Ambulance Permit Renewal Check List—2026/2027

Vendor	Contact Person
STAR Ambulance	Brooke Entsminger

Item	Yes	No	Other
Completed signed renewal application form	X		
Copy of, or description of Applicant's policy or program for vehicle maintenance	X		
List or description of Applicant's radio equipment	X		
Valid California Highway Patrol inspection report for each ground ambulance	X		
Applicant's quality management practices and policies	X		
Staffing and hiring policies	X		
Organizational chart of management staff	X		
Resume of training, orientation program and experience of the Applicant in the transportation and care of patients	X		
Legible copies of current California Driver's License for each employee listed in the application.	X		
Copies of EMT Certification and/or Paramedic Licensure cards			
Current Fee Schedule	X		
Certificate of insurance as required by the Humboldt County Risk Manager	X		
Application fee in the amount of $319 for each service area payable to Humboldt County		X	Waved—non-profit

Specific Items for Permit Officer to Review

	Yes	No	Other
Permit Approved?	X		

Approved by: C Hamilton, MS

Date: 4/28/26

Internal document not to be released.

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:	
Application Fee of $196.00 Received:	Yes ☐ No ☐ NA
Proof of Liability Insurance Attached:	Yes ☐ No ☐
Resumes Attached:	Yes ☐ No ☐

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:	**Southern Trinity Area Rescue**		
Name of Contact Person:	**Brooke Entsminger**		
Mailing Address:	**PO Box 4**	**City/Zip Code**	**Mad River, 95552**
Physical Address:	**321 Mad River Rd**	**City**	**Bridgeville/ Mad River**
Telephone/ Fax Numbers	**707-574-6616 x2090**	**E-Mail**	**bentsmingerstar@gmail.com**

County of Humboldt
Eureka, California

Owner Name	Southern Trinity Area Rescue Inc				
Address	SAME		City/Zip Code		
Phone Number	SAME	Fax Number	NA	E-Mail	SAME

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, ot Distinguishing Characteristics
1.	2022	Ford F350	1FDRF3HT7NDA00417	74452P3	4 YEARS (4308)		Type 1 Ambulance, STAR logo in black silver , and maroon
2.	2014	Ford E350	1FDSS3EL8EDB14606	1481361	10 YEARS (64185)		Type 2 Ambulance, Southern Trinity Area Rescue written on side with Cardiac pattern.
3.							

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, ot Distinguishing Characteristics
6.							
7.							
8.							
9.							
10.							

County of Humboldt
Eureka, California

☑ 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.

County of Humboldt
Eureka, California

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	X
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	

County of Humboldt
Eureka, California

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

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 an endorsement of additional insured and a waiver of

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

4. Insurance Notices must be sent to:

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

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

☑ Attach the Certificate of Liability Insurance naming the County of Humboldt certificate holder.

County of Humboldt
Eureka, California

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.

(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

Nor Cal / RMCT aggrement

I, hereby attest that, STAR, (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	Brooke Entsminger Executive Director
Date:	4/10/26

County of Humboldt
Eureka, California
Required Paperwork Checklist

☑ Application complete

☑ 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 including endorsement of additional insured and waiver of subrogation.

☑ 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

Waived - Non-profit

Vehicles

Includes –
* Vehicle Maintenance Policy

COPY

Souther Trinty Area Rescue

Transportation Safety Policies

2008

Southern Trinity Health Services
153-A Van Duzen Road
Mad River, CA 95552

Incidents, Accidents, and Collisions

Incident Reports

Drivers shall use Incident Reports to document rider/driver accidents or any unusual occurrences (other than vehicle collisions). [Form 31: Incident Report]

These might include:

1. Interactions with doctors and nurses
2. Gatekeeper information
3. Rider complaints

Auto Collisions

Southern Trinity Health Services shall have accident kits for all drivers. A kit shall be kept in all vehicles owned by Southern Trinity Health Services and should be provided to volunteer drivers operating POV's. Drivers shall be instructed to follow the procedures contained in the accident kit.

Typically these kits include:

1. Witnesses cards
2. Measurement tool
3. Pen or pencil
4. Chalk
5. Form to diagram accident
6. Emergency numbers and procedures

Procedures and Record Keeping

1. Complete and accurate records of any collision or claim of collision, no matter how slight, must be kept in a permanent file. "Permanent" refers to "as long as is required by law." Drivers should not admit fault to anyone other than the manager or police.

2. Any claim of bodily injury or property damage must be reported to the manager immediately. Collision reports must be completed by the driver of the vehicle and reviewed by the Manager within 24 hours.

3. All collisions, no matter how slight, should be reported to the Sponsoring Organization, and a collision report submitted. However, in the event of a serious collision, the volunteer driver should contact Southern Trinity Health Services immediately. A serious collision involves severe property damage, personal injury or the potential for media involvement. [Form 32: Collision Report]

The Collision Scene

1. In the rare case that a serious or disabling collision occurs, ideally the Manager, or designated representative, should immediately go to the scene of the collision to provide support and information. It is the responsibility of the Manager to represent the program at the collision scene in a way that avoids any further liability. The Manager should bring a camera to the scene to assist with the review process.

2. Because drivers can be injured or become distraught at the scene of a collision, collision procedures and guidelines should be an important part of orientation training for new drivers.

3. It is important that the driver document who was in his/her vehicle and any vehicle that was involved in the collision. This can be done with a disposable camera which is part of the vehicle's emergency equipment.

Procedures for Managers at the Scene of a Collision

Collisions of any type can be an upsetting situation for the driver. A distraught or injured driver can increase liability for the program by what he/she says at the collision scene. For example, when a driver tells riders or bystanders, "I'm so sorry, it's my fault," the potential for claims made against the program will dramatically increase. The program should pay claim expenses it is responsible for, but it should not pay additional expenses because of erroneous statements made at the scene of the collision.

Managers should consider the following factors when called to the scene of an accident:

1. Assure that riders are accounted for and are receiving proper emergency services.

2. Separate the driver from the collision scene.

3. Speak for the program and the driver.

4. The driver should be available to answer questions from police and fire authorities.

Media Relations at the Scene of a Collision

Poor media relations at the scene of a collision can cause additional liability. Managers and program representatives should be familiar with and follow procedures when communicating with the media. Guidelines should be in place for employees or volunteers at the scene of a collision. The guidelines may include:

1. Assume the media is present.
2. Project a professional image.
3. Maintain control of the situation.
4. Do not quote hearsay or speculation.

5. Do not accept responsibility for the collision.
6. Explain "no comment" by saying, "I don't have enough information to answer that question accurately."
7. Never speak "Off the Record".
8. When interviewed on camera or video, carefully select the background. Stand in front of a neutral background, not in front of the crash.
9. Contact Southern Trinity Health Services immediately in the event of a serious collision.

Collision Review

A Review Committee, consisting of the Manager and other program representatives, is responsible for reviewing collision reports. In the event of a collision, the committee comes together to review the details of the collision and make recommendations. All collisions must be evaluated for preventability. In each case, preventability is evaluated on the basis of the following statement: "Did the driver do everything reasonably possible to avoid the circumstances that led to this collision?"

Driver Records

Southern Trinity Health Services shall have a file containing all pertinent information about each driver. The Federal Privacy Act covers volunteer drivers. All personal information about the driver should be covered by a written confidentiality policy that parallels the organization's personnel policies. The following is a list of the documents, and related information, to be maintained in driver files: [Form 33: Personnel Records Checklist]

1. Original volunteer/employment application
2. Interview and reference check documentation
3. Criminal history documentation
4. Department of Motor Vehicles (DMV) history report and any subsequent history reports generated
5. Copy of current drivers license
6. Copy of training certifications
7. On-going objective documentation
8. Any documentation relevant to performance
9. Copy of current personal automobile insurance card. Insurance must be at least the State of California's minimum coverage requirement for POV drivers. Personal auto insurance verification must be kept current.

Vehicle Records

A vehicle file shall contain sections where the following documentation is maintained:

1. Vehicle maintenance schedule
2. Maintenance records
3. Maintenance receipts
4. Description of maintenance completed
5. Daily pre-trip inspections
6. Inventory of safety equipment
7. Maintenance records for related safety equipment (i.e. fire extinguishers)

Rider Records

Southern Trinity Health Services shall maintain specific information on the riders using the services. The rider information must be collected and properly maintained using a database or an adequate system done by hand if the agency does not have access to a computer. Rider information, collected by Southern Trinity Health Services, will be used primarily for reporting purposes. In the event of an emergency, this information can also be valuable. Rider records should contain the following information:

1. Rider's name
2. Address
3. Phone number
4. Age

Southern Trinity Health Services
Southern Trinity Area Rescue

Serving Southern Trinity & Southeastern Humboldt Since 1979

Description of STAR Radio Equipment

TK7360H	Kenwood 50 Watt Mobile Radio
KPS13	DC Power Supply
KMB24	Base Station Mounting Case
KMC9C	Desk Microphone
FG1523	VHF Base Station Antenna
TK2180	Kenwood Hand held portable radios

STAR owns and maintains multiple base station radios with base station antenna, at the clinic, which is our main dispatch center, as well as at each volunteer dispatcher's house.

STAR maintains Kenwood Mobile Radios in each ambulance it operates.

STAR has multiple Kenwood hand held portable radios. 2 are kept at the clinic ambulance station, the rest are kept by each volunteer responder at their home for use while on duty or on a call.

STAR owns and maintains a repeater on the ridge behind Dinsmore to boost communication in eastern Humboldt County from Pickett Peak.

PO Box 4, 321 Van Duzen Road, Mad River, California 95552
Telephone (707) 574-6616 Fax 707-574-6523
www.sthsclinic.org

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 175

CHP Certificate/Permit Number: **2305- 14202** ISSUED: **1/27/2026** EXPIRES: **1/27/2027** AREA:

☑ INITIAL ☐ DUPLICATE ☑ EMERGENCY AMBULANCE CERTIFICATE ☐ ARMORED CAR CERTIFICATE
☐ REPLACEMENT ☐ RENEWAL ☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2014 FORD E 350** VEHICLE LICENSE NO. **1689763 CA** VIN: **1FDSS3EL8EDB14606**

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

NAME AND MAILING ADDRESS

26

SOUTHERN TRINITY AREA RESCUE INC

PO BOX 4
MAD RIVER CA, 95552-

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

CHP AREA: 175

CHP Certificate/Permit Number: **2305- 18888** ISSUED: **1/27/2026** EXPIRES: **1/27/2027** AREA:

☑ INITIAL ☐ DUPLICATE ☑ EMERGENCY AMBULANCE CERTIFICATE ☐ ARMORED CAR CERTIFICATE
☐ REPLACEMENT ☐ RENEWAL ☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2022 FORD E-350** VEHICLE LICENSE NO. **1689761 CA** VIN: **1FDRF3HT7NDA00417**

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

NAME AND MAILING ADDRESS

26

SOUTHERN TRINITY AREA RESCUE INC

PO BOX 4
MAD RIVER CA, 95552-

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.

NOR-CAL EMS	3501	Emergency Medical Services System Quality Improvement Program (EMSQIP)
Nor-Cal EMS Policy & Procedure Manual		Documentation and Quality Improvement
Effective Date: 01/01/2025		Next Revision: 01/01/2028
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9. California Administrative Code, Title 22, Division 9, Chapter 1.5, 2, 3 and the Health and Safety Code, Division 2.5, Section 1797.220

Purpose

To establish Emergency Medical Services Quality Improvement Program (EMSQIP) requirements for EMS system participants.

Policy

1) AED/BLS/ALS/LALS prehospital provider organizations and base/modified base hospitals shall submit a written EMSQIP to Nor-Cal EMS for review and approval every five (5) years. The written EMSQIP shall include the following minimum information (template provided):

   a) Provider name and management structure, including QI coordinator, medical director, and internal QI structure. Include an organizational chart if available.
   b) Description of how, how often and who collects/analyzes QI indicator data.
   c) Description of how and how often QI indicator data is shared with QI committees, technical advisory committees, peer review groups, management, etc.
   d) Description of how the provider communicates QI activities to external stakeholders (other EMS system participants, elected officials, the public, etc.).
   e) Description of the provider's approach to performance improvement and the process used to implement changes.
   f) Description of how provider policies and procedures are developed/revised, and how staff are educated/trained on new/revised policies and procedures.
   g) Description of how staff are educated/trained on new/revised Nor-Cal EMS policies and protocols.
   h) Description of the process for ensuring staff complete other required EMS education/training.

2) All AED/BLS/ALS/LALS EMS system participants shall participate in the Nor-Cal EMS EMSQIP which may include providing records for program monitoring and evaluation.

3) AED/BLS/ALS/LALS EMS system participants shall develop a performance improvement plan when their EMSQIP identifies a need for improvement. Collaboration with Nor-Cal EMS and/or other EMS system participants will collaborate to identify system issues, will be discussed at MAC/AMAC, and a year plan will be determined.

4) All agencies with Nor-Cal EMS will be sent a year-end report form, requesting data of pre-determined criteria and narrative reviews. This data can be pulled from agency ePCRs/PCRs.

5) All provider agencies:

   a) Peer Review Audit form is available for use for EMSQIP in your agency. You may submit the forms with the yearend report for those PCRs within the criteria.
   b) The Optional Scope Utilization form shall be submitted within 7 days of the use of optional scope skills/medications.
   c) Optional Skills training rosters shall be submitted yearly to Nor-Cal EMS.

Southern Trinity Health Services
Southern Trinity Area Rescue

Staffing + Hiring

Serving Southern Trinity & Southeastern Humboldt Since 1979

STAR Volunteer Application Packet

Applying For: ❒ EMT ❒ Paramedic ❒ Dispatcher ❒Driver

Personal Information

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact #1:

Name: _____ Relation: _____

Phone: _____

Emergency Contact #2:

Name: _____ Relation: _____

Phone: _____

Driver's License Information:

State: _____ Class: ____ Number: _____

Expiration: _____ Restrictions: _____

❒ Ambulance Endorsement ❒ Medical Expires: _____

Contact Information:

Primary Phone: (____) _____-_____ ❒ Home ❒ Mobile ❒ Work

Secondary Phone: (____) _____-_____ ❒ Home ❒ Mobile ❒ Work

Email Address: _____

Applicant Signature: _____Date: _____

EMS Coordinator Signature: _____Date: _____

Southern Trinity Health Services
Southern Trinity Area Rescue

Serving Southern Trinity & Southeastern Humboldt Since 1979

Certification Information: (EMT, AEMT, Paramedic, EMD Only)

❒ CPR Card Exp: _____

❒ EMT State Certification Number: _____ Exp: _____

❒ AEMT Local Accreditation Agency: ❒ NorCal ❒ North Coast

❒ Paramedic License Number: _____ Exp: _____

❒ Emergency Medical Dispatch Number: _____ Exp: _____

Required Copies

❒ Adult/Child Abuse & Domestic Violence Reporting Requirements

❒ Confidentiality/Security Agreement

❒ Copy of Driver's License (Front & Back)

❒ Copy of Ambulance Endorsement

❒ Copy of Green Driver's Medical Card (Front & Back)

❒ Copy of EMT/AEMT/Paramedic/EMD Card (Front & Back)

❒ Copy of Auto Insurance (Responders only)

❒ Pull Notice Program Authorization (Drivers Only)

❒ Copy of CPR Card

For STAR Management Use Only	
Initial Start Date:	
Radio Information:	Model: S/N:
Radio Call Sign:	
Equipment Assigned:	

Signature Date

TO BE PLACED IN EMPLOYEE'S PERSONNEL FILE
SOUTHERN TRINITY HEALTH SERVICES

Confidentiality / Security Agreement

I have received Health Insurance Portability and Accountability Act (HIPAA) training and as such, I understand that while performing my official duties I may have access to protected health information. Protected Health Information (PHI) means individually identifiable health information that is transmitted or maintained in any form or medium. Protected health information is ***NOT*** open to the public. Special precautions are necessary to protect this type of information from unauthorized access, use, modification, disclosure, or destruction.

I agree to protect the following types of information:

All data elements described as protected health information (PHI) including but not limited to:

- Addresses
- Telephone numbers
- Fax numbers
- Electronic Mail addresses
- Social security numbers
- Medical record numbers
- Birth date
- Date of death
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial number, including license plate numbers
- Device identifiers and serial numbers
- Full face photographic images and any comparable images
- Client information (such as, disability insurance claimants, recipients of public social services, participants of state/federal programs, employers, etc.)
- Information about how automated systems are accessed and operate
- Any other proprietary information.
- Any other unique identifying number characteristic, or code

I agree to protect PHI by:

All of the following means including but not limited to:

- Accessing, using, or modifying confidential, sensitive, or PHI only for the purpose of performing my official duties
- Never attempting to access information by using a user identification code or password other than my own
- Never sharing passwords with anyone or storing passwords in a location accessible to unauthorized persons.
- Never exhibiting or divulging the contents of any record or report except to fulfill a work assignment.

- Never showing, discussing, or disclosing confidential, sensitive information, or PHI to or with anyone who does not have the legal authority or the "need to know"
- Storing confidential, sensitive information in a place physically secure from access by unauthorized persons.
- Never removing confidential, sensitive, or PHI from the work area without authorization.
- Disposing confidential, sensitive, or PHI by utilizing an approved method of destruction, which includes shredding, burning, or certified or witnessed destruction. Never disposing such information in the wastebaskets or recycle bins.
- Reporting any violation of confidentiality, privacy, or security policies

PENALTIES

Unauthorized access, use, modification, disclosure, or destruction is strictly prohibited. The penalties for unauthorized access, use, modification, disclosure, or destruction may include disciplinary action up to and including termination of employment and/or criminal or civil action.

Southern Trinity Health Services reserves the right to monitor and record all network activity including e-mail, with or without notice, and therefore users should have no expectations of privacy in the use of these resources.

DISCLAIMERS

Nothing in this document creates any express or implied contractual rights. All employees are employed on an at-will basis. Employees have the right to terminate their employment at any time, and Southern Trinity Health Services retains a similar right.

I certify that I have read, understood, and accept the Confidentiality Agreement above.

Full Name	**Department**
Signature	**Date**

Issued: February 21, 2003 rev 7.26.2011

ADULT/CHILD ABUSE & DOMESTIC VIOLENCE REPORTING REQUIREMENTS

California law requires that medical practitioners, non-medical practitioners, health practitioners and child care custodians working in health clinics and other specified public or private facilities be informed of their duty to report suspected child abuse, suspected dependent adult abuse, and suspected domestic violence.

Please read the following carefully and sign where indicated.
Section 11166 of the Penal code requires any child care custodian, medical practitioner, non-medical care practitioner or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she suspects has been the victim of a **child abuse** to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Any person who fails to report an instance of child abuse which he or she knows to exist or reasonably should know to exist, as required, is guilty of a misdemeanor and is punishable by confinement in the county jail for a term not to exceed six months or by a fine of not more than five hundred dollars ($500) or by both. The law also provides that a person who does report as required, or who provides a child protective agency with access to a victim, shall not be civilly or criminally liable for doing so.

Section 15630 of the Welfare and Institutions Code requires any care custodian, health practitioner, or employee of a health facility who in his or her professional capacity, or within the scope of his or her employment, has knowledge of or observes a **dependent adult** who he or she knows has been the victim of physical abuse, or who has injuries under circumstances which are consistent with abuse, to report the known or suspected instance of physical abuse to an adult protective services agency or a local law enforcement agency immediately, or as soon as practically possible, by telephone, and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. reporting is required where the dependent adult's statements indicate, or in the case of a person with developmental disabilities, where his or her statements or other corroborating evidence indicates that abuse has occurred.

Sections 11160-11163 of the California Penal Code require that any health practitioner employed in a health facility, clinic or physician's office who, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a patient whom he or she knows or reasonably suspects has suffered from any wound or injury inflicted as a result of **domestic violence or spousal abuse** shall immediately, or as soon as is reasonably possible, file a telephone report to the local law enforcement agency followed by a written report within two working days.

Failure to comply with these reporting requirements may lead to a fine of up to $1,000 and/or up to six months in jail. A health practitioner who makes a report in accordance with this article shall not incur civil or criminal liability as a result of any report required or authorized by this article. Your clinical supervisor and Medical Center Administration should be notified whenever you believe that you may be required to report suspected abuse or violence.

I certify that I have read and understand this statement and will comply with my obligations under the dependent adult abuse, child abuse, and domestic violence reporting laws.

Name	Position/Department

Issued: February 21, 2003 rev 7.26.2011

STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES

A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, _____
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE	SIGNATURE OF EMPLOYEE
	X

I, _____, of _____
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars ($5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE
	X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

THIS FORM MUST BE COMPLETED AND **RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS *AND*** MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO ***NOT*** RETURN THIS FORM TO DMV.

SOUTHERN TRINITY AREA RESCUE

Serving Southern Trinity & Southeastern Humboldt Since 1979

Staff Organization Chart

Board of Directors

↓

Brooke Entsminger – Executive Director

↓

Paramedics

↓

EMT's

↓

Drivers

PO Box 4, 321 Van Duzen Road, Mad River, California 95552
Telephone (707) 574-6616 x 2090

Southern Trinity Health Services
Southern Trinity Area Rescue

Serving Southern Trinity & Southeastern Humboldt Since 1979

COPY

Resume

Training:

- STAR is certified through Nor Cal EMS to instruct EMT and PSFA courses. STAR instructors put on one new course per calendar year.
- STAR has Continuing Education meetings for all local responders once a month with chart reviews included. STAR CE provider number 64-5308.
- STAR is linked with Redwood Memorial Hospital to attend Chart Review through teleconference when they are held at the hospital for North Coast EMS.
- STAR participates and organizes training opportunities with other emergency services (ex – USFS, REACH Air ambulance, Southern Trinity Volunteer Fire, Coast Guard and many more) on a regular basis.

Orientation:

- New STAR volunteers are required to fill out the new volunteer packet (included in attached papers) and provide all documentation required on it.
- New volunteers are brought in to practice driving as well as become oriented to the ambulance before being put on the schedule.
- Volunteers who will be providing patient care are scheduled as a third person on crew until ready to provide care independently and they have been observed by current responders.

STAR has been operating as an Emergency Medical Transport 911 Ambulance service since 1979. Regular training and education of all responders is required for their certification and by STAR. Responders must remain current for the best patient care possible.

PO Box 4, 321 Van Duzen Road, Mad River, California 95552
Telephone (707) 574-6616 Fax 707-574-6523
www.sthsclinic.org

Southern Trinity Health Services
Southern Trinity Area Rescue

Serving Southern Trinity & Southeastern Humboldt Since 1979

Humboldt County EMS System

Southern Trinity Area Rescue (STAR), acknowledges that North Coast EMS oversees EMS systems within Humboldt County. STAR understands that it's operating Policies and Procedures are dictated by Nor Cal EMS, and that Nor Cal EMS has an agreement with North Coast EMS and St Joes Health System – Redwood Memorial Hospital (RMH), for STAR to operate with RMH as its base hospital and primary place to transport patients.

PO Box 4, 321 Van Duzen Road, Mad River, California 95552
Telephone (707) 574-6616 Fax 707-574-6523
www.sthsclinic.org

Updated

AMBULANCE SERVICES PROVIDED **Patient Name:** **Date:**

Unit Dispatched **304** ☐
305 ☐

Responder #_____ Name_____

Responder #_____ Name_____

Responder #_____ Name_____

TIMES	
Dispatched	
ENROUTE	
On Scene	
LEFT SCENE	
At Destination	
AVAILABLE	
Cancelled	
Back at Base	

MILES	
Beginning	
On Scene	
response miles ( )	
At Destination	
patient miles ( )	
Back at Base	

ADVANCED LIFE SUPPORT			
ALS	*Code*	*Fee*	
ALS Non-Emergency Transport	A0426	$ 2,200.00	
ALS1 Emergency Transport	A0427	$ 2,400.00	
ALS2 Emergency Transport	A0433	$ 2,600.00	
Multiple Patient #_____	A0370.5	$ 2,400.00	
BASIC LIFE SUPPORT			
BLS	*Code*	*Fee*	
BLS Non-Emergency Transport	A0428	$ 1,700.00	
BLS Emergency Transport	A0429	$ 1,900.00	
Multiple Patient #_____	A0362.1	$ 1,900.00	
OTHER SERVICES/PROCEDURES			
Procedures	*Code*	*Fee*	
EKG/ECG Monitor	93005	$ 146.00	
Oxygen/Oxygen Supplies	A0422	$ 100.00	
Extra Ambulance Attendant	A0424	$ 150.00	
Ground Transport Miles	A0425	$ 40.00	
Assesment- On Scene / AMA	A0998	$ 485.00	
Wait Time _____ hrs	A0420	200.00/hr	

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/31/2026

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 Alkeme Insurance DBA: Pauli-Shaw Insurance Agency 627 7th Street Arcata CA 95521	CONTACT NAME: Laura Knight PHONE (A/C, No, Ext): 707-822-7251 FAX (A/C, No): 707-826-9021 E-MAIL ADDRESS: laura@pauli-shaw.com
INSURED SCOUTTRI-02 Southern Trinity Area Rescue, Inc. PO Box 4 Mad River CA 95552	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Arch Specialty Insurance Company — 21199 INSURER B : State Compensation Insurance Fund of California — 35076 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 91003730 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:	Y		MEPK10486101	4/1/2026	4/1/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 10,000,000 $ 10,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y		MEPK10486101	4/1/2026	4/1/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	UMBRELLA LIAB [X] OCCUR X EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 0			MEUM09377200	4/1/2026	4/1/2027	EACH OCCURRENCE AGGREGATE $	$ 2,000,000 $ 4,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	9377686-26	4/1/2026	4/1/2027	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

Re: Ambulance Service Permit
When required by written contract or agreement the following may apply:
Additional Insured
Waiver of Subrogation
When available, form(s) may be attached.

CERTIFICATE HOLDER

County of Humboldt Dept of Public Health
529 I Street
Eureka CA 95501
USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ARCH INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COVERAGE EXTENSIONS

This endorsement modifies the insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

1. **Enhanced Property Damage**

   Paragraph **a. Expected or Intended Injury** in **2. Exclusions** under **Section I – Coverages, Coverage A Bodily Injury and Property Damage Liability** is deleted and replaced with the following:

   a. Expected or Intended Injury

   "Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

2. **Damage to Rented Premises**

   The following paragraph is added to **j. Damage to Property** of **2. Exclusions** under **Section I – Coverages, Coverage A Bodily Injury and Property Damage Liability**:

   Paragraphs **(1), (3),** and **(4)** of this exclusion do not apply to "property damage" to premises, including the contents of such premises, rented to you or occupied by you with the permission of the owner for a period of 8 or more consecutive days. The most we will pay for all such "property damage" is $50,000.

3. **Damage to Property**

   The term "damage by fire" is amended to "damage by fire, lightning or explosion" in **j. Damage to Property** of **2. Exclusions** under **Section I – Coverages, Coverage A Bodily Injury and Property Damage Liability**, paragraph **6.** under **Section III – Limits of Insurance** and paragraph **9.a.** under **Section V – Definitions.**

4. **Customer's Autos**

   Paragraphs **g. Aircraft, Auto or Watercraft** and **j. Damage to Property** in **2. Exclusions** under **Section I – Coverages, Coverage A Bodily Injury and Property Damage Liability** do not apply to "customer's autos" while on or next to those premises you own, rent or control that are used for "auto" repair or service. The most we will pay for "property damage" to a "customer's auto" is $50,000.

   The following definition is added to **Section V – Definitions**; "Customer's auto" means an "auto" temporarily in your care, custody or control for the purpose of receiving repair or service but does not include an "auto" owned by, rented or loaned to any insured.

   This extension only applies if there is no "auto" policy or coverage part provided by us which affords such coverage.

5. **Patients Property**

   Paragraph **j. Damage to Property** in **2. Exclusions** under **Section I – Coverages, Coverage A Bodily Injury and Property Damage Liability** does not apply to the personal effects of fire and rescue victims, medical patients, and the immediate relatives of such victims and patients, while such property is in your care, custody or control at the scene of an emergency or while in transit to or from a medical care facility.. The most we will pay for "property damage" to patients property is $50,000.

   This extension only applies if there is no inland marine policy or coverage part provided by us which affords such coverage.

6. Bail Bonds

Subparagraph **1.b.** under **Section I – Coverages, Supplementary Payments – Coverages A and B** is amended to read as follows:

b. Up to $5,000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

7. Your Expenses

Subparagraph **1.d.** under **Section I – Coverages, Supplementary Payments – Coverages A and B** is amended to read as follows:

d. All reasonable expenses incurred by the insured at our request to assist in the investigation or defense of the claim or "suit", including actual loss of earnings up to $1,000 a day because of time off from work.

8. Additional Insured

The following are added to **Section II – Who Is An Insured:**

a. Persons or Organizations – As Required By Contract

Any person or organization when you have agreed in writing in a contract or agreement that such person or organization is to be included on your policy as an additional insured. Such person or organization is only an insured with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

(1) Your ongoing operations for such person(s) or organization(s);
(2) "Your products"; or
(3) Your use or maintenance of a premises you own, rent, lease, occupy or otherwise use with the permission of the owner, except those premises you lease from person(s) or organization(s) for which paragraph **8.b.** below applies.

b. Managers, Landlords or Lessors of Premises

Any person or organization from whom you lease premises when you have agreed in writing in a contract or agreement that such person or organization is to be included on your policy as an additional insured. Such person or organization is only an insured with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and subject to the following additional exclusions:

This insurance does not apply to:
(1) Any "occurrence" which takes place after you cease to be a tenant in that premises.
(2) Structural alterations, new construction or demolition operations performed by or on behalf of such person(s) or organization(s).

c. Lessors of Leased Equipment

Any person or organization from whom you lease equipment when you have agreed in writing in a contract or agreement that such person or organization is to be included on your policy as an additional insured. Such person or organization is only an insured with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s).

With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

Coverage provided to the person(s) or organization(s) included as an insured in subparagraphs **8.a.**, **8.b.**, and **8.c.** above only applies if the written contract or agreement identified in subparagraphs **8.a.**, **8.b.**, and **8.c.** above is executed prior to the "bodily injury", "property damage", or "personal and advertising injury".

Coverage shall be primary and not contributory with respect to the person(s) or organization(s) included as an insured in subparagraphs **8.a.**, **8.b.**, and **8.c.** above. Any other insurance such person or organization has will be

excess and not contributory with this insurance but this provision only applies if it is required in the written contract or agreement identified in subparagraphs **8.a., 8.b.**, and **8.c.** above.

9. Newly Formed or Acquired Organizations

Subparagraph **3.**a under **Section II – Who Is An Insured** is deleted and replaced by the following:

a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier.

10. Duties in the Event of Occurrence, Offense, Claim, or Suit

The following subparagraph **e.** is added to **2. Duties in the Event of Occurrence, Offense, Claim, or Suit** under **Section IV – Commercial General Liability Conditions**:

e. Knowledge of any "occurrence", offense, claim, or "suit" will be deemed knowledge by you only when such "occurrence", offense, claim, or "suit" is known to an officer, director, commissioner, board member, trustee, "employee", "volunteer worker" or appointee designated by you to give us notice of such "occurrence", offense, claim, or "suit".

11. Waiver of Subrogation

Paragraph **8. Transfer of Rights of Recovery Against Others to Us** under **Section IV – Commercial General Liability Conditions** is deleted and replaced by the following:

8. Transfer of Rights of Recovery Against Others to Us

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

This condition does not apply to persons or organizations with which you have a written contract and for which the provisions of paragraph **8.** of this endorsement apply, but only to the extent that subrogation is waived prior to the "occurrence" or offense under such written contract with that person or organization.

12. Liberalization

If we revise this coverage part to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

13. Mental Anguish

Paragraph **3.** under **Section V - Definitions** is deleted and replaced by the following:

3. "Bodily injury" means bodily injury, disability, sickness or disease sustained by a person including death resulting from any of these. "Bodily injury" includes "mental anguish" or other mental injury. "Mental anguish" means mental suffering or emotional disturbances such as distress, fear, anxiety, depression, grief or psychosomatic physical symptoms.

ARCH INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

Insured: Southern Trinity Area Rescue Inc. Policy No.: MEPK10486100 Effective Date:4/1/2025

This endorsement modifies the insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Schedule

AUTO NO.	DESCRIPTION	ADDITONAL INSURED
	All Vehicles on Policy	County of Humboldt Dept of Public Health Attn: Clarke Guzzi 529 I Street Eureka CA 95501

Paragraph **c.** of **1. Who Is An Insured** in **A. Coverage** under **Section II – Liability Coverage** includes the person or organization shown in the Schedule, but only with respect to "bodily injury" or "property damage" resulting from the ownership, maintenance or use of the covered "auto(s)" shown in the Schedule by an "insured" described in Paragraphs **a.** or **b.** of **1. Who Is An Insured** in **A. Coverage** under **Section II – Liability Coverage.**

In the event of cancellation of the policy, we will send advance written notice of cancellation to the person or organization shown in the schedule at the address shown in the schedule.

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 11150

COMPANY: ARCH INSURANCE COMPANY

[X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER: MEPK10486101

EFFECTIVE DATE: 04/01/2026

EXPIRATION DATE: 04/01/2027

YEAR: 2022

MAKE/MODEL: Ford Ambulance

VEHICLE IDENTIFICATION NUMBER: 1FDRF3HT7NDA00417

AGENCY/COMPANY ISSUING CARD

McNeil & Company, Inc.
P.O. Box 5670
67 Main Street
Cortland, NY 13045

INSURED

Southern Trinity Area Rescue Inc.
321 Van Duzen Rd
Mad River, CA95526

SEE IMPORTANT NOTICE ON REVERSE SIDE

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 11150

COMPANY: ARCH INSURANCE COMPANY

[X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER: MEPK10486101

EFFECTIVE DATE: 04/01/2026

EXPIRATION DATE: 04/01/2027

YEAR: 2014

MAKE/MODEL: Ford Ambulance

VEHICLE IDENTIFICATION NUMBER: 1FDSS3EL8EDB14606

AGENCY/COMPANY ISSUING CARD

McNeil & Company, Inc.
P.O. Box 5670
67 Main Street
Cortland, NY 13045

INSURED

Southern Trinity Area Rescue Inc.
321 Van Duzen Rd
Mad River, CA95526

SEE IMPORTANT NOTICE ON REVERSE SIDE

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 11150

COMPANY: ARCH INSURANCE COMPANY

[X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER: MEPK10486101

EFFECTIVE DATE: 04/01/2026

EXPIRATION DATE: 04/01/2027

YEAR: 2015

MAKE/MODEL: Weekender Travel Trailer

VEHICLE IDENTIFICATION NUMBER: 4X4TWDS29FMD54572

AGENCY/COMPANY ISSUING CARD

McNeil & Company, Inc.
P.O. Box 5670
67 Main Street
Cortland, NY 13045

INSURED

Southern Trinity Area Rescue Inc.
321 Van Duzen Rd
Mad River, CA95526

SEE IMPORTANT NOTICE ON REVERSE SIDE

Additional Information

APPROVAL TO PROVIDE ADVANCED LIFE SUPPORT TRANSPORT

SOUTHERN TRINITY AREA RESCUE (STAR)

EMT/AEMT/PARAMEDIC

THIS AGREEMENT is entered into by and between SOUTHERN TRINITY AREA RESCUE (STAR), hereinafter referred to as PROVIDER, and NORTHERN CALIFORNIA EMS, INC., a California non-profit corporation, hereinafter referred to as NOR-CAL EMS.

WHEREAS, NOR-CAL EMS is a regional multi-county Local Emergency Medical Services Agency in northern California including Trinity County, and

WHEREAS, PROVIDER desires to be approved by NOR-CAL EMS to provide Advanced Life Support (ALS) and Basic Life Support (BLS) transport services in certain parts of Trinity County, and

WHEREAS, NOR-CAL EMS, contingent upon PROVIDER complying with the conditions set forth below, approves PROVIDER as an ALS and BLS Transport provider,

NOW, THEREFORE, it is agreed by and between the parties hereto as follows:

When signed by both parties this document serves as the approval and designation by NOR-CAL EMS of PROVIDER as a service provider, to provide emergency medical response per provider availability. PROVIDER agrees to have complied with all requirements of this agreement and with all of NOR-CAL EMS' policies and procedures related thereto.

PROVIDER'S primary response area is STAR boundaries, Trinity County.

PROVIDER'S Trinity County office is located at Mad River, California.

This approval is developed in compliance with the current California Health and Safety Code, California Code of Regulations, Title 22, Division 9, Chapters 2, 3 and 4 and NOR-CAL EMS Policies and Procedures. PROVIDER agrees to comply with all California laws applicable to providers of prehospital emergency medical services.

1. PROVIDER REQUIREMENTS

As an approved service, PROVIDER agrees to comply with all policies and procedures contained in NOR-CAL EMS' Policies and Procedures Manual. By signing this Agreement, PROVIDER affirms that PROVIDER has read and understands the policies and procedures relating to PROVIDER's type of service. PROVIDER further agrees to keep up to date on changes in those policies and procedures and to implement those that require implementation. In addition PROVIDER further agrees to the following:

A. EMERGENCY MEDICAL TECHNICIAN OPTIONAL SCOPE OF PRACTICE

PROVIDER is approved for the following Optional Scope of Practice:

1. Perilaryngeal Airway: Provider will transition from the Combi-tube to the King Airway by July 1, 2014.
2. Automated External Defibrillation

B. QUALITY IMPROVEMENT

1. PROVIDER will allow inspection, at any time, by NOR-CAL EMS, with or without notice, for the purpose of verifying the Provider Agreement, Regulations, and Policies and Procedures compliance.
2. PROVIDER will participate in the NOR-CAL EMS Continuous Quality Improvement (CQI) program.
3. PROVIDER will designate an employee to act as the CQI program manager to oversee and assist in development and ongoing performance of PROVIDER's CQI program.
4. PROVIDER will establish a CQI program, which will identify methods of improving the quality of care provided. PROVIDER may create its own CQI program, or use the NOR-CAL EMS CQI program. PROVIDER will furnish NOR-CAL EMS with a copy of its CQI program for approval, and provide any changes, as they occur.
5. PROVIDER will submit to NOR-CAL EMS, on a quarterly basis, a CQI data analysis summary.

C. REPORTS/RECORDS

1. PROVIDER will supply NOR-CAL EMS with a roster of all prehospital personnel upon request.
2. PROVIDER is to use an electronic Patient Care Record (PCR) system that is compatible with reporting requirement of the California State Emergency Medical Services Authority and make those records available to NOR-CAL EMS.
3. PROVIDER will comply with any requests from NOR-CAL EMS for records or pertinent materials that may be required in the course of investigations, or inquiries.

4. All records maintained pursuant to this policy will be available for inspection, audit, or examination by NOR-CAL EMS, or by their designated representatives, and will be preserved by PROVIDER for at least three (3) years from the termination of the agreement. PROVIDER's records will not be made available to parties or persons outside NOR-CAL EMS without the PROVIDER's prior written consent; unless a subpoena or other legal order compels disclosure.
5. Upon written request of NOR-CAL EMS, PROVIDER will prepare and submit written reports on any incident arising out of services provided under the agreement. NOR-CAL EMS recognizes that any report generated pursuant to this paragraph is confidential in nature and will not be released, duplicated, or made public without the written permission of the PROVIDER or unless a subpoena or other legal order compels disclosure.
6. PROVIDER will ensure that hand-written PCRs are completed by the PROVIDER's personnel, and left at the receiving facility for each patient transported, prior to personnel leaving the facility, for any response, other than another prehospital call. The electronic PCR shall be completed upon return to the PROVIDER's home location or as quickly as feasible.
7. PROVIDER will provide additional information, and reports as NOR-CAL EMS may require, from time to time, to monitor PROVIDER's performance under this agreement.
8. PROVIDER will ensure that written documentation is provided to the receiving facility staff to provide continuity of patient care personnel per NOR-CAL EMS Policies.

D. STANDARDS

In each instance of an ALS ambulance failure on a medical emergency call, resulting in the inability to continue the response, PROVIDER will submit an Unusual Occurrence Report to NOR-CAL EMS, which will include:

1. How long it took for another ambulance to respond to the same call.
2. Which ambulance service provider responded, and the level of care provided.
3. The reason or suspected reason(s) for vehicle failure, and/or, malfunction.
4. Actions PROVIDER has taken to prevent similar failures.

E. TRAINING

PROVIDER will designate a training officer to oversee the required training and orientation of all new prehospital personnel employed by PROVIDER. Qualifications for training officers for optional scope and required training procedures are outlined in NOR-CAL EMS Policies and Procedures. PROVIDER will ensure that all employees providing patient care comply with training requirements as established by the State of California and NOR-CAL EMS for their level of certification.

F. LEVEL OF SERVICE

All requirements relating to the level of service authorized contained in the Emergency Medical Service System and the Prehospital Medical Care Personnel Act (California Health and Safety Code) and the regulation derived therefrom are hereby incorporated in this agreement as if fully set forth herein.

G. COMPLIANCE WITH LAWS AND POLICIES

PROVIDER will adhere to all federal, state, county and city statutes, ordinances, and NOR-CAL EMS Policies and Procedures related to operations, including qualification of crews and maintenance of equipment.

2. INDEMNITY

PROVIDER and NOR-CAL EMS shall hold each other harmless and indemnify each other against all claims, suits, actions, costs, counsel fees, expenses, damages, judgments, or decrees, arising out of PROVIDER's performance or failure to perform under this agreement including, but not limited to, bodily injury, including death, or property damage caused by PROVIDER, or any person employed by PROVIDER, or in any capacity during the progress of the work, whether by negligence or otherwise.

3. SUSPENSION AND REVOCATION

NOR-CAL EMS may deny, suspend or revoke the approval of PROVIDER for failure to comply with the provisions of this agreement or NOR-CAL EMS Policies and procedures.

4. TERM

This agreement shall, subject to the limitations contained herein, be for an initial term of twenty-four (24) months beginning February 1, 2014, and shall be automatically renewed for successive twenty-four (24) month periods; provided, however, prior to the renewal, NOR-CAL EMS will issue a letter of renewal or nonrenewal. In the event NOR-CAL EMS issues a nonrenewal letter, that letter shall also serve as a sixty (60) day notice of termination of this Provider Agreement. Any notice required by this approval will be in writing and any notice to NOR-CAL EMS will be to the Chief Executive Officer.

5. TERMINATION

This agreement may be terminated by either party, without cause, by giving sixty (60) days written notice to the other party.

6. NOTICE

Notices required by this approval will be in writing and be addressed in the following form:

NORTHERN CALIFORNIA EMS, INC.
Chief Executive Officer
1890 Park Marina Dr., Suite 200
Redding, CA 96001

SOUTHERN TRINITY AREA RESCUE (STAR)
Administrator
P.O. 4
Mad River, CA 95552

All terms and conditions of this approval are agreed to be binding on NOR-CAL EMS and PROVIDER.

NORTHERN CALIFORNIA EMS, INC.

Signature: _____ Date: 1/13/14
Dan Spiess, Chief Executive Officer

SOUTHERN TRINITY AREA RESCUE (STAR)

Signature: _____ Date: 2/4/14
Print Name: RAMON Pena
Title: CEO

AGREEMENT TO ACT AS BASE HOSPITAL

PROVIDER is assigned to **REDWOOD MEMORIAL HOSPITAL, FORTUNA, CA** as its Base Hospital, providing medical control as described in the California Health and Safety Code. By signing this agreement the authorized representative of **REDWOOD MEMORIAL HOSPITAL** agrees that **REDWOOD MEMORIAL HOSPITAL** will be the base hospital for **PROVIDER** subject to all the terms and conditions contained in the Base Hospital agreement between **NOR-CAL EMS** and **BASE HOSPITAL.**

Base Hospital acknowledges receipt of a fully executed copy of this agreement.

BASE HOSPITAL: REDWOOD MEMORIAL HOSPITAL, FORTUNA

Signature: _____ Date: 1/31/14
Print Name: DAVID O'BRIEN
Title: PRESIDENT