



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

ORGANIZATION NAME: JOHNS HOPKINS ALL CHILDRENS LIFELINE	HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 501 6TH AVENUE SOUTH	PHONE: 727-767-7337
ADDRESS 2:	FAX: 727-767-4837
CITY, STATE, ZIP CODE: ST PETERSBURG	
	PHONE NUMBER & E-MAIL:
OFFICER/DIRECTOR NAME & TITLE: JULIE BACON LIFELINE PROGRAM MAN	PHONE NUMBER & E-MAIL: 727-767-7337
BUSINESS HOURS POINT-OF-CONTACT: JULIE BACON	PHONE NUMBER & E-MAIL: 727-767-7337 julie.bacon11@jhmi.edu
AFTER HOURS POINT-OF-CONTACT: JULIE BACON	PHONE NUMBER & E-MAIL: 407-432-5498 julie.bacon11@jhmi.edu

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: *Julie Bacon* DATE: 10-5-2020

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this October 5th 2020 by Julie Bacon, who is/are personally known to me or has/have produced Florida Drivers license as identification.

(SEAL) *[Signature]*



(Name of Notary typed, printed or Form stamped)



**WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM**

Pinellas County Rules and Regulations, as Amended

Name of Service: JOHNS HOPKINS ALL CHILDRENS LILELINE

Date: 9/1/2020

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	JB <i>[Signature]</i>
	*Initial here if standard business practice is to receive requests via fax and/or e-mail and written records are maintained of such contacts in accordance with written records criteria.	JB <i>[Signature]</i>
8.1	Written record contains: <ul style="list-style-type: none"> • Date Call Received • Time Call Received • Pick-up & Destination Address • Arrival Time at Destination • Client's Name • Person Ordering Transport • Telephone Number of Caller (*if applicable) 	JB <i>[Signature]</i> JB <i>[Signature]</i> JB <i>[Signature]</i> JB <i>[Signature]</i> JB <i>[Signature]</i> JB <i>[Signature]</i>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	JB <i>[Signature]</i>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	JB <i>[Signature]</i>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	JB <i>[Signature]</i>



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended
JOHNS-HOPKINS ALL CHILDRENS LIFELINE

Name of Service: _____ of _____ Page: _____ of _____

Provide Unit, Tag and VIN numbers for all vehicles. 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. Contact EMS & Fire Administration for a Vehicle Inspection appointment.

Unit Number	Florida Vehicle Tag Number	Vehicle Identification Number (VIN)	Client compartment observation mirror	Passenger floor properly maintained	Fire extinguisher 2A:10B:C	Operable interior lights	Free of dent/rust that interferes with safe operation	Equipment in patient compartment safely secured	Doors, latches, and handles working properly	Patient lift platform working properly	Positive means of securing/locking wheelchair/stretchers	Properly designed passenger safety belts and/or straps	Radio/tablet/cell phone for communication with base station	Exterior lights - high, low, turns, brake, tails, backup	Interior clean, sanitary and in good working order
1. LL7	MIS19Z	2NKHHM6X7LM391757	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. LL5	MIP51	2NKHHM6X2HM136408	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. LL3	MIN01	2NKHHM6X0HM165535	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

EMS INSPECTOR: Mark J. [Signature] Date: 2/20/2017



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2020

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 Edgewood Partners Insurance Center P. O. Box 1689 Pearl River NY 10965	CONTACT NAME: Jennifer Gardner PHONE (A/C, No, Ext): (201) 661-2000 FAX (A/C, No): (201) 661-2499 E-MAIL ADDRESS: jennifer.gardner@epicbrokers.com																				
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INSURED Paramedics Logistics Operating Company, LLC Paramedics Logistics Florida, LLC 115 Jordan Plaza Blvd., Ste 200 Tyler TX 75204																					

COVERAGES	CERTIFICATE NUMBER: 20-21 Master	REVISION NUMBER:
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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		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			FLP006069402	07/01/2020	07/01/2021	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
OTHER:							GENERAL AGGREGATE	\$ 3,000,000	
							PRODUCTS - COMP/OP AGG	\$ 3,000,000	
								\$	
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			11CAB1020501	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			FLP006069402	07/01/2020	07/01/2021	EACH OCCURRENCE	\$ 5,000,000	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE							\$	
DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>								\$	
B/C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			11WC11020301/ 14WC11020401	07/01/2020	07/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
A	PROFESSIONAL LIABILITY			FLP006069402	07/01/2020	07/01/2021	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)

Waiver of subrogation in favor of Pinellas County Board of County Commissioners on all policies (except Professional Liability) where and to the extent required by written contract where permissible by law. Additional insured in favor of Pinellas County Board of County Commissioners on all policies (except Workers Compensation and Professional Liability) where and to the extent required by written contract.

See Attached

CERTIFICATE HOLDER Pinellas County Board of County Commissioners 315 Court St. Clearwater FL 33756	CANCELLATION 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 
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COMMENTS/REMARKS

Crime Limit: \$1,000,000 effective 3/29/20-3/29/21, The Hanover Insurance Company, Policy #BDY-D522425-02

Cyber Liability Limit \$1,000,000 3/29/20-3/29/21, Underwrites at Lloyds', London (Lloyds Syndicate 2623/623), Policy #W223C8200301

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 per form 02 HPL0008 00 05 13
- Waiver of Subrogation as required by written contract per form 02 HML0049 00 03 07
- Primary and Non-Contributory as required by written contract per form 00 HPL0146 00 09 16
- Notice of Cancellation (specified days) as required by written contract per form 00 ML0087 00 11 10

Automobile Liability

- Additional Insured as required by written contract per form 00 CA 0115 00 10 13
- Waiver of Subrogation as required by written contract per form CA 04 44
- Primary and Non-Contributory as required by written contract per form 00 CA 0116 00 04 10
- Notice of Cancellation (specified days) as required by written contract per form 00 ML 0086 00 11 10

Workers' Compensation

- Alternate Employer Endorsement per form WC 00 03 01 A
- Notice of Cancellation as required by written contract per form 00 ML0086 00 11 10
- Waiver of Subrogation as required by written contract per form WC 00 03 13



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FLP006069402	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" 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 <input type="checkbox"/>			11CAB1020501	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			FLP006069402	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B/C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	11WC11020301/ 14WC11020401	07/01/2020	07/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	PROFESSIONAL LIABILITY			FLP006069402	07/01/2020	07/01/2021	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)

Pinellas County Emergency Medical Service Authority is listed as an Additional Insured (Except for Workers' Comp/EL and Professional Liability) where and to the extent required by written contract.

See Attached


CERTIFICATE HOLDER

Pinellas County Emergency Medical Service Authority
12490 Ulmerton Rd

Largo FL 33774

CANCELLATION

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


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COMMENTS/REMARKS

Crime Limit: \$1,000,000 effective 3/29/20-3/29/21, The Hanover Insurance Company, Policy #BDY-D522425-02

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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 per form 02 HPL0008 00 05 13
- Waiver of Subrogation as required by written contract per form 02 HML0049 00 03 07
- Primary and Non-Contributory as required by written contract per form 00 HPL0146 00 09 16
- Notice of Cancellation (specified days) as required by written contract per form 00 ML0087 00 11 10

Automobile Liability

- Additional Insured as required by written contract per form 00 CA 0115 00 10 13
- Waiver of Subrogation as required by written contract per form CA 04 44
- Primary and Non-Contributory as required by written contract per form 00 CA 0116 00 04 10
- Notice of Cancellation (specified days) as required by written contract per form 00 ML 0086 00 11 10

Workers' Compensation

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

See Attached

CERTIFICATE HOLDER**CANCELLATION**

Pinellas County, A Political Subdivision of the State of Florida 400 South Fort Harrison Ave Clearwater FL 33756	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 
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COMMENTS/REMARKS

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

- Paramedics Logistics Holding Company, LLC
- 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
- ETX Fleet Plus, LLC
- PatientCare Logistics Solutions Mississippi, LLC
- PatientCare Logistics Solutions Georgia, LLC
- MedFleet Ambulance LLC

Professional Liability/General Liability/Umbrella Liability

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Workers' Compensation

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- Notice of Cancellation as required by written contract per form 00 ML0086 00 11 10
- Waiver of Subrogation as required by written contract per form WC 00 03 13
- Policy #14WCI1020401: Indiana, Texas
- Policy #11WCI1020301: All other states



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2020

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 Edgewood Partners Insurance Center P. O. Box 1689 Pearl River NY 10965	CONTACT NAME: Jennifer Gardner PHONE (A/C, No, Ext): (201) 661-2000 FAX (A/C, No): (201) 661-2499 E-MAIL ADDRESS: jennifer.gardner@epicbrokers.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Arch Specialty Insurance Company</td> <td></td> <td>21199</td> </tr> <tr> <td>INSURER B: Arch Insurance Company</td> <td></td> <td>11150</td> </tr> <tr> <td>INSURER C: Arch Indemnity Insurance Company</td> <td></td> <td>30830</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Arch Specialty Insurance Company		21199	INSURER B: Arch Insurance Company		11150	INSURER C: Arch Indemnity Insurance Company		30830	INSURER D:			INSURER E:			INSURER F:	
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INSURED Paramedics Logistics Operating Company, LLC Paramedics Logistics Florida, LLC 115 Jordan Plaza Blvd., Ste 200 Tyler TX 75204																					

COVERAGES **CERTIFICATE NUMBER:** 20-21 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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FLP006069402	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" 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 <input type="checkbox"/>			11CAB1020501	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			FLP006069402	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B/C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	11WC11020301/ 14WC11020401	07/01/2020	07/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	PROFESSIONAL LIABILITY			FLP006069402	07/01/2020	07/01/2021	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 executed 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 HOLDER Pinellas County c/o EBIX BPO PO Box 257 Portland MI 48875	CANCELLATION 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 
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COMMENTS/REMARKS

Crime Limit: \$1,000,000 effective 3/29/20-3/29/21, The Hanover Insurance Company, Policy #BDY-D522425-02

Cyber Liability Limit \$1,000,000 3/29/20-3/29/21, Underwrites at Lloyds', London (Lloyds Syndicate 2623/623), Policy #W223C8200301

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 per form 02 HPL0008 00 05 13
- Waiver of Subrogation as required by written contract per form 02 HML0049 00 03 07
- Primary and Non-Contributory as required by written contract per form 00 HPL0146 00 09 16
- Notice of Cancellation (specified days) as required by written contract per form 00 ML0087 00 11 10

Automobile Liability

- Additional Insured as required by written contract per form 00 CA 0115 00 10 13
- Waiver of Subrogation as required by written contract per form CA 04 44
- Primary and Non-Contributory as required by written contract per form 00 CA 0116 00 04 10
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INSURER C: Arch Indemnity Insurance Company 30830	
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WHEELCHAIR / STRETCHER DRIVER ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: **JOHNS HOPKINS ALL CHILDRENS LIFELINE**

Page: _____ of _____

Attach a copy of the Class E Driver's License for each listed Driver. 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	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1. MICHAEL MYERS (CLINICAL SUPERVISOR)	M500-293-98-368-0	10/08/2022	10/08/1998	EMT 561384
2. ASHLEY REITH	R300-013-95-865-0	10/05/2027	10/25/1995	EMT 564110
3. JONATHAN SCHULTHEISS	S432-438-90-180-0	5/20/2027	5/20/1990	EMT 564478
4. CAMERON PELTZ	P432-118-90-282-0	08/02/2030	08/02/1990	EMT 529706
5. CRAIG BROWN	B650-110-96-241-0	07/01/2027	07/01/1996	EMT 567306
6. ALTERNATES:	-----	-----	-----	-----
7. KIMBERLY BATTEASE	B320-505-92-583-0	3/3/2021	3/3/2021	EMT 556813
8. DAN CALLAHAN	C450-170-95-134-0	4/14/2028	4/14/1995	EMT 549132
9. GERSON CORDERO-RUBIO	C636-284-91-321-0	09/01/2022	09/01/1991	EMT 557373
10. LAUREN GARCEAU	G620-534-90-971-0-	12/31/2020	12/31/1990	EMT 555544
11.				
12.				
13.				
14.				
15.				
16.				

PERSONNEL RECORDS

NAME LAST, FIRST	PROFESSIONAL LICENSE NUMBER	LICENSE ISSUE DATE	LICENSE EXPIRATION	CPR/ALCS EXP
RUTTY, KRISTEN	RN9424794	01/21/2016	04/30/2021	2022
PRAZNIK, AMY	RN9458802	04/27/2017	7/31/2022	2022
MEEKE, CORI	RN9510502	05/08/2019	4/30/2021	2022
BLUM, EDWARD	TT8061	03/27/1995	05/31/2021	2021
FINCH, FAITH	RT9523	08/07/2008	05/31/2021	2022
MCAULIFFE, JEREMY	RT7236	04/22/2003	05/31/2021	2022
LEFKOWITZ- WEBB, SARA	ARNPN9200051	03/06/2008	07/31/2022	2022
PEARCE, CARRON	RN9301513	12/15/2009	04/30/2021	2022
SPENGLER, KRISTOPHER	RT10095	06/24/2009	05/31/2021	2021
RHYMES, WHITNEY	TT12959	05/01/2006	05/31/2021	2022
LUNDEEN, CHRISTOPHER	RT16684	03/09/2018	05/31/2021	2021
MILLER, WALTER	RT7184	03/05/2003	05/31/2021	2022
SAYERS ONEIL GARDNER CHERYL	RN2061792	09/18/1989	04/30/2022	2022
OCHIPA, PATRICA	RN1850662	08/31/1987	04/30/2022	2022
ARMSTRONG, MICHELE	RN9168224	06/12/2000	04/30/2022	2021
SHEPHERD, DEAN	RT1714	07/22/1988	05/31/2021	2021
HULL, GLENN	RT7540	02/24/2004	05/31/2021	2022
MONAHAN, MEGAN	RT9306	04/08/2008	05/31/2021	2022
BACON, JULIE PROGRAM MANAGER	RN1797622	03/23/1987	04/30/2022	2021

**FLORIDA COMMERCIAL AUTO INSURANCE
IDENTIFICATION CARD**

COMPANY: **Arch Insurance Company**

POLICY #: **11CAB1020501**

EFFECTIVE DATE: **7/1/2020**

PERSONAL INJURY PROTECTION
BENEFITS / PROPERTY DAMAGE LIABILITY

BODILY INJURY
LIABILITY

NAMED INSURED: **Paramedics Logistics Florida, LLC**

ADDRESS: **12490 Ulmerton Rd**
(OPTIONAL) **Largo, FL 33774**

YEAR: MODEL: MAKE/

VEHICLE ID #: **Fleet**

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Rental car coverage is provided, see outline of coverage.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

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