insurance
TERRITORY	Worldwide
POLICY PERIOD	July 1, 2019 to July 1, 2020 on both dates at 12:01 AM LST
EQUIPMENT	Any and all aircraft operated by the Named Insured including the aircraft specifically listed on the Fleet and/or Equipment Schedule below.
INSURERS	Allianz Global Risks US Insurance Company and other US and Lloyds Companies – 100% (For more detailed SECURITY (the "Insurers") information, please see Addendum 0001)

LIMITS OF LIABILITY	
Aircraft Liability and Aviation General Liability	
Combined Single Limit for Bodily Injury, Personal Injury and/or Property Damage:	USD \$50,000,000 per occurrence. Personal Injury is sub limited to USD \$25,000,000 any offense and in the aggregate.
including AVN52 (War Liability), the sublimit is:	USD \$50,000,000 per occurrence and in the aggregate, except with respect to passengers which the full policy limit to apply (this limit is included within the policy limit and not in addition to).
Additional Coverages:	NA
SPECIAL PROVISIONS	