

County of Humboldt Eureka, California Ambulance Service Permit Renewal Application

Pursuant to Humboldt County Code, Title V, Division 5 Emergency Medical Services System

Applicant - DO NOT FILL OUT THIS SECTION						
Date Received:	24	JUL 2018	e e e e e e e e e e e e e e e e e e e			
Application Fee of \$196.00 Received:	Yes 🗹	No 🗌	, .			
Proof of Liability Insurance Attached:	Yes 🗹	No 🗌	7 7 4			
Resumes Attached:	Yes 🗹	No 🗌	č			

Applicants – Please completely fill out this section and provide all requested information/verifications:

Level of Service: Basic Life Support Advanced Life Support

Non-Emergency Transport (check all that apply)

Ambulance Service Full Name:	City Ambulance of Eureka, Inc. dba Fortuna Ambulance dba Garberville Ambulance					
Name of Contact Person:	Renee Ford		ċ .			
Mailing Address:	135 W 7 th St	City/Zip Code	Eureka, 95501			
Physical Address:	135 W 7 th St	City	Eureka			
Telephone/ Fax Numbers	707-445-4907 X202	E-Mail	rford@cityambulance.com			



Owner Name	Fred Sur	ndquist			
Address	135 W 7 ^t	^h St	City/Zip Code		a 95501
Phone	707-	Fax	707-442-		fsundquist@cityambulance.com
Number	445-	Number	5903	E ,	
	4907			Mail	
	X201				,



VEHICLES:

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant requests permission from the Permit Officer to operate the following ambulance vehicles:

	Year	Model/Make	Vehicle Identification Number	License Plate#	Length of Time In Use (Include current mileage shown on odometer)	State or Federal Aviation Agency License Number	Description of Color Scheme, Insignia Name, Monogram, ot Distinguishing Characteristics
1.	2012	Ford E350	C42	90904K1	6 years 202,943		White/Orange
2.	2013	Ford E350	C43	43081N1	5 YEARS 203,029		White/Orange
3,	2013	Ford E350	C44	43292N1	5 YEARS 185,128		White/Orange
4.	2014	Ford E350	C45	75923F2	4 YEARS 163,557		White/Orange
5.	2014	Ford E350	C46	60385X1	4 YEARS 100,566		White/Orange



	Year	Model/Make	Vehicle Identification Number	License Plate#	Length of Time In Use (Include current mileage shown on odometer)	State or Federal Aviation Agency License Number	Description of Color Scheme, Insignia Name, Monogram, ot Distinguishing Characteristics	
6.	2012	Ford E350	C47	55466A1	4 YEARS 163,464	<u>МИКО БО МОЗДЕНЕН БИЗМИНИТЕННЕН</u>	White/Orange	
7.	2016	Ford Transit	C48	57538B2	3 YEARS 76,535		White/Orange	
8.	2017	Ford Transit	C49	73470F2	2 YEARS 59,580		White/Orange	
9.	2017	Ford Transit	C50	78206K2	1 YEAR 59,580		White/Orange	
10.	2018	Ford Transit	C51 ···	27561L2	>1 MONTH 160		White/Orange	



] Attach a copy, or provide a description, of Applicant's policy or program for maintenance of vehicles.
Attach a list, or provide a description of, Applicant's radio communication equipment.
Attach evidence of currently valid California Highway Patrol inspection report or each ground ambulance vehicle listed in the application.
Applicant certifies that it has reviewed and meets the requirements set forth in Humboldt County Code, Title V, Division 5, Sections 551-5 (Standards for Ambulance Service Permit) and 551-9 (Standards for Ambulance Equipment and Operations).
 Attach copies, or provide descriptions of the following: Applicant's quality management practices and policy; Staffing and hiring policies; Organizational chart of management staff; Resume of the training, orientation program, and experience of the Applicant in the transportation and care of patients; and Knowledge of and/or involvement in the Humboldt County Emergency Medical Services system.
Attach legible copies of current California Driver's License for each employee listed bove.
Provide copies of EMT certification and/or Paramedic licensure cards.
Applicant certifies that the individuals listed above are qualified, duly licensed and/or ertified drivers, attendants, and attendant-drivers, and said individuals are currently ompliant with any and all applicable training, licensing, and permitting requirements set orth by local, state, and federal law and regulations.



SERVICE AREA:

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant requests permission to allow its ambulances to provide service in the following zone(s):

Zone	Northern Boundary	Eastern Boundary	Southern Boundary	Western Boundary	Indicate Zone(s) by Placing "X"
Zone 1 North	Humboldt County Line	Redwood Creek Bridge Highway 299 and School House Peak on Bald Hills Road	Indianola Cutoff (includes intersections with Hwy 101 & Old Arcata Rd and up to 1699 block of Peninsula Drive (in Manila)	Pacific Ocean	
Zone 2 East	Humboldt County Line	Humboldt County Line	Redwood Creek Bridge Hwy 299	School House Peak on Bald Hills Road	
Zone 3 Central	Indianola Cutoff (includes intersections with Hwy 101 & Old Arcata Rd and up to 1700 block of Peninsula Drive (in Manila)	Showers Pass	Hookton Road & Hwy 101	Pacific Ocean	X



		Luiena, C	Janionna		
Zone	Northern Boundary	Eastern Boundary	Southern Boundary	Western Boundary	Indicate Zone(s) by
	Dodridary	- Doumdary	Doundary	Dourium y	Placing "X
Zone 4 South – Fortuna Sub-Zone	Hookton Road & Hwy 101	Showers Pass Humboldt County Line	Dyerville Bridge & Hwy 101 & Alderpoint Blocksburg Road 7 miles South of SR 36	Pacific Ocean	X,
Zone 4 South – Garberville Sub-Zone	Dyerville Bridge & Hwy 101 & Alderpoint Blocksburg Road 7 miles South of SR 36	Humboldt County Line	Mattole/ Ettersburg Road at Ettersburg Bridge Humboldt County Line	Pacific Ocean	X

AMBULANCE SERVICE RATES:

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant must submit a completed Rates & Schedule of charges. Upon the approval by the Board of Supervisors, these rates must remain effective and may not be amended except with the consent of, or by the order of the Board of Supervisors.

	Rates	&	Schedule	attached
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INSURANCE:

Current proof-of-insurance certificates, indicating compliance with the requirement listed below, must be included with this application:

- A. CONTRACT SHALL NOT BE EXECUTED BY COUNTY and the CONTRACTOR is not entitled to any rights, unless certificates of insurances, or other sufficient proof that the following provisions have been complied with, and such certificate(s) are filed with the Clerk of the Humboldt County Board of Supervisors.
- B. CONTRACTOR shall and shall require any of its subcontractors to take out and maintain, throughout the period of this Agreement and any extended term thereof, the following policies of insurance placed with the insurers authorized to do business in California and with a current A.M. Best rating of no less than A:VII or its equivalent against injury/death to persons or damage to property which may arise from or in connection with the activities hereunder of CONTRACTOR, its agents, officers, directors, employees, licensees, invitees, assignees or subcontractors:
- 1. Comprehensive or Commercial General Liability Insurance at least as broad as Insurance Services Office Commercial General Liability coverage (occurrence form CG 0001), in an amount of Two Million Dollars (\$2,000,000) per occurrence for any one (1) incident, including, personal injury, death and property damage. If a general aggregate limit is used, either the general aggregate limit shall apply separately to this project or the general aggregate shall be twice the required occurrence limit.
- Automobile/Motor liability insurance with a limit of liability of not less than One Million Dollars (\$1,000,000) combined single limit coverage. Such insurance shall include coverage of all "owned", "hired", and "non-owned" vehicles or coverage for "any auto."
- 3. Workers Compensation as required by the Labor Code of the State of California, with Statutory Limits, and Employers Liability Insurance with limit of no less than One Million Dollars (\$1,000,000) per accident for bodily injury or disease. Said policy shall contain or be endorsed to contain a waiver of subrogation against



COUNTY, its officers, officials, agents, representatives, volunteers, and employees. In all cases the above insurance shall include Employers Liability coverage with limits of not less than One Million Dollars (\$1,000,000) per accident for bodily injury and disease.

4. Insurance Notices must be sent to:

County of Humboldt Attention: Risk Management 825 5th Street, Room 131 Eureka, CA 95501

- 5. The Comprehensive General Liability shall provide that the COUNTY, its officers, officials, employees, representatives, agents, and volunteers, are covered as additional insured for liability arising out of the operations performed by or on behalf of CONSULTANT. The coverage shall contain no special limitations on the scope of protection afforded to the County, its officers, officials, employees, and volunteers. Said policy shall also contain a provision stating that such coverage:
 - a. Includes contractual liability.
 - b. Does not contain exclusions as to loss or damage to property caused by explosion or resulting from collapse of buildings or structures or property underground commonly referred to "XCU Hazards".
 - c. Is primary insurance as regards to County of Humboldt.
 - d. Does not contain a pro-rata, excess only, and/or escape clause.
 - e. Contains a cross liability, severability of interest or separation of insureds clause.

Attach Certificate	of Liability	Insurance	naming	County	of Humboldt	certificate
holder						

ADDITIONAL INFORMATION:

Please provide, in writing and attach, a description of the facts relied on by the Applicant in asserting that the public health, safety, welfare, convenience and necessity warrant the granting of the ambulance service permit.



(Information may include the ability of the Applicant to provide ambulance service within established response times for the type of vehicle operated, twenty-four (24) hours per

day, seven (7) days per week, year-round; per-ap Advanced Life Support Provider; familiarity with H relevant experience, etc.).	•
☐ Additional Information statement attached	
I, hereby attest that, <u>City Ambulance of Eureka, I</u> company) has obtained all licenses required by la standards for providing emergency and/or non-el outlined in the Humboldt County Code, Title V, D System, the policies established by North Coast and federal law and regulations. All information as of the date listed below. Signature of Applicant:	aw and is in compliance with mergency medical services as ivision 5, Emergency Medical EMS, and all other applicable state
Printed Renee Ford	
Name and Chief Financial Officer	· · · · · · · · · · · · · · · · · · ·
Title 7 24 18	

Required Paperwork Checklist



Certificate of Automobile and liability coverage	
☐ Verification that each vehicle listed in application has been certified by the Californ Highway Patrol and/or the Health Officer pursuant to County Ordinance Section 551-9	
Certificate of Workers Compensation Insurance compensation coverage	
Proposed Rates & Schedule of Charges	
☐ All requested documentation of Applicant's policies and programs (as set forth in tapplication) are attached and complete	he
☐ Application fee or proof of payment of application fee	





CERTIFICATE OF LIABILITY INSURANCE

KSHERBON

DATE (MM/DD/YYYY)

09/25/2018

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 License # 0757776	CONTACT Katie Sherbon, CISR Elite					
Der Manouel Insurance & Financial Services, Inc. 548 W Cromwell Ave Ste 101	PHONE (A/C, No, Ext): (559) 721-4793		59) 899-0906			
Fresno, CA 93711	E-MAIL ADDRESS: katie.sherbon@hubintern	ational.com				
	INSURER(S) AFFORDING CO	VERAGE	NAIC #			
	INSURER A : ARCH Insurance Compa	11150				
INSURED	INSURER B : Insurance Company of the	27847				
City Ambulance of Eureka, Inc. DBA: Fortuna Ambulance; ETAL	INSURER C : Arch Specialty Insurance					
135 West Seventh Street Eureka, CA 95501	INSURER D :					
	INSURER E :					
	INSURER F:					

COVERAGES **CERTIFICATE NUMBER:** 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.

X COMMERCIAL GENERAL LIABILITY		WVD		(MM/DD/YYYY)	(MM/DD/YYYY)			
						EACH OCCURRENCE	S	1,000,000
CLAIMS-MADE X OCCUR	X		MAPK07859905	07/01/2018	07/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
X Professional Liabili						MED EXP (Any one person)	S	5,000
						PERSONAL & ADV INJURY	s	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	s	3,000,000
X POLICY PRO-						PRODUCTS - COMP/OP AGG	s	3,000,000
OTHER:							S	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
ANY AUTO			MAPK07859905	07/01/2018	07/01/2019	BODILY INJURY (Per person)	s	
							s	
X HIRED AUTOS ONLY X NON-OWNED						PROPERTY DAMAGE (Per accident)	s	
							s	
X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	s	1,000,000
EXCESS LIAB CLAIMS-MADE			MAUM08494905	07/01/2018	07/01/2019	AGGREGATE	s	1,000,000
DED RETENTION \$							s	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE	R/PARTNER/EXECUTIVE Y/N WSD502897		WSD502897003	01/01/2018	01/01/2019	E.L. EACH ACCIDENT	s	1,000,000
(Mandatory in NH)		n NH)				E.L. DISEASE - EA EMPLOYEE	s	1,000,000
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s	1,000,000
Professional Liab.			MAPL20001300	07/01/2018	07/01/2019	Each Occurrence		1,000,000
	X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X UMBRELLA LIAB EXCESS LIAB DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	CEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X UMBRELLA LIAB EXCESS LIAB DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY POOPRIETOR/PARTNER/EXECUTIVE OFFICE/RMBGR EXCLUDED? (Mandatory in NH) (if yes, describe under DESCRIPTION OF OPERATIONS below	X Professional Liabili GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X UMBRELLA LIAB DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RAMEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	X Professional Liabili GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X NON-CWNED AUTOS ONLY X LIMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMBGR EXCLUDED? (Mandatory in NH) OFFICE/RMBGR EXCLUDED? (Mandatory in NH) (Fyes, describe under OESCRIPTION OF OPERATIONS below WSD502897003	X Professional Liabili GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X AUTOS AUTOS ONLY X NON-CWNED AUTOS ONLY X NON-CWNED AUTOS ONLY X NON-CWNED AUTOS ONLY EXCESS LIAB CLAIMS-MADE DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE DESCRIPTION OF OPERATIONS below WSD502897003 01/01/2018	X Professional Liabili GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X AUTOS X HIRED AUTOS ONLY X AUTOS ONLY X MON-CWNED AUTOS ONLY X MON-CWNED CLAIMS-MADE EXCESS LIAB CLAIMS-MADE DED RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) OFFICE/RMBGR EXCLUDED? (Mandatory in NH) OFFICE/RMBGR EXCLUDED? (Mandatory in NH) OFSIGN AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) OFSIGN AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) OFSIGN AND EMPLOYERS' LIABILITY OFSIGN AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) OFSIGN AND EMPLOYERS' LIABILITY OFSIGN A	MED EXP (Any one person)	X Professional Liabili GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X NON-CWINED AUTOS ONLY X LUMBRELLA LIAB EXCESS LIAB DED RETENTIONS MAPK07859905 MAPK0785990

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

CERTIFICATE HOLDER	CANCELLATION
COUNTY OF HUMBOLDT RISK MANAGEMENT DIVISION 825 5TH ST. EUREKA. CA 95501	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 Katu Shurton

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	
	ı
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	1

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, 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:
 - In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law: and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



Vehicle Maintenance

Routine maintenance is performed at regularly scheduled intervals to ensure optimal safety, performance, efficiency, and reliability of assigned vehicles. Preventive maintenance is performed by the fleet mechanic, who will document any repairs and ensure all repairs are done before returning the vehicle to service.

Pre-Trip Inspections

Specific procedures are outlined in policy and monitored to ensure that all ambulances are inspected daily, prior to the vehicle being put into service. Ambulance crews use the unit specified by the rotation schedule. The ambulance's mechanical functions are inspected by a crew member according to the daily checklist, making note of any discrepancies. Any minor repairs that can safely be done by a crew member are done during checkout. Repairs requiring special equipment or expertise are recorded on a <u>Vehicle Needs Attention</u> form or a <u>Vehicle Out of Service</u> form.

CHP Inspections

The CHP conducts inspections of the ambulance fleet annually.



Knowledge of / involvement in Humboldt County EMS

City Ambulance of Eureka, Inc. (dba Fortuna Rescue Ambulance, Garberville Ambulance, Humboldt Dial-A-Ride, City CAB, CAE Transport) was incorporated in 1975 and has been in operation for over 40 years. City Ambulance provides ambulance service to the majority of Humboldt County from Eureka to the Humboldt/Mendocino County line and taxi service to the greater Eureka, Arcata and McKinleyville area.

City Ambulance operates in cooperation with the regulations and guidelines of the North Coast EMS and the State Emergency Medical Services Authority, and has established policies and procedures to ensure compliance and quality in both operations and services. Ambulances are kept in proper operating condition, inspected annually by the California Highway Patrol, and are staffed by certified EMTs and Paramedics who are trained and qualified under state law, and who provide the full range of emergency medical services as outlined in Title V, Division 5 of the Humboldt County Code.

As a vital member of the county's EMS system, City Ambulance works closely with North Coast EMS to support the mission of effective quality patient care and continuous quality improvement principles, in accordance with state laws. As a result, NCEMS is regarded as one of the most stable, efficient and progressive EMS systems in the State of California. Our Ambulance personnel are accredited by North Coast EMS, and regularly participate in training and FCAs conducted by NCEMS.

ADDITIONAL INFORMATION STATEMENT:

City Ambulance of Eureka, Inc. (dba Fortuna Rescue Ambulance, Garberville Ambulance, Humboldt Dial-A-Ride, City CAB, CAE Transport) is a private family-owned corporation that has been providing ambulance service in Humboldt County for over 40 years. The family's roots in the ambulance service extend back to the 1960's, prior to incorporation in 1975. City Ambulance provides ambulance service to the majority of Humboldt County from Eureka to the Humboldt/ Mendocino County line and taxi service to the greater Eureka, Arcata and McKinleyville area.

City Ambulance has been the exclusive provider for all emergency calls and inter-facility transports in Zone 3 (Eureka Area) since 1975, and the provider of ambulance service in Zone 4 (Fortuna and Garberville) since 1989 (Garberville was briefly owned by another individual as Southern Humboldt Area Rescue, but City Ambulance resumed service in that area when he was unable to financially sustain the service).

Our ambulance staff consists of certified Paramedics and EMTs who are trained and qualified to provide comprehensive emergency medical services. Several members of our ambulance staff participate in a wide variety of community services and training. Our staff of EMTS, dispatchers and first responders are ready 24/7 to serve the community.

City Ambulance has some of the lowest ambulance transportation rates in the state, while providing competitive wages and the highest level of patient care. Our extended scope of paramedic practice is one of the most expansive in the state.

As a vital member of one of the most stable, efficient and progressive EMS systems in the State of California, City Ambulance operates in cooperation with the regulations and guidelines of the North Coast EMS and the State Emergency Medical Services Authority to support the mission of effective quality patient care and continuous quality improvement principals, in accordance with state laws. Policies and procedures have been established to ensure compliance and quality in both operations and services. Ambulances are kept in proper operating condition, inspected annually by the California Highway Patrol, and are staffed by certified EMTs and Paramedics who are trained and qualified under state law, accredited by North Coast EMS, and regularly participate in training and FCAs conducted by NCEMS.



Quality Management Practices and Policy

The Quality Management Program is overseen by the Chief Operating Officer and Quality Improvement Coordinator.

We direct staff to do self-reporting or reporting of another employee:

- A. When another crewmember, public safety person, or the public performed a special task deserving merit or did an outstanding job above and beyond what is expected.
- B. For any driving incident (violation, accident, etc.).
- C. When there is a negative confrontation or poor interaction with customers, the general public, or agency personnel.
- D. When an employee observes or participates in medical treatment that is contrary to policies or system protocols.
- E. When an employee feels that improper patient care was performed (either by mistake or negligence).
- F. For unusual occurrences that prevent an employee from following policies or procedures.

Additionally, a percentage of calls are reviewed each month by the Quality Improvement Coordinator and the Pre-Hospital Nurse Liaison under the Base Hospital/North Coast EMS Quality Improvement contract. Select charts are reviewed in a group Field Care Audit (FCA) each month, which is led by the Pre-Hospital Medical Director for the Paramedic Base Hospital. North Coast EMS requires that every paramedic attend six FCAs in each two-year accreditation period.

An escalation procedure is in place for EMTs or Paramedics who perform at a level below expectations. The procedure consists of the following elements; however, some elements may be skipped for more egregious errors.

- 1. Discussion
- 2. Remediation
- 3. Probation
- 4. Dismissal (dismissal for patient care concerns must also be reported to the EMS Authority)



TRAINING, ORIENTATION AND EXPERIENCE

New Employee Field Training Orientation

Newly hired employees are assigned a New Employee Trainer as their Primary Trainer. Paramedics are assigned to a Field Training Officer (FTO). FTOs are paramedics who are approved by NCEMS and City Ambulance to teach, monitor and evaluate students, EMTs, or accrediting paramedics. They are competent in methods of instruction and evaluation in both training and orientation, and are familiar with all policies of City Ambulance and NCEMS. City Ambulance FTOs are Kayce Hurd, Caleb Moody, Nathan McKnight, Virginia Plambeck and Foxi Keane.

Trainers provide daily evaluations of new employees' performance and ambulance driving. Trainers may be assisted by other on-duty staff in the new employees' training. The typical orientation is a minimum of 5 days spread over ali 3 divisions: Eureka, Fortuna, and Garberville. Three days will be 6-8 hrs, and the fifth day is a 24-hr. shift. Additional shifts may be scheduled if needed. During the orientation period, new employees ride along with several different crews to observe patient care and transportation.

The following required training will occur during the orientation period and over the first 30 days of employment:

- Lift Test training on proper gurney operation, followed by a practical test
- Fit Test training on the procedure for using a respirator mask, followed by a practical test
- HIPAA, HazMat, Bloodborne Pathogens, and EMS Interact online training courses
- Clinical equipment and systems training
- Radio operations and use
- Gurney van training (wheelchair lift & power gurney)
- Policies and Procedures review
- Observation of and instruction from ambulance crews in the care, treatment, and safe transportation of patients according to EMS protocols and company policies.

City Ambulance operates under the regulations and guidelines of the North Coast EMS and the State Emergency Medical Services Authority, and has established policies and procedures to ensure compliance and quality in both operations and services. Ambulances are staffed by certified EMTs and Paramedics who are trained and qualified under state law, and who provide the full range of emergency medical services as outlined in Title V, Division 5 of the Humboldt County Code.



Staffing and Hiring Practices

Staffing

City Ambulance employs certified Paramedics and EMTs who are trained and qualified to provide comprehensive emergency medical services. Several members of our ambulance staff participate in a wide variety of community services and training.

Ongoing recruitment for paramedics and EMTs is done via online advertising (e.g. Craigslist, Calif. EMS web site), social media, local print media, local EMT course instructors' graduate recommendations, and employee recommendations.

Employment applications are reviewed for the required skills, training and licensures and Qualified candidates are scheduled for interviews with the ambulance supervisors. HR and/or an ambulance supervisor checks employment references of top ranking candidates. The best qualified and available candidates are hired as needed to ensure optimal coverage.

Hiring

Once employment is offered and accepted, new employees are assigned a company email address and access to the company internet site, MYCAE. A Welcome Letter is emailed to the new hire with this information, and an HR Orientation is scheduled.

After logging on to MYCAE, new employees can access and print new hire forms, review the company handbook, safety manual, policies and procedures, training requirements, training calendar, schedules, company announcements, and much more. MYCAE is the hub of most of the company's information and communications for employees.

The HR Orientation consists of ensuring all new hire forms are complete; obtaining copies and verifying current status of licenses and certifications required for the job; obtaining copies of vaccination history and reports; and obtaining a current driver record and verifying eligibility for enrollment on the company vehicle insurance policies. New employees are given an overview of MYCAE, with the direction to continue reviewing and becoming familiar with the site, core policies and procedures, protocols, work practices and expectations.

		-				-		
Dispatch Equip.	VHF model #	Serial#		UHE model ##	Serial #	d 🗸	Device model#	Serial #
POWER SUPPLY	DURA COMM						DURA COMM	UNK
POWER UNIT			<u> </u>		"	1	P-600-13.8	2571
POWER UNIT						 	P-600-13.8	2572
POWER AMP						1	1506RNS	C2567
POWER AMP		and the state of t				1.	4512RNS	C2568
POWER AMP					-		1506RNS	B9024
POWER STRIP	TRIPP-LITE		1				•	
VHF RADIO	TK780H	60400507						
VHF RADIO	TK790	B1400406		<u> </u>		1	- 11 - 12	
VHF RADIO	TK790	B32300285	T			\top		
UHF RADIO				TK890	B1400078	+		
UHF RADIO		<u> </u>		TK890H	B0500031	\top		
SCANNER	UNIDEN	* '				T	BC56XLT	8507714
			1		<u> </u>	\dagger		
Portables 🚜 🤻 🕹	VHF.model #	Serial # *** 2**		UHE model# # 100	Serial # # 74 5 5		·	
Eureka					The second secon	-	<u> </u>	
VHF	TK 272 G	90601005				T		<u> </u>
VHF	TK 272 G	90600201		7		Ť		
VHF	TK 272 G	90600918				\top		
VHF	TK 272 G	90600916				\uparrow	-	
VHF	TK 272 G	90600366	Ì			1		
VHF	TK 272 G	90600369				\top		
VHF	TK 272 G	90600920						· · · · · · · · · · · · · · · · · · ·
VHF	TK 272 G			-				***
						1-		
VHF C1 a	NX 300 K	B0400220		÷.	<u> </u>	1		**
VHF C1 b	NX 300 K	B0400222		<u> </u>			-	·.
VHF C2 a	NX 300 K	B0400221				1		
VHF C2 b	NX 300 K	B0400218			<u> </u>	\dagger		<u> </u>
VHF	TK2312K	B5500272				T		
VHF	TK2312K	B5500273	1		<u>":-</u>	\dagger		
VHF	TK2312K	B5500297	T	1		\dagger		
VHF	TK2312K	B5500298	+	 	 	+		

VHF	TK2312K	B5500299					
VHF	TK2312K	B5500300					
UHF			TX 372 G	40200805			······································
UHF 200			NX 300 K	B0401398			
UHF			TK 372 G	40101267			····
UHF			TK 372 G	70200332			······································
UHF			TK 372 G	30301119	···		
UHF	angetino 's	all the second	TK 372 G	70200333			
1 194						<u> </u>	
Portables	VHF model #	Serial #	UHF model#	Serial #	Device model #	Serial #	
Fortuna			10%				
UHF FTA 1a			NX 300 K	B0500134			
UHF FTA 1b			NX 300 K	B0500135		T	
UHF FTA 2a			NX 300 K	B0500127			
UHF FTA 2b			NX 300 K	B0500131			
VHF	TK 272G	90600004					
VHF	TK 272G	70200333					
VHF	TK 272G	90600003		- -			
VHF	TK 272G	90600919					***************************************
Pager					Motorola Minitor V	136WHE2736	
Base Scanner					Colt Z28	D5001405	
Charging Unit	ACDC	6-IV-683					
Garberville							
UHF			NX 300 K	B0500133			
UHF			NX 300 K	B0401397			
VHF	TK 372 G	90601001	147.0001	50401091		-	
VHF	TK 372 G	12221001		 			
Ambulance:	WAIF model #5	Serial# ***	UHF model#	Serial#	Repeater#	Serial#	
Suburban	TK 790	40900016	TK 890	40800038			
48	TK 7150	0010083	TK 890	70800148	SVR 200 U	752611	
49	TK 760 HG	40400617	TK 890	00700174	SVR 200 U	752614	·
No Unit			TK 890	31001017	SVR 200 U	549067	

50	TK 760 HG	50302424		TK 890	4120309		SVR 200 U	550173	
51	TK 7150	00100093		TK 890	91100241		SVR 200 U	752607	· Lancius
42	TK 760 HG	50302422		TK 890	9600054		SVR 200 U	544891	The state of the s
43	TK 7150	70900929		TK 890	70800147		SVR 200 U	544892	- American
44	TK 760 HG	7070093		TK 890	70700093		SVR 200 U	543916	d purplemany
45	TK 760 HG	31001017		TK 890	50601567		SVR 200 U	543914	Traver
46	TK 7160 H	70900957		TK 890	1100007		SVR 200 U	752622	
47	TK 760 HG	00700157		TK 890	0800004	- 14	SVR 200 U	543915	
47			4.62	The second secon			71.4 B		
		The second second	,	**			A Company of the Comp	.4=	
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STATE OF CALIFORNIA
DEPARTMENT: OF CALIFORNIA HIGHWAY PATROL

EMERGENCY AMBULANCE NON-TRANSFERABLE LICENSE

CHP 360A (REV. 01-00) OPI 062

SERVICE NAME AND PHYSICAL ADDRESS

(only if different from below)

CITY AMBULANCE OF EUREKA, INC. 17896

CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBULANCE

SERVICE NAME AND MAILING ADDRESS.

CITY AMBULANCE OF EUREKA, INC. 17896

CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBULANCE 135 WEST 7TH STREET

EUREKA, CA 95501-0229

Attention: FRED A. SUNDQUIST, JR., PRESIDENT

,	CONTROL NUMBER: **	LICENSE NUMBER	ISSUE DATE	EFFECTIVE DATE	EXPIRATION DATE
*	~1456 •	17896	2/23/2018	. 3/12/2018	3/11/2019
	CHP CARRIER NUMBER	LOCATION	Duplicat	te Re	placement
	CA	125	☐ Initial	✓ Rea	newal
					-

PROPERTY OF THE CALIFORNIA HIGHWAY PATROL (CHP)

This license is NON-TRANSFERABLE and must be surrendered to the CHP upon demand or as required by law. A majority change in ownership or control of the licensed activity shall require a new license. This license may be renewed within the 30-day period prior to the expiration date indicated above.

Ambulance operations must cease immediately upon expiration of this license. THERE IS NO GRACE PERIOD FOR A LICENSED ACTIVITY. The Department will accept an application for renewal during the 30-day period following the license expiration date provided all required documentation is complete and accompanied by the initial license fee of \$200.00. For license information contact CHP, Research and Planning Section at (916) 843-3440.

STATE OF CALIFORNIA STATE OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA	TIOM OF DIVISION TEN	\ <u>\</u> \9	
SPECIAL VEHICLE IDENTIFICA CHP 301 (REV 4-97) OPI 062	TION CERTIFICATE/F	ERMII JULI	CHP AREA: 125
CHP Certificate/Permit Number: 17896- 12921	ISSUED: 3/12/2018	EXPIRES: 3/11/2019	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	EMERGENCY AMBUL AUTHORIZED EMERC	ANCE CERTIFICATE SENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 12 FORD E 350 *Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code	O. 90904K1	VIN: 1FDSS3ES2CDB21183	
NAME AND MAILING ADDRESS CITY AMBULANCE OF EUREKA, INC. 1789 CITY AMBULANCE; FORTUNA/GARBERVI 135 WEST 7TH STREET EUREKA, CA 95501-0229		This certificat thereof, shall all times. It is be surrendere	ALIFORNIA HIGHWAY PATROL e/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand d by regulation.

-	المارين المعاد المارين المعاد									
		STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATRO	-							
		SPECIAL VEHICLE IDENTII CHP 301 (REV 4-97) OPI 062	FICATION CERTIFICATE/F	PERMIT & A.5	CHP AREA: 125					
	CHP Certificate/Perr	mit Number: 17896- 13202	ISSUED: 3/12/2018	EXPIRES: 3/11/2019	AREA:					
	☐ INITIAL ☐ REPLACEMENT	☐ DUPLICATE ☑ RENEWAL		LANCE CERTIFICATE GENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE					
	VEHICLE YEAR ANI	ID MAKE: 13 FORD E 350	O. 43081N1	VIN: 1FDSS3ES6DDA75178						
	*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for									
	CITY A CITY A 135 W	ME AND MAILING ADDRESS AMBULANCE OF EUREKA, INC. AMBULANCE; FORTUNA/GARB /EST 7TH STREET KA, CA 95501-0229	This certificat thereof, shall all times. It is be surrendere	ALIFORNIA HIGHWAY PATROL e/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand d by regulation.						

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			STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIF CHP 301 (REV 4-97) OPI 062	ICATION CERTIFICATE/F	PERMIT #AH	CHP AREA: 125
		CHP Certificate/Perr	mit Number: 17896- 13344	ISSUED: 3/12/2018	EXPIRES: 3/11/2019	AREA:
		☐ INITIAL ☐ REPLACEMENT	☐ DUPLICATE ✓ RENEWAL	✓ EMERGENCY AMBUL AUTHORIZED EMERGENCY	ANCE CERTIFICATE GENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
		VEHICLE YEAR AN		VEHICLE LICENSE N	O. 43292N1	VIN: 1FDSS3ES4DDB32171
		NAI CITY A	Vehicle Permit issued pursuant to Vehicle C ME AND MAILING ADDRESS AMBULANCE OF EUREKA, INC. 1 AMBULANCE; FORTUNA/GARBE	7896	This certificat	ALIFORNIA HIGHWAY PATROL e/permit, or a facsimile
		135 W	EST 7TH STREET KA, CA 95501-0229	rville rescue ambul	thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.	

	. 30 May . 1 May .			•	
	STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA CHP 301 (REV 4-97) OPI 062	FION CERTIFICATE/F	PERMIT 45	CHP AREA: 125	
	CHP Certificate/Permit Number: 17896- 13839	ISSUED: 3/12/2018	EXPIRES: 3/11/2019	AREA:	
	☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	EMERGENCY AMBUL AUTHORIZED EMERG	ANCE CERTIFICATE SENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE	
_	VEHICLE YEAR AND MAKE: 14 FORD E 350	VEHICLE LICENSE N	O. 05987R1	VIN: 1FDSS3EL3EDB14383	
_	*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code S	Section 2416 (a () for			
NAME AND MAILING ADDRESS CITY AMBULANCE OF EUREKA, INC. 17896 CITY AMBULANCE; FORTUNA/GARBERVIL		6 This certific		CALIFORNIA HIGHWAY PATROL ate/permit, or a facsimile at late a	
	135 WEST 7TH STREET		all times. It is	non-transferable and shall	
	EUREKA, CA 95501-0229		be surrendere	ed to the CHP upon demand	

or as required by regulation.

and the second s		STATE OF CALIFORNIA			<u> </u>
		SPECIAL VEHICLE IDENTIF CHP 301 (REV 4-97) OPI 062	FICATION CERTIFICATE/F	PERMIT # ALC	CHP AREA: 125
	CHP Certificate/Pe	ermit Number: 17896- 14040	ISSUED: 3/12/2018	EXPIRES: 3/11/2019	AREA:
	☐ INITIAL ☐ REPLACEMEN	☐ DUPLICATE ✓ RENEWAL		LANCE CERTIFICATE GENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
	VEHICLE YEAR A	ND MAKE: 14 FORD E 350	VEHICLE LICENSE N	IO. 60385X1	VIN: 1FDSS3EL0EDB14423
	*Authorized Emergend	y Vehicle Permit issued pursuant to Vehicle	Code Section 2416 (a () for		
	1	IAME AND MAILING ADDRESS		PROPERTY OF (CALIFORNIA HIGHWAY PATROL
	2 CITY 135	Y AMBULANCE OF EUREKA, INC. Y AMBULANCE; FORTUNA/GARB WEST 7TH STREET REKA, CA 95501-0229		This certificat thereof, shall all times. It is be surrender	te/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand d by regulation.

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA CHP 301 (REV 4-97) OPI 062	TION CERTIFICATE/F	PERMIT *	CHP AREA: 630
CHP Certificate/Permit Number: 17896-12706	ISSUED: 3/12/2018	EXPIRES: 3/11/2019	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	EMERGENCY AMBUL	ANCE CERTIFICATE SENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 12 FORD E 350	VEHICLE LICENSE N	O. 55466A1	VIN: 1FD\$\$3EL6CDB06775
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code	Section 2416 (a () for		
NAME AND MAILING ADDRESS CITY AMBULANCE OF EUREKA, INC. 1789 CITY AMBULANCE; FORTUNA/GARBERVI 135 WEST 7TH STREET		This certificat thereof, shall	CALIFORNIA HIGHWAY PATROL e/permit, or a facsimile be carried in the vehicle at non-transferable and shall

EUREKA, CA 95501-0229

be surrendered to the CHP upon demand or as required by regulation.

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and the second s	STATE OF CALIFORNIA HIGHWAY PATROL		X	
	SPECIAL VEHICLE IDENTIFICA CHP 301 (REV 4-97) OPI 062	TION CERTIFICATE/F	PERMIT XXVO	CHP AREA: 125
CHP Certificate/Permit Number: 17896- 14636 ISSUED: 3/12/2018 EXPIRES: 3		EXPIRES: 3/11/2019	AREA:	
	☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL		LANCE CERTIFICATE SENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
	VEHICLE YEAR AND MAKE: 16 FORD TRANSIT	VEHICLE YEAR AND MAKE: 16 FORD TRANSIT VEHICLE LICENSE NO. 57538B2		VIN: 1FDYR2CMXGKB55944
	*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code	Section 2416 (a () for		
CITY AMBULANCE OF EUREKA, INC. 17896 CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL 135 WEST 7TH STREET EUREKA, CA 95501-0229 This certifithereof, she all times. I		This certificate thereof, shall all times. It is be surrendere	ALIFORNIA HIGHWAY PATROL e/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand I by regulation.	

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA CHP 301 (REV 4-97) OPI 062	-	ERMIT #49	CHP AREA: 125
CHP Certificate/Permit Number: 17896- 14985	ISSUED: 3/12/2018	EXPIRES: 3/11/2019	AREA:
✓ INITIAL □ DUPLICATE □ REPLACEMENT ✓ RENEWAL	EMERGENCY AMBUL AUTHORIZED EMERG	ANCE CERTIFICATE SENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 17 FORD TRANSIT *Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code.	VEHICLE LICENSE NO Section 2416 (a () for	O. 73470F2	VIN: 1FDYR2CM3HKA31676
CITY AMBULANCE OF EUREKA, INC. 1789 CITY AMBULANCE; FORTUNA/GARBERVI 135 WEST 7TH STREET EUREKA, CA 95501-0229		PROPERTY OF CALIFORNIA HIGHWAY PATROL This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.	

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA CHP 301 (REV 4-97) OPI 062	TION CERTIFICATE/P	ERMIT#50	CHP AREA: 125
CHP Certificate/Permit Number: 17896- 15391	ISSUED: 3/12/2018	EXPIRES: 3/11/2019	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	EMERGENCY AMBUL AUTHORIZED EMERG	ANCE CERTIFICATE GENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 17 FORD TRANSIT	VEHICLE LICENSE N	O. 78206K2	VIN: 1FDYR2CM2JKA07228
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code	Section 2416 (a () for		
NAME AND MAILING ADDRESS CITY AMBULANCE OF EUREKA, INC. 1789 CITY AMBULANCE; FORTUNA/GARBERVI 135 WEST 7TH STREET EUREKA, CA 95501-0229		This certificat thereof, shall all times. It is be surrendere	ALIFORNIA HIGHWAY PATROL e/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand I by regulation.

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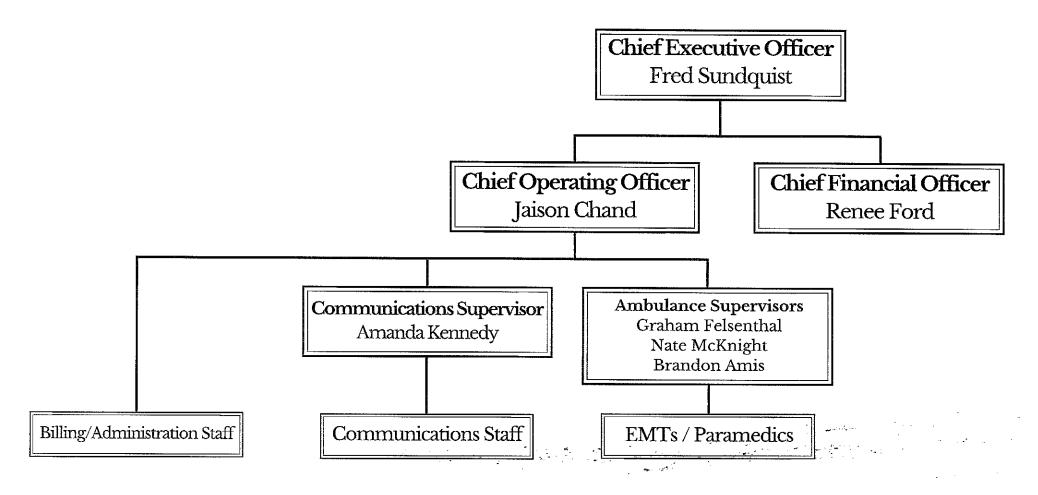
	e gaza managina sak	·	The Stranger Co		garan ang ang ang ang ang ang ang ang ang a
	STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PA SPECIAL VEHICLE IDEN CHP 301 (REV 4-97) OPI 062		TION CERTIFICATE/P	ERMIT	CHP AREA: 125
	CHP Certificate/Permit Number: 17896- 15391		ISSUED: 1/9/2018	EXP(RES: 3/11/2018	AREA:
	✓ INITIAL □ DUPLICATE □ REPLACEMENT □ RENEWAL		EMERGENCY AMBUL AUTHORIZED EMERG	ANCE CERTIFICATE SENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
_	VEHICLE YEAR AND MAKE: 17 FORD TRANSI	Т	VEHICLE LICENSE NO	O. 78206K2	VIN: 1FDYR2CM2JKA07228
_	*Authorized Emergency Vehicle Permit issued pursuant to Vehi	icie Code S	Section 2416 (a () for		
NAME AND MAILING ADDRESS CITY AMBULANCE OF EUREKA, INC. 1789 CITY AMBULANCE; FORTUNA/GARBERVI 135 WEST 7TH STREET EUREKA, CA 95501-0229			This certificat thereof, shall all times. It is be surrendere	CALIFORNIA HIGHWAY PATROL e/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand d by regulation.	

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	STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA	TION CERTIFICATE/F	PERMITO 51	
-	CHP 301 (REV 4-97) OPI 062			CHP AREA: 125
	CHP Certificate/Permit Number: 17896-15576	ISSUED: 7/13/2018	EXPIRES: 3/11/2019	AREA:
_	✓ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☐ RENEWAL	EMERGENCY AMBUL AUTHORIZED EMERG	ANCE CERTIFICATE SENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
_	VEHICLE YEAR AND MAKE: 18 FORD TRANSIT	VEHICLE LICENSE N	O. 27561 L 2	VIN: 1FDYR2CM3JKA24622
_	*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code	Section 2416 (a () for		
	NAME AND MAILING ADDRESS		PROPERTY OF C	CALIFORNIA HIGHWAY PATROL
	CITY AMBULANCE OF EUREKA, INC. 1789 CITY AMBULANCE; FORTUNA/GARBERVI 135 WEST 7TH STREET EUREKA, CA 95501-0229		thereof, shall all times. It is be surrendere	e/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand if by regulation.

CITY AMBULANCE OF EUREKA, INC. 2018 AMBULANCE RATES

Base Rates	1.
Critical Care/Specialty Care- Interfacility Transfer	\$3,200.00
Emergency Scene Response	\$1,960.00
Advanced Life Support Interfacility Transfer	\$1,960.00
Basic Life Support Interfacility Transfer	, \$600.00
911 Response without transport	\$200.00
<u>Services</u>	
Electrocardiagram/ 12 Lead	ļ\$300.00
Spinal Motion Restriction/ Evaluation/ Immobilization	\$300.00
Extrication	\$300.00
CPAP/ BVM/ Intubation	\$300.00
Interosseous Infusion	\$300.00
Glucagon Administration	\$300.00
Oxygen	\$100.00
Disposable Linens	\$100.00
Night Fee (1900-0700)	\$100.00
Wait Time	\$100.00 (15 MINS)
Mileage (Per Mile)	\$25.00

City Ambulance of Eureka, Inc.



Coordinators / Key Employees

Kristen Pekarske - New Employee Training Coordinator Sarah Grabeal - Community Outreach Coordinator Josh Stanley - Ambulance Maintenance Coordinator Gerry Myres - Recruitment and Recognition Coordinator



KSHERBON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/29/2018

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). CONTACT Katie Sherbon, CISR Elite PRODUCER License # 0757776 Der Manouel Insurance & Financial Services, Inc. 548 W Cromwell Ave Ste 101 Fresno, CA 93711 PHONE (A/G, No, Ext): (559) 447-4600 342 FAX (A/C, No): (559) 447-4586 E-MAIL ADDRESS: ksherbon@dmig.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: ARCH Insurance Company 11150 INSURED INSURER B : Insurance Company of the West 27847 City Ambulance of Eureka, Inc. INSURER C: Arch Specialty Insurance Co. DBA: Fortuna Ambulance; ETAL INSURER D 135 West Seventh Street Eureka, CA 95501 **INSURER E:** INSURER F: REVISION NUMBER **COVERAGES CERTIFICATE 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. TYPE OF INSURANCE POLICY NUMBER LIMITS Х 1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence 100,000 CLAIMS-MADE X OCCUR MAPK07859905 07/01/2018 | 07/01/2019 X 5,000 MEĎ EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GÈNERAL AGGREGATE 2,000,000 X POLICY PRO-LOC PRODUCTS - COMP/OP AGG OTHER: ČOMBINED SINGLE LIMIT (Ea accident) 1,000,000 AUTOMOBILE LIABILITY MAPK07859905 07/01/2018 07/01/2019 ANY AUTO BÒDILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED X 1,000,000 EACH OCCURRENCE UMBRELLA LIAB Х OCCUR 07/01/2019 MAUM08494905 07/01/2018 1,000,000 **EXCESS LIAB** CLAIMS-MADE **AGGREGATE** DED RETENTION\$ В X | PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WSD502897003 01/01/2018 01/01/2019 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 1,000,000 <u>E,Ľ. EACH ACCIDENT</u> 1,000,000 E,L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT 07/01/2018 07/01/2019 Professional Liab. MAPL20001300 Each Occurrence 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER 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. COUNTY OF HUMBOLDT RISK MANAGEMENT DIVISION 825 5TH ST. **EUREKA, CA 95501** AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	. 1	
	, r	
Information required to complete this Schedule, if not shown above, will be	e shown in the Declarations.	

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, 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:
 - In the performance of your ongoing operations; or
 - In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage phovided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.