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	CONTACT NAME:	
Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 16th Floor Philadelphia PA 19103 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #: 570000073826	

INSURED	INSURER(S) AFFORDING COVERAGE	%	NAIC #
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	X 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 EXTENDED	$50,000,000	BI EA PER EA OCC	$50,000,000	AGGR
COMPLETED OPERATIONS LIABILITY	EXTENDED X Incl in Products	Incl in Products Incl in Products	BI EA PER EA OCC	Incl in Products	AGGR
HANGARKEEPERS LEGAL LIABILITY	INCLUDING TAXI IN FLIGHT	$50,000,000	EA AIRCRAFT	$50,000,000	EA OCC
FIRE LEGAL LIABILITY		$2,000,000	ANY ONE FIRE		
PERSONAL INJURY LIABILITY			EA OCC	$25,000,000	AGGR
ADVERTISING LIABILITY	X Incl in Pers Injury	Incl in Pers Injury	EA OCC	Incl in Pers Injury	AGGR
CONTRACTUAL LIABILITY	INCLUDED EXCLUDED				

COVERAGE CODE	COVERAGE DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
	HangerKeeper Deductible	X 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

Aon Risk Services Central, Inc.

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)

COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
HANGARKEEPERS LEGAL LIABILITY	☐ INCLUDING TAXI ☐ ☐ IN FLIGHT		EA AIRCRAFT		EA OCC

COVERAGE CODE	COVERAGE DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
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		☐ ☐ ☐ ☐				

AVIATION PRODUCTS LIABILITY COVERAGES

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED ? (Y/N)	SUBROGATION WAIVED ? (Y/N)

COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
PRODUCTS LIABILITY	☐ INCL COMP OPS ☐ INCL SPACECRAFT ☐ EXCL COMP OPS ☐ EXCL SPACECRAFT		EA OCC		AGGR
GROUNDING LIABILITY			EA OCC		AGGR
FOREIGN MILITARY AIRCRAFT PRODUCTS	☐ INCLUDED				

COVERAGE CODE	COVERAGE DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
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		☐ ☐ ☐ ☐				

OTHER COVERAGES

LINE OF BUSINESS

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED ? (Y/N)	SUBROGATION WAIVED ? (Y/N)

COVERAGE CODE	COVERAGE DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
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OTHER COVERAGES

LINE OF BUSINESS

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED ? (Y/N)	SUBROGATION WAIVED ? (Y/N)

COVERAGE CODE	COVERAGE DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
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AGENCY CUSTOMER ID: 570000073826
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	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. 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%)

AGENCY CUSTOMER ID: 570000073826
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	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

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	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

AGENCY CUSTOMER ID: 570000073826
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	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.

AON

Empower Results®

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).

Holder Identifier :

PRODUCER	CONTACT NAME:	
Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 16th Floor Philadelphia PA 19103 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #: 570000073826	

INSURED	INSURER(S) AFFORDING COVERAGE	%	NAIC #
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: 570114923899 **REVISION NUMBER:**

Certificate No : 570114923899

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			X 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 EXTENDED		$50,000,000	BI EA PER EA OCC	$50,000,000	AGGR
COMPLETED OPERATIONS LIABILITY		EXTENDED	X Incl in Products	Incl in Products Incl in Products	BI EA PER EA OCC	Incl in Products	AGGR
HANGARKEEPERS LEGAL LIABILITY		INCLUDING TAXI IN FLIGHT		$50,000,000	EA AIRCRAFT	$50,000,000	EA OCC
FIRE LEGAL LIABILITY				$2,000,000	ANY ONE FIRE		
PERSONAL INJURY LIABILITY					EA OCC	$25,000,000	AGGR
ADVERTISING LIABILITY			X Incl in Pers Injury	Incl in Pers Injury	EA OCC	Incl in Pers Injury	AGGR
CONTRACTUAL LIABILITY		INCLUDED	EXCLUDED				

COVERAGE CODE	COVERAGE DESCRIPTION	OPTIONS		LIMIT	APPLIES TO	LIMIT	APPLIES TO
	HangerKeeper Deductible	X 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.

PRIVATE HANGAR LIABILITY COVERAGES

PRODUCER CUSTOMER ID: 570000073826

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED ? (Y/N)	SUBROGATION WAIVED ? (Y/N)

COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
HANGARKEEPERS LEGAL LIABILITY	☐ INCLUDING TAXI ☐ ☐ IN FLIGHT		EA AIRCRAFT		EA OCC

COVERAGE CODE	COVERAGE DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
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AVIATION PRODUCTS LIABILITY COVERAGES

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED ? (Y/N)	SUBROGATION WAIVED ? (Y/N)

COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
PRODUCTS LIABILITY	☐ INCL COMP OPS ☐ INCL SPACECRAFT ☐ EXCL COMP OPS ☐ EXCL SPACECRAFT		EA OCC		AGGR
GROUNDING LIABILITY			EA OCC		AGGR
FOREIGN MILITARY AIRCRAFT PRODUCTS	☐ INCLUDED				

COVERAGE CODE	COVERAGE DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
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OTHER COVERAGES

LINE OF BUSINESS

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED ? (Y/N)	SUBROGATION WAIVED ? (Y/N)

COVERAGE CODE	COVERAGE DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
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OTHER COVERAGES

LINE OF BUSINESS

INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED ? (Y/N)	SUBROGATION WAIVED ? (Y/N)

COVERAGE CODE	COVERAGE DESCRIPTION	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
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AGENCY CUSTOMER ID: 570000073826
LOC #:

ADDITIONAL REMARKS SCHEDULE

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

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 DAMA.GE I4HICH AR]SES FROM THE DESIGN, ILANUFACTURE, 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 IVAY THE ACTUAL COVERAGES PROVIDED BY THE POLICY(IES) SPECIFIED ABOVE.

AGENCY CUSTOMER ID: 570000073826
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	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%)

AGENCY CUSTOMER ID: 570000073826
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	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

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.

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AGENCY CUSTOMER ID: 570000073826
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	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

AGENCY CUSTOMER ID: 570000073826
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	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

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.

AON

Empower Results®

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.

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:

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:		

INSURED
Med-Trans Florida
2535 Rescue Way
Brooksville FL 34604 USA

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	Y	Y	XSLG48960455 SIR applies per policy terms & conditions	03/31/2025	03/31/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG SIR	$2,750,000 $100,000 $10,000 $2,750,000 $5,000,000 $2,750,000 $250,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY X Comp Ded $2500 X Coll Ded $2500		Y	ISA H10817614	03/31/2025	03/31/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$10,000,000
E	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION			XCQG72514816005 Umb - Auto	03/31/2025	03/31/2026	EACH OCCURRENCE AGGREGATE	$10,000,000 $10,000,000
C B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	WLRC72631110 AOS SCFC72631158 WI	03/31/2025 03/31/2025	03/31/2026 03/31/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000
D	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 SIR - Ex Prof SIR - Ex GL	$12,000,000 $10,000,000 $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

Aon Risk Services Central, Inc.

Holder Identifier :

Certificate No : 570111622325

AGENCY CUSTOMER ID: 570000073826
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Central, Inc.	Med-Trans Florida
POLICY NUMBER: See Certificate Number: 570111622325	
CARRIER: See Certificate Number: 570111622325 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
A		N/A	Y	WCUC72631195 OH SIR applies per policy terms & conditions	03/31/2025	03/31/2026		