

August 18, 2021

Mr. John Murphy
EMS Credentialing Coordinator
Pinellas County EMS and Fire Administration
12490 Ulmerton Rd.
Largo, FL 33774

Dear Mr. Murphy,

Per your conversation with Matt Turner, Regional Vice President for Air Methods, enclosed is the application for Certificate of Public Convenience and Necessity for ALS Helicopter Ambulance Service within Pinellas County which we are requesting the d/b/a name be changed from Rocky Mountain Holdings, LLC d/b/a/ AirLife to Rocky Mountain Holdings, LLC d/b/a/ Bayflite.

Please let me know if you need any clarification, have questions, or need additional information. I can be reached at 727-505-9957 or at scott.betz@airmethods.com. I appreciate your assistance in processing this application.

Sincerely,



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



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: Rocky Mountain Holdings, LLC d/b/a Bayflite
HOURS OF OPERATION: 24-HOUR
ADDRESS 1: 5500 Quebec Street
PHONE: 303-792-7400
ADDRESS 2:
FAX: 813-200-1399

CITY, STATE, ZIP CODE: Greenwood Village, CO 80111

OFFICER/DIRECTOR NAME & TITLE: See ATTACHED
PHONE NUMBER & E-MAIL:

VICE OFFICER/DIRECTOR NAME & TITLE: See ATTACHED
PHONE NUMBER & E-MAIL:

BUSINESS HOURS POINT-OF-CONTACT: SCOTT BETZ - AREA MANAGER
PHONE NUMBER & E-MAIL: 727-505-9957 SCOTT.BETZ@AIRMETHODS.COM

AFTER HOURS POINT-OF-CONTACT: SCOTT BETZ - AREA MANAGER
PHONE NUMBER & E-MAIL: 727-505-9957 SCOTT.BETZ@AIRMETHODS.COM

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: [Signature] DATE: 8/23/2021

STATE OF FLORIDA
COUNTY OF Hernando

Subscribed and sworn to (or affirmed) before me this August 23, 2021 by Scott Betz, who is/are personally known to me or has/have produced as identification.



[Signature]
(Name of Notary typed, printed or Form stamped)

OPERATOR

Rocky Mountain Holdings, LLC

Officers	Title	Address	Phone
Christopher Myers	President	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Jonathan Cook	Vice President	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Sharon J. Keck	Assistant Secretary	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
David Portugal	CFO	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Jason Uhlman	Vice President	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Christopher Brady	Secretary	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400

SOLE MEMBER	Ownership
Air Methods Corporation	100%
MANAGERS	
Air Methods Corporation	Manager

OWNER**Air Methods Corporation**

Officers	Title	Address	Phone
Jaelynn Williams	CEO	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
David Portugal	CFO	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Sharon J. Keck	CAO and Controller	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Ben Dickson	Vice President	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Bahaa Naamani	Vice President	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Eric Schondorf	Vice President & Assistant Secretary	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Leo Morrissette	EVP, Operations	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Christopher Brady	SVP, General Counsel and Secretary	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Jonathan Cook	Vice President , Tax	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Christopher Myers	EVP, Customer Experience, Reimbursement	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400

Directors	Title	Address	Phone
Michael Fisch	Director	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Bahaa Naamani	Director	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Ben Dickson	Director	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Jaelynn Williams	Director	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Bill Fry	Director	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400

MEMBERS / SOLE MEMBER	Ownership
ASP AMC Intermediate Holdings, Inc.	100%



Helicopter Roster
2021

Name of Service: Bayflite

Date: 8/18/2021 Page: 1 of 1

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

Aircraft	Model	FAA License #
Airbus	EC135P2+ 2008	N163BF
Airbus	EC135P2+ 2008	N527BF
Airbus	EC135P2+ 2007	N911BF

2021 Flight Personnel

Name	Position	EMTP License #	EXP	RN License #	EXP
BULL, MICHAEL	FLIGHT PARAMEDIC	PMD511999	12/1/22		
BURKHOLDR, VALERY	FLIGHT PARAMEDIC	PMD534684	12/1/22		
CHESTER, DEAN	FLIGHT PARAMEDIC	PMD6372	12/1/22		
DROVIN, ELIZABETH	FLIGHT NURSE	PMD515552	12/1/22	RN9356713	7/31/22
EVERSON, JAMES	FLIGHT PARAMEDIC	PMD523470	12/1/22		
FETTERMAN, SCOTT	FLIGHT NURSE	PMD514798	12/1/22	RN9477091	4/30/23
FRY, WILLIAM J	FLIGHT PARAMEDIC	PMD18919	12/1/22		
GLADIEUX, ALLEN	FLIGHT NURSE	PMD524585	12/1/22	RN9331877	4/30/23
GONZALEZ, TAMMY M	FLIGHT NURSE	PMD10824	12/1/22	RN2003972	4/30/22
JOHNSON, CHRISTOPHER	FLIGHT PARAMEDIC	PMD520564	12/1/22		
LAFEMINA, JAMES T	FLIGHT PARAMEDIC	PMD527161	12/1/22		
MADER, ASHLEIGH	FLIGHT NURSE			RN9271391	4/30/23
MATTINGLEY, STEPHEN	FLIGHT PARAMEDIC	PMD526971	12/1/22		
MONTE, ALEXANDER	FLIGHT NURSE	PMD17153	12/1/22	RN9243694	4/30/23
MORRELL, DIONALD	FLIGHT PARAMEDIC	PMD529586	12/1/22		
MORTON, WILLIAM L	FLIGHT PARAMEDIC	PMD532100	12/1/22		
REID, KATHRYN	FLIGHT NURSE	PMD511720	12/1/22	RN9223603	7/31/22
SANDERS, CHERYL	FLIGHT NURSE			RN9294562	4/30/23
SHANE, DAVID	FLIGHT NURSE	PMD10935	12/1/22	RN2163452	4/30/22
SOX, MATTHEW D	FLIGHT PARAMEDIC	PMD519304	12/1/22		
SWARTZ, BRIAN	FLIGHT PARAMEDIC	PMD14735	12/1/22		
THEVENET, JOALLAIN	FLIGHT NURSE	PMD524393	12/1/22	RN9168099	4/30/22
YOUNG, PAMELA	FLIGHT NURSE			RN9326903	4/30/23



[Previous on List](#) [Next on List](#) [Return to List](#)

Fictitious Name Search

No Filing History

Fictitious Name Detail

Fictitious Name

BAYFLITE

Filing Information

Registration Number G21000057744
 Status ACTIVE
 Filed Date 04/27/2021
 Expiration Date 12/31/2026
 Current Owners 1
 County MULTIPLE
 Total Pages 1
 Events Filed NONE
 FEI/EIN Number NONE

Mailing Address

1414 KUHL AVE
 MP2
 ORLANDO, FL 32806

Owner Information

OHI WEST, INC.
 1414 KUHL AVE
 ORLANDO, FL 32806
 FEI/EIN Number: 84-5074208
 Document Number: N20000002628

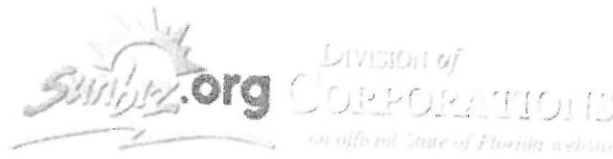
Document Images

04/27/2021 -- Fictitious Name Filing

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Fictitious Name Search

No Filing History



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Foreign Limited Liability Company
ROCKY MOUNTAIN HOLDINGS, L.L.C.

Filing Information

Document Number	M9500000020
FEI/EIN Number	87-0533822
Date Filed	01/13/1995
State	DE
Status	ACTIVE
Last Event	LC NAME CHANGE
Event Date Filed	10/19/2009
Event Effective Date	NONE

Principal Address

5500 South Quebec Street
Greenwood Village, CO 80111

Changed: 04/23/2021

Mailing Address

5500 South Quebec Street
Greenwood Village, CO 80111

Changed: 04/23/2021

Registered Agent Name & Address

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name Changed: 05/21/2003

Address Changed: 05/21/2003

Authorized Person(s) Detail

Name & Address

Title CFO

Portugal, David
5500 South Quebec Street
Greenwood Village, CO 80111

Title Secretary

Brady, Christopher J.
5500 South Quebec Street
Greenwood Village, CO 80111

Title VP

Cook, Jonathan
5500 South Quebec Street
Greenwood Village, CO 80111

Title VP

Uhlman, Jason
5500 South Quebec Street
Greenwood Village, CO 80111

Title President

Myers, Christopher
5500 South Quebec Street
Greenwood Village, CO 80111

Title Assistant Secretary

Keck, Sharon J.
5500 South Quebec Street
Greenwood Village, CO 80111

Title Manager

Air Methods Corporation
5500 South Quebec Street
Greenwood Village, CO 80111

Annual Reports

Report Year	Filed Date
2019	03/27/2019
2020	05/28/2020
2021	04/23/2021

Document Images

04/23/2021 -- ANNUAL REPORT	View image in PDF format
05/28/2020 -- ANNUAL REPORT	View image in PDF format
03/27/2019 -- ANNUAL REPORT	View image in PDF format
04/03/2018 -- ANNUAL REPORT	View image in PDF format
04/11/2017 -- ANNUAL REPORT	View image in PDF format
04/04/2016 -- ANNUAL REPORT	View image in PDF format

04/18/2015 -- ANNUAL REPORT	View image in PDF format
05/01/2014 -- ANNUAL REPORT	View image in PDF format
05/01/2013 -- ANNUAL REPORT	View image in PDF format
04/30/2012 -- ANNUAL REPORT	View image in PDF format
04/27/2011 -- ANNUAL REPORT	View image in PDF format
04/29/2010 -- ANNUAL REPORT	View image in PDF format
10/19/2009 -- LC Name Change	View image in PDF format
04/30/2009 -- ANNUAL REPORT	View image in PDF format
05/01/2008 -- ANNUAL REPORT	View image in PDF format
07/21/2007 -- ANNUAL REPORT	View image in PDF format
05/25/2006 -- ANNUAL REPORT	View image in PDF format
04/18/2005 -- ANNUAL REPORT	View image in PDF format
05/28/2004 -- ANNUAL REPORT	View image in PDF format
09/16/2003 -- ANNUAL REPORT	View image in PDF format
05/21/2003 -- Reg. Agent Change	View image in PDF format
01/28/2002 -- ANNUAL REPORT	View image in PDF format
02/12/2001 -- ANNUAL REPORT	View image in PDF format
02/04/2000 -- ANNUAL REPORT	View image in PDF format
04/23/1999 -- ANNUAL REPORT	View image in PDF format
06/05/1998 -- ANNUAL REPORT	View image in PDF format
04/28/1997 -- ANNUAL REPORT	View image in PDF format

Entity Search Results - 08/18/2021 10:00:00 AM

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M9500000020

FILED
Apr 23, 2021
Secretary of State
9082441934CC

Entity Name: ROCKY MOUNTAIN HOLDINGS, L.L.C.

Current Principal Place of Business:

5500 SOUTH QUEBEC STREET
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

5500 SOUTH QUEBEC STREET
GREENWOOD VILLAGE, CO 80111 US

FEI Number: 87-0533822

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CFO
Name PORTUGAL, DAVID
Address 5500 SOUTH QUEBEC STREET
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title SECRETARY
Name BRADY, CHRISTOPHER J.
Address 5500 SOUTH QUEBEC STREET
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title VP
Name COOK, JONATHAN
Address 5500 SOUTH QUEBEC STREET
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title VP
Name UHLMAN, JASON
Address 5500 SOUTH QUEBEC STREET
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title PRESIDENT
Name MYERS, CHRISTOPHER
Address 5500 SOUTH QUEBEC STREET
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title ASSISTANT SECRETARY
Name KECK, SHARON J.
Address 5500 SOUTH QUEBEC STREET
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title MANAGER
Name AIR METHODS CORPORATION
Address 5500 SOUTH QUEBEC STREET
City-State-Zip: GREENWOOD VILLAGE CO 80111

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JONATHAN COOK

VICE PRESIDENT

04/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

200 Liberty Street, 7th Floor
New York, NY 10281
Hilary.Giroux@willistowerswatson.com

CERTIFICATE OF INSURANCE

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, 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, 2021 to July 1, 2022 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

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

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.

Date of Issue: July 1, 2021



Hilary Giroux, Authorized Representative
Willis Towers Watson Northeast, Inc. - Aerospace



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/27/2021

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).

PRODUCER Willis Towers Watson Insurance Services West, 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 E-MAIL ADDRESS: certificates@willis.com	
INSURED Air Methods Corporation, Tri-State Care Flight, LLC and/or any associated, subsidiary, affiliated, managed, owned, or controlled companies or entities thereof 5500 S. Quebec St. Greenwood Village, CO 80111		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Lloyd's	NAIC # B7874
		INSURER B: Illinois Union Insurance Company	27960
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** W20743068 **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 SUBR INSD 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 <input type="checkbox"/> 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) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE 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		W1B17E210601	04/27/2021	04/27/2022	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)

SEE ATTACHED

CERTIFICATE HOLDER

CANCELLATION

Air Methods Corporation
5500 S. Quebec St.
Greenwood Village, CO 80111

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



AGENCY CUSTOMER ID: _____
 LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Insurance Services West, Inc.		NAMED INSURED Air Methods Corporation, Tri-State Care Flight, LLC and/or any associated, subsidiary, affiliated, managed, owned, or controlled companies or entities thereof 5500 S. Quebec St. Greenwood Village, CO 80111	
POLICY NUMBER See Page 1		NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1
CARRIER See Page 1			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Illinois Union Insurance Company
 POLICY NUMBER: XFL G7252066A 001 EFF DATE: 04/27/2021 EXP DATE: 04/27/2022 NAIC#: 27960

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Med. Professional	Each Claim	\$11,000,000
	Aggregate	\$11,000,000

August 18, 2021

Mr. John Murphy
EMS Credentialing Coordinator
Pinellas County EMS and Fire Administration
12490 Ulmerton Rd.
Largo, FL 33774

Dear Mr. Murphy,

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.

As of 8/1/2021:

- Liftoff: \$45,929.83
- Loaded Mileage: \$552.03/mile
- Per transport Cap: \$79,999.00

Sincerely,

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

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

ROCKY MOUNTAIN HOLDINGS, L.L.C., d/b/a AIRLIFE, pursuant to Pinellas County Code Section 54, and in accordance with Section 401.25, F. S., is authorized by the Board of County Commissioners to provide Helicopter Ambulance Service in Pinellas County.

Signature: Pat Gerard

Chairman, Board of County Commissioners

Date: 11/17/2020

APPROVED AS TO FORM

By: Jason Ester
Office of the County Attorney



EFFECTIVE: January 1, 2021

EXPIRATION: December 31, 2021

ATTEST: KEN BURKE, CLERK
By: [Signature]
Deputy Clerk

