



CERTIFICATE OF AVIATION LIABILITY INSURANCE

DATE(MM/DD/YYYY)
08/14/2025

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 Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 16th Floor Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105	
	E-MAIL ADDRESS: 	
PRODUCER CUSTOMER ID #: 570000073826		
INSURER(S) AFFORDING COVERAGE		
	%	NAIC #
INSURED Global Medical Response, Inc. see Addendum for complete Named Insured 4400 State Highway 121, suite 700 Lewisville TX 75056 USA	INSURER A: Starr Indemnity & Liability Company	26.50 38318
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	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. **Limits shown are as requested**

AIRPORT & FBO LIABILITY COVERAGES **CERTIFICATE NUMBER:** 570114923903 **REVISION NUMBER:**

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED ? (Y/N)	SUBROGATION WAIVED ? (Y/N)
A	SASICOM6003512515	09/01/2025	09/01/2026	Y	N

COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO	
PREMISES LIABILITY	<input checked="" type="checkbox"/> CSL	\$50,000,000	BI EA PER EA OCC	\$2,000,000	PD	
PREMISES MEDICAL PAYMENTS		\$25,000	EA PER		EA OCC	
PRODUCTS LIABILITY	SALE OF FUEL & OIL	\$50,000,000	BI EA PER	\$50,000,000	AGGR	
	EXTENDED		EA OCC			
COMPLETED OPERATIONS LIABILITY	EXTENDED <input checked="" type="checkbox"/> Incl in Products	Incl in Products	BI EA PER	Incl in Products	AGGR	
HANGARKEEPERS LEGAL LIABILITY	INCLUDING TAXI	\$50,000,000	EA AIRCRAFT	\$50,000,000	EA OCC	
	IN FLIGHT					
FIRE LEGAL LIABILITY		\$2,000,000	ANY ONE FIRE			
PERSONAL INJURY LIABILITY			EA OCC	\$25,000,000	AGGR	
ADVERTISING LIABILITY	<input checked="" type="checkbox"/> Incl in Pers Injury	Incl in Pers Injury	EA OCC	Incl in Pers Injury	AGGR	
CONTRACTUAL LIABILITY	INCLUDED	EXCLUDED				
CODE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
	HangerKeeper Deductible	<input checked="" type="checkbox"/> HangerKeeper Deductible	\$25,000	Ded Ea Aircraft		

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

- The Certificate Holder is included as Additional Insured under liability coverages, but only as respects operations of the Named Insured.
- Section II - who is an Insured as amended to include as an Additional Insured the Certificate Holder, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf: A. In the performance of your ongoing operations; or B. In connection with your premises owned by or rented to you.

CERTIFICATE HOLDER
Hernando County Board
Board of County Commissioners
15470 Flight Path Dr.
Brooksville FL 34604 USA
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

Holder Identifier :

Certificate No : 570114923903

PRIVATE HANGAR LIABILITY COVERAGES

PRODUCER CUSTOMER ID: 570000073826

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED ? (Y/N)	SUBROGATION WAIVED ? (Y/N)
COVERAGES		OPTIONS		LIMIT	APPLIES TO
HANGARKEEPERS LEGAL LIABILITY		INCLUDING TAXI IN FLIGHT <input type="checkbox"/>		EA AIRCRAFT	EA OCC
COVERAGES		OPTIONS		LIMIT	APPLIES TO
CODE	DESCRIPTION	OPTIONS		LIMIT	APPLIES TO

AVIATION PRODUCTS LIABILITY COVERAGES

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED ? (Y/N)	SUBROGATION WAIVED ? (Y/N)
COVERAGES		OPTIONS		LIMIT	APPLIES TO
PRODUCTS LIABILITY		INCL COMP OPS <input type="checkbox"/>	INCL SPACECRAFT <input type="checkbox"/>	EA OCC	AGGR
GROUNDING LIABILITY		EXCL COMP OPS <input type="checkbox"/>	EXCL SPACECRAFT <input type="checkbox"/>	EA OCC	AGGR
FOREIGN MILITARY AIRCRAFT PRODUCTS		INCLUDED <input type="checkbox"/>			
COVERAGES		OPTIONS		LIMIT	APPLIES TO
CODE	DESCRIPTION	OPTIONS		LIMIT	APPLIES TO

OTHER COVERAGES

LINE OF BUSINESS					
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED ? (Y/N)	SUBROGATION WAIVED ? (Y/N)
COVERAGES		OPTIONS		LIMIT	APPLIES TO
CODE	DESCRIPTION	OPTIONS		LIMIT	APPLIES TO

OTHER COVERAGES

LINE OF BUSINESS					
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED ? (Y/N)	SUBROGATION WAIVED ? (Y/N)
COVERAGES		OPTIONS		LIMIT	APPLIES TO
CODE	DESCRIPTION	OPTIONS		LIMIT	APPLIES TO



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.	
POLICY NUMBER See Certificate Number: 570114923903			
CARRIER See Certificate Number: 570114923903	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 20 **FORM TITLE:** Certificate of Aviation Liability Insurance

Insurer

(1) Starr Indemnity and Liability Insurance Co Through Starr Aviation Agency, Inc Policy No. SASICOM6003512515 (Lead 26.5%)
 (2) Air Centurion Insurance Services, Inc. on Behalf of SiriusPoint America Insurance Company Policy No. ACQGSPO007910 (22.5%)
 (3) Allianz Global Risks US Insurance Company Through Allianz Global Corporate and Specialty Policy No. A4GA000618125AM (10.0%)
 (4) National Union Fire Insurance Co. of Pittsburgh, PA Through AIG Aerospace Insurance Services Policy No. FQ01346850806 (10.0%)
 (5) AXA XL Policy No. UA00021285AV25A (2.5%)
 (6) Great American Insurance Company Policy No. QSE75734704 (5.0%)
 (7) Endurance American Insurance Company (W. Brown and Associates) Policy No. NQC6068136 (4.5%)
 (8) Lloyd's of London Aon UK Policy No. AVCHE2502096 (11.5%)
 (9) ACE American Insurance Company and National Liability & Fire Insurance Company Through USAIG Policy No. SIHL2-3558 (7.5%)



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.	
POLICY NUMBER See Certificate Number: 570114923903			
CARRIER See Certificate Number: 570114923903	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 20 **FORM TITLE:** Certificate of Aviation Liability Insurance

Other Coverages/Conditions/Remarks

ANY INSURANCE EVIDENCED HEREIN THAT IS EXTENDED BEYOND COVERAGE PROVIDED TO THE NAMED INSURED SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION TO WHOM SUCH EXTENDED COVERAGE APPLIES SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISES FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF THE AIRCRAFT, AIRCRAFT PARTS, OR ANY OTHER PRODUCT BY THAT PERSON OR ORGANIZATION.

THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE ACTUAL COVERAGES PROVIDED BY THE POLICY(IES) SPECIFIED ABOVE.



AGENCY CUSTOMER ID: 570000073826

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.	
POLICY NUMBER See Certificate Number: 570114923903			
CARRIER See Certificate Number: 570114923903	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 20 **FORM TITLE:** Certificate of Aviation Liability Insurance

Territory

Territory: worldwide excluding Russia, Ukraine, Belarus and Sudan



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.	
POLICY NUMBER See Certificate Number: 570114923903			
CARRIER See Certificate Number: 570114923903	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 20 **FORM TITLE:** Certificate of Aviation Liability Insurance

Named Insured

GLOBAL MEDICAL RESPONSE, INC. (FKA AIR MEDICAL GROUP HOLDINGS, INC.), AIR MEDICAL GROUP HOLDINGS, LLC AND AS MORE FULLY ENDORSED, INCLUDING MED TRANS CORPORATIONS AND ITS SUBSIDIARIES, INCLUDING MTC Moberly, MO (MU Health I), MED-TRANS CORPORATION DBA HOSPITAL WING, ERLANGER LIFE FORCE AND MED-TRANS FLORIDA.

NOTICE: LEAD POLICY NO.
SASICOM60035125-15 RENEWED BY
ENDORSEMENT FOR THE TERM 9/1/2025-
9/1/2026. ALL PREVIOUSLY ISSUED
ENDORSEMENTS FROM THE PRIOR 3 YEARS
ARE STILL ACTIVE AND VALID AND CAN BE
APPLIED TO THIS RENEWAL CERTIFICATE
UNLESS OTHERWISE SPECIFIED.





CERTIFICATE OF AVIATION LIABILITY INSURANCE

DATE(MM/DD/YYYY)
08/14/2025

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PRODUCER Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 16th Floor Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105	
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 570000073826	
INSURER(S) AFFORDING COVERAGE		
INSURED Global Medical Response, Inc. see Addendum for complete Named Insured 4400 State Highway 121, Suite 700 Lewisville TX 75056 USA	INSURER A: Starr Indemnity & Liability Company	% 26.50 NAIC # 38318
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	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. **Limits shown are as requested**

AIRPORT & FBO LIABILITY COVERAGES CERTIFICATE NUMBER: 570114923899 REVISION NUMBER:

INSURER LETTER A	POLICY NUMBER SASICOM6003512515	EFFECTIVE DATE 09/01/2025	EXPIRATION DATE 09/01/2026	ADDITIONAL INSURED ? (Y/N) Y	SUBROGATION WAIVED ? (Y/N) N
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COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
PREMISES LIABILITY	<input checked="" type="checkbox"/> CSL	\$50,000,000	BI EA PER EA OCC	\$2,000,000	PD
PREMISES MEDICAL PAYMENTS		\$25,000	EA PER		EA OCC
PRODUCTS LIABILITY	SALE OF FUEL & OIL		BI EA PER	\$50,000,000	AGGR
	EXTENDED	\$50,000,000	EA OCC		
COMPLETED OPERATIONS LIABILITY	EXTENDED	Incl in Products	BI EA PER	Incl in Products	AGGR
	<input checked="" type="checkbox"/> Incl in Products	Incl in Products	EA OCC		
HANGARKEEPERS LEGAL LIABILITY	INCLUDING TAXI	\$50,000,000	EA AIRCRAFT	\$50,000,000	EA OCC
	IN FLIGHT				
FIRE LEGAL LIABILITY		\$2,000,000	ANY ONE FIRE		
PERSONAL INJURY LIABILITY			EA OCC	\$25,000,000	AGGR
ADVERTISING LIABILITY	<input checked="" type="checkbox"/> Incl in Pers Injury	Incl in Pers Injury	EA OCC	Incl in Pers Injury	AGGR
CONTRACTUAL LIABILITY	INCLUDED	EXCLUDED			

COVERAGE	DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
	HangerKeeper Deductible	<input checked="" type="checkbox"/> HangerKeeper Deductible	\$25,000	Ded Ea Aircraft		

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

The Certificate Holder is included as Additional Insured under liability coverages, but only as respects operations of the named Insured.
- Section II - who is an Insured as amended to include as an Additional Insured the certificate Holder, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf: A. In the performance of your ongoing operations; or B. In connection with your premises owned by or rented to you.

CERTIFICATE HOLDER

Hernando County Board
of County Commissioners
20 North Main Street, Room 263
Brooksville FL 34601 USA

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

Aon Risk Services Central, Inc.

Holder Identifier :

Certificate No : 570114923899



AGENCY CUSTOMER ID: 570000073826

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.	
POLICY NUMBER See Certificate Number: 570114923899			
CARRIER See Certificate Number: 570114923899	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 20 **FORM TITLE:** Certificate of Aviation Liability Insurance

Additional Description of Operations / Remarks:

ANY INSURANCE EVIDENCED HEREIN THAT IS EXTENDED BEYOND COVERAGE PROVIDED TO THE NAMED INSURED SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION TO WHOM SUCH EXTENDED COVERAGE APPLIES SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISING FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF THE AIRCRAFT, AIRCRAFT PARTS, OR ANY OTHER PRODUCT BY THAT PERSON OR ORGANIZATION.

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ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.	
POLICY NUMBER See Certificate Number: 570114923899			
CARRIER See Certificate Number: 570114923899	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 20 **FORM TITLE:** Certificate of Aviation Liability Insurance

Insurer

(1) Starr Indemnity and Liability Insurance Co Through Starr Aviation Agency, Inc Policy No. SASICOM6003512515 (Lead 26.5%)
 (2) Air Centurion Insurance Services, Inc. on Behalf of SiriusPoint America Insurance Company Policy No. ACQGSP0007910 (22.5%)
 (3) Allianz Global Risks US Insurance Company Through Allianz Global Corporate and Specialty Policy No. A4GA000618125AM (10.0%)
 (4) National Union Fire Insurance Co. of Pittsburgh, PA Through AIG Aerospace Insurance Services Policy No. FQ01346850806 (10.0%)
 (5) AXA XL Policy No. UA00021285AV25A (2.5%)
 (6) Great American Insurance Company Policy No. QSE75734704 (5.0%)
 (7) Endurance American Insurance Company (W. Brown and Associates) Policy No. NQC6068136 (4.5%)
 (8) Lloyd's of London Aon UK Policy No. AVCHE2502096 (11.5%)
 (9) ACE American Insurance Company and National Liability & Fire Insurance Company Through USAIG Policy No. SIHL2-3558 (7.5%)



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.	
POLICY NUMBER See Certificate Number: 570114923899			
CARRIER See Certificate Number: 570114923899	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 20 **FORM TITLE:** Certificate of Aviation Liability Insurance

Other Coverages/Conditions/Remarks

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ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.	
POLICY NUMBER See Certificate Number: 570114923899			
CARRIER See Certificate Number: 570114923899	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 20 **FORM TITLE:** Certificate of Aviation Liability Insurance

Territory

Territory: worldwide excluding Russia, Ukraine, Belarus and Sudan



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.	
POLICY NUMBER See Certificate Number: 570114923899			
CARRIER See Certificate Number: 570114923899	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

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FORM NUMBER: ACORD 20 **FORM TITLE:** Certificate of Aviation Liability Insurance

Named Insured

GLOBAL MEDICAL RESPONSE, INC. (FKA AIR MEDICAL GROUP HOLDINGS, INC.), AIR MEDICAL GROUP HOLDINGS, LLC AND AS MORE FULLY ENDORSED, INCLUDING MED TRANS CORPORATIONS AND ITS SUBSIDIARIES, INCLUDING MTC Moberly, MO (MU Health I), MED-TRANS CORPORATION DBA HOSPITAL WING, ERLANGER LIFE FORCE AND MED-TRANS FLORIDA.

NOTICE: LEAD POLICY NO.
SASICOM60035125-15 RENEWED BY
ENDORSEMENT FOR THE TERM 9/1/2025-
9/1/2026. ALL PREVIOUSLY ISSUED
ENDORSEMENTS FROM THE PRIOR 3 YEARS
ARE STILL ACTIVE AND VALID AND CAN BE
APPLIED TO THIS RENEWAL CERTIFICATE
UNLESS OTHERWISE SPECIFIED.





CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/25/2025

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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PRODUCER Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 16th Floor Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A.C. No. Ext): (866) 283-7122 FAX (A.C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Med-Trans Florida 2535 Rescue Way Brooksville FL 34604 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ACE American Insurance Company		22667
	INSURER B: ACE Fire Underwriters Insurance Co.		20702
	INSURER C: Indemnity Insurance Co of North America		43575
	INSURER D: Underwriters At Lloyds London		15792
	INSURER E: ACE Property & Casualty Insurance Co.		20699
INSURER F:			

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER: 570111622325** **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION WAIVED	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:	Y	Y	XSLG48960455 SIR applies per policy terms & conditions	03/31/2025	03/31/2026	EACH OCCURRENCE \$2,750,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,750,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,750,000 SIR \$250,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded \$2500 <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Coll Ded \$2500		Y	ISA H10817614	03/31/2025	03/31/2026	COMBINED SINGLE LIMIT (Ea accident) \$10,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
E	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			XCQG72514816005 Umb - Auto	03/31/2025	03/31/2026	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLRC72631110 AOS SCFC72631158 WI	03/31/2025	03/31/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
D	<input checked="" type="checkbox"/> E&O - Professional Liability - Excess			CSHLC2501663 Ex Prof(Claim Made)/Ex GL SIR applies per policy terms & conditions	03/31/2025	03/31/2026	Per Claim \$12,000,000 SIR - Ex Prof \$10,000,000 SIR - Ex GL \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Hernando County BOCC is included as Additional Insured in accordance with the policy provisions of the General Liability policy. A waiver of subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability and workers' compensation policies.

CERTIFICATE HOLDER Hernando County BOCC 15470 Flight Path Drive Brooksville FL 34604 USA	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

Certificate No : 570111622325

