



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/29/2025

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 Agency 40 Marcus Drive 3rd Floor Melville NY 11747	CONTACT NAME: Jennifer Gardner	
	PHONE (A/C, No, Ext): 2016612444	
	FAX (A/C, No): 2016612444	
	E-MAIL ADDRESS: jennifer.gardner@epicbrokers.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Arch Indemnity Insurance Company	
	30830	
INSURED Paramedics Logistics Operating Company, LLC 12200 US-19 North Hudson FL 34667	PARALOG1	
	INSURER B: Coverys Specialty Insurance Company	
	15686	
	INSURER C: Arch Insurance Company	
	11150	
	INSURER D: Ironshore Specialty Insurance Company	
	25445	
INSURER E:		
INSURER F:		

## COVERAGES

CERTIFICATE NUMBER: 1197254908

## 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							
D	X	COMMERCIAL GENERAL LIABILITY			HC7SAC2MCR002	7/1/2025	7/1/2026	EACH OCCURRENCE	\$ 1,000,000						
		CLAIMS-MADE						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000						
		X						MED EXP (Any one person)	\$ n/a						
								PERSONAL & ADV INJURY	\$ Included						
								GENERAL AGGREGATE	\$ 3,000,000						
								PRODUCTS - COMP/OP AGG	\$ Included						
									\$						
C	GEN'L AGGREGATE LIMIT APPLIES PER:				11CAB1020506	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000						
	X	ANY AUTO						BODILY INJURY (Per person)	\$						
		OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$						
		Hired AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$						
									\$						
B	X	UMBRELLA LIAB		Y	005FL000048290	7/1/2025	7/1/2026	EACH OCCURRENCE	\$ 10,000,000						
		EXCESS LIAB						AGGREGATE	\$ 10,000,000						
		DED							\$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y / N N / A	14WCI1020406	7/1/2025	7/1/2026	X PER STATUTE	OTH-ER						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							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						
									1,000,000 3,000,000 Included						
D	Professional Liability - CLAIMS MADE			Y	HC7SAC2MCR002	7/1/2025	7/1/2026	EACH OCCURRENCE AGGREGATE SAM	1,000,000 3,000,000 Included						

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

Named Insureds:

- Paramedics Logistics Operating Company, LLC
- Paramedics Logistics South Dakota, LLC
- Paramedics Logistics Florida, LLC
- The EMS Training School, LLC
- MedFleet LLC

See Attached...

## CERTIFICATE HOLDER

## CANCELLATION

Pinellas County, A Political Subdivision  
of the State of Florida  
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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## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Edgewood Partners Insurance Agency		NAMED INSURED Paramedics Logistics Operating Company, LLC 12200 US-19 North Hudson FL 34667	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Professional Liability/General Liability/Umbrella Liability

- Additional Insured where required by written contract
- Waiver of Subrogation where required by written contract (General Liability and Umbrella)
- Primary & Non-Contributory where required by written contract (General Liability)
- Claims Made coverage applicable to Professional Liability and Umbrella Policies.
- Umbrella policy Schedule of Underlying Insurance:
  - HC7SAC2MCR002
  - 14WCI1020406
  - 11CAB1020506

Automobile Liability

- Additional Insured where required by written contract
- Waiver of Subrogation where required by written contract
- Primary and Non-Contributory where required by written contract

Workers' Compensation

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

Certificate Holder is considered Additional Insured (except Workers Comp) and Waiver of Subrogation applies (except Professional Liability) where required by written contract, provided the written contract is executed prior to the "claim" being made or the "suit" being brought. Subject to all policy terms, conditions, exclusions. General Liability and Auto Liability are written on a Primary and Non-Contributory basis where required by written contract.