



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 DBA Bayflite), Hours of Operation (24-Hour), Address 1 (5500 Quebec Street), Phone (303-792-7400), Address 2, City (Greenwood Village, CO 80111), Officer/Director Name (See Attached), Vice Officer/Director Name (See Attached), Business Hours Point-of-Contact (Scott Betz), and After Hours Point-of-Contact (Scott Betz).

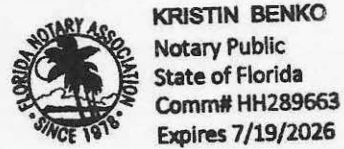
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications 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: 9/11/24

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 9/11/24 by Scott Betz, who is/are personally known to me or has/have produced Florida Drivers License as identification.



[Handwritten Signature: Kristin Benko]

(Name of Notary typed, printed or Form stamped)



**Helicopter Roster
2024**

Name of Service: Bayflite

Date: 8/29/2024 Page: 1 of 1

*You may use this form or attach a company roster.

Aircraft	Model	FAA License #
Airbus - Eurocopter	EC135P2+ 2008	N163BF
Airbus - Eurocopter	EC135P2+ 2008	N527BF
Airbus - Eurocopter	EC135P2 2004	N533LF

2024 Air Methods Flight Personnel

Name	Position	EMTP License #	EXP	RN License #	EXP
BULL, MICHAEL	FLIGHT PARAMEDIC	PMD511999	12/1/2024		
CHESTER, DEAN	FLIGHT PARAMEDIC	PMD6372	12/1/2024		
COOK, RYAN	FLIGHT NURSE	PMD537996	12/1/2024	RN9353120	7/31/2026
JOHNSON, MATT	FLIGHT NURSE	PMD531548	12/1/2024	RN9394789	7/31/2026
SMITH, MICHELLE	FLIGHT NURSE			RN9171701	7/31/2026
YOUNG, PAMELA	FLIGHT NURSE			RN9326903	4/30/2025
SANDERS, CHERYL	FLIGHT NURSE			RN9294562	4/30/2025
EVERSON, JAMES	FLIGHT PARAMEDIC	PMD523470	12/1/2024		
FETTERMAN, SCOTT	FLIGHT PARAMEDIC	PMD514798	12/1/2024	RN9477091	4/30/2025
FISHER, CY	FLIGHT PARAMEDIC	PMD540991	12/1/2024		
FRY, WILLIAM J	FLIGHT PARAMEDIC	PMD18919	12/1/2024		
GONZALEZ, TAMMY M	FLIGHT NURSE	PMD10824	12/1/2024	RN2003972	4/30/2026
MATTINGLEY, STEVE	FLIGHT PARAMEDIC	PMD536971	12/1/2024		
WEBSTER, JOSHUA	FLIGHT PARAMEDIC	PMD526658	12/1/2024		
SOX, MATTHEW	FLIGHT PARAMEDIC	PMD519304	12/1/2024		
MONTE, ALEXANDER	FLIGHT NURSE	PMD17153	12/1/2024	RN9243694	4/30/2025
PEREA, AMY	FLIGHT NURSE	PMD531748	12/1/2024	RN9217210	4/30/2026
REID, KATHRYN	FLIGHT NURSE	PMD511720	12/1/2024	RN9223603	7/31/2026
TURNER, DAKOTA	FLIGHT NURSE	PMD537748	12/1/2024	RN9480453	4/30/2025
SHANE, DAVID	FLIGHT NURSE	PMD10935	12/1/2024	RN2163452	4/30/2026
SWARTZ, BRIAN	FLIGHT PARAMEDIC	PMD14735	12/1/2024		
SCHAFFER, MICHAEL	FLIGHT PARAMEDIC	PMD526041	12/1/2024		
LAFEMINA, JIM	FLIGHT PARAMEDIC	PMD527161	12/1/2024		
MORTON, BILL	FLIGHT PARAMEDIC	PMD532100	12/1/2024		
SMITH, LAURA	FLIGHT NURSE	PMD532341	12/1/2024	RN9383641	4/30/2026
STINES, BRIAN	FLIGHT NURSE			RN9336125	4/30/2025
RIOS, ANGEL	FLIGHT PARAMEDIC	PMD530613	12/1/2024		



Willis Towers Watson Northeast, Inc.
d/b/a Willis Aerospace

200 Liberty Street, 6th Floor
 New York, NY 10281

CERTIFICATE OF INSURANCE

This is To Certify To:

Pinellas County, A Political Subdivision of the State of Florida
 400 South Fort Harrison Ave Bayflite CIO 2025
 Clearwater FL 33756

(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 LLC , et al, and Enchantment Aviation, Inc. dba Southwest Air Ambulance, dba Southwest Med Evac, CHPPR Holdings Inc., CHPPR GuarantorCo Inc., CHPPR MidCo Inc., CHPR AcquisitionCo Inc., ASP AMC Intermediate Holdings, LLC, Air Methods Telemedicine, LLC, AirMD, LLC, dba LifeSave, dba LifeSave Kupono, and/or any associated, subsidiary, affiliated, managed, owned or controlled companies or entities appearing above, or any company or entity for whom the Insured has agreed to be responsible for.
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, 2024 to July 1, 2025 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	National Union Fire Insurance Company of Pittsburgh, PA through AIG Aerospace Insurance Services, Inc. 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

Subject always to the scope of the policies noted above and all the policies' declarations, insuring agreements, definitions, terms, conditions, limitations, exclusions, deductibles, warranties and endorsements thereof remaining paramount: **Solely as respects:** (i) The Coverage(s) noted above; (ii) the Contract(s) (and then only to the extent of the Named Insured's obligation to provide insurance under the terms of the Contract(s)); and (iii) the operations of the Named Insured; the following provision(s) apply(ies):

The use of the terms "Additional Insured" / "Additional Insureds", when used in the context of coverages other than Liability Coverage(s), are solely for the purpose of identifying parties and does not, by virtue of the use of these terms, convey any benefits or rights not provided for under the policies.

Solely as respects Liability Coverage(s) and Solely when Required by Contract: Certificate Holder(s) is/are included as Additional Insureds (collectively, the Additional Insureds, individually, an Additional Insured) as their respective interests may appear, warranted no operational interest. The insurance extended by this policy shall not apply to, and the Certificate Holder shall not be insured for bodily injury or property damage which arises from the design, manufacture, modification, repair, sale, handling or servicing of the aircraft by the Certificate Holder.

Fleet and/or Equipment Schedule
NA

Additional Notes
NA



As respects each Certificate Holder(s) respective interests, this Certificate of Insurance shall automatically terminate upon the earlier of: (i) Policy expiration; (ii) Cancellation of the policies prior to policy expiration, as notified to the Certificate Holder(s) as required herein; (iii) agreed termination of the Contract(s); and/or in the case of physical damage insurance relating to those Certificate Holder(s) who have an insurable interest in the Equipment as of the date of issuance of this Certificate of Insurance: agreed termination of the Named Insured's and/or the Certificate Holder(s) insurable interest in the Equipment

This Certificate of Insurance is issued as summary of the insurances under the policies noted above and confers no rights upon the Certificate Holders as regards the insurances other than those provided by the policies. The undersigned has been authorized by the above insurers to issue this certificate on their behalf and is not an insurer and has no liability of any sort under the above policies as an insurer as a result of this certification.

A handwritten signature in black ink, reading "Hilary Wheatley", is positioned above a horizontal line.

Date of Issue: July 1, 2024

Hilary Wheatley, Authorized Representative
Willis Towers Watson, Northeast, Inc. - Aerospace
CertificateRequestAirMethods@wtwco.com

September 11, 2024

Lynn Abbott
Administrative Support Specialist II
Pinellas County EMS and Fire Administration
12490 Ulmerton Rd. Suite 134
Largo, FL 33774

Dear Mrs Abbott,

The following fee schedule is posted here to comply with county COPCN requirements. However, the rates do not represent what the vast majority of patients ultimately pay. We are a network provider with Blue Cross Blue Shield of Florida, Medicare, Medicaid, and other Managed Care Organizations. For each of these contractual arrangements, the reimbursement is below the rates set below. In addition, any patient responsibility will be determined by the applicable health insurer.

- Liftoff: \$51,223.80
- Loaded Mileage: \$615.66/mile
- Per transport Cap: \$89,999.00

Sincerely,



Scott Betz
Central Florida Area Manager
Southeast Region
Air Methods Corporation.
scott.betz@airmethods.com
727-505-9957