

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND

# NECESSITY July 1, 2018 - June 30, 2019

| APPLICATION TYPE:   | ☐ NEW ☑ RENEWAL  |   |   |   |  |  |
|---|--|---|---|---|--|--|
| SERVICE TYPE:   | <ul><li>☐ Wheelchair Transport</li><li>☐ Stretcher Transport</li></ul> | ☐ ALS Interfac ✓ ALS Helicop                |   |   |  |  |
| TYPE OF ENTITY:   | Sole Proprietor Partr  | nership 🗌 Non-F                             | Profit Corporation 🔽 Cor                                  | rporation                                 |  |  |
| ORGANIZATION NAME:  |  | 77  | HOURS OF OPERATION:                                       | ☑24-HOUR                                  |  |  |
| Rocky Mountain Ho   | ldings, LLC d/b/a/ Bayflite  |   | A.M. to   |   |  |  |
|   |  |   | PHONE:  |   |  |  |
| 5500 South Quebec   | Street   |   | 303-792-7400  |   |  |  |
| ADDRESS 2:  |  |   | FAX:  |   |  |  |
| na  |  |   | na  |   |  |  |
| CITY, STATE, ZIP CODE:  |  |   |   |   |  |  |
| Greenwood Village,  | CO 80111   |   |   |   |  |  |
| OFFICER/DIRECTOR NAME & T   | ITLE:  | PHONE NUMBER & E-M                          | AIL:  |   |  |  |
| see attached  |  | na  |   |   |  |  |
| VICE OFFICER/DIRECTOR NAM   | E & TITLE:   | PHONE NUMBER & E-M                          | AIL:  |   |  |  |
| see attached  |  | na  |   |   |  |  |
| BUSINESS HOURS POINT-OF-C   | CONTACT:   | PHONE NUMBER & E-M                          | AIL:  |   |  |  |
| Matt Turner Area Manager 727-515-82   |  |   | matthew.turner@airm                                       | ethods.com                                |  |  |
| AFTER HOURS POINT-OF-CON  | TACT:  | PHONE NUMBER & E-M                          | AIL:  |   |  |  |
| Matt Turner Area Manager 727-515-8278 matthew.turner@airmethods.c   |  |   |   |   |  |  |
| <b>REQUIRED ATTACHMENTS</b> : 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 services provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements. |  |   |   |   |  |  |
| revoked if at any time th   | esentative of the above named<br>e firm fails to meet all of the red   | firm, do hereby ack<br>quirements of the Pi | nowledge this certificate m<br>inellas County Code or Rul | ay be suspended or<br>es and Regulations. |  |  |
| SIGNATURE OF APPLICANT:  DATE:  11-8-19   |  |   |   |   |  |  |
| STATE OF FLORIDA  |  |   |   |   |  |  |
| COUNTY OF Hillsborough  |  |   |   |   |  |  |
| Subscribed and sworn to (or affirmed) before me this 11-8-19 by Matthew Turner, who is/are personally known to me or has/have produced FLDL T656 545 70 255 0 as identification.  |  |   |   |   |  |  |
| is/are personally known to me or has/have produced FCDL T656 545 70 255 0 as identification.  |  |   |   |   |  |  |
| (SEAL)  Steven Eckhardt NOTARY PUBLIC STATE OF FLORIDA Comm# GG925551 Expires 10/23/2023  (Name of Notary typed, printed or Form stamped)   |  |   |   |   |  |  |
| Form A. Rev. 02/06/2017   |  |   |   |   |  |  |

| Legal Business Name | Rocky Mountain Holdings, LLC   |
|---------------------|--|
| DBA                 | Bayflite   |
| FEIN                | 87-0533822   |
| Business info       | Limited Liability Company (Delaware) Formed: 01/06/1995 Acquired: 10/16/2002 Fiscal Year End Date: 12/30 Tax Designation: Disregarded Entity   |
| Address             | 7301 S. Peoria Street<br>Englewood, CO 80112-4113  |
| County              | Arapahoe County  |
| Phone               | (303) 256-4182   |
| Fax                 | (303) 790-4780   |
| NPI                 | No.: 1407855240<br>Taxonomy: 3416A0800X - Ambulance Air Transport<br>Enumeration Date: <i>Varies</i>   |
| Medicare            | E3871 and E3871C   |
| Medicaid ID         | 420021725, 420021726, 420021727  |
|                     | Christopher Brock Myers Senior VP PBS DOB: Upon Request SSN: Upon Request DLN: Upon Request Work Address: 625 E. Carnegie Dr., Ste. 150, San Bernardino, CA 92408-3536 Home Address: Upon Request Date Appointed: 02/21/2017     |
| Managing Employees  | Jason Neil Uhlman Director of Finance PBS DOB: Upon Request SSN: Upon Request DLN: Upon Request Work Address: 625 E. Carnegie Dr., Ste. 150, San Bernardino, CA 92408-3536 Home Address: Upon Request Date Appointed: 12/02/2016 |

Updated: November 1, 2019

| Matthew David Smith Senior Director PBS DOB: Upon Request SSN: Upon Request DLN: Upon Request Work Address: 625 E. Carnegie Dr., Ste. 150, San Bernardino, CA 92408-3536 Home Address: Upon Request Date Appointed: 12/02/2016 |
|--|
| Michael Dennis Allen Vice President DOB: Upon Request SSN: Upon Request DLN: Upon Request Work Address: 7301 S. Peoria Street, Englewood, CO 80112-4133 Home Address: Upon Request Date Appointed: 01/01/2006                  |
| N/A – LLCs do not have Directors   |
| Aaron Daniel Todd President DOB: Upon Request SSN: Upon Request DLN: Upon Request Work Address: 7301 S. Peoria Street, Englewood, CO 80112-4133 Home Address: Upon Request Date Appointed: 07/01/2003                          |
| Michael Dennis Allen Vice President DOB: Upon Request SSN: Upon Request DLN: Upon Request Work Address: 7301 S. Peoria Street, Englewood, CO 80112-4133 Home Address: Upon Request Date Appointed: 01/01/2006                  |
|  |

|           | Sharon J. Keck   |
|-----------|--|
|           | Assistant Secretary  |
|           |  |
|           | DOB: Upon Request  |
|           | SSN: Upon Request  |
|           | DLN: Upon Request  |
|           | Work Address: 7301 S. Peoria Street, Englewood, CO 80112-4133  |
|           | Home Address: Upon Request   |
|           | Date Appointed: 01/01/2002   |
|           | Crystal Lou Gordon   |
|           | Assistant Secretary  |
|           | DOB: Upon Request  |
|           | SSN: Upon Request  |
|           | DLN: Upon Request  |
|           | Work Address: 7301 S. Peoria Street, Englewood, CO 80112-4133  |
|           | Home Address: Upon Request   |
|           | Date Appointed: 08/21/2015   |
|           | Air Methods Corporation  |
|           | (100% Direct Owner)  |
|           | 7301 S. Peoria Street  |
|           | Englewood, CO 80112-4133   |
|           | Telephone: (303) 256-4182  |
|           | Fax: (303) 790-4780  |
|           | FEIN: 84-0915893   |
|           | Date of Ownership: 10/16/2002  |
|           | 2 die 61 6 militemp. 10/10/2002  |
|           | ASP AMC Intermediate Holdings, Inc.  |
|           | (100% Indirect Owner)  |
|           | c/o American Securities LLC  |
|           | 299 Park Avenue, 34 <sup>th</sup> Floor  |
| Ownership | New York, NY 10171-0002  |
| Ownership | Telephone: (212) 476-8000  |
|           | Fax: (212) 697-5524  |
|           | FEIN: 61-1822677   |
|           | Date of Ownership: 04/21/2017  |
|           | ASP AMC Holdings, Inc.   |
|           | (100% Indirect Owner)  |
|           | c/o American Securities LLC  |
|           | 299 Park Avenue, 34 <sup>th</sup> Floor  |
|           | New York, NY 10171-0002  |
|           | Telephone: (212) 476-8000  |
|           | Fax: (212) 697-5524  |
|           | FEIN: 30-0973873   |
|           | Date of Ownership: 04/21/2017  |
|           | L. Company of the com |

## ASP AMC Investco I, LP

(100% Indirect Owner) c/o American Securities LLC 299 Park Avenue, 34<sup>th</sup> Floor New York, NY 10171-0002 Telephone: (212) 476-8000

Fax: (212) 697-5524 FEIN: 37-1853717

Date of Ownership: 04/21/2017

# ASP VII Alternative Investments I(A), LP

(95.5% Indirect Owner; Limited Partner) c/o American Securities LLC 299 Park Avenue, 34th Floor New York, NY 10171-0002

Telephone: (212) 476-8000

Fax: (212) 697-5524 FEIN: 32-0529913

Date of Ownership: 04/21/2017

22610261.3



## HELICOPTER/AIRCRAFT ROSTER

| Name of Service:   | Bayfite   | Date:                                     | 10/13/17                                 | Page:      | 1                | of  |
|--|---|---|--|------------|------------------|-----|
| Provide helicopter/aircraft type, needed, it is acceptable to copy | model/year, identifying FAA license #/permit in this form. A Company Roster may be attached | formation, radio I<br>d, as long as all r | D, and base location equired information | n. If more | e lines a<br>ed. | are |

| Helicopter/Aircraft Type | Model/Year    | FAA License # | Radio ID | Base Location |
|--------------------------|---------------|---------------|----------|---------------|
| AIRBUS                   | EC135P2+ 2008 | N163BF        |          | NORTHPORT     |
| AIRBUS                   | EC135P2+ 2008 | N527BF        |          | TAMPA         |
| 3 AIRBUS                 | EC135P2+ 2007 | N911BF        |          | BROOKSVILLE   |
| 6                        |               |               |          |               |
| 5                        |               |               |          |               |
| 5                        |               |               |          |               |
| 7                        |               |               |          |               |
| 9                        |               |               |          |               |
| 9                        |               |               |          |               |
| 10                       |               |               |          |               |
| 13                       | •             |               |          |               |
| 12                       |               |               |          |               |
| 13                       |               |               |          |               |

Form C Rev. 06/30/2017

2019 Bayflite Flight Personnel

| Name              | Position         | EMTP License # | EXP     | RN License # | EXP                                   |
|-------------------|------------------|----------------|---------|--------------|---------------------------------------|
| AMEDEO, AMY       | FLIGHT NURSE     | PMD511393      | 12/1/20 | RN9195187    | 7/31/20                               |
| BULL, MICHAEL     | FLIGHT PARAMEDIC | PMD511999      | 12/1/20 |              |                                       |
| CHESTER, DEAN     | FLIGHT PARAMEDIC | PMD6372        | 12/1/20 |              |                                       |
| COATES,MICHAEL    | FLIGHT PARAMEDIC | PMD8859        | 12/1/20 |              |                                       |
| MADER, ASHLEIGH   | FLIGHT NURSE     |                | 12/1/20 | RN9271391    | 4/30/21                               |
| PRICE, KAITLYN    | FLIGHT NURSE     |                | 12/1/20 | RN9478796    | 4/30/21                               |
| YOUNG, PAMELA     | FLIGHT NURSE     |                | 12/1/20 | RN9326903    | 4/30/21                               |
| SANDERS, CHERYL   | FLIGHT NURSE     |                | 12/1/20 | RN9294562    | 4/30/21                               |
| EVERSON, JAMES    | FLIGHT PARAMEDIC | PMD523470      | 12/1/20 |              |                                       |
| PEREZ, DEREK      | FLIGHT PARAMEDIC | PMD524198      | 12/1/20 |              |                                       |
| JOHNSON, CHRIS    | FLIGHT PARAMEDIC | PMD520564      | 12/1/20 |              |                                       |
| ROBERTS, JEREMI   | FLIGHT PARAMEDIC | PMD512573      | 12/1/20 |              |                                       |
| FETTERMAN, SCOTT  | FLIGHT PARAMEDIC | PMD514798      | 12/1/20 |              | · · · · · · · · · · · · · · · · · · · |
| FLOHRE, SHAWN M   | FLIGHT PARAMEDIC | PMD505121      | 12/1/20 |              |                                       |
| FRY,WILLIAM J     | FLIGHT PARAMEDIC | PMD18919       | 12/1/20 |              |                                       |
| GLADIEUX, ALAN    | FLIGHT NURSE     | PMD524585      | 12/1/20 | RN9331877    | 4/30/21                               |
| GONZALEZ, TAMMY M | FLIGHT NURSE     | PMD10824       | 12/1/20 | RN2003972    | 4/30/21                               |
| HAVERTY,HAROLD J  | FLIGHT PARAMEDIC | PMD9673        | 12/1/20 |              |                                       |
| HICKMAN, MELISSA  | FLIGHT NURSE     | PMD520980      | 12/1/20 | RN9220298    | 4/30/21                               |
| MCMILLAN, JOHN    | FLIGHT PARAMEDIC | PMD517533      | 12/1/20 |              |                                       |
| MONTE, ALEXANDER  | FLIGHT NURSE     | PMD17153       | 12/1/20 | RN9243694    | 4/30/21                               |
| MORRELL, DIONALD  | FLIGHT PARAMEDIC | PMD529586      | 12/1/20 |              |                                       |
| PALMER, DAVID     | FLIGHT NURSE     | PMD200809      | 12/1/20 | RN3022282    | 4/30/21                               |
| PARSONS, KEITH    | FLIGHT PARAMEDIC | PMD515112      | 12/1/20 |              | ,,,,,,                                |
| POXON, JUNE       | FLIGHT NURSE     | PMD10545       | 12/1/20 | RN2123212    | 7/31/20                               |
| REID,KATHRYN      | FLIGHT NURSE     | PMD511720      | 12/1/20 | RN9223603    | 7/31/20                               |
| SAVAGE, RICHARD   | FLIGHT PARAMEDIC | PMD19564       | 12/1/20 |              |                                       |
| SHANE, DAVID      | FLIGHT NURSE     | PMD10935       | 12/1/20 | RN2163452    | 4/30/21                               |
| SHRIVER, AARON    | FLIGHT PARAMEDIC | PMD206675      | 12/1/20 |              |                                       |
| SIDLAUSKAS,JEREMY | FLIGHT PARAMEDIC | PMD501101      | 12/1/20 |              |                                       |
| SWARTZ,BRIAN      | FLIGHT PARAMEDIC | PMD14735       | 12/1/20 |              | <u> </u>                              |
| TABER, SHAWN      | FLIGHT PARAMEDIC | PMD18163       | 12/1/20 |              |                                       |
| JOALLAIN THEVENET | FLIGHT NURSE     | PMD524393      | 12/1/20 | RN9168099    | 4/30/21                               |
| TURNER, RYAN      | FLIGHT NURSE     | PMD513212      | 12/1/20 | RN9354300    | 7/31/20                               |
| WILLIAMS,WENDY S  | FLIGHT NURSE     | PMD509527      | 12/1/20 | RN3214422    | 4/30/19                               |

DIVISION OF CORPORATIONS



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# Fictitious Name Detail

#### **Fictitious Name**

**BAYFLITE** 

#### Filing Information

Registration Number G15000106682

Status

**ACTIVE** 

Filed Date

10/20/2015

**Expiration Date** 

12/31/2020

**Current Owners** 

1

County

MULTIPLE

**Total Pages** 

1

**Events Filed** 

NONE

FEI/EIN Number

87-0533822

#### Mailing Address

7301 SOUTH PEORIA STREET ENGLEWOOD, CO 80112

#### **Owner Information**

ROCKY MOUNTAIN HOLDINGS, L.L.C. 7301 SOUTH PEORIA STREET ENGLEWOOD, CO 80112 FEI/EIN Number: 87-0533822

Document Number: M95000000020

#### **Document Images**

10/20/2015 -- CANCELLATION/RE-REGISTRATION

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/29/2019

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).

| this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). |  |                         |  |  |                           |  |   |   |            |                  |                        |
|---|--|-------------------------|--|--|---------------------------|--|---|---|------------|------------------|------------------------|
| PRODUCER  |  |                         |  |  | CONTACT<br>NAME:          |  |   |   |            |                  |                        |
| Willis of Colorado, Inc. c/o 26 Century Blvd  |  |                         |  | PHONE (A/C, No, Ext): 1-877-945-7378 (A/C, No): 1-888-467-2378 |                           |  |   |   |            |                  |                        |
| P.O. Box 305191   |  |                         | E-MAL ADDRESS: certificates@willis.com                                 |  |                           |  |   |   |            |                  |                        |
| Nashville, TN 372305191 USA   |  |                         | ADDICE   |  |                           |  |   |   | NAIC #     |                  |                        |
|   |  |                         | INSURER(S) AFFORDING COVERAGE INSURER A. Beazley Insurance Company Inc |  |                           |  |   | NAIC#<br>37540                                  |            |                  |                        |
| INSURED   |  |                         | INSURER A: Beazley Insurance Company Inc 3754                          |  |                           |  |   |   |            |                  |                        |
|   | ds Corporation, Tri-State Care   | e Fliç                  | ght, LLC ar  | nd/or any  |                           |  |   |   |            |                  |                        |
|   | <ul><li>d, subsidiary, affiliated,<br/>owned, or controlled companie;</li></ul>          | s or e                  | ontities th  | nereof   | INSURE                    |  |   |   |            |                  |                        |
| 5500 S. Q   |  |                         |  | .01001   | INSURE                    |  |   |   |            |                  |                        |
| Greenwood   | Village, CO 80111  |                         |  |  | INSURE                    |  |   |   |            |                  |                        |
| COVERA  | GES GED  | TIEIC                   | ATT ALLIBO   | DED. 1711 002001   | INSURE                    | RF:                                      |   |   |            |                  |                        |
|   | TO CERTIFY THAT THE POLICIES   |                         |  | BER: W11093991   | VE DEC                    | N ISSUED TO                              | THE INCHES                                | REVISION NUM                                    | VIBER:     |                  |                        |
| CERTIFI<br>EXCLUS   | ED. NOTWITHSTANDING ANY RE<br>CATE MAY BE ISSUED OR MAY I<br>IONS AND CONDITIONS OF SUCH | QUIRI<br>PERTA<br>POLIC | EMENT, TEF<br>AIN, THE IN:<br>IES. LIMITS                              | RM OR CONDITION<br>SURANCE AFFORD                              | OF AN'<br>ED BY           | Y CONTRACT<br>THE POLICIE<br>REDUCED BY  | OR OTHER I<br>S DESCRIBEI<br>PAID CLAIMS. | つつしいい コンコン・コン・コン・コン・コン・コン・コン・コン・コン・コン・コン・コン・コン  | 1 DECDE    | רד דרו ע         | NUICH THE              |
| INSR<br>LTR   | TYPE OF INSURANCE  | ADDL S                  | SUBR<br>WVD  | POLICY NUMBER  |                           | POLICY EFF<br>(MM/DD/YYYY)               | POLICY EXP<br>(MM/DD/YYYY)                |   | LIMIT      | 's               |                        |
| C   | OMMERCIAL GENERAL LIABILITY  |                         |  |  |                           |  |   | EACH OCCURRENC                                  |            | \$               |                        |
|   | CLAIMS-MADE OCCUR  |                         |  |  |                           |  |   | DAMAGE TO RENTI<br>PREMISES (Ea occ.            |            | s                |                        |
|   |  |                         |  |  |                           |  |   | MED EXP (Any one                                |            | s                |                        |
| GEN'I   | AGGREGATE LIMIT APPLIES PER:   |                         |  |  |                           |  |   | PERSONAL & ADV I                                |            | \$               |                        |
|   | OLICY PRO- LOC   |                         |  |  |                           |  |   | GENERAL AGGREG                                  |            | S                |                        |
|   | THER:  |                         | •  |  |                           |  |   | PRODUCTS - COMP                                 | P/OP AGG   | s                |                        |
|   | MOBILE LIABILITY   |                         |  |  |                           |  |   | COMBINED SINGLE                                 | LIMIT      | S                |                        |
| A   | NY AUTO  |                         |  |  |                           |  |   | (Ea accident) BODILY INJURY (Pe                 |            | 5                |                        |
|   | WNED SCHEDULED   |                         |  |  |                           |  |   | ······  |            | -                |                        |
| H   | UTOS ONLY AUTOS IRED NON-OWNED   |                         |  |  |                           |  |   | BODILY INJURY (Pe<br>PROPERTY DAMAG             |            | \$               |                        |
| <u></u>   | UTOS ONLY AUTOS ONLY   |                         |  |  |                           |  |   | (Per accident)                                  | _          | \$               | ····                   |
| 111   | MBRELLA LIAB OCCUP   |                         | _  |  |                           |  |   |   |            | \$               |                        |
| -   | VOECELLAR  |                         |  |  |                           |  |   | EACH OCCURRENC                                  | CE         | \$               |                        |
|   | CLAIMS-WADE  |                         |  |  |                           |  |   | AGGREGATE                                       |            | \$               |                        |
|   | ED RETENTIONS<br>ERS COMPENSATION  |                         |  |  |                           |  |   | DED   | OTH        | \$               |                        |
| AND EN  | MPLOYERS'LIABILITY Y/N   |                         |  |  |                           |  |   | PER<br>STATUTE                                  | OTH-<br>ER |                  |                        |
| OFFICE  | OPRIETOR/PARTNER/EXECUTIVE R/MEMBER EXCLUDED?  | N/A                     |  |  |                           |  |   | E.L. EACH ACCIDEN                               | VΤ         | \$               |                        |
| If yes, d   | tory in NH)<br>lescribe under  |                         |  |  |                           |  |   | E.L. DISEASE - EA E                             | MPLOYEE    | \$               |                        |
| 1   | IPTION OF OPERATIONS below   |                         | _  |  |                           |  |   | E.L. DISEASE - POL                              | ICY LIMIT  | \$               |                        |
| A Medic   | al Professional Liability  |                         |  | W1B17E190401   |                           | 04/27/2019                               | 04/27/2020                                |   |            | \$10,00          | 0,000                  |
|   |  |                         |  |  |                           |  |   | Each Claim                                      |            | \$6,000          | ·                      |
|   |  |                         |  |  |                           |  |   | Each Claim Dec                                  | luctible   | \$500,0          | 00                     |
| DESCRIPTION   | N OF OPERATIONS / LOCATIONS / VEHICL   | ES (AC                  | CORD 101, Add  | itional Remarks Schedu   | le, may be                | attached if more                         | e space is require                        | d)  |            |                  |                        |
| CERTIFICATE HOLDER CA   |  |                         |  |  | CANO                      | ELLATION                                 |   |   |            |                  |                        |
|   |  |                         |  |  | SHO<br>THE<br>ACC         | ULD ANY OF 1<br>EXPIRATION<br>ORDANCE WI | I DATE THE<br>TH THE POLIC                | ESCRIBED POLIC<br>REOF, NOTICE<br>Y PROVISIONS. | IES BE CA  | ANCELL<br>BE DEL | ED BEFORE<br>IVERED IN |
|   |  |                         |  |  | AUTHORIZED REPRESENTATIVE |  |   |   |            |                  |                        |
| Evidence Only   |  |                         |  | Ul a. loll   |                           |  |   |   |            |                  |                        |

### Willis Towers Watson In 1919

# Willis of New York, Inc. d/b/a Willis Aerospace CERTIFICATE OF INSURANCE

200 Liberty Street, 7<sup>th</sup> Floor New York, NY 10281 (212) 915-7652

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 and/or any associated, subsidiary,

affiliated, managed, owned or controlled companies or entities hereafter created or constituted.

"Associated, subsidiary, affiliated, managed, owned or controlled companies or entities" appearing above means any company or entity for whom the Insured has agreed to be responsible for or for which it has

assumed an active management.

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, 2019 to July 1, 2020 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: including AVN52 (War Liability), | USD \$50,000,000 per occurrence. Personal Injury is sub limited to USD \$25,000,000 any offense and in the aggregate.  USD \$50,000,000 per occurrence and in the aggregate, except with |
| the sublimit is:  | respect to passengers which the full policy limit to apply (this limit is included within the policy limit and not in addition to).  |
| Additional Covers   | NA.  |
| Additional Coverages:   | NA NA  |
| SPECIAL PROVISIONS  |  |

## WillisTowers Watson [111111]

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

Certificate No. 2019-1888

# WillisTowers Watson III'I'III

#### 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, 2019

Tom Klaus, Authorized Representative Willis of New York - Aerospace



November 8, 2019

Mr. John Murphy EMS Credentialing Coordinator Pinellas County EMS and Fire Administrations

Dear Mr. Murphy,

Air Methods Corporation, d/b/a Rocky Mountain Holdings L.L.C. currently charges the following for air medical services:

Liftoff

\$36,332.43

Loaded mileage \$436.68

Sincerely,

Matthew Turner BSN, RN, CCRN, CEN, EMT-P

Central Florida Area Manager

Southeast Region

Air Methods Corp.

Matthew.Turner@airmethods.com

727-515-8278