



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/29/2025

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 Edgewood Partners Insurance Agency 40 Marcus Drive 3rd Floor Melville NY 11747		CONTACT NAME: Jennifer Gardner PHONE (A/C, No. Ext): 2016612444 E-MAIL ADDRESS: jennifer.gardner@epicbrokers.com	FAX (A/C, No): 2016612444
INSURED Paramedics Logistics Operating Company, LLC 12200 US-19 North Hudson FL 34667		PARALOG1 INSURER(S) AFFORDING COVERAGE INSURER A: Arch Indemnity Insurance Company INSURER B: Coverys Specialty Insurance Company INSURER C: Arch Insurance Company INSURER D: Ironshore Specialty Insurance Company INSURER E: INSURER F:	
		NAIC # 30830 15686 11150 25445	

COVERAGES CERTIFICATE NUMBER: 1961383883 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 SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
D	X	COMMERCIAL GENERAL LIABILITY			HC7SAC2MCR002	7/1/2025	7/1/2026	EACH OCCURRENCE	\$ 1,000,000	
		CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
								MED EXP (Any one person)	\$ n/a	
		GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ Included	
	X	POLICY	<input type="checkbox"/>	PRO- JECT				GENERAL AGGREGATE	\$ 3,000,000	
		LOC						PRODUCTS - COMP/OP AGG	\$ Included	
		OTHER:							\$	
	AUTOMOBILE LIABILITY		Y	Y	11CAB1020506	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
X	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	Hired AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
B	X	UMBRELLA LIAB		OCCUR	005FL000048290	7/1/2025	7/1/2026	EACH OCCURRENCE	\$ 10,000,000	
		EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$ 10,000,000	
	DED	RETENTION \$							\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y / N	N / A	14WCI1020406	7/1/2025	7/1/2026	X PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
D	Professional Liability - CLAIMS MADE		Y		HC7SAC2MCR002	7/1/2025	7/1/2026	EACH OCCURRENCE	1,000,000	
								AGGREGATE	3,000,000	
								SAM	Included	

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

Named Insureds:

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

See Attached...

CERTIFICATE HOLDER

CANCELLATION

Hernando County 20 North Main Street Room 263 Brooksville FL 34601	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

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

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Professional Liability/General Liability/Umbrella Liability

- Additional Insured where required by written contract
- Waiver of Subrogation where required by written contract (General Liability and Umbrella)
- Primary & Non-Contributory where required by written contract (General Liability)
- Claims Made coverage applicable to Professional Liability and Umbrella Policies.
- Umbrella policy Schedule of Underlying Insurance:
 - HC7SAC2MCR002
 - 14WCI1020406
 - 11CAB1020506

Automobile Liability

- Additional Insured where required by written contract
- Waiver of Subrogation where required by written contract
- Primary and Non-Contributory where required by written contract

Workers' Compensation

- Alternate Employer Endorsement

-Waiver of Subrogation as required by written contract

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



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	PHONE (A/C, No. Ext): 2016612444	FAX (A/C, No): 2016612444
INSURED	E-MAIL ADDRESS: jennifer.gardner@epicbrokers.com	
	INSURER(S) AFFORDING COVERAGE	
PARALOG1	INSURER A: Arch Indemnity Insurance Company 30830	
	INSURER B: Coverys Specialty Insurance Company 15686	
	INSURER C: Arch Insurance Company 11150	
	INSURER D: Ironshore Specialty Insurance Company 25445	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2048807613

REVISION NUMBER:

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							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
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							GENERAL AGGREGATE	\$ 3,000,000	
							PRODUCTS - COMP/OP AGG	\$ Included	
								\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC								
	OTHER:								
	AUTOMOBILE LIABILITY	Y	Y	11CAB1020506	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
	X ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$	
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							AGGREGATE	\$ 10,000,000	
								\$	
A	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	N/A	Y	14WCI1020406	7/1/2025	7/1/2026	X PER STATUTE	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	
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- The EMS Training School, LLC
- MedFleet LLC

See Attached...

CERTIFICATE HOLDER

CANCELLATION

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

Page 1 of 1

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Automobile Liability

- Additional Insured where required by written contract
- Waiver of Subrogation where required by written contract
- Primary and Non-Contributory where required by written contract

Workers' Compensation

- Alternate Employer Endorsement
- Waiver of Subrogation as required by written contract

RE: 16235 Aviation Loop Dr., Brooksville, FL 34604

Hernando County BOCC is included as Additional Insured as relates to General Liability where required by written contract as per policy terms and conditions.