

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: NEW RENEWAL			
SERVICE TYPE:	✓ ALS Interface ☐ ALS Helicop		nsport rt
TYPE OF ENTITY: Sole Proprietor Parti	nership 🗹 Non-I	Profit Corporation	orporation
ORGANIZATION NAME:		HOURS OF OPERATION:	☑24-HOUR
JOHNS HOPKINS ALL CHILDRENS LIFELIN	NE	A.M. to	□A.M. / □P.M.
ADDRESS 1:		PHONE:	A CONTRACT OF A STATE OF THE ST
501 6TH AVENUE SOUTH		727-767-7337	
ADDRESS 2:		FAX:	
		727-767-4837	
CITY, STATE, ZIP CODE:			
ST PETERSBURG			
	PHONE NUMBER & E-N	MAIL:	
			Congression of the State of St
OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-I		
JULIE BACON LIFELINE PROGRAM MAN BUSINESS HOURS POINT-OF-CONTACT:	727-767-7337	en de unos	
			o du
JULIE BACON AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-	julie.bacon11@jhmi.	edu
		julie.bacon11@jhmi.	odu
JULIE BACON REQUIRED ATTACHMENTS: Record Keeping Ver	F C C		
Incorporation, Certification of Fictitious Name (d.b.a) provided, and retail rate schedule. Also include any n	if applicable, Insura	ance Verification for the h	ighest level of service
I, the undersigned representative of the above named revoked if at any time the firm fails to meet all of the re	firm, do hereby ac equirements of the l	Pinellas County Code or F	may be suspended or Rules and Regulations.
SIGNATURE OF APPLICANT:	ength gar the Mangangan end or	DATE:	2020
STATE OF FLORIDA		A STATE OF THE STA	
COUNTY OF PINE 108			
Subscribed and sworn to (or affirmed) before me this	0 11		, 44110
is/are personally known to me or has/have produced	Florida D	vivers license as	identification.
		Moran Mada Com	~~
		Megan Marie Gray Notary Public State of	
(8EAL) 4)		My Comm. Expires 09 Commission# HH 402	
4	(Nam	e of Notary typed printed	or Farmer
Form A. Rev. 02/06/2017	(IVAIII)	e of Notary typed, printed	or Form stamped)



WHEELCHAIR/STRETCHER SERVICE RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service:	JOHNS HOPKINS ALL CHILDRENS	LILELINE

Date:	9/1/2020	
Date.	What was a second or a second of the second	

ection	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	. , JB \
	*Initial here if standard business practice is to receive requests via fax and/or e-mail and written records are maintained of such contacts in accordance with written records criteria.	JB \
8.1	Written record contains:	
	Date Call Received	
	Time Call Received	JB /
	Pick-up & Destination Address	JB.
	Arrival Time at Destination	JB'\
	Client's Name	JB N
	Person Ordering Transport	JB V
	Telephone Number of Caller (*if applicable)	JB^X
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	JB
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	JB
8.1	Dispatch audio & written/electronic records shall be available for inspection.	JB

Form B Rev. 02/06/2017



WHEELCHAIR VEHICLE ROSTER Pinellas County Rules and Regulations, as Amended

Name of Service:	JOHNS HOPKINS ALL CHILDRENS LIFELINE	Page:	 of	2

Provide Unit, Tag and VIN numbers for all vehicles. 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. Contact EMS & Fire Administration for a Vehicle Inspection appointment.

Unit Number 1. LL7 2. LL5	Florida Vehicle Tag Number MIS19Z	Vehicle Identification Number (VIN) 2NKHHM6X7LM391757 2NKHHM6X2HM136408	Client compartment observation mirror	Passenger floor properly maintained	Fire extinguisher 2A:10B:C	Operable interior lights	Free of dent/rust that interferes with safe operation	Equipment in patient sompartment safely secured	Doors, latches, and handles working properly	Patient lift platform working properly	Positive means of securing/locking wheelchair/stretcher	Safety belts and/or straps	Radio/tablet/cell phone for communication with base station	Exterior lights – high, low, turns, brake, tails, backup	Interior clean, sanitary and in good working order
3. LL3	MIN01	2NKHHM6X0HM165535	4	V						J	J)	J	1	1
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12.					A/	A -1.	1			*					

Form C-1 Rev. 02/06/2017

EMS INSPECTOR: Www My

_ Date: <u>1/5/2</u>02-0



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.

	SUBROGATION IS WAIVED, subject to its certificate does not confer rights to			•	• •	•	may require	e an endorsement. A sta	tement	on
PRO	DUCER				CONTA NAME:	CT Jennifer G	ardner			
Edg	ewood Partners Insurance Center				PHONE (A/C, No	(201) 66	61-2000	FAX (A/C, No):	(201)	661-2499
P. C	D. Box 1689				E-MAIL ADDRE	ionnifor as	ardner@epicbr			
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #
Pea	rl River			NY 10965	INSURE	RA: Arch Spe	cialty Insuran	ce Company		21199
INSU	RED				INSURE	RB: Arch Insu	ırance Compa	ny		11150
	Paramedics Logistics Operating	Com	pany,	LLC	INSURE	RC: Arch Inde	emnity Insuran	ice Company		30830
	Paramedics Logistics Florida, Ll	_C			INSURE	RD:				
	115 Jordan Plaza Blvd., Ste 200	1			INSURE	RE:				
	Tyler			TX 75204	INSURE	RF:				
CO	VERAGES CER	TIFIC	ATE	NUMBER: 20-21 Master				REVISION NUMBER:		
IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUIRENTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, T LICIE	ENT, T HE IN S. LIM	ERM OR CONDITION OF ANY ISURANCE AFFORDED BY TH IITS SHOWN MAY HAVE BEEN	CONTR	RACT OR OTHE CIES DESCRIBE CED BY PAID C	R DOCUMENT ED HEREIN IS : LAIMS.	WITH RESPECT TO WHICH	THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,	000
								MED EXP (Any one person)	\$ 5,00	0
Α				FLP006069402		07/01/2020	07/01/2021	PERSONAL & ADV INJURY	\$ 1,00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3,00	0,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 2,00	0,000
	× ANY AUTO							BODILY INJURY (Per person)	\$	
В	OWNED SCHEDULED AUTOS			11CAB1020501		07/01/2020	07/01/2021	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	➤ UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 5,00	0,000
Α	EXCESS LIAB CLAIMS-MADE			FLP006069402		07/01/2020	07/01/2021	AGGREGATE	\$ 5,00	0,000
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							➤ PER STATUTE OTH- ER		
B/C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		11WCI1020301/ 14WCI102	0401	07/01/2020	07/01/2021	E.L. EACH ACCIDENT	φ .	0,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	Ψ.	0,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000
Α	PROFESSIONAL LIABILITY			FLP006069402		07/01/2020	07/01/2021	EACH OCCURRENCE AGGREGATE	1 '	0,000 0,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ORD 1	01, Additional Remarks Schedule,	may be a	attached if more s	pace is required)			
requ	ver of subrogation in favor of Pinellas Count uired by written contract where permissible b kers Compensation and Professional Liabili	y law	. Addit	tional insured in favor of Pinel	llas Cou	inty Board of Co			pt	
San	Attached									
	, maorioa									
CEF	RTIFICATE HOLDER				CANC	ELLATION				
	Pinellas County Board of County 315 Court St.	/ Com	nmissio	oners	SHO THE	OULD ANY OF T	ATE THEREO	ESCRIBED POLICIES BE CAI F, NOTICE WILL BE DELIVE Y PROVISIONS.		D BEFORE
	5.5 554.C				AUTHO	RIZED REPRESEN	TATIVE			
	Clearwater			FL 33756			l.	110 1		

Crime Limit: \$1,000,000 effective 3/29/20-3/29/21, The Hanover Insurance Company, Policy #BDY-D522425-02

Cyber Liability Limit $$1,000,000\ 3/29/20-3/29/21$, Underwrites at Lloyds', London (Lloyds Syndicate 2623/623), Policy \$#W223C8200301

Claims Made coverage applicable to Professional Liability and Umbrella Policies. Retroactive Date 3/29/2018.

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 $\,$

- -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



DATE (MM/DD/YYYY) 06/30/2020

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	is certificate does not confer rights to						iliay require	an endorsement. A sta	itement	OII
PRO	DUCER				CONTA NAME:	CT Jennifer G	ardner			
Edg	ewood Partners Insurance Center				PHONE (A/C, No	(201) 66	61-2000	FAX (A/C, No):	(201) 6	661-2499
P. 0	D. Box 1689				E-MAIL ADDRE	ionnifor as	ardner@epicbr			
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
Pea	rl River			NY 10965	INSURE	RA: Arch Spe	cialty Insurand	ce Company		21199
INSU	RED				INSURE	RB: Arch Insu	ırance Compa	ny		11150
	Paramedics Logistics Operating		pany,	LLC	INSURE	RC: Arch Inde	emnity Insuran	ce Company		30830
	Paramedics Logistics Florida, Ll				INSURE	R D :				
	115 Jordan Plaza Blvd., Ste 200	1		-	INSURE	RE:				
	Tyler			TX 75204	INSURE	RF:				
	VERAGES CERTIFY THAT THE POLICIES OF			NUMBER: 20-21 Master	LICCLIE	D TO THE INCH		REVISION NUMBER:	.DIOD	
IN C	IDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT	REME AIN, T	ENT, T	ERM OR CONDITION OF ANY ISURANCE AFFORDED BY TH	CONTR	RACT OR OTHE CIES DESCRIBE	R DOCUMENT D HEREIN IS :	WITH RESPECT TO WHICH	THIS	
	XCLUSIONS AND CONDITIONS OF SUCH PC		S. LIM		REDU			<u> </u>		
INSR LTR			WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI		0.000
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	100	0,000
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$ 100,	
Α				FLP006069402		07/01/2020	07/01/2021	MED EXP (Any one person)	\$ 5,00	0,000
				1 LF000009402		07/01/2020	07/01/2021	PERSONAL & ADV INJURY	φ	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER: PRO- IECT LOC							GENERAL AGGREGATE	3 00	0,000
	H 3501 L							PRODUCTS - COMP/OP AGG	\$ 3,00	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ 2,00	0,000
	X ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	<u> </u>
В	OWNED AUTOS ONLY SCHEDULED AUTOS			11CAB1020501		07/01/2020	07/01/2021	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	NOTES SILE!								\$	
	➤ UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 5,00	0,000
Α	EXCESS LIAB CLAIMS-MADE			FLP006069402		07/01/2020	07/01/2021	AGGREGATE	\$ 5,00	0,000
	DED RETENTION \$							1.050	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							➤ PER STATUTE OTH-ER		
В/С	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A		11WCI1020301/ 14WCI1020	0401	07/01/2020	07/01/2021	E.L. EACH ACCIDENT	Φ ′	0,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	4.00	0,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000
А	PROFESSIONAL LIABILITY			FLP006069402		07/01/2020	07/01/2021	EACH OCCURRENCE	1.00	0,000
				1 11 000009402		07/01/2020	07/01/2021	AGGREGATE		0,000
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (A(CORD 1	L	mav be a	ttached if more s	pace is required)		0,00	5,555
	ellas County Emergency Medical Service Au								ınd	
to th	ne extent required by written contract.			,	•			••		
See	Attached									
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	Pinellas County Emergency Med 12490 Ulmerton Rd	dical	Servic	ce Authority	THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIES BE CA F, NOTICE WILL BE DELIVE Y PROVISIONS.		D BEFORE
	12 100 Simonori Na				AUTHO	RIZED REPRESEN	TATIVE			
	Largo			FL 33774			l.	10 1		

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- -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
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- -Alternate Employer Endorsement per form WC 00 03 01 A
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	SUBROGATION IS WAIVED, subject to			•	•	•	may require	e an endorsement. A sta	ement	on
_	DUCER				CONTAC NAME:		ardner			
Edg	ewood Partners Insurance Center				PHONE	(201) 66	61-2000	FAX (A/C, No):	(201) 6	661-2499
P. C	D. Box 1689				(A/C, No E-MAIL ADDRES	ionnifor ac	ardner@epicbr			
						INS	SURER(S) AFFOR	DING COVERAGE		NAIC#
Pea	rl River			NY 10965	INSURE	RA: Arch Spe	cialty Insurance	ce Company		21199
INSU	RED				INSURE	кв: Arch Insu	ırance Compa	ny		11150
	Paramedics Logistics Operating	Comp	any, I	LLC	INSURE	RC: Arch Inde	emnity Insuran	ce Company		30830
	Paramedics Logistics Florida, LI	LC			INSURE	RD:				
	115 Jordan Plaza Blvd., Ste 200)			INSURE	RE:				
	Tyler			TX 75204	INSURE	RF:				
				NUMBER: 20-21 Master				REVISION NUMBER:		
IN CI	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUIES OF MAY PERTIFICATE MAY BE ISSUED OR MAY PERTIFICATE MAY DENDITIONS OF SUCH PO	IREMEI AIN, TH	NT, TI HE IN:	ERM OR CONDITION OF ANY SURANCE AFFORDED BY TH	CONTR E POLIC	ACT OR OTHE	R DOCUMENT D HEREIN IS S	WITH RESPECT TO WHICH	THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMIT	s	
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLICT NOMBER		(IVIIVI/DD/TTTT)	(1411/00/1111)	EACH OCCURRENCE		0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,	000
	SEANNE NIZEE [13] COOK							MED EXP (Any one person)	\$ 5,00	0
Α				FLP006069402		07/01/2020	07/01/2021	PERSONAL & ADV INJURY	•	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	0,000
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 3,00	0,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 2,00	0,000
	X ANY AUTO							BODILY INJURY (Per person)	\$	
В	OWNED SCHEDULED AUTOS			11CAB1020501		07/01/2020	07/01/2021	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	➤ UMBRELLA LIAB OCCUR							EACH OCCURRENCE	Ψ	0,000
Α	EXCESS LIAB CLAIMS-MADE	1		FLP006069402		07/01/2020	07/01/2021	AGGREGATE	\$ 5,00	0,000
	DED RETENTION \$ WORKERS COMPENSATION	\vdash						✓ PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N							STATUTE ER	1.00	0.000
B/C	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A		11WCI1020301/ 14WCI1020	0401	07/01/2020	07/01/2021	E.L. EACH ACCIDENT	4.00	0,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	4.00	0,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000
Α	PROFESSIONAL LIABILITY			FLP006069402		07/01/2020	07/01/2021	EACH OCCURRENCE	1.00	0.000
								AGGREGATE	,	0,000
DESC	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)			,
See	Attached									
CEF	RTIFICATE HOLDER				CANC	ELLATION				
	Pinellas County, A Political Subo 400 South Fort Harrison Ave	divisior	n of tl	he State of Florida	THE ACC	EXPIRATION D	ATE THEREO	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVE PROVISIONS.		D BEFORE
					AUTHUI	VIZED VELKESEN		la a .		
	Clearwater			FL 33756			ſ.	10 1		

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

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ML0087 00 11 10

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- -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



DATE (MM/DD/YYYY) 06/30/2020

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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).

th	is certificate does not confer rights to	the	ertifi	cate holder in lieu of such	endor	sement(s).	, may roquire	an ondoroomon	/	,,,,	···
PRO	DUCER				CONTA NAME:	CT Jennifer G	ardner				
Edg	ewood Partners Insurance Center				PHONE (A/C, No	p. Ext): (201) 66	61-2000		FAX (A/C, No):	(201) 6	61-2499
P. 0). Box 1689				E-MAIL ADDRE	ionnifor as	ardner@epicbr	okers.com	(, , , , , , , , , , , , , , , , , , ,		
						IN	SURER(S) AFFOR	DING COVERAGE			NAIC#
Pea	rl River			NY 10965	INSURE	RA: Arch Spe	ecialty Insurand	ce Company			21199
INSU	RED				INSURE	RB: Arch Insu	urance Compa	ny			11150
	Paramedics Logistics Operating	g Com	pany,	LLC	INSURE	Rc: Arch Inde	emnity Insuran	ce Company			30830
	Paramedics Logistics Florida, L	LC.			INSURE	RD:					
	115 Jordan Plaza Blvd., Ste 20	0			INSURE	RE:					
	Tyler			TX 75204	INSURE	RF:					
				NUMBER: 20-21 Master				REVISION NUME			
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUESTRIFICATE AND EQUIPMENT ON MAY PER	JIREM TAIN,	ENT, Τ ΓΗΕ IN	FERM OR CONDITION OF ANY ISURANCE AFFORDED BY TH	CONTR	RACT OR OTHE	R DOCUMENT ED HEREIN IS :	WITH RESPECT TO	O WHICH T	HIS	
INSR LTR	KCLUSIONS AND CONDITIONS OF SUCH P	ADDL	SUBR	1	NKEDU	POLICY EFF	POLICY EXP				
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	4 00	0,000
								EACH OCCURRENCE DAMAGE TO RENTER	D	400	-
	CLAIMS-MADE X OCCUR							PREMISES (Ea occur	101100)	φ <u>'</u>	
А				FLP006069402		07/01/2020	07/01/2021	MED EXP (Any one pe	, ,	1.00	0.000
^`				1 21 000003402		01/01/2020	0770172021	PERSONAL & ADV IN		φ / 0.00	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		φ .	0,000
	POLICY JECT LOC							PRODUCTS - COMP/		\$ 3,000 \$	5,000
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE I		\$ 2,00	0.000
	X ANY AUTO							(Ea accident) BODILY INJURY (Per		\$ 2,00	5,000
В	OWNED SCHEDULED			11CAB1020501		07/01/2020	07/01/2021	BODILY INJURY (Per		<u>Ψ</u> \$	
	AUTOS ONLY AUTOS NON-OWNED			110/12/1020001		0170172020	0770172021	PROPERTY DAMAGE	_	\$ \$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		φ \$	
	➤ UMBRELLA LIAB OCCUR									OO	0,000
Α	EVERGELIAR			FLP006069402		07/01/2020	07/01/2021	EACH OCCURRENCE		F 00	0,000
'`	CLAIMS-IMADE	1		. 2. 00000 .02		01/01/2020	0770172021	AGGREGATE		φ .	<u> </u>
	DED RETENTION \$ WORKERS COMPENSATION	+						➤ PER STATUTE	OTH-	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	ÉR	£ 1,00	0,000
B/C	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		11WCI1020301/ 14WCI102	0401	07/01/2020	07/01/2021	E.L. DISEASE - EA EN		φ .	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC		Ψ	0,000
								E.L. DISEASE - FOLK	CTLIMIT	Φ .	
Α	PROFESSIONAL LIABILITY			FLP006069402		07/01/2020	07/01/2021	EACH OCCURRE	ENCE	1,00	0,000
								AGGREGATE		3,00	0,000
DES	I CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	CORD 1	L	may be a	attached if more s	pace is required)				-
REI	ERENCE #-96-Z338186. Blanket Waiver of	f Subi	ogatio	on as required by written contr	act, agr	eememt, permi	it, provided the	written contract, ag	greement o	or	
	nit is excecuted prior to the "claim" being m						itions, exclusio	ns. Additional Insur	red in favor	r	
OT F	inellas County (except for Worker's Comp/	=L) wr	iere ar	na to the extent required by w	ritten co	ontract.					
See	Attached										
CEI	RTIFICATE HOLDER				CANC	ELLATION					
								SCRIBED POLICIE) BEFORE
	Pinelles County					EXPIRATION D		F, NOTICE WILL BE / PROVISIONS.	E DELIVER	ED IN	
	Pinellas County										
	c/o EBIX BPO				AUTHO	RIZED REPRESEN	NTATIVE				
	PO Box 257			MI 40075			1	10 1			
i	Portland			MI 48875			fi.	.111 //			

Crime Limit: \$1,000,000 effective 3/29/20-3/29/21, The Hanover Insurance Company, Policy #BDY-D522425-02

Cyber Liability Limit $$1,000,000\ 3/29/20-3/29/21$, Underwrites at Lloyds', London (Lloyds Syndicate 2623/623), Policy \$#W223C8200301

Claims Made coverage applicable to Professional Liability and Umbrella Policies. Retroactive Date 3/29/2018.

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 $\,$

- -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



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.

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	SUBROGATION IS WAIVED, subject to nis certificate does not confer rights to			•	• •	•	may require	e an endorsement. A sta	tement	on
PRO	DUCER				CONTA NAME:	CT Jennifer G	ardner			
Edg	gewood Partners Insurance Center				PHONE (A/C, No	(201) 66	61-2000	FAX (A/C, No):	(201) 6	61-2499
P. 0	O. Box 1689				E-MAIL ADDRE	ionnifor as	ardner@epicbr			
						INS	SURER(S) AFFOR	RDING COVERAGE		NAIC#
Pea	arl River			NY 10965	INSURE	RA: Arch Spe	cialty Insuran	ce Company		21199
INSU	JRED				INSURE	RB: Arch Insu	ırance Compa	ny		11150
	Paramedics Logistics Operating	Com	pany,	LLC	INSURE	RC: Arch Inde	emnity Insuran	ce Company		30830
	Paramedics Logistics Florida, LL	.C			INSURE	RD:				
	115 Jordan Plaza Blvd., Ste 200				INSURE	RE:				
	Tyler			TX 75204	INSURE	RF:				
				NUMBER: 20-21 Master				REVISION NUMBER:		
IN C E	HIS IS TO CERTIFY THAT THE POLICIES OF I NDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT, XCLUSIONS AND CONDITIONS OF SUCH PO	REMI AIN, T LICIE	ENT, T THE IN S. LIM	ERM OR CONDITION OF ANY ISURANCE AFFORDED BY TH IITS SHOWN MAY HAVE BEEN	CONTR	RACT OR OTHE CIES DESCRIBE CED BY PAID C	R DOCUMENT ED HEREIN IS : LAIMS.	WITH RESPECT TO WHICH	THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,	000
								MED EXP (Any one person)	\$ 5,00	0
Α				FLP006069402		07/01/2020	07/01/2021	PERSONAL & ADV INJURY	Ф ′	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3,00	0,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 2,00	0,000
	X ANY AUTO							BODILY INJURY (Per person)	\$	
В	OWNED SCHEDULED AUTOS ONLY			11CAB1020501		07/01/2020	07/01/2021	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	➤ UMBRELLA LIAB OCCUR							EACH OCCURRENCE	Ψ	0,000
Α	EXCESS LIAB CLAIMS-MADE			FLP006069402		07/01/2020	07/01/2021	AGGREGATE	\$ 5,00	0,000
	DED RETENTION \$							l DED	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							➤ PER STATUTE OTH-ER		
В/С	ANY DECEDETOR/DARTNED/EVECTITIVE -	N/A		11WCI1020301/ 14WCI102	0401	07/01/2020	07/01/2021	E.L. EACH ACCIDENT	φ	0,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	Ψ .	0,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000
Α	PROFESSIONAL LIABILITY			FLP006069402		07/01/2020	07/01/2021	EACH OCCURRENCE AGGREGATE		0,000 0,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (A	CORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)			
	FERENCE #-96-Z338186. Blanket Waiver of									
	mit is excecuted prior to the "claim" being ma Pinellas County (except for Worker's Comp/El						tions, exclusio	ns. Additional insured in fav	or	
See	e Attached									
CEI	RTIFICATE HOLDER				CANC	ELLATION				
	Pinellas County				THE	EXPIRATION D	ATE THEREO	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVE Y PROVISIONS.		D BEFORE
	PO Box 257				AUTHO	RIZED REPRESEN	ITATIVE			
	Portland			MI 48875			l.	110 1		

Crime Limit: \$1,000,000 effective 3/29/20-3/29/21, The Hanover Insurance Company, Policy #BDY-D522425-02

Cyber Liability Limit $$1,000,000\ 3/29/20-3/29/21$, Underwrites at Lloyds', London (Lloyds Syndicate 2623/623), Policy \$#W223C8200301

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WHEELCHAIR / STRETCHER DRIVER ROSTER Pinellas County Rules and Regulations, as Amended

Name of Service:	JOHNS HOPKINS ALL CHILDRENS LIFELINE	Page:	O	of
Name of Service:	SOFTING THE STREET OF THE STRE	Page:	O)f

Attach a copy of the Class E Driver's License for each listed Driver. 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	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
MICHAEL MYERS (CLINICAL SUPERVISOR)	M500-293-98-368-0	10/08/2022	10/08/1998	EMT 561384
2. ASHLEY REITH	R300-013-95-865-0	10/05/2027	10/25/1995	EMT 564110
JONATHAN SCHULTHEISS	S432-438-90-180-0	5/20/2027	5/20/1990	EMT 564478
CAMERON PELTZ	P432-118-90-282-0	08/02/2030	08/02/1990	EMT 529706
CRAIG BROWN	B650-110-96-241-0	07/01/2027	07/01/1996	EMT 567306
ALTERNATES:				1
KIMBERLY BATTEASE	B320-505-92-583-0	3/3/2021	3/3/2021	EMT 556813
DAN CALLAHAN	C450-170-95-134-0	4/14/2028	4/14/1995	EMT 549132
GERSON CORDERO-RUBIO	C636-284-91-321-0	09/01/2022	09/01/1991	EMT 557373
LAUREN GARCEAU	G620-534-90-971-0-	12/31/2020	12/31/1990	EMT 555544
12.	# 1	grander (C. C. C	A Committee of Com	
13.	Street B. Martin Control of the Cont	The state of the s	E and a supply operating the first t	Property of the second designed de
14.	Company of the second of	Topics Topics of the S		
15.	The state of the s	A STATE OF THE STA	A second distribution of the second s	A ST WARRANT CONTRACTOR OF THE STATE OF THE
16.				9 a 200

Form D Rev. 02/06/2017

PERSONNEL RECORDS

NAME	PROFESSIONAL	LICENSE ISSUE DATE	LICENSE EXPIRATION	CPR/ALCS EXP
LAST,FIRST	LICENSE NUMBER			
RUTTY, KRISTEN	RN9424794	01/21/2016	04/30/2021	2022
PRAZNIK, AMY	RN9458802	04/27/2017	7/31/2022	2022
MEEKE, CORI	RN9510502	05/08/2019	4/30/2021	2022
BLUM, EDWARD	TT8061	03/27/1995	05/31/2021	2021
FINCH, FAITH	RT9523	08/07/2008	05/31/2021	2022
MCAULIFFE, JEREMY	RT7236	04/22/2003	05/31/2021	2022
LEFKOWITZ- WEBB, SARA	ARNPN9200051	03/06/2008	07/31/2022	2022
PEARCE, CARRON	RN9301513	12/15/2009	04/30/2021	2022
SPENGLER, KRISTOPHER	RT10095	06/24/2009	05/31/2021	2021
RHYMES, WHITNEY	TT12959	05/01/2006	05/31/2021	2022
LUNDEEN, CHRISTOPHER	RT16684	03/09/2018	05/31/2021	2021
MILLER, WALTER	RT7184	03/05/2003	05/31/2021	2022
SAYERS ONEIL GARDNER CHERYL	RN2061792	09/18/1989	04/30/2022	2022
OCHIPA, PATRICA	RN1850662	08/31/1987	04/30/2022	2022
ARMSTRONG, MICHELE	RN9168224	06/12/2000	04/30/2022	2021
SHEPHERD, DEAN	RT1714	07/22/1988	05/31/2021	2021
HULL, GLENN	RT7540	02/24/2004	05/31/2021	2022
MONAHAN, MEGAN	RT9306	04/08/2008	05/31/2021	2022
BACON, JULIE PROGRAN MANAGER	RN1797622	03/23/1987	04/30/2022	2021

FLORIDA COMMERCIAL AUTO INSURANCE **IDENTIFICATION CARD**

COMPANY: Arch Insurance Company

POLICY#: 11CAB1020501

EFFECTIVE 7/1/2020

x PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY x BODILY INJURY

NAMED INSURED: Paramedics Logistics Florida, LLC

ADDRESS: 12490 Ulmerton Rd
(OPTIONAL)
Largo,
MAKE/

FL 33774

YEAR: MODEL:

VEHICLE ID #: Fleet

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

Rental car coverage is provided, see outline of coverage. MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

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