

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: NEW RENEWAL								
SERVICE TYPE: Wheelchair Transport	ALS Interfac							
TYPE OF ENTITY: Sole Proprietor Part	nership 🗹 Non-F	Profit Corporation						
ORGANIZATION NAME:		HOURS OF OPERATION:						
JOHNS HOPKINS ALL CHILDRENS LIFELIN	NE	A.M. to 🗖 A.M. / 🗍 P.M.						
ADDRESS 1:		PHONE:						
501 6TH AVENUE SOUTH		727-767-7337						
ADDRESS 2:		FAX:						
		727-767-4837						
CITY, STATE, ZIP CODE:								
ST PETERSBURG								
	PHONE NUMBER & E-N	MAIL:						
OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-N	MÁIL:						
JULIE BACON LIFELINE PROGRAM MAN	727-767-7337							
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:							
JULIE BACON	727-767-7337 julie.bacon11@jhmi.edu							
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-M	MAIL:						
JULIE BACON	407-432-5498 julie.bacon11@jhmi.edu							
REQUIRED ATTACHMENTS: Record Keeping Ver Incorporation, Certification of Fictitious Name (d.b.a) provided, and retail rate schedule. Also include any n	if applicable, Insura	ance Verification for the highest level of servic						
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 quirements of the F	cknowledge this certificate may be suspended of Pinellas County Code or Rules and Regulations						
SIGNATURE OF APPLICANT:		DATE:						
Juliban		10-5-2020						
STATE OF FLORIDA								
COUNTY OF PINEILOS	a National de la caracteria d							
Subscribed and sworn to (or affirmed) before me this	october 5t20	2By Julie Baron, wh						
is/are personally known to me or has/have produced	florida D	villers license as identification.						
(SEAL)		Megan Marle Gray Notary Public State of Florida My Comm. Expires 09/08/24 Commission# HH 40240						
Form A. Rev. 02/06/2017	(Nam)	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: _____

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	Эв 🖞
	*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.	ув ұ
8.1	 Written record contains: Date Call Received Time Call Received Pick-up & Destination Address Arrival Time at Destination Client's Name Person Ordering Transport Telephone Number of Caller (*if applicable) 	JB V JB V JB V JB V JB V JB V JB V
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	
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



WHEELCHAIR VEHICLE ROSTER Pinellas County Rules and Regulations, as Amended

Name of Service: JOHNS HOPKINS ALL CHILDRENS LIFELINE

Page:

of

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.

Image: Subscription of the second		1		4	1		2	 T		1		1	
Bill Client compartment Cilient compartment Client comp			>	-				1					
The second se		-	>	~									
Emiliary ZNKHHMGX2HM13640 Name Client compartment Name Client comparting Name Cl	communication with base	>	>	>				Y					
Emiliary ZNKHHMGX2HM13640 Name Client compartment Name Client comparting Name Cl		>	- -	~									0106
Emiliary ZNKHHMGXZLM391757 Venicle lde interior lights CISNXHHMGXZLM391757 Cisercation mirror CISNXHHMGXZLM391757 Cisercation CISNXHMGXZLM391757	securing/locking	>-	>	7									
Emiliary 2NKHHMGS Chick is the compartment Client compartment Client compartment Client compartment Clie			-	>		4) +							Date
Emiliary Client compartment 2NKHHM6X2HM136408 2NKHHM6X2HM136408 2NKHHM6X2HM136408 2NKHHM6X2HM136408 2NKHHM6X2HM136408 2NKHHM6X2HM136408 2NKHHM6X2HM136408 2NKHHM6X2HM136408 2NKHHM6X2HM136408 2NKHHM6X2HM136408 2NKHHM6X2HM136408 2NKHHM6X2HM136408 2NKHM6X2HM136408 2NKHHM6X2HM136408 2NKHM6X2HM136408 2NKHHM6X2HM136408 2NKHM6X2HM136408 2NKHHM6X2HM136408 2NKHM6X1LM391757 2NKHHM6X2HM136408 2NKHM6X1LM391757 2NKHHM6X1LM391757 2NKHM6X1LM391757 2NKHM6X1HM1365535 2NKHM6X1LM391767 2NKHM6X11408 2NKHM6X1LM391757 2NKHM6X11408 2NKHM6X1LM3818 2NKHM6X11408 2NKHM6X1LM3818 2NKHM6X14184 2NKHM6X1LM3818 2NKHM6818 2NKHM6X1LM3818 2NKHM6818 2NKHM6X1LM3818 2NKHM6818		1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Rice Client compartment Image: Signal state SNKHHM6X2HM391757 Image: Signal state Client compartment Image: Signal state Client compa		-	,				10						AL
Cehicle Identification Number Vehicle Identification Number Vehicle Identification Number Vehicle Identification Number 2NKHHM6X2HM136408 C 2NKHHM6X2HM165535 C 2NKHHM6X2HM165535 C 2NKHHM6X0HM165535 C 2NKHM6X0HM165535 C 2NKHM6X0HM165535 C 2NKHM6X0HM165535 C 2NKHM6X0HM165535 C 2NKHM6X0HM165535 C 2NKHM6X0HM165535 C 2NK		5	\`										NA
Child Child Child Child Child Child <td>Operable interior lights</td> <td>/</td> <td>-</td> <td></td> <td></td> <td>91 </td> <td></td> <td></td> <td></td> <td></td> <td>4 × · ·</td> <td></td> <td>mym</td>	Operable interior lights	/	-			91 					4 × · ·		mym
Vehicle Identification Number (VIN) 2NKHHM6X7LM391757 2NKHHM6X2HM136408 2NKHHM6X0HM165535		2	>				R server a						R: 1
Vehicle Identification Number (VIN) 2NKHHM6X7LM391757 2NKHHM6X2HM136408 2NKHHM6X0HM165535	Passenger floor properly maintained	>	>	>									SPECTO
	Client compartment observation mirror		>	7					en anderen andere				EMS IN
	Number	91757	36408	35535	8. Anno 4								
	fication N(N)	(7LM3	(2HM1:	(0HM10									
	te Identii (V	HHM6>	HHM6X	HHM6X									
Florida Vehicle Tag MIS19Z MIN01 MIN01	Vehic												2
	Florida Vehicle Tag Number	MIS19Z	MIP51	RIN01									, 02/06/201
Unit Number LL7 LL3 LL3 m C-1 Re	Unit Jumber	LL7								 E. Sometre 4 			m C-1 Rev

\frown
ACORD

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

C B	HIS CERTIFICATE IS ISSUED AS A MAT CERTIFICATE DOES NOT AFFIRMATIVE BELOW. THIS CERTIFICATE OF INSURA REPRESENTATIVE OR PRODUCER, AND		r ne Doe	GATIVELY AMEND, EXTE	ND OR	ALTER THE	COVERAGE	AFFORDED BY THE POL	ICIES	S	
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											
	his certificate does not confer rights to t			•		•	inay require	e all enuorsement. A stat	ement		
PRODUCER CONTACT Jennifer Gardner											
Edgewood Partners Insurance Center (201) 661-2000								FAX (A/C, No):	(201) 6	61-2499	
P. (O. Box 1689				E-MAIL ADDRE	ss: jennifer.ga	rdner@epicbr				
_					INSURER(S) AFFORDING COVERAGE NAIC #						
	arl River			NY 10965	INSURER A : Arch Specialty Insurance Company 2						
INSU	URED	_			INSURER B : Arch Insurance Company						
	Paramedics Logistics Operating		bany,	LLC	INSURE	RC: Arch Inde	emnity Insuran	ce Company		30830	
	Paramedics Logistics Florida, LL	C			INSURE	RD:					
	115 Jordan Plaza Blvd., Ste 200			TV 75004	INSURE	RE:					
	Tyler			TX 75204	INSURE	RF:					
-				NUMBER: 20-21 Master				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF II NDICATED. NOTWITHSTANDING ANY REQUIF ZERTIFICATE MAY BE ISSUED OR MAY PERTA XCLUSIONS AND CONDITIONS OF SUCH POL	REME AIN, T	ENT, T HE IN	ERM OR CONDITION OF ANY SURANCE AFFORDED BY TH	CONTR E POLIC	ACT OR OTHE	R DOCUMENT	WITH RESPECT TO WHICH T	THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	COMMERCIAL GENERAL LIABILITY						<u> </u>		\$ 1,00 \$ 100,		
								MED EXP (Any one person)	\$ 5,00	0	
А				FLP006069402		07/01/2020	07/01/2021	PERSONAL & ADV INJURY	,	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	0,000	
										0,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 2,00	0,000	
	X ANY AUTO						07/01/2021	· · · · · · · · · · · · · · · · · · ·	\$		
в	OWNED SCHEDULED AUTOS			11CAB1020501		07/01/2020		BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	VIMBRELLA LIAB OCCUR								_{\$} 5,00		
А	EXCESS LIAB X CLAIMS-MADE			FLP006069402		07/01/2020	07/01/2021	AGGREGATE	_{\$} 5,00	0,000	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTEOTH- ER			
B/C		N/A		11WCI1020301/ 14WCI1020	0401	07/01/2020	07/01/2021		_{\$} 1,00		
	(Mandatory in NH)	-					07/01/2021		\$ 1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	_{\$} 1,00	0,000	
A	PROFESSIONAL LIABILITY			FLP006069402		07/01/2020	07/01/2021	EACH OCCURRENCE AGGREGATE		0,000 0,000	
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	attached if more s	pace is required)	I			
requ	iver of subrogation in favor of Pinellas County uired by written contract where permissible by	/ law.	Addit	tional insured in favor of Pinel	las Cou	nty Board of Co			t		
Wo	orkers Compensation and Professional Liability	y) wh	ere ar	nd to the extent required by w	ritten co	ontract.					
See	e Attached										
CEI	CERTIFICATE HOLDER CANCELLATION										
					-						
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Pinellas County Board of County Commissioners SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						DBEFORE					
	315 Court St.					RIZED REPRESEN					
	Clearwater			FL 33756	AUTHO	NEED NEFRESEN		Ia h			
						(/	ACORD CORPORATION.	All ria	hts reserved.	

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

\frown
ACORD

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

C B	ERTIFI ELOW	ICATE DOES NO	OT AFFIRMATIVE	LY O ANCE	r ne Doe	NFORMATION ONLY AND GATIVELY AMEND, EXTE ES NOT CONSTITUTE A C RTIFICATE HOLDER.		ALTER THE	COVERAGE	AFFORDED BY THE POL	ICIES	S
lf	SUBR	OGATION IS WA	AIVED, subject to	the	terms	ONAL INSURED, the polic and conditions of the po	licy, ce	rtain policies				
-		tificate does not	confer rights to	the c	ertifi	cate holder in lieu of such	CONTA					
Edgewood Bacteore Insurance Conter									04.0400			
			e Center				(A/C, No E-MAIL), EXT): ``		(A/C, No):	(201) 6	61-2499
P. (). Box 1	1689					ADDRE	ss: <u>jennifer.g</u> a	ardner@epicbr	<u>okers.com</u>		
		_				NIV 40005						NAIC # 21199
	rl River	r				NY 10965						
INSURED Paramedics Logistics Operating Company, LLC								<u>кв.</u>	emnity Insuran	,		11150 30830
			Logistics Operating		Jany,		INSURE	K0.	enning insuran	ce company		30830
			laza Blvd., Ste 200				INSURE					
		Tyler				TX 75204	INSURE					
	VERAG	-	CEP	TIEIC	ATE	NUMBER: 20-21 Master	INSURE	RF:		REVISION NUMBER:		
						LISTED BELOW HAVE BEEN	USSUE					
IN C	DICATE	ED. NOTWITHSTA CATE MAY BE ISSU	NDING ANY REQUI JED OR MAY PERT	REME AIN, T	ENT, T HE IN	ERM OR CONDITION OF ANY SURANCE AFFORDED BY TH ITS SHOWN MAY HAVE BEEN	CONTR E POLIC	ACT OR OTHE	R DOCUMENT	WITH RESPECT TO WHICH T	THIS	
INSR LTR		TYPE OF INSU		ADDL	SUBR WVD	POLICY NUMBER	-	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	\$	
<u> </u>		COMMERCIAL GENER		11100						EACH OCCURRENCE	<u> </u>	0,000
		CLAIMS-MADE								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,	
										MED EXP (Any one person)	\$ 5,00	0
А						FLP006069402		07/01/2020	07/01/2021	PERSONAL & ADV INJURY	_{\$} 1,00	0,000
	GEN'L	AGGREGATE LIMIT A	PPLIES PER:							GENERAL AGGREGATE	_{\$} 3,00	0,000
	XP	POLICY PRO-	LOC							PRODUCTS - COMP/OP AGG	\$ 3,00	0,000
	0	DTHER:									\$	
	AUTON	MOBILE LIABILITY						07/01/2020		COMBINED SINGLE LIMIT (Ea accident)	\$ 2,00	0,000
	XA		_						07/01/2021	BODILY INJURY (Per person)	\$	
В	A	OWNED AUTOS ONLY	SCHEDULED AUTOS			11CAB1020501				· · · · ·	\$	
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
											\$	
	×ч	JMBRELLA LIAB	OCCUR					07/01/2020		EACH OCCURRENCE	_{\$} 5,00	0,000
A	E	XCESS LIAB				FLP006069402			07/01/2021	AGGREGATE	_{\$} 5,00	0,000
		DED RETENTION									\$	
		ERS COMPENSATION MPLOYERS' LIABILIT								X PER OTH- STATUTE ER		
B/C		ROPRIETOR/PARTNER	R/EXECUTIVE	N/A		11WCI1020301/ 14WCI102	20401	07/01/2020	07/01/2021		_{\$} 1,00	
	(Manda	atory in NH) describe under									\$ 1,00	
	DÉSCR	RIPTION OF OPERATIO	ONS below							E.L. DISEASE - POLICY LIMIT	_{\$} 1,00	0,000
^	PROF	FESSIONAL LIAB	ILITY					07/01/2020	07/01/2024		1.00	0.000
A						FLP006069402		07/01/2020	07/01/2021	EACH OCCURRENCE	,	,
						04 Additional Demarks Calendada				AGGREGATE	3,00	0,000
						01, Additional Remarks Schedule, ed as an Additional Insured (-				d	
		nt required by writt		uiuiity	15 1151	eu as an Auunonai insuleu (плерг	I WOIKEIS CO		oressional Liability) where all	u	
900	Attach	-										
See	AlldUN											
		ATE HOLDER					CANO	ELLATION				
							27.110					
										SCRIBED POLICIES BE CAN		DBEFORE
Pinellas County Emergency Medical Service Authority THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.												
			, , ,	lical	Selvic	e Authonity						
		12490 Ulmeri					AUTHO	RIZED REPRESE	NTATIVE			
						EI 20774				lan		
		Largo				FL 33774			ļi.	1 a h		
-									© 1988-2015	ACORD CORPORATION.	All rig	hts reserved.

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

\frown
ACORD

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

C B	HIS CERTIFICATE IS ISSUED AS A MAT ERTIFICATE DOES NOT AFFIRMATIVE ELOW. THIS CERTIFICATE OF INSURA EPRESENTATIVE OR PRODUCER, AND	LY C	R NE	EGATIVELY AMEND, EXTE ES NOT CONSTITUTE A C		ALTER THE	COVERAGE	AFFORDED BY THE POLIC	CIES	5	
lf	MPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to his certificate does not confer rights to a	the	terms	s and conditions of the po	licy, ce	rtain policies					
	DUCER	the c	ertin	cate noider in lieu of such	CONTA		ardner				
	gewood Partners Insurance Center				NAME: PHONE	(201) 6	61-2000	FAX (A/C, No): (2	201) 6	61-2499	
Ŭ	D. Box 1689				(A/C, No E-MAIL	ionnifor a	ardner@epicbr				
					ADDRESS.						
Pea	arl River			NY 10965	INSURER(S) AFFORDING COVERAGE					NAIC # 21199	
	JRED				INSURE	Anala la an	urance Compa			11150	
	Paramedics Logistics Operating	Com	pany,	LLC	INSURE	امبرا مامیر ۸	emnity Insuran	ce Company		30830	
	Paramedics Logistics Florida, LL	.C			INSURE						
	115 Jordan Plaza Blvd., Ste 200				INSURE						
	Tyler			TX 75204	INSURE						
CO	VERAGES CERI	TIFIC	ATE	NUMBER: 20-21 Master				REVISION NUMBER:			
IN CI 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	REME AIN, T LICIE	ENT, T THE IN S. LIM	ERM OR CONDITION OF ANY ISURANCE AFFORDED BY TH IITS SHOWN MAY HAVE BEEN	CONTR E POLIC	ACT OR OTHE CIES DESCRIBI CED BY PAID C	R DOCUMENT ED HEREIN IS S CLAIMS.	WITH RESPECT TO WHICH TH			
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
								EACH OCCURRENCE \$	1,00		
								PREMISES (Ea occurrence) \$			
٨						07/04/2020	07/01/2021	() = = = , , , , , , , , , , , , , , , ,	\$ 5,000 \$ 1,000,000		
A				FLP006069402	07/01/2020	07/01/2020	07/01/2021	PERSONAL & ADV INJURY \$	2.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2.00		
							PRODUCTS - COMP/OP AGG \$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	OTHER: AUTOMOBILE LIABILITY								2,00	0,000	
	ANY AUTO					07/01/2020	07/01/2021		\$) \$		
в	OWNED SCHEDULED AUTOS			11CAB1020501				BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)			
								\$			
	VIMBRELLA LIAB OCCUR						07/01/2021		5,00		
А	EXCESS LIAB CLAIMS-MADE			FLP006069402		07/01/2020		AGGREGATE \$	5,00),000	
	DED RETENTION \$							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						07/01/2021	➤PER STATUTEOTH- ER			
B/C		N/A		11WCI1020301/ 14WCI1020	0401	07/01/2020		E.L. EACH ACCIDENT \$	\$ 1,000,000		
	(Mandatory in NH) If yes, describe under					01/01/2020			1,00		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,00),000	
A	PROFESSIONAL LIABILITY			FLP006069402		07/01/2020	07/01/2021	EACH OCCURRENCE AGGREGATE		0,000 0,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Attached	:5 (AC	JORD 1	101, Additional Remarks Schedule,	may be a	ittached if more s	pace is required)				
000											
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Pinellas County, A Political Subd 400 South Fort Harrison Ave	livisio	n of t	he State of Florida	THE ACC	EXPIRATION D	DATE THEREO	SCRIBED POLICIES BE CANC F, NOTICE WILL BE DELIVERE Y PROVISIONS.		BEFORE	
	Clearwater			FL 33756			h	10 h			

The ACORD name and logo are registered marks of ACORD

© 1988-2015 ACORD CORPORATION. All rights reserved.

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

ACORD

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

CI BI RI	HIS CERTIFICATE IS ISSUED AS A MA ERTIFICATE DOES NOT AFFIRMATIVE ELOW. THIS CERTIFICATE OF INSUR EPRESENTATIVE OR PRODUCER, AN	LY O Ance d th	R NE DOE E CEF	GATIVELY AMEND, EXTE ES NOT CONSTITUTE A C RTIFICATE HOLDER.	ND OF	ALTER THE	COVERAGE	AFFORDED BY THE PO NG INSURER(S), AUTHO	LICIES RIZED		
	IPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to										
	is certificate does not confer rights to										
PRO	DUCER				CONTA NAME:	CT Jennifer G	ardner				
Edgewood Partners Insurance Center PHONE (201) 661-2000 FAX (201) 661-249									61-2499		
P. 0). Box 1689				E-MAIL ADDRESS: jennifer.gardner@epicbrokers.com						
Dee	d Diver			NIV 40005	INSURER(S) AFFORDING COVERAGE NA						
	rl River			NY 10965	INSURER A : Arch Specialty Insurance Company 21 Arch Insurance Company 11						
INSU	Paramedics Logistics Operating	Com			INSURER B: Arch Insurance Company 11 INSURER C: Arch Indemnity Insurance Company 30						
	Paramedics Logistics Operating Paramedics Logistics Florida, Ll		Jany, I		INSURE	K U .	enning insuran	ce company		30830	
	115 Jordan Plaza Blvd., Ste 200				INSURE						
	Tyler			TX 75204	INSURE						
		TIEIC	ATE 1	NUMBER: 20-21 Master	INSURE	RF:		REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES OF				ISSUE					1	
IN Ce	DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT KCLUSIONS AND CONDITIONS OF SUCH PC	REME AIN, T	ENT, TI HE IN	ERM OR CONDITION OF ANY SURANCE AFFORDED BY TH	CONTF E POLIC	ACT OR OTHE	R DOCUMENT	WITH RESPECT TO WHICH	THIS		
INSR LTR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
LIK		INSD	WVD					EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,00 \$ 100,		
								PREMISES (Ea occurrence)	\$ 5,00		
А				FLP006069402		07/01/2020	07/01/2021	MED EXP (Any one person) PERSONAL & ADV INJURY		0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	ф,	0,000	
								PRODUCTS - COMP/OP AGG	\$ 3,00	0,000	
									\$		
								COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000		
	X ANY AUTO				(07/01/2021	BODILY INJURY (Per person)	\$		
в	OWNED SCHEDULED AUTOS			11CAB1020501		07/01/2020		BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	VIMBRELLA LIAB OCCUR					07/01/2020		EACH OCCURRENCE	_{\$} 5,00	0,000	
А	EXCESS LIAB			FLP006069402			07/01/2021	AGGREGATE	_{\$} 5,00	0,000	
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH- STATUTE ER			
B/C	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		11WCI1020301/ 14WCI1020	20/01	07/01/2020	07/01/2021	E.L. EACH ACCIDENT	_{\$} 1,00		
2,0	(Mandatory in NH)					5175172020	51/01/2021	E.L. DISEASE - EA EMPLOYEE	_{\$} 1,00		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	_{\$} 1,00	0,000	
A	PROFESSIONAL LIABILITY			FLP006069402		07/01/2020	07/01/2021	EACH OCCURRENCE AGGREGATE		0,000 0,000	
DESC	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)				
	ERENCE #-96-Z338186. Blanket Waiver of										
	nit is excecuted prior to the "claim" being ma inellas County (except for Worker's Comp/E						tions, exclusio	ns. Additional Insured in favo	or		
		- <i>)</i> wii	ore all	ia to the extent required by Wi							
See	Attached										
CER	RTIFICATE HOLDER				CANC	ELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						DBEFORE					
	PO Box 257				AUTHO	RIZED REPRESEN					
	Portland			MI 48875			li.	1a h			
						(,	ACORD CORPORATION.	All rig	hts reserved	

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

ACORD

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

C B R	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.												
lf	SUE	BROGATION IS WA	AIVED, subject to	the t	terms	ONAL INSURED, the polic and conditions of the po cate holder in lieu of such	licy, ce	ertain policies					
	DUCE		conter righte to				CONTA NAME:		Bardner				
Edg	ewo	od Partners Insuranc	e Center				PHONE (A/C, No	(201) 6	61-2000		FAX (A/C, No):	(201) 6	61-2499
Ρ. (). Во	x 1689					E-MAIL ADDRESS: jennifer.gardner@epicbrokers.com						
Dee						NIV 40005	INSURER(S) AFFORDING COVERAGE				NAIC #		
INSU	rl Riv	ver		NY 10965									21199
INSU	RED	Paramadian I	ogistics Operating	a Company IIC				INSORER B.					11150 30830
			ogistics Operating	g Company, LLC									30030
	115 Jordan Plaza Blvd., Ste 200												
Tyler						TX 75204	INSURE						
INSURER F :													
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				ADDL	SUBR		REDU	POLICY EFF	POLICY EXP				
LTR	×	TYPE OF INSU COMMERCIAL GENER		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	1,00	000
		CLAIMS-MADE								EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurr) (<u>\$</u> 1,000 \$ 100,0	
		· ·								MED EXP (Any one pe		\$ 5,00)
А						FLP006069402		07/01/2020	07/01/2021	PERSONAL & ADV IN	JURY	<mark>\$</mark> 1,00	0,000
	GEI	N'L AGGREGATE LIMIT A	PPLIES PER:							GENERAL AGGREGA		\$ 3,000,000	
	×	POLICY PRO- JECT	LOC							PRODUCTS - COMP/0	OP AGG	_{\$} 3,00	0,000
		OTHER:										\$	
	AU									COMBINED SINGLE L (Ea accident)	IMIT	\$ 2,00	0,000
	×	ANY AUTO								BODILY INJURY (Per	person)	\$	
В		OWNED AUTOS ONLY	SCHEDULED AUTOS			11CAB1020501		07/01/2020	07/01/2021	BODILY INJURY (Per	accident)		
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
												\$	
	\times	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE		\$ 5,00	0,000
A		EXCESS LIAB				FLP006069402		07/01/2020	07/01/2021	AGGREGATE		\$ 5,00	0,000
		DED RETENTIO										\$	
WORKERS COMPENSATION									× PER STATUTE	OTH- ER			
171		R/EXECUTIVE	N/A		11WCI1020301/ 14WCI1020	0401	401 07/01/2020	07/01/2021	E.L. EACH ACCIDENT		_{\$} 1,00		
	(Mar	ndatory in NH) s, describe under								E.L. DISEASE - EA EN		\$ 1,00	
	DES	CRIPTION OF OPERATIO	ONS below							E.L. DISEASE - POLIC	CY LIMIT	_{\$} 1,00	0,000
	PR	OFESSIONAL LIABI	LITY					07/04/00000	07/04/0004			4.00	0.000
A						FLP006069402		07/01/2020	07/01/2021	EACH OCCURRE	NCE		0,000
DEC	00107					01, Additional Remarks Schedule,	may !					3,000	0,000
				•			•		• • •		roomont		
						n as required by written contra suit" being brought. Subject to							
of F	inella	as County (except for	Worker's Comp/E	L) wh	ere ar	nd to the extent required by w	ritten co	ontract.					
See	Atta	ched											
CERTIFICATE HOLDER CANCELLATION													
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE												
										F, NOTICE WILL BE	DELIVER	ed in	
		Pinellas Cour	nty				ACC	ORDANCE WI		PROVISIONS.			
		PO Box 257					AUTHO	RIZED REPRESE	NTATIVE				
										la "			
		Portland				MI 48875			ļ.	10 h			
	© 1988-2015 ACORD CORPORATION. All rights reserved.												

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

Pinellas County Ems. 6- FIRE ADMINISTRATION

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

Name of Service: JOHNS HOPKINS ALL CHILDRENS LIFELINE

Page: _____ of .

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
³ 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
SCRAIG BROWN	B650-110-96-241-0	07/01/2027	07/01/1996	EMT 567306
6 ALTERNATES:				
KIMBERLY BATTEASE	B320-505-92-583-0	3/3/2021	3/3/2021	EMT 556813
⁸ 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
^{10.} LAUREN GARCEAU	G620-534-90-971-0-	12/31/2020	12/31/1990	EMT 555544
		 In construction functional (in the second sec		
12.				
13.				
14.				
15.				
16.				

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							
	Arch Insurance Compan ICAB1020501 EF	-	7/1/2020				
x PERS	SONAL INJURY PROTECTION EFITS / PROPERTY DAMAGE LIABILITY	x	BODILY INJURY LIABILITY				
NAMED INSURED: ADDRESS:	Paramedics Logistics 12490 Ulmerton Rd	Flor	rida, LLC				
(OPTIONAL) YEAR: MODI VEHICLE ID		FL	33774				

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

ACORD 50 FL (2009/07) © 1994-2009 ACORD CORPORATION. All rights reserved.