

October 1, 2020

Mr. John Murphy

EMS Credentialing Coordinator

Pinellas County EMS and Fire Administrations

Dear Mr. Murphy,

Enclosed is the required information for the renewal application of Rocky Mountain Holdings d/b/a/ Air Life, Certificate of Public Convenience and Necessity for ALS Helicopter Ambulance Service within Pinellas County. Thanks for all of your help and patience.

Please let me know if you need any clarification, have questions, or need additional information. I can be reached at 727-515-8278 or at matthew.turner@airmethods.com. I appreciate your assistance processing this application.

Regards,

A handwritten signature in blue ink, appearing to read "Matthew Turner".

Matthew Turner

Central Florida Area Manager
Bayflite/Life Net/Lee Flight
Southeast Region
Air Methods
(727) 515-8278 c
(813) 200-1399 f



CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

All commercial Wheelchair Transport/Stretcher Van and ALS Providers servicing clients in Pinellas County are required to obtain a COPCN prior to transport of clients within the County pursuant to the Rules and Regulations of the Pinellas County Emergency Medical Service System and Pinellas County Code, Chapter 54, Emergency Services.

Providers that have met the application requirements are presented to the Board of County Commissioners (EMS Authority) for approval. After the Board has approved the applications, a COPCN is issued, including the number of vehicle permits corresponding to the vehicle roster in the application.

Please verify that you have complied with all requirements listed below prior to submitting your application. Incomplete applications will be returned.

COPCN APPLICATION INSTRUCTIONS:

Complete the following forms:

- ☐ 1. Application for COPCN (Form A). Complete each section on Form A and Notarize. Review all attachments included in this application packet. Copies may be made of any forms if additional sheets are needed. Contact the EMS & Fire Administration at (727) 582-5872 if there are any questions regarding this application packet.
- ☐ 2. Record Keeping Verification Form (Form B). Document the ability to record incoming phone lines and/or maintain written records for each call. Verify accessibility of archived records for inspection (See Rules & Regulations 8.1).
- ☐ 3. Vehicle Roster (Forms C-1 & C-2). Provide Unit, Florida Vehicle Tag and VIN numbers for all Wheelchair Transport Vehicles/Stretcher Vans, as applicable. **For Providers offering both services, please ensure Wheelchair and Stretcher vehicle rosters are recorded separately.** Vehicles must be inspected by an EMS and Fire Administration Representative (See Rules & Regulations 8.3). ALS Helicopter applications - provide aircraft information.
- ☐ 4. Driver Roster (Form D). Provide a list of each certified driver by name, including their Florida Class E Driver's License number, expiration date, date of birth and EMS ID Number.
ALS Helicopter applications - please provide pilot/crew information.

include the following with the application:

- ☐ 1. Certificate of Incorporation and Certification of Fictitious Name (d.b.a.) as registered with the State of Florida, as applicable.
- ☐ 2. Insurance Verification. Provide a copy of the Certificate of Insurance showing limits for the highest level of service provided detailing vehicle liability, property damage coverage, and the expiration date of the policy (See Rules & Regulations 8.2).
- ☐ 3. Agency's retail rate schedule for all services provided.
- ☐ 4. County Driver Certification. Any new applicant a Provider seeks to have certified must meet the County Driver Application & Certification Requirements outlined in the following section.

Once the application forms and attachments are prepared, submit the completed application package to the Pinellas County EMS Authority.

COUNTY DRIVER APPLICATION & CERTIFICATION REQUIREMENTS:

Copies of the following documentation must be submitted to the Pinellas County EMS Authority for all new drivers:

- ☐ 1. Completed Background Screening Affidavit with background check (**verification must be less than 45 days old**).
- ☐ 2. Current CPR and First Aid certification. For Florida Department of Health licenses, include a copy of the web inquiry, verifying the license is "CLEAR/ACTIVE", as well as attach any discipline on file (<http://www.flhealthsource.gov/>).
- ☐ 3. Valid driver's license.
- ☐ 4. Completed verification applicant is not listed on the U.S. Department of Health and Human Services Exclusions Database (<https://exclusions.oig.hhs.gov/>).
- ☐ 5. Color photo in JPEG format.

Applicants must complete an orientation provided by the Provider Agency, as well as be in compliance with all Protocols, Rules and Regulations of the EMS System. Once the applicant receives approval of the EMS Medical Director, they will receive initial Certification.

All certified wheelchair/stretchers drivers must continue to provide updated documentation to maintain County Certification. Direct any questions about driver certification to the EMS & Fire Administration at (727) 582-5872.

RULES AND REGULATIONS:

- Pinellas County Emergency Medical Services Rules and Regulations • Addresses the obligations and duties of the Pinellas County EMS System.
- Florida Municipal Codes, Chapter 54 - Emergency Services • Copy of Florida State laws governing EMS and Transportation Services.

FORMS:

The forms included in this application packet may be copied and used for reporting to the Office of the Medical Director.

- Monthly Activity Report
 - Used to record wheelchair, stretcher, and reclining wheelchair van service data.
 - Must be filed with the Medical Director within ten (10) working days of month's end.
- Medical Incident Report
 - Used to document any event or patient requiring an Incident Report.
 - Must be filed within 72 hours of the event.

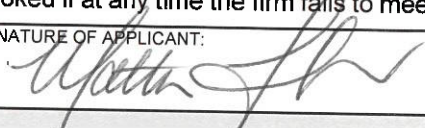
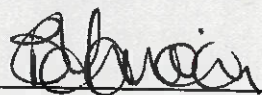



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

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 AirLife		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 5500 Quebec Street		PHONE: 303-792-7400
ADDRESS 2: na		FAX:
CITY, STATE, ZIP CODE: Greenwood Village, CO 80111		
OFFICER/DIRECTOR NAME & TITLE: Attached	PHONE NUMBER & E-MAIL:	
VICE OFFICER/DIRECTOR NAME & TITLE: Attached	PHONE NUMBER & E-MAIL:	
BUSINESS HOURS POINT-OF-CONTACT: Matthew Turner Area Manager	PHONE NUMBER & E-MAIL: 727-515-8278 Matthew.Turner@airmethods.com	
AFTER HOURS POINT-OF-CONTACT: Matthew Turner Area Manager	PHONE NUMBER & E-MAIL: 727-515-8278 Matthew.Turner@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: 		DATE: 10.01.2020
STATE OF FLORIDA COUNTY OF <u>Hillsborough</u>		
Subscribed and sworn to (or affirmed) before me this <u>Oct. 1, 2020</u> by <u>Matthew Turner</u> , who is/are personally known to me or has/have produced <u>Florida Driver License</u> as identification.		
(SEAL)		 Brenda Garcia NOTARY PUBLIC STATE OF FLORIDA Comm# GG077549 Expires 2/27/2021 (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
Brent C. Smith	CFO	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Timothy Knapp	Secretary	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

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



HELICOPTER/AIRCRAFT ROSTER

Name of Service: Rocky Mountain Holdings LLC d/b/a Air Life Date: 5/2/2020 Page: 1 of 1

Provide helicopter/aircraft type, model/year, identifying FAA license #/permit information, radio ID, and base location. 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.

Helicopter/Aircraft Type	Model/Year	FAA License #	Radio ID	Base Location
1. AIRBUS	EC135P2+ 2008	N163BF		NORTH PORT
2. AIRBUS	EC135P2+ 2008	N527BF		TAMPA
3. AIRBUS	EC135P2+ 2007	N911BF		INVERNESS
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				



PERSONNEL ROSTER

Name of Service: Rocky Mountain Holdings LLC d/b/a Air Life Date: 5/2/2020 Page: 1 of 1

List personnel, position, licensure/certification, and expiration date. 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	Position	License/Certification	Expiration Date
1. PLEASE SEE ATTACHED			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

2020 Air Methods Flight Personnel

Name	Position	EMTP License #	EXP	RN License #	EXP
BURGNER, AMY	FLIGHT NURSE	PMD511393	12/1/20	RN9195187	7/31/22
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			RN9271391	4/30/21
PRICE, KAITLYN	FLIGHT NURSE			RN9478796	4/30/21
YOUNG, PAMELA	FLIGHT NURSE			RN9326903	4/30/21
SANDERS, CHERYL	FLIGHT NURSE			RN9294562	4/30/21
EVERSON, JAMES	FLIGHT PARAMEDIC	PMD523470	12/1/20		
JOHNSON, CHRIS	FLIGHT PARAMEDIC	PMD520564	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		
PARSONS, KEITH	FLIGHT PARAMEDIC	PMD515112	12/1/20		
REID, KATHRYN	FLIGHT NURSE	PMD511720	12/1/20	RN9223603	7/31/22
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		
SWARTZ, BRIAN	FLIGHT PARAMEDIC	PMD14735	12/1/20		
JOALLAIN THEVENET	FLIGHT NURSE	PMD524393	12/1/20	RN9168099	4/30/22
WILLIAMS, WENDY S	FLIGHT NURSE	PMD509527	12/1/20	RN3214422	4/30/21

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

Fictitious Name Search

No Filing History

Fictitious Name Detail

Fictitious Name

AIR LIFE FLORIDA

Filing Information

Registration Number G20000031715
Status ACTIVE
Filed Date 03/12/2020
Expiration Date 12/31/2025
Current Owners 1
County MULTIPLE
Total Pages 1
Events Filed NONE
FEI/EIN Number NONE

Mailing Address

5500 S QUEBEC STREET
ATTN: TAX DEPARTMENT
GREENWOOD VILLAGE, CO 80111

Owner Information

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

Document Images

[03/12/2020 -- 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	M95000000020
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: 05/28/2020

Mailing Address

5500 South Quebec Street
Greenwood Village, CO 80111

Changed: 05/28/2020

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 Secretary

Knapp, Timothy
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 CFO

Smith, Brent C.
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
2018	04/03/2018
2019	03/27/2019
2020	05/28/2020

Document Images

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

Florida Department of State, Division of Corporations

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M95000000020

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	SECRETARY	Title	VP
Name	KNAPP, TIMOTHY	Name	COOK, JONATHAN
Address	5500 SOUTH QUEBEC STREET	Address	5500 SOUTH QUEBEC STREET
City-State-Zip:	GREENWOOD VILLAGE CO 80111	City-State-Zip:	GREENWOOD VILLAGE CO 80111
Title	VP	Title	CFO
Name	UHLMAN, JASON	Name	SMITH, BRENT C.
Address	5500 SOUTH QUEBEC STREET	Address	5500 SOUTH QUEBEC STREET
City-State-Zip:	GREENWOOD VILLAGE CO 80111	City-State-Zip:	GREENWOOD VILLAGE CO 80111
Title	PRESIDENT	Title	ASSISTANT SECRETARY
Name	MYERS, CHRISTOPHER	Name	KECK, SHARON J.
Address	5500 SOUTH QUEBEC STREET	Address	5500 SOUTH QUEBEC STREET
City-State-Zip:	GREENWOOD VILLAGE CO 80111	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** **05/28/2020**

Electronic Signature of Signing Authorized Person(s) Detail Date



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)
07/01/2020

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

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

NAIC #

INSURER A: Starr Indemnity & Liability Company

38318

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

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

COVERAGES

CERTIFICATE NUMBER: W17129104

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
	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						
	<input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	100 0001787	07/01/2020	07/01/2021	E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

Pinellas County, A Political Subdivision of the State of Florida
400 South Fort Harrison Avenue
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

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		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Professional Liability Per Medical Incident \$1,000,000

INSURER AFFORDING COVERAGE: Lloyd's

POLICY NUMBER: W1B17E200501

EFF DATE: 04/27/2020

EXP DATE: 04/27/2021

NAIC#: B7874

TYPE OF INSURANCE:

Medical Prof., General Liab.
& Prod./Com. Ops Liab

LIMIT DESCRIPTION:

Aggregate
Each Claim
Each Claim Deductible

LIMIT AMOUNT:

\$10,000,000
\$6,000,000
\$500,000

INSURER AFFORDING COVERAGE: Starr Indemnity & Liability Company

POLICY NUMBER: 100 0001789

EFF DATE: 07/01/2020

EXP DATE: 07/01/2021

NAIC#: 38318

TYPE OF INSURANCE:

Workers Compensation and
Employers Liability -
Per Statute

LIMIT DESCRIPTION:

E.L. Each Accident
E.L. Disease-EA Emp.
E.L. Disease-Pol Lim

LIMIT AMOUNT:

\$1,000,000
\$1,000,000
\$1,000,000

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

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

bridget.donley@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 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, 2020 to July 1, 2021 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

Certificate No. 2020-1859

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
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, 2020



Bridget Donley, Authorized Representative
Willis Towers Watson Northeast, Inc. - Aerospace

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

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

bridget.donley@willistowerswatson.com

CERTIFICATE OF INSURANCE SECURITY ADDENDUM

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.

NAMED INSURED'S ADDRESS

5500 S. Quebec St., Suite 300
Greenwood Village, CO 80111

INSURANCE COVERAGES

1. Aircraft Hull and Liability
2. Aviation General Liability

TERRITORY

Worldwide

POLICY PERIOD

July 1, 2020 to July 1, 2021 on both dates at 12:01 AM LST

SECURITY (the "Insurers")

INSURER

POLICY NUMBER

Allianz Global Risks US Ins. Co.
28 Liberty Street, 37th Floor
New York, NY 10005

1. A2GA000137620AM
 2. A2GA000932820AM
- 17.5%**

Endurance American Insurance Co.
administered by
W. Brown & Associates Insurance Services
19000 MacArthur Blvd., Suite 700
Irvine, CA 92612

1. NQC6033589
 2. NQC6033589
- 10%**

Starr Indemnity & Liability Company
through Starr Aviation Agency, Inc.
3353 Peachtree Road NE, Suite 1000
Atlanta, GA 30326

1. SASICOM 60015920-10
 2. SASICOM 60015920-10
- 27%**

National Union Fire Insurance Company of Pittsburgh, PA
through AIG Aerospace
Northpark Town Center
1200 Abernathy Road NE, Building 600
Atlanta, GA 30328

1. FQ001851188-18
 2. FQ001851188-18
- 14%**

INSURER	POLICY NUMBER
XL Specialty Insurance Company c/o AXL One World Financial Center 200 Liberty Street, 3 rd Floor New York, NY 10281	1. UA00015349AV20A 2. UA00015349AV20A 6%
United States Aircraft Insurance Group (USAIG) Managed by United States Aviation Underwriters, Inc. 125 Broad St., 6 th Floor New York, NY 10004	1. SIHL22720 2. SIHL22720 10%
Old Republic Insurance Company Old Republic Aerospace, Inc. 1990 Vaughn Road, Suite 350 Kennesaw, GA 30144	1. AVC 004522 01 2. AP 011814 01 3%
Underwriters at Lloyd's & Various Companies through Willis Limited The Willis Building, 51 Lime Street London, England EC3M 7DQ	22255A20 22255A20 12.5%

Several Liability Notice

The subscribing Insurer's obligations under contracts of Insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing Insurers are not responsible for the subscription of any co-subscribing Insurer who for any reason does not satisfy all or part of its obligations.

Each of the above insures, individually for its proportion only, has authorized the undersigned to issue this Certificate on its behalf as a matter of convenience.

If Certificate(s) have been issued prior to the Date of Issue of this Certificate, this Certificate cancels and supersedes each such Certificate.



October 1, 2020

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

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: \$41,659.71
- Loaded Mileage: \$500.71/mile
- o Per transport Cap: \$79,999.00

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Turner", is written over a faint, larger blue signature.

Matthew Turner
Central Florida Area Manager
Southeast Region
Air Methods Corp.
Matthew.Turner@airmethods.com
727-515-8278

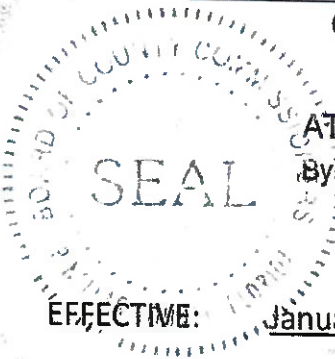
PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

Rocky Mountain Holdings, L.L.C. d/b/a BAYFLITE, pursuant to Pinellas County Code Chapter 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: Karen Williams Seel

Chairman, Board of County Commissioners

Date: 12/10/2019



ATTEST: KEN BURKE, CLERK

By: Nelson D. Roy
Deputy Clerk

EFFECTIVE: January 1, 2020

EXPIRATION: December 31, 2020



APPROVED AS TO FORM

By: Jason Ester
Jason Ester
Senior Assistant County Attorney