



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/29/2023

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 Ins. Center
P.O. Box 1689
Pearl River NY 10965

CONTACT NAME: Jennifer Gardner
PHONE (A/C, No, Ext): 201-661-2444 **FAX (A/C, No):** 201-661-2444
E-MAIL ADDRESS: jennifer.gardner@epicbrokers.com

INSURED
Paramedics Logistics Operating Company, LLC
12200 US-19 North
Hudson FL 34667

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Lexington	19437
INSURER B : Arch Insurance Company	
INSURER C : Arch Indemnity Insurance Company	30830
INSURER D : Certain Underwriters at Lloyd's London	
INSURER E :	
INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 432412008

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 <input type="checkbox"/> OTHER:			6798524	7/1/2023	7/1/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ n/a
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			11CAB1020504	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			6798525	7/1/2023	7/1/2024	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
B C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			11WC1020304 14WC1020404	7/1/2023 7/1/2023	7/1/2024 7/1/2024	<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
A D D	Professional Liability Cyber Liability Excess Cyber Liability			6798524 W223C8220601 ACX40040721	7/1/2023 3/29/2023 3/29/2023	7/1/2024 3/29/2024 3/29/2024	PL OCC / AGG Cyber Limit Excess Cyber Limit	\$1M / \$3M 3,000,000 2,000,000

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

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

- Paramedics Logistics Operating Company, LLC
 - Paramedics Logistics South Dakota, LLC
 - Paramedics Logistics Florida, LLC
 - Paramedics Logistics Texas, LLC
 - The EMS Training School, LLC
- See Attached...

CERTIFICATE HOLDER

Hernando County Board of County Commissioners
15470 Flight Path Dr
Brooksville FL 34604

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

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Edgewood Partners Ins. Center		NAMED INSURED Paramedics Logistics Operating Company, LLC 12200 US-19 North Hudson FL 34667	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

- MedFleet LLC
- Professional Liability/General Liability/Umbrella Liability
 - Additional Insured as required by written contract
 - Waiver of Subrogation as required by written contract
 - Primary & Non-Contributory GL as required by written contract
 - Notice of Cancellation (specified days) as required by written contract
 - Umbrella: Follows form over General Liability, Professional Liability, Auto and Employers Liability
- Automobile Liability
 - Additional Insured as required by written contract
 - Waiver of Subrogation as required by written contract
 - Primary and Non-Contributory as required by written contract
 - Notice of Cancellation (specified days) as required by written contract
- Workers' Compensation
 - Alternate Employer Endorsement
 - Notice of Cancellation as required by written contract
 - Waiver of Subrogation as required by written contract
 - Policy #14WC11020404: All Other States
 - Policy #11WC11020304: Florida



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PRODUCER Edgewood Partners Ins. Center P.O. Box 1689 Pearl River NY 10965	CONTACT NAME: Jennifer Gardner	
	PHONE (A/C, No, Ext): 201-661-2444	FAX (A/C, No): 201-661-2444
E-MAIL ADDRESS: jennifer.gardner@epicbrokers.com		
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INSURER B: Arch Insurance Company		
INSURER C: Arch Indemnity Insurance Company		30830
INSURER D: Certain Underwriters at Lloyd's London		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 746633207 **REVISION NUMBER:**

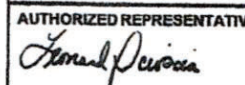
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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		6798524	7/1/2023	7/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ n/a PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		11CAB1020504	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		6798525	7/1/2023	7/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	11WC11020304 14WC11020404	7/1/2023 7/1/2023	7/1/2024 7/1/2024	<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 D D	<input type="checkbox"/> Professional Liability <input type="checkbox"/> Cyber Liability <input type="checkbox"/> Excess Cyber Liability		6798524 W223C8220601 ACX40040721	7/1/2023 3/29/2023 3/29/2023	7/1/2024 3/29/2024 3/29/2024	PL OCC / AGG \$1M / \$3M Cyber Limit 3,000,000 Excess Cyber Limit 2,000,000

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

- Paramedics Logistics Operating Company, LLC
- Paramedics Logistics South Dakota, LLC
- Paramedics Logistics Florida, LLC
- Paramedics Logistics Texas, LLC
- The EMS Training School, LLC

See Attached...

CERTIFICATE HOLDER Hernando County 20 North Main Street Room 263 Brooksville FL 34601	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 
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ADDITIONAL REMARKS SCHEDULE

NCY Edgewood Partners Ins. Center		NAMED INSURED Paramedics Logistics Operating Company, LLC 12200 US-19 North Hudson FL 34667	
POLICY NUMBER		EFFECTIVE DATE:	
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- Primary & Non-Contributory GL as required by written contract
- Notice of Cancellation (specified days) as required by written contract
- Umbrella: Follows form over General Liability, Professional Liability, Auto and Employers Liability

Automobile Liability

- Additional Insured as required by written contract
- Waiver of Subrogation as required by written contract
- Primary and Non-Contributory as required by written contract
- Notice of Cancellation (specified days) as required by written contract

Workers' Compensation

- Alternate Employer Endorsement
- Notice of Cancellation as required by written contract
- Waiver of Subrogation as required by written contract
- Policy #14WC11020404: All Other States
- Policy #11WC11020304: Florida

Hernando County is included as an additional insured with respect to General Liability coverage as required by written contract. See Attached.