

October 17, 2023

John Murphy
Special Operations Coordinator
Pinellas County EMS and Fire Administration
12490 Ulmerton Rd. Suite 134
Largo, FL 33774

Dear Mr. Murphy,

Enclosed is the renewal application for Certificate of Public Convenience and Necessity for ALS Helicopter Ambulance Service within Pinellas County for 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

Form with fields for Organization Name (Rocky Mountain Holdings, LLC DBA Bayflite), Hours of Operation (24-Hour), Address (5500 Quebec Street), City (Greenwood Village, CO 80111), Officer Name (See Attached), Business Hours Point-of-Contact (Scott Betz), and Signature of Applicant (Scott Betz, dated 10/20/2023).

STATE OF FLORIDA

COUNTY OF Hernando

Subscribed and sworn to (or affirmed) before me this 20, October 2023 by Scott Betz, who is/are personally known to me or has/have produced Florida Drivers License as identification.

(SEAL) Chelsea Sanchez, Notary Public, State of Florida, Comm# HH160821, Expires 8/3/2025

Chelsea Sanchez (Name of Notary typed, printed or Form stamped)

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
Christopher Brady	Secretary	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400



**Helicopter Roster
2023**

Name of Service: Bayflite

Date: 10/17/2023 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+ 2007	N911BF

2022 Air Methods Flight Personnel

Name	Position	EMTP License #	EXP	RN License #	EXP
BURKHOLDER, VALERY	FLIGHT PARAMEDIC	PMD534684	12/1/2024		
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	7/31/2025
JOHNSON, MATT	FLIGHT NURSE				
DROUIN, BETSY	FLIGHT NURSE	PND515552	12/1/2024	RN9356713	7/31/2025
YOUNG, PAMELA	FLIGHT NURSE			RN9326903	4/30/2025
SANDERS, CHERYL	FLIGHT NURSE			RN9294562	4/30/2025
EVERSON, JAMES	FLIGHT PARAMEDIC	PMD523470	12/1/2024		
JOHNSON, CHRIS	FLIGHT PARAMEDIC	PMD520564	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		
GLADIEUX, ALAN	FLIGHT NURSE	PMD524585	12/1/2024	RN9331877	4/30/2025
GONZALEZ, TAMMY M	FLIGHT NURSE	PMD10824	12/1/2024	RN2003972	4/30/2025
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	4/30/2025
REID, KATHRYN	FLIGHT NURSE	PMD511720	12/1/2024	RN9223603	7/31/2025
TURNER, DAKOTA	FLIGHT NURSE	PMD537745	12/1/2024	RN9480453	4/30/2025
SHANE, DAVID	FLIGHT NURSE	PMD10935	12/1/2024	RN2163452	4/30/2025
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	4/30/2025
STINES, BRIAN	FLIGHT NURSE			RN9336125	4/30/2025
RIOS, ANGEL	FLIGHT PARAMEDIC		12/1/2024		



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No Filing History

Fictitious Name Detail

Fictitious Name

BAYFLITE

Filing Information

Registration Number G22000067935
Status ACTIVE
Filed Date 06/02/2022
Expiration Date 12/31/2027
Current Owners 1
County MULTIPLE
Total Pages 1
Events Filed NONE
FEI/EIN Number 87-0533822

Mailing Address

5500 S QUEBEC ST, SUITE 300
ATTN: TAX DEPT
GREENWOOD VILLAGE, CO 80111

Owner Information

ROCKY MOUNTAIN HOLDINGS, LLC
5500 S QUEBEC ST, SUITE 300
GREENWOOD VILLAGE, CO 80111
FEI/EIN Number: 87-0533822
Document Number: M95000000020

Document Images

[06/02/2022 -- Fictitious Name Filing](#)

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No Filing History

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M9500000020

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

02/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/19/2023

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 FAX (A/C No.): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	
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., Ste #300 Greenwood Village, CO 80111	INSURER A: Lloyd's NAIC# B7874	
	INSURER B: Illinois Union Insurance Company NAIC# 27960	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	


COVERAGES CERTIFICATE NUMBER: W30157584 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			W1B17E230801	04/27/2023	04/27/2024	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ OTHER \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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. Liability			W1B17E230801	04/27/2023	04/27/2024	Each Claim \$5,000,000 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 Air Methods Corporation 5500 S. Quebec St. Greenwood Village, CO 80111	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 

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., Ste #300 Greenwood Village, CO 80111
POLICY NUMBER See Page 1		
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: 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

NAIC#: 27960

POLICY NUMBER: XFLG7252066A003 EFF DATE: 04/27/2023 EXP DATE: 04/27/2024

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Med. Professional	Each Claim	\$7,000,000
	Aggregate	\$7,000,000



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

200 Liberty Street, 7th Floor
 New York, NY 10281

CERTIFICATE OF INSURANCE

This is To Certify To:

Pinellas County
 12490 Ulmerton Road
 Largo, FL 33774

(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, American Securities entities, Air Methods Telemedicine, LLC, AirMD, LLC dba LifeSave dba LifeSave Kuponon 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, 2023 to July 1, 2024 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
Named Insured includes: Rocky Mountain Holdings LLC dba Air Life



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, 2023

A handwritten signature in blue ink that reads "Hilary Giroux".

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

October 17, 2023

Mr. John Murphy
Special Operations 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.

- Liftoff: \$49,925.73
- Loaded Mileage: \$600.06/mile
- Per transport Cap: \$86,999.00

Sincerely,



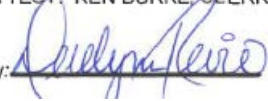
Scott Betz
Central Florida Area Manager
Southeast Region
Air Methods Corporation.
scott.betz@airmethods.com
727-505-9957

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

ROCKY MOUNTAIN HOLDINGS, L.L.C. d/b/a BAYFLITE, 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:  Date: 12/13/2022.
Chairman, Board of County Commissioners

ATTEST: KEN BURKE, CLERK

By: 



EFFECTIVE: January 1, 2023

EXPIRATION: December 31, 2023

APPROVED AS TO FORM
By: Jason C. Ester
Office of the County Attorney

