



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/30/2020

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 Edgewood Partners Insurance Center P. O. Box 1689 Pearl River NY 10965	CONTACT NAME: Jennifer Gardner PHONE (A/C, No, Ext): (201) 661-2000 FAX (A/C, No): (201) 661-2499 E-MAIL ADDRESS: jennifer.gardner@epicbrokers.com																					
INSURED Paramedics Logistics Operating Company, LLC Paramedics Logistics Florida, LLC 115 Jordan Plaza Blvd., Ste 200 Tyler TX 75704	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Arch Specialty Insurance Company</td><td>21199</td></tr><tr><td>INSURER B:</td><td>Arch Insurance Company</td><td>11150</td></tr><tr><td>INSURER C:</td><td>Arch Indemnity Insurance Company</td><td>30830</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Arch Specialty Insurance Company	21199	INSURER B:	Arch Insurance Company	11150	INSURER C:	Arch Indemnity Insurance Company	30830	INSURER D:			INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:** 20-21 Master**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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FLP006069402	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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"/>			11CAB1020501	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			FLP006069402	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B/C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	11WC11020301/ 14WC11020401	07/01/2020	07/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	PROFESSIONAL LIABILITY			FLP006069402	07/01/2020	07/01/2021	EACH OCCURRENCE 1,000,000 AGGREGATE 3,000,000

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

See Attached

CERTIFICATE HOLDER**CANCELLATION**

Pinellas County, A Political Subdivision of the State of Florida 400 South Fort Harrison Ave 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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COMMENTS/REMARKS

Claims Made coverage applicable to Professional Liability and Umbrella Policies.
Named Insureds:

- Paramedics Logistics Holding Company, LLC
- Paramedics Logistics Operating Company, LLC
- Paramedics Logistics South Dakota, LLC
- Paramedics Logistics Florida, LLC
- Paramedics Logistics Indiana, LLC
- Paramedics Logistics Texas, LLC
- The EMS Training School, LLC
- ETX Fleet Plus, LLC
- PatientCare Logistics Solutions Mississippi, LLC
- PatientCare Logistics Solutions Georgia, LLC
- MedFleet Ambulance LLC

Professional Liability/General Liability/Umbrella Liability

-Additional Insured as required by written contract per form 02 HPL0008 00 05 13
-Waiver of Subrogation as required by written contract per form 02 HML0049 00 03 07
-Primary and Non-Contributory as required by written contract per form 00 HPL0146 00 09 16
-Notice of Cancellation (specified days) as required by written contract per form 00
ML0087 00 11 10

Automobile Liability

-Additional Insured as required by written contract per form 00 CA 0115 00 10 13
-Waiver of Subrogation as required by written contract per form CA 04 44
-Primary and Non-Contributory as required by written contract per form 00 CA 0116 00 04 10
-Notice of Cancellation (specified days) as required by written contract per form 00 ML
0086 00 11 10

Workers' Compensation

-Alternate Employer Endorsement per form WC 00 03 01 A
-Notice of Cancellation as required by written contract per form 00 ML0086 00 11 10
-Waiver of Subrogation as required by written contract per form WC 00 03 13
-Policy #14WCI1020401: Indiana, Texas
-Policy #11WCI1020301: All other states