



**County of Humboldt
Eureka, California
Ambulance Service Permit Renewal Application**

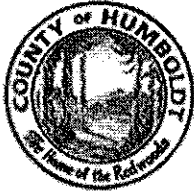
Pursuant to Humboldt County Code, Title V, Division 5
Emergency Medical Services System

Applicant – DO NOT FILL OUT THIS SECTION	
Date Received:	24 JUL 2018
Application Fee of \$196.00 Received:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Proof of Liability Insurance Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Resumes Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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		
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



County of Humboldt
Eureka, California

Owner Name	Fred Sundquist				
Address	135 W 7 th St	City/Zip Code	Eureka 95501		
Phone Number	707-445-4907 X201	Fax Number	707-442-5903	E-Mail	fsundquist@cityambulance.com



**County of Humboldt
Eureka, California**

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, or 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



County of Humboldt
Eureka, California

	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, or Distinguishing Characteristics
6.	2012	Ford E350	C47	55466A1	4 YEARS 163,464		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



**County of Humboldt
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- 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** for 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 above.
- Provide copies of EMT certification and/or Paramedic licensure cards.
- Applicant certifies that the individuals listed above are qualified, duly licensed and/or certified drivers, attendants, and attendant-drivers, and said individuals are currently compliant with any and all applicable training, licensing, and permitting requirements set forth by local, state, and federal law and regulations.



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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



**County of Humboldt
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Zone	Northern Boundary	Eastern Boundary	Southern Boundary	Western Boundary	Indicate Zone(s) by 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



**County of Humboldt
Eureka, California**

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.
 2. 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 of Humboldt
Eureka, California**

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:

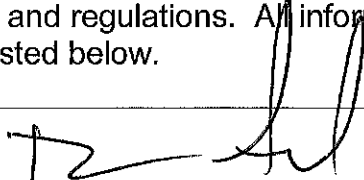
Please provide, in writing and attach, a description of the facts relied on by the Applicant in asserting that the public health, safety, welfare, convenience and necessity warrant the granting of the ambulance service permit.



**County of Humboldt
Eureka, California**

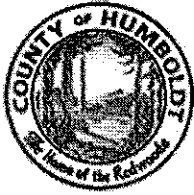
(Information may include the ability of the Applicant to provide ambulance service within established response times for the type of vehicle operated, twenty-four (24) hours per day, seven (7) days per week, year-round; per-approval by North Coast EMS as an Advanced Life Support Provider; familiarity with Humboldt County; prior or additional relevant experience, etc.).

Additional Information statement attached

I, hereby attest that, <u>City Ambulance of Eureka, Inc.</u> , (name of ambulance company) has obtained all licenses required by law and is in compliance with standards for providing emergency and/or non-emergency medical services as outlined in the Humboldt County Code, Title V, Division 5, Emergency Medical System, the policies established by North Coast EMS, and all other applicable state and federal law and regulations. All information provided herein is true and complete as of the date listed below.	
Signature of Applicant:	
Printed Name and Title	Renee Ford Chief Financial Officer
Date:	7/24/18

Required Paperwork Checklist

Application complete



County of Humboldt
Eureka, California

- Certificate of Automobile and liability coverage
- Verification that each vehicle listed in application has been certified by the California 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 the application) are attached and complete
- Application fee or proof of payment of application fee



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 Vehicle Needs Attention form or a Vehicle Out of Service 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 all 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. 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.

CAE Radio Inventory January 2018						
Dispatch Equip	VHF model #	Serial #	UHF model #	Serial #	Device model #	Serial #
POWER SUPPLY	DURA COMM				DURA COMM	UNK
POWER UNIT					P-600-13.8	2571
POWER UNIT					P-600-13.8	2572
POWER AMP					1506RNS	C2567
POWER AMP					4512RNS	C2568
POWER AMP					1506RNS	B9024
POWER STRIP	TRIPP-LITE					
VHF RADIO	TK780H	60400507				
VHF RADIO	TK790	B1400406				
VHF RADIO	TK790	B32300285				
UHF RADIO			TK890	B1400078		
UHF RADIO			TK890H	B0500031		
SCANNER	UNIDEN				BC56XLT	8507714
Portables	VHF model #	Serial #	UHF model #	Serial #		
Eureka						
VHF	TK 272 G	90601005				
VHF	TK 272 G	90600201				
VHF	TK 272 G	90600918				
VHF	TK 272 G	90600916				
VHF	TK 272 G	90600366				
VHF	TK 272 G	90600369				
VHF	TK 272 G	90600920				
VHF	TK 272 G					
VHF C1 a	NX 300 K	B0400220				
VHF C1 b	NX 300 K	B0400222				
VHF C2 a	NX 300 K	B0400221				
VHF C2 b	NX 300 K	B0400218				
VHF	TK2312K	B5500272				
VHF	TK2312K	B5500273				
VHF	TK2312K	B5500297				
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			TK 372 G	70200333			
Portables	VHF model #	Serial #	UHF model #	Serial #	Device model #	Serial #	
Fortuna							
UHF FTA 1a			NX 300 K	B0500134			
UHF FTA 1b			NX 300 K	B0500135			
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					
VHF	TK 372 G						
Ambulance	VHF model #	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	



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**EMERGENCY AMBULANCE
NON-TRANSFERABLE LICENSE**

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

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	<input type="checkbox"/> Duplicate	<input type="checkbox"/> Replacement
CA	125	<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Renewal

PROPERTY OF THE CALIFORNIA HIGHWAY PATROL (CHP)

SERVICE NAME AND PHYSICAL ADDRESS *(only if different from below)*

CITY AMBULANCE OF EUREKA, INC. 17896

CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBULANCE

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.

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**

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
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

#42

CHP Certificate/Permit Number: 17896-12921		ISSUED: 3/12/2018	EXPIRES: 3/11/2019	CHP AREA: 125
<input type="checkbox"/> INITIAL <input type="checkbox"/> REPLACEMENT		<input type="checkbox"/> DUPLICATE <input checked="" type="checkbox"/> RENEWAL	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE <input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*	<input type="checkbox"/> ARMORED CAR CERTIFICATE AREA:
VEHICLE YEAR AND MAKE: 12 FORD E 350		VEHICLE LICENSE NO. 90904K1		VIN: 1FDSS3ES2CDB21183

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
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 IDENTIFICATION CERTIFICATE/PERMIT #43

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: 17896- 13202

ISSUED: 3/12/2018

EXPIRES: 3/11/2019

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

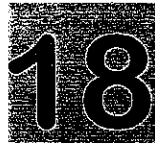
VEHICLE YEAR AND MAKE: 13 FORD E 350

VEHICLE LICENSE NO. 43081N1

VIN: 1FDSS3ES6DDA75178

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
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 IDENTIFICATION CERTIFICATE/PERMIT #44
CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: 17896- 13344

ISSUED: 3/12/2018

EXPIRES: 3/11/2019

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

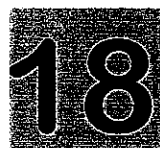
VEHICLE YEAR AND MAKE: 13 FORD E 350

VEHICLE LICENSE NO. 43292N1

VIN: 1FDSS3ES4DDB32171

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
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.

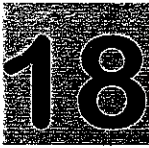


STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
 CHP 301 (REV 4-97) OPI 062

#45

CHP Certificate/Permit Number: 17896- 13839			ISSUED: 3/12/2018	EXPIRES: 3/11/2019	CHP AREA: 125
<input type="checkbox"/> INITIAL <input type="checkbox"/> DUPLICATE <input type="checkbox"/> REPLACEMENT <input checked="" type="checkbox"/> RENEWAL			<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE <input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*		AREA:
VEHICLE YEAR AND MAKE: 14 FORD E 350			VEHICLE LICENSE NO. 05987R1	VIN: 1FDSS3EL3EDB14383	

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS	PROPERTY OF CALIFORNIA HIGHWAY PATROL
 CITY AMBULANCE OF EUREKA, INC. 17896 CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL 135 WEST 7TH STREET EUREKA, CA 95501-0229	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 IDENTIFICATION CERTIFICATE/PERMIT #410
 CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: 17896- 14040

ISSUED: 3/12/2018

EXPIRES: 3/11/2019

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR AND MAKE: 14 FORD E 350

VEHICLE LICENSE NO. 60385X1

VIN: 1FDSS3EL0EDB14423

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC. 17896
 CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
 135 WEST 7TH STREET
 EUREKA, CA 95501-0229

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT #47
CHP 301 (REV 4-97) OPI 062

CHP AREA: 630

CHP Certificate/Permit Number: 17896- 12706

ISSUED: 3/12/2018

EXPIRES: 3/11/2019

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

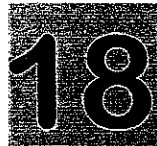
VEHICLE YEAR AND MAKE: 12 FORD E 350

VEHICLE LICENSE NO. 55466A1

VIN: 1FDSS3EL6CDB06775

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
 CHP 301 (REV 4-97) OPI 062

#48

CHP AREA: 125

CHP Certificate/Permit Number: **17896-14636**

ISSUED: **3/12/2018**

EXPIRES: **3/11/2019**

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

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

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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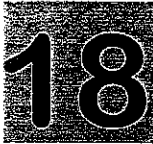


STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

#49

CHP Certificate/Permit Number: 17896-14985		ISSUED: 3/12/2018	EXPIRES: 3/11/2019	CHP AREA: 125
<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REPLACEMENT		<input type="checkbox"/> DUPLICATE <input checked="" type="checkbox"/> RENEWAL		<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE <input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*
<input type="checkbox"/> ARMORED CAR CERTIFICATE		AREA:		
VEHICLE YEAR AND MAKE: 17 FORD TRANSIT		VEHICLE LICENSE NO. 73470F2		VIN: 1FDYR2CM3HKA31676
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for				
NAME AND MAILING ADDRESS			PROPERTY OF CALIFORNIA HIGHWAY PATROL	
 CITY AMBULANCE OF EUREKA, INC. 17896 CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL 135 WEST 7TH STREET EUREKA, CA 95501-0229			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 IDENTIFICATION CERTIFICATE/PERMIT
 CHP 301 (REV 4-97) OPI 062

#50

CHP AREA: 125

CHP Certificate/Permit Number: **17896- 15391**

ISSUED: **3/12/2018**

EXPIRES: **3/11/2019**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

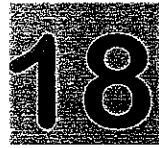
VEHICLE YEAR AND MAKE: **17 FORD TRANSIT**

VEHICLE LICENSE NO. **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. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: 17896- 15391

ISSUED: 1/9/2018

EXPIRES: 3/11/2018

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT*

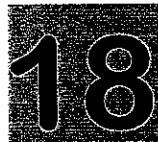
VEHICLE YEAR AND MAKE: 17 FORD TRANSIT

VEHICLE LICENSE NO. 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. 17896
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
135 WEST 7TH STREET
EUREKA, CA 95501-0229

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
 CHP 301 (REV 4-97) OPI 062

C51

CHP AREA: 125

CHP Certificate/Permit Number: 17896- 15576		ISSUED: 7/13/2018	EXPIRES: 3/11/2019	AREA:
<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> DUPLICATE	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE		<input type="checkbox"/> ARMORED CAR CERTIFICATE
<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*		
VEHICLE YEAR AND MAKE: 18 FORD TRANSIT		VEHICLE LICENSE NO. 27561L2	VIN: 1FDYR2CM3JKA24622	

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a () for

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC. 17896
 CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL
 135 WEST 7TH STREET
 EUREKA, CA 95501-0229

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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CITY AMBULANCE OF EUREKA, INC.

2018 AMBULANCE RATES

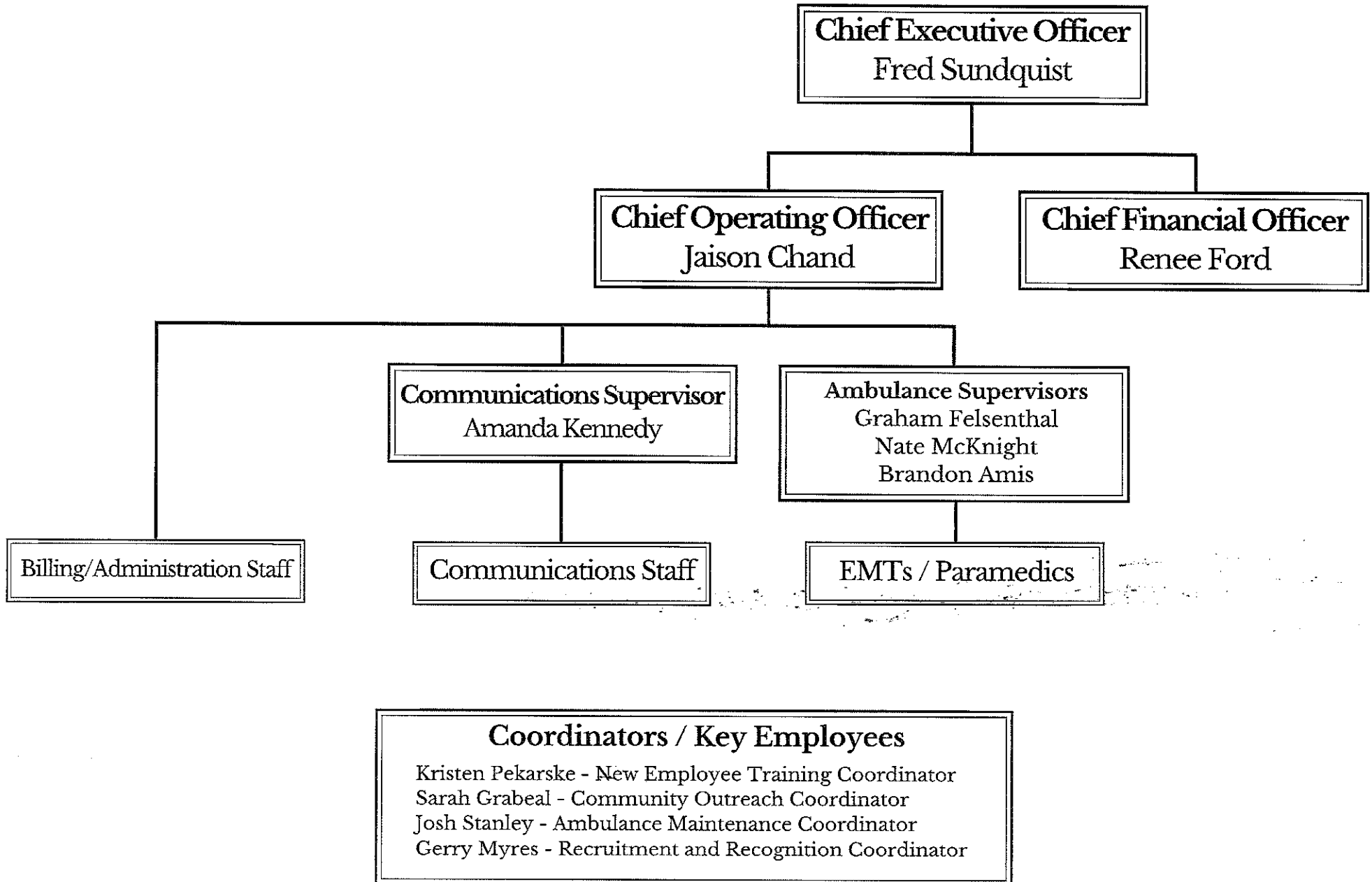
Base Rates

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

Services

Electrocardiogram/ 12 Lead	\$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.



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):

[Empty box for Name Of Additional Insured Person(s) Or Organization(s)]

Information required to complete this Schedule, if not shown above, will be 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:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. 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 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.