#### Ambulance Permit Renewal Check List—2022/2023

Vendor	Contact Person		
Arcata Ambulance	Doug Boileau		

Item	Yes	No	Other
Completed signed renewal application form	V		
Copy of, or description of Applicant's policy or	,		
program for vehicle maintenance			
List or description of Applicant's radio	/		
equipment			
Valid California Highway Patrol inspection report			
for each ground ambulance	V		
Applicant's quality management practices and	,		
policies	V		
Staffing and hiring policies			
Organizational chart of management staff			
Resume of training, orientation program and			
experience of the Applicant in the transportation	V		
and care of patients			
Legible copies of current California Driver's			
License for each employee listed in the	,/		
application.	V		
Copies of EMT Certification and/or Paramedic	/		
Licensure cards	V		
Current Fee Schedule	<b>V</b>		
Certificate of insurance as required by the		/	. 1.10
Humboldt County Risk Manager		<b>V</b>	Will forward when my
Application fee in the amount of \$196 for each	1/		0.000
service area payable to Humboldt County	V		lacenses hos

Specific Items for Permit Officer to Review	

	Yes	No	Other
Permit Approved?			

Approved by:		
Date:		

Internal document not to be released.



Date

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

Applicant - DO NOT FILL OUT THIS SECTION

4/19/2022

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

Received:		)22	
Application Fe \$196.00 Recei		No 🗌	
Proof of Liabil Insurance Attached:	lity Yes ☑	No 🗌	
Resumes Attached:	Yes ✓	No 🗌	
nformation/ver evel of Service Ambulance Service Full	e: 🗵 Basic Life S	upport	• •
Name:			
그리고 그 사람이 가는 사고 하는 아래도 즐겁는 것이 되었다. 사고 하는 안에 나는	Doug Boileau		
Contact	Boug Bolleau		,
Contact Person: Mailing	220 F Street	City/Zip Code	Arcata 95521
Name of Contact Person: Mailing Address: Physical Address:			Arcata 95521 same



Owner Name	Reach Medical Holdings LLC						
Address	8880 Cal C 125.	enter Dr Ste.	Sacrar	Sacramento, CA 95826			
Phone Number	916-921- Fax 4000 Number		e 916-921- Fax 916-921-	E- Mail	Sean.Russell@gmr.net		



# 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:

Description of Color Scheme, Insignia Name, Monogram, ot Distinguishing Characteristics	Blue/White	Blue/White	Blue/White	Blue/White	Blue/White
State or Federal Aviation Agency License Number	2150- 16160	2150- 15660	2150- 14168	2150- 17120	2150- 15975
Length of Time In Use (Include current mileage shown on	2.75 years 82,549	3.75 years 86,310	5.5 years 172,279	1 year 20,633	3 year 160,350
License Plate #	61280S2	27680L2	AMRA 31	97746E3	03105P2
Vehicle Identification Number	1GB3GRCG1K1263007	1GB3GRCG4J1264859	1GB3G2CL9F1168057	1GB3GRC7L1269623	1FDXE40F5WHA44187
Model/Make	Chevrolet 3500	Chevrolet 3500	Chevrolet 3500	Chevrolet Express	Ford E450
Year	2019	2018	2015	2020	1998
	÷	2.		4	2.

Description of Color Scheme, Insignia Name, Monogram, ot Distinguishing Characteristics					
State or Federal Aviation Agency License Number					
Length of Time In Use (Include current mileage shown on odometer)					
License Plate #					
Vehicle Identification Number					
Model/Make					
Year	9 h	•	<b>&amp;</b>	<b>5</b>	<u>o</u>



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 <b>currently valid California Highway Patrol inspection report</b> 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).
<ul> <li>Attach copies, or provide descriptions of the following:</li> <li>Applicant's quality management practices and policy;</li> <li>Staffing and hiring policies;</li> <li>Organizational chart of management staff;</li> <li>Resume of the training, orientation program, and experience of the Applicant in the transportation and care of patients; and</li> <li>Knowledge of and/or involvement in the Humboldt County Emergency Medical Services system.</li> </ul>
⊠ 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.



#### **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	X
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	



ROMER CHEST AND COMPANIES AND A SECOND	21	Larona,	Camornia		
Zone	Northern Boundary	Eastern Boundary	Southern Boundary	Western Boundary	Indicate Zone(s) by
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	Placing "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	

#### **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.



#### **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, 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 5<sup>th</sup> 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.

#### **ADDITONAL 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.



Additional Information statement attached

## 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.).

	·
ambulance co with standards outlined in the System, the po	that, Arcata-Mad River Ambulance LLC, (name of mpany) has obtained all licenses required by law and is in compliance for providing emergency and/or non-emergency medical services as Humboldt County Code, Title V, Division 5, Emergency Medical plicies established by North Coast EMS, and all other applicable state w and regulations. All information provided herein is true and complete listed below.
Signature of Applicant:	Dunglfste
Printed	Douglas J. Boileau, Director
Name and	
Title	
	April 15, 2022

**Required Paperwork Checklist** 

Date:

#### Radio Communication Equipment

Each ambulance is equipped as follows:

VHF-160 channel programmable radio. Each radio is programmed with a wide variety of channels allowing for direct communication with law enforcement, fire, and various other agencies.

UHF – MedNet programmable radio. The mednet radio is programmed for communication with all surrounding receiving hospital facilities.

#### Hand held radios

On-duty personnel carry a Kenwood portable VHF radio with 32 channels programmed like the mobile radios. The company maintains 10 of these portable radios.

The company maintains a VHF repeater located at Mad River Community Hospital, and VHF radios at our stations in McKinleyville and Arcata. The company also maintains a base radio on Mt. Pierce which is linked via microwave to the Cal Fire Command Center in Fortuna.

All radio equipped has been supplied by RWS Services. A copy of the specific radio equipment in service is attached.

Each on-duty ambulance also has an assigned cellular phone used for receiving CAD data.

#### Maintenance Policy- Ambulances

All in service ambulances are to be inspected by the on-duty crews each day using the vehicle check out form. This daily inspection includes assessing tire status, engine oil and coolant levels and a visual inspection for any obvious defects.

Any defect, fluid leakage, or other concern will be recorded on a maintenance memo and conveyed to maintenance manager. The maintenance memo shall include the vehicle number, odometer reading, a description of the problem, and anything done to correct the problem. If any condition has been previously noted on a maintenance form, but has not been corrected, another maintenance form shall be completed (unless a notice has been distributed via email detailing the expected resolution of the problem and the operational status of the unit involved).

If any deficiency is noted that effects the operational status or safety of the vehicle, management shall be notified immediately and the vehicle placed out of service.

An email will be distributed to all field personnel any time a vehicle is removed from service or if a problem persists but in the estimation of management and the involved mechanics does not affect the operational status of the unit. An email notice will go out when a vehicle is returned to service or a known issue is resolved.

An oil change and safety inspection performed by a qualified mechanic will be performed every 5,000 miles.

The service provider for all units for routine servicing will be Central Ave Service, 2787 Central Ave. McKinleyville, 707-839-8337.

In addition to oil changes, all vehicles will follow the maintenance schedule recommended by the manufacturer at the mileage intervals specified. The service provider listed above will track and record the maintenance performed and recommend additional maintenance as indicated. For vehicles covered under a manufacturer's warranty, repairs will be scheduled through the applicable dealership.

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061				INSPECTION  INITIAL ANNUAL	#3	*********
LEGAL BUSINESS NAME	COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL	**************	**************		
ARCATA-MAD RIVER AMBULANCE LLC	2150	2020 CHEVROLET 3500				
SERVICE ADDRESS (number and street)		VEHICLE IDENTIFICATION NUMBER (VIN)	***************************************	***************************************		
220 F STREET				1GB3GRCG7L1269623		
(city, state, and zip code) ARCATA, CA 95521				VEHICLE LICENSE PLATE NUMBER AND S	STATE	**********
ARCAIA, CA 95321	************	<del>Vert File west and some size</del>		97746E3	***************************************	-
				VEHICLE CERTIFICATE NUMBER 17120		
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUN	WHAT SAME THE THE PARTY OF THE		ES NO
Registration; plates	V		14. Reflectors	CONTRACTOR SERVICES	Y	ES NC
2. Identification certificate (annuals/compliance only)	1	1	15. Glass			/
Ambulance identification sign (visible from 50+ feet)	V	1	16. Windshield wipers		***************************************	/
4. Headlamps	1	<del> </del>	17. Defroster			_
5. Beam selector/indicator	17	<b>†</b>	18. Mirrors			
6. Headlamp flasher (if equipped)	1	<b></b>	19. Horn			
7. Steady red warning lamp	<b>1</b>	7.4200.40	20. Siren			
8. Turn signals	<b>V</b>	<b> </b>	21. Seat belts			
9. Clearance/sidemarker lamps (if required)	·	<b></b>	22. Fire extinguisher (minimu	ım 4R·C)		
10. Stoplamps	1	***********	23. Portable light	111 TD. U		
11. Taillamps	1		24. Spare tire; jack and tools	***************************************		*********
12. License plate lamp	1					
movino pinto intip	1 Y. 1		25. Mans of coverage areas	or equivalent	1	<i>'</i>
13. Backup lamps	<b>√</b>	······································	25. Maps of coverage areas of 26. Door latches operable fro		_   <u>v</u>	
13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THE	TICE	TO C 281 V	26. Door latches operable fro	m inside and outside	V	<u> </u>
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ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THE EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator - capable of use with oxygen or air in adult, child.	YES / / / / / / / / /	281 \	26. Door latches operable from the correct VIOLATION, ISSUE WILL BE RETURNED TO THE EMERGENCY CARE EQUIPM 14. Emesis basin or disposability. Portable suctioning apparation 16. Two devices or material to 17. (2) liters saline solution or 18. Half-ring traction splint, parequivalent device 19. Blood pressure cuff, mand 20. Sterile obstetrical supplies	m inside and outside  D WITH THE DIRECTION TO COPINSPECTING OFFICER.  JENT AND SUPPLIES INSPECTED  le bags, and covered waste contain  atus (Squeeze syringes not sufficie  o restrict movement  a gallon potable water  added ankle hitch strap, heel rest or	O YEner V	HE S NO
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ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THE EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 8. Oxygen and regulators, portability required 9. Sterile bandage compresses (4 - 3" x 3") 0. Soft rolled bandages (6 - 2", 3", 4", or 6")	YES V V V V V V V V V V V V V V V V V V V	NO	26. Door latches operable from the correct violation, issue will be returned to the will be returned to the will be returned to the many and the second of the correct violation	m inside and outside  D WITH THE DIRECTION TO COPINSPECTING OFFICER,  IENT AND SUPPLIES INSPECTED  ile bags, and covered waste contain atus (Squeeze syringes not sufficie b restrict movement a gallon potable water  added ankle hitch strap, heel rest or  ometer, stethoscope	D YEner V	HE S NO

CHP 299 (Rev. 10-18) OFI 061	***********	elektronyska same			PAC	}E 2
REQUIRED RECORDS AND I	pocu	MEI	NTS INSPECTED AND IN COMPLIANCE	and the same of th	pidramore and a second	Seguratura
CALL RECORDS	YES	NO	PERSONNEL RECOI	RDS	YES	NO
Location of records, retained for 3 years			14. Employment date			
2. Date, time, location, and identity of call taker			15. Copy of driver license	**************************************	1	
Name of requesting person or agency			16. Copy of ambulance driver certificate	. <del></del>		
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medjøal exam certificate	444.44.44.44.44.44.44.44.44.44.44.44.44	-	*******
5. Explanation of failure to dispatch		and which the description of the leads of th	18. Copy of EMT certificate or medical license			******
Dispatch time, scene arrival time, and departure time			19- Work experience summary	***************************************		
7. Destination of patient; arrival time		and the second second	20. Affidavit certifying compliance with 13 CCR Section 13372 CVC prohibitions	1101(b) and/or		***************************************
Name or other identifier of patient transported	AND		**************************************	**************************************	4	******
	T1		21. Personnel enrolled in the DMV Pull Notice S	ystem		******
COMPANY INSPECTION	YES	NO				
Company principals verified						
10 One or more ambulances available 24 hours						
11. Fees posted/current						
12. Financial responsibility						
13. 24-hour direct telephone service						
				Prompting and Control of the Control	***************************************	********
		***********************	,			
VEHICLE INSURANCE CARRIER'S NAME	POLIC			POLICY EXPIRATION DATE		************
ACE AMERICAN INSURANCE CO	1SA	125.	277090	03/31/202	2	
#35						

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL	BRAKE CERTIFICATE		ur pagint patent de la Monte et en conservation de la conservation de
I certify that there is no official brake adjusting station within 30 miles of the operating base of this veh and is in compliance with the requirements of the California Vehicle Code and Title 13, California Cod	nicle; however, the brake sy de of Regulations.	rstem of this vehicle h	as been inspected
SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	***************************************	***************************************	DATE
✓ TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as an emerge when used in lieu of the special vehicle identification certificate and expires 30 days after the control of the special vehicle identification certificate and expires 30 days after the control of the special vehicle identification certificate and expires 30 days after the control of the special vehicle identification certificate and expires 30 days after the control of the special vehicle identification certificate and expires 30 days after the control of the special vehicle identification certificate.	ency ambulance. This au er the date shown below.	ithorization must be	carried in the vehicle
SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	DATE
The Bloke	21313	125	11/24/2021
DESTROY PREVIOUS EDITIONS	**************************************		Chp299_1018.pdf

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061				INSPECTION INITIAL ANNUAL COM	IPLIANC	OÉ
LEGAL BUSINESS NAME	***********	ddrekteren a drem Mek en ekser a drem	TOMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL	***************************************	*************
ARCATA-MAD RIVER AMBULANCE LLC			2150	2018 CHEV 3500		
SERVICE ADDRESS (number and street)	***********	**********		VEHICLE IDENTIFICATION NUMBER (VIN)	***************************************	
220 F STREET				1GB3GRCG4J1264859		
(city, state, and zip code)	***************************************	***************************************		VEHICLE LICENSE PLATE NUMBER AND STATE	**************************************	*********
ARCATA, CA 95521	***************************************			27680L2 CA		
				VEHICLE CERTIFICATE NUMBER	***************************************	~~~~~~
		<del></del>	A THE COMPANY AND THE COMPANY OF THE COMPANY AND THE COMPANY OF TH	15660		4
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMU	M REQUIREMENTS)	YES	NO
Registration; plates	<b>V</b>		14. Reflectors	The state of the s	<b>V</b>	
2. Identification certificate (annuals/compliance only)	✓		15. Glass		√	
3. Ambulance identification sign (visible from 50+ feet)	<b>V</b>		16. Windshield wipers		1	
4. Headlamps	✓		17. Defroster		√	***********
5. Beam selector/indicator	✓		18. Mirrors		7	***************************************
6. Headlamp flasher (if equipped)	<b>V</b>		19. Horn		1/	***************************************
7. Steady red warning lamp	1		20. Siren		1	***************************************
8. Turn signals	1		21. Seat belts		V	
Clearance/sidemarker lamps (if required)	1		22. Fire extinguisher (minim	num 4B:C)	1	
10. Stoplamps	<b>V</b>		23. Portable light		1	***************************************
11. Taillamps	V		24. Spare tire; jack and tool	\$.	1	**************************************
12. License plate lamp	✓		25. Maps of coverage areas	or equivalent	1	<del>Летинфевіўчес</del> я
13. Backup lamps	✓		26. Door latches operable fr	om Inside and outside	1	Manufacturists.
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THE	TICE :	TO C 281 V	ORRECT VIOLATION, ISSUI	ED WITH THE DIRECTION TO CORRE E INSPECTING OFFICER.	СТ ТНІ	motypulotemankusta paur paur paur paur paur paur paur pau
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIP	MENT AND SUPPLIES INSPECTED	YES	NO
	-			MARKET CONTRACTOR OF THE PARTY		

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NC
1. (1) Ambulance cot and (1) collapsible stretcher	₹		14. Emesis basin or disposable bags, and covered waste container	1	-
2. Securement straps for patient and cot/stretcher	1		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	1	<b> </b>
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	1	
4. Sheets, pillow cases, blankets, towels, pillows (2)	1		17. (2) liters saline solution or a gallon potable water	/	
5. Oropharyngeal airways: (1) adult, (1) child, (1) Infant	1	************	18. Half-ring traction splint, padded ankle hitch strap, heel rest or	f	<del> </del>
6. Rigld or pneumatic splints (4)	1		equivalent device		
7. Resuscitator - capable of use with oxygen or air in adult, child,	1		19. Blood pressure cuff, manometer, stethoscope	1	
and infant sizes	7		Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	,	
Oxygen and regulators, portability required	<b>  /</b>		clamps, dressings, towels, syringe, and clean plastic bags)	"	ĺ
9. Sterile bandage compresses (4 - 3" x 3")	1		21. Bedpan or fracture pan	<b>V</b>	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	1		22. Urinal	1	***************************************
11. Adhesive tape (2 rolls - 1", 2", or 3")	1		23. Two spinal immobilization devices, one at least 30" in length and		
12. Bandage shears	1		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are	1	
13. Universal dressings (2 - 10" x 30" or larger)	1		acceptable)		

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PAGE 2

Location of records, retained for 3 years	YES	NO	PERSONNEL RECOI	5 ns		
			14. Employment date	300	YES	N
2. Date, time, location, and identity of call taker	1	-	15. Copy of driver license	***************************************	-	
Name of requesting person or agency	1		16. Copy of ambulance driver certificate			
4. Unit ID, personnel dispatched, and record of red light/siren use	-	<b></b>	17. Copy of medical exam certificate	***************************************		
5. Explanation of fallure to dispatch	<b>-</b>		18. Copy of EMT certificate or medical license			*****
Dispatch time, scene arrival time, and departure time	1		19 Work experience summary	***************************************		*****
7. Destination of patient; arrival time	<del> </del>	2000		1101/b) podlar		***************************************
Name or other identifier of patient transported	- Comment		20. Affidavit certifying compliance with 13 CCR ( Section 13372 CVC prohibitions	r ro r(b) and/or		
- Spanish of the span			21. Personnel enrolled in the DMV Pull Notice S	ystem		
COMPANY INSPECTION	YES	NO				withholds
9. Company principals verified						
10 One or more ambulances available 24 hours						
11. Fees posted/current						
12. Financial responsibility						
3. 24-hour direct telephone service	<del></del>					
and a state of the				······································		······································
and the second s						
EHICLE INSURANCE CARRIER'S NAME	POLIC	Y NUM	BER	POLICY EXPIRATION DATE	*************	**********
CE AMERICAN INSURANCE CO	1SA	H252	277090	03/31/202	22	
	wwwww					
		Manager and American American American American			Mary Back House	1-100000 1-200000 1-2000000
	*************	Heinilyaniza.	The state of the s			
	IN LII	EU OI	F OFFICIAL BRAKE CERTIFICATE		cted	None of the last o
LICENSEE CERTIFICATION certify that there is no official brake adjusting station within 30 miles of the o	IN LII	EU OI	F OFFICIAL BRAKE CERTIFICATE		cted	haldsons and a second
LICENSEE CERTIFICATION certify that there is no official brake adjusting station within 30 miles of the o nd is in compliance with the requirements of the California Vehicle Code and	IN LIE	<b>≘U OI</b> ng baa 13, C	F OFFICIAL BRAKE CERTIFICATE se of this vehicle; however, the brake system of this vehiclerina Code of Regulations.  S an emergency ambulance. This authorization is	ehicle has been inspe	***************************************	3
LICENSEE CERTIFICATION certify that there is no official brake adjusting station within 30 miles of the o nd is in compliance with the requirements of the California Vehicle Code and NATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE  [7] TEMPORARY OPERATING AUTHORIZATION: This vehicle may be o	IN LIE	<b>≘U OI</b> ng baa 13, C	F OFFICIAL BRAKE CERTIFICATE se of this vehicle; however, the brake system of this vertile the color of this vertile that the color of	PATE  DATE  DATE  DATE	***************************************	9
LICENSEE CERTIFICATION certify that there is no official brake adjusting station within 30 miles of the o nd is in compliance with the requirements of the California Vehicle Code and NATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE  TEMPORARY OPERATING AUTHORIZATION: This vehicle may be o when used in lieu of the special vehicle identification certificate an	IN LIE	<b>≘U OI</b> ng baa 13, C	F OFFICIAL BRAKE CERTIFICATE se of this vehicle; however, the brake system of this verifications. California Code of Regulations. s an emergency ambulance. This authorization many states and the date shown below.	Phicle has been inspendent of the phicle has been inspendent or the phickets of the phickets o	***************************************	9

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061				INSPECTION ANNUAL COM	PLIAN	œ.
LEGAL BUSINESS NAME	and residential british	**********	COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL	1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	arteres/cipacianes
ARCATA-MAD RIVER AMBULANCE LLC 2150 2019 CHEV 3500						
SERVICE ADDRESS (number and street)  VEHICLE IDENTIFICATION NUMBER (VIN)						**************************************
220 F STREET				IGB3GRCG1K1263007		
(city, state, and zip code)	**************	***********	*	VEHICLE LICENSE PLATE NUMBER AND STATE	************	***************************************
ARCATA, CA 95521				61280S2		
				VEHICLE CERTIFICATE NUMBER	*************	***************************************
	magaman	· p······	-	16160	enogramoscopo)	####
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NC	ITEM INSPECTED (MINIMU	VI REQUIREMENTS)	YES	NO
1. Registration; plates	1		14. Reflectors		1	
2. Identification certificate (annuals/compliance only)	<b>V</b>		15. Glass		<b>✓</b>	1
3. Ambulance identification sign (visible from 50+ feet)	1		16. Windshield wipers		1	-
4. Headlamps	1		17. Defroster		1	
5. Beam selector/indicator	√		18. Mirrors		1	
6. Headlamp flasher (if equipped)	✓		19. Horn		1	
7. Steady red warning lamp	√		20. Síren		1	
8. Turn signals	√.		21. Seat belts		1	
9. Clearance/sidemarker lamps (If required)	✓		22. Fire extinguisher (minima	um 4B:C)	1	
10. Stoplamps	1		23. Portable light		1	
11. Taillamps	√		24. Spare tire; jack and tools		1	
12. License plate lamp	V		25. Maps of coverage areas	or equivalent	1	
13. Backup lamps	√		26. Door latches operable from	om inside and outside	1	
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THE	TICE	TO ( 281	CORRECT VIOLATION, ISSUE WILL BE RETURNED TO THE	ED WITH THE DIRECTION TO CORRECT INSPECTING OFFICER.	T TH	pose. Pose.
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPA	MENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	1	********	AND SALES AND SA	ole bags, and covered waste container	<i>\</i>	Hetestora
Securement straps for patient and cot/stretcher	1	*********	******************************	ratus (Squeeze syringes not sufficient)	1	***************************************

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NC
1. (1) Ambulance cot and (1) collapsible stretcher	<b>V</b>		14. Emesis basin or disposable bags, and covered waste container	1	***************************************
Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	1	
Ankle and wrist restraints. Soft ties are acceptable.	1		16. Two devices or material to restrict movement	1	
4. Sheets, pillow cases, blankets, towels, pillows (2)	1		17. (2) liters saline solution or a gallon potable water	1	<b></b>
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	1		18. Half-ring traction splint, padded ankle hitch strap, heel rest or		
6. Rigid or pneumatic splints (4)	<b>V</b>	***************************************	equivalent device	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child,	1	***************	19. Blood pressure cuff, manometer, stethoscope	7	
and infant sizes	V		20. Sterile obstetrical supplies (gloves, umbilical cord tape or		_
Oxygen and regulators, portability required	1		<ol> <li>Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)</li> </ol>		
g, Sterile bandage compresses (4 - 3" x 3")	<b>V</b>		21. Bedpan or fracture pan	1	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	1		22. Urinal	1	
11. Adhesive tape (2 rolls - 1", 2", or 3")	1	->	23. Two spinal immobilization devices, one at least 30" in length and		2000 p. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
12. Bandage shears	<b>V</b>		one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are	1	
13. Universal dressings (2 - 10" x 30" or larger)	<b>V</b>		acceptable)		l

PAGE 2

#### REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES	NO
Location of records, retained for 3 years			14. Employment date		
2. Date, time, location, and identity of call taker			15. Copy of driver license		***************************************
3. Name of requesting person or agency			16. Copy of ambulance driver certificate		
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medical exam certificate	****	
5. Explanation of failure to dispatch			18. Copy of EMT certificate or medical license		<del> </del>
6. Dispatch time, scene arrival time, and departure time			19 Work experience summary	***	
7. Destination of patient; arrival time		and the second	20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions		
Name or other identifier of patient transported	AND WASHINGTON		Section 13372 CVC prohibitions  21. Personnel enrolled in the DMV Pull Notice System		
9. Company principals verified 10 One or more ambulances available 24 hours 11. Fees posted/current 12. Financial responsibility 13. 24-hour direct telephone service	YES				
EHICLE INSURANCE CARRIER'S NAME CE AMERICAN INSURANCE CO	POLICY				
CELLITERICALLATION	1SAH25277090		277090 03/31/20	22	

I I O SHOULD A TION IN LITTLE OF A PRODUCT	
LICENSEE CERTIFICATION IN LIEU OF OFFICIAL E	
I certify that there is no official brake adjusting station within 30 miles of the operating base of this yehic	le however the broke system of this vehicle has been increated

and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE DATE

TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	DATE
The Allen	21313	125	11/24/2021
DESTROY OPENION	IC EDITIONIC		***************************************

AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061				INSPECTION  INITIAL ANNUAL COM	PLIAN(	CE		
LEGAL BUSINESS NAME	*****************	**********	COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL				
ARCATA-MAD RIVER AMBULANCE LLC								
SERVICE ADDRESS (number and street)	***********	it challengeletions	**************************************	VEHICLE IDENTIFICATION NUMBER (VIN)	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	***************************************		
220 F STREET		·	***************************************	1FDXE40F5WHA44187				
(city, state, and zip code) ARCATA, CA 95521				VEHICLE LICENSE PLATE NUMBER AND STATE				
ANCATA, CA 95521	***************************************			03105P2 CA VEHICLE CERTIFICATE NUMBER	Nonecenterium	************		
				15975				
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUN	A THE THE PROPERTY OF THE PROP	YES	NO		
1. Registration; plates	<b>V</b>	***************************************	14. Reflectors	and the second s	1			
2. Identification certificate (annuals/compliance only)	***************************************	√.	/ 15. Glass			<b>†</b>		
3. Ambulance identification sign (visible from 50+ feet)	1	****	16. Windshield wipers			<b></b>		
4. Headlamps	1	************	17. Defroster			<b></b>		
5. Beam selector/indicator	✓		18. Mirrors		1			
6. Headlamp flasher (if equipped)	₹.		19. Horn		1			
7. Steady red warning lamp.	1		20. Siren		1			
8. Turn signals	✓		21. Seat belts		1			
Clearance/sidemarker lamps (if required)	1		22. Fire extinguisher (minimu	ım 4B:C)	1			
10. Stoplamps	<b>V</b>		23. Portable light		1			
11. Taillamps	<b>V</b>		24. Spare tire; jack and tools		1			
12. License plate lamp	<b>/</b>		25. Maps of coverage areas or equivalent		1			
13. Backup lamps	1		26. Door latches operable fro	ım İnside and outside	1	***************************************		
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOT DISCREPANCY. ONCE SIGNED OFF, THE	TICE TO	TO C	ORRECT VIOLATION, ISSUE	D WITH THE DIRECTION TO CORREC	TTH	Mysecon resears,		

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NC
1, (1) Ambulance cot and (1) collapsible stretcher	1		14. Emesis basin or disposable bags, and covered waste container	1	
<ol><li>Securement straps for patient and cot/stretcher</li></ol>	<b>V</b>		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	1	
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	1	
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	<b>V</b>	ļ
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	√		18. Half-ring traction splint, padded ankle hitch strap, heel rest or		
6. Rigid or pneumatic splints (4)	1		equivalent device	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child,	1		19. Blood pressure cuff, manometer, stethoscope	1	
and infant sizes	¥		20. Sterile obstetrical supplies (gloves, umbilical conditane or		
Oxygen and regulators, portability required	1		Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)		1
9. Sterile bandage compresses (4 - 3" x 3")	V	*********	21. Bedpan or fracture pan	1	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		22. Urinal	1	
11. Adhesive tape (2 rolls - 1", 2", or 3")	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23. Two spinal immobilization devices, one at least 30" in length and		
12. Bandage shears	<b>V</b>	one at least 60" in length, with straps to adequately secure		1	
13. Universal dressings (2 - 10" x 30" or larger)	1		patients to the device (a combination short/long boards are acceptable)		

CHP 299 (Rev. 10-18) OPI 061

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#### REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES	NO
Location of records, retained for 3 years			14. Employment date		
2. Date, time, location, and identity of call taker			15. Copy of driver license	**********	T
Name of requesting person or agency			16. Copy of ambulance driver certificate	1	1
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medical exam certificate		1
5. Explanation of fallure to dispatch			18. Copy of EMT certificate or medical license	1	<b>†</b>
6. Dispatch time, scene arrival time, and departure time			19, Work experience summary		<b>†</b>
7. Destination of patient; arrival time		and the same of th	20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions		
Name or other identifier of patient transported	A STATE OF THE PARTY OF				ļ
	T 1		21. Personnel enrolled in the DMV Pull Notice System		<u> </u>
COMPANY INSPECTION	YES	NO			
9. Company principals verified					
10 One or more ambulances available 24 hours					
11. Fees posted/current					
12. Financial responsibility					
13. 24-hour direct telephone service					
	- CONTRACTOR OF THE CONTRACTOR			************	
EHICLE INSURANCE CARRIER'S NAME	POLIC	Y NUM	BER POLICY EXPIRATION DATE	***************************************	1001000000
ACE AMERICAN INSURANCE CO	1SAH25277090		277090 03/31/20	nn.	

	LIEU OF OFFICIAL BRAKE CERTIFICAT		TP-) AND SECTION SECTI
I certify that there is no official brake adjusting station within 30 miles of the ope and is in compliance with the requirements of the California Vehicle Code and 7	ating base of this vehicle; however, the brake itle 13, California Code of Regulations.	system of this vehicle t	nas been inspected
SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE			DATE
TEMPORARY OPERATING AUTHORIZATION: This vehicle may be open when used in lieu of the special vehicle identification certificate and	erated as an emergency ambulance. This a expires 30 days after the date shown below	authorization must be	carried in the vehic
when used in heu of the special vehicle identification certificate and	erated as an emergency ambulance. This a expires 30 days after the date shown below ID NUMBER	nuthorization must be	carried in the vehic
TEMPORARY OPERATING AUTHORIZATION: This vehicle may be open when used in lieu of the special vehicle identification certificate and signature of COMMANDER OR INSPECTING OFFICER	expires 30 days after the date shown below		

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT				#3	<u>}</u>	·	
CHP 299 (Rev. 10-18) OPI 061				☐INITIAL ☐ ANNUAL ☐ CO	MPLIÁN	4CE	
LEGAL BUSINESS NAME	***********	***********	COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL			
ARCATA-MAD RIVER AMBULANCE LLC			2150	2015 CHEVROLET 3500			
SERVICE ADDRESS (number and street)	***************************************	************	The second secon	VEHICLE IDENTIFICATION NUMBER (VIN)			
220 F STREET				1GB3G2CL9F1168057			
(city, stete, and zip code) ARCATA, CA 95521				VEHICLE LICENSE PLATE NUMBER AND STA	E	***********	
AMCATA, CA 75321	*************			ARMA31 CA VEHICLE CERTIFICATE NUMBER	***	**********	
				14168			
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	S NC	ITEM INSPECTED (MINIMU	A CONTRACTOR OF THE PROPERTY O	VE	s No	
1. Registration; plates	1		14. Reflectors	ALL AND PARTOLE SPORTS THE ENGINEERING TO SERVICE THE PROPERTY OF THE PROPERTY	15	***	
Identification certificate (annuals/compliance only)	7	1	15. Glass				
3. Ambulance identification sign (visible from 50+ feet)	7	<u> </u>	16. Windshield wipers		\ \ \		
4. Headlamps	7	<b>-</b>	17. Defroster		\ \ \ \ \	-	
5. Beam selector/indicator	1	1	18. Mirrors		\ \strace{\sqrt{\sq}}\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	-	
6. Headlamp flasher (if equipped)	1	T	19. Horn		\\ \	+	
7. Steady red warning lamp	1	1	20. Siren		+	-	
8. Turn signals	1		21. Seat belts		\ \ \ \	-	
Clearance/sidemarker lamps (if required)	1	T	22. Fire extinguisher (minimu	ım AR:Cl	╁	+	
10. Stoplamps	1		23. Portable light			+	
11. Taillamps	1	***************************************	24. Spare tire; jack and tools		1	+	
12. License plate lamp	1		25. Maps of coverage areas or equivalent		+	+-	
13. Backup lamps	<b>√</b>		26. Door latches operable fro		+	╁	
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THE	TICE CHP	TO ( 281	CORRECT VIOLATION, ISSUE WILL BE RETURNED TO THE	D WITH THE DIRECTION TO CORRE	CT TI-	ie	
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMEDGENOV CADE EQUIDA	TENT AND SUPPLIES INSPECTED	Proposition and the second	1	
1, (1) Ambulance cot and (1) collapsible stretcher	1.2	2 % 5 <sub>4</sub> /	E-aming constant contest contest contest contest contest of the co	le bags, and covered waste container	-	NO	
2. Securement straps for patient and cot/stretcher	7		* ************************************	atus (Squeeze syringes not sufficient)	<b>√</b>		
Ankle and wrist restraints. Soft ties are acceptable.	7		16. Two devices or material to	***************************************	1	ļ	
4. Sheets, pillow cases, blankets, towels, pillows (2)	7	*********	17. (2) liters saline solution or	***************************************	1	***************************************	
5. Oropharyngeal alrways: (1) adult, (1) child, (1) infant	1				V		
6. Rigid or pneumatic splints (4)	1		equivalent device	idded ankle hitch strap, heel rest or	1		
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	<b>y</b>		19. Blood pressure cuff, mano		<b>/</b>		
Oxygen and regulators, portability required	7		<ol> <li>Sterile obstetrical supplies clamps, dressings, towels,</li> </ol>	(gloves, umbilical cord tape or syringe, and clean plastic bags)	1		
9. Sterile bandage compresses (4 - 3" x 3")	·		21. Bedpan or fracture pan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+		
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	· /		22. Urinal		<b>  √</b>		
11. Adhesive tape (2 rolls - 1", 2", or 3")	1	$\dashv$		William I and the second secon		************	
12. Bandage shears			one at least 60" in length, v	devices, one at least 30" in length and with straps to adequately secure	1 1		
3. Universal dressings (2 - 10" x 30" or larger)	7		patients to the device (a co acceptable)	ombination short/long boards are			
		rece reconstant				**************************************	

CHP 299 (Rev. 10-18) OPI 061

PAGE 2

#### REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES	NO
Location of records, retained for 3 years			14. Employment date	·····	<b>†</b>
2. Date, time, location, and identity of call taker			15. Copy of driver license		
Name of requesting person or agency			16. Copy of ambulance driver certificate		
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medical-exam certificate		***************************************
5. Explanation of failure to dispatch		***********	18. Copy of EMT certificate or medical license		
6. Dispatch time, scene arrival time, and departure time		***************************************	19 Work experience summary		<b></b>
7. Destination of patient; arrival time		ASSESSED AND ADDRESS OF THE PARTY OF THE PAR	20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions		···
Name or other identifier of patient transported	A AMERICAN PROPERTY.				
	7		21. Personnel enrolled in the DMV Pull Notice System		
COMPANY INSPECTION	YES	NO			
9. Company principals verified					•
10 Orie or more ambulances available 24 hours					
11. Fees posted/current					
12. Financial responsibility					
13, 24-hour direct telephone service					
		***************************************		***************************************	**************************************
VEHICLE INSURANCE CARRIER'S NAME	POLIC	Y NUN	ISER POLICY EXPIRATION DAT	m	, 
ACE AMERICAN INSURANCE CO			12577090 03/31/2022		
REMARKS #31		**********	· · · · · · · · · · · · · · · · · · ·	re, me liet rrmonmenteleskipseigene	***************************************

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE	an anna mark (
I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.	been inspected
SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	DATE
✓ TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as an emergency ambulance. This authorization must be call when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.	rried in the vehicle

SIGNATURE OF COMMANDER OF	R INSPECTING OFFICER	ID NUMBER	LOCATION CODE	Tax s'assa
and a state of	00	ID NUMBER	LOCATION CODE	DATE
11 1 6 11				
181 IS/(10)	Little of the state of the stat	21313	125	11/24/2021
<u> </u>		44315	.I. úr J	11/24/2021
	DESTROY PREVIOUS EDITIONS	and the state of t	***************************************	Chp299_1018.pdf
*				p. daroo _ to to their

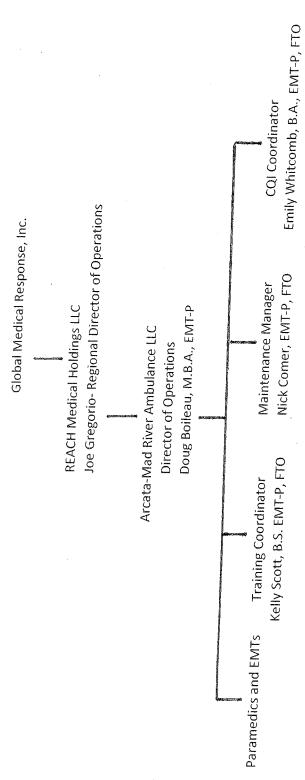
STATE OF CALIFORNIA HIGHWAY PATROL			
SPECIAL VEHICLE IDENTIFICA CHP 301 (REV 4-97) OPI 062	ATION CERTIFICATE	/PERMIT	CHP AREA: 125
CHP Certificate/Permit Number: 2150- 14168	ISSUED: 12/1/2021	EXPIRES: 11/30/2023	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL		ULANCE CERTIFICATE RGENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 15 CHEVROLET 3500	VEHICLE LICENSE	NO. AMRA 31	VIN: 1GB3G2CL9F1168057
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code	Section 2416 (a) ( ) for	Managaria A. Mariana and a sangaria	
NAME AND MAILING ADDRESS	•	PROPERTY OF (	CALIFORNIA HIGHWAY PATROL
ARCATA-MAD RIVER AMBULANCE, LLC  220 F STREET  ARCATA, CA 95521-		thereof, shall all times. It is be surrender	e/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand d by regulation.
STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA CHP 301 (REV 4-97) OPI 062	TION CERTIFICATE	PERMIT	CHP AREA: 125
CHP Certificate/Permit Number: 2150- 16160	ISSUED: 12/1/2021	EXPIRES: 11/30/2022	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	P====	LANCE CERTIFICATE GENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 19 CHEVROLET 3500	VEHICLE LICENSE	NO. 61280S2	VIN: 1GB3GRCG1K1263007
*Authorized Emergency Vehicle Permit Issued pursuant to Vehicle Code	Section 2416 (a) ( ) for		may docume made vide mendinal data at september 100 com o 100 com
NAME AND MAILING ADDRESS		PROPERTY OF C	ALIFORNIA HIGHWAY PATROL
ARCATA-MAD RIVER AMBULANCE, LLC  220 F STREET  ARCATA, CA 95521-		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 by regulation.
STATE OF CALIFORNIA		Principles and the state of the	
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICAT CHP 301 (REV 4-97) OPI 062	TION CERTIFICATE/P	ERMIT	CHP AREA: 125
CHP Certificate/Permit Number: 2150- 15660	ISSUED: 12/1/2021	EXPIRES: 11/30/2022	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	<ul><li>✓ EMERGENCY AMBUL</li><li>✓ AUTHORIZED EMERG</li></ul>	ANCE CERTIFICATE SENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 18 CHEVROLET 3500	VEHICLE LICENSE NO	D. 27680L2	VIN: 1GB3GRCG4J1264859
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code S	ection 2416 (a) ( ) for		
NAME AND MAILING ADDRESS		PROPERTY OF CA	LIFORNIA HIGHWAY PATROL
ARCATA-MAD RIVER AMBULANCE, LLC			
220 E STEET			permit, or a facsimile e carried in the vehicle at

220 F STREET ARCATA, CA 95521This 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	CHP AREA: 125		
CHP Certificate/Permit Number: 2150-15975	ISSUED: 12/1/2021	EXPIRES: 11/30/2022	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	EMERGENCY AMBUL AUTHORIZED EMERG	ANCE CERTIFICATE SENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 98 FORD E 450  *Authorized Emergency Vehicle Permit Issued pursuant to Vehicle Code S	O. <b>03105P2</b>	VIN: 1FDXE40F5WHA44187	
NAME AND MAILING ADDRESS  ARCATA-MAD RIVER AMBULANCE, LLC  220 F STREET  ARCATA, CA 95521-	Section 2416 (a) ( , ) for	This certificate thereof, shall t all times. It is r	ALIFORNIA HIGHWAY PATROL e/permit, or a facsimile be carried in the vehicle at non-transferable and shall d to the CHP upon demand by regulation.

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA	TION CERTIFICATE/F	PERMIT	CHP AREA: 125
CHP 301 (REV 4-97) OPI 062	T		ON ANEA. 120
CHP Certificate/Permit Number: 2150- 17120	ISSUED: 12/1/2021	EXPIRES: 11/30/2022	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	EMERGENCY AMBUL AUTHORIZED EMERG	ANCE CERTIFICATE BENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 20 CHEVROLET	VEHICLE LICENSE N	O. <b>97746E3</b>	VIN: 1GB3GRCG7L1269623
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code S	Section 2416 (a) ( ) for		
NAME AND MAILING ADDRESS		PROPERTY OF C.	ALIFORNIA HIGHWAY PATROL
ARCATA-MAD RIVER AMBULANCE, LLC  220 F STREET  ARCATA, CA 95521-		thereof, shall t all times. It is r	e/permit, or a facsimile be carried in the vehicle at non-transferable and shall d to the CHP upon demand by regulation.

7,



#### **Quality Management practices and policies**

Arcata-Mad River Ambulance maintains a continuous quality improvement program and makes quarterly reports to the North Coast EMS agency addressing personnel, equipment and supplies, facilities, pre-hospital care reporting, public education and risk management. All patient care reports are reviewed for adherence to company developed standards and NCEMS policies on a daily basis.

#### Staffing and hiring policies

The hiring of field personnel requires the completion of an on-line application, verification of current certification/license as a paramedic or EMT, a driving record evidenced by CA DMV motor vehicle report which meets company and insurance standards, a current Ambulance Driver's Certificate, and CPR card. The company is a federal equal opportunity employer.

All new employees complete a minimum 72 hour orientation and training program with on-duty crews. Successful completion of that program is verified by completion of an orientation checklist. For paramedic new hires, the North Coast EMS required accreditation checklist is included in the above training. Employees are required to complete a wide variety of training classes within 3 months of hire.

All emergency response units are staffed 24/7 at the Advanced Life Support level by a two person crew consisting of at least one paramedic and one EMT. Crews staffed by two paramedics are common.

Organization Chart of Management Staff – Please see attached organization chart.

**Experience of the applicant/knowledge or involvement in the Humboldt County EMS System** – Please see attached resume

Rates - Arcata-Mad River Ambulance LLC Effective 6/25/2019

	Current rates
ALS/BLS Base Rate for all emergency responses	\$2,088.00
Mileage – ALS/BLS per mile	38.50
Oxygen	80.00
Night Call 1900-0700	100.00
BLS Non-Emergency Base Rate	600.00
ALS-2 Base Rate	2,360.00
SCT	3,000.00
Standby time per 15 minutes	60.00
Cardiac Monitor (incl. in base except for Medi-Cal)	50.00
Isolette	100.00
Spinal Immobilization	130.00
Extrication/Off Road Rescue	150.00
Emergency Response Fee	250.00

#### CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 04/03/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  AON Risk Services Central, Inc. Philadelphia PA Office One Liberty Place 1650 Market Street	CONTACT NAME: PHONE (A/C. No. Ext): E-MAIL ADDRESS:	(0.00) 202 7122	FAX (800) 363-03	105
Suite 1000 Philadelphia PA 19103 USA		INSURER(S) AFFORDING CO	VERAGE	NAIC#
INSURED	INSURER A:	ACE American Insurance	Company	22667
Arcata-Mad River Ambulance LLC	INSURER B:	Indemnity Insurance Co	of North America	43575
4933 Bailey Loop McClellan CA 95652 USA	INSURER C:	ACE Fire Underwriters	Insurance Co.	20702
	INSURER D:	Lloyd's Syndicate No.	2623	AA1128623
	INSURER E:	Great American Insuran	ce Company of NY	22136
·	INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 570086876915

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSE	TYPE OF INSURANCE	ADDL INSD	SUBF	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)		Swir are as requested
A	X COMMERCIAL GENERAL LIABILITY	11135	77.70	XSLG7248194A	03/31/2021	03/31/2022	EACH OCCURRENCE	\$2,750,000
	CLAIMS-MADE X OCCUR			SIR applies per policy ter	hs & condi	tions	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	\$2,750,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$5,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$2,750,000
	OTHER:						SIR/Deductible	\$250,000
Α	AUTOMOBILE LIABILITY			ISAH25545138	03/31/2021	03/31/2022	COMBINED SINGLE LIMIT (Ea accident)	\$10,000,000
	X ANY AUTO						BODILY INJURY ( Per person)	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
E	UMBRELLA LIAB X OCCUR			EXC3415145	03/31/2021	03/31/2022	EACH OCCURRENCE	\$10,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$10,000,000
	DED RETENTION							
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	amparanto con esta	- 1	WLRC67819299 AOS	03/31/2021	03/31/2022	X PER STATUTE OTH-	
A	ANY PROPRIETOR / PARTNER / EXECUTIVE   TTT	N/A		· ·	03/31/2021	03/31/2022	E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	" "	- 1	CA, MA			E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$1,000,000
D	E&O-PL-XS			w1B173210601 Professional Liability SIR applies per policy ter	03/31/2021 ns & condit		Per Claim SIR	\$10,000,000 \$3,000,000

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

ATTN: RISK MANAGEMENT/INSURANCE DEPARTMENT.

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#### 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.

HUMBOLDT COUNTY PUBLIC HEALTH BRANCH 529 "I" STREET EUREKA CA 95501 USA

AUTHORIZED REPRESENTATIVE

Aon Prisk Services Central Inc.



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE(MM/DD/YYYY) 04/01/2022

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).

To the date the control rights to the continuate helder in hea of t	Judii chadi cemen	1(0).					
PRODUCER	CONTACT NAME;						
Aon Risk Services Central, Inc. Philadelphia PA Office	PHONE (A/C. No. Ext):	(866) 283-7122	FAX (A/C, No.): (800) 363-03	L05			
100 North 18th Street 15th Floor	E-MAIL ADDRESS:						
Philadelphia PA 19103 USA		INSURER(S) AFFORDING CO	OVERAGE	NAIC#			
INSURED	INSURER A:	Indemnity Insurance C	o of North America	43575			
Arcata-Mad River Ambulance LLC 4933 Bailev Loop	INSURER B:	ACE American Insuranc	e Company	22667			
McClellan CA 95652 USA	INSURER C:	INSURER C: ACE Fire Underwriters Insurance Co.					
	INSURER D:	Great American Securi	ty Ins Co	31135			
	INSURER E:	Lloyd's Syndicate No.	2623	AA1128623			
	INSURER F:						

COVERAGES

CERTIFICATE NUMBER: 570092410351

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested.

Men		ZASS.	enno	1 · · · · · · · · · · · · · · · · · · ·	T DALIAVECE	I DALIAVEVA	Lillita 31	lown are as requested
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
В	X COMMERCIAL GENERAL LIABILITY	1		XSLG72486377		03/31/2023	EACH OCCURRENCE	\$2,750,000
	CLAIMS-MADE X OCCUR			SIR applies per policy ter	ms & condi	tions	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	\$2,750,000
	GEN'LAGGREGATE LIMIT APPLIES PER:					ļ	GENERAL AGGREGATE	\$5,000,000
	X POLICY PRO-					Í	PRODUCTS - COMP/OP AGG	\$2,750,000
	OTHER:						SIR	\$250,000
В	AUTOMOBILE LIABILITY			ISAH25562434	03/31/2022	03/31/2023	COMBINED SINGLE LIMIT (Ea accident)	\$10,000,000
	X ANY AUTO						BODILY INJURY ( Per person)	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	X \$2,500 Coll Deductib X \$2,500 Comp Deduct							
D	UMBRELLA LIAB X OCCUR			EXC4051353	03/31/2022	03/31/2023	EACH OCCURRENCE	\$15,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$15,000,000
	DED RETENTION	- 1						
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WLRC68920280	03/31/2022	03/31/2023	X PER STATUTE OTH-	
В	ANY PROPRIETOR / PARTNER / EXECUTIVE	N/A		AOS WLRC68920243	03/31/2022	03/31/2023	E.L. EACH ACCIDENT	\$1,000,000
_	(Mandatory in NH)	N/A		CA, MA	05, 51, 1011	05, 51, 2015	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$1,000,000
E	E&O-PL-XS			w1B173220701 Claims Made SIR applies per policy ter	. ,		Per Claim Aggregate SIR	\$12,000,000 \$12,000,000 \$3,000,000

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

ATTN: RISK MANAGEMENT/INSURANCE DEPARTMENT.

C	Ε	R	ΤI	F	C	A٦	Έ	Н	O	LD	EF	2
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#### **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.

IC HEALTH BRANCH

AUTHORIZED REPRESENTATIVE

Aon Insurance Managers (USA), Inc.

HUMBOLDT COUNTY PUBLIC HEALTH BRANCH 529 "I" STREET EUREKA CA 95501 USA

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AGENCY CUSTOMER ID: 570000073826

LOC #:



#### ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

	—	
AGENCY		NAMED INSURED
Aon Risk Services Central, Inc.		Arcata-Mad River Ambulance LLC
POLICY NUMBER See Certificate Number: 570092410351		
CARRIER	NAIC CODE	
See Certificate Number: 570092410351		EFFECTIVE DATE:

#### ADDITIONAL REMARKS

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

	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER		

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
С		N/A		SCFC68920322 WI Paid Loss Retro	03/31/2022	03/31/2023		
···								
								Man, de la companya d