# CHARTER TOWNSHIP OF PLYMOUTH BOARD OF TRUSTEES MEETING

Tuesday, October 23, 2018 7:00 PM



CALL TO ORDER AT _	P.M.
A. ROLL CALL:	Kurt Heise, Mark Clinton, Chuck Curmi, Bob Doroshewitz, Jerry Vorva, Jack Dempsey Gary Heitman
B. PLEDGE OF AL	LEGIANCE
C. APPROVAL OF	AGENDA

#### D. APPROVAL OF CONSENT AGENDA

Tuesday, October 23, 2018

D.1 **Approval of Minutes:**Regular Meeting – Tuesday, October 9, 2018

# **D.2** Acceptance of Communications, Resolutions, Reports:

Building Department Monthly Report – September, 2018 Fire Department Monthly Report – September, 2018

• Email from Tom & Jeanne Stevenson re: CPR Training Police Department Monthly Report – September, 2018 Planning Department Monthly Report – September, 2018 FOIA Activity – Clerk's Office – September, 2018 FOIA Activity – Police Department – September, 2018

# D.3 **Approval of Township Bills:**

FUND	ACCT	ALREADY PAID	TO BE PAID	TOTAL:
General Fund	101	451,953.36	79,592.11	531,545,47
Solid Waste Fund	226	2544.98	103,997.31	106,542.29
Improvement Revolving (Capital)	246	.00	.00	.00
Drug Forfeiture	265	.00	.00	.00

# CHARTER TOWNSHIP OF PLYMOUTH BOARD OF TRUSTEES MEETING

Tuesday, October 23, 2018 7:00 PM



Fund				
Drug				
Forfeiture	266	.00	.00	.00
State				
Drug				
Forfeiture IRS	267	.00	.00	.00
Golf Course				
Fund	510	373.52	134.00	507.52
Senior				
Transportation	588	3767.30	200.00	3,967.30
Water/Sewer				
Fund	592	310,997.18	511,076.25	822,073.43
Trust and				
Agency	701	7,635.00	.00	7,635.00
Police Bond				`
Fund	702	5,442.00	.00	5,442.00
Tax Pool	703	593,586.30	.00	593,586.30
Special				
Assessment				
Capital	805	.00	4,032.50	4,032.50
TOTALS:		\$1,376,299.64	\$699,032.17	\$2,075,331.81

# **E. PUBLIC COMMENTS AND QUESTIONS (Limited to 3 minutes)**

## F. NEW BUSINESS

- Establishment of Retiree Healthcare (OPEB) Trust Fund, Resolution #2018-10-23-83, Treasurer Mark Clinton
- 2. Citizen's Advisory Council Environmental Stewardship Committee Presentation, Anita Yeager and Mary Ann MacLaren
- 3. EMS Requests for Proposals Interviews by Board of Trustees\*
  - Huron Valley Ambulance
  - Beaumont Mobile Medicine/Community EMS
  - \* Board please bring hard copies previously distributed

# CHARTER TOWNSHIP OF PLYMOUTH BOARD OF TRUSTEES MEETING

Tuesday, October 23, 2018 7:00 PM



- Budget Discussion (if needed) Board/Finance Director Kushner
- G. SUPERVISOR AND TRUSTEE COMMENTS
- H. PUBLIC COMMENTS AND QUESTIONS (Limited to 3 Minutes)
- I. ADJOURNMENT

<u>PLEASE TAKE NOTE:</u> The Charter Township of Plymouth will provide necessary reasonable auxiliary aids and services, such as signers for the hearing impaired and audio tapes of printed materials being considered at all Township Meetings, to individuals with disabilities at the Meetings/Hearings upon two weeks' notice to the Charter Township of Plymouth by writing or calling the following: Human Resource Office, 9955 N Haggerty Road, Plymouth, MI 48170. Phone number (734) 354-3202 TDD units: 1-800-649-3777 (Michigan Relay Services)

The Public Is Invited and Encouraged To Attend All Meetings of the Board of Trustees of the Charter Township of Plymouth.

CALL TO ORDER OCTOBER 23, 2018

ITEM A
ROLL CALL
OCTOBER 23, 2018

ITEM B
PLEDGE OF ALLEGIANCE
OCTOBER 23, 2018

ITEM C
APPROVAL OF AGENDA
OCTOBER 23, 2018

# ITEM D.1 APPROVAL OF MINUTES OCTOBER 9, 2018 MEETING

### **PROPOSED MINUTES**

Supervisor Heise called the meeting to order at 7:00 p.m.

**MEMBERS PRESENT:** Kurt Heise, Supervisor

Mark Clinton, Treasurer Charles Curmi, Trustee Jack Dempsey, Trustee Robert Doroshewitz, Trustee

Gary Heitman, Trustee Jerry Vorva, Clerk

MEMBERS ABSENT: None

OTHERS PRESENT: Dan Phillips, Fire Chief

Thomas Tiderington, Police Chief Jon Brothers, Police Lieutenant Dan Kudra, Police Lieutenant Kevin Bennett, Township Attorney David Richmond, Spalding DeDecker

Sue Brams, Executive Assistant to the Supervisor

Alice Geletzke, Recording Secretary

20 Members of the Public

### B. PLEDGE OF ALLEGIANCE — Fire Chief Dan Phillips

PROCLAMATION – Fire Prevention Week – October 7-13, 2018

Fire Chief Dan Phillips accepted the proclamation presented by Supervisor Heise, and they invited everyone to attend the Fire Department open house on Saturday, October 13 at Fire Station #1 from 10 a.m. until 2 p.m.

## C. APPROVAL OF AGENDA

Tuesday, October 9, 2018

Moved by Clerk Vorva and seconded by Trustee Dempsey to approve the agenda for the Board of Trustees regular meeting of October 9, 2018. Ayes all.

#### D. APPROVAL OF CONSENT AGENDA

## D.1 Approval of Minutes:

Regular Meeting – Tuesday, September 25, 2018

# PROPOSED MINUTES

# D.2 **Acceptance of Communications, Resolutions, Reports:**MDOT Email regarding Ann Arbor and McClumpha Road Intersection

# D.3 **Approval of Township Bills:**

FUND	ACCT	ALREADY PAID	TO BE PAID	TOTAL:
General Fund	101	394,692.01	65,349.17	460,041.18
Solid Waste	226			44.54.40
Fund		2,655.18	11,796.00	14,451.18
Improvement	246	.00	.00	.00.
Revolving				
(Capital)	265	00	00	.00
Drug	265	.00	.00	.00
Forfeiture				
Fund	266	.00	.00	.00
Drug Forfeiture	200	.00	.00	.00
State				
Drug	267			
Forfeiture IRS	207	.00	.00	.00
Golf Course	510			
Fund				
		215.32	10,255.70	10,471.02
Senior	588			
Transportation		4,378.68	14.39	4393.07
Water/Sewer	592			
Fund		36,923.86	112,322.95	149,246.81
Trust and	701			04 000 05
Agency		21,330.25		21,330.25
Police Bond	702	2.005.00		2065.00
Fund	700	2,065.00		2065.00
Tax Pool	703			
Special	805			
Assessment Capital			4196,25	4196.25
TOTALS:		\$ 462,260.30	\$ 203,934.46	\$666,194.76
IOIALS.		Ψ <del>10</del> 2/200.30	4 200/35TITO	7000/25-1170

## PROPOSED MINUTES

Moved by Trustee Heitman and seconded by Clerk Vorva to approve the consent agenda for the Board of Trustees regular meeting of October 9, 2018. Ayes all.

# **E. PUBLIC COMMENTS AND QUESTIONS (Limited to 3 minutes)**

Mary Weidel expressed her objections to the PARC project.

Copies of the following Resolutions are on file in the Clerk's office for public perusal.

#### F. NEW BUSINESS

1. Appointment of Donna Broderick to the Plymouth Township Board of Review, **Resolution # 2018-10-09-79**, Supervisor Kurt Heise

Moved by Trustee Heitman and seconded by Trustee Dempsey to appoint Ms. Donna Broderick to the Plymouth Township Board of Review for a term ending December 31, 2020. Ayes all on a roll call vote.

2. Public Hearing for Local Governing Body Approval of a Class C Liquor License, Victory Hockey, LLC, Clerk Jerry Vorva

Moved by Clerk Vorva and seconded by Trustee Heitman to open the public hearing regarding the request of Victory Hockey, LLC, for a Class C liquor license at 7:14 p.m. Aves all on a roll call vote.

Representatives of Victory Hockey addressed the Board and answered questions. There were no comments from the public.

Moved by Trustee Heitman and seconded by Clerk Vorva to close the public hearing at 7:23 p.m. Aves all on a roll call vote.

3. New Class C Liquor License, Victory Hockey, LLC, **Resolution # 2018-10-09-80**, Clerk Jerry Vorva

Moved by Clerk Vorva and seconded by Trustee Curmi to approve **Resolution** #2018-10-09-80, recommending that Victory Hockey, LLC's, application for a Class C Liquor License be approved by the Michigan Liquor Control Commission. Ayes all on a roll call vote.

### **PROPOSED MINUTES**

4. Appointment of Trustee Gary Heitman as Board Representative to the Zoning Board of Appeals, **Resolution # 2018-10-09-81**, Supervisor Kurt Heise

Mr. Heise explained Trustee Heitman would be replacing Trustee Dempsey, who has resigned from the ZBA.

Moved by Trustee Dempsey and seconded by Treasurer Clinton to appoint Trustee Gary Heitman as the Board Representative to the Plymouth Township Zoning Board of Appeals for the unexpired term ending November 20, 2020. Ayes all on a roll call vote.

5. Picnic Basket Market - Storm Water Agreement, **Resolution #2018-10-09-82**, David Richmond, PE, Township Engineer

Moved by Clerk Vorva and seconded by Trustee Heitman to adopt **Resolution** #2018-10-09-82, authorizing the Township Supervisor to sign the Wayne County Permit M-48831 and approve the Storm Drain Agreement with Elite Property Company, Inc., and authorize the Township Supervisor and Clerk to execute same. Ayes all on a roll call vote.

6. Presentation of Draft Master Plan for Hilltop Golf Course, Albanese & Ludzke, Paul Albanese

Paul Albanese of Albanese and Ludzke gave a presentation regarding a preliminary Master Plan for Hilltop Golf Course. The plan was drafted after meetings with the Township Golf Course Committee and an open forum with residents. He was joined by Don Wakefield of the Community Arts Council. The plan includes a 9-hole course around the perimeter which could be played from different ways. The center area would be left for amenities such as a sculpture trail for walking, running and biking; a playground; sports fields; and a dog park.

Three members of the public expressed their ideas and asked about financials for the various phases.

It was agreed to place a copy of the plan on the website and encourage people to express their ideas to Mr. Albanese.

7. Budget Discussion – 2019 Fire and Police Budget, Fire Chief Dan Phillips and Police Chief Tom Tiderington

### **PROPOSED MINUTES**

Fire Chief Phillips and Police Chief Tiderington, along with Police Lieutenants Jon Brothers and Dan Kudra, presented their budget requests for the coming year, which included requests for equipment replacements.

## G. SUPERVISOR AND TRUSTEE COMMENTS

Trustee Doroshewitz clarified the volunteer work done by his family members and their part-time employment with PARC which was mentioned in earlier public comments.

Clerk Vorva noted that 4700 absentee ballots have been mailed, with more being processed daily. He encouraged everyone to be prepared if they're going to the polls; or, for those eligible, to apply for an absentee ballot.

Trustee Curmi arranged a time with Finance Director Kushner to come in to review estimates for the park repairs.

Supervisor Heise thanked everyone for their good discussion on the future of Hilltop Golf Course. Several different paths are being followed, but with the reservation of public space as the end result.

# H. PUBLIC COMMENTS AND QUESTIONS (Limited to 3 Minutes)

#### I. ADJOURNMENT

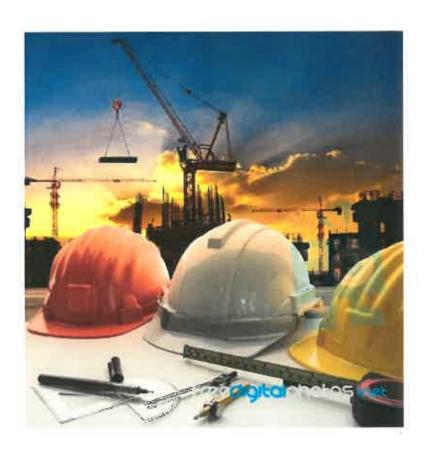
Moved by Trustee Heitman and seconded by Clerk Vorva to adjourn the meeting at 10:02 p.m. Ayes all.

Jerry Vorva,	Township Clerk

# ITEM D.2 ACCEPTANCE OF COMMUNICATIONS, RESOLUTIONS, REPORTS OCTOBER 23, 2018 MEETING

# CHARTER TOWNSHIP OF PLYMOUTH

# DEPARTMENT OF BUILDING & CODE ENFORCEMENT



MONTHLY REPORT

September 2018

# **New Commerical Building for 2018**

Company Name Property Address Type of Work Construction Value Status Month

**Total Construction Value** 

# **New Commercial Additions/Alterations for 2018**

Company Name	Property Address	Type of Work	Construction Value	Status	Month
					_
Rivian	13250 Haggerty RD	Tenant finish	1,500,000	Issued	January
Beets Analytists	45211 Helm	Tenant finish	157,959	Issued	January
Sanctum Sanctorm	15071 Northville RD	Tenant finish	1,500	Issued	January
Distributor Operations	40985 Concept	Interior Remodel	29,240	Issued	January
Shiloh Industries	47632 Halyard	Interior Remodel	22,872	Issued	February
Broasted Brothers	15171 Sheldon	Tenant finish	65,000	Issued	February
Trumpf	47711 Clipper	Remodel	314,000	Issued	February
Mile City Church	41100 Plymouth, B2 #103	Tenant finish	25,000	Issued	February
Northridge	49555 N Territorial	Interior Remodel	80,000	Issued	March
Troy Design	14425 Sheldon	Concrete base	30,000	Issued	March
Verita Telecommunications	47071 Five Mile	Tenant finish	290,000	Issued	March
Auto Park LLC	45749 Helm	Repave parking lot	25,000	Issued	March
Essco Development	1498 Sheldon	Interior demo	2,500	Issued	March
Remedi SeniorCare	14700 Helm	Tenant finish	1,100,000	Issued	March
Cygnet Automated Cleaning	9120 General	Tenant finish	93,278	Issued	April
Materialise	44650 Helm CT	Interior Remodel	135,000	Issued	April
CNC Global	15150 Cleat ST	Addition	950,000	Issued	April
Ziptanz	1496 Sheldon	Tenant finish	10,500	Issued	April
Plymouth 848 LLC	41100 Plymouth, B2 #115	Interior Remodel	75,000	Issued	April
Zech Engineering	41100 Plymouth B2, #116	Tenant finish	25,000	Issued	April
Mobile Gas Station	14888 Northville RD	Awnings	4,275	Issued	April

Company Name	Property Address	Type of Work	Construction Value	Status	Month
1-800 Self Storage	42360 Ann Arbor Rd	3rd floor finish	99,000	Issued	May
Sound Hearing V	9450 S Main	Tenant finish	20,631	Issued	May
Northridge	49555 N Territorial	Exterior remodel	7,500,000	Issued	May
Halyard Project LLC	47911 Halyard	Lobby remodel	76,420	Issued	May
A2 Energy Services	41100 Plymouth B2, doors	Interior remodel	25,000	Issued	May
Adient	49200 Halyard	Interior Remodel	5,000,000	Issued	June
First Step	44567 Pinetree	9 entry doors	8,175	Issued	June
Metro Consulting	45345 Five Mile	Interior Remodel	100,000	Issued	June
Jogue	14731 Helm	Exterior remodel	250,000	Issued	June
Hillcrest Apartments	1235 Riseman	12 boiler room doors	14,700	Issued	June
Interstate Batteries	40985 Concept	Interior Remodel	100,000	Issued	June
Shimmy Shack	1440 Sheldon	Tenant finish	65,000	Issued	June
Plymouth Urgent Care Walk In	1498 Sheldon	Tenant finish	25,000	Issued	June
Consolidated PR	46085 Five Mile	Interior Remodel	15,800	Issued	June
Sequris Group LLC	47911 Halyard #120	Tenant finish	26,000	Issued	July
Optimal CAE	47802 Anchor CT	Generator	1,980	Issued	Julu
Plymouth Village Senior Care	14707 Northville RD	Dumpster	12,000	Issued	July
Kellar Williams	42185 Ann Arbor RD	Tenant finish	3,100	Issued	August
St Kenneth Church	14951 Haggerty RD	Addition	3,575,000	Issued	August
Busch's	15185 Sheldon RD	Remodel	3,500	Issued	August
Sanovo Technology	15180 Keel ST	Remodel	10,000	Issued	August
Cygnet Automated Cleaning	9120 General	Parking Lot	75,535	Issued	September
Jersey Mike's	1500 Sheldon	Tenant finish	125,000	Issued	September
Total Construction Value			22,067,965		
Grand Total Construction Value			22,067,965		

# **Building Department 2018**

Classification	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2018 Totals
Total Building Permits	59	70	90	126	163	136	119	119	109				991
Trade Permits													
Electrical	24	24	39	36	45	45	36	50	32				331
Mechanical	9	40	41	47	59	74	74	80	52				476
Plumbing	17	20	22	22	23	19	20	29	16				188
Sewer & Water	0	2	4	5	4	11	4	8	11				39
Total Trade Permits	109	156	196	236	294	285	253	286	210	0	0	0	2025
<u>Miscellaneous</u>													
Special Inspections	0	0	2	0	0	0	0	0	2				4
Temp Certificate of Occupancy	0	3	2	1	1	2	4	0	0				13
Re-Occupancy	12	4	2	2	1	3	4	1	4				33
Plan Review	11	8	12	13	12	7	10	10	20				103
ZBA	2	1	1	2	5	1	1	3	5				21
Re-inspection fees	1	4	1	6	9	2	4	6	7				40
Vacant Land Resigtration	2	0	0	0	0	0	0	0	0				2
Total Miscellaneous	28	20	20	24	28	15	23	20	38	0	0	0	216
Application Fee's													
Building (starting in December)	30	59	76	115	149	118	105	110	98				860
Electrical	24	24	36	67	43	43	36	54	34				361
Mechanical	51	38	43	45	60	77	78	81	48				521
Plumbing	16	19	26	20	21	20	24	30	14				190
Flumbing	10	10	20	20	21	20		00					
License & Registration													
Builders	7	8	15	12	11	16	19	10	6				104
Electrical	6	12	13	11	8	.11	8	7	4				80
Mechanical	7	4	10	6	10	8	5	7	4				61
	2	1.	4	2	4	4	7	6	1				31
Plumbing		I-	4		•								
Total Misc/License/Application	171	185	243	302	334	312	305	325	247	0	0	0	2424
Grand Total	280	341	439	538	628	597	558	611	457	0	0	0	4449
Staffing Levels													
Chief Building Official	1	1	1	1	1	1	1	1	1				
Full Time Building Inspector	1	1	1	1	1	1	1	1	1				
Full Time Ordinance Officer	1	i	i	i	1	1	ì	1	Ō				
Full Time Office Manager	30	1	- 1	1	1	1	1	1	1				
				•	· ·	,	· ·						

# **Residential Housing 2018**

		Single Fa	mily Detached		Singl	e Fa <u>mily</u> A	Attached (Tow	nhouses/	Row Houses)
			Total	Total			Total	Total	
	Total#	Total #	Value	Square	Total #	Total #	Value	Square	
	<u>Buildings</u>	<u>Dwelling</u>	Construction	<u>Feet</u>	<u>Buildings</u>	<u>Dwelling</u>	Construction	<u>Feet</u>	
January	1	1	311,076	2,566	0				
February	2	2	574,985	5,266	0				
March	2	2	686,407	3,335	0				
April	1	1	537,472	4,702	0				
May	1	1	331,175	2,400	0				
June	2	2	700,000	6,501	0				
July	1	1	259,196	1,900	0				
August	3	3	1,283,026	9,757	0				
September	.0	0			0				
October	0				0				
November	0				0				
December	0				0				
Totals	13	13	\$4,683,337	36,427	0	0	\$ -	-	-

	Tw	o-Family	Buildings (Dup	lex)		Three-or-r	more Fami	ily Building (A	partments.	(Stacked Condos)
			Total	Total				Total	Total	
	Total #	Total#	Value	Square		Total #	Total #	Value	Square	
	<u>Buildings</u>	<b>Dwelling</b>	Construction	Feet		<u>Buildings</u>	<u>Dwelling</u>	Construction	<u>Feet</u>	
January	0	_				0				
February	0					0				
March	0					0				
April	0					0				
May	0					0				
June	0					0				
July	0					0				
August	0					0				
Septembe	e O					0				
October	0					0				
November	г О					0				
December	r <b>0</b>					0				_
Totals	0	0	\$ -	-	_	0	0	\$ -	-	-

	ı otal #	ı otal #	value	Square
	<b>Buildings</b>	<u>Dwelling</u>	Construction	<u>Feet</u>
Totals all categories	13	13	\$ 4,683,337	36,427



# Revenue Breakdown Report

10/01/2018

Filter: All Records, Transaction.DateToPostOn in <Previous month> [09/01/18 - 09/30/18]

Unit Totals		
Unit Name	Records	Revenue
	210	61,086.44
TOTAL	210	61,086.44

Record Type Totals		
Unit	Records	Revenue
Permit	210	61,086.44
UNIT TOTAL:	210	61,086.44

Record Type Breakdowns								
Unit								
Record Type: Permit	Records	Revenue						
Building	109	39,220.00						
Electrical	32	7,722.00						
Mechanical	52	9,561.00						
Plumbing	16	2,286.00						
Sewer & Water	1	2,297.44						
TOTAL:	210	61,086.44						

SK , 789.

# 1/1

CofO Number	Status	Issued To	Address	CofO and Permit Dates	
OF18-0051 Permit Number	ISSUED (FINAL)  Applicant Name	Plymouth 848 LLC	41100 PLYMOUTH RD B2  Contractor	CO Date Apply: 09/06/2018	CO Date Finaled: 09/06/2018
PB18-0492	Plymouth 848 LLC			Permit Date Apply: 06/05/2018	Permit Date Issued:)9/06/2018
OF18-0052	ISSUED (FINAL)	Plymouth 848 LLC	41100 PLYMOUTH RD B2	CO Date Apply: 09/06/2018	CO Date Finaled: 09/06/2018
PB18-0233	Applicant Name Plymouth 848 LLC		Contractor	Permit Date Apply: 04/10/2018	Permit Date Issued:)5/31/2018
OF18-0053	ISSUED (FINAL)	Plymouth 848 LLC	41100 PLYMOUTH RD B2	CO Date Apply: 09/06/2018	<b>CO Date Finaled:</b> 09/06/2018
Permit Number PB18-0234	Applicant Name Plymouth 848 LLC		Contractor	Permit Date Apply: 04/10/2018	Permit Date Issued:)4/25/2018
OF18-0054	ISSUED (FINAL)	ARTIC PONDS INC	40475 PLYMOUTH RD	<b>CO Date Apply:</b> 09/07/2018	<b>CO Date Finaled:</b> 09/07/2018
Permit Number PB17-0587	Applicant Name  Quadrants Development	IIC	Contractor Quadrants Development LLC	Permit Date Apply: 06/27/2017	Permit Date Issued:)7/31/2017
OF18-0055	ISSUED (FINAL)	FAIRWOOD WEST II	9329 HAGGERTY	CO Date Apply: 09/21/2018	<b>CO Date Finaled:</b> 09/21/2018
Permit Number PB18-0877	Applicant Name FAIRWOOD WEST II		Contractor	Permit Date Apply:09/14/2018	Permit Date Issued:
OF18-0056	ISSUED (FINAL)	PILGRIM'S HELM PARTNER	45211 HELM ST	CO Date Apply: 09/24/2018	<b>CO Date Finaled:</b> 09/24/2018
Permit Number PB18-0626	Applicant Name Westport Fuels		Contractor	Permit Date Apply: 07/10/2018	Permit Date Issued:)9/24/2018
OF18-0057	ISSUED (FINAL)	Sequris Group LLC	47911 HALYARD #120	CO Date Apply: 09/24/2018	CO Date Finaled: 09/24/2018
Permit Number PB18-0539	Applicant Name Ashwin Partners LLC		Contractor Ashwin Partners LLC	Permit Date Apply: 06/13/2018	Permit Date Issued:)7/10/2018
OF18-0058	ISSUED (FINAL)	NW Development	46085 Five Mile RD	CO Date Apply: 09/24/2018	<b>CO Date Finaled:</b> 09/24/2018
Permit Number PB18-0476	Applicant Name Signature Associates		Contractor Signature Associates	Permit Date Apply:05/31/2018	Permit Date Issued:)6/22/2018

All Records

Co.DateFinaled Between 9/1/2018 12:00:00 AM AND 9/30/2018 11:59:59 PM AND

Certificate of Occupancy List

Co.Status = ISSUED (FINAL)

Number of CofO's:

8

# Certificates of Occupancy and Re-Occupancy Plymouth Township September 2018\* WTUA

Address	Business Name	Business	Type of work	Busines Given O	
	<del></del>			Yes	No
46085 5 Mile RD	NW Delelopment	Tenant Finish			Χ
47911 Halyard -	Sequris Group	Tenant Finish	Administrative Offices		Χ
45211 Helm	Westport Fuel	Re-occpancy	Administrative Offices	X	
9329 Haggerty	Renewed Mobility Chiro	Re-occpancy	Chiropratic Office	Х	
41100 Plymouth RI B2 U116	Zech Engineering	Tenant Finish	Administrative Offices		Χ
41100 Plymouth RI B2 U117	Emag LLC	Tenant Finish	Administrative Offices		X
41100 Plymouth RI B2 U115	A2 Energy	Tenant Finish	Administrative Offices		X



# Plymouth Township Fire Department Monthly Report

September 2018

# Response Information:

The Plymouth Township Fire Department responded to 275 emergencies this month.

There was an average of 9.16 runs per day this month.

PTFD's average response time was 5 minutes 39 seconds to the scene. This includes all responses including non-emergent.

### Mutual Aid:

Plymouth Township Fire Department is a member of the Western Wayne County Mutual Aid Association and we provided mutual aid 8 times this month and received mutual aid 7 times.

### EMS Information:

There were 138 patients transported this month.

HVA transported 113 patients to the hospital.

Plymouth Township Fire transported 25 patients to the hospital.

The remainder of 41 patients were not transported for various reasons.

Plymouth transports billed out \$13,767 this month, received \$13,352 and have \$38,506 in outstanding bills.

# Fire Loss:

There were \$200,000 fires this month that accounted for \$200,000 worth of damage to possessions and property. We prevented the destruction of \$49,000,000 In property.

## Fire Prevention:

Plymouth Township Fire Department provided **56** comprehensive fire inspections to businesses within Plymouth Township.

Fire Safety public education classes in CPR, Fire Extinguisher and Fire Safety are provided throughout the year.

This month, the department conducted 9 fire safety talks to a total of 522 participants.

# Reports Included:

# **CLEMIS Reports**

## Incidents Section

- Incident Summary by Incident type
  - o Incident Type
  - Type count
  - Property Loss
  - Property Value
- Mutual Aid by Department
  - o Mutual aid Received
  - o Mutual Aid Given

# Local Section

- Fire Department Response Times
- o Turnout Time
- o Response Time

# **Health EMS**

# Agency Productivity

- Agency Activity Summary
- o Patients Transported by HVA
- o Patients Transported by PCFD

# Inspection Report

Total count for Public Education - Review Fire Modules Calendar

# **Incident Type Count Report**

Date Range: From 9/1/18 To 9/30/18

Selected Station(s): all



Station:  321 - EMS call, excluding vehicle accident with injury  Total - Rescue & Emergency Medical Service Incidents  9 - Special incident type  Total - Special Incident Type  Total for Station  Station: ST1  113 - Cooking fire, confined to container 131 - Passenger vehicle fire  Total - Fires  321 - EMS call, excluding vehicle accident with injury 322 - Vehicle accident with injuries  Total - Rescue & Emergency Medical Service Incidents  412 - Gas leak (natural gas or LPG)	1 1 1 2	.4% .4% .4% .7%
Total - Rescue & Emergency Medical Service Incidents  9 - Special incident type  Total - Special Incident Type  Total for Station  Station: ST1  113 - Cooking fire, confined to container 131 - Passenger vehicle fire  Total - Fires  321 - EMS call, excluding vehicle accident with injury 322 - Vehicle accident with injuries  Total - Rescue & Emergency Medical Service Incidents	1 1 2	.4% .4% .4% .7%
9 - Special incident type  Total - Special Incident Type  Total for Station  Station: ST1  113 - Cooking fire, confined to container 131 - Passenger vehicle fire  Total - Fires  321 - EMS call, excluding vehicle accident with injury 322 - Vehicle accident with injuries  Total - Rescue & Emergency Medical Service Incidents	1 2 1 1	.4% .4% .7%
Total - Special Incident Type  Total for Station  Station: ST1  113 - Cooking fire, confined to container 131 - Passenger vehicle fire  Total - Fires  321 - EMS call, excluding vehicle accident with injury 322 - Vehicle accident with injuries  Total - Rescue & Emergency Medical Service Incidents	1 2	.4%
Total for Station  Station: ST1  113 - Cooking fire, confined to container 131 - Passenger vehicle fire Total - Fires  321 - EMS call, excluding vehicle accident with injury 322 - Vehicle accident with injuries Total - Rescue & Emergency Medical Service Incidents	1	.7%
Station: ST1  113 - Cooking fire, confined to container 131 - Passenger vehicle fire Total - Fires  321 - EMS call, excluding vehicle accident with injury 322 - Vehicle accident with injuries Total - Rescue & Emergency Medical Service Incidents	1 1	.4%
113 - Cooking fire, confined to container 131 - Passenger vehicle fire  Total - Fires  321 - EMS call, excluding vehicle accident with injury 322 - Vehicle accident with injuries  Total - Rescue & Emergency Medical Service Incidents	1	
131 - Passenger vehicle fire  Total - Fires  321 - EMS call, excluding vehicle accident with injury 322 - Vehicle accident with injuries  Total - Rescue & Emergency Medical Service Incidents	1	
131 - Passenger vehicle fire  Total - Fires  321 - EMS call, excluding vehicle accident with injury 322 - Vehicle accident with injuries  Total - Rescue & Emergency Medical Service Incidents		40/2
321 - EMS call, excluding vehicle accident with injury 322 - Vehicle accident with injuries  Total - Rescue & Emergency Medical Service Incidents	2	.T/0
322 - Vehicle accident with injuries  Total - Rescue & Emergency Medical Service Incidents		.7%
Total - Rescue & Emergency Medical Service Incidents	70	25.5%
	6	2.2%
412 - Gas leak (natural gas or I DG)	76	27.6%
412 - Gas leak (liatural gas of Li G)	1	.4%
413 - Oil or other combustible liquid spill	1	.4%
424 - Carbon monoxide incident	3	1.1%
440 - Electrical wiring/equipment problem, other	1	.4%
444 - Power line down	2	.7%
Total - Hazardous Conditions (No fire)	8	2.9%
500 - Service Call, other	1	.4%
551 - Assist police or other governmental agency	1	.4%
554 - Assist invalid	5	1.8%
561 - Unauthorized burning	1	.4%
Total - Service Call	8	2.9%
600 - Good intent call, other	2	.7%
611 - Dispatched & cancelled en route	2	.7%
Total - Good Intent Call	4	1.5%
700 - False alarm or false call, other	3	1.1%
730 - System malfunction, other	1	.4%
735 - Alarm system sounded due to malfunction	1	.4%
743 - Smoke detector activation, no fire - unintentional	1	.4%
744 - Detector activation, no fire - unintentional	1	.4%
Total - False Alarm & False Call	7	2.5%
Total for Station	105	38.2%

# Count

$\alpha$			ST	30
Sta	atr.	an.	 	,

151 - Outside rubbish, trash or waste fire	1	.4%
Total - Fires	1	.4%
321 - EMS call, excluding vehicle accident with injury	33	12.0%
322 - Vehicle accident with injuries	3	1.1%
Total - Rescue & Emergency Medical Service Incidents	36	13.1%
444 - Power line down	2	.7%
Total - Hazardous Conditions (No fire)	2	.7%
542 - Animal rescue	1	.4%
554 - Assist invalid	4	1.5%
Total - Service Call	5	1.8%
611 - Dispatched & cancelled en route	5	1.8%
Total - Good Intent Call	5	1.8%
700 - False alarm or false call, other	1	.4%
735 - Alarm system sounded due to malfunction	1	.4%
740 - Unintentional transmission of alarm, other	3	1.1%
743 - Smoke detector activation, no fire - unintentional	1	.4%
Total - False Alarm & False Call	6	2.2%
Total for Station	55	20.0%
100 - Fire, other 113 - Cooking fire, confined to container  Total - Fires	1 1 2	.4% .4% .7%
113 - Cooking fire, confined to container  Total - Fires	1 2	.7%
113 - Cooking fire, confined to container	1	.4%
113 - Cooking fire, confined to container  Total - Fires  251 - Excessive heat, scorch burns with no ignition	1 2 1	.4% .7% .4%
113 - Cooking fire, confined to container  Total - Fires  251 - Excessive heat, scorch burns with no ignition  Total - Overpressure Rupture, Explosion, Overheat - no fire  321 - EMS call, excluding vehicle accident with injury  322 - Vehicle accident with injuries	1 2 1	.4% .7% .4%
113 - Cooking fire, confined to container  Total - Fires  251 - Excessive heat, scorch burns with no ignition  Total - Overpressure Rupture, Explosion, Overheat - no fire  321 - EMS call, excluding vehicle accident with injury  322 - Vehicle accident with injuries  324 - Motor vehicle accident with no injuries	1 2 1 75 8 1	.4% .7% .4% .4% 27.3% 2.9% .4%
113 - Cooking fire, confined to container  Total - Fires  251 - Excessive heat, scorch burns with no ignition  Total - Overpressure Rupture, Explosion, Overheat - no fire  321 - EMS call, excluding vehicle accident with injury  322 - Vehicle accident with injuries	1 2 1 1 75 8	.4% .7% .4% .4% 27.3% 2.9%
113 - Cooking fire, confined to container  Total - Fires  251 - Excessive heat, scorch burns with no ignition  Total - Overpressure Rupture, Explosion, Overheat - no fire  321 - EMS call, excluding vehicle accident with injury  322 - Vehicle accident with injuries  324 - Motor vehicle accident with no injuries  Total - Rescue & Emergency Medical Service Incidents  412 - Gas leak (natural gas or LPG)	1 2 1 75 8 1	.4% .7% .4% .4% 27.3% 2.9% .4%
113 - Cooking fire, confined to container  Total - Fires  251 - Excessive heat, scorch burns with no ignition  Total - Overpressure Rupture, Explosion, Overheat - no fire  321 - EMS call, excluding vehicle accident with injury  322 - Vehicle accident with injuries  324 - Motor vehicle accident with no injuries  Total - Rescue & Emergency Medical Service Incidents  412 - Gas leak (natural gas or LPG)  440 - Electrical wiring/equipment problem, other	1 2 1 1 75 8 1 84	.4% .7% .4% .4% 27.3% 2.9% .4% 30.5% 1.5% .4%
113 - Cooking fire, confined to container  Total - Fires  251 - Excessive heat, scorch burns with no ignition  Total - Overpressure Rupture, Explosion, Overheat - no fire  321 - EMS call, excluding vehicle accident with injury  322 - Vehicle accident with injuries  324 - Motor vehicle accident with no injuries  Total - Rescue & Emergency Medical Service Incidents  412 - Gas leak (natural gas or LPG)  440 - Electrical wiring/equipment problem, other  444 - Power line down	1 2 1 75 8 1 84 4 1	.4% .7% .4% .4% 27.3% 2.9% .4% 30.5% 1.5% .4%
113 - Cooking fire, confined to container  Total - Fires  251 - Excessive heat, scorch burns with no ignition  Total - Overpressure Rupture, Explosion, Overheat - no fire  321 - EMS call, excluding vehicle accident with injury  322 - Vehicle accident with injuries  324 - Motor vehicle accident with no injuries  Total - Rescue & Emergency Medical Service Incidents  412 - Gas leak (natural gas or LPG)  440 - Electrical wiring/equipment problem, other  444 - Power line down  Total - Hazardous Conditions (No fire)	1 2 1 75 8 1 84 4 1 1	.4% .7% .4% .4% 27.3% 2.9% .4% 30.5% 1.5% .4% .4%
113 - Cooking fire, confined to container  Total - Fires  251 - Excessive heat, scorch burns with no ignition  Total - Overpressure Rupture, Explosion, Overheat - no fire  321 - EMS call, excluding vehicle accident with injury  322 - Vehicle accident with injuries  324 - Motor vehicle accident with no injuries  Total - Rescue & Emergency Medical Service Incidents  412 - Gas leak (natural gas or LPG)  440 - Electrical wiring/equipment problem, other  444 - Power line down  Total - Hazardous Conditions (No fire)  554 - Assist invalid	1 2 1 75 8 1 84 4 1 1 1 6	.4% .7% .4% .4% 27.3% 2.9% .4% .30.5% 1.5% .4% .4% 2.2%
113 - Cooking fire, confined to container  Total - Fires  251 - Excessive heat, scorch burns with no ignition  Total - Overpressure Rupture, Explosion, Overheat - no fire  321 - EMS call, excluding vehicle accident with injury  322 - Vehicle accident with injuries  324 - Motor vehicle accident with no injuries  Total - Rescue & Emergency Medical Service Incidents  412 - Gas leak (natural gas or LPG)  440 - Electrical wiring/equipment problem, other  444 - Power line down  Total - Hazardous Conditions (No fire)	1 2 1 75 8 1 84 4 1 1	.4% .7% .4% .4% 27.3% 2.9% .4% 30.5% 1.5% .4% .4%
113 - Cooking fire, confined to container  Total - Fires  251 - Excessive heat, scorch burns with no ignition  Total - Overpressure Rupture, Explosion, Overheat - no fire  321 - EMS call, excluding vehicle accident with injury  322 - Vehicle accident with injuries  324 - Motor vehicle accident with no injuries  Total - Rescue & Emergency Medical Service Incidents  412 - Gas leak (natural gas or LPG)  440 - Electrical wiring/equipment problem, other  444 - Power line down  Total - Hazardous Conditions (No fire)  554 - Assist invalid  Total - Service Call  600 - Good intent call, other	1 2 1 75 8 1 84 4 1 1 6 2 2	.4% .7% .4% .4% .27.3% .2.9% .4% .30.5% .1.5% .4% .4% .2.2% .7% .7% .4%
113 - Cooking fire, confined to container  Total - Fires  251 - Excessive heat, scorch burns with no ignition  Total - Overpressure Rupture, Explosion, Overheat - no fire  321 - EMS call, excluding vehicle accident with injury  322 - Vehicle accident with injuries  324 - Motor vehicle accident with no injuries  Total - Rescue & Emergency Medical Service Incidents  412 - Gas leak (natural gas or LPG)  440 - Electrical wiring/equipment problem, other  444 - Power line down  Total - Hazardous Conditions (No fire)  554 - Assist invalid  Total - Service Call  600 - Good intent call, other 611 - Dispatched & cancelled en route	1 2 1 75 8 1 84 4 1 1 6 2 2	.4% .7% .4% .4% .27.3% .2.9% .4% .30.5% .1.5% .4% .2.2% .7% .7% .4% .1.8%
113 - Cooking fire, confined to container  Total - Fires  251 - Excessive heat, scorch burns with no ignition  Total - Overpressure Rupture, Explosion, Overheat - no fire  321 - EMS call, excluding vehicle accident with injury  322 - Vehicle accident with injuries  324 - Motor vehicle accident with no injuries  Total - Rescue & Emergency Medical Service Incidents  412 - Gas leak (natural gas or LPG)  440 - Electrical wiring/equipment problem, other  444 - Power line down  Total - Hazardous Conditions (No fire)  554 - Assist invalid  Total - Service Call  600 - Good intent call, other  611 - Dispatched & cancelled en route  651 - Smoke scare, odor of smoke	1 2 1 75 8 1 84 4 1 1 6 2 2 1 5 2	.4% .7% .4% .4% .27.3% 2.9% .4% .30.5% .1.5% .4% .2.2%7%4% .1.8%7%
113 - Cooking fire, confined to container  Total - Fires  251 - Excessive heat, scorch burns with no ignition  Total - Overpressure Rupture, Explosion, Overheat - no fire  321 - EMS call, excluding vehicle accident with injury  322 - Vehicle accident with injuries  324 - Motor vehicle accident with no injuries  Total - Rescue & Emergency Medical Service Incidents  412 - Gas leak (natural gas or LPG)  440 - Electrical wiring/equipment problem, other  444 - Power line down  Total - Hazardous Conditions (No fire)  554 - Assist invalid  Total - Service Call  600 - Good intent call, other 611 - Dispatched & cancelled en route 651 - Smoke scare, odor of smoke  Total - Good Intent Call	1 2 1 1 75 8 1 84 4 1 1 6 2 2 1 5 2 8	.4% .7% .4% .4% .4% .27.3% .2.9% .4% .30.5% .4% .4% .2.2%7%7%4% .1.8%7%2.9%
113 - Cooking fire, confined to container  Total - Fires  251 - Excessive heat, scorch burns with no ignition  Total - Overpressure Rupture, Explosion, Overheat - no fire  321 - EMS call, excluding vehicle accident with injury  322 - Vehicle accident with injuries  324 - Motor vehicle accident with no injuries  Total - Rescue & Emergency Medical Service Incidents  412 - Gas leak (natural gas or LPG)  440 - Electrical wiring/equipment problem, other  444 - Power line down  Total - Hazardous Conditions (No fire)  554 - Assist invalid  Total - Service Call  600 - Good intent call, other  611 - Dispatched & cancelled en route  651 - Smoke scare, odor of smoke  Total - Good Intent Call  700 - False alarm or false call, other	1 2 1 75 8 1 84 4 1 1 6 2 2 1 5 2 8 3	.4% .7% .4% .4% .27.3% 2.9% .4% .30.5% 1.5% .4% .2.2%7%7%4% 1.8%7% 2.9% 1.1%
113 - Cooking fire, confined to container  Total - Fires  251 - Excessive heat, scorch burns with no ignition  Total - Overpressure Rupture, Explosion, Overheat - no fire  321 - EMS call, excluding vehicle accident with injury  322 - Vehicle accident with injuries  324 - Motor vehicle accident with no injuries  Total - Rescue & Emergency Medical Service Incidents  412 - Gas leak (natural gas or LPG)  440 - Electrical wiring/equipment problem, other  444 - Power line down  Total - Hazardous Conditions (No fire)  554 - Assist invalid  Total - Service Call  600 - Good intent call, other 611 - Dispatched & cancelled en route 651 - Smoke scare, odor of smoke  Total - Good Intent Call	1 2 1 1 75 8 1 84 4 1 1 6 2 2 1 5 2 8	.4% .7% .4% .4% .4% .27.3% .2.9% .4% .30.5% .4% .4% .2.2%7%7%4% .1.8%7%2.9%

	Count	
736 - CO detector activation due to malfunction	1	.4%
740 - Unintentional transmission of alarm, other	. 1	.4%
746 - Carbon monoxide detector activation, no CO	1	.4%
Total - False Alarm & False Call	8	2.9%
9001 - Dispatch Error	1	.4%
Total - Special Incident Type	1	.4%
UUU - Undetermined incident type	1	.4%
	1	.4%
Total for Station	113	41.1%
	275	100.0%

# **Municipal Response Times Report**

For Dates Beginning 9/1/18 Ending 9/30/18 Incident Types selected for analysis: All For All Priority Types



Time in	Alarm to	Percent	Cumul	lative	Dispatch to	Percent	Cumu	lative	Enroute to	Percent	Cumula	ative	Alarm to	Percent	Cumul	ative	Dispatch to	Percent	Cumula	ntive
Minutes	Dispatch	Total	Response	s Percent	Enroute	Total	Response	es Percent	Arrival	Total	Responses	Percent	Arrival		Response	Percent	Arrival	771 - 4 - 1	Responses	Percent
0 - 1	155	57.20	155	57.20	79	30.04	79	30.04	18	7.06	18	7.06	3	1.15	3	1.15	6	2.30	6	2.30
1 - 2	93	34.32	248	91.51	131	49.81	210	79.85	21	8.24	39.00	15.29	7	2.68	10.00	3.83	9	3.45	15	5.75
2 - 3	20	7.38	268	98.89	44	16.73	254	96.58	50	19.61	89.00	34.90	13	4.98	23.00	8.81	20	7.66	35	13.41
3 - 4	0	0.00	268	98.89	4	1.52	258	98.10	47	18.43	136.00	53,33	15	5.75	38.00	14.56	37	14.18	72	27.59
4 - 5	2	0.74	270	99.63	3	1.14	261	99.24	37	14.51	173.00	67.84	39	14.94	77.00	29.50	45	17.24	117	44.83
5 - 6	0	0.00	270	99.63	1	0.38	262	99.62	30	11.76	203.00	79.61	44	16.86	121,00	46.36	39	14.94	156	59.77
6 - 7	0	0.00	270	99.63	0	0.00	262	99.62	17	6.67	220.00	86.27	35	13.41	156.00	59.77	33	12.64	189	72.41
7 - 8	0	0.00	270	99.63	0	0.00	262	99.62	15	5.88	235.00	92.16	32	12.26	188.00	72.03	31	11.88	220	84.29
8 - 9	0	0.00	270	99.63	0	0.00	262	99.62	9	3.53	244.00	95.69	24	9.20	212.00	81.23	16	6.13	236	90.42
9 - 10	1	0.37	271	100.00	0	0.00	262	99.62	2	0.78	246.00	96.47	18	6.90	230.00	88.12	9	3.45	245	93.87
10 +	0	0.00	271	100.00	1	0.38	263	100.00	9	3.53	255.00	100.00	31	11.88	261.00	100.00	16	6.13	261	100.00
					1								ı				Į.			

Incident Total:

271

#### Average Times per Incident

Average PSAP Processing Time: 0 minute(s) 56 second(s) (Alarm to Dispatch)

Percent less than or equal to 60 Seconds: 57.20 Percent less than or equal to 90 Seconds: 82.29

Average Fire Department Turn Out Time: 1 minute(s) 56 second(s) (Dispatch to Enroute)

Average Fire Department Turn Out and Travel Time: 5 minute(s) 39 second(s)

(Dispatch to Arrive)

Average Municipal Response Time: 6 minute(s) 36 second(s) (Alarm to Arrive)

#### Percentile Response Times in Accordance with NFPA Standards

PSAP Processing Time less than 60 seconds: 57.20% (Alarm to Dispatch)

Fire Department Turn Out Time less than 60 seconds: 30.04% (Dispatch to Enroute)

Fire Department Travel Time less than 4 minutes: 53.33% (Enroute to Arrive)

# Listing of Mutual Aid Responses by Mutual Aid Department and Incident Type



Time Period: 9/1/18 - 9/30/18

11110 1 011001 7, 1, 20	3.00.20									
No Mutual Aid Department Entered										
For Incident Typ	es Beginning: 1									
Mutual aid r	received (1)									
180002009	9/4/18 7:34:18PM	100			46600 PORT					
Subtotal Mutu	al aid received			1						
Subtotal Incident T	ypes Beginning with 1		1							
For Incident Typ	es Beginning: 3									
Mutual aid r	received (1)									
180002159	9/20/18 4:19:55PM	321			11352 EASTSIDE DR					
180002219	9/27/18 10:22:59AM	321			11544 BROWNELL					
Subtotal Mutu	al aid received			2						
Mutual aid g	riven (3)									
180002019	9/5/18 10:13:58PM	322			WB I-96 east of I-275 HWY					
180002025	9/6/18 2:02:19PM	321			8121 N LILLEY					
180002105	9/15/18 4:50:05PM	321			16100 HAGGERTY RD					
180002106	9/15/18 9:50:22PM	321			2570 HIDDEN WOODS					
180002149	9/19/18 6:56:10PM	321			39409 JOY RD					
180002175	9/22/18 12:34:28PM	321			45700 SIX MILE RD					
180002189	9/23/18 8:29:17PM	321			41640 FORD					
180002192	9/24/18 12:32:48AM	321			STATE HWY					
Subtotal Mutu	al aid given			8						
Subtotal Incident T	ypes Beginning with 3		10							
For Incident Typ	es Beginning: 4									
Mutual aid r	received (1)									
180002117	9/16/18 9:22:00PM	424			39647 GREENVIEW PL					
Subtotal Mutu	al aid received			1						
Subtotal Incident T	ypes Beginning with 4		1							
For Incident Typ	es Beginning: 5									

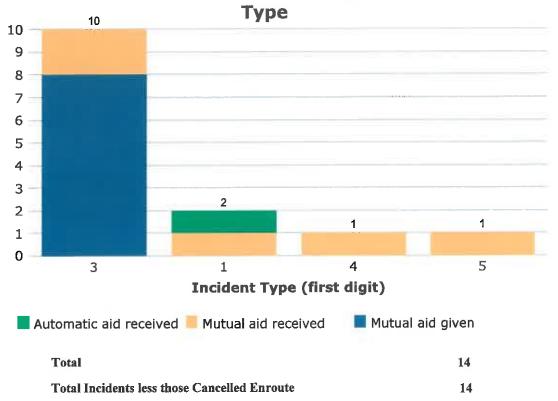
Printed: 10/5/18 Page 1 of 3

Time Period: 9/1/18 - 9/30/18				
Mutual aid received (1)				
180002003 9/4/18 12:13:05PM	551			ANN ARBOR TRL
Subtotal Mutual aid received			1	
Subtotal Incident Types Beginning with 5		1		
		13		
Department: City of Northville FD				
For Incident Types Beginning: 1				
Automatic aid received (2)				
180002011 9/5/18 1:47:11AM	113	08232		40275 PLYMOUTH RD
Subtotal Automatic aid received			1	
Subtotal Incident Types Beginning with 1		1		
Subtotal City of Northville FD		1		
Department: Northville Twp FD				
For Incident Types Beginning: 1				
Automatic aid received (2)				
180002011 9/5/18 1:47:11AM	113	08255		40275 PLYMOUTH RD
Subtotal Automatic aid received			1	
Subtotal Incident Types Beginning with 1		1		

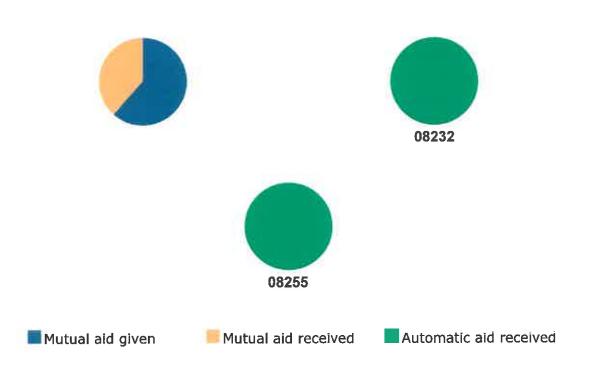
1

Subtotal Northville Twp FD

# Mutual Aid Incidents by Incident Type and Mutual Aid



# **Mutual Aid Incidents by Department**



# **Agency Activity Summary**

# Plymouth Township Fire Dept

Agency: Plymouth Township Fire Dept | Service Date: From 09/01/2018 Through 09/30/2018

Total	Number	of	ePCRs:	17	9
Total	Number	of	Incident	<b>s</b> :	171

By Branch
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By Branch					
01 Station 1 = 71	02 Sta	tion 2 = 2	29 03	3 Station 3 = 79	
Run Disposition	<u>#</u>	<u>%</u>		<u>#</u>	<u>%</u>
Treated/Transported	25	14.0%	Dead Prior To Arrival	4	2.2%
Treated / Transferred Care	113	63.1%	Dead After Arrival	N/A	N/A
Treated/No Transport (AMA)	31	17.3%	Treat/Transported by Private V	eh. N/A	N/A
Treated / No Transport (Per Protocol)	N/A	N/A	Assist	1	0.6%
Transported / Refused Care	N/A	N/A	Other	5	2.8%
No Transport / Refused Care	N/A	N/A	No Patient Found	N/A	N/A
Cancelled	N/A	N/A			
Left Blank	N/A	N/A			
Run Type	#	%		#	<u>%</u>
	_	_			_
	178		Non-Emergency Runs	1	0.6%
Emergency Runs Stand By			Non-Emergency Runs Stand By	— <u> </u>	
Emergency Runs	178	99.4%	<del>-</del> -	1	0.6%
Emergency Runs Stand By	178 N/A	99.4% N/A	Stand By	1 N/A	0.6% N/A
Emergency Runs Stand By Mutual Aid	178 N/A 2	99.4% N/A 1.1%	Stand By Mutual Aid	1 N/A N/A	0.6% N/A N/A
Emergency Runs Stand By Mutual Aid Interfacility Intercept	178 N/A 2 N/A	99.4% N/A 1.1% N/A N/A	Stand By Mutual Aid Interfacility Intercept	1 N/A N/A N/A N/A	0.6% N/A N/A N/A
Emergency Runs Stand By Mutual Aid Interfacility	178 N/A 2 N/A N/A	99.4% N/A 1.1% N/A N/A	Stand By Mutual Aid Interfacility	1 N/A N/A N/A N/A	0.6% N/A N/A N/A N/A
Emergency Runs Stand By Mutual Aid Interfacility Intercept  Emergency Runs (Scheduled)	178 N/A 2 N/A N/A	99.4% N/A 1.1% N/A N/A	Stand By Mutual Aid Interfacility Intercept  Non-Emergency Runs (Schedu	1 N/A N/A N/A N/A N/A	0.6% N/A N/A N/A N/A
Emergency Runs Stand By Mutual Aid Interfacility Intercept  Emergency Runs (Scheduled) Stand By	178 N/A 2 N/A N/A N/A	99.4% N/A 1.1% N/A N/A N/A	Stand By Mutual Aid Interfacility Intercept  Non-Emergency Runs (Schedu Stand By	1 N/A N/A N/A N/A N/A	0.6% N/A N/A N/A N/A N/A

Emergency Type Left Blank: 0

## **Runs by Unit**

I VOILIGE IN Y															
_	Total	Treat/	Treat/	Treat/No	Treat/No	Transp/		Dead	Dead	T/T	No Trans	1		No Pat.	
<u>Unit</u>	Runs	Transp	<u>Transfer</u>	Transp(AMA)	Transp(PP)	Ref. Care	Cancelled	Prior Arr	After Arr	Priv Veh	Ref. Care	<u>Assist</u>	<u>Other</u>	Found	
ENG1	2	0	0	0	0	0	0	0	0	0	0	0	2	0	
ENG3	2	0	1	0	0	0	0	0	0	0	0	0	1	0	
RES1	64	13	34	13	0	0	0	3	0	0	0	0	. 1	0	
RES2	36	Ū.	27	8	0	0	0	1	0	0	0	0	0	0	
RES3	75	12	51	10	0	0	0	0	0	0	0	1	1	0	
Total	179	25	113	31	0	0	0	4	0	0	0	1	5	0	

# Runs by Service Level

Dispatched			Recommended		
Service Level	<u>#</u>	<u>%</u>	Service Level	<u>#</u>	<u>%</u>
BLS	17	9.5%	BLS	123	68.7%
ALS	162	90.5%	ALS1	55	30.7%
SCT	N/A	N/A	ALS2	1	0.6%
			SCT	N/A	N/A
			Rotary Wing	N/A	N/A
			Fixed Wing	N/A	N/A

# Runs by Insurance Type with Service Level (Multiple insurance types may have

been marked on a run)

<u>Type</u>	BLS	<u>%</u>	ALS1	<u>%</u>	ALS2	<u>%</u>	<u>SCT</u>	%Rotan	y Wing	%Fixe	d Wing	<u>%</u>	<u>Total</u>	<u>%</u>
None	123	68.7%	55	30.7%	1	0.6%	N/A	N/A	N/A	N/A	N/A	N/A	179 1	00.0%

# Runs by Primary PI (Note - Primary PI is based on the ICD-10 priority setup in HealthEMS)

J	Itulia by Filliary Fi (Note - 1 Illiar)	1110	Dasou
	Description	<u>#</u>	<u>%</u>
	Abdominal Pain	5	2.8%
	Allergic Reaction	3	1.7%
	Alt. Level Conscious	9	5.0%
	Anxiety	14	7.8%
	Asthma Symptoms	2	1.1%
	Back Pain (No Trauma)	5	2.8%
	Behavioral Disorder	2	1.1%
	Cardiac Arrest	3	1.7%
	Cardiac Symptoms	1	0.6%
	Chest Pain	11	6.1%
	Depression (acute)	1	0.6%
	Diabetic Symptoms	5	2.8%
	Dizziness	6	3.4%
	Dyspnea-SOB	6	3.4%
	Flu Symptoms	5	2.8%
	GI -Constipation	2	1.1%
	Headache (no trauma)	1	0.6%
	Migraine	1	0.6%
	Monitoring Required	4	2.2%
	Nausea	2	1.1%
	No Medical Problem	6	3.4%
	OB/Gyn	1	0.6%
	Obvious Death	2	1.1%
	Post-Op Complication	1	0.6%
	Psychiatric Emerg.	5	2.8%
	Seizure	1	0.6%
	Syncope/Fainting	5	2.8%
	Trauma Injury	30	16.8%
	Unconscious	1	0.6%
	Unknown Medical	9	5.0%
	Urination Problem	1	0.6%
	Vomiting	3	1.7%
	Weakness	21	11.7%
	Left Blank	5	2.8%
	Total	179	100.0%

# Runs by Dispatch (EMD) Code

Runs by Dispatch (EIMD) Code		
Description	<u>#</u>	<u>%</u>
1 Abdominal Pain	6	3.4%
10 Chest Pain [non-traumatic]	12	6.7%
12 Convulsions/Seizures	3	1.7%
13 Diabetic	5	2.8%
17 Falls	30	16.8%
18 Headache	1	0.6%
2 Allergies/Envenomations	2	1.1%
20 Heat/Cold Exposure	1	0.6%
21 Hemorrhage/Lacerations	1	0.6%
23 Overdose/poisoning	1	0.6%
25 Psychiatric/Abnormal behavior/Suicide Attempt	7	3.9%
26 Sick Person	37	20.7%
28 Stroke [CVA]	2	1.1%
29 Traffic/Accidents	15	<b>8.4%</b> .
3 Animal Bites/Attacks	2	1.1%
30 Traumatic Injuries	1	0.6%
31 Unconscious/Fainting	9	5.0%
32 Unknown Problem	7	3.9%
35 Standby Police Scene	1	0.6%
38a Citizen assist	1	0.6%
4 Assault/Sexual Assault	1	0.6%
5 Back Pain	6	3.4%
6 Breathing Problems	13	7.3%
88 Not applicable	2	1.1%
9 Cardiac or Respiratory Arrest/Death	4	2.2%
99 Unknown	4	2.2%
Left Blank	5	2.8%
Total	179	100.0%

# Transport From (Category)

	#	<u>%</u>
Scene of Accident or Acute Event	1	0.6%
Left Blank	178	99.4%
Total	179	100.0%
Transport From (Facility)		
	#	%
Left Blank	179	100.0%
Total	179	100.0%
Transport To (Destination Facility)		
Transport To (Destination Facility)	#	%
	<u>#</u> 106	<u>%</u> 59.2%
Transport To (Destination Facility)  St Mary Livonia ER  -Left Blank	_	
St Mary Livonia ER	106	59.2%
St Mary Livonia ER  —Left Blank	106 41	59.2% 22.9%
St Mary Livonia ER  —Left Blank Providence Park ER-Novi	106 41 10	59.2% 22.9% 5.6%
St Mary Livonia ER  -Left Blank Providence Park ER-Novi UNIVERSITY OF MICHIGAN ER	106 41 10 9	59.2% 22.9% 5.6% 5.0%
St Mary Livonia ER  -Left Blank Providence Park ER-Novi UNIVERSITY OF MICHIGAN ER St Joe Ann Arbor ER	106 41 10 9 6	59.2% 22.9% 5.6% 5.0% 3.4% 1.7%
St Mary Livonia ER  -Left Blank Providence Park ER-Novi UNIVERSITY OF MICHIGAN ER St Joe Ann Arbor ER Henry Ford West Bloomfield	106 41 10 9 6 3	59.2% 22.9% 5.6% 5.0% 3.4% 1.7%

# **Incident Summary by Incident Type**

For Dates: 9/1/18 - 9/30/18



Incident Type	Incident Count	Average Response Time	Total Loss	Total Value
No Shift Entered		2 2222		
No Station Entered				
Rescue & Emergency Medical Service Incidents	1	208,738:42:57	\$ 0.00	\$ 0.00
Special Incident Types	1	208,742:07:23	\$ 0.00	\$ 0.00
Total for No Station Entered	2	208,740:25:10	\$ 0.00	\$ 0.00
Total for No Shift Entered	2.00	208,740:25:10	\$ 0.00	\$ 0.0
Shift: A				
Station: ST1				
Fires	1	00:09:40	\$ 10.00	\$ 875,000.00
Rescue & Emergency Medical Service Incidents	27	00:06:24	\$ 0.00	\$ 0.00
Hazardous Conditions (No fire)	1	00:03:53	\$ 0.00	\$ 0.00
Service Calls	3	00:04:51	\$ 0.00	\$ 0.00
False Alarm & False Calls	5	00:06:39	\$ 0.00	\$ 0.00
Total for Station: ST1	37	00:06:20	\$ 10.00	\$ 875,000.00
Station: ST2				
Fires	1	00:02:01	\$ 0.00	\$ 0.00
Rescue & Emergency Medical Service Incidents	16	00:06:12	\$ 0.00	\$ 0.00
Hazardous Conditions (No fire)	2	00:06:44	\$ 0.00	\$ 0.00
Service Calls	1	00:05:27	\$ 0.00	\$ 0.00
False Alarm & False Calls	5	00:04:01	\$ 0.00	\$ 0.00
Total for Station: ST2	25	00:05:36	\$ 0.00	\$ 0.00
Station: ST3			····	
Fires	2	00:07:32	\$ 200,000.00	\$ 49,000,000.00
Rescue & Emergency Medical Service Incidents	33	00:06:49	\$ 0.00	\$ 0.00
Hazardous Conditions (No fire)	3	00:07:18	\$ 0.00	\$ 0.00
Good Intent Calls	1	00:00:00	\$ 0.00	\$ 0.00
False Alarm & False Calls	3	00:06:26	\$ 0.00	\$ 0.00
	1	00:09:20	\$ 0.00	\$ 0.00
Total for Station: ST3	43	00:06:46	\$ 200,000.00	\$ 49,000,000.00
Total for Shift: A	105.00	00:06:20	\$ 200,010.00	\$ 49,875,000.00
Shift: B				
Station: ST1				
Fires	1	00:07:46	\$ 0.00	\$ 0.00
Rescue & Emergency Medical Service Incidents	24	00:06:42	\$ 0.00	\$ 0.00
Hazardous Conditions (No fire)	5	00:06:43	\$ 0.00	\$ 0.00
Service Calls	2	00:07:23	\$ 0.00	\$ 0.00
False Alarm & False Calls	1	00:06:57	\$ 0.00	\$ 0.00
Total for Station: ST1	33	00:06:47	\$ 0.00	\$ 0.00
Station: ST2				

Page 1 of 2 Printed: 10/5/18

### **Incident Summary by Incident Type**

Incident Type	Incident Count	Average Response Time	Total Loss	Totał Value
Rescue & Emergency Medical Service Incidents	7	00:07:07	\$ 0.00	\$ 0.00
Service Calls	2	00:05:29	\$ 0.00	\$ 0.00
Good Intent Calls	2	00:00:00	\$ 0.00	\$ 0.00
False Alarm & False Calls	1	00:04:57	\$ 0.00	\$ 0.00
Total for Station: ST2	12	00:05:29	\$ 0.00	\$ 0.00
Station: ST3				
Rescue & Emergency Medical Service Incidents	28	00:06:45	\$ 0.00	\$ 0.00
Hazardous Conditions (No fire)	2	00:06:41	\$ 0.00	\$ 0.00
Service Calls	1	00:08:47	\$ 0.00	\$ 0.00
Good Intent Calls	3	00:02:35	\$ 0.00	\$ 0.00
False Alarm & False Calls	1	00:04:06	\$ 0.00	\$ 0.00
Total for Station: ST3	35	00:06:22	\$ 0.00	\$ 0.00
Total for Shift: B	80.00	00:06:24	\$ 0.00	\$ 0.00
Shift: C				
Station: ST1				
Rescue & Emergency Medical Service Incidents	25	00:06:05	\$ 0.00	\$ 0.00
Hazardous Conditions (No fire)	2	00:08:32	\$ 0.00	\$ 0.00
Service Calls	3	00:05:10	\$ 0.00	\$ 0.00
Good Intent Calls	4	00:03:12	\$ 0.00	\$ 0.00
False Alarm & False Calls	1	00:09:40	\$ 0.00	\$ 0.00
Total for Station: ST1	35	00:05:55	\$ 0.00	\$ 0.00
Station: ST2			# O OO	
Rescue & Emergency Medical Service Incidents	13	00:05:58	\$ 0.00	\$ 0.00
Service Calls	2	00:09:17	\$ 0.00	\$ 0.00
Good Intent Calls	3	00:00:00	\$ 0.00	\$ 0.00
Total for Station: ST2	18	00:05:21	\$ 0.00	\$ 0.00
Station: ST3	1	00:05:57	\$ 0.00	\$ 0.00
Overpressure Rupture, Explosion, Overheat - no fire	23	00:07:24	\$ 0.00	\$ 0.00
Rescue & Emergency Medical Service Incidents	1	00:07:24	\$ 0.00	\$ 0.00
Hazardous Conditions (No fire) Service Calls	1	00:10:46	\$ 0.00	\$ 0.00
Good Intent Calls	4	00:04:18	\$ 0.00	\$ 0.00
False Alarm & False Calls	4	00:05:06	\$ 0.00	\$ 0.00
Special Incident Types	1	00:00:01	\$ 0.00	\$ 0.00
Total for Station: ST3	35	00:06:44	\$ 0.00	\$ 0.00
Total for Shift: C	88.00	00:06:07	\$ 0.00	\$ 0.00
Total <sup>®</sup>	275.00	1,518:12:58	\$ 200,010.00	\$ 49,875,000.00

### **Inspection Volume**

10/4/2018 2:50:31 PM

### Filters:

- Inspection Source: Internal Department Only
- · Start Date: 9/1/2018 12:00:00 AM
- End Date:9/30/2018 11:59:59 PM
- · Inspector:-aii-
- · Occupancy Type:-all-
- IFC Occupant Class:-all-

- · Occupancy Number:-all-
- Zip Code:-all-
- Address:-all-
- · Street Name: -all-
- Inspection Type: -all Fire Safety types-
- · Section Number: -all-

### Volume by Inspector

A WEIL	# of	Violations	Occupant
Conroy, William	Inspections <sup>1</sup>	Cited	Sq. Ft.
Annual <sup>FS</sup>	26		22,800
Semi-Annual (twice a year) FS	4		0
2-Year FS	4		15,675
3-Year FS	3		18,000
Final - Occupancy FS	1		0
Freedom of Information FS	2		0
Re-inspect FS	8		0
Annual (3)			
2-Year (1)			
3-Year (4)			
Total 8 <sup>3</sup>			
Reoccupancy FS	2		1,040
Site Plan FS	3		10,054
Special Event FS	1		30,580
Suppression System FS	2		50,000
Total	56	15	148,149

### **Totals**

Otala					
	# of Inspections <sup>1</sup>	Violations Cited	Violations Cleared <sup>2</sup>	Violations Remaining	Occupant Sq. Ft.
Annual <sup>FS</sup>	26				22,800
Semi-Annual (twice a year)	4				0
2-Year <sup>FS</sup>	4				15,675
3-Year <sup>FS</sup>	3				18,000
Final - Occupancy <sup>FS</sup>	1				0
Freedom of Information FS	2				0
Re-inspect <sup>FS</sup>	8				0
Reoccupancy <sup>FS</sup>	2				1,040
Site Plan <sup>FS</sup>	3				10,054
Special Event <sup>FS</sup>	1				30,580
Suppression System <sup>FS</sup>	2				50,000
Total <sup>5</sup>	56	15	0	15	148,149

<sup>&</sup>lt;sup>1</sup>This is actually a count for the inspection type. A single inspection with two types will total as two not one.

<sup>&</sup>lt;sup>2</sup>Cleared violations from re-inspections outside the date range ARE included if initial inspection falls within date range.

<sup>&</sup>lt;sup>3</sup>One re-inspection can encompass multiple inspection types - this is why the re-inspection type-specific total is frequently greater than the # of inspections.

FS Fire Safety Inspection.

<sup>&</sup>lt;sup>5</sup>Filtering out portal inspections can cause violations cited to be less than violations cleared (violation cited count comes from both department and portal inspections, while violations cleared only come from department inspections).

### Jowsey, Nancy L

From:

Stevenson, Tom <Thomas.Stevenson@mckesson.com>

Sent:

Monday, October 15, 2018 1:25 PM

To:

Phillips, Dan; Jowsey, Nancy L

Subject:

RE: CPR class Thank you

Non-stop, not non-spot.... Corrected below

We want to send a note of gratitude to all the staff at the Plymouth Township Fire Department. In the summer of 2016 my family and I took the CPR course at the Haggerty Road location. We were grateful to learn and to become certified in CPR, hoping and thinking we would never need to use it.

A year went by, and gratefully there was no need.

Almost exactly a year after this course, July, 18, 2017, my wife Jeanne and I came upon a very bad accident in Terre Haute, Indiana. A semi did not stop, nor brake, in a stopped construction back up and rear ended a Honda Odyssey mini-van. In that van there were 4 people, a young mother and her three children, ages, 5, 3 and 1. As there was no one on scene yet, several of us civilians jumped into action. I was able to get the one year old out of her car seat, and off to two gentlemen who immediately began CPR. The three year old was removed from the van and was laid down in the median, I was with him, he was not breathing, so I remembered my training from the prior year, the entire procedure and steps came to my mind, and I was able to perform a few compressions and he began to breathe. Next was to get the mother to her son. She was in very dazed and confused, but able to walk and no apparent injuries. She asked where her other son was. I said right here, she said no. We then realized that was one more in the mangled mess, that we later learned was a mini-van, not a sub-compact. Several then rushed to the van and tore the roof off with their hands, to get the 5 year old out. He was not breathing, and was in very bad shape, a nurse and I performed non-stop CPR on him until FMS arrived on scene.

Sadly the 1 year old girl, Finley, and her 5 year old brother, Brennan, did not survive the accident. Thanks to your team in Plymouth Michigan and the excellent training given to us one year earlier, the 3 year old, Jorden, though badly injured, med-flighted, broken arm, broken leg, both on his right side, has made a complete recovery, as has his Mom, Christina. We keep in touch from time to time on his progress. He is now back to running and playing with his Mom, Dad and new baby brother.

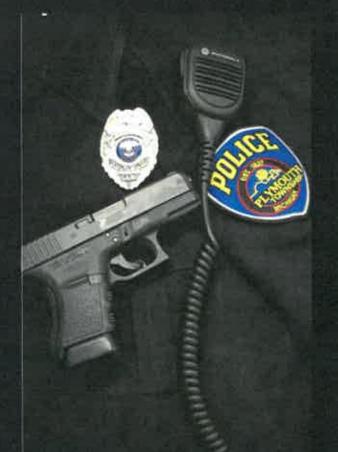
To the heroes at the Plymouth Township Fire Department, We say thank you for teaching me the skills I hoped to never use, yet on that day brought so much to this family. They also know peace, in their sadness, that their other two children were given CPR, by the 4 people on scene who were trained, and everything was done to help them, so there are not "what-ifs" to have night mares over, as far as the resuscitation was concerned.

They have expressed their gratitude, We now extend that to you all.

To all who taught us, we say thank you for helping to save a life in Indiana. We are forever grateful to you all.

God Bless you.

Tom and Jeanne Stevenson Plymouth, MI 734-812-1913



2018
MONTHLY
REPORTS

PLYMOUTH TOWNSHIP POLICE SEPTEMBER

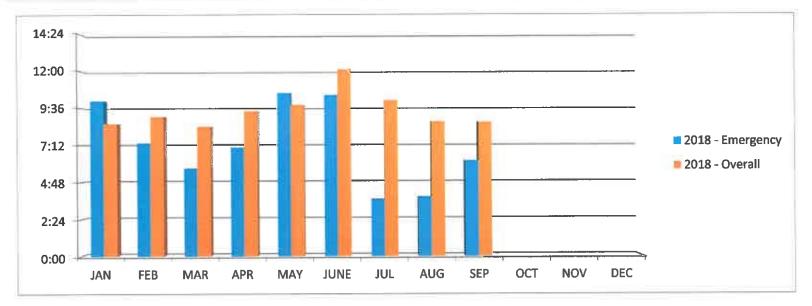
WWW.PLYMOUTHTWP.ORG

### **PART-ONE CRIMES**

			Ja	nuary 1,	2018 th	rough De	cembe	r 31, 201	18				
2018	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEP	OCT	NOV	DEC	YTD TOTAL
Murder	0	0	0	0	0	0	0	0	0				0
CSC	1	1	0	0	1	0	1	0	4				8
Robbery	0	0	1	0	1	0	0	0	0				2
Aggravated Assault	0	0	3	0	1	0	1	2	2				9
Burglary	1	0	1	0	1	5	2	1	1				12
Larceny	7	5	1	9	22	13	14	14	9				94
Auto Theft	1	1	0	1	0	3	0	2	0				8
Arson	0	0	0	0	0	0	0	0	0				0
Retail Fraud	1	0	2	0	1	0	2	1	1				8
Total	11	7	8	10	27	21	20	20	17				141
					CALLS	FOR SEI	RVICE						
2018	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEP	OCT	NOV	DEC	YTD TOTAL
Part A Crimes	47	40	35	33	53	50	48	48	42				396
All Other Crimes	97	78	99	45	105	108	95	117	111				855
Total	144	118	134	78	158	158	143	165	153				

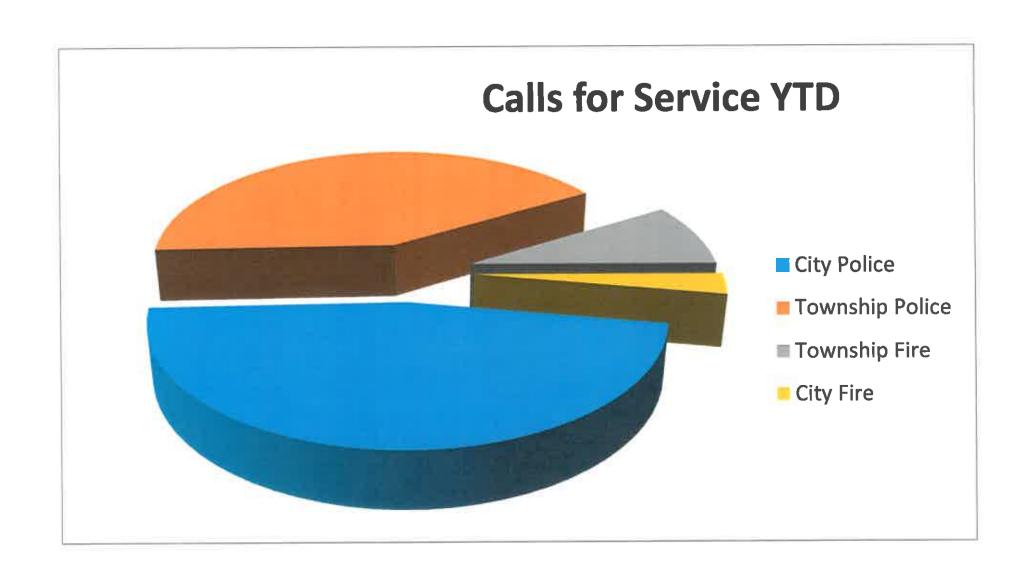
### **RESPONSE TIME**

2018	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEP	ОСТ	NOV	DEC
2018 - Emergency	10:04	7:20	5:41	7:03	10:34	10:26	3:39	3:48	6:10			
2018 - Overall	8:35	9:03	8:24	9:24	9:48	12:06	10:05	8:42	8:40			



### **DISPATCH CENTER**

2018	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEP	OCT	NOV	DEC	YTD
# of 911 Calls	1,177	1,028	1,124	1,169	1,243	1,329	1,400	1,284					9,754
# of Non-Emergency Calls	2,696	2,571	2,637	2,487	2,816	2,705	2,883	2,692	2,576				24,063
Total													
			P	OLICE	<b>AND</b>	FIRE F	RESPO	NSE					
2018	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEP	OCT	NOV	DEC	YTD
City Police	1,500	1,231	1,408	1,226	1,483	1,350	1,401	1,321	1,400				12,320
Township Police	1,248	976	1,218	1,107	1,333	1,331	1,285	1,346	1,245				11,089
Township Fire	273	232	262	227	249	224	269	239	275				2,250
City Fire	77	81	78	74	86	70	98	80	87				731
Total	3,098	2,520	2,966	2,634	3,151	2,975	3,053	2,986	3,007				26,390

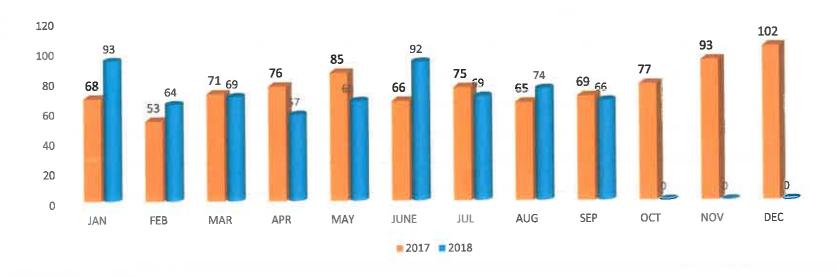


### TRAFFIC ACCIDENT SUMMARY

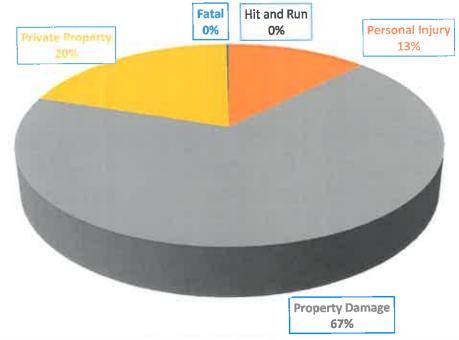
			JANUA	ARY 1, 2	018 THR	OUGH D	ECEME	BER 31,	2018				
2018	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEP	OCT	NOV	DEC	YTD TOTAL
Fatal	0	0	0	0	0	0	0	0	0				0
Personal Injury	12	9	7	13	3	8	14	7	9				82
Property Damage	68	44	49	34	47	61	40	47	49				439
Private Property	13	11	13	10	16	22	15	20	8				128
Hit and Run	0	0	0	0	0	1	0	0	0				1
Total	93	64	69	57	66	92	69	74	66	0	0	0	650

			JANU	ARY 1, 2	2017 TH	ROUGH I	DECEM	BER 31,	2017				
2017	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEP	OCT	NOV	DEC	YTD TOTAL
Fatal	0	0	0	0	0	0	0	0	0	0	0	0	0
Personal Injury	6	4	4	14	15	21	17	13	14	10	14	15	147
Property Damage	58	45	64	55	66	42	53	45	46	62	69	76	681
Private Property	3	4	3	6	4	3	5	7	9	5	9	11	69
Hit and Run	1	0	0	1	0	0	0	0	0	0	1	0	3
Total	68	53	71	76	85	66	75	65	69	77	93	102	900

### Traffic Accidents 2017 vs 2018



### **REPORTED ACCIDENTS BY TYPE - YTD 2018**



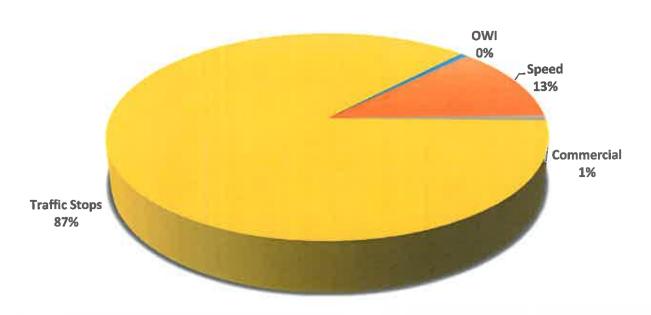
Page 2

### TRAFFIC VIOLATION SUMMARY

<b>MAR</b> 3 40	APR 1	MAY 4	JUNE 2	JUL 4	AUG 7	SEP 3	ОСТ	NOV	DEC	YTD TOTAL
_	1			4	7	3				33
40	45	00	444							
70	45	83	114	82	102	75				590
0	0	5	5	14	0	6				34
432	392	521	578	529	622	550				4,330
	0 432									

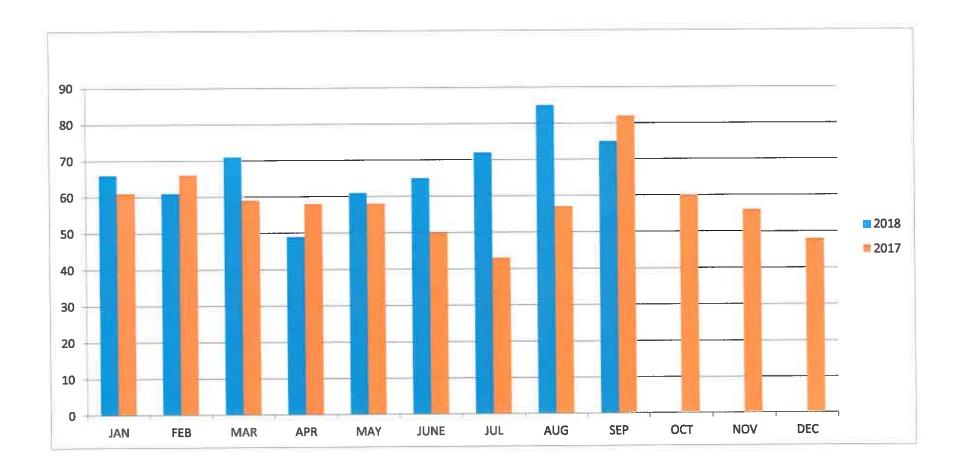
					Numbe	r of Arre	sts						
2018	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEP	OCT	NOV	DEC	YTD TOTAL
Felony	9	8	7	5	7	11	10	12	5				74
Misdemenor	57	53	64	44	54	54	62	73	70				531
Citations	230	139	236	192	248	317	241	283	277				2,163
Total	296	200	307	241	309	382	313	368	352				2,768

## Traffic Violations Issued by Type Year to Date 2017



### **NUMBER OF ARRESTS**

	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEP	OCT	NOV	DEC	YTD TOTAL
2018	66	61	71	49	61	65	72	85	75				605
2017	61	66	59	58	58	50	43	57	82	60	56	48	698



### **MCKENNA**



### **MEMORANDUM**

To: Plymouth Township Board of Trustees and Planning Commission

From: Laura E. Haw, AICP, McKenna and Planning Director, Plymouth Township; and

Jennifer Neal, Planner, McKenna

Date: October 11, 2018

Re: September 2018 Monthly Report: Planning and Zoning Department

#### PLANNING AND ZONING

McKenna provides day-to-day assistance to the Township, applicants and public regarding zoning, planning and economic redevelopment matters, including on-site offices hours every Tuesday, Wednesday and Thursday. The following is McKenna's monthly report to the Township, which covers significant Planning and Zoning activities and services in September.

### **Township Planning and Zoning Activity**

As part of our services to the Township, McKenna reviews Planning Commission applications and plans and provides recommendations on long range planning, land use, zoning and design. There are also a number of administrative site plans / projects that McKenna reviews and administers. The following is a summary of current and ongoing site plans, special land uses, rezonings, text amendments and land reconfigurations:

PLANNING AND ZONING	S PROJECTS
Project	Current Status and Progress (New items since last month are <u>underlined and bold</u> )
#2138 49600 Ann Arbor Road	Final stamping process initiated in 2015. Insufficient documentation provided to close file. The Planning Department receives numerous inquiries about this site as it was cleared and stalled. Policies are in place to ensure this will not occur again.
Andover Forest	Applicant has submitted revised legal documentation (based on the modifications required by Township Attorney Kevin Bennett) which are presently under review.
	Once finalized, final recorded documents must be submitted and the applicant can apply for the final stamping process.
#2147	One year extension requested and granted at the April 18, 2018 Planning Commission.
14415 Sheldon Road EZ Storage	New materials must be submitted by 04.18.19. With no change in application, the file will be closed on 04.18.19 and the approved site plan null and void.

PLANNING AND ZONING	PROJECTS
Project	Current Status and Progress (New items since last month are underlined and bold)
#2232	Final site plan approval (building expansion) granted by the Planning Commission, December 2017.
39600 Ann Arbor Road  Dunkin Donuts	Permits from Wayne County and subject to the conditions of final engineering approval.  Once finalized, applicant to submit for the final stamping process.
#2235	On-site landscape review conducted by McKenna, near compliance, 90% of bond released.
40475 Plymouth Road  Arctic Pond Ice Arena	Applicant to work with the Building Department on permits.
#2245 15257 Beck Road Plymouth Plaza	Final site plan approval (two-building, multi-tenant commercial plaza) granted by the Planning Commission, August 2017. Seven (7) administrative reviews have since been conducted due to remaining outstanding conditions of Commission approval. Revised site plan review; the plan has experienced significant adjustments per Wayne County and the applicant since final site plan approval.
	Resubmittal by applicant has yet to be made for revised plans, final review by Planning Commission is required.
#2248	Revised, final site plan approval (building expansion and site improvements) granted by the Planning Commission, May 2018.
49200 Halyard Drive Adient	Final permits and subject to the conditions of final engineering approval. Currently finalizing engineering.  Once complete, applicant to submit for the final stamping process.
#2269	Final site plan approval (food truck park) granted by the Planning Commission, November 2017.
39411 Schoolcraft Plymouth Park and Eats	Permits from Wayne County and subject to the conditions of final engineering approval.  Once complete, applicant to submit for the final stamping process.
#2271	Final site plan approval (new construction) granted by the Planning Commission, December 2017.
39550 Ann Arbor Road Quick Pass Car Wash	Permits from Wayne County and subject to the conditions of final engineering approval.  Once complete, applicant to submit for the final stamping process.
#2272 45980 Ann Arbor Road The Woods	Final site plan, CHO approval (nine (9), detached, single family residential units) granted by the Planning Commission, January 2018. Permits from Wayne County, final CHO approval granted by the Board of Trustees on July 24, 2018.  Applicant to submit for the final stamping process.
	A A A MANUAL TO A MANUAL TO THE MANUAL AND THE A A A A A A A A A A A A A A A A A A A



PLANNING AND ZONING	PROJECTS
Project	Current Status and Progress (New items since last month are <u>underlined and bold</u> )
#2274 15075 Beck Road Beck Hotel PUD	Tentative site plan approval (mixed-use site with hotel and restaurants) granted by the Planning Commission, April 2018. Revisions to the final site plan to be completed by the applicant. Several meetings during July with McKenna and Spalding and the developer regarding Ordinance requirements.
	Resubmittal by applicant has yet to be made for revised plans, final review by Planning Commission is required.
#2278 47373 Five Mile Road Shell Plaza	Application submitted for accessory building addition. Administrative Committee review throughout spring 2018. Administrative Committee review cannot issue approval as of June 25, 2018 (date of last review letter and transmittal submitted to applicant).
Stiell Flaza	Project postponed until the applicant submits a revised site plan, which addresses all outstanding issues, for Township review. New materials or an extension request must be submitted by 02.15.19. With no change in application, the file will be closed on 02.15.19.
#2280	New construction for the Monroe Bank and Trust by the Administrative Committee.
41656 Ann Arbor Road	Permits and subject to the conditions of final engineering approval.
Monroe Bank and Trust	Applicant to submit for the final stamping process with updated Master Deed to be re- recorded and a copy made available to the Township.
#2282	Initial Township review, application deemed incomplete, May 2018.
15075 Beck Road	Applicant to submit outstanding documentation for Township review.
Land Combination	
#2292 49471 Ann Arbor Road	Rezoning application (C-1 to the C-2) submitted for Planning Commission review. Rezoning action postponed by the Planning Commission on June 20, 2018. Potential text amendments to the C-1 district discussed at the Planning Commission study session on July 25, 2018.
Picnic Basket	Planning Commission to consider a potential text amendment to the C-1 district and/or other options.
#2293	Use Variance application (auto repair shop) submitted for Planning Commission review.  Planning Commission reviewed of the proposed use variance at the July 18, 2018 meeting.
40600 Ann Arbor Trail Use Variance	Findings of the Planning Commission transmitted in August to the Zoning Board of Appeals, per the process of Section 31.12.1 of the Zoning Ordinance. ZBA to consider the proposed use variance.
	File closed.



PLANNING AND ZONING	PROJECTS
Project	Current Status and Progress (New items since last month are <u>underlined and bold</u> )
#2296	Application submitted for site plan review. Tentative site plan approval, with conditions, granted by the Planning Commission at their July 18, 2018 meeting.
12731 Beck Road Verona Park	Applicant to revised site plan package and submit for final site plan review by the Planning Commission by 07.18.19.
#2300	Request for additional parking at Progressive, as approved per the 1980's plan as banked parking.
46333 Five Mile Road Administrative Site Plan (minor)	Pending Wayne County authorization. New materials or an extension request must be submitted by 07.27.19. With no change in application, the file will be closed on 07.27.19.
#2302 45677 Helm Street Special Land Use	Request for indoor recreational use in an existing, vacant industrial building.  Planning Commission held a public hearing and recommended approval of the special land use on September 19, 2018. Final stamp review was subsequently conducted and the file is closed.
#2303 41100 Plymouth Road Administrative Site Plan (major)	Site plan improvements for lighting, landscaping and pedestrian safety. Phase 1 (lighting) approved. Phase 2 (all other site improvements, pending).  Applicant to submit additional documentation for Phase 2.
#2304 47771 Halyard Road Administrative Site Plan (minor)	Application for the construction of previously approved banked parking spaces.  Payment in-lieu for replacement trees submitted.  Applicant to submit additional documentation for Department of Public Utilities, prior to re-review by the administration.
#2305 14540 Jib Street Administrative Site Plan (major)	Proposed building addition for Diamond Tool, with site plan improvements.  Applicant to submit additional documentation (ex: landscaping plan), prior to Planning Commission consideration.
#2306 41661 Plymouth Road PUD Site Plan	Tentative site plan submitted for Planning Commission consideration at their October meeting. Review in process.
#2306 41661 Plymouth Road PUD Site Plan	Tentative site plan submitted for Planning Commission consideration at their October meeting. Review in process.
#2307 1496 Sheldon Road	ARC wall sign application submitted; Planning Commission consideration scheduled for October 17, 2018 meeting. Review pending.



PLANNING AND ZONING	PROJECTS
Project	Current Status and Progress (New items since last month are <u>underlined and bold</u> )
#2308	Lot split application for single family home / greenhouse submitted. Review pending.
8820 N. Lilley Road	
MISC.	Wayne County and the final development team presented on September 19, 2018 to the Planning Commission meeting regarding the sale and redevelopment of the Phoenix Mill. Please check out the meeting video if you were not able to attend, it was a very thoughtful and interesting presentation on the future of Phoenix Mill!
MISC.	Township Administration met on July 20, 2018 to discuss the payment in lieu processes, procedures, and tracking.  We have successfully collected payment in-lieu fees for two projects, see table below.

### Planning and Zoning Department Financial Activity

The following table details payments received by applicants as determined by the adopted 2017 Planning and Zoning Fee Schedule and for payment in-lieu received regarding planning / zoning projects:

PLANNING AND ZONING FEES RECEIVED	CURRENT	2018 YTD
Applications (September only)	\$9,783.75	\$78,064.25
2304: 47771 Halyard Road, JTeki-Koyo, Administrative Site Plan (minor)	\$350.00	
2305: 14540 Jib Street, Diamond Tool, Administrative Site Plan (major)	\$4,683.75	-
2306: 41661 Plymouth Road, Hillside Residences (PUD Site Plan)	\$3,950.00	
2307: 1496 Sheldon Road, ARC Sign	\$400.00	-
2308: 8820 N. Lilley Road, Lot Split, SF only	\$400.00	

PAYMENT IN-LIEU FUNDS RECEIVED	LANDSCAPING	SIDEWALK	OTHER	2018 YTD
Applications (September only)	\$2,850.00	•	-	\$2,250.00
PB18-0658 Single Family CHO	\$600.00	-	-	-
PB18-0956 2304: 47771 Halyard Road, JTeki-Koyo	\$2,250.00	-	-	-



### Challenges:

- Ease of public understanding regarding applications, processes, etc. Applicant form revised, application packets remain outstanding.
- Outdated information that would benefit from an update (ex: Zoning Map).
- Many questions on ARC, Ann Arbor Road Corridor sign requirements, not digestible for the public.
- Repeat ZBA variances granted, especially related to fence standards.
- Resident concerns regarding sidewalks in the older subdivisions such as Green Meadows.

### **Recommendations and Next Month Outlook:**

- Consideration of the C-1, Neighborhood Shopping, Zoning Ordinance text amendment to permit limited serving of alcohol in restaurants.
- Consideration of a Zoning Ordinance text amendment regarding fence regulations.
- Update planning application packets to streamline processes / clarify requirements for ease of understanding and use by developers and the general public.
- Consideration of the Planning Commission's 2018 Work Plan activities, including consideration of a joint meeting between all municipal entities: Board of Trustees, Planning Commission, Zoning Board of Appeals, Downtown Development Authority, etc. to discuss projects, future goals and coordination.

If you have any questions on the above planning, zoning and design projects or would like additional information, please contact Laura Haw at <a href="mailto:Lhaw@mcka.com"><u>Lhaw@mcka.com</u></a>. Thank you!



### **FOIA Monthly Report**

Run Date: 10/01/2018 8:01 AM

Create Date	Company Name	Customer Full Name	Type of Information Requested	Amount of Payment
9/4/2018	Michigan Election Reform Alliance	Statewide Coordinator Jan BenDor	Election Records	
9/6/2018		James Harper	EMS Report	
9/5/2018	BuildZoom	April Ramos	Building	
9/10/2018	Zausmer, August & Caldwell, P.C. (ZAC)	Daniel Jedell	Fire Report	
9/10/2018		Bob Mackenzie	Building Public Services- Works	
9/7/2018	Beet Analytics Technology	Sandra Rodgers	Fire Report	
9/13/2018	Applied Environmental, Inc.	Mr. Jeff Tait	Assessing Records Building Fire Report	
9/14/2018	Tetra Tech, LLC.	Mr. Andrew Timmis	Environmental	
9/18/2018	Remine	Associate Data Acquisition Analyst Christina Hogue	Other	
Total Requests: 9				Total Dollars: 0



### **PD FOIA Monthly Report**

Run Date: 10/01/2018 8:01 AM

Create Date	Company Name	Customer Full Name	Type of Information Requested	Amount of Payment
9/5/2018		Robert Mullin	Police Records	13.10
9/5/2018		Brian Austin	Police Records	0.00
9/5/2018		Rezwana Kabir	Police Records	0.00
9/5/2018	Metropolitan Reporting Bureau	Metropolitan Reporting Bureau	Police Records	0.00
9/5/2018		Karen Targanski	Police Records	0.00
9/5/2018	Oak Haven MHC LLC	Danielle Srock	Police Records	0.00
9/6/2018		James Harper	Police Records	0.00
9/6/2018		Jorge Whitelow	Police Records	0.00
9/6/2018		Steven Boilunhum	Police Records	2.00
9/10/2018		Tobin Varughesekutty	Police Records	0.00
9/10/2018		Ramon Alvarez	Police Records	2,15
9/11/2018	Blackwell Ford	John Bobbish	Police Records	0.00
9/12/2018		Cynthia Diamond	Police Records	0.00
9/17/2018		Scott Hill	Police Records	0.00
9/17/2018		Jennifer Still	Police Records	3.70
9/17/2018		Deborah Cole	Police Records	2.70
9/18/2018	LexisNexis	LexisNexis	Police Records	0.00
9/19/2018		Carolyn Smith	Police Records	0.00
9/21/2018		Mrs. Tiffany Powers	Police Records	15.46
9/24/2018	LexisNexIs	LexisNexis	Police Records	0.00
9/24/2018		Kendra Hill	Police Records	2.50
9/24/2018	David J Dart PC	David Dart	Police Records	0.00
9/24/2018		Julia Beydoun	Police Records	3.40
9/25/2018	Bird Elementary	Catherine Williams	Police Records	0.00
9/26/2018		Mrs. Janet Robinson	Police Records	0.00
9/27/2018		Deborah Cole	Police Records	0.00
Total Requests: 26				Total Dollars: 45.01



# CHARTER TOWNSHIP OF PLYMOUTH BOARD OF TRUSTEES REGULAR MEETING OCTOBER 23, 2018

## ITEM D.3 APPROVAL OF TOWNSHIP BILLS OCTOBER 23, 2018 MEETING

BOARD DATE	10/23/2018		PAYROLL &	
FUND NAME	FUND NUMBER	TOTAL INC PAYROLL	INVOICES PAID PRIOR TO MEETING	INVOICES PAID AFTER BOARD REVIEW
GENERAL FUND	101	531,545.47	451,953.36	79,592.11
SWD ·	226	106,542.29	2,544.98	103,997.31
IMPROV. REV.	246	-	3-61	
DRUG FORFEITURE	265		-	
DRUG FORFEITURE	266	547		
DRUG FORFEITURE	267		€1	
GOLF COURSE FUND	510	507.52	373.52	134.00
SENIOR TRANSPORATION	588	3,967.30	3,767.30	200.00
WATER & SEWER	592	822,073.43	310,997.18	511,076.25
TRUST& AGENCY	701	7,635.00	7,635.00	
POLICE BOND FUND	702	5,442.00	5,442.00	
TAX POOL	703	593,586.30	593,586.30	
SPECIAL ASSESS CAPITAL	805	4,032.50	*	4,032.50
TOTALS		2,075,331.81	1,376,299.64	699,032.17
GRAND TOTAL		2,075,331.81		

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**INVOICE INFORMATION** VENDOR INFORMATION **Invoice Amount:** \$821.00 ADVANCED DISPOSAL **Check Date:** 10/23/2018 TWP FACILITIES - OCT 2018 FEES 306.00 TWP PARK TRASH/RECYCLE 101-691-931.000 25.00 101-336-776.000 FIRE STN 3 TRASH 68.00 LK PNT SOCCER PARK TRASH 101-691-931.000 170.00 TWP HALL TRASH/RECYCLE 101-265-776.000 68.00 592-172-776.000 DPW TRASH HILL TOP GOLF COURSE TRASH/RECYCLE 134.00 510-510-737.000 25.00 101-336-776.000 FIRE STN 2 TRASH 25.00 FRIENDSHIP STATION TRASH 101-265-815.000 \$125.00 ADVANCED DISPOSAL Invoice Amount: 10/23/2018 **Check Date:** TWP PARK FACILITY - OCT 2018 FEES 125.00 101-691-931.000 TWP PARK YARD WASTE **Invoice Amount:** \$468.00 A.S.C., INC **Check Date:** 10/23/2018 ASC -Acess Service Agreement - Quarterly Billing 468.00 101-691-818.000 Qtly Billing for Soccer Park **Invoice Amount:** \$172.00 A.S.C., INC **Check Date:** 10/23/2018 Service and Adjust Security Camera 172.00 592-172-776,000 Security Service Labor Invoice Amount: \$88.00 ADVANCED WIRELESS TELECOM 10/23/2018 Check Date: **Ipad Case for Rescues** 88.00 101-336-727.000 ipad & case **Invoice Amount:** \$1,851.01 **ALLIE BROTHERS UNIFORMS Check Date:** 10/23/2018 New Hire Uniform Equipment Ofc. Nicely Inv. 724 194.97 101-305-758.000 Uniform Pants with Braid 72.00 Uniform Side/Sap Pocket 101-305-758.000 49.99 Uniform Hat 101-305-758.000 Uniform Hat Cover 9.99 101-305-758.000 139.99 Uniform Spring Coat 101-305-758.000 34.99 101-305-758.000 Uniform Garrison Belt Uniform Cuff Case 32.99 101-305-758.000 Uniform Keepers (set) 12.99 101-305-758.000 27.98 Uniform Name Bar 101-305-758.000 699.99 Body Armor Level II 101-305-758.000 19.99 Uniform Mace 101-305-758.000 15.99 Uniform Mace Case 101-305-758.000 11.25 Uniform Cuff Strap 101-305-758.000 8.99 Uniform Handcuff Key 101-305-758.000 94.99 Uniform Rain Coat 101-305-758.000 39.99 101-305-758.000 Uniform Radio Holder 19.99 101-305-758.000 Flashlight Holder 299.96 101-305-758.000 Uniform Stryke Pants 13.99 101-305-758.000 Uniform Glove Pouch Uniform Polo Shirt 49.99 101-305-758.000 Invoice Amount: \$199.95 **ALLIE BROTHERS UNIFORMS** 10/23/2018 **Check Date:** Uniform Equip/Seipenko Inv. 72477 9/10/18 199,95 101-305-758.000 Uniform Boots **ALLIE BROTHERS UNIFORMS Invoice Amount:** \$699.99 Check Date: 10/23/2018 Armor Express Body Armor - Ofc. Hinkle Inv. 725 699,99 101-305-758.000 Serial #1808165584

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	-		
ALLIE BROTHERS UNIFORMS		Invoice Amount:	\$159.99
Uniform Equip/Clark Inv. 72668 9/22/1	8 101-325-758.000	Uniform shoes Check Date:	10/23/2018 159.99
ALLIE BROTHERS UNIFORMS		Invoice Amount:	\$184.97
Jniform Equip/Goodwin Inv. 72725 9/2	28/18	Check Date:	10/23/2018
o,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>101-325-758.000</i>	Uniform Pants	109.98
	101-325-758.000	Uniform Cargo Pants	74.99
ALLIE BROTHERS UNIFORMS		Invoice Amount:	\$107.94
Uniform Equip/King Inv. 72727 9/28/1	3	Check Date:	10/23/2018
Jimothi Equip, King 1114, 72727 J 20, 13	101-305-758.000	Uniform Pepper Spray	107.94
ALPHAGRAPHICS #336		Invoice Amount:	\$73.00
Business Cards - Communications Supe	ervisor Cind	Check Date:	10/23/2018
503111055 001 25	101-325-727.000	Comm Supervisor Fell Business Cards	73.00
ART'S RESIDENTIAL TREE SERVICE II	VC	Invoice Amount:	\$450.00
Removal of Chinese Elm over manhole	cover	Check Date:	10/23/2018
Refilovation clinicae Entitioner maintain	592-291-973.090	Removal, grind stump, haul wood & brush	450.00
ASSOCIATED NEWSPAPERS OF MICH	(GAN	Invoice Amount:	\$22.00
Notice of Public Hearing Class C Liquor License		Check Date:	10/23/2018
Hodice of Fability Hodining Class C Exques	101-215-813.000	Public Hearing Class C Liquor License	22.00
ASSOCIATED NEWSPAPERS OF MICHIGAN		Invoice Amount:	\$29.99
Notice of Close of Voter Registration		Check Date:	10/23/2018
Hotice of close of votal Megion allow	101-215-727.000	Notice of Close of Voter Registration	29.99
ASSOCIATED NEWSPAPERS OF MICH	GAN	Invoice Amount:	\$31.45
PN Board of Trustee Meeting Dates		Check Date:	10/23/2018
The board of those of the board	101-215-727.000	PN Board of Trustee Meeting Dates	31.45
B & R JANITORIAL SUPPLY		Invoice Amount:	\$1,611.28
INVOICE FOR CLEANING SUPPLY		Check Date:	10/23/2018
	<i>101-265-776.000</i>	INVOICE 183642	725.08
	101-265-858.000	INVOICE 183642	48.34
	101-305-776.000	INVOICE 183642	402.82 161.13
	101-325-727.000 101-336-776.000	INVOICE 183642 INVOICE 183642	32.23
	592-172-776.000	INVOICE 183642	241.68
ATTENTED BLUE BUILDE	· · · · · · · · · · · · · · · · · · ·	Invoice Amount:	\$21.64
BATTERIES PLUS BULBS		Check Date:	10/23/2018
"AA" batteries	101-336-836.000	"AA" batteries & flashlight	21.64
BATTERY SOLUTIONS, LLC.	-	Invoice Amount:	\$155.00
Battery Recycle Kit		Check Date:	10/23/2018
Dattery Necycle Nit	226-226-810.000	WeRecycle Large 1 Bundle	155.00
BIO-CARE INC		Invoice Amount:	\$9,160.00
FF Annual physicals		Check Date:	10/23/2018
FF Allitual physicals	101-336-835.000	Annual physicals for Firefighters	9,160.00
BIO-CARE INC		Invoice Amount:	\$434.00
Hepatitis Testing for Police Dept. Empl	ovees at PT	Check Date:	10/23/2018
reputing reguling for rounce peptic Ellips	101-305-963.000	Hepatitis B Vaccine	244.00

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/ENDOR INFORMATION 101-305-963.00		Hepatitis B Serology for Im	munity	190.00
BLACKWELL FORD INC.	· · · · · · · · · · · · · · · · · · ·		Invoice Amount:	\$52.34
			Check Date:	10/23/2018
Vehicle Repair/128075 Inv. 337736 9/24/18 101-3	205-863.000	Oil Change		52.34
BLACKWELL FORD INC.			Invoice Amount:	\$15.00
Vehicle Repair/B68428 Inv. 337727 9/25/18 101-3	205-863.000	Replace Tire	Check Date:	10/23/2018 15.00
BLACKWELL FORD INC.			Invoice Amount:	\$52.34
Vehicle Repair/129716 Inv. 337816 9/25/18 101-3	205-863.000	Oil Change	Check Date:	10/23/2018 52.34
BLACKWELL FORD INC.			Invoice Amount:	\$788.91
Vehicle Repair/A66875 Inv. 337857 9/26/18		n / = / = / = / = / = / = / = / = / = /	Check Date:	10/23/2018
101-3	205-863.000 	Replace Front Brake Pads a	and kotors	788.91
BLACKWELL FORD INC.			Invoice Amount:	\$216.54
Vehicle Repair/157878 Inv. 337873 9/28/18 101-3	205-863.000	Oil Change/Repace Sensor	Check Date:	10/23/2018 216.54
BLACKWELL FORD INC.			Invoice Amount:	\$52.34
Vehicle Repair/106809 Inv. 338124 10/1/18	305-863.000	Oil Change	Check Date:	10/23/2018 52.34
BLACKWELL FORD INC.		On Grange	Invoice Amount:	\$52.34
Vehicle Repair/C07494 Inv. 338466 10/8/18			Check Date:	10/23/2018
	805-863.000	Oil Change		52.34
BLACKWELL FORD INC.			Invoice Amount:	\$24.12
Vehicle Repair/106437 Inv. 338544 10/9/18 101-3	305-863.000	Tire Plug	Check Date:	10/23/2018 24.12
BLACKWELL FORD INC.			Invoice Amount:	\$42.33
Vehicle 400, Oil Change & Maint. 592-2	91-863.000	Vehicle 400 Oil change, ma	Check Date: aint, inspectio	<b>10/23/2018</b> <i>42.33</i>
BLACKWELL FORD INC.			Invoice Amount:	\$170.00
R1 check out A/C, tires, fluids, etc.			Check Date:	10/23/2018
	36-863.000	Check out R1 A/C, tires, flu	uids, battery	170.00
CDW GOVERNMENT INC			Invoice Amount:	\$373.36
Adobe Acrobat Pro REF#KBPS512 592-1	72-973.010	Adobe Acrobat Pro REF#KE	Check Date:	10/23/2018 373.36
CDW GOVERNMENT INC			Invoice Amount:	\$2,447.20
Trend Micro Antivirus Renewal - Quote JZHK26 101-2	54 <i>990-941.000</i>	Trend Micro Renewal - Quo	Check Date: hte JZHK264	10/23/2018 2,447.20
CODE SAVVY CONSULTANTS LLC			Invoice Amount:	\$495.00
FIRE ALARM PLAN REVIEW 101-3	771-818.000	INVOICE 1392 ST. KENNET	Check Date:	10/23/2018 495.00
CONFERENCE OF WESTERN WAYNE			Invoice Amount:	\$5,661.00
CWW dues for fiscal 2018-19	290-958.000	Annual dues 2018-19	Check Date:	10/23/2018 5,661.00

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				+0.406.00
CORPORATE CLEANING GROUP INC			Invoice Amount:	\$2,196.00
CLEANING			Check Date:	10/23/2018 914.76
	101-305-776.000	INVOICE 4286		914.7 <del>0</del> 83.16
	101-336-776.000 592-172-776.000	INVOICE 4286 INVOICE 4286		187.11
	101-265-776.000	INVOICE 4286		893.97
	101-265-858.000	MAINTENANCE-SENIOR CEI	NTER	117.00
CORPORATE CLEANING GROUP INC			Invoice Amount:	\$580.00
MONTHLY CLEANING			Check Date:	10/23/2018
MONTHLY CLEANING	101-325-818.400	INVOICE 4295		175.00
	592-172-776.000	INVOICE 4295		271.00
	101-265-858.000	INVOICE 4295		134.00
CORRIGAN OIL COMPANY	·		Invoice Amount:	\$2,048.79
Fuel 9/28/18			Check Date:	10/23/2018
uci 3/20/10	592-291-863.000	Gas 87 - Ethanol		1,331.94
	592-291-863.000	Dyed Ultra Low Sulfur #2 M	1ix	699.50
	<i>592-291-863.000</i>	Fuel Tax Recap		10.40
	592-291-863,000	Environmental Fee		6.95 ————
DON'S SMALL ENGINE			Invoice Amount:	\$66.06
Parks - Invoice 42908 - Tube two tires	and weld b		Check Date:	10/23/2018
	101-691-931.500	Inv. # 42908 (attached)		66.06
DON'S SMALL ENGINE			Invoice Amount:	\$18.52
Parks - Invoice 42932- Stens Air Filters	(4)		Check Date:	10/23/201
	101-691-931.500	Inv. # 42932 (attached)		18.52
DON'S SMALL ENGINE			Invoice Amount:	\$27.45
Parks - Invoice 44244 - Inner Tube& be	earings for		Check Date:	10/23/201
	101-691-931.500	Inv. # 44244 (attached)		27.45
EJ USA, INC.			Invoice Amount:	\$2.26
QUOTE 6", 8" and 12" Seal Plates			<b>Check Date:</b>	10/23/2018
QOOTE OF O AND III COMMITTEE	592-291-932,000	O-RG I-220 UL 1/8 1-3/8		2.26
EJ USA, INC.			Invoice Amount:	\$9.04
Seal Plate O-Rings and Gaskets Only			Check Date:	10/23/2018
ocal Flace of Kings and Casicos Cing	592-291-932.000	O-RG I-225 1/8 1-7/8		9.04
ELLSWORTH INDUSTRIES			Invoice Amount:	\$918.34
Limestone delivered 9/25/18			Check Date:	10/23/201
Littlestoffe delivered 3/23/10	592-291-935.000	21A Limestone trk112		918.34
ENGRAVING CONNECTION			Invoice Amount:	\$9.18
Name Plate- Memorial Stone @ Twp Pa	ark		Check Date:	10/23/2018
Name rate Memorial Stone @ 1wp 1	101-691-727.000	Name Plate- Kasinger		9.18
FELLRATH, PATRICK			Invoice Amount:	\$103.55
Mileage Reimbursement Sept-18			Check Date:	10/23/201
rilleage Kellillbursement sept-10	592-291-863.000	Mileage Reimbursement Se		103.55
FELL, CYNTHIA			Invoice Amount:	\$11.65
Reimbursement for Pens 10/6/18			Check Date:	10/23/201
Velimonize illetir ioi Letiz Tolol To	101-325-727.000	Pens for Communications G		11.65

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CUD Inc		Invoice An	ount:	\$4,913.50
GHD, Inc.		Check		10/23/2018
Condition Assessment 8/19/18 - 9/22/18	592-291 <b>-</b> 938.000	Condition Assessment 8/19/18 - 9/22/18	Date	4,913.50
GHD, Inc.		Invoice An	nount:	\$75,886.07
Assest Management (SAW) 8/19/18 - 9/2	22/18	Check	Date:	10/23/2018
, 135652	592-172-973.080	Assest Management (SAW) 8/19/18 - 9/22/1		75,886.07
GFL Environmental USA, Inc.		Invoice An	-	\$195.00
DPW RECYCLE CENTER		Check	Date:	10/23/2018
	226-226-810.500	09/12/18 - CARDBOARD/PAPER RECYCLE		195.00
GFL Environmental USA, Inc.		Invoice An		\$195.00
DPW RECYCLE CENTER		Check	Date:	10/23/2018
	226-226-810.500	09/25/18 - CARDBOARD/PAPER RECYCLE		195.00
GFL Environmental USA, Inc.		Invoice An		\$103,358.64
SEP 2018 - RESIDENTIAL COLLECTION		Check	Date:	10/23/201
	226-226-810.000	SEP 2018 TRASH		.66,796.40 18,632.68
	226-226-810.000 226-226-810.000	SEP 2018 RECYCLING SEP 2018 YARD WASTE		18,632.66 17,929.56
	220-220-810.000			
GENPOWER PRODUCTS INC.		Invoice An		\$424.00
Generator Maintenance		Check	Date:	10/23/201
	101-336-851.000	Generator Maintenance Sta #1		424.00
GENPOWER PRODUCTS INC.		Invoice An	ount:	\$355.00
Generator Maintenance		Check	Date:	10/23/201
	101-336-851.000	Generator Maintenance Sta#2		355.00
GENPOWER PRODUCTS INC.		Invoice An	nount:	\$463.00
Generator Maintenance Sta #3		Check	Date:	10/23/201
	101-336-851.000	Generator Maintenance Sta #3		463.00
HALT FIRE INC		Invoice An	nount:	\$106.00
U3 Fire Ext. bracket		Check	Date:	10/23/201
	101-336-863.000	U3 Install Ext. Bracket		106.00
HALT FIRE INC		Invoice An	nount:	\$3,033.38
U1 welded tray in place install battery ch	narger	Check	Date:	10/23/201
	101-336-851.000	U1 Welded trayy in place& instal charger		3,033.38
HASTINGS AIR-ENERGY CONTROL		Invoice An		\$478.95
Sta#1 service exhaust system		Check	Date:	10/23/201
	101-336-851.000	Sta#1 serv exhaust system		478.95
HASTINGS AIR-ENERGY CONTROL	,	Invoice An		\$260.95
Sta#3 serv exhaust system			Date:	10/23/201
	101-336-851.000	Sta #3 Servic exhaust system		260.95
HEMMING,POLACZYK,CRONIN,SMITH,		Invoice An	nount:	\$14,287.00
Legal Services September 2018 (KEVIN I	BENNETT	Check	Date:	10/23/201
	101-290-825.000	Ordinance Prosecutions		6,798.75
	101-290-827.000	Community Development		2,021.25
	101-290-826.000 101-290-826.000	Admin Misc.		4,147.50 7.00

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VENDOR INFORMATION		INVOICE INFORMATION		
	101-290-826.000 101-290-826.000	Public Services Water and Sewer	721.88 78.74	
HUMANE SOCIETY OF HURON VALL	EY	Invoice Amount:	\$125.00	
Stray Impound Services - August 20	18 Inv. 2018 <i>101-305-819.000</i>	Check Date: Stray Impound Services	<b>10/23/2018</b> <i>125.00</i>	
HYDRO CORP		Invoice Amount:	\$1,779.00	
Cross connection Control 09/2018	592-291-804.000	Check Date: Cross Connection Control 09/2018	10/23/2018 1,779.00	
RICOH USA, INC.		Invoice Amount:	\$310.81	
Photo copier - service agreement		Check Date:	10/23/2018	
	592-172-818.000 101-253-727.000	10/1/18 - 10/31/18 10/1/18 - 10/31/18	239.58 71.23	
IRON MOUNTAIN		Invoice Amount:	\$211.26	
Offsite Storage - October 2018	101-215-818.000	Check Date: Offsite Storage - October 2018	<b>10/23/2018</b> <i>211.26</i>	
J & B MEDICAL SUPPLY INC		Invoice Amount:	\$16.32	
medical supplies	101-336-836.000	Check Date: End tubes	<b>10/23/2018</b> <i>16.32</i>	
JANKS, ROBERT		Invoice Amount:	\$256.15	
Mileage - MiGMIS Conference	101-201-727.000	Check Date:  Mileage - MiGMIS Conference	<b>10/23/2018</b> <i>256.15</i>	
ABC MANAGEMENT		Invoice Amount:	\$200.00	
Senior Transportation/Handicapped	transit - Inv. <i>588-588-818.000</i>	Check Date: Invoice #62048 - handicapped transit	<b>10/23/2018</b> <i>200.00</i>	
KNIGHT TECHNOLOGY GROUP, INC		Invoice Amount:	\$2,160.00	
Network Support - Upgrade VMware		Check Date: Network Support-VMware upgrade-New Servr	<b>10/23/2018</b> <i>2,160.00</i>	
KNIGHT TECHNOLOGY GROUP, INC	•	Invoice Amount:	\$150.00	
Firewall Monitoring-Oct 2018 Inv# 1	1951 <i>101-290-941.000</i>	Check Date: Firewall Monitoring - Oct 2018	<b>10/23/2018</b> <i>150.00</i>	
KNIGHT TECHNOLOGY GROUP, INC		Invoice Amount:	\$150.00	
•		Check Date:	10/23/2018	
Network Support - Friendship Firewa	101-290-941.000	Friendship -Firewall Change For Comcast	150.00	
KONICA MINOLTA BUSINESS SOLU	TIONS	Invoice Amount:	\$170.90	
Maintenance 9/1/18-9/30/18		Check Date:	10/23/2018	
	101-171-727.000	C454e Copier Maintenance	35.89	
	101-201-851.000 101-400-851.000	Maint. Maint.	6.84 8.54	
	226-226-727.000	Maint.	8.54	
	592-172-818.000	Maint	111.09	
KONICA MINOLTA BUSINESS SOLU	TIONS	Invoice Amount:	\$380.33	
Copy charges -September 2018		Check Date:	10/23/2018	
	101-371-727.000	Color Copies - Bidg	188.51	
		PALL OF THE DIST	40 CT	
	101-371-727.000 101-215-727.000	B&W Copies - Bldg Color Copies - Clerk	40.67 121.86	

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	101-215-727.000	B&W Copies - Clerk	·29.29
KONICA MINOLTA BUSINESS SOLUTIO	NS	Invoice Amount:	\$88.54
Maint. Agreement - Bizhub C364E Inv. 9	•	Check Date:	10/23/2018
Maint. Agreement Dizhub Coote Inv. 5	101-305-851.000	8/26/18 - 9/25/18 coverage dates	88.54
KSS Enterprises		Invoice Amount:	\$67.96
BLANKET PO 2018		Check Date:	10/23/2018
DE WINE FOR EAST	101-691-931.000	BLANKET PO 2018	67.96
LEO'S CONEY ISLAND		Invoice Amount:	\$674.31
Prisoner Meals 7/15/18 - 9/14/18		Check Date:	10/23/2018
7 150110, 1 100115 7, 20, 20	101-325-818.400	Prisoner Meals	674.31
M H R BILLING SERVICES		Invoice Amount:	\$414.00
Collections fees		Check Date:	10/23/2018
	101-336-959.000	Billing fees	414.00
MARK'S OUTDOOR POWER EQUIPMEN	г	Invoice Amount:	\$78.00
Invoice # 152938 Attchd - @ sets of bla	des for 2	Check Date:	10/23/2018
	101-691-931.500	Invoice # 152938 (Attached)	78.00
ASC MASTERTEK		Invoice Amount:	\$105.00
Otrly alarm monitoring Oct-Dec Sta# 1		Check Date:	10/23/2018
	101-336-776.000	Oct-Dec alarm monitoring Sta#1	105.00
MCKENNA ASSOCIATES INC		Invoice Amount:	\$2,765.50
Professional Services - Professional Serv		Check Date:	10/23/2018
	101-371-818.500	#2305 - 45677 Helm Street Spec. Land Use #2305 - Diamond Tool Mfg. Bldg. Site Pla	700.00 1,192.50
	101-371-818.500 101-371-818.500	#2303 - Diamond Tool Pilg. Blug. Site Pla Addtl, Mtgs. with Gonzalezz & Nadir	388.00
	101-371-818.500	Prep & Attend MITC Mtg 9/10/18	<i>169.75</i>
	101-371-818.500	Prep and attend Planning Com - 9/17/18	315.25
MCKENNA ASSOCIATES INC		Invoice Amount:	\$4,186.00
Professional Service September 2018 -	Invoice #	Check Date:	10/23/2018
	101-371-818.500	5.60 1/2 day on-site services (70%)	2,128.00
	101-371-818.500	2.80 Full day on-site services (70%)	2,058.00
MERCHANTS & MEDICAL CREDIT CORP	, IN	Invoice Amount:	\$204.38
Transport collection fee	101-336-959.000	Check Date: Transport Collection fees	10/23/2018 204.38
	101-550-555.000		
MICHIGAN LINEN SERVICE		Invoice Amount:	\$84.35
Uniforms	592-172-758,000	Check Date: 10/5/18	10/23/2018 <i>84.35</i>
MIVE'S DOOD SERVICE		Invoice Amount:	\$185.00
MIKE'S DOOR SERVICE		Check Date:	10/23/2018
Door repair Station #3 9/17/18	101-336-776.000	Door repair Sta #3 9/17/18	185.00
GIARMARCO, MULLINS & HORTON, PC		Invoice Amount:	\$1,888.20
Labor Atty. Services (John C. Clark) -Se		Check Date:	10/23/2018
East Accy, Services (Solli C. Clark) 'Se	101-290-828.000	Labor Atty Services (John Clark)	1,888.20
		Invoice Amount:	\$250.00
NORTH BREATHING AIR, LLC		Ally orce Amount.	4-00.00

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VENDOR INFORMATION		INVOICE INFORMATION	
	101-336-851.000	SCBA maintenance	250.00
NORTHVILLE, CHARTER TOWNSHIP OF		Invoice Amount:	\$947.00
September 2018 Five Mile Road Corrido	r Project	Check Date:	10/23/2018
	101-371-818.500	Sept. 2018 5 Mile Corridor Project	947.00
OFFICE DEPOT		Invoice Amount:	\$457.48
Office supplies - copy paper, binder & st	aples	Check Date:	10/23/2018
	101-215-727.000	Copy paper	417.60
	101-215-727.000	5 In white binder for records	31.99 4.88
	101-215-727.000 101-215-727.000	staples small binder clips (12 boxes)	3.01
OFFICE DEBOT		Invoice Amount:	\$132.83
OFFICE DEPOT		Check Date:	10/23/2018
Copier Ink cartridges	101-336-727.000	HP cart. 951xl Cyan,Mag, Yel 950xl Blk	132.83
OAKLAND COUNTY		Invoice Amount:	\$90.00
CLEMIS Tech Support Inv. CLM0009687	9/19/18	Check Date:	10/23/2018
CEENIS TECH Support IIIV. CENOCOSCO	101-305-851.000	Antenna Roof Mount for Ford	90.00
ORCHARD, HILTZ, & MCCLIMENT, INC.		Invoice Amount:	\$856.25
Litchfield Dr (Plymouth Notch) Road SAI	) Prelimin	Check Date:	10/23/2018
	805-805-970.310	Litchfield Dr (Plymouth Notch) Road SAD	856.25 ————————————————————————————————————
ORCHARD, HILTZ, & MCCLIMENT, INC.		Invoice Amount:	\$865.00
Eastlawn Road SAD - preliminary	805-805-970.240	Check Date: Eastlawn Road SAD - preliminary	10/23/2018 865.00
ORCHARD, HILTZ, & MCCLIMENT, INC.		Invoice Amount:	\$2,311.25
General Drive SAD - Preliminary		Check Date:	10/23/2018
	805-805-970.350	General Drive SAD - Preliminary	2,311.25
PLYMOUTH-CANTON COMMUNITY SCH	OOLS	Invoice Amount:	\$642.26
AUGUST FUEL		Check Date:	10/23/2018
	101-371-863.000	AUGUST FUEL INVOICE 2426	642.26
PLYMOUTH-CANTON COMMUNITY SCH	OOLS	Invoice Amount:	\$350.08
SEPT FUEL		Check Date:	10/23/2018
	101-371-863,000	INVOICE002429	350.08
PRINTING SYSTEMS INC		Invoice Amount:	\$338.50
Inner and Outer Stock Envelopes for Abs		Check Date:	10/23/2018
	101-262-727.000 101-262-727.000	1500 Outer Absent Voting Envelopes 2000 Inner Absent Voting Envelopes	163.50 175.00
	101-202-727.000		
PROGRESSIVE PRINTING		Invoice Amount:	\$2,539.00
Special Edition - Public Safety Newslette	r Producti <i>101-955-885.000</i>	Check Date: Spec. Ed. Newsletter Production	<b>10/23/2018</b> <i>2,539.00</i>
AIRGAS USA, LLC	<u> </u>	Invoice Amount:	\$334.47
Oxygen tanks	*	Check Date:	10/23/2018
	101-336-836.000	Rent Oxygen tanks	334.47
RAS Engineering, LLC		Invoice Amount:	\$3,682.70
New Vehicle Build Inv. 2472 9/1/18		Check Date:	10/23/2018
• •	101-305-863.000	Equipment Install Veh 18-2 Ford Sedan	3,682.70

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SERENE LANDSCAPE GROUP		Invoice Amount:	\$300.00
TREE PRUNING FIRE STATION 3	101-336-776.000	Check Date: INVOICE 38538	10/23/2018 300.00
SHI International Corp.		Invoice Amount:	\$876.46
Apple 9.7 Inch iPad - 6th Generation Qu	otation # 101-305-727.000 101-305-727.000 101-305-727.000	Apple iPad - Part #MR7J2LL/A Apple 12W USB Power Adapter Apple Lightning to USB Cable	10/23/2018 814.62 30.92 30.92
SHRED-IT		Invoice Amount:	\$85.13
Shred Event- drop off fee - 4 totes	226-226-809.000 226-226-809.000	Check Date: Drop off fee - large totes - Shred Event Fuel/Surcharge	<b>10/23/2018</b> 75.00 10.13
CBTS, LLC		Invoice Amount:	\$32.06
Phone System Support	101-290-941.000	Check Date: Phone System Support - Call Transfers	<b>10/23/2018</b> <i>32.06</i>
SUPERIOR MEDICAL WASTE		Invoice Amount: Check Date:	\$180.00 10/23/2018
medical waste pick up	101-336-836.000	medical waste pick p	180.00
TOWN LOCKSMITH		Invoice Amount:	\$50.00
DDA Irrigation boxes and 5 Mile PRV Pit	592-172-776.000 592-172-776.000	STD Key J O P 5 pin SM DS	<b>10/23/201</b> 8 <i>27.50</i> <i>22.50</i>
Tredroc Tire Services		Invoice Amount:	\$2,647.95
R2 Tires	101-336-863.000	Check Date:	10/23/2018 2,647.95
U.S. Identification Manual		Invoice Amount:	\$82.50
U.S. Identification Manual Update Servic	e through 101-305-960.000 101-305-960.000	Check Date: Four Updates Shipping & Handling	<b>10/23/201</b> 8 79.50 3.00
WAYNE COUNTY		Invoice Amount:	\$131.00
9/18 Traffic Signal Energy	101-446-920.000	Check Date: Traf Sig Energy 9/18	10/23/2018 131.00
WCA ASSESSING		Invoice Amount:	\$2,154.61
WCA Assessing -September 2018 Billing	-Legal Se <i>101-209-826.000</i>	Check Date: Septembert 2018 Legal Services	<b>10/23/201</b> 8 2,154.61
WCA ASSESSING		Invoice Amount:	\$328.43
WCA Assessing -September 2018 Specia	Billing - 101-209-826.000	Check Date: Sept. 2018 Special Billing - Appraisal	10/23/2018 328.43
Great Lakes Water Authority		Invoice Amount:	\$423,125.20
GLWA - August 2018 Water Usage Charg	jes <i>592-441-741.000</i>	Check Date:  GLWA August 2018 Water Usage	<b>10/23/201</b> 8 423,125.20
WINDER POLICE EQUIPMENT		Invoice Amount:	\$565.00
Strip/Removal of Equipment of Patrol Ve	hicle Inv. 101-305-863.000	Check Date: 2014 Ford Sedan Unit 14-1	10/23/2018 565.00

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### Charter Township of Plymouth AP Invoice Listing - Board Report

**INVOICE INFORMATION VENDOR INFORMATION** \$769.64 **Invoice Amount: Dell Financial Services** 10/23/2018 **Check Date:** Dell Lease Building Dept Computer Lease (48 months) 470.32 101-371-978.500 299.32 Fire Dept Computer Lease (48 Months) 101-336-978.500 **Total Amount to be Disbursed:** \$699,032.17

### Charter Township of Plymouth AP Invoice Listing - Board Report

P. Bond 1/1

\$150.00

 VENDOR INFORMATION
 INVOICE INFORMATION

 35TH DISTRICT COURT
 Invoice Amount: \$150.00

 POLICE BOND 10/09/2018
 Check Date: 10/20/2018

 702-100-087.000
 7811

**Total Amount to be Disbursed:** 

## Charter Township of Plymouth AP Invoice Listing - Board Report



ALERUS FINANCIAL			Invoice Amount:	\$4,767.86
	10 201		Check Date:	10/17/2018
Defined Contribution - PAYDATE October	12, 201 <i>101-325-714.050</i>	Define Contribution -Dispato		1,593.00
	101-100-231.000	Employee Cont -all	n (Employely	1,192.00
	101-305-714.030	Define Contribution-Police (	ER)	1,982.86
AT&T			Invoice Amount:	\$2,027.29
	3040 B		Check Date:	10/17/2018
AT&T - Telephone Allocation September 2	2018 - K <i>101-201-853.000</i>	Information Services	Circuit bator	138.63
	101-209-853.000	Assessing		<i>82.78</i>
	101-371-853.000	Building		<i>230.75</i>
	101-336-853.000	Fire		364.25
	101-305-853.000	Police		369.03
	101-171-853.000	Supervisor		<i>215.73</i>
	101-253-853.000	Treasurer		184.05
	101-215-853.000	Clerk		107.50
	101-371-853.500	Community Development		85.89
	<i>101-325<b>-</b>853.000</i>	Dispatch		138.81
	<i>592-172-853.000</i>	Water/Sewer		51.09
	101-265-854.000	Twp Hall		<i>32.96</i>
	101-691 <b>-</b> 853.000	Park		25.82
ACCORDWARE, LLC			Invoice Amount:	\$400.00
BenXpress Invoice # 2018-0924 -October	2018		Check Date:	10/17/2018
perimpress titroide " 2020 032 i Oddos.	101-171-818.200	October 2018	_	400.00
BLUE CROSS/BLUE SHIELD OF MICHIGA	N		Invoice Amount:	\$4,821.39
<u>-</u>			Check Date:	10/17/2018
BCBS of MI - Retiree Health Care -Novem	101-290-714.500	General Retirees	,	<i>535.71</i>
	101-305-714.500	Police Retirees		535.71
	101-336-714.500	Fire Retirees		3,749.97
C.O.A.M PLYMOUTH TOWNSHIP			Invoice Amount:	\$363.20
			Check Date:	10/17/201
COAM Union Deductions-October 2018	101-100-232.050	Fetner, William J.	CHECK Date	70/ 21/ 202
		I CUICI, WIIIIOUI J.		72.64
		·		72.64 72.64
	101-100-232.050	Krebs, Ryan		72.64
	101-100-232.050 101-100-232.050	Krebs, Ryan Seipenko, Todd A.		
	101-100-232.050	Krebs, Ryan		72.64 72.64
ATDRODT LIGHTING EMPLOYEE OWNED	101-100-232.050 101-100-232.050 101-100-232.050 101-100-232.050	Krebs, Ryan Seipenko, Todd A. Hoffman, Marc	Invoice Amount:	72.64 72.64 72.64 72.64
	101-100-232.050 101-100-232.050 101-100-232.050 101-100-232.050 LLC	Krebs, Ryan Seipenko, Todd A. Hoffman, Marc	Invoice Amount:	72.64 72.64 72.64 72.64 \$23,081.50
AIRPORT LIGHTING EMPLOYEE OWNED TOWNSHIP PARK LIGHTING PROJECT - \	101-100-232.050 101-100-232.050 101-100-232.050 101-100-232.050 LLC	Krebs, Ryan Seipenko, Todd A. Hoffman, Marc	Check Date:	72.64 72.64 72.64 72.64 \$23,081.50
TOWNSHIP PARK LIGHTING PROJECT - \	101-100-232.050 101-100-232.050 101-100-232.050 101-100-232.050 LLC	Krebs, Ryan Seipenko, Todd A. Hoffman, Marc Rupard, Bryan	Check Date: P PK LIGHTING PRO	72.64 72.64 72.64 72.64 \$23,081.50 10/17/2016 23,081.50
TOWNSHIP PARK LIGHTING PROJECT - \ JOHN HANCOCK LIFE INSURANCE CO.	101-100-232.050 101-100-232.050 101-100-232.050 101-100-232.050 LLC NC GRA 101-691-978.000	Krebs, Ryan Seipenko, Todd A. Hoffman, Marc Rupard, Bryan	Check Date: P PK LIGHTING PRO  Invoice Amount:	72.64 72.64 72.64 72.64 \$23,081.50 10/17/2018 23,081.50 \$4,322.17
TOWNSHIP PARK LIGHTING PROJECT - \ JOHN HANCOCK LIFE INSURANCE CO.	101-100-232.050 101-100-232.050 101-100-232.050 101-100-232.050 LLC NC GRA 101-691-978.000	Krebs, Ryan Seipenko, Todd A. Hoffman, Marc Rupard, Bryan	Check Date: P PK LIGHTING PRO  Invoice Amount: Check Date:	72.64 72.64 72.64 72.64 \$23,081.50 10/17/201
JOHN HANCOCK LIFE INSURANCE CO. JOHN HANCOCK EMPLOYEE CONTRIB 10	101-100-232.050 101-100-232.050 101-100-232.050 101-100-232.050 LLC NC GRA 101-691-978.000	Krebs, Ryan Seipenko, Todd A. Hoffman, Marc Rupard, Bryan  CONTRACTOR PAY #3- TW.	Check Date: P PK LIGHTING PRO  Invoice Amount: Check Date: MBT)(EEVND)	72.64 72.64 72.64 72.64 \$23,081.50 \$10/17/201 23,081.50 \$4,322.17 10/17/201 4,322.17
JOHN HANCOCK LIFE INSURANCE CO.  JOHN HANCOCK EMPLOYEE CONTRIB 10  JOHN HANCOCK LIFE INSURANCE CO.	101-100-232.050 101-100-232.050 101-100-232.050 101-100-232.050 LLC NC GRA 101-691-978.000	Krebs, Ryan Seipenko, Todd A. Hoffman, Marc Rupard, Bryan  CONTRACTOR PAY #3- TW.	Check Date: P PK LIGHTING PRO  Invoice Amount: Check Date: MBT)(EEVND)  Invoice Amount:	72.64 72.64 72.64 72.64 \$23,081.50 10/17/201 23,081.50 \$4,322.17 10/17/201 4,322.17
JOHN HANCOCK LIFE INSURANCE CO.  JOHN HANCOCK EMPLOYEE CONTRIB 10  JOHN HANCOCK LIFE INSURANCE CO.	101-100-232.050 101-100-232.050 101-100-232.050 101-100-232.050 LLC NC GRA 101-691-978.000	Krebs, Ryan Seipenko, Todd A. Hoffman, Marc Rupard, Bryan  CONTRACTOR PAY #3- TW.  Employee Contribution (EEI	Check Date: P PK LIGHTING PRO  Invoice Amount: Check Date: MBT)(EEVND)	72.64 72.64 72.64 72.64 \$23,081.50 10/17/201 23,081.50 \$4,322.17 \$15,548.40 10/17/201
JOHN HANCOCK LIFE INSURANCE CO.  JOHN HANCOCK EMPLOYEE CONTRIB 10  JOHN HANCOCK LIFE INSURANCE CO.	101-100-232.050 101-100-232.050 101-100-232.050 101-100-232.050 LLC NC GRA 101-691-978.000 1-12-18 ( 101-100-231.000	Krebs, Ryan Seipenko, Todd A. Hoffman, Marc Rupard, Bryan  CONTRACTOR PAY #3- TW.  Employee Contribution (EEI  Friendship Station (Boyce)	Check Date: P PK LIGHTING PRO  Invoice Amount: Check Date: MBT)(EEVND)  Invoice Amount:	72.64 72.64 72.64 72.64 \$23,081.50 10/17/201 23,081.50 \$4,322.17 \$15,548.40 10/17/201 230.63
JOHN HANCOCK LIFE INSURANCE CO.  JOHN HANCOCK EMPLOYEE CONTRIB 10  JOHN HANCOCK LIFE INSURANCE CO.	101-100-232.050 101-100-232.050 101-100-232.050 101-100-232.050 LLC NC GRA 101-691-978.000 10-12-18 ( 101-100-231.000 10-12-1 588-588-714.010 101-171-714.010	Krebs, Ryan Seipenko, Todd A. Hoffman, Marc Rupard, Bryan  CONTRACTOR PAY #3- TW.  Employee Contribution (EEI  Friendship Station (Boyce) Supervisor's Office	Check Date: P PK LIGHTING PRO  Invoice Amount: Check Date: MBT)(EEVND)  Invoice Amount:	72.64 72.64 72.64 72.64 \$23,081.50 \$10/17/201 23,081.50 \$4,322.17 \$10/17/201 4,322.17 \$15,548.40 10/17/201 230.63 1,259.52
JOHN HANCOCK LIFE INSURANCE CO. JOHN HANCOCK EMPLOYEE CONTRIB 10	101-100-232.050 101-100-232.050 101-100-232.050 101-100-232.050 LLC NC GRA 101-691-978.000 10-12-18 ( 101-100-231.000 10-12-1 588-588-714.010 101-171-714.010 101-201-714.010	Krebs, Ryan Seipenko, Todd A. Hoffman, Marc Rupard, Bryan  CONTRACTOR PAY #3- TW  Employee Contribution (EEI  Friendship Station (Boyce) Supervisor's Office IT Services (Janks)	Check Date: P PK LIGHTING PRO  Invoice Amount: Check Date: MBT)(EEVND)  Invoice Amount:	72.64 72.64 72.64 72.64 \$23,081.50 \$0/17/201 23,081.50 \$4,322.17 \$0/17/201 4,322.17 \$15,548.40 10/17/201 230.63 1,259.52 563.36
JOHN HANCOCK LIFE INSURANCE CO.  JOHN HANCOCK EMPLOYEE CONTRIB 10  JOHN HANCOCK LIFE INSURANCE CO.	101-100-232.050 101-100-232.050 101-100-232.050 101-100-232.050 LLC NC GRA 101-691-978.000 10-12-18 ( 101-100-231.000 10-12-1 588-588-714.010 101-201-714.010 101-215-714.010	Krebs, Ryan Seipenko, Todd A. Hoffman, Marc Rupard, Bryan  CONTRACTOR PAY #3- TW  Employee Contribution (EEI  Friendship Station (Boyce) Supervisor's Office IT Services (Janks) Clerk's Office	Check Date: P PK LIGHTING PRO  Invoice Amount: Check Date: MBT)(EEVND)  Invoice Amount:	72.64 72.64 72.64 72.64 \$23,081.50 10/17/201 23,081.50 \$4,322.17 10/17/201 4,322.17 \$15,548.40 10/17/201 230.63 1,259.52 563.36 1,817.58
JOHN HANCOCK LIFE INSURANCE CO.  JOHN HANCOCK EMPLOYEE CONTRIB 10  JOHN HANCOCK LIFE INSURANCE CO.	101-100-232.050 101-100-232.050 101-100-232.050 101-100-232.050 LLC NC GRA 101-691-978.000 10-12-18 ( 101-100-231.000 10-12-1 588-588-714.010 101-171-714.010 101-201-714.010	Krebs, Ryan Seipenko, Todd A. Hoffman, Marc Rupard, Bryan  CONTRACTOR PAY #3- TW  Employee Contribution (EEI  Friendship Station (Boyce) Supervisor's Office IT Services (Janks)	Check Date: P PK LIGHTING PRO  Invoice Amount: Check Date: MBT)(EEVND)  Invoice Amount:	72.64 72.64 72.64 72.64 \$23,081.50 10/17/201 23,081.50 \$4,322.17 10/17/201 4,322.17 \$15,548.40 10/17/201 230.63 1,259.52 563.36

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ENDOR INFORMATION		INVOICE IN	FORMATION	
	101-336-714.020	Fire Dept		3,550.24
	101-336-714.010	Fire (Admin) (Jowsey)		<i>249.75</i>
	101-371-714.010	Building Dept.		1,180.97
	101-265-714.010	Township Hall (Haack)		<i>238.39</i>
	592-172-714.010	Public Services (Cobb, Lataw	iec,Martin)	<i>811.24</i>
	226-226-714.010	Solid Waste (Visel)		<i>315.79</i>
	592-291-714.040	DPW		<i>2,486.28</i>
	592-291-714.010	DPW (Fellrath & Hamann)	<u></u>	972.16
JOHN HANCOCK LIFE INSURANCE CO	),		Invoice Amount:	\$64.40
Monthly Bramium, October 2019 - Jou	VCOV		Check Date:	10/17/2018
Monthly Premium- October 2018 - Jov	101-100-237.000	Monthly Premium-Jowsey, Ri		64.40
MICHIGAN CONFERENCE OF TEAMST	ERS		Invoice Amount:	\$10,908.80
			Check Date:	10/17/2018
Health insurance -November 2018 (D	592-291-714.000	Bartlett, James		1,558.40
2/	592-291-714.000 592-291-714.000	Krueger, Randy		1,558.40
	592-291-714.000 592-291-714.000	Melow, Steven		1,558.40
	592-291-714.000 592-291-714.000	Overaitis, Joseph		1,558.40
	592-291-714.000 592-291-714.000	Scholten, James		1,558.40
		Thomas, James		1,558.40
	592-291-714.000 592-291-714.000	Nelson, David		1,558.40
MICUICAN STATE OF			Invoice Amount:	\$571,036.72
MICHIGAN, STATE OF			Check Date:	10/17/2018
IFT 2018	703-100-225.600	IFT 2018	Check Date:	571,036.72
NATIONWIDE RET SOL USCM/MIDW	FST		Invoice Amount:	\$17,533.00
			Check Date:	10/17/2018
Nationwide - Contribs. for payending	10-718- sp <i>101-100-239.000</i>	Contributions for payending		17,533.00
P.O.A.M PLYMOUTH TOWNSHIP			Invoice Amount:	\$2,003.44
	a= 2010 /2 a		Check Date:	10/17/2018
POAM & Dispatch Union Dues - Octob	101-100-232.010	POAM Union Dues 10-18		1,483.44
	101-100-232.040	Dispatch Union Dues 10-18		520.00
TEAMSTER LOCAL # 214			Invoice Amount:	\$475.00
	101-100-232 030	Rartlett. James	Invoice Amount: Check Date:	
	101-100-232.030 101-100-232.030	Bartlett, James Krueger, Randy		10/17/2018 55.00
	101-100-232.030	Krueger, Randy		10/17/201
	101-100-232.030 101-100-232.030	Krueger, Randy Melow, Steven		10/17/2018 55.00 58.00 58.00
	101-100-232.030 101-100-232.030 101-100-232.030	Krueger, Randy Melow, Steven Overaitis, Joseph		10/17/2018 55.00 58.00 58.00 55.00
	101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030	Krueger, Randy Melow, Steven Overaitis, Joseph Scholten, James		10/17/2018 55.00 58.00 58.00 55.00
TEAMSTER LOCAL # 214 Teamster Local #214 October 2018	101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030	Krueger, Randy Melow, Steven Overaitis, Joseph Scholten, James Thomas, James		10/17/2018 55.00 58.00 58.00 55.00 55.00
	101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030	Krueger, Randy Melow, Steven Overaitis, Joseph Scholten, James Thomas, James Nelson, David		10/17/2018 55.00 58.00 58.00 55.00 55.00 52.00 50.00
	101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030	Krueger, Randy Melow, Steven Overaitis, Joseph Scholten, James Thomas, James		10/17/2018 55.00 58.00 58.00 55.00 55.00
Teamster Local #214 October 2018	101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030	Krueger, Randy Melow, Steven Overaitis, Joseph Scholten, James Thomas, James Nelson, David Pumphrey, Zachary		10/17/2018 55.00 58.00 58.00 55.00 55.00 52.00 50.00 42.00
Teamster Local #214 October 2018  TECHNICAL, PROFESSIONAL AND OF	101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030	Krueger, Randy Melow, Steven Overaitis, Joseph Scholten, James Thomas, James Nelson, David Pumphrey, Zachary	Check Date:  Invoice Amount:	10/17/2018 55.00 58.00 55.00 55.00 52.00 50.00 42.00
Teamster Local #214 October 2018  TECHNICAL, PROFESSIONAL AND OF	101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 FICE-	Krueger, Randy Melow, Steven Overaitis, Joseph Scholten, James Thomas, James Nelson, David Pumphrey, Zachary Kitchen, Spencer	Check Date:	10/17/2018 55.00 58.00 58.00 55.00 55.00 50.00 42.00 \$449.50
Teamster Local #214 October 2018  TECHNICAL, PROFESSIONAL AND OF	101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 FICE- 018 101-100-232.060	Krueger, Randy Melow, Steven Overaitis, Joseph Scholten, James Thomas, James Nelson, David Pumphrey, Zachary Kitchen, Spencer	Check Date:  Invoice Amount:	10/17/2018 55.00 58.00 58.00 55.00 55.00 50.00 50.00 42.00 \$449.50 10/17/2018 31.00
Teamster Local #214 October 2018  TECHNICAL, PROFESSIONAL AND OF	101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 FFICE- 018 101-100-232.060 101-100-232.060	Krueger, Randy Melow, Steven Overaitis, Joseph Scholten, James Thomas, James Nelson, David Pumphrey, Zachary Kitchen, Spencer  Bonadeo, Karen E. Bono, Jennifer A.	Check Date:  Invoice Amount:	10/17/2018 55.00 58.00 58.00 55.00 55.00 50.00 42.00 \$449.50 10/17/2018 31.00 15.50
Teamster Local #214 October 2018  TECHNICAL, PROFESSIONAL AND OF	101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030	Krueger, Randy Melow, Steven Overaitis, Joseph Scholten, James Thomas, James Nelson, David Pumphrey, Zachary Kitchen, Spencer  Bonadeo, Karen E. Bono, Jennifer A. Devoto, Claudia P.	Check Date:  Invoice Amount:	10/17/2018 55.00 58.00 58.00 55.00 55.00 50.00 42.00 \$449.50 10/17/2018 31.00 15.50 15.50
Teamster Local #214 October 2018  TECHNICAL, PROFESSIONAL AND OF	101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.060 101-100-232.060 101-100-232.060 101-100-232.060	Krueger, Randy Melow, Steven Overaitis, Joseph Scholten, James Thomas, James Nelson, David Pumphrey, Zachary Kitchen, Spencer  Bonadeo, Karen E. Bono, Jennifer A. Devoto, Claudia P. Gordon, Cheryl	Check Date:  Invoice Amount:	10/17/2018 55.00 58.00 58.00 55.00 55.00 52.00 50.00 42.00 \$449.50 10/17/2018 31.00 15.50 31.00
Teamster Local #214 October 2018  TECHNICAL, PROFESSIONAL AND OF	101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.060 101-100-232.060 101-100-232.060 101-100-232.060 101-100-232.060	Krueger, Randy Melow, Steven Overaitis, Joseph Scholten, James Thomas, James Nelson, David Pumphrey, Zachary Kitchen, Spencer  Bonadeo, Karen E. Bono, Jennifer A. Devoto, Claudia P. Gordon, Cheryl Haack, David	Check Date:  Invoice Amount:	10/17/2018 55.00 58.00 58.00 55.00 55.00 50.00 50.00 42.00 \$449.50 10/17/2018 31.00 15.50 31.00 31.00
TECHNICAL, PROFESSIONAL AND OF TPOAM Union Deductions - October 2	101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.060 101-100-232.060 101-100-232.060 101-100-232.060 101-100-232.060 101-100-232.060	Krueger, Randy Melow, Steven Overaitis, Joseph Scholten, James Thomas, James Nelson, David Pumphrey, Zachary Kitchen, Spencer  Bonadeo, Karen E. Bono, Jennifer A. Devoto, Claudia P. Gordon, Cheryl Haack, David Jowsey, Nancy	Check Date:  Invoice Amount:	58.00 58.00 55.00 55.00 52.00 50.00 42.00 \$449.50 10/17/2018 31.00 15.50 31.00 31.00 31.00
Teamster Local #214 October 2018  TECHNICAL, PROFESSIONAL AND OF	101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.060 101-100-232.060 101-100-232.060 101-100-232.060 101-100-232.060 101-100-232.060 101-100-232.060	Krueger, Randy Melow, Steven Overaitis, Joseph Scholten, James Thomas, James Nelson, David Pumphrey, Zachary Kitchen, Spencer  Bonadeo, Karen E. Bono, Jennifer A. Devoto, Claudia P. Gordon, Cheryl Haack, David Jowsey, Nancy Kline, Anne E.	Check Date:  Invoice Amount:	10/17/2018 55.00 58.00 58.00 55.00 55.00 50.00 50.00 42.00 \$449.50 10/17/2018 31.00 15.50 31.00 31.00 31.00 15.50
Teamster Local #214 October 2018  TECHNICAL, PROFESSIONAL AND OF	101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.030 101-100-232.060 101-100-232.060 101-100-232.060 101-100-232.060 101-100-232.060 101-100-232.060	Krueger, Randy Melow, Steven Overaitis, Joseph Scholten, James Thomas, James Nelson, David Pumphrey, Zachary Kitchen, Spencer  Bonadeo, Karen E. Bono, Jennifer A. Devoto, Claudia P. Gordon, Cheryl Haack, David Jowsey, Nancy	Check Date:  Invoice Amount:	10/17/201 55.00 58.00 58.00 55.00 55.00 50.00 50.00 42.00 \$449.50 10/17/201 31.00 15.50 31.00 31.00 31.00

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### Charter Township of Plymouth AP Invoice Listing - Board Report

		Total Amount to be Disbursed:	\$923,686.69
<b>Kimberly Rokita</b> Return of MI Fire Insurance W/H	Program Escrow 701-100-054.000	Invoice Amount: Check Date: Return Escrow Money after Fire Dept Insp	\$7,635.00 10/17/2018 7,635.00
	<i>592-443-937.000</i>	Country Acres Pump Station	643.04
	<i>592-441-743.000</i>	YUCA IPP-IWC	4,697.42
	592-441-742.000	Monthly Charges	252,908.56
WTUA - September 2018		Check Date:	10/17/2018
WESTERN TWNSPS UTILITIES AL	JTHORITY	Invoice Amount:	\$258,249.02
	101-100-232.060	MacDonell, Carol	15.50
	<i>101-100-232.060</i>	Richardson, Mike	15.50
	101-100-232.060	Cobb, Kate	31.00
	101-100-232.060	Geletzke, Alice	15.50
	101-100-232.060	Visel, Sarah J.	31.00
	101-100-232.060	Truesdell, Mary Ann	<i>15.50</i>
	101-100-232.060	Palmarchuk, Cheri	31.00
	101-100-232.060	Martin, Carol R.	31.00
	101-100-232.060	MacDonald, Kenneth E.	31.00
	101-100-232.060	Leclair, Diane L.	31.00
/ENDOR INFORMATION	<u> </u>	INVOICE INFORMATION	

### Charter Township of Plymouth AP Invoice Listing - Board Report

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VENDOR INFORMATION	INVOICE	INVOICE INFORMATION			
S MILL ST LLC 2018 MTT SUM TAX REF 78-060-99-0018-000 703-000-202.0	000 ACCOUNTS PAYABLE	Invoice Amount: Check Date:	\$5,205.55 10/10/2018 5,205.55		
<b>S MILL ST LLC</b> 2018 MTT SUM TAX REF 78-060-99-0020-000 703-000-202.0	000 ACCOUNTS PAYABLE	Invoice Amount: Check Date:	\$943.77 10/10/2018 943.77		
<b>S MILL ST LLC</b> 2018 MTT SUM TAX REF 78-060-99-0021-000 703-000-202.0	000 ACCOUNTS PAYABLE	Invoice Amount: Check Date:	\$5,485.05 10/10/2018 5,485.05		
<b>S MILL ST LLC</b> 2018 MTT SUM TAX REF 78-060-99-0010-000 703-000-202.0	000 ACCOUNTS PAYABLE	Invoice Amount: Check Date:	\$10,915.21 10/10/2018 10,915.21		
	Total Amou	nt to be Disbursed:	\$22,549.58		

## Charter Township of Plymouth AP Invoice Listing - Board Report | 1/10||8

VENDOR INFORMATION			INVOICE INFORMATION	
OAKLAND COUNTY FRIEND OF TH	E COURT		Invoice Amount:	\$2,251.00
POLICE BOND 10/04/2018	702-100-087.000	7808	Check Date:	10/10/2018 2,251.00
14B DISTRICT COURT			Invoice Amount:	\$1,191.00
POLICE BOND 10/04/2018	702-100-087.000	7807	Check Date:	10/10/2018 1,191.00
35TH DISTRICT COURT			Invoice Amount:	\$400.00
POLICE BOND 10/04/2018	702-100-087.000	7806	Check Date:	10/10/2018 400.00
35TH DISTRICT COURT			Invoice Amount:	\$100.00
POLICE BOND 10/03/2018	702-100-087.000	7805	Check Date:	10/10/2018 100.00
35TH DISTRICT COURT			Invoice Amount:	\$800.00
POLICE BOND 10/01/2018			Check Date:	10/10/2018
, 02.02 20.12 20,02, 2020	702-100-087.000	<i>7776</i>		300.00
	<i>702-100-087.000</i>	7801		500.00
35TH DISTRICT COURT			Invoice Amount:	\$550.00
POLICE BOND 10/08/2018			Check Date:	10/10/2018
. 0 11 0 1 0 0 1 0 0 1 0 0 1 0 1 0 1 0 1	702-100-087.000	7809		250.00
	702-100-087.000	<i>7810</i>		300.00
			Total Amount to be Disbursed:	\$5,292.00

### Charter Township of Plymouth AP Invoice Listing - Board Report

VENDOR INFORMATION		INVOICE INFORMATION			
AT&T		Invoice Amount:	\$621.79		
AT&T - Video Arriagnment - Acct. # 73		Check Date:	10/10/2018 621.79		
	101-325-853.400	Video Aarraignment October 2018	021.79		
COMCAST		Invoice Amount:	\$124.90		
Comcast High Speed Internet - October		Check Date:	10/10/2018		
	101-290-941.000	Comcast High Speed Internet Oct, 2018	124.90		
COMCAST		Invoice Amount:	\$194.85		
October 2018 Internet service - Acct.	# 90091367	Check Date:	10/10/2018		
	101-691-921.000	Lakepointe Soccer fields	64.95		
	101-336-921.000	FS#3	<i>64.95</i>		
	101-325-853.400	Video arraignment	64.95		
DTE ENERGY		Invoice Amount:	\$5,311.50		
DTE Service - Municipal Street Light Se	entember 2	Check Date:	10/10/2018		
DTE Service - Mullicipal Screet Light Sc	101-446-920.000	September 2018 Municipal Street Light	5,311.50		
EctoHR, Inc.		Invoice Amount:	\$7,000.00		
	: # 10	Check Date:	10/10/2018		
EctoHR - September 2018 Services - I	nvoice # 10 <i>101-171-818.200</i>	8 -HR Cons&Admin-Manager Level	1,200.00		
	101-171-818.200	48 - HR Cons&Admin-Generalist Level	5,752.50		
		0.5 -HR Cons&Admin - Coordinator Level	47.50		
	101-171-818.200				
MERS		Invoice Amount:	\$100,676.49		
MERS -September 2018 Employee ANI	D Employer	Check Date:	10/10/2018		
	101-100-231.030	COAM - Employee Contrib.	4,946.94		
	<i>101-100-231.030</i>	POAM - Employee Contrib	15,104.31		
	101-100-231.020	FIRE - Employee Contrib	14,338.53		
	101-100-231.050	DISPATCH - Employee Contrib	4,454.92		
	101-305-714.030	COAM - Employer Contrib	15,420.27		
	101-305-714.030	POAM - Employer Contrib	22,130.00		
	101-336-714.020	FIRE - Employer Contrib	36,931.00		
	101-325-714.050	DISPATCH - Employer Contrib	5,867.00		
	101-100-231.020	ADJUST - FIRE EE	(5,414.03)		
	101-100-231.050	ADJUST - DISPATCH EE	(1,298.87)		
	101-100-231.030	ADJUST - COAM EE	(1,623.57)		
	101-305-714.030 101-100-231.030	ADJUST - COAM ER ADJUST-POAM EE	(5,060.75) (5,119.26)		
	101-100-231.030		**		
PLYMOUTH POSTMASTER		Invoice Amount:	\$2,000.00		
Water Bill Postage - Permit #218 Octo	bber 2018 592-172-730.000	Check Date: Permit #218 October 2018 Postage	10/10/2018 2,000.00		
			<u> </u>		
CHARTER TWSP OF PLYMOUTH		Invoice Amount:	\$10,753.90		
Plymouth Township - Water/Sewer -O		Check Date:	10/10/2018 <i>37.04</i>		
	101-171-921.000	Supervisor Information Services	19.80		
	101-201-921.000 101-209-921.000	Information Services Assessors	10.60		
	101-209-921.000	Clerk	32.19		
	101-215-921.000 101-253-921.000	Treasurer	13.44		
	101-253-921.000 101-265-854.000	Treasurer Township Hall	71.51		
	101-205-854.000	Police	106.36		
	101-305-921.000 101-325-921.000	Communications/Dispatch	22.14		
			~~		
		• •	1.804.00		
	101-336-921.000 101-371-921.000	Fire Building	1,804.00 23.32		

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### Charter Township of Plymouth AP Invoice Listing - Board Report

YENDOR INFORMATION	INVOICE INFORMATION	
101-691-921.000	Park	7,165.19
226-226-921.000	Solid Waste	3.07
<i>592-172-921.000</i>	DPW Admin / General Expense	978.09
510-510-737.000	Golf Course	<i>373.52</i>
<i>592-444-745.000</i>	Power and Pumping	<i>53.87</i>
<i>588-588-921.000</i>	Friendship Station	4.56
<i>101-325-921.400</i>	Dispatch (Admin)	22.14
UNUM LIFE INSURANCE CO. OF AMERICA	Invoice Amount:	\$5,129.28
UNUM Premium Statement - October 2018	Check Date:	10/10/2018
00000 Premium Statement - October 2010	Supervisor's Dept.	186.47
101-201-714.000	•	69.00
101-215-714.000	·	236.00
101-253-714.000	•	116.60
101-265-714.000		<i>37.76</i>
101-305-714.000		1,802.89
101-325-714.000		527.87
101-336-714.000	•	1,242.52
101-371-714.000		206.37
226-226-714.000		<i>46.37</i>
588-588-714.000	Senior Trans.	36.90
592-172-714.000	Public Services	124.00
592-291-714.000	Public Works	496.53
VERIZON WIRELESS	Invoice Amount:	\$1,892.16
October 2018 Wireless Billing Acct #1 - 58576292	Check Date:	10/10/2018
592-172-853.000	DPW wireless devices	<i>113.98</i>
101-201-853.000		60.55
101-336-853.000	) Fire wireless devices	141.11
101-691-853.000	Park foreman wireless device	49.94
101-253-853.000	7 Treasurer Wireless Service	<i>50.55</i>
101-305-853.000	Police Dept. wireless service	<i>1,235.03</i>
101-371-853.000	Building Dept. Wireless Services	241.00
VERIZON WIRELESS	Invoice Amount:	\$1,755.02
October 2018 Wireless Billing Acct #2 MI DEAL A	Check Date:	10/10/2018
592-291-853.000	) DPW	<i>1,301.54</i>
101-201-853.000		0.24
101-336-853.000	7 Fire wireless devices	200.05
101-691-853.000		40.01
588-588-853.000		109.99
101-325-853.000	•	51.87
226-226-853.000	Solid Waste - Sarah Visel	51.32
WOW! BUSINESS	Invoice Amount:	\$17.25
	Check Date:	10/10/2018
Internet Friendship Station Service Charges Sept 101-265-854.000		16.22
101 200 00 1100		1.03
<i>588-588-921.000</i>	7 Taxes, surcharges & fees	1.03

### CHARTER TOWNSHIP OF PLYMOUTH BOARD OF TRUSTEES REGULAR MEETING OCTOBER 23, 2018

# PUBLIC COMMENTS AND QUESTIONS (Limited to 3 Minutes) OCTOBER 23, 2018

### CHARTER TOWNSHIP OF PLYMOUTH BOARD OF TRUSTEES REGULAR MEETING OCTOBER 23, 2018

# ITEM F.1 ESTABLISHMENT OF RETIREE HEALTHCARE (OPEB) TRUST FUND RESOLUTION # 2018-10-23-83



### CHARTER TOWNSHIP OF PLYMOUTH REQUEST FOR BOARD CONSIDERATION

MEETING DATE: October 23, 2018

ITEM: Establish Retiree Healthcare (OPEB) Trust Fund

PRESENTER: Mark Clinton, Treasurer

#### **BACKGROUND:**

Michigan Public Act 202 of 2017 imposes higher levels of funding and more stringent oversight by the state on municipalities' unfunded pension and OPEB liabilities.

As required under Public Act 202, the township treasurer filed the 2017 Retirement System Annual Report (Form 5572) with the State of Michigan's Department of Treasury before the June 30th deadline. On July 26, 2018, the township was, as expected, notified that its Retirement Healthcare Plan (OPEB) is funded below the 40% established threshold. As Act 202 dictates, a waiver request was filed with the state on September 5, 2018. If the waiver application is denied, the next step in the process is, within 180 days, to submit a Corrective Action Plan to the Municipal Stability Board detailing steps that the township will take to correct the underfunded status.

On November 6, 2018, voters in Plymouth Township will be asked to approve a public safety millage intended to address our underfunded pension and healthcare retirement funds. To comply with Public Act 202, a portion of the proceeds from this millage should be set aside in a trust to fund future obligations. Plymouth Township currently has no Retiree Healthcare (OPEB) Trust Fund.

The purpose of this request is to establish a Retiree Healthcare (OPEB) Trust Fund with the Municipal Employees' Retirement System (MERS). All future deposits into the fund must be pre-approved by the board.

#### **ATTACHMENTS:**

MERS Retiree Health Funding Vehicle Uniform Resolution

#### **RECOMMENDATION:**

Approve the establishment of a Retiree Healthcare (OPEB) Trust Fund with MERS and appoint the Township Treasurer as the designated employee contact for the purpose of making investment portfolio decisions.

#### **RESOLUTION:**

I move to approve Resolution 2018-10-23-83 which allows for the establishment of a Retiree Healthcare (OPEB) Trust Fund with the Municipal Employees' Retirement System (MERS), appoints the Township Treasurer as the employee contact for the trust, and authorizes the Township Supervisor to sign the attached MERS Uniform Resolution.

### STATE OF MICHIGAN COUNTY OF WAYNE CHARTER TOWNSHIP OF PLYMOUTH

### **RESOLUTION # 2018-10-23-83**

### **ESTABLISH RETIREE HEALTHCARE (OPEB) TRUST FUND**

At a regular meeting of the Board of Trustees for the Charter Township of Plymouth (the "Board"), held at Township Hall located at 9955 N. Haggerty Road, Plymouth, Michigan on October 23, 2018, the following resolution was offered:

- WHEREAS, Michigan Public Act 202 of 2017 imposes higher levels of funding and more stringent oversight by the state on municipalities' unfunded pension and OPEB liabilities; and,
- **WHEREAS**, The Charter Township of Plymouth's Treasurer filed the 2017 Retirement System Annual Report (Form 5572) with the State of Michigan's Department of Treasury before June 30<sup>th</sup> as required under Public Act 202 of 2017; and,
- WHEREAS, the Township was notified by email on July 26, 2018 that its Retirement Healthcare Plan (OPEB) is funded below the 40% threshold established under Public Act 202; and,
- **WHEREAS**, the Township wishes to establish a Retiree Health (OPEB) Trust Fund with the Municipal Employees' Retirement System of Michigan ("MERS") for the purpose of funding future OPEB liabilities; and
- **WHEREAS**, contributions to the fund are voluntary and will require pre-approval by the Board; and
- **WHEREAS**, the Board wishes to appoint the Township Treasurer as the designated employee contact for the purpose of making investment portfolio decisions/changes; and
- WHEREAS, the attached MERS Retiree Health Funding Vehicle Uniform Resolution ("Uniform Resolution") must be approved by the Board and signed by the Supervisor;
- **NOW, THEREFORE,** be it resolved that the Board approves and authorizes the Supervisor to sign the attached MERS Uniform Resolution for the purpose of creating a Retiree Healthcare (OPEB) Trust Fund, and appoints the Township Treasurer as the designated employee for the purpose of making investment portfolio decisions and changes.

Present:	[Curmi, Clinton, Dempsey, Doroshewitz, Heise, Heitman, Vorva]				
Moved by: Supported by:					
	Roll Call Vote				
Ayes: Nays: <b>Adopted</b> :	Regular Meeting of the Board of Trustees on				
	Jerry Vorva, Clerk, Charter Township of Plymouth				
STATE OF MICHIC	j				
I hereby certify that the foregoing is a true copy of the above Resolution, the original of which is on file in my office.					
Jerry Vorva, Clerk Date Charter Township of Plymouth					

Resolution: 2018-10-23-83

### MERS Retiree Health Funding Vehicle Uniform Resolution



1134 Municipal Way Lansing, MI 48917 | 800.767 6377 | Fax 517,703 9707

www.marspimich.com

WHEREAS, the Municipal Employees' Retirement System ("MERS") Plan Document of 1996, effective October 1, 1996, authorized the Municipal Employees' Retirement Board ("Board") to establish additional programs including but not limited to Defined Benefit and Defined Contribution programs (MERS Plan Document Section 71(2)(a)); and the Municipal Employees Retirement Act of 1984, Section 36(2)(a) as amended by 1996 PA 220, MCL 38.1536(2)(a));

WHEREAS, the Board has previously authorized MERS establishment of a retiree health funding vehicle ("RHFV" or "Program"), which a participating municipality or court, or another eligible public employer that is a political subdivision of the State which constitutes a "municipality" under MERS Plan Document Section 2(23); MCL 38.1502b(2) ("Eligible Employer"), may adopt for its Eligible Employees;

WHEREAS, MERS has been determined by the Internal Revenue Service to be a tax qualified "governmental plan" and trust under Section 401(a) of the Internal Revenue Code of 1986, and all trust assets within MERS reserves are therefore exempt from taxation under Code Section 501(a) (IRS Letter of Favorable Determination dated June 15, 2005).

**WHEREAS**, the Board has established a governmental trust under Section 115 of the Internal Revenue Code (the "Trust Fund") to hold the assets of the RHFV, which Trust Fund shall be administered under the discretion of the Board as fiduciary, directly by (or through a combination of) MERS or MERS duly-appointed Program Administrator;

**WHEREAS**, 1999 PA 149, the Public Employee Health Care Fund Investment Act, MCL 38.1211 et seq. ("PA 149") provides for the creation by a public corporation of a public employee health care fund, and its administration, investment, and management, in order to accumulate funds to provide for the funding of health benefits for retirees and beneficiaries;

WHEREAS, a MERS health care trust fund constitutes a governmental trust established by a public corporation ("municipality") as an Eligible Employer, provided that all such employers shall be the State of Michigan, its political subdivisions, and any public entity the income of which is excluded from gross income under Section 115 of the Internal Revenue Code; provided further, that the health care trust shall not accept assets from any defined benefit health account established under Section 401(h) of the Internal Revenue Code;

WHEREAS, the Board acts as investment fiduciary for the pooled assets of each MERS participating municipality and court enrolled in MERS Defined Benefit Plan, Defined Contribution Plan, and Hybrid Plan, on whose behalf MERS performs all plan administration and investment functions, and such participating municipalities and courts have full membership, representation and voting rights at the MERS Annual Meeting as provided under Plan Section 78; MCL 38.1545.

WHEREAS, the Board also acts as investment fiduciary for those participating employers who are non-MERS participating municipalities and courts that have adopted the MERS Health Care Savings Program, Retiree Health Funding Vehicle, 457, or Investment Services Program, and such entities are not accorded membership, representation or voting rights provided to MERS participating municipalities and courts at the MERS Annual Meeting under Plan Section 78; MCL 38.1545.

### MERS Retiree Health Funding Vehicle Uniform Resolution

**WHEREAS**, adoption of this Uniform Resolution (the "Uniform Resolution") by the Eligible Employer is necessary and required in order that the benefits available under the MERS Retiree Health Funding Vehicle may be extended;

WHEREAS, this Uniform Resolution has been approved by the Board under the authority of 1996 PA 220, MERS Plan Document Section 71(2)(a), MCL 38.1536(2)(a), declaring that the Board "shall determine . . . and establish" all provisions of the Retirement System. The MERS RHFV shall not be implemented with respect to any Eligible Employer unless in strict compliance with the terms and conditions of this Resolution, the Trust Document, and Trust Agreement.

- It is expressly agreed and understood as an integral and nonseverable part of extension or continuation of coverage under this Uniform Resolution Adopting MERS Retiree Health Funding Vehicle, that Section 43 of the MERS Plan Document shall not apply to this Uniform Resolution, its administration or interpretation.
- In the event any alteration of the language, terms or conditions stated in this Uniform Resolution Adopting MERS Retiree Health Funding Vehicle is made or occurs under MERS Plan Document Section 43 or other plan provision or other law, it is expressly recognized that MERS and the Board, as fiduciary of the MERS Plan and its trust reserves, and whose authority is nondelegable, shall have no obligation or duty: to administer (or to have administered) the MERS RHFV or its Trust Fund; or to continue administration.

**NOW, THEREFORE, BE IT RESOLVED** that the governing body adopts the MERS PA 149 Health Care Trust Fund as provided below.

#### I. MERS RETIREE HEALTH FUNDING VEHICLE

EFFECTIVE	, 20 $^{ extstyle 18}$ , the MERS Retiree Health Funding
Vehicle is hereby adopted by the	Charter Township of Plymouth
tomore to trovery adepted by and	(MERS municipality or court or other eligible employer)

**CONTRIBUTIONS** shall be made only by the Eligible Employer, remitted to MERS by the Eligible Employer, and credited to the Eligible Employer's separate fund within the trust sub-fund for MERS RHFV. As this Plan is funded solely by employer, on a cash or actuarial basis as determined by the employer, there is no requirement for a Participation Agreement establishing the schedule of contributions.

**INVESTMENT** of funds accumulated and held in the Fund shall be held in a separate reserve and invested on a pooled basis by MERS subject to the Public Employee Retirement System Investment Act ("PERSIA"), 1965 PA 314, as provided by MERS Plan Document Section 76; MCL 38.1539, and PA 149.

THE ELIGIBLE EMPLOYER shall abide by the terms of MERS RHFV, including all investment, administration, and service agreements, and all applicable provisions of the Code and other law. It is affirmed that no assets from any defined benefit health account established under Section 401(h) of the Internal Revenue Code shall be transferred to, or accepted by, MERS.

### II. IMPLEMENTATION DIRECTIONS FOR MERS AS RHFV INVESTMENT FIDUCIARY AND TRUSTEE

- (A) The governing body of this Eligible Employer desires that all assets placed in its MERS RHFV (as a sub-fund within all pooled Trust Funds with MERS) be administered by MERS, which shall act as investment fiduciary with all powers provided under Public Employee Retirement System Investment Act, PA 149, all applicable provisions of the Internal Revenue Code and other relevant law.
- (B) The governing body desires, and MERS upon its approval of this Resolution agrees, that all funds accumulated and held in the MERS RHFV Trust Fund shall be invested and managed by MERS within the collective and commingled investment of all funds held in trust for all Eligible Employers.
- (C) The RHFV is designed as a PA 149 compliant trust. All assumptions, including the rate of investment return used in any OPEB valuation, are the responsibility of the employer in conjunction with any advice they may obtain from their health care actuary and/or auditor, if any. The Employer acknowledges and affirms the responsibility for selecting the investment option(s) from the MERS investment funds for their RHFV account.

The Participating Employer makes the following initial fund election (subsequent changes may be made by the RHFV Investment Change Form #RH-602). Percentage of assets to be invested in Fund selected:

Partiolios Built for You (Studie/B	Punds to Build Your Own Portfolio		
MERS Total Market Portfolio	%	Large Cap Stock Index	%
		Mid Cap Stock Index	%
MERS Capital Appreciation Portfolio (80/20)  %		Small Cap Stock Index	
MERS Established Market Portfolio (60/40) %		International Stock Index	%
MERS Balanced Income Portfolio (40/60)	%	Emerging Market Stock	%
MERS Capital Preservation Portfolio (20/80) 9		Short-Term Income	%
MERS Diversified Bond Portfolio (0/100)	%		

All allocations must use a whole percentage, and the total percentage of amount allocated must equal 100%.

Please refer to the Fund Summary Sheets for information regarding each investment option, including potential redemption fees, and restrictions (www.mersofmich.com).

(D)	using t	Changes in the fund choices or allocations made in paragraph (C) may be made in writing using the designated MERS form addressed to the MERS RHFV Program Administrator and shall be made by (select one):				
		the Governing Body only (ongoing fund elections may be made only by the RHFV Investment Change Form #RH-602 and supporting certified minutes stating Governing Body approval).				
		the designated employer contacts (ongoing fund elections may be made either through your online account or by the RHFV Investment Change Form #RH-602).				

### MERS Retiree Health Funding Vehicle Uniform Resolution

- (E) All monies in the MERS RHFV Trust Fund (and any earnings thereon, positive or negative) shall be held and invested for the sole purpose of paying health care benefits for the exclusive benefit of "Eligible Employees" who shall constitute "qualified persons" who have retired or separated from employment with the Eligible Employer, and for any expenses of administration, and shall not be used for any other purpose, and shall not be distributed to the State.
- (F) The Eligible Employer will fund its MERS RHFV Trust sub-fund to provide funds for health care benefits for "Eligible Employees" who shall constitute "qualified persons." Participation in and any coverage under RHFV shall not constitute nor be construed to constitute an "accrued financial benefit" under Article 9 Section 24 of the Michigan Constitution of 1963, nor shall any contribution method for Eligible Employer funding other than "pay as you go" cash funding be required or imposed, and all benefits, rights, and obligations conferred by or arising under RHFV shall be as provided under the RHFV documents.

(G)	The Eligible Employer generically designates the following groups of persons as "Eligible Employees" who shall constitute "qualified persons," to receive retiree health care benefits subsidized under the MERS RHFV trust sub-fund. Groups may include any dependent(s) as specified in your bargaining agreement and/or personnel policy (provide copies of any governing agreement or other policy): For example "non-union employees."				

(H) The Eligible Employer may designate the appropriate employer contacts who shall direct payment of fund monies for the benefit of the Eligible Employees identified in paragraph (G) under any retiree health care benefit program, including, but not limited to, MERS HCSP; make investment allocations of the Employer's fund assets within MERS-approved funds to the extent authorized in paragraph (C); receive necessary reports, notices, etc.; shall act on behalf of the Eligible Employer; and may delegate any administrative duties relating to the Fund to appropriate departments.

#### SECTION 3. EFFECTIVENESS OF THIS RESOLUTION

This Resolution shall have no legal effect until a certified copy of this adopting Resolution shall be filed with MERS, and MERS determines that all necessary requirements under MERS Plan Document Section 71(2)(a), 1999 PA 149 and other relevant laws, and this Resolution have been met. Upon MERS determination that all necessary documents have been submitted, MERS shall record its formal approval upon this Resolution, and return a copy to the Eligible Employer's designated primary contact.

In the event an amendatory resolution or other action by the Eligible Employer is required by MERS, such Resolution or action shall be deemed effective as of the date of the initial Resolution or action where concurred in by this governing body and MERS (and the Program Administrator if necessary). Section 86 of the MERS Plan Document shall apply to this Resolution and all acts performed under its authority. The terms and conditions of this Resolution supersede and stand in place of any prior resolution, and its terms are controlling.

### MERS Retiree Health Funding Vehicle Uniform Resolution

I hereby certify this above is a true c	opy of the Resolution Adopting the MERS Retiree H	ealth Fun	ding
Vehicle adopted and approved on the	e day of	<b>, 20</b> <u>18</u>	_ at
the official meeting held by	(Name of approving employer)		
	(Name of approving employer)		
Authorized Signature:		-	
Title:		_	
Witness Signature:		-	
Received and Approved by the Munic	cipal Employees' Retirement System of Michigan		
Dated:, 20	)		
(Autho	orized MERS signatory)		

### CHARTER TOWNSHIP OF PLYMOUTH BOARD OF TRUSTEES REGULAR MEETING OCTOBER 23, 2018

### **ITEM F.2**

# CITIZENS ADVISORY COUNCIL ENVIRONMENTAL STEWARDSHIP COMMITTEE PRESENTATION

### CHARTER TOWNSHIP OF PLYMOUTH REQUEST FOR BOARD ACTION

**MEETING DATE: October 23, 2018** 

ITEM: Presentation by the Citizens Advisory Council Environmental Stewardship

Committee

**PRESENTERS:** Anita Yeager and Mary Ann MacLaren

<u>BACKGROUND</u>: Members of the Citizens Advisory Council's Environmental Stewardship Committee would like to make a presentation to the Board on their findings and recommendations for 2018 and '19. Their presentation is attached.

PROPOSED MOTION: None required; discussion only

## Environmental Stewardship Committee

OCTOBER 23, 2018

### Vision

### Our vision is to:

- Secure a clean and safe environment for Plymouth Township residents
- Align economic, social, and environmental investments and benefits
- Inspire us to strive toward a sustainable community

The need to act to make cities greener is acknowledged on the global stage. Goal 11 of the United Nations Sustainable Development Goals is to "make cities inclusive, safe, resilient and sustainable".

### Accomplishments

- √ Toured ReCommunity Materials Recovery Facility (MRF)
- ✓ Provided environmental education to the township residents via the township eNews and quarterly newsletter
- ✓ Placement of recycle bins at the township park
- ✓ Sarah Visel agreed to implement non-bleached paper products in township offices
- As individuals (not representing the committee) delivered information to local restaurants regarding reasons to stop the usage of plastic straws

### Proposals

Have a liaison from this committee to the Planning Commission to accomplish the following:

- Providing input for Ordinance Changes related to the environment
- Assist with having the township known as business-friendly and environmentally balanced community

### Proposals (cont.)

### **Encourage residents to Plant Trees by:**

- Working with a private contract for discounts on township allowed tree species
- Inform residents that it will enhance property value
- Educate about the heat impact by cooling pavement
- Seek input from Friends of the Rogue
- Seek advise and/or partner with Keep Plymouth Leafy

### Proposals (cont.)

Coordinate community projects with the Salem High School environmental science teacher and students

Outreach has already been accomplished via discussion with the science teacher

### Proposals (cont.)

### Additional environmental community improvements

- Install Bee Hives in the township park and residential areas
- Educate and encourage usage of safe sprays on lawns and trees
- ■Educate on the use of "organic" products for the township lawns, gardens, ponds and offices
- Educate on all waste reduction, and add a composting program (This ties in with the Hill Top community garden plan)

### CHARTER TOWNSHIP OF PLYMOUTH BOARD OF TRUSTEES REGULAR MEETING OCTOBER 23, 2018

# ITEM F.3 EMS REQUESTS FOR PROPOSALS – INTERVIEWS BY BOARD OF TRUSTEES

- Huron Valley Ambulance
- Beaumont Mobile Medicine/Community EMS

### PLYMOUTH TOWNSHIP FIRE DEPARTMENT

9955 N. Haggerty Rd Plymouth, Michigan 48170-4673 (734) 354-3221 Fax (734) 354-9672 Emergency –Dial 911

Tuesday, October 16, 2018

Board of Trustees,

The Charter Township of Plymouth put out notice on Friday July 13<sup>th</sup> 2018 for a request for proposal to receive bids for Emergency Medical Services.

Three Sealed bids were received on Friday August 31<sup>st</sup> 2018. The bidders were Huron Valley Ambulance, Community EMS and Beaumont Mobile Medical. Both Community EMS and Beaumont Mobile Medical are affiliated with each other.

These bids have been reviewed and the following page indicates their compliance to twenty seven (27) operational requirements.

Please note highlighted in red does not comply with our request. I have indicated the page numbers for the Board to review those items specifically.

a flett

Dan Phillips Fire Chief

Charter Township of Plymouth

Number	Title	Beaumont	Community	Huron Valley	Notes
		8 min Response	8 Min Response	8 Min response*	
Α	Response Time	Page 18	Page 18	Page 12	* Additional Consideration during area wide emergencies requested.
		\$64 per run they			
		take our staff to	\$64 per run they		
		Hospital	take our staff to Hospital	Does not Comply	
В	Exclusive Private provider	Page 20	Page 20	Page 12	* HVA states this is a violation of law.
С	Deployment Plan	1 Dedicated ALS 24/7	1 Dedicated ALS 24/7	Exhibit A "Best Efforts"	Page 49 Generally assign Page 63 Draft "Operating Plan"
D	Liscensure	Complies	Complies	Complies	
		1 Medic / 1 Basic	1 Medic / 1 Basic	1 Medic / 1 Basic	
Е	Advanced Life Support	Page 21	Page 21	_	None Comply with RFP
F	Vehicles	Complies	Complies	Complies	
G	Reports	Complies	Complies	Complies	
Н	Monthly Meetings	Complies	Complies	Complies	
1	Personel	Complies	Complies	Complies	
		Complies*	Complies*	Complies	
1	Drug Testing	Page 24	Page 24	Page 16	*Drug Testing is for Cause not Random
Κ	Quality Assurance Program	Complies	Complies	Complies	
L	Complaint Resolution	Complies	Complies	Complies	
M	Incident Command System	Complies	Complies	Complies	
N	Hazardous Materials Training	Awareness level	Awareness Level	Awareness Level	
0	Insurance	Complies	Complies	Complies	
Р	Mutual Aid and Mass Casualty	Complies	Complies	Complies	
Q	Incident Standby	Complies	Complies	Complies	
R	Communications	Complies	Complies	Complies	
S	Recording Capability	Complies	Complies	Complies	
Т	E-911 Interface	Complies	Complies	Complies	
U	Emergency Medical Dispatch	Complies	Complies	Complies	
V	Blood Borne Pathogen	Complies	Complies	Complies	
W	Bio-Hazard Waste	Complies	Complies	Complies	
Х	Base of Operations	Complies	Complies	Complies	
Υ	Restocking of Medical Supplies	Complies	Complies	Complies	
		Complies	Complies	Does not Comply	* HVA would request "advanced" permission from the Township to raise
		ALS2 \$800	ALS2 \$800	AL\$2 \$970	charges by up to 5% each year( thereafter HVA will have right to automatically
		ALS1 \$600	ALS1 \$600	ALS1 \$793	raise charges by 5% every year automatically without permission.) Also ALS 2
		BLS \$500	BLS \$500	BLS \$793	is \$970.00 and BLS "emergent" is \$793.00 - Considerably higher rates than
Z	Charges	Page 75	Page 75	Page 46	both Beaumont and Community Bid)
		Complies	Complies	Complies	
AA	Staffing Coverage	Page 76 and 77	Page 76 and 77	Page 49 and 63	
				Page 63 Exhibit A states they "will	
				not typically notify" the Township	
				of All Emergencies	
Notes	Medical Direcer	Dr Hess	Dr Hess	Dr Domeier	
					Red Highlight = Does not Comply

### PLYMOUTH CHARTER TOWNSHIP

**Emergency Medical Services Proposal** 

August 31, 2018











August 31, 2018

Board of Trustees Charter Township of Plymouth 9955 North Haggerty Road Plymouth, Michigan 48170

RE: Ambulance Service Request for Proposal

**Dear Township Board Members:** 

Please find attached Huron Valley Ambulance's proposal to provide continued ambulance service to Plymouth Township residents. Thank you for the opportunity to showcase our organization.

HVA has served the township since 1989 and we have transported over 30,000 of your residents and visitors during this period.

We believe that a continuing partnership with HVA is the Township's best option because:

- HVA is a local 501(c)(3) nonprofit organization. We believe we are owned by the people in the communities we serve. All surpluses are retained by our organization and reinvested in ambulance service in communities we serve.
- We have a proven 37-year track record, including 30 years in Plymouth Township. We are trusted by your residents.
- We are an independent organization and not owned by a hospital or health system. Patients are assured that we will transport them to the hospital of their choice.
- We have invested in the Plymouth community with a \$1 million regional support facility located here.

Thank you for considering our proposal. If we may provide any additional information, please let us know.

Sincerely yours,

Ronald Slagell

President and CEO

1200 State Circle Ann Arbor, Michigan 48108-1691 (734) 971-4420

A Nonprofit Community Service

Accredited by the Commission on Accreditation of Ambulance Services

### PLYMOUTH CHARTER TOWNSHIP EMS Proposal

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### PLYMOUTH CHARTER TOWNSHIP

**Emergency Medical Services Proposal** 

### Request for Proposal









#### NOTICE - TOWNSHIP OF PLYMOUTH TOWNSHIP REQUEST FOR PROPOSALS

#### **EMERGENCY MEDICAL SERVICES**

The Charter Township of Plymouth will receive sealed proposals for Emergency Medical Services according to the attached specifications.

Sealed proposals will be received until 4:00 P.M. prevailing Eastern Time, Friday, August 31, 2018 at which time proposals will be opened and read. Proposals shall be addressed as follows and delivered to:

### TOWNSHIP OF PLYMOUTH CLERK'S OFFICE

9955 North Haggerty Rd. Plymouth Township, MI 48170

OUTSIDE OF MAILING ENVELOPES/PACKAGES MUST BE PLAINLY MARKED "EMERGENCY MEDICAL SERVICES RFP" AND MUST BEAR THE NAME OF THE PROPOSER.

The Township reserves the right to accept any or all alternative proposals and award the contract to other than the lowest proposer, to waive any irregularities or informalities or both; to reject any or all proposals; and in general to make the award of the contract in any manner deemed by the Township, in its sole discretion, to be in the best interest of the Township.

Jerry Vorva

Township Clerk

Notice dated: Thursday, July 13th 2018

#### **NOTICE TO PROPOSERS:**

Plymouth Township officially distributes RFP documents through the Michigan Intergovernmental Trade Network (MITN). Copies of RFP documents obtained from any other source are not considered official copies. Plymouth Township cannot guarantee the accuracy of any information not obtained from the MITN website and is not responsible for any errors contained by any information received from alternate sources. Only those vendors who obtain RFP documents from the MITN system are guaranteed access to receive addendum information, if such information is issued. If you obtained this document from a source other than the source indicated, it is recommended that you register on the MITN site, www.mitn.info and obtain an official copy.

#### TOWNSHIP OF PLYMOUTH

#### **EMERGENCY MEDICAL SERVICES**

#### INSTRUCTIONS TO PROPOSERS

This RFP is issued by the Township Clerk of Plymouth Township.

### **IMPORTANT DATES**

RFP Issue Date: Friday July 13th 2018

Last Date for Questions: Friday August 24th 2018

Response Due Date: Friday August 31st 2018

Anticipated Award Date: Friday October 26th 2018

Anticipated Effective Date of Contract: Tuesday January 1st 2019

#### **QUESTIONS**

Please email all questions to Fire Chief Dan Phillips at <a href="mailto:aphillips@plymouthtwp.org">aphillips@plymouthtwp.org</a> or call 734-354-3221. Please put the name of the Bid/RFP in the subject line, otherwise your email may be deleted as spam.

#### PROPOSAL SUBMITTALS

An **ORIGINAL** and Seven (7) copies of each proposal must be submitted to the Plymouth Township Clerk's Office. **Original may be clipped, but should not be stapled or otherwise bound**. No other distribution of the proposals will be made by the Contractor. Proposals must be signed by an official authorized to bind the Contractor to its provisions.

FAILURE TO SUBMIT PRICING ON THE PROPOSAL FORM PROVIDED BY PLYMOUTH TOWNSHIP MAY CAUSE THE BID TO BE CONSIDERED NON-RESPONSIVE AND INELIGIBLE FOR AWARD.

#### CHANGES TO THE RFP/ADDENDUM

Should any prospective Proposer be in doubt as to the true meaning of any portion of the Request for Proposal, or should the Proposer find any patent ambiguity, inconsistency, or omission therein, the Proposer shall make a written request (via email) for official interpretation or correction. Such request shall be submitted to the specified person by the date listed above. The individual making the request shall be held responsible for its prompt delivery. Such interpretation or correction, as well as any additional RFP provisions that the Township may decide to include, will be made as an addendum, which will be posted on the MITN website at <a href="www.mitn.info">www.mitn.info</a>. Any addendum issued by the Township shall become part of the RFP and shall be taken into account by each proposer in preparing their proposal. Only written addenda are binding. It is the Proposer's responsibility to be sure they have obtained all addenda. Receipt of all addenda must be acknowledged on proposal form.

#### SUBMISSION OF PROPOSALS

Proposals must be submitted in a sealed envelope. Outside of mailing envelope must be labeled with name of contractor and name of RFP. Failure to do so may result in a premature opening or failure to open such proposal.

To be considered, sealed proposals must arrive at the Plymouth Township Clerk's Office, on or before the specified time and date. There will be no exceptions to this requirement. Proposal is considered received when in the possession of the Township Clerk. Contractors mailing proposals should allow ample time to ensure the timely delivery of their proposal. Proposals received after the closing date and time will not be accepted or considered. Faxed, emailed, or telephone bids are not acceptable. Plymouth Township shall not be held responsible for lost or misdirected proposals. The Township reserves the right to postpone an RFP opening for its own convenience.

Proposals must be clearly prepared and legible and must be signed by an Authorized Representative of the submitting Company on the enclosed form. Proposals must show unit and total prices. ANY CHANGES MADE ON PROPOSAL FORMS MUST BE INITIALED OR YOUR PROPOSAL MAY BE CONSIDERED NON-RESPONSIVE.

A proposal may be withdrawn by giving written notice to the Township Clerk before the stated due date/closing time. After the stated closing time, the bid may not be withdrawn or canceled for a period of One Hundred and Twenty (120) days from closing time.

Proposers are expected to examine all specifications and instructions. Failure to do so will be at the proposer's risk.

Failure to include in the proposal all information requested may be cause for rejection of the proposal.

Any samples, CDs, DVDs or any other items submitted with your proposal will not be returned to the contractor.

No proposal will be accepted from, or contract awarded to any person, firm, or corporation that is in arrears or is in default to the Township Plymouth Township upon any debt or contract, or that is in default as surety or otherwise, or failed to perform faithfully any previous contract with the Township.

USE OF PLYMOUTH TOWNSHIP LOGO IN YOUR PROPOSAL IS PROHIBITED.

#### **RESPONSIVE PROPOSALS**

All pages and the information requested herein shall be furnished completely in compliance with instructions. The manner and format of submission is essential to permit prompt evaluation of all proposals on a fair and uniform basis. Unit prices shall be submitted if space is provided on proposal form. In cases of mistakes in extension, the unit price shall govern. Accordingly, the Township reserves the right to declare as non-responsive, and reject an incomplete proposal if material information requested is not furnished, or where indirect or incomplete answers or information is not provided.

#### **EXCEPTIONS**

The Township will not accept changes or exceptions to the RFP documents/specifications unless Contractor indicates the change or exception in the "Exceptions" section of the proposal form. If Contractor neglects to make the notation on the proposal form but writes it somewhere else within the RFP documents and is awarded the contract, the change or exception will not be included as part of the contract. The original terms, conditions and specifications of the RFP documents will be applicable during the term of the contract.

#### **CONTRACT AWARD**

The contract that will be entered into will be that which is most advantageous to the Township, prices and other factors considered. The Township reserves the right to accept any or all alternative proposals and to award the contract to other than the lowest proposer, waive any irregularities or informalities or both, to reject any or all proposals, and in general, to make the award of the contract in any manner deemed by the Township, in its sole discretion, to be in the best interests of the Township.

After contract award, notification will be posted on the MITN website at <a href="https://www.mitn.info">www.mitn.info</a>.

#### **SELECTION PROCESS**

This document is a Request for Proposals. It differs from an Invitation to Bid in that the Township is seeking a solution as described herein, and not a bid meeting firm

specifications for the lowest price. As such the lowest price will not guarantee an award recommendation.

Competitive sealed proposals will be evaluated based on criteria formulated around the most important features of the service, of which qualifications, experience, and methodology, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a contractor's approach meets the desired requirements of the Township. Those criteria that will be used and considered in evaluation for award are set forth in this document. The Township will thoroughly review all proposals received. A contract will be awarded to a qualified contractor submitting the best proposal.

#### **EVALUATION**

The Township reserves the right to require bidders to meet all specified requirements. The initial pass/fail evaluation will be made by the Township board.

The evaluation and award of this proposal shall be a combination of factors including, but not limited to, professional competence, references, and the correlation of the proposal submitted to the needs of the Township and any other factors considered to be in the best interest of the Township.

The Township reserves the right to award the proposal to one master contract provider who can provide the highest level of service at the lowest cost to the Township. The Township reserves the right to reject proposals which contain major deviations from specified requirements; to accept a proposal which has only minor deviations from specified requirements.

#### <u>AWARD</u>

Prices quoted shall remain firm for One Hundred Twenty (120) days or proposal award, whichever comes first except the successful provider whose prices shall remain firm for the entire contract period of three years.

### CONTRACT CANCELLATION DUE TO POOR PERFORMANCE

Due to the emergency nature of the services to be provided, and in the event that the service provider does not or cannot perform to mutually decided criteria, the Township reserves the right, at their sole discretion, to cancel the contract and/or employ as necessary other companies or additional companies and/or municipal personnel as necessary.

### FINANCIAL REPORT

The Township, at their discretion, may require the service provider to supply a Financial Report from an impartial Financial Credit Reporting Service before award of contract.

#### **GENERAL CONDITIONS**

#### TAX EXEMPT STATUS

It is understood that the Township is a governmental unit, and as such, is exempt from the payment of all Michigan State Sales and Federal Excise taxes. Do not include such taxes in the bid prices. The Township will furnish the successful proposer with tax exemption certificates when requested.

#### TRANSFER OF CONTRACT/SUBCONTRACTING

The successful proposer will be prohibited from assigning, transferring, converting or otherwise disposing of the contract agreement to any other person, company or corporation without the expressed written consent of the Township. Any subcontractor, so approved, shall be bound by the terms and conditions of the contract. The contractor shall be fully liable for all acts and omissions of its subcontractor(s) and shall indemnify the Township for such acts or omissions.

#### **NON-DISCRIMINATION**

In the hiring of employees for the performance of work under this contract, neither the contractor, subcontractor, nor any person acting in their behalf shall by reason of religion, race, color, national origin, age, sex, height, weight, handicap, ancestry, place of birth, sexual preference or marital status discriminate against any person qualified to perform the work required in the execution of the contract.

#### **ACCEPTANCE OF PROPOSAL CONTENT**

Should a contract ensue, the contents of the proposal of the successful Proposer may become contractual obligations. Failure of a contractor to accept these obligations may result in cancellation of the award.

#### **DISCLOSURE**

All documents, specifications, and correspondence submitted to Plymouth Township become the property of Plymouth Township and are subject to disclosure under the provisions of Public Act No. 442 of 1976 known as the "Freedom of Information Act".

This Act also provides for the complete disclosure of contracts and attachments hereto. This means that any informational material submitted as part of this RFP is available without redaction to any individual or organization upon request.

#### **ECONOMY OF PREPARATION**

Proposals should be prepared simply and economically, providing a straightforward and concise description of the contractor's ability to meet the requirements of the bid.

Emphasis should be on completeness and clarity of content. Included in the response must be a point by point response to the Requirements and other sections of the bid.

The Township is not liable for any costs incurred by proposers prior to issuance of a contract.

#### MATERIAL SAFETY DATA SHEETS (MSDS)

All Township purchases require a Material Safety Data Sheet, ("MSDS"), where applicable, in compliance with MIOSHA "Right To Know" law. The MSDS must include the following information:

- 1. The chemical name and the common name of the toxic substance.
- 2. The hazards or other risks in the use of the toxic substance, including:
  - The potential for fire, explosion, corrosivity, and reactivity;
  - b) The known acute and chronic health effects of risks from exposure, including the medical conditions which are generally recognized as being aggravated by exposure to the toxic substance; and
  - c) The primary routes of entry and symptoms of overexposure.
- 3. The proper precautions, handling practices, necessary personal protective equipment, and other safety precautions in the use of or exposure to the toxic substances, including appropriate emergency treatment in case of overexposure.
- 4. The emergency procedure for spills, fire, disposal, and first aid.
- 5. A description in lay terms of the known specific potential health risks posed by the toxic substance intended to alert any person reading this information.
- 6. The year and month, if available, that the information was compiled and the name, address, and emergency telephone number of the manufacturer responsible for preparing the information.

#### INDEPENDENT PRICE DETERMINATION

By submission of a proposal, the offerer certifies, and in case of a joint proposal, each party hereto certifies as to its own organization, that in connection with the proposal:

- (a) The prices in the proposal have been arrived at independently without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other offerer or with any other Competitor; and
- (b) No attempt has been made or will be made by the offerer to induce any other person or firm to submit or not submit a proposal for the purpose of restricting competition.

Each person signing the proposal certifies that:

- (c) He is the person in the offerer's organization responsible within that organization for the decision as to prices being offered in the proposal and that he has not participated an will not participate in any action contrary to (a) and (b) above; or
- (d) He is not the person in the offerer's organization responsible within that organization for the decision as to prices being offered in the proposal but that he has

been authorized in writing to act as agent for the persons responsible for such decisions in verifying that such persons have not participated, and will not participate, in any action contrary to (a) and (b) above, and that as their agent, does hereby so certify; and that he has not participated, and will not participate in any action contrary to (a) and (b) above.

A proposal will not be considered for award if the sense of the statements required in the proposal has been altered so as to delete or modify the above.

**Anticipated Services:** Plymouth Township is soliciting proposals from qualified providers for the provision of advanced life support ambulance and related services on behalf of itself. Proposals shall encompass, at a minimum, advanced life support ambulance service for the Township.

#### **Response Times:**

#### Eight (8) minute response time for Township of Plymouth

The Company will provide ambulance(s) dedicated for service within, and located within, Plymouth Township limits at all times. The Company guarantees Priority I service, emergency response by an ALS ambulance in eight (8) minutes or less 90% of the time, twenty-four (24) hours a day, seven (7) days a week, three-hundred sixty-five (365) days a year to Plymouth Township. Except for extenuating circumstances, no response (Priority I) shall exceed twelve (12) minutes. Response time to non-emergency (Priority 3), or downgraded calls, shall be less than fifteen (15) minutes, 90% of the time and shall not exceed twenty (20) minutes, except for extenuating circumstances. The Company shall notify the Township within five (5) business days, in writing, of those responses that exceed the parameters of this Agreement.

**Definitions:** Priority 1 and Priority 3 definitions can be found in the attached Exhibit A (Health Emergency Medical Services, Inc.).

**Contract Term:** It is the intent of Plymouth Township to enter into contract with the provider that can provide the highest level of service at the lowest cost to the municipality. The contract award shall be for a period of **two years**. The proposal shall include an implementation schedule which shall commence on January 1st 2018.

**Contract Termination:** The contract shall contain a termination provision enabling the Township to terminate the contract upon written notice for cause, as well as an indemnification provision that indemnifies the Township, its elected officials, and its employees from any acts of the provider, along with the necessary insurance coverage. A response to this RFP may include a draft contract.

**Desired System:** The desired system will consist of advanced life support ambulances for transportation that will be assigned to and operate from the Township. In order to assure continuity of care, it is anticipated that one provider will be chosen to provide advanced life support ambulance service.

Historical Call Volume: Please see Exhibit A for Historical Call Volume for the Township.

**Emergency Medical Services Proposal** 

# Section II - Operational Requirements









**EMS Proposal** 

#### SECTION II - Operational Requirements

A. Exclusive Private Provider - A sum certain to be paid annually to the Township for the exclusive right to be the private EMS provider (Note: the Township Fire Department will continue to provide its services)(MCL 333.20948)

Federal law (42 U.S. Code § 1320a-7b) does not allow ambulance suppliers to pay for a right to provide Medicare and Medicaid program business. This would be a violation of law for both the Township and HVA.

OIG explanation: "The anti-kickback statute makes it a criminal offense to knowingly and willfully offer, pay, solicit, or receive any remuneration to induce or reward referrals of items or services reimbursable by a Federal health care program. Where remuneration is paid purposefully to induce or reward referrals of items or services payable by a Federal health care program, the anti-kickback statute is violated. By its terms, the statute ascribes criminal liability to parties on both sides of an impermissible 'kickback' transaction. For purposes of the anti-kickback statute, 'remuneration' includes the transfer of anything of value, directly or indirectly, overtly or covertly, in cash or in kind."

B. Response time - The Township standard will be eight (8) minutes for 90% of Priority 1 responses.

Response time criteria shall not apply to incidents that are dispatched as non- emergency (Priority 3) or downgraded to non-emergency prior to the arrival of the ambulance. There shall also be consideration given for area wide weather emergencies including but not limited to: snowstorms, ice storms, high winds, etc.

**Agree.** As clarified by the fire chief, HVA agrees to provide emergency response times which meet NFPA 1710 standards.



**EMS** Proposal

#### SECTION II - Operational Requirements

C. Deployment plan – The provider shall include in its initial proposal a proposed deployment plan, indicating the number of units required to meet the response time standard and the backfill (move up) strategy. The deployment plan shall specify the required unit coverage by hour and day of the week. A data prediction for service to incorporate into the deployment model is preferred.

Agree. See information provided at the end of this section.

D. Licensure – The provider's service area, vehicles, and personnel shall be appropriately licensed including those specifically required by the Michigan Department of Consumer and Industry Services. A copy of your company's State of Michigan license to provide services in Michigan is required.

<u>Agree</u>. HVA is licensed by the Michigan Department of Health and Human Services to provide Advanced Life Support services in Plymouth Charter Township. A copy of the license is provided at the end of this Section.

E. Advanced Life Support – All ambulances utilized by the provider shall be capable of providing advanced life support in accordance with the Health Emergency Medical Services, Inc. And each ALS ambulance will be staffed by two licensed paramedics.

Agree. All ambulances utilized will be advanced life support.

Exception to two paramedic requirement. All HVA ambulances are licensed by the state and HEMS medical control to provide Advanced Life Support. State law requires one paramedic and one EMT on an ALS ambulance. HEMS requires one paramedic and one EMT Specialist on an ALS ambulance but readily provides waivers. There are no medical control regions in Michigan which require two paramedics.

It is HVA's practice to staff paramedic ambulances with two paramedics and we accomplished that 91% of the time in Plymouth Township in 2017. However because we utilize ambulances from other stations outside of the township for back up coverage, we cannot assure this requested staffing level.



**EMS Proposal** 

#### SECTION II - Operational Requirements

We would point out that the township fire department sends two paramedics on each call with HVA and there are sufficient paramedics on scene to handle any emergency. During the drive of the patient to the hospital, one HVA staff member normally drives.

F. Vehicles – Providers shall include in their proposal the specific information for the vehicles they propose to utilize including age, type, and mileage. All vehicles shall be maintained in safe operating condition. Vehicle chassis over 5 years old are not acceptable. Maintenance logs shall be maintained for each vehicle and be available for inspection. Providers shall indicate what preventative maintenance programs are in place and shall indicate the number of "critical vehicle failures" per 100,000 miles driven for the last three years. Providers shall include the procedure their company uses to maintain and repair their vehicles including how, when, and where the vehicles are serviced.

Agree. The information requested in Section F is provides at the end of this section.

G. Reports – Response time summaries, by participating entity and by other geographic zones as may be designated, including the listing of all response time exceptions, shall be reported at least monthly. These reports shall include: compliance with response time standards in a format prescribed by the Township including the ability to sort by entity, and other geographic zones as my be designated; incidents of unit breakdowns, listing of calls referred to other agencies, "Level-O" time, mutual aid response times, call downgrades and other reports used to determine contract compliance. These reports may vary from month to month depending on specific issues that need to be addressed. In addition to hard copies as required, data shall be submitted to the Township in primarily electronic format. The provider shall also submit required information to each Township in a manner and format prescribed by that Township (i.e. compatibility with an information system prescribed by each Township). Non-compliance with this provision will be subject to contract termination based upon the 90 day notice provision.

Agree.



**EMS Proposal** 

#### SECTION II - Operational Requirements

H. Monthly meetings – A supervisory member of the provider's staff shall participate in a monthly in-person meeting with the Plymouth Township Fire Chief to assess the effectiveness of the program and jointly review and address any issues or concerns.

#### Agree.

I. Personnel – The provider shall perform a CCH (Complete Criminal History) on all of its Paramedics and Emergency Medical Technicians. Employees with a conviction for Criminal Sexual Conduct (CSC) or violation of the Controlled Substances Act shall not be allowed to work in the Township area. Employees with a conviction for theft or larceny within the last five (5) years shall not be allowed to work in the Township area.

The provider shall perform a Complete Driving History on all of its Paramedics and Emergency Medical Technicians in the beginning of the contract and continually through the engagement period, in advance of any new employee working in the Township. Employees with two or more convictions for Operating Under Influence of Liquor (OUIL), Unlawful Blood Alcohol Level (UBAL), Operating While Intoxicated (OWI), Operating While Visibly Impaired (OWVI), Operating While Under the Influence of Narcotic (OUIN), or any two or more convictions of any combination thereof, shall not be allowed to work in this area. Employees with a conviction for Operating under Influence of Liquor (OUIL), Unlawful Blood Alcohol Level (UBAL), Operating While Intoxicated, Operating While Visibly Impaired (OWVI), Operating While under the Influence of Narcotic (OUIN), in the last five years shall not work in this area.

The provider shall indicate how personnel are screened for motor vehicle operator records and what additional criteria are used for qualification and/or disqualification in the screening. All vehicle operators shall be required to attend a nationally recognized driver training program.

The provider shall notify the Health Emergency Medical Services, Inc. and the State Division of Emergency Medical Services if any of its Paramedics or Emergency Medical Technicians are criminally charged with any felony, or terminated from employment for any narcotic larceny or narcotic/alcohol use problem.



**EMS Proposal** 

#### SECTION II - Operational Requirements

The provider shall agree to remove for cause an employee from the Township operating area upon written request of the fire or police chief.

<u>Agree</u>. HVA exceeds township requirements. The HVA policy on driver disqualification/remediation is provided at the end of this Section

J. Drug Testing – The provider shall have a random and probable cause drug testing program for all personnel operating in the Township area.

Agree. This policy is in place.

K. Quality Assurance Program – The provider shall provide a description of the quality assurance program in place to continually assess the quality of treatment by EMS personnel.

<u>Agree</u>. A description of this policy is provided at the end of this Section. HVA has a quality assurance program which meets or exceeds the requirements of HEMS, MDHHS EMS Division, and the Commission on Accreditation of Ambulance Services. The HVA Board of Trustees also has a committee devoted to Quality.

- L. Complaint Resolution In the event a complaint arises over the provision of emergency medical care, the procedure shall be as follows:
  - (1) The complaint shall be referred to the Township staff for investigation and review.
  - (2) In the event the complaint is not resolved, it shall be referred to the Quality Improvement committee of the Wayne County Medical Control Authority.

Agree.



**EMS** Proposal

#### SECTION II - Operational Requirements

M. Incident Command System – The provider shall provide training on at least an annual basis for ambulance personnel operating in the Township area on their role and responsibilities within the framework of the Incident Command System.

#### Agree.

N. Hazardous Materials Training – All ambulance personnel shall be trained to the hazmat first responder awareness level as designated by the Michigan Firefighters Training Council. The provider shall submit documentation of this training.

Agree. HVA personnel complete the Hazardous Materials First Responder Awareness course (29 CFR 1910.1200) upon hire and receive refresher training annually on their work anniversary.

O. Insurance - A certificate of insurance naming the Township as an additional insured must be provided by the successful proposer prior to commencement of work. A current certificate of insurance meeting the requirements in Attachment A is to be provided to the Township and remain in force during the entire contract period.

The cost of the additional insurance coverage must be included in the prices quoted for the services to be provided. No additional cost for insurance will be accepted by the Township.

A Certificate of Insurance on an ACORD Form showing present coverage must be included with your proposal.

PLEASE HAVE YOUR INSURANCE COMPANY VERIFY BY MEANS OF A LETTER THAT YOUR COMPANY WILL MEET INSURANCE SPECIFICATIONS IF AWARDED A CONTRACT. YOUR COMPANY SHOULD SUBMIT THIS LETTER WITH YOUR PROPOSAL DOCUMENT.

Failure on the part of any bidder to contact his/her insurance carrier to verify that the insurance carried by the bidder meets Township specifications may result in this proposal being completed incorrectly.



**EMS Proposal** 

#### SECTION II - Operational Requirements

All coverage shall be with insurance carriers licensed and admitted to do business in Michigan and acceptable to the Township.

The "Service Provider" does warrant that by signing the proposal document, the "additional insured endorsement" will be included in the insurance coverage supplied to the Township as part of the specified requirements.

b. See insurance section below.

<u>Agree.</u> HVA insurance coverage exceeds Township requirements. In the case of general liability (including medical malpractice), we provide \$1,000,000/\$3,000,000 in base coverage plus a \$10,000,000 umbrella policy for a total coverage of \$11,000,000 per occurrence.

P. Mutual Aid and Mass Casualty Preparedness – The provider shall submit a mutual aid resource plan showing the average number of advanced ambulances that could be provided for a back to back or multi-casualty incident, life-threatening disaster, or major emergency as determined by the Township. This shall include typical response times based on average activity. The plan should include contingency planning for multiple back-to-back-incidents across the Township's geographic area.

Agree. The plan is described in the supporting materials at the end of this section.

Q. Incident Standby – The provider shall provide ambulance units as requested to standby at the scenes of fires, hazardous materials incidents, and fire training incidents as requested. These units shall not leave the incident unless released by the incident commander. The ambulance units shall assist in medical evaluation of emergency personnel as required.

#### Agree.

R. Communications – The Advanced Life Support ambulances shall be equipped with mobile and portable communications equipment allowing them to communicate with; provider's dispatch, local medical first responder, and fire units. The providers shall indicate what backup systems



**EMS Proposal** 

#### SECTION II - Operational Requirements

exist to facilitate dispatch communications in the event of a failure of the primary radio transmitter.

The Company will provide the Township's Communication Center with access to Automatic Vehicle Locator (AVL) Systems to track their ambulances. Global Positioning System (GPS) Technology will increase accountability and promote greater awareness of the level of service provided by service areas throughout the Township. The AVL systems may be used to review vehicle positioning histories, identify locations of existing assets to improve dispatch efficiency, monitor appropriate vehicle usage, and report vehicle movements to pass on information to our Public Safety Team. The AVL technology will be used to improve the efficiency of emergency medical service delivery in the Township.

#### Agree.

S. Recording Capability – The provider shall record all telephone and radio communications and retain the recordings for a minimum of one year.

**Agree.** Our recordings are maintained indefinitely.

T. E-911 Interface – The provider shall operate an Enhanced 911 (E-911) secondary PSAP capable of interfacing with all of the E-911 systems utilized by the Township to allow the transfer of E-911 calls including ANI/ALI information to minimize the time required to initiate a response.

**Agree**. Currently in place.

U. Emergency Medical Dispatch – The provider shall utilize a nationally accepted telephone triage system and all dispatch personnel shall be certified in the program in use. Dispatchers shall provide pre-arrival emergency care instructions to the calling party when appropriate.

Agree We have utilized such a system, provided by Priority Dispatch™, since 1985. Our communications center staff are EMD and EFD (emergency fire dispatch) certified.



**EMS Proposal** 

### SECTION II - Operational Requirements

V. Blood Borne Pathogen Decontamination Facility – The provider shall make available a decontamination facility for Township police and fire personnel. This facility may be located at the provider's location and shall provide shower and laundry equipment in compliance with the applicable requirements. This facility shall be available on a 24 hour – 7 day a week basis with a 15 minute advance notification. Bidders shall specify the location and capability of their contamination facility.

**Agree**. This facility is located on Goldsmith in the City of Plymouth.

W. Disposal of Bio-Hazard Contaminated Waste – The provider shall provide disposal service for any contaminated materials generated by the police or fire departments. Waste will be bagged and tagged with appropriate labels by Township personnel and forwarded to the provider for disposal.

#### Agree.

X. Base of Operations – The provider shall identify the location(s) which are to serve as the base of operations for this program, including dispatch, administration, and fleet maintenance.

<u>Answer</u>. The base of operations is located at 1270 Goldsmith, Plymouth. The regional Vice President is based here, along with fleet maintenance and training which are conducted from this facility.

Dispatch and business operations are located at 1200 State Circle, Pittsfield Township near Ann Arbor.

Y. Restocking of Medical Supplies – The provider shall provide a plan for restocking expendable medical supplies utilized by the fire department and the police department complies with Medicare/Medicaid reimbursement regulations and guidelines.

Agree.



**EMS Proposal** 

#### SECTION II - Operational Requirements

Z. Charges – The provider shall specify what ambulance user charges are to be assessed and include a current schedule of charges. The Township shall not be billed, nor will they be financially responsible for medical services rendered by the provider. A request for increased rates must be made at least thirty (30) days prior to the proposal effective date of the rate change.

Agree. The charges for HVA services are provided at the end of this section and are in effect until at least December 31, 2018. We would request advanced permission from the Township to raise charges by up to 5% each year thereafter. Increases above 5% would require Township approval.

**AA.Staffing Coverage** – Deployment plans specifying staffing coverage to meet the performance requirements for advanced life support (ALS) ambulance shall be included in the proposal.

<u>Agree.</u> Information about deployment plans is provided at the end of this section under supplemental information.



**Emergency Medical Services Proposal** 

## Attachment A-Insurance Requirements









**EMS** Proposal

#### ATTACHMENT A - Insurance Requirements

The Contractor shall procure and maintain during the term of this contract, the insurance coverage outlined below. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan. All coverage shall be with insurance carriers acceptable to the Township.

**WORKER'S COMPENSATION INSURANCE:** The Service Provider shall procure and maintain during the life of this contract, Worker's Compensation Insurance, including employer's liability in accordance with all applicable statutes of the State of Michigan.

COMMERCIAL GENERAL LIABILITY INSURANCE: The Service Provider shall procure and maintain during the life of this contract, Commercial General Liability Insurance on an "occurrence basis" with limits of liability of not less than \$5,000,000 per occurrence and/or aggregate combined single limit, personal injury, bodily injury and property damage. Coverage shall include the following extensions: (A) Contractual Liability; (B) Products and Completed Operations Coverage; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent; (E) Annual contract aggregate applicable to this contract.

**MOTOR VEHICLE LIABILITY:** The Service Provider shall procure and maintain, during the life of this contract, Motor Vehicle Liability Insurance, including Michigan No-Fault Coverage, with limits of liability of not less than **\$5,000,000** per occurrence combined single limit Bodily Injury and Property Damage. Coverage shall include all owned, non-owned, and hired vehicles.

**AMBULANCE AND PROFESSIONAL MALPRACTICE LIABILITY:** The Service Provider shall procure and maintain during the life of this contract, Ambulance Professional Malpractice Liability Insurance in an amount of not less than **\$5,000,000** per occurrence and/or aggregate combined single limit for bodily injury and personal injury arising out of operations.

**ADDITIONAL INSURED:** Commercial General Liability Insurance, Motor Vehicle Liability Insurance, and Ambulance Professional Malpractice Liability Insurance as described above, shall include an endorsement stating the following as "Plymouth Township, its Township Council, its employees, all elected and appointed officials, all employees and volunteers, all boards, commissions and/or volun-



**EMS Proposal** 

#### ATTACHMENT A - Insurance Requirements

teers thereof are named as additional insured." Said coverage shall be primary coverage rather than any policies and insurance self-insurance retention owned or maintained by the Township. Policies shall be issued by insurers who endorse the policies to reflect that, in the event of payment of any loss or damages, subrogation rights under those contract documents will be waived by the insurer with respect to claims against the Township

**CANCELLATION NOTICE:** Worker's Compensation Insurance, Commercial General Liability Insurance, Motor Vehicle Liability Insurance and Ambulance Professional Liability Insurance, as described above, shall include an endorsement stating the following: "It is understood and agreed that Thirty (30) Days Advance Written Notice of Cancellation, Non-renewal, Reduction and/or Material Change shall be sent to Plymouth Township, 9955 N. Haggerty Rd., Plymouth Township, MI 48170."

**PROOF OF INSURANCE:** Upon Notice of Award, the service provider shall provide to the Township certificates of insurance and policies in full compliance with specifications as listed below:

- 1. Two (2) copies of the Certificate of Insurance for Worker's Compensation Insurance;
- 2. Two (2) copies of the Certificate of Insurance for Commercial General Liability Insurance;
- 3. Two (2) copies of Insurance for Vehicle Liability Insurance;
- 4. Two (2) copies of Certificate of Insurance for Ambulance Professional Malpractice Liability Insurance.
- 5. If so requested, Certified Copies of all policies mentioned above will be furnished.

Note: If any of the above coverages expire during the term of this contract, the service provider shall deliver renewal certificates of insurance to the Township at least ten (10) days prior to the expiration thereof.

Agree. A copy of our ACORD Certificate of Liability Insurance with the Township named as an additional insured is provided, as well as a letter from our insurance agency, are provided in the supporting information section.



# TOWNSHIP OF PLYMOUTH EMERGENCY MEDICAL SERVICES PROPOSAL FORM

We the undersigned, as proposer, propose to furnish to Plymouth Township, according to the specifications, terms, conditions and instructions attached hereto and made a part thereof:

IMPORTANT: The service provider must include an *Ambulance User Charge Schedule* with their proposal document to be considered for award.

#### **INSURANCE:**

(	1	)	We can meet the specified insurance requirements.
(		)	We cannot meet the specified insurance requirements.
(		)	We do not carry the specified limits but can obtain the additional insurance coverage.
(	1	)	We have included the required copy of our current insurance certificate with our proposal submission.



#### **REFERENCES:**

Providers shall submit a complete reference list consisting of agencies to which your company has provided services similar to those requested by Plymouth Township (attach and mark REFERENCES for identification). List the three largest clients (by volume of runs) below.

AGENCY:	Washtenaw County government								
ADDRESS:	2201 Hogback Road, Ann Arbor, MI 48105								
PHONE:	734-973-4900	CONTACT:	David Halteman, Director, Emergency Management						
	Ambulance Service: ( ) Yes	(X) No	MFR: ( ) Yes (X) No						
AGENCY:	City of Ann Arbor Fire Department								
ADDRESS:	100 N. Fifth Avenue, Ann Arbor, MI 48104								
PHONE:	734-994-2772	CONTACT:	Mike Kennedy, Fire Chief						
	Ambulance Service: ( ) Yes	(X) No	MFR: (x) Yes ( ) No						
· · · · · · · · · · · · · · · · · · ·									
AGENCY:	Pittsfield Charter Township – Departm	ent of Public Safe	ety						
ADDRESS:	6227 West Michigan Avenue, Ann Arbo	or, MI 48108							
PHONE:	734-822-4921	CONTACT: Matt Harshberger, Director							
	Ambulance Service: ( ) Yes	(X) No	MFR: (X) Yes ( ) No						

A complete reference list is provided in the supporting information section.

### EXCEPTIONS TO SPECIFICATIONS (all exceptions $\underline{must}$ be noted here):

1	Two paramedic per unit requirement – Section II E
CO!	MMENTS: Please see additional services in this proposal which are optional.
	acknowledge receipt of the following Addenda: <u>Answers to vendor questions</u> HVA, CEMS and Superior Ambulance, received from Chief Phillips are noted.



Company (Legal Registration) <u>Huron Valley Ambulance</u>								
Address 1200 State Circle								
City Ann Arbor	_State MI	_Zip 48108						
Telephone 734-477-6200Fax <u>734-971-4385</u>								
Authorized Representative's Name Ronal	d Slagell							
· A	Authorized Representative's Title President and CEO							
Signature								
E-mail rslagell@emergenthealth.org								
Date August 31, 2018								



THIS PROPOSAL SUBMITTED BY:

To the fullest extent permitted by law, <u>Huron Valley Ambulance</u>, agrees to defend, pay in behalf of, indemnify and hold harmless Plymouth Township, its Township Council, all elected and appointed officials, employees, volunteers, and others working on behalf of Plymouth Township against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from Plymouth Township, its elected and appointed officials, employees, volunteers or others working in behalf of Plymouth Township members by reason of personal injury, including bodily injury and death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this contract.



**Emergency Medical Services Proposal** 

# Section II - Supporting Information









**EMS Proposal** 

SECTION II - Supporting Information

#### Section D - Licensure

The provider's service area, vehicles, and personnel shall be appropriately licensed including those specifically required by the Michigan Department of Consumer and Industry Services. A copy of your company's State of Michigan license to provide services in Michigan is required.



#### Section F - Vehicles

Providers shall include in their proposal the specific information for the vehicles they propose to utilize including age, type, and mileage. Providers shall indicate what preventative maintenance programs are in place and shall indicate the number of "critical vehicle failures" per 100,000 miles driven for the last three years. Providers shall include the procedure their company uses to maintain and repair their vehicles including how, when, and where the vehicles are serviced.

Response: The attached policy and maintenance schedule outlines our vehicle preventative maintenance program. Each morning EMS crews perform mechanical checklists on their ambulances



**EMS Proposal** 

#### SECTION II - Supporting Information

and the results are documented on-line, where they are automatically sent to our mechanics and fleet manager. HVA has a maintenance facility located on Goldsmith Street in the City of Plymouth which is where these vehicles are maintained. We also operate a similar facility at our headquarters in Ann Arbor. Both facilities are staffed by ASE or State of Michigan Certified service technicians. All maintenance is recorded in RTA, an all-in-one fleet management software system.

We utilize Ford E-450 type III vehicles for our ALS ambulances. Chassis conversion is contracted by AEV. Our vehicles are on a five year, 250,000 mile replacement schedule.

The following is a list of ambulances based in our Eastern Region that may be utilized in Plymouth Township:

<u>Vehicle</u>	<u>Year</u>	<u>Mileage</u>	<u>Make</u>
1407	2014	170,285	Ford Type III
1417	2014	170,995	Ford Type III
1508	2015	158,333	Ford Type III
1602	2016	137,500	Ford Type III
1607	2016	129,167	Ford Type III
1610	2016	120,833	Ford Type III
1619	2016	108,333	Ford Type III
1704	2017	87,500	Ford Type III
1719	2017	70,833	Ford Type III
1734	2017	50,000	Ford Type III
1736	2017	45,833	Ford Type III
1742	2017	41,667	Ford Type III
1746	2017	20,070	Ford Type III

#### Service checks:

 Change oil, inspect and lubricate all non-sealed steering linkage ball joints, suspension joints, half and drive shafts and u-joints, brake pads, shoes, rotors, drums, brake lines, hoses and parking brake – every 2,500 miles or 140 engine hours (100 for diesel)



**EMS Proposal** 

#### SECTION II - Supporting Information

- Inspect exhaust system, heat shields, cooling system and hoses every 30,000 miles
- Inspect front wheel bearings, grease seals, adjust bearings every 30,000 miles
- Replace spark plugs, change trans fluid and filter every 60,000 miles
- Change rear axle fluid, inspect accessory drive belts every 100,000
- Change engine coolant and rear axle lubricant at 100,000 and 150,000 miles
- Replace wheel bearings, grease and adjust every 150,000 miles
- Replace accessory drive belts every 150,000 miles or as needed

The following administrative policy describes our preventative maintenance program for our ambulances:

#### **AP-106 - Vehicle Preventative Maintenance**

Administrative Policy and Procedures - AP-106

Subject: Vehicle Preventative Maintenance Policy Effective Date:
October 1, 1991 - Last Update: August 15, 2018

**Policy:** It is the policy of the company to maintain its vehicle fleet in excellent condition. Preventative maintenance examinations and vehicle maintenance will be conducted in a way which estimates breakdown of parts and vehicles. All maintenance will be performed by an ASE or State of Michigan certified service technician.

**Procedure:** Company mechanics are charged with performing regular preventative maintenance on all company vehicles. Our mechanics report to the Fleet and Facilities Manager. Examination and maintenance will follow the attached schedule:

- All five thousand (5,000) mile checks and procedures will also be performed during every preventive maintenance schedule A.
- Diesel engines preventive maintenance schedule A will be performed every 2,500 miles or 100 engine hours



**EMS Proposal** 

#### SECTION II - Supporting Information

Gasoline engines preventive maintenance schedule A will be performed every 3,500 miles or 140 engine hours

In addition, ambulance crews will perform daily inspections which include the following:

- Fluid levels (oil, coolant, brake, power steering, windshield washer and transmission).
- Battery check.
- Belt check.
- Inspection of tires.
- Check complete light package.
- Siren check.

Exterior of vehicle for new damage.

#### Section I - Personnel

The provider shall indicate how personnel are screened for motor vehicle operator records and what additional criteria are used for qualification and/or disqualification in the screening. All vehicle operators shall be required to attend a nationally recognized driver training program.

Response – All employees must successfully attend an Emergency Vehicle Operators Course before driving our vehicles. This course is provided by VFIS, our insurer. In addition to the EVOC course, employees are provided with emergency driving practice through a simulation trailer. Employees are also required to pass a company-provided vision screening test.

The following is company policy E-11, which describes driving eligibility.

#### E-11 Driving Eligibility

Any employee who drives a company vehicle must possess an appropriate drivers license, maintain a good driving record and practice safe driving techniques. For positions that require driving a vehicle with a patient, the employee will need to successfully complete the Company's emergency driving training program prior to driving a company vehicle.



**EMS Proposal** 

#### SECTION II - Supporting Information

We do not provide "non-driving" assignments for employees whose job description requires that they drive a company vehicle if they become ineligible to drive for any reason. <u>Employees who drive company vehicles must be insurable by the company's insurance carrier</u> as a condition of employment.

Complaints about improper driving by employees will be investigated. Employees who drive vehicles equipped with a Road Safety driving computer system must drive within the guidelines of the system, at a minimum. Consistent driving at levels outside of the guidelines will result in retraining and/ or disciplinary action.

Under the advice of our insurance carrier, we consider employees with the following driving records to be unacceptable:

- Three or more accidents (regardless of fault) in the last three years.
- One or more Type A violation in the last three years
- Any combination of accidents and Type B violations which equal four or more in the last three years.

#### Examples of Type A violations are:

- · Driving a vehicle while impaired or intoxicated
- Driving under the influence of drugs
- Negligent homicide arising out of the use of a motor vehicle
- Operating during a period of suspension or revocation
- · Using a motor vehicle for the commission of a felony
- Aggravated assault with a motor vehicle
- Operating a motor vehicle without owner's authority (theft)
- Permitting an unlicensed person to drive
- Reckless driving
- Speed contest or drag racing
- Hit and run accident



**EMS Proposal** 

#### SECTION II - Supporting Information

Examples of Type B violations are:

All moving violations not listed as Type A violation

Employees who drive company vehicles are required to inform the Company when they are charged with a violation that renders them uninsurable to drive, per this policy.

Drivers license record checks are run on a monthly basis through the Michigan Secretary of State. HVA is also notified if an employee receives a violation or if the employee's license becomes suspended or restricted in any way. This does not relieve the employee from notifying the company if their license is suspended or restricted.

#### **Vision Screening**

HVA provides new hire and annual vision testing for all employees who are required to drive company vehicles. Satisfactory vision standards of 20/40 are set according to the policy of the Michigan Secretary of State. Some positions may require more stringent standards (i.e. CDL for H-Van drivers). Should an employee fail to pass the vision screening test, they will be transferred to a position that does not require driving until their vision is corrected. If the employee does not resolve their vision impairment in 3 days, they will be placed on Administrative Leave from their job without pay.

Section K - Quality Assurance Program

The provider shall provide a description of the quality assurance program in place to continually assess the quality of treatment by EMS personnel.

#### Response:

Quality is perhaps the most important thing that we concentrate on. Here are examples of how we provide safe and high-quality healthcare services to our patients:

#### **Onboarding of New Staff**

New employees must successfully pass written, skills and agility testing. They must also pass a criminal background check, driving record check, and occupational health screening.



**EMS** Proposal

#### SECTION II - Supporting Information

Once hired, new employees receive one week of classroom orientation and training. During this period, they must demonstrate performance of core competencies, and complete an emergency vehicle operations course (EVOC).

If successful, they are put into a Field Training Program for six months to one year. During this time, their field training officers (FTO's) and mentors document their successes and weaknesses and they progress through the program.

Once cleared from the FTO program, they become a "junior" partner and work for a number of years with a "senior" partner, who has passed additional certifications within the organization.

#### **Day-to-Day Quality Assurance**

Our medics complete an EMS patient chart for each encounter and/or transport. This electronic chart is sent to the hospital emergency department, as well as our regional paramedic quality supervisor for review. The chart is also uploaded to the State of Michigan data center which provides the chart to the medical control authority.

Internally our regional quality supervisors review all critical patients, as well as a sampling of 10% of all emergency patients. Questions or irregularities are reviewed with the paramedics involved. Training is also conducted when trends are noticed.

The Company has a Quality Manager who monitors and compares quality data indicators from all regions. The Quality Manager meets at least monthly with the regional supervisors to compare data and determine specific improvement activities.

All cardiac arrest information is uploaded to the national CARES (Cardiac Arrest Registry to Enhance Survival) database, and the company receives feedback on our resuscitation success rates as compared to the state of Michigan and nationally.

The company communicates with staff members by email and intranet. All policies and guidance are updated continually. We also provide a integrated continuing education program on the intranet (OTIS) where staff can take courses in preparation for the renewal of their professional licenses and certifications.

All required certifications (CPR card, Advanced Cardiac Life Support, license renewal, to name a few) are maintained in our payroll system. Any lapse in certifications is immediately identified and the employees is prohibited from working.

Our dispatch center quality supervisor reviews for quality improvement purposes telephone recordings of all cardiac arrest calls, as well as a sampling of 3% of total calls.



**EMS Proposal** 

### SECTION II - Supporting Information

#### **Customer Satisfaction Surveys**

We utilize EMS Survey Team™, a nationally recognized customer satisfaction survey company, and a questionnaire is sent to 3,000 patients each month asking 24 questions about the care and services received. The results from these surveys are received by company leadership each quarter and reviewed by our Board of Trustees.

These are the results from the most recent quarter (June, 2018):

Scale: "Poor" = 0 | "Poor" = 25 | "Average" = 50 | "Good" = 75 | "Very Good" = 100

#### **MEMS SLAVEY TEAM**

	HVA-East Region	Emergent System	National Benchmark
<u>Dispatching</u> Helpfulness of the person you called for			
ambulance service Concern shown by the person you	96.1	94.2	92.8
called for ambulance service Extent to which you were told what to	95.5	93.3	92.7
do until the ambulance arrived	94.0	92.2	91.3
Ambulance and Response			
Extent to which the ambulance arrived	95.3	93.4	92.3
in a timely manner	95.6 95.6	94.3	94.3
Cleanliness of the ambulance	89.9	85.2	87.2
Comfort of the ride	95.5	93.8	93.8
Skill of the person driving the ambulance	75.5	70.0	70.0
Clinical Care			
Degree to which the medics listened to			
you and/or your family	95.2	93.2	94.1
Degree to which the medics took your			
problem seriously	96.2	93.4	94.3
Skill of the medics	95.3	93.2	94.4
Degree to which the medics relieved			
your pain or discomfort	93.5	89.2	90.7
Appropriateness of Emergency Medical			
treatment	94.6	93.3	93.8



**EMS Proposal** 

### SECTION II - Supporting Information

How well did our staff work together to care for you?  Extent to which the medics kept you informed about your treatment Extent to which medics included you in the treatment decisions (if applicable) Extent to which our staff eased your entry into the medical facility	96.1	93.1	93.6
	93.6	90.8	92.7
	93.3	90.1	92.4
	94.9	93.3	93.8
Care and Compassion Care shown by the medics who arrived with the ambulance Medics' concern for your privacy Extent to which medics cared for you as a person	95.7	93.1	94.4
	94.1	91.7	93.5
	95.9	93.2	94.3
Billing Professionalism of the staff in our billing office Willingness of the staff in our billing office to address your needs	92.3	89 <i>.</i> 7	88.9
	93.6	90.0	89.1
Value and Overall Service  Extent to which the services received were worth the fees charged  Overall rating of the care provided by our Emergency Medical Transportation service  Likelihood of recommending this ambulance service to others	91.9	88.4	88.4
	95.8	93.2	93.7
	94.5	92.9	93.2
Overall Survey Rating	94.3	91.8	92.5

#### **Corporate Compliance Program**

Huron Valley Ambulance has an active corporate compliance program which promotes and insures patient privacy, and encourages the prevention, detection and resolution of conduct which does not conform to federal and state guidelines. The program also monitors for behavior which is unethical or in violation of our internal business practices.



**EMS Proposal** 

### SECTION II - Supporting Information

HVA's Corporate Compliance Officer is Keith Hart, and he can be reached at 734-477-6298 or by emailing rhart@emergenthealth.org. Our compliance officer reports directly to the President/CEO and/or the Board of Trustees.

We maintain an external, toll-free number for the anonymous reporting of corporate compliance matters by our staff as well as the public. That number is 1-800-450-7656.

#### **Board of Trustees Quality Committee**

Our organization has a specific Board Committee dedicated to Quality. The Committee contains board members, physicians, nurses, paramedics and others who monitor quality data and consider national trends. The Committee meets quarterly.

### HVA Leadership Representation on national, state and local committees

CAAS GVS Ambulance Standards Committee

Commission on Accreditation of Ambulance Services Board

Michigan EMS Division Safety Committee

Michigan EMS Division Community Paramedic Committee

Michigan EMS Coordinating Committee - Education Committee

Michigan EMS Coordinating Committee - Legislative Committee

Michigan's Governors Emergency Response Council

Michigan Public Safety Frequency Coordination Committee

Michigan - State 9-1-1 Committee (ambulance representative)

State MABIS "Red" Center

Wayne County Local Emergency Planning Committee

#### Other Notes of Interest Related to Quality

HVA has no current pending litigation.

### Section O - Insurance requirements

Huron Valley Ambulance commercial general liability, professional liability, management liability, automobile liability and umbrella liability are provided by VFIS (Volunteer Fireman's Insurance Services). Our Worker's Compensation insurance program is self-insured.

Our general liability and professional (med-mal) policy and umbrella coverage provides a minimum of \$11 million in coverage per occurrence, more than required by the RFP.

A copy of our ACORD certificate is provided along with a letter from the VFIS regional director.



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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MEDITYYY) DB/22/2018

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

IMPORTANT: If the certificate bolder is an ADDITIONAL INSURED, the policyles) must be endorsed. If SUBROGATION IS WARVED, 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).

certificate holder in lieu of such endorsement(s).						
PRODUCE	Sandy Billio					
EMERGENCY SERVICES INSURANCE, LLC	PHONE 515-942-9790 FAX Mak 615-9	42-5040				
4460 44TH STREET SE, SUITE C-451	Aforess: sandybillovfis@gmail.com					
GRAND RAPIDS, MI 49512	INSURBRIS AFFORDING COVERAGE					
	BOURNER A.: American Alternative Insurance Corporation					
क्षेत्री (र वर	RELEGE					
HURON VALLEY AMBULANCE	MARKER C:					
1200 STATE CIRCLE	PORTER D:					
ANN ARBOR MI 48109-1691	HISLANDER 6:					
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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.

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EMERGENCY SERVICES ORGANIZATION, ALL VEHICLES AND LOCATIONS PER SCHEDULE ON FILE WITH COMPANY. PROFESSIONAL LIMBILITY INCLUDED UNDER THE GENERAL LIABILITY AND EXCESS LIABILITY POLICIES. THE CHARTER TOWNSHIP OF PLYMOUTH IS SHOWN AS ADDITIONAL INSURED AS THEIR INTEREST MAY APPEAR PER THE BLANKET ENDORSEMENT LANGUAGE IN THE POLICY.

10 DAYS CANCELLATION NOTICE WILL BE PROVIDED TO THE ADDITIONAL INSUREDS FER THE MICHIGAN OFFICE OF FINANCIAL AND INSURENCE REGULATION.

CERTIFICATE HOLDER	CARCELLATION
THE CHARTER TOWNSHIP OF PLYMOUTH 9255 N HAGGERTY R.S.	Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.
FLYMOUTH, Nº 46107	AUTHORIZED REPRESENTATIVE BRIAN KNOTT (AGENT)

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ACORD 25 (2010/05)

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CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE CHARTER TOWNSHIP OF PLYMOUTH

9255 N HAGGERTY RD.

PLYMOUTH, MI 48167

AUTHORIZED NEPRESENTATIVE

BRIAN KNOTT (AGENT)

ACORD 25 (2010/05)

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# EMERGENCY SERVICES INSURANCE LLC VFIS REGIONAL DIRECTOR

4460 44<sup>th</sup> Street SE, Suite C-451, Grand Rapids, MI 49508 (616) 942-6790 direct (616) 942-5040 fbx

August 23, 2018

Ron Slagell Emergant Health Partners 1200 State Circle Ann Arbor, MI 48108

RE: The Charter Township of Plymouth 9955 N. Haggerty Rd. Plymouth, MI 48170

#### Dear Ron:

Huron Valley Ambulance meets the required Insurance limits set in the provided contract with The Charter Township of Plymouth. Please see the provided insurance Certificate for limits.

VFIS does not provide 30 days' notice of cancellation. VFIS will provide 30 days' notice upon Non-renewal, and 10 days' notice of cancellation.

Best Regards,

Brie Hart



**EMS Proposal** 

SECTION II - Supporting Information

#### Section P - Mutual Aid and Mass Casualty Preparedness

The provider shall submit a mutual aid resource plan showing the average number of advanced ambulances that could be provided for a back to back or multi-casualty incident, life-threatening disaster, or major emergency as determined by the Township. This shall include typical response times based on average activity. The plan should include contingency planning for multiple back-to-back-incidents across the Township's geographic area.

#### Answer:

The average number of ALS ambulances for a disaster — Up to 15 internally, plus many more via mutual aid.

Typical response time - 5-30 minutes.

The following is a copy of our disaster policy:

**AP-109 - Disaster and Mass Casualty Operations** 

Administrative Policy and Procedures - AP-109
Subject: Disaster and Mass Casualty Operations

Effective Date: November 1, 1992 - Last Update: June 19th, 2012

#### Policy:

It is the policy of the Company to maintain an effective and comprehensive plan for the response to a community disaster. The plan shall incorporate planning, training, stockpiles of supplies, communications, and operational activities.

The company and its operating units serve all or part of fourteen counties in southern Michigan. Each of these counties, as well as some of the larger cities and townships, have federally approved disaster plans. Activities shall be incorporated, whenever possible, into these local plans.



**EMS** Proposal

## SECTION II - Supporting Information

Federal, state and local government require the use of the Incident Command System (ICS) during disaster activations, and the Company shall generally participate as the "Medical Sector" in such ICS plans.

#### **Definitions:**

Local Incident: Generally, these situations will have less than 10 injured persons, and are stable with no danger of escalation. This category will not activate the appropriate county Pre-Hospital Disaster Plan.

Disaster or Potential Disaster: Generally, 10 or more persons injured, or a local incident which is likely to escalate into more than 10 patients requiring hospitalization via the EMS system. The appropriate county Pre-Hospital Disaster Plan will be activated.

#### Procedure:

- 1. Authority to activate Disaster Plan: The appropriate county Pre-Hospital Disaster Plan may be activated by the paramedic supervisor or Operations Vice President assigned to the county, or by the Communications Supervisor. Activation will be based on confirmed information received from the first arriving ambulance or medical first responder.
- 2. County Pre-Hospital Disaster Plan. Each county in the Company's service area will have a specific action plan. Such plans will be maintained by the Communications Center Supervisor who will be responsible for the notifications and actions under the plan. Pre-Hospital Disaster Plans currently in effect are:

Washtenaw County
Wayne County
Oakland County
Calhoun County

**Jackson County** 

[NOTE: Wayne County action plan attached - AP-109Y]

3. Planning and Training. The leadership will participate with planning and training activities in each



**EMS** Proposal

## SECTION II - Supporting Information

county we serve. Local needs change often, as strengths, weaknesses in plans are identified, and as the environment changes. The Company needs to adapt to these changes as they arise. As operational policies are refined, staff members need to be retrained so that they remain effective.

4. Stockpiles. The Company will maintain stockpiles of equipment and supplies in strategic locations within our service area, for the purpose of rapid response to community disasters. These stockpiles may include medical supplies, water, food, fuel, generators, batteries and flashlights, communications equipment, antidotes, etc. Strategic stockpiles and contents are located at:

Company Headquarters - 1200 State Circle, Ann Arbor HVA Mobile Operations Center - 1200 State Circle JCA Division Offices - 429 Ingham, Jackson JCA Disaster Trailer - 429 Ingham HVA Eastern Operations - Plymouth

- 5. Medical Sector Incident Commander. When the disaster plan is implemented, a Medical Sector Incident Commander (M-IC) will be designated.
- 6. Triage. Triage of patients will be performed by the first arriving unit(s). Triaging will continue until the unit(s) are complete, or until relieved or reassigned by the M-IC.
- 7. On Scene Treatment. Patients who have been triaged may be treated at the location they were found, or may be stabilized and moved to a treatment area. The M-IC will make this decision.
- 8. Staging Area. A staging area for incoming ambulances will be designated and provided to the dispatch center. All ambulances will be sent to this location to await assignment. A staging officer will be designated as soon as possible by the M-IC.
- 9. Transportation. A transportation area will be designated and patients will be moved to this location in preparation for transport to the hospital. A Transportation Officer will be appointed by the M-IC. The Transportation officer will also be in charge of Logistics Planning and implementation.
- 10. Emergency Operations Centers. When an EOC is activated in a particular county or city, leadership will send a representative to staff the center if requested, until it is deactivated or the representative is excused.



**EMS Proposal** 

## SECTION II - Supporting Information

- 11. Mobile Operations Center (Medical Command Post). The Company will maintain in a state of readiness, a Mobile Operations Center which will be based at our Headquarters in Ann Arbor. This Command Post will be available for response to community emergencies, as well as used as a base of operations for special events.
- 12. Communications. Depending on the area, disaster site communications will be moved to an alternative radio channel if possible. The M-IC or Communications Supervisor will designate this channel.
- 13. Critiques After The Event. It is the company's policy to hold a debriefing after the incident to critique the event, and to recommend refinements in policies, training and practices. The Division Vice President will be responsible for conducting the critique.
- 14. CISD. The Division Vice President will consider the need to schedule a critical incident stress debriefing.

AP-109Y - Disaster and Mass Casualty Check List - Wayne County

Administrative Policy and Procedures - AP-109Y

Subject: Disaster and Mass Casualty Operations Check List - Wayne County

Effective Date: November 1, 1992 - Last Update: June 16, 2016

Action Steps:

[ ] 1. Record events for the incident on the appropriate Communications Disaster Log.

[ ] 2. Dispatch available HVA units to the scene (using a formula of two patients per ambulance).

[ ] 3. Notify the on duty Paramedic Supervisor. .

[ ] 4. Confirm with local fire/police agencies unless already notified. Consider extrication resources.

[ ] 5. Consider/Activate HVA Staff callback.

[ ] Everbridge system - all call

[ ] 6. Advise local helicopter ambulances, if necessary.

[ ] Survival Flight Main 800-822-2233



**EMS** Proposal

# SECTION II - Supporting Information

		[ ] Beaumont One Air 888-476-0005
		[ ] Superior Air 800-832-2000n n (Mostly interfacility, but will do scene calls)
[	]	7. Notify HVA Administrators with Evergridge:
_	_	[ ] Andy Savage (Vice President)
		[ ] Dirk Borton (COO)
		[ ] Ron Slagell (President & CEO)
		[ ] Kevin Irwin (Vice President)
		Leslie Kiesel (Public Affairs Vice President)
[	1	8. Assign one dispatcher to coordinate transport from the scene.
•	•	[ ] Call all hospitals by radio and advise of incident - advise them to count available beds,
		stay by radio
		[ ] HEMS - HEMS will notify Wayne County Hospitals 734-727-7289 or 7287
		St. Joseph Mercy Ann Arbor Back Desk 734-712-3002
		[ ] University of Michigan Hospital Back Desk 734-936-6666 Option #1
[	]	Prepare to assign ambulances to hospital transport destinations
-	_	[ ] Work as transport coordinator during incident between hospitals and ambulances
		[ ] Contact hospitals as situation escalates:
[	]	9. Consider Staging Area - Location:
[	]	10. Consider Command Post Area - Location:
[	]	11. Notify the Leadership Team via Everbridge.
[	]	12. Dispatch other EMS Ambulances, if necessary - To the Scene or to cover the community
		[ ] HVA Central, JCA, MCA and LCA
		[ ] Plymouth Township Fire
		[ ] Northville Township Fire
		[ ] Alliance Mobile Health
		[ ] Beaumont Transportation 313-537-4450
		[ ] Concord EMS 734-947-9400
		[ ] Canton Fire Dept 734-397-3350
		[ ] Livonia Fire Dept 734-421-1313
[	]	13. Consider alternative transportation, such as municipal and school buses and wheelchair
		vans



**EMS Proposal** 

SECTION II - Supporting Information

#### Section Z - Charges

The provider shall specify what ambulance user charges are to be assessed and include a current schedule of charges.

Response: Ambulance charges are set annually on January 1st by our Board of Trustees. The current charges are:

ALS 2 (Critically ill) - \$970.00

ALS Emergent, non-emergent, BLS emergent - \$793.00

BLS Non-Emergent - \$639.00

BLS Prescheduled - \$474.00

Mileage - \$14.00 per loaded mile

New Medicare rates are published on January 1, 2019 and the Board will determine charges for the 2019 year. HVA services over 50 units of government and it would be impractical to obtain permission for reasonable rate changes each year. HVA would request advanced permission from the Township to raise charges by up to 5% each year, with increases above 5% requiring Township approval.

**HVA Subscription Program**. HVA offers a membership/subscription program to residents of our service area who wish to support our community ambulance service while receiving no out-of-pocket costs for ambulance transports. This program can also be very helpful to those who have high-deductible health plans. The cost is \$32 per year for seniors, and \$44 to 64 per year for individuals/families, depending on whether health insurance is available.

**HVA Charitable Care Policy.** The HVA Board of Trustees has established a charity care policy for those that may be unable to afford ambulance services. The policy provides for three levels. For patients/familiies with incomes at 100% of federal poverty guidelines (up to \$24,600 for a family of four), our charges are written off.

For patients/families with incomes at 200% or less of federal poverty guidelines (up to \$49,200 for a family of four), the charges are reduced by 50%. For patients/families who earn less than 300%



**EMS Proposal** 

## SECTION II - Supporting Information

of federal poverty guidelines (up to \$73,800 for a family of four) the maximum charge we apply is the Medicare allowable rate. Patients must request consideration and provide information which establishes family income levels.

## Who pays for ambulance service? What do they pay out-of-pocket?

Insurance Coverage	Percent of Patients	Who is This?	What Does the Patient Pay Out-of-Pocket?
Medicare	44%	Patients over 65. Elderly patients.	Usually \$ 0 We are a participating provider. Regardless of charges, Medicare sets reasonable and customary rates. They pay 80% of R&C. Most patients have a supplemental policy which pays the remaining 20%. Some Medicare Advantage plans have a deductible.
Medicaid	10%	Poor families. Often single parent with children. Individuals with special needs.	Always: \$ 0 We are a participating provider. Regardless of charges, Medicaid pays an amount which we accept as payment in full. No out-of-pocket charges to patient by law.
Blue Cross Blue Shield	12%	Insurance provided through employer or purchased directly by family.	Usually: Between \$ 0 and \$90 plus deductible We are a participating provider. Regardless of charges, Blue Cross re-prices lower to R&C amount. We accept R&C amount. Payment depends on the plan. Sometimes the plan pays 100%. Sometimes the plan pays 80% leaving the patient to pay 20%.

Continued on next page



**EMS** Proposal

# SECTION II - Supplorting Information

Insurance Coverage	Percent of Patients	Who is This?	What Does the Patient Pay Out-of-Pocket?
Other Health Insurance	14%	Insurance through employer or purchased directly by families.	Usually: Between \$ 0 and \$180 plus deductible Depends on the plan. Sometimes plan pays 100% for emergencies. Other plans patient may pay 20% out of pocket
Automobile Insurance	8%	Coverage for automobile accidents.	Always: \$ 0 Insurance pays 100%. No out of pocket.
EMSPlus Subscription membership	2%	Subscribing families in our community.	Always: \$ 0 No out of pocket cost to patient. Subscription cost: \$32-\$62/year.
No Coverage	10%	Unemployed and don't qualify for Medicaid. Don't purchase health insurance on own.	Between \$ 0 and full charge Charitable Care Plan (based on a family income (family of 4 – 2011 data): \$0 - \$22,350 = No charge. \$26,171 - \$44,700 = 50% of charge \$44,701 or greater = 100% of charge. Payment plans encouraged.



**EMS Proposal** 

SECTION II - Supporting Information

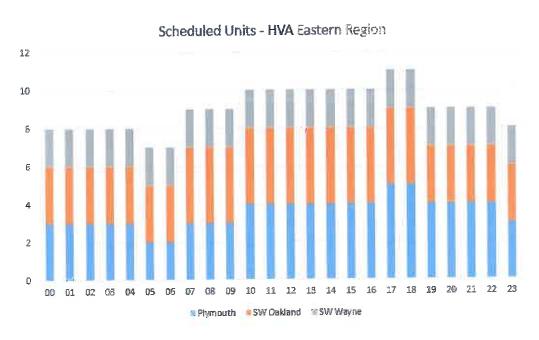
### Section AA - Deployment plan

The provider shall include in its initial proposal a proposed deployment plan, indicating the number of units required to meet the response time standard and the backfill (move up) strategy. The deployment plan shall specify the required unit coverage by hour and day of the week. A data prediction for service to incorporate into the deployment model is preferred.

#### Response:

HVA has up to five paramedic ambulances operating out of the Plymouth station during day hours, and two to three overnight. (Note: We also utilize BLS ambulances from Plymouth for non-emergency hospital and nursing home calls. These units are not assigned to 9-1-1 calls).

Backfill: For backfill purposes, we have four (4) paramedic ambulances assigned to southwest Oakland County, two (2) in the Van Buren/Belleville/Huron area), and 18 paramedic ambulances in Washtenaw County. Ambulances are moved constantly to provide coverage and meet response time requirements. If Plymouth units are on other calls, another ALS unit is moved to the community.



Meeting response time standards in Plymouth Township requires one paramedic ambulance available at all times in the township and we generally assign this unit to be within ¼ mile of the intersection of Sheldon Road and Ann Arbor Road. If this unit is assigned to an emergency call, another unit is brought to this location, or to another location in the township.



**EMS Proposal** 

SECTION II - Supporting Information

We utilize a data prediction software program called Marvlis<sup>™</sup> for call prediction. This system is being replaced around December 1st with an integrated prediction model built into our new Logis<sup>™</sup> computer aided dispatch system. Unlike the old system (which depends only on two years of previous data), this new system will also incorporate real time driving conditions (speed, blocked roads) similar to what you now see when using Google maps.

HVA is part of the largest ambulance operation in Michigan. During two of the most serious incidents to occur in Wayne County – Northwest Flight 255 and the Ford Rouge Power Plant explosion - HVA had more ambulances on scene than any other emergency medical service.



**EMS Proposal** 

## SECTION II - Supporting Information

### References List

#### **Ann Arbor City**

Mike Kennedy, Fire Chief 734-994-2772 Howard Lazarus, Administrator 734-794-6110 (served since 1981)

#### **Huron Charter Township**

James Hinojosa, Fire Chief 734-753-4411 David Glaab, Supervisor 734-753-4466 x117 (served since 2016)

#### **Pittsfield Charter Township**

Matt Harshberger, Director of Public Safety 734-822-4921 Mandy Grewal, Supervisor 734-822-3135. (served since 1981)

#### Plymouth City

Stephen Ott, Fire Chief 248-449-9920 Paul Sincock, City Manager 734-453-1234 x238. (served since 1989)

#### **Providence Park Hospital, Novi**

Joe Hurshe, President & CEO 248-479-6608. (served since 2008)

#### St. Joseph Mercy Hospital, Ann Arbor

Alonzo Lewis, Acting CEO 734-712-7358 (served since 1981)

## St. Mary Mercy Hospital, Livonia

David Spivey, President and CEO 734-464-4800 (served since 1989)

#### **Ypsilanti City**

Max Anthouard, Fire Chief 734-482-9778

Darwin McClary, Manager 734-483-1810 (served since 1981)

#### **Ypsilanti Charter Township**

Eric Copeland, Fire Chief 734-544-4225 Brenda Stumbo, Supervisor 734-481-0617 (served since 1981)

#### **USA Hockey Arena**

Mike Henry, General Manager 34-453-6400

#### Van Buren Charter Township

Greg Laurain, Director of Public Safety 734-699-8930 Kevin McNamara, Supervisor 734-699-8910 (served since 1984)

#### Washtenaw County

David Halteman, Dir. of Emerg. Management 734-973-4900 Greg Dill, County Administrator 734-222-3401 (served since 1981)



**EMS Proposal** 

## SECTION II - Supporting Information

#### Leadership Resumes

#### Ronald Slagell, President and CEO

Work: 734-477-6200 | E-mail: rslagell@emergenthealth.org



#### **CAREER HISTORY**

Volunteer EMT/Paramedic

Emergent Health Partners (HVA) – Ann Arbor, Michigan President & CEO

April 2018-present

LifeCare Ambulance Service - Battle Creek, Michigan

Chief Executive Officer 2006-present
Chief Operating Officer 1990-2006
Paramedic, Dispatch Manager, dispatcher 1984-1990

Gull Lake Area Ambulance Service - Augusta, Michigan 1983-1990

#### **EDUCATION AND PROFESSIONAL DEVELOPMENT**

Kalamazoo Central High School, 1980

Bachelor of Arts, Biology, Goshen College, 1984

Paramedic Certificate, Davenport College, 1985

Battle Creek Community Leadership Academy, 1992

American Ambulance Association, Ambulance Service Management graduate, 1999

#### CIVIC AND PROFESSIONAL AFFILIATIONS

- Michigan Association of Ambulance Services, Board of Directors. 1993-Present
- HandsOn Battle Creek, Board of Directors and Board Chair, 2005-2012
- United Way of Greater Battle Creek, Distribution Panel, 1993; Director, 2011-2012, Planning & Investment Committee, 2004-2015
- United Way of the Battle Creek and Kalamazoo Region, Director, 2012-2014
- Gull Lake Community Schools, Transportation Safety Committee, 2005-2010
- Battle Creek Downtown Rotary Club, 2006-2018
- Binder Park Zoo, Board of Directors, 2010-2017, Board Chair, 2013 2017



**EMS** Proposal

## SECTION II - Supporting Information

## **Dirk A. Borton, Chief Operating Officer**

Work: 734-477-6441 | Email: dborton@emergenthealth.org

#### **CAREER HISTORY**

Emergent Health Partners (HVA)

Chief Operating Officer

Regional Vice President

Paramedic, Supervisor

1984 – present
1996 – 2015
1984 – 1995

#### **EDUCATION**

Lansing Community College, Paramedic Program, Associate's Degree 1984 Bachelor's Degree, Siena Heights University 2015



**EMS** Proposal

## SECTION II - Supporting Information

Andrew D. Sa	vage, Regional Vice President
734-477-6241	asavage@emergenthealth.org



#### **CAREER HISTORY**

Emergent Health Partners (HVA) - Plymouth	
Regional Vice President - East Region	

2010	_	М	45	СI	IL.

Dunnant

## Emergent Health Partners (HVA) – Ann Arbor Paramedic, Facility Liaison Coordinator

Medic One	Ambulance -	Taylor

2001 - 2007

Community EMS - Southfield

1989 - 2001

## Paramedic, Operations Supervisor

**United States Air Force** 

1983

Staff Sargent, Aeromedical Evacuation Specialist

#### **EDUCATION AND PROFESSIONAL DEVELOPMENT**

Madonna University, Master of Business	2001
Madonna University, Bachelors in Business	2000

#### **CIVIC AND PROFESSIONAL AFFILIATIONS**

Plymouth Community United Way Board of Directors Member, Plymouth Rotary Veterans of Foreign Wars Post 7575, past Senior Vice Commander



**Emergency Medical Services Proposal** 

# Optional Features Available to Township









**EMS Proposal** 

Optional Features Available

## Optional Features Available to the Township and/or Your Residents



#### **Mobile Command Post**

HVA operates a 40' mobile command post which is available to the township police and fire department in case of a major fire or other public safety emergency. The vehicle contains a small break room, lavatory, 12-person private meeting room, and a radio room. The self-contained vehicle has an onboard generator and is heated and air conditioned. It is also equipped with satellite television, telephone, and broadband internet connection.



#### **Vehicle Maintenance**

HVA provides full service vehicle maintenance for the City of Plymouth and we can provide this service to the township as well. Work is performed from our facility on Goldsmith Street. Service is provided by HVA ASE certified mechanics and includes most vehicle types – from police cars to public works trucks to rescue vehicles. (Note: We do not maintain fire engines which require specialized mechanics because of pumps and hydraulic systems). Our fees are based on hours/minutes, not per job. Parts are provided at cost plus 2%.



#### **Fire Dispatching Services**

HVA provides dispatching services to 14 fire departments (including 27 fire stations). Calls for fire and medical are forwarded from primary PSAPs through one-button transfer and are triaged based on department requirements. Fire departments are dispatched by our EFD-certified dispatchers. Automatic and mutual aid are provided and HVA is the MABAS "red" center for the region. Fire stations can have rip-and-run printers and fire trucks equipped with mobile data terminals which provide known information and map directions to the location of the call. The fire department's record system is also updated with dispatch information at the end of the call. Fire dispatching is provided at cost (currently \$18 per alarm). This feature allows police dispatch centers to concentrate on law enforcement dispatching and costs less than one full time dispatcher.





**EMS Proposal** 

### Optional Features Available



#### **Driving / Patent Encounter Simulator**

HVA owns and operates a mobile driving/patient encounter simulator trailer. We would be happy to bring this to the Township, along with an instructor/operator so that firefighters can practice driving and patient encounters in a simulated setting. There is no charge for this service.



#### Safety Net Ambulance

HVA provides a BLS "safety net" to fire departments on request. Under this plan, HVA provides a BLS ambulance at no cost to the fire department, to be used in case of disaster or a multi-casualty incident. We have these safety net ambulances in place today at five fire departments. Because Plymouth Township already has licensed ambulances, this model is not necessary, but we wanted you to know that it is available.



### **Continuing EMS Medical Education for Fire Department**

We have licensed EMS Instructor Coordinators who are able to provide a wide scope of continuing medical education (CME) for your fire fighters. The CME, which is provided at cost, can be tailored to department requirements.



#### **Evidentiary Blood Draws for Police Department**

HVA is capable of responding to your police department to obtain a blood draw for evidentiary purposes. This program requires a protocol and HVA will work with the township and medical control to establish a protocol for this purpose. HVA currently provides this service in Oakland County, which has established a medical control protocol. This saves time for police officers who now must transport a patient to a local hospital for a blood draw.



#### **EMS LifeLink**

EMS LifeLink is an in-home medical monitoring system available to township residents. It is designed to provide confidence and peace



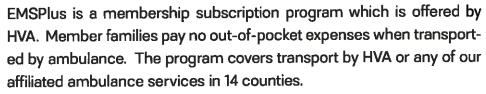
**EMS Proposal** 

### Optional Features Available



of mind with only a push of a button. EMS LifeLink provides instant access to emergency medical care 24 hours a day, seven days a week. Our service – which is answered locally – keeps people safe and independent in their homes. The cost is approximately \$30 per month.







The cost is \$32 per year for seniors, and \$44-\$64 for other families – depending on whether health insurance is also available.

HVA is the only ambulance service in southeast Michigan which offers a membership program. In an era of high deductible health plans, a subscription like this can save considerable money.



#### **Mobility Transportation**

HVA Mobility Transportation is a transportation program for patients who are physically challenged and need non-emergency transport for physician and hospital appointments. HVA staffs 10 units in western Wayne and Washtenaw Counties.



#### Special Events Coverage for Township Events or Festivals

For special events within the Township, we operate paramedic bike teams as well as "gator" ambulances. Our organization has six fully equipped bike teams (12 bikes) and 14 "gator" ambulances.



**Emergency Medical Services Proposal** 

# Recommended Agreement









## **DRAFT**

#### Paramedic Ambulance Service Agreement

THIS PARAMEDIC AMBULANCE SERVICE AGREEMENT (the "AGREEMENT") is effective on the 1<sup>st</sup> day of January, 2019 by and between HURON VALLEY AMBULANCE, INC., ("HVA") a Michigan nonprofit corporation whose address is 1200 State Circle, Ann Arbor, Michigan 48108, and PLYMOUTH CHARTER TOWNSHIP ("TOWNSHIP"), a Michigan municipal corporation, whose address is 9955 N. Haggerty Road, Plymouth, Michigan 48170.

#### RECITALS

The Township desires to provide emergency paramedic ambulance service to all persons in need of emergency medical services within its boundaries.

Section 20948 of the Michigan Public Health Code, being Act No. 368 of the Michigan Public Acts of 1978, as amended (the "Public Health Code"), provides that local governmental units may contract for the provision of emergency ambulance services for the use and benefit of individuals in their areas.

The Township has the power and authority under municipal law to enter into this Agreement to ensure the provision of ambulance services in furtherance of the public safety and welfare.

HVA is licensed under the Public Health Code to provide paramedic ambulance services to individuals residing within the Township and desires to provide those services.

NOW, THEREFORE, in consideration of the mutual covenants, terms and conditions hereinafter set forth, HVA and the Township agree as follows:

#### 1. Services.

- A. HVA shall be available to provide, and provide upon request, emergency advanced life support ambulance service and non-emergent patient transport service, on a continuous seven (7) day per week and twenty-four (24) hour per day basis to individuals within the Township (collectively, the "Services").
- B. All ambulances and personnel used by HVA in providing the Services shall be licensed by HVA under the Public Health Code.
- C. It is the goal of HVA to provide Services in the manner set forth in the initial operating plan attached hereto as Exhibit A (the "Operating Plan"). The Township acknowledges and agrees, however, that HVA shall have direction and control over the manner and method by which the Services are provided and



that HVA may amend the Operating Plan from time to time if HVA, in good faith, determines that such amendment is reasonable and appropriate. Material changes in the operating plan will be approved by the Township.

- D. HVA agrees to act as a Secondary Public Safety Answering Point, and to provide medical self-help information when applicable to 911 telephone callers that are transferred to HVA's central dispatching facility.
- E. HVA shall provide the Services to individuals in the Township without regard to race, creed, color, gender, sexual preference, age, physical handicap, marital status, national origin, ancestry, location within the Township, or ability to pay for Services.
- F. HVA shall comply with all applicable federal, state and local laws and the policies, procedures and protocols of the local medical control authority.
- G. HVA shall remain nationally accredited by the Commission on Accreditation of Ambulance Services for the duration of this agreement.
- H. HVA shall provide a voluntary membership subscription program for qualified residents of the Township. This voluntary subscription program, which is available for an annual fee established by the HVA Board of Trustees, shall cover out-of-pocket expenses for Services that are not covered by insurance or other federal or state programs for medically necessary ambulance transportation.
- 2. <u>"911" and Other Emergency Calls for Services by the Township</u>. The Township shall, through its respective primary public safety answering point, refer all "911" or other emergency medical or ambulance requests for Services within the Township to HVA in a timely manner.
- 3. HVA as transport agency. The Township hereby designates HVA as the agency to transport patients requiring ambulance transportation. The Township may, at its discretion, also operate licensed ambulances or fire vehicles or fire engines for the purpose of being used as transport vehicles in cases of EMS system overload or to satisfy fire department mutual aid agreements with other communities. These municipal ambulances may transport patients in the following circumstances:
  - A. When HVA ambulances are unable to respond in a timely manner and the patient's condition will deteriorate due to the delay in transport. This determination will be made after the patient is clinically assessed on scene. In such cases, the fire department will determine HVA's estimated time of arrival (ETA) before beginning patient transport.



- B. When requested by HVA personnel on scene or by request of HVA's dispatching center.
- C. In other municipalities, after receiving a mutual aid request for ambulance response.

HVA agrees to transport patients to the appropriate hospital or other destination of the patient's choice, and in accordance with protocols established by the local medical control authority.

- 4. Payment for Services. HVA shall undertake to collect payment for the Services directly from those individuals within the Township to whom they are provided, or from appropriate third party payers such as Medicare, Medicaid, automobile insurance or health insurance. HVA ambulance charges will be set by the HVA Board of Trustees at rates similar to other communities serviced by HVA. Any increase in ambulance rates above five percent (5%) per year must be approved by the Township. Such approval shall not be unreasonably withheld.
- 5. <u>Subsidy Payments to HVA from the Township</u>. There shall be no subsidy payment to HVA by the Township for Services provided under this Agreement nor is the Township responsible for nonpayment for services by patients.
- 6. <u>Fund raising; Use of Donated Funds; Grant Funds</u>. The Township agrees to be supportive of HVA's fund raising efforts.

In the event that the Township shall procure or receive grant funds for purposes of supporting the provision by HVA of the Services, and if such funds are used to purchase equipment relating to provision of the Services, the parties hereto agree that all such equipment shall remain the property of the Township but may be leased to HVA at nominal cost pursuant to a written lease to be entered into between the Township and HVA.

#### 7. <u>Term and Termination</u>.

- A. The term of this Agreement shall commence on January 1, 2019 and continue for an initial term expiring on December 31, 2020, and shall be automatically renewed for additional, successive one (1) year periods thereafter unless either party provides the other with not less than one hundred eighty (180) days advance written notice of the intent to terminate at the expiration of the initial or any subsequent annual renewal of the term of this Agreement, with or without cause.
- B. This Agreement may be sooner terminated on the first to occur of any of the following events:



- (1) In the event that the parties mutually agree in writing, this Agreement may be terminated on the terms and date stipulated therein.
- (2) In the event of a substantial breach of this Agreement by any one of the parties, if the non-defaulting party provides written notice of the breach to the defaulting party and the breach is not corrected within thirty (30) days, this Agreement may be terminated at the option of the non-defaulting party by giving written notice to the other parties to this Agreement.
- C. Notwithstanding the termination of this Agreement, any liability or obligation of any party which may have accrued prior to such termination shall continue in full force and effect.
- 10. Insurance. HVA shall, during the term of this Agreement, maintain professional liability insurance, no-fault automobile insurance, comprehensive general liability insurance, an umbrella policy, and all other insurance required by applicable federal, state and local laws, with a combined coverage limit of not less than \$10,000,000 per occurrence. If HVA is unable to purchase this level of coverage at reasonable premiums, HVA may reduce such coverage limit with the prior consent of the Township, which shall not be unreasonably withheld or delayed. In no case will this coverage be less than \$5,000,000 per occurrence. HVA shall provide copies of the policies or certificates evidencing the existence and coverage of such insurance to the Township upon written request thereafter to HVA. HVA shall cause the Township to be named as an additional insured on HVA's policies of insurance for liability.
- 11. <u>Independent Contractor</u>. The parties to this Agreement acknowledge and agree that HVA shall perform the Services solely as an independent contractor of the Township. Nothing in this Agreement is intended to create an employer/employee relationship, lessor/lessee or a joint venture relationship between HVA and the Township.
- 12. <u>Assignment</u>. Neither party hereto may assign this Agreement without the written consent of the other party hereto.
- 13. <u>Binding Effect</u>. This Agreement shall be binding upon, and shall inure to the benefit of, the parties hereto and their respective successors and permitted assigns.
- 14. <u>Governing Law</u>. This Agreement shall be governed by, enforced and construed in accordance with the laws of the State of Michigan, without giving effect to principals of conflicts of law.
- 15. <u>Entire Agreement</u>. This Agreement represents the entire agreement among the parties hereto with respect to the subject matter hereof, and may not be modified except by an instrument in writing executed by all the parties hereto.



- 16. Notices. Notices required hereunder shall be in writing and shall be deemed given when mailed by prepaid certified mail, return receipt requested, addressed to the appropriate party at the address set forth in the introductory paragraph of this Agreement. Any party hereto may change its address by giving notice of such change to the other as provided in the foregoing sentence.
- 17. <u>Limited Enforcement</u>. This Agreement is intended solely for the benefit of the parties hereto, and there is no intention, express or otherwise, to create rights or interests for any individual, parent, guardian or personal representative of any individual or any party or persons other than the Township and HVA.
- 18. <u>Counterparts</u>. This Agreement may be executed in one or more counterparts, each of which shall constitute an original, and all of which together shall constitute one and the same instrument.

HVA and the Township have executed this Agreement as of the day and year first written above.

HURON VALLEY AMBULANCE, INC. "HVA"	PLYMOUTH CHARTER TOWNSHIP "TOWNSHIP"
By	Ву:
Ronald Slagell	Kurt L. Heise
Its President and CEO	Its: Supervisor
	Ву:
	Jerry Vorva
	lts: Clerk



# Exhibit "A" DRAFT - Operating Plan

#### **Operating Area**

Our operating plan includes service to Plymouth Charter Township in Wayne County.

HVA operates a regional support facility in the Plymouth community, and will base paramedic ambulances 24 hours a day, 7 days in the township and city. The ambulances which provide coverage to the Township will be dynamically deployed to coverage points in or on the borders of the township to provide coverage to the Township and its neighboring municipalities in case of multiple calls in the region.

In any case, the closest ambulance will be dispatched to emergency medical requests within the Township. HVA ambulances are a part of a regional emergency medical services system. HVA continually relocates ambulances so that they are able to respond in a timely fashion throughout the region.

HVA agrees to use its best effort to position at least one ambulance so that it can respond to emergencies in the Township in a timely fashion at all times.

HVA will notify the dispatching center for the Township of the response location of its ambulances whenever practical.

#### **Emergency Response Times**

HVA will provide a response to medical emergency calls which meets NFPA 1710 standards. Quarterly reports will be provided to the township fire chief on response performance.

## Receipt of Calls, Dispatching of HVA Units

HVA will join the Township by encouraging residents to dial 9-1-1 for medical emergencies. Whenever possible or practicable, callers reporting medical emergencies will be transferred to the HVA dispatching center for the purpose of triaging the appropriate response and providing medical self-help instructions. 9-1-1 trunk lines exist for the transfer of 9-1-1 calls and a direct line is in place between our communications center and the Township's public safety answering point.

If HVA receives a direct emergency call, the fire department will be notified by HVA in accordance with the department's guidelines, however, HVA will not typically notify the fire department when the direct caller specifically requests that the fire department not be sent, or when responding to a health facility where licensed health professionals are on the scene (including hospitals, nursing homes and physician offices).



**Emergency Medical Services Proposal** 

# Other Information









**EMS** Proposal

Other Information about HVA

#### HVA History & Background



Huron Valley Ambulance (HVA) began serving Washtenaw County in 1981, 37 years ago. HVA was started by Washtenaw County's five general hospitals which owned the organization until 1985, when they converted it to community ownership with a volunteer board of trustees made up of community leaders.



In 1984, HVA began providing ambulance service to Sumpter and Van Buren Townships, and the City of Belleville in Wayne County. In 1989, HVA began serving the City of Plymouth, Plymouth and Northville Townships - bringing advanced life support paramedics to Plym-



In 1990, HVA began serving the City of South Lyon and Lyon Township,



HVA is a 501(c)(3) charitable organization. All operating surpluses are reinvested in the organizations to provide emergency medical and ambulance service in the communities we serve.

HVA and its affiliated organizations have grown to serve all or part of 14 counties in southern Michigan. Over 1.3 million Michigan residents receive a paramedic from our organization at their side within minutes of dialing 9-1-1.



In 2012, our Board of Trustees divided HVA into two parts. Emergent Health Partners (Emergent) was established as a 501(c)(3) parent organization, leaving HVA as the provider of ambulance service in southeast Michigan. These two organizations have interlocking governing boards.



**EMS** Proposal

## Other Information about HVA



These organizations operate under the Emergent umbrella in Michigan:

- Huron Valley Ambulance Washtenaw, Wayne and southwest Oakland
- Albion Community Ambulance eastern Calhoun
- Alliance Mobile Health Southeast Oakland
- Jackson Community Ambulance Jackson
- Lenawee Community Ambulance Lenawee
- LifeCare Ambulance Berrien, Calhoun, Cass, Barry, Branch, Eaton,
   St. Joseph and Kalamazoo
- Monroe Community Ambulance Monroe



Both HVA and Emergent are based in Pittsfield Township, near Ann Arbor. HVA's Eastern Region is centered in Plymouth at 1270 Goldsmith Street. Andy Savage is our regional vice president for the region which covers Wayne County and southwest Oakland County.



#### **HVA Board of Trustees**

- William Wise, Chair Assistant Professor, public safety and government, (retired) Siena Heights University
- Steve Maxwell, Vice Chair Administrative Director of Emergency Services, University of Michigan Hospital



- Frederick Davis, Secretary Treasurer CPA (retired), Wright Griffin Davis and Company
- Ron Slagell, President and CEO Emergent Health Partners, HVA
- Dale Berry, President Emeritus Emergent Health Partners, HVA



**EMS Proposal** 

## Other Information about HVA



- Deloisteen Brown, MD Internal medicine physician (retired), St.
   Joseph Mercy Health System.
- Kathleen Griffiths President and CEO (retired), Chelsea Community Hospital
- Terence Joiner, MD Pediatrician, University of Michigan Ypsilanti Pediatrics



- Richard Lundy Community Leader, Treasurer, Dexter Area Schools
- Robert F. McCurdy, MD Chair, Department of Emergency Medicine, St. Joseph Mercy Hospital, Ann Arbor



**EMS Proposal** 

Other Information about HVA

#### **HVA Special Teams**











HVA provides nine different Special Teams, which function for a variety of purposes in the region. Here is a summary of those teams:

Community Paramedics - Community paramedic is a new concept which is developing throughout the United States. Community paramedics have a goal of treating patients at home rather than transporting every patient to the emergency department. CP's carry additional medications (such as antibiotics), perform point-of-care blood and urine tests, and have two-way video conferencing with primary care or emergency physicians. We currently have two units deployed in Washtenaw County and one unit in Jackson.

Gift-Of-Life Team - HVA is the contract provider for Gift Of Life Michigan. We respond with a special team to hospitals and bring patients back to the GOL center for organ harvesting.

Honor Guard - Our organization has an active honor guard which performs at special events and funerals. Our honor quard was formed after the death of HVA medic Cheryl Kiefer in 2008, our only line-of-duty death.

Infectious Disease - We maintain an on-call team which transports highly infectious patients, utilizing a specialized vehicle which is maintained in readiness at all times. We are designated as a specialized infectious disease transport provider by the MDHHS.

Mobile Intensive Care - HVA operates two mobile intensive care ambulances. These are ALS ambulances with specially trained paramedics and equipment. They are generally used to bring complex or critically ill patients between a local hospital and a tertiary care center.



**EMS** Proposal

## Other Information about HVA



National Disaster Response Team – Our organization participates in the national FEMA disaster response plan. We are on-call to provide ambulances for hurricanes and other serious events on a national basis.



**Neonatal Intensive Care** – In cooperation with the University of Michigan Health System, HVA operates a dedicated neonatal ambulance for transportation of infants who have been delivered at outlying hospitals and need care in a neonatal center. This unit is also utilized for complex ECMO transports.



**Special Events** – We operate six, 2-person advanced life support bike teams which are available for deployment at special events and festivals. We also own and operate 14 gator ambulances, which are used at small and large community events including the University of Michigan football games (at the "Big House") and Michigan International Speedway in Brooklyn.



**Tactical Rescue Team (Washtenaw)** – HVA provides funding and medical support for the Washtenaw County Tactical Rescue Team. Our paramedics are fully trained team members.

**TEMS Team** – HVA provides medical coverage for several county and regional police tactical teams in Michigan. Our tactical paramedics regularly train with police officers, wear body armor, and are deployed in the "warm" zone during these activations. A specialized vehicle is used for this purpose. HVA tactical medics are also called out by the Michigan State Police when their tactical teams are activated in Districts 2 or 3. We regularly practice with the MSP team at Camp Grayling and other areas around the state.



**EMS Proposal** 

Other Information about HVA

#### Public Affairs & Marketing



Our Public Affairs and Marketing staff provide a number of community outreach programs. Here is a summary of those activities:

Camp 911™ is operated at about a dozen locations in our service area each summer. These 2-day camps are focused on 9-11 year olds, teaching them about first aid and EMS, as well as other public safety areas such as fire and police. These camps are always very popular and we operated one this year in Plymouth Township.



Newsletters are provided quarterly to local units of government, with a goal of keeping elected officials updated about our ambulance service.

**Keeping in Touch with local government.** Marc Breckenridge is our local government relations manager and he is available to answer questions and provide information to local elected officials. Marc is a former county emergency manager. He can be reached at 734-477-6783.



**Recruiting** is a challenge for all organizations in today's robust economy. Our Public Affairs staff engages with high school students to promote EMS, healthcare and public safety as a career. We operate pages is most social media, including Facebook and Instagram.

**Save-Mi-Heart**. Save-Mi-Heart is a statewide organization which was formed in 2014 to promote best resuscitation practices in 9-1-1 centers, first responders, ambulance services, hospital emergency departments and hospital intensive care centers. To be successful in saving as many lives as possible, each of these entitles must do their part.



Save-Mi-Heart also brought the CARES registry to Michigan. About 75% of the state's pre-hospital cardiac arrests are entered into this database, along with outcome data. The goal is to find out what works best and improve survival from cardiac arrest in Michigan.

HVA has joined the University of Michigan, Wayne State University and Beaumont Medicine to fund Save-Mi-Heart, and we serve on the board of directors for the organization.



## Huron Valley Ambulance FY '17 and FY '18 Financial Statements Audited by Maner Costerisan PC

#### HURON VALLEY AMBULANCE, INC. STATEMENTS OF FINANCIAL POSITION JUNE 30, 2017 AND 2016

	2017	2016
ASSETS		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 2,117,472	\$ 2,771,573
Patient accounts receivable and other - net	5,474,192	5,192,280
Accounts receivable - related party	33,500	33,226 294,664
Inventory	286,880	281,334
Prepaid expenses	257,783	
TOTAL CURRENT ASSETS	8,169,827	8,573,077
PROPERTY AND EQUIPMENT,		
less accumulated depreciation	18,920,123	18,052,733
BENEFICIAL INTEREST IN ASSETS HELD AT		
ANN ARBOR AREA COMMUNITY FOUNDATION	23,003	20,294
TOTAL ASSETS	\$ 27,112,953	\$ 26,646,104
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Current portion of long-term debt	\$ 178,119	\$ 1,769,198
Accounts payable	480,387	559,483
Accounts payable - related party	1,839,402	1,357,787
Deferred revenue	10,292	8,323
TOTAL CURRENT LIABILITIES	2,508,200	3,694,791
LONG-TERM DEBT, less current portion	708,289	
TOTAL LIABILITIES	3,216,489	3,694,791
NET ASSETS:		
Unrestricted	23,896,464	22,951,313
TOTAL LIABILITIES AND NET ASSETS	\$ 27,112,953	\$ 26,646,104



## Huron Valley Ambulance FY '17 and FY '18 Financial Statements Audited by Maner Costerisan PC

#### HURON VALLEY AMBULANCE, INC. STATEMENTS OF ACTIVITIES YEARS ENDED JUNE 30, 2017 AND 2016

	2017	2016
UNRESTRICTED NET ASSETS REVENUES AND SUPPORT: Patient service revenue (net of contractual		
allowances and discounts)	\$ 34,167,447	\$ 32,992,770
Provision for uncollectible accounts	(4,299,146)	(4,254,473)
Net patient service revenue	29,868,301	28,738,297
Other revenue	2,414,527	2,187,223
Investment income	6.576	809
Gain (loss) on sale of property and equipment	28,460	(61,408)
Net assets released from purpose restrictions	2,265	2.025
Total revenues and support	32,320,129	30,866,946
EXPENSES:		
Salaries and related items	17,400,841	16,608,972
Allocated expenses	6,674,576	6,210,825
Vehicle expense	1,628,146	1,549,717
Depreciation	2,469,808	2,206,458
Professional fees	809,792	804,879
Medical supplies	576,772	509,983
Repairs and maintenance	380,113	333,052
Other operating expenses	434,229	343,149
Occupancy	261,129	239,330
Insurance	153, <b>6</b> 17	169,114
Billing and collection	245,847	212,845
Interest	41,403	69,089
Telephone	196,790	164,435
Advertising	101,915	73,514
Contributions		270,322
Total expenses	31,374,978	29,765,684
Change in unrestricted net assets	945,151	1,101,262
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	2,265	2,025
Net assets released from purpose restrictions	(2,265)	(2,025)
TOTAL CHANGE IN NET ASSETS	\$ 945,151	\$ 1,101,262



**Emergency Medical Services Proposal** 

# Questions & Answers









**EMS Proposal** 

Q&A

#### QUESTIONS AND ANSWERS FROM THE TOWNSHIP

### July 20, 2018 - From Chief Phillips to Andy Brown (Superior Ambulance)

- Q. How is Plymouth Township EMS currently dispatched? By what agency?
- A. The Plymouth Township Communications center currently dispatches the Plymouth Township Fire Department to Emergency calls. The call is then transferred by direct line to Huron Valley Ambulance, once transferred the caller must duplicate the information and HVA ambulance is dispatched.
- Q. Would Plymouth Township consider allowing its current dispatch center to be used to dispatch the contracted/outsourced ambulance service?
- A. The Township board is interested in all proposals and would consider a model if it made good sense for our community.
- Q. Does Plymouth Township's current dispatch center provide Emergency Medical Dispatch?
- A. Currently Plymouth Townships Dispatch center does not offer Emergency Medical Dispatch. The Fire Chief strongly recommends we do offer EMD services to our community.
- Q. Can you please provide a current payer mix of 2015,2016, and 2017 transports and include the following information?
- Include number of transports provided to Medicare Recipients, Medicare Replacements and total amount of revenue collected by these payers for each year.
- Include number of transports provided to Commercial Insurance Payers and total amount of revenue collected by these payers for each year.
- 3. Include number of transports provided to Medicaid Recipients and total amount of revenue collected by this payer for each year.



## **EMS Proposal**

#### Q&.A

- Include number of transports provided to Medicaid Replacements, otherwise known has
   Manage Care Organization and total amount of revenue collected by these payers for each year.
- e. Include number of transports provided to patients with no insurance and total amount of revenue collected by these patients for each year.
- A. I can provide you with the limited information I have collected from Fire Department Transports. It is above for 3 years we transport between 10-15% of all EMS runs HVA currently transports all others.
- Q. Can you please provide the fee schedule that is currently being used by Plymouth Township including the following?

**BLS Resident** 

BLS non-resident

**ALS 1 Resident** 

ALS 2 Non-Resident

**ALS 2 Resident** 

ALS 2 Non-Resident

Resident Mileage

Non Resident Mileage

A. The Fee Schedule for Plymouth Township Fire Department is attached as a separate Document. HVA has stated that they will not share their rates with a competitor (the Plymouth Township Fire Department). So I cannot tell you how much they have charged over the years.

#### Reccomended Transportation Rates March 14 2017

	Res	sident	No	n-Resident	
ALS 2	\$	720.00	\$	800.00	
ALS 1	\$	550.00	\$	650.00	
BLS	Ş	450.00	ş	500.00	
Milage	\$	12.00	\$	12.60	
Treat / No Transport	\$	300.00	\$	400,00	
0	-	(F 00		(F 0c	



### PLYMOUTH CHARTER TOWNSHIP

**EMS Proposal** 

Q&A

- Q. Does Plymouth Township currently own their own ambulance and is it the Townships intent for the bid winner to purchase the current Township ambulance?
- A. Plymouth Township does own their ambulances and we will continue to own and maintain our own ambulances. It is not our intent to allow the bid winner to purchase our ambulances. Plymouth Township Paramedics will continue to respond to every call for service and offer assistance. If the patient condition as determined by Medical Control dictates immediate transport Plymouth Township will transport the patient if the bid winners ambulance is not on scene. Currently Plymouth Township Fire Department transports approximately 15% of the EMS calls.
- Q. Can you please clarify Section II, A. Exclusive Private Provider A sum certain to be paid annually to the Township for the exclusive right to be the private EMS provider.
- A. The Charter Township of Plymouths Fire Department will continue to transport patients based on need of the patient as determined by the medical control authority and the Fire Chief. Section II, A is asking what the bidder will pay Plymouth Township to be the private provider on an annual basis. This number shall not be based on call volume. Plymouth Township will transfer all calls for EMS to the Private provider and will not call any other private provider to transport to the Hospital. We will also provide at least two fully licensed paramedics on every scene to assist the private provider with patient care, packaging and loading.
- Q. Would any municipal facility be available for housing the ambulance?
- A. We will offer no municipal housing of ambulances. We do have some space available for lease in our DPW building that could be discussed.

#### August 9, 2018 - From Chief Phillips to Andy Savage (Huron Valley Ambulance)

Q. The RFP identifies response time requirements on page 7 and page 8. Is it the intent of the township that the provider meet response times as defined by NFPA 1710 standards?



### PLYMOUTH CHARTER TOWNSHIP

**EMS** Proposal

Q&A

- A. Yes the boards intent is to meet NFPA standards. 41.2 specifies what the objectives are.
- Q. On page 7, the RFP requires that the provider's ambulances must be located within Plymouth Township limits at all times. The township geographically surrounds the City of Plymouth. Does the township recognize ambulances located in the City as complying with this provision?
- A. The Township board will discuss this at an open meeting. I assume that some members will feel this complies and some may not. I would imagine that discussion at a public meeting will be available.
- Q. On page 5 "Award" the RFP identifies the contract period as being "three years". On page 7-8 "Contract Term" indicates that the contract award is for "two years". Could you please clarify this?
- A. Page 5 is in error the contract is for a period of two years.

#### August 23, 2018 - From Chief Phillips to Janine Beauchemin (Beaumont.org)

- Q: What is the sum? What is it for? What encompasses the services fire will continue to provide
- (A. Exclusive Private Provider A sum certain to be paid annually to the Township for the exclusive right to be the private EMS provider)
- A. We are basically asking if a provider will pay the township for the contract. The provider will be the only transport agency contacted by Plymouth Township. We have not decided what the sum should be, we want the provider to decide what it will offer if anything.

As for the Fire Department, The Fire department are fully licensed ALS Providers with 4 Ambulances and currently 1 ALS Fire Engine. The Fire Department will respond to all calls and provide care and assist the transporting agency with packaging the patient. Our paramedics can either drive to the hospital, or provide patient care in the back for critical patients. The Fire department can also transport if the patient condition warrants immediate transport or the Private provider does not arrive on scene.



## PLYMOUTH CHARTER TOWNSHIP

**EMS** Proposal

Q&A

HVA has currently operated in Plymouth Township without a contract since 1989 and the current Township board wishes to look at all options for Patient care and transport.

#### August 27, 2018 - From Chief Phillips to Janine Beauchemin (Beaumont.org)

- Q. FAILURE TO SUBMIT PRICING ON THE PROPOSAL FORM PROVIDED BY PLYMOUTH TOWN-SHIP MAY CAUSE THE BID TO BE CONSIDERED NON-RESPONSIVE AND INELIGIBLE FOR AWARD.
- A. I believe this was not deleted. Do not worry about it. We copied the RFP from Novi and they were asking for different requirements.
- Q. HEMS Medical Control requires 1 paramedic and 1 basic complete an ALS Unit, the RFP requires two paramedics, is this a hard line?
- A. Wayne County Medical Control requires 1 Paramedic and 1 specialist/AEMT. Plymouth Township Fire Department only operates with two Paramedics on each ambulance. Our intent is to have the transporting agency provide the same level of service as the Fire Department. I would submit the bid with what you are offering, the Plymouth Township board of trustees will discuss it and decide. I cannot tell you if this is a problem for any board members. It is only fair to tell you I will advocate for two paramedics on an ambulance.
- Q. Decontamination: What is your current protocol for decontamination? Location? We use the hospital in Royal Oak or temporary tents set up outside E.Ds.
- A. Currently PTFD decontaminates our ambulances at our own fire stations. We have a blood borne Pathogens policy that we follow.
- Q. Incident stand-by for fires, training, etc. How many units do you typically request?
- A. We typically ask for one unit to standby.

Here is our response to your last group of questions. I hope I have helped and answered to your satisfaction. The final decision will be up to the Board of Trustees.





# Plymouth Township

Ground Transport Services | Request for Proposal August 31, 2018



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#### **Confidentiality Statement**

This document contains confidential proprietary information and trade secrets of Community EMS, Inc., a Michigan nonprofit corporation (CEMS) and is subject to the restriction that no disclosure or use of it, and that no copy or other reproductions shall be made in whole or in part, without the express permission in writing of CEMS.



# Letter From the President





## Letter from the President

To: Plymouth Township Officials

On behalf of Community EMS, we would like the opportunity to present the value we see in creating a strategic partnership to meet the patient ground transportation needs of Plymouth Township residents. We strongly believe that Community EMS can provide a strong alliance and bench strength to Plymouth Township that has yet to be attained by our competitors. Together we have the ability to grow our relationships, and provide high quality, safe and efficient care to the residents we serve.

For 36 years, Community EMS has taken the lead in providing a patient focused approach to emergency and nonemergency medical transportation. Through the years, Community EMS has partnered with local communities to care for those who live, work and visit these cities both by providing care and transport, as well as supporting community events.

With 10 partnership ambulance companies' nationwide, Community EMS operates within a world-class, innovative business model for not-for-profit organizations revolving around superior patient care delivered with respect, proficient use of state-of-the-art technologies and strategic logistical resources. Community EMS, which is privately held, currently has over 1,500 employees in locations throughout the United States.

We take great pride in being accredited by the Commission on Accreditation of Ambulance Services (CAAS). CAAS was established in 1990 to specifically set the "Gold Standard" within the ambulance service industry. We can also proudly affirm that our subsidiary, Parastar, has been awarded accreditation by the Accredited Center of Excellence (ACE) for dispatch services. Our corporate goals are quite simply to be the best in our practice and a trusted resource to every patient, providing competent, safe, efficient care. We go the extra mile to ensure that standard of excellence with each patient.

It is our intent to demonstrate the value that will be achieved by partnering with Community EMS's dedicated service to Plymouth Township, and that a strategic alliance between our company and your Township is the obvious choice for serving your community's needs. We possess the resources and expertise to provide your transportation services in a manner that is geographically sensible, technologically progressive, educationally advanced, while remaining fiscally responsible and operationally sound.

We look forward to meeting with you to further discuss our common initiatives, providing strength through a partnership based on caring for patients within our communities.

Please contact me with any questions or scheduling needs. I can be reached at (248) 304-6025 or at gbeauchemin@Communityems.org.

Best regards,

Greg Beauchemin

President

Community EMS



# Mission & Vision Statement



F 248.945.5080

## **Mission & Vision Statement**

#### Mission Statement

To be a trusted and valued provider of medical transportation and educational services through a quality commitment to patients and communities we serve.

#### Vision Statement

To be recognized as a leader in pre-hospital care and transportation as well as other value-added medical and non-medical logistics services built through strategic alliances and supported by innovations in quality and service excellence.







## NOTICE - TOWNSHIP OF PLYMOUTH TOWNSHIP REQUEST FOR PROPOSALS EMERGENCY MEDICAL SERVICES

The Charter Township of Plymouth will receive sealed proposals for Emergency Medical Services according to the attached specifications.

Sealed proposals will be received until 4:00 P.M. prevailing Eastern Time, Friday, August 31, 2018 at which time proposals will be opened and read. Proposals shall be addressed as follows and delivered to:

#### TOWNSHIP OF PLYMOUTH

#### **CLERK'S OFFICE**

9955 North Haggerty Rd. Plymouth Township, MI 48170

OUTSIDE OF MAILING ENVELOPES/PACKAGES MUST BE PLAINLY MARKED "EMERGENCY MEDICAL SERVICES RFP" AND MUST BEAR THE NAME OF THE PROPOSER.

The Township reserves the right to accept any or all alternative proposals and award the contract to other than the lowest proposer, to waive any irregularities or informalities or both; to reject any or all proposals; and in general to make the award of the contract in any manner deemed by the Township, in its sole discretion, to be in the best interest of the Township.

Jerry Vorva

Township Clerk

Notice dated: Thursday, July 13th 2018



#### NOTICE TO PROPOSERS:

Plymouth Township officially distributes RFP documents through the Michigan Intergovernmental Trade Network (MITN). Copies of RFP documents obtained from any other source are not considered official copies. Plymouth Township cannot guarantee the accuracy of any information not obtained from the MITN website and is not responsible for any errors contained by any information received from alternate sources. Only those vendors who obtain RFP documents from the MITN system are guaranteed access to receive addendum information, if such information is issued. If you obtained this document from a source other than the source indicated, it is recommended that you register on the MITN site, <a href="https://www.mitn.info">www.mitn.info</a> and obtain an official copy.



## TOWNSHIP OF PLYMOUTH EMERGENCY MEDICAL SERVICES

#### INSTRUCTIONS TO PROPOSERS

This RFP is issued by the Township Clerk of Plymouth Township.

#### **IMPORTANT DATES**

RFP Issue Date: Friday July 13th 2018

Last Date for Questions: Friday August 24th 2018

Response Due Date: Friday August 31st 2018

Anticipated Award Date: Friday October 26th 2018

Anticipated Effective Date of Contract: Tuesday January 1st 2019

#### **QUESTIONS**

Please email all questions to Fire Chief Dan Phillips at <a href="mailto:dphillips@plymouthtwp.org">dphillips@plymouthtwp.org</a> or call 734-354-3221. Please put the name of the Bid/RFP in the subject line, otherwise your email may be deleted as spam.

#### **PROPOSAL SUBMITTALS**

An **ORIGINAL** and **Seven (7)** copies of each proposal must be submitted to the Plymouth Township Clerk's Office. **Original may be clipped, but should not be stapled or otherwise bound**. No other distribution of the proposals will be made by the Contractor. Proposals must be signed by an official authorized to bind the Contractor to its provisions.



FAILURE TO SUBMIT PRICING ON THE PROPOSAL FORM PROVIDED BY PLYMOUTH TOWNSHIP MAY CAUSE THE BID TO BE CONSIDERED NON-RESPONSIVE AND INELIGIBLE FOR AWARD.

#### CHANGES TO THE RFP/ADDENDUM

Should any prospective Proposer be in doubt as to the true meaning of any portion of the Request for Proposal, or should the Proposer find any patent ambiguity, inconsistency, or omission therein, the Proposer shall make a written request (via email) for official interpretation or correction. Such request shall be submitted to the specified person by the date listed above. The individual making the request shall be held responsible for its prompt delivery.

Such interpretation or correction, as well as any additional RFP provisions that the Township may decide to include, will be made as an addendum, which will be posted on the MITN website at <a href="https://www.mitn.info">www.mitn.info</a>. Any addendum issued by the Township shall become part of the RFP and shall be taken into account by each proposer in preparing their proposal. Only written addenda are binding. It is the Proposer's responsibility to be sure they have obtained all addenda. Receipt of all addenda must be acknowledged on proposal form.

#### **SUBMISSION OF PROPOSALS**

Proposals must be submitted in a sealed envelope. Outside of mailing envelope must be labeled with name of contractor and name of RFP. Failure to do so may result in a premature opening or failure to open such proposal.

To be considered, sealed proposals must arrive at the Plymouth Township Clerk's Office, on or before the specified time and date. There will be no exceptions to this requirement. Proposal is considered received when in the possession of the Township Clerk. Contractors mailing proposals should allow ample time to ensure the timely delivery of their proposal. Proposals received after the closing date and time will not be accepted or considered. Faxed, emailed, or telephone bids are not acceptable. Plymouth Township shall not be held responsible for lost or misdirected proposals. The Township reserves the right to postpone an RFP opening for its own convenience.

Proposals must be clearly prepared and legible and must be signed by an Authorized Representative of the submitting Company on the enclosed form. Proposals must show



unit and total prices. ANY CHANGES MADE ON PROPOSAL FORMS MUST BE INITIALED OR YOUR PROPOSAL MAY BE CONSIDERED NON-RESPONSIVE.

A proposal may be withdrawn by giving written notice to the Township Clerk before the stated due date/closing time. After the stated closing time, the bid may not be withdrawn or canceled for a period of One Hundred and Twenty (120) days from closing time.

Proposers are expected to examine all specifications and instructions. Failure to do so will be at the proposer's risk.

Failure to include in the proposal all information requested may be cause for rejection of the proposal.

Any samples, CDs, DVDs or any other items submitted with your proposal will not be returned to the contractor.

No proposal will be accepted from, or contract awarded to any person, firm, or corporation that is in arrears or is in default to the Township Plymouth Township upon any debt or contract, or that is in default as surety or otherwise, or failed to perform faithfully any previous contract with the Township.

USE OF PLYMOUTH TOWNSHIP LOGO IN YOUR PROPOSAL IS PROHIBITED.

#### **RESPONSIVE PROPOSALS**

All pages and the information requested herein shall be furnished completely in compliance with instructions. The manner and format of submission is essential to permit prompt evaluation of all proposals on a fair and uniform basis. Unit prices shall be submitted if space is provided on proposal form. In cases of mistakes in extension, the unit price shall govern. Accordingly, the Township reserves the right to declare as non-responsive, and reject an incomplete proposal if material information requested is not furnished, or where indirect or incomplete answers or information is not provided.



#### **EXCEPTIONS**

The Township will not accept changes or exceptions to the RFP documents/specifications unless Contractor indicates the change or exception in the "Exceptions" section of the proposal form. If Contractor neglects to make the notation on the proposal form but writes it somewhere else within the RFP documents and is awarded the contract, the change or exception will not be included as part of the contract. The original terms, conditions and specifications of the RFP documents will be applicable during the term of the contract.

#### **CONTRACT AWARD**

The contract that will be entered into will be that which is most advantageous to the Township, prices and other factors considered. The Township reserves the right to accept any or all alternative proposals and to award the contract to other than the lowest proposer, waive any irregularities or informalities or both, to reject any or all proposals, and in general, to make the award of the contract in any manner deemed by the Township, in its sole discretion, to be in the best interests of the Township.

After contract award, notification will be posted on the MITN website at www.mitn.info.

#### **SELECTION PROCESS**

This document is a Request for Proposals. It differs from an Invitation to Bid in that the Township is seeking a solution as described herein, and not a bid meeting firm specifications for the lowest price. As such the lowest price will not guarantee an award recommendation.

Competitive sealed proposals will be evaluated based on criteria formulated around the most important features of the service, of which qualifications, experience, and methodology, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a contractor's approach meets the desired requirements of the Township. Those criteria that will be used and considered in evaluation for award are set forth in this document. The Township will thoroughly review all proposals received. A contract will be awarded to a qualified contractor submitting the best proposal.



#### **EVALUATION**

The Township reserves the right to require bidders to meet all specified requirements. The initial pass/fail evaluation will be made by the Township board.

The evaluation and award of this proposal shall be a combination of factors including, but not limited to, professional competence, references, and the correlation of the proposal submitted to the needs of the Township and any other factors considered to be in the best interest of the Township.

The Township reserves the right to award the proposal to one master contract provider who can provide the highest level of service at the lowest cost to the Township. The Township reserves the right to reject proposals which contain major deviations from specified requirements; to accept a proposal which has only minor deviations from specified requirements.

#### **AWARD**

Prices quoted shall remain firm for One Hundred Twenty (120) days or proposal award, whichever comes first except the successful provider whose prices shall remain firm for the entire contract period of three years.

#### CONTRACT CANCELLATION DUE TO POOR PERFORMANCE

Due to the emergency nature of the services to be provided, and in the event that the service provider does not or cannot perform to mutually decided criteria, the Township reserves the right, at their sole discretion, to cancel the contract and/or employ as necessary other companies or additional companies and/or municipal personnel as necessary.

#### FINANCIAL REPORT

The Township, at their discretion, may require the service provider to supply a Financial Report from an impartial Financial Credit Reporting Service before award of contract.



#### **GENERAL CONDITIONS**

#### TAX EXEMPT STATUS

It is understood that the Township is a governmental unit, and as such, is exempt from the payment of all Michigan State Sales and Federal Excise taxes. Do not include such taxes in the bid prices. The Township will furnish the successful proposer with tax exemption certificates when requested.

#### TRANSFER OF CONTRACT/SUBCONTRACTING

The successful proposer will be prohibited from assigning, transferring, converting or otherwise disposing of the contract agreement to any other person, company or corporation without the expressed written consent of the Township. Any subcontractor, so approved, shall be bound by the terms and conditions of the contract. The contractor shall be fully liable for all acts and omissions of its subcontractor(s) and shall indemnify the Township for such acts or omissions.

#### **NON-DISCRIMINATION**

In the hiring of employees for the performance of work under this contract, neither the contractor, subcontractor, nor any person acting in their behalf shall by reason of religion, race, color, national origin, age, sex, height, weight, handicap, ancestry, place of birth, sexual preference or marital status discriminate against any person qualified to perform the work required in the execution of the contract.

#### **ACCEPTANCE OF PROPOSAL CONTENT**

Should a contract ensue, the contents of the proposal of the successful Proposer may become contractual obligations. Failure of a contractor to accept these obligations may result in cancellation of the award.

#### **DISCLOSURE**

All documents, specifications, and correspondence submitted to Plymouth Township become the property of Plymouth Township and are subject to disclosure under the provisions of Public Act No. 442 of 1976 known as the "Freedom of Information Act".



This Act also provides for the complete disclosure of contracts and attachments hereto. This means that any informational material submitted as part of this RFP is available without redaction to any individual or organization upon request.

#### **ECONOMY OF PREPARATION**

Proposals should be prepared simply and economically, providing a straightforward and concise description of the contractor's ability to meet the requirements of the bid. Emphasis should be on completeness and clarity of content. Included in the response must be a point by point response to the Requirements and other sections of the bid.

The Township is not liable for any costs incurred by proposers prior to issuance of a contract.

#### **MATERIAL SAFETY DATA SHEETS (MSDS)**

All Township purchases require a Material Safety Data Sheet, ("MSDS"), where applicable, in compliance with MIOSHA "Right To Know" law. The MSDS must include the following information:

- 1. The chemical name and the common name of the toxic substance.
- The hazards or other risks in the use of the toxic substance, including:
  - a) The potential for fire, explosion, corrosivity, and reactivity;
  - b) The known acute and chronic health effects of risks from exposure, including the medical conditions which are generally recognized as being aggravated by exposure to the toxic substance; and
  - c) The primary routes of entry and symptoms of overexposure.
- The proper precautions, handling practices, necessary personal protective equipment, and other safety precautions in the use of or exposure to the toxic substances, including appropriate emergency treatment in case of overexposure.
- 4. The emergency procedure for spills, fire, disposal, and first aid.
- 5. A description in lay terms of the known specific potential health risks posed by the toxic substance intended to alert any person reading this information.
- 6. The year and month, if available, that the information was compiled and the name, address, and emergency telephone number of the manufacturer responsible for preparing the information.

#### **INDEPENDENT PRICE DETERMINATION**

By submission of a proposal, the offerer certifies, and in case of a joint proposal, each party hereto certifies as to its own organization, that in connection with the proposal:



- (a) The prices in the proposal have been arrived at independently without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other offerer or with any other Competitor; and
- (b) No attempt has been made or will be made by the offerer to induce any other person or firm to submit or not submit a proposal for the purpose of restricting competition.

Each person signing the proposal certifies that:

(c) He is the person in the offerer's organization responsible within that organization for the decision as to prices being offered in the proposal and that he has not participated an will not participate in any action contrary to (a) and (b) above; or (d) He is not the person in the offerer's organization responsible within that organization for the decision as to prices being offered in the proposal but that he has been authorized in writing to act as agent for the persons responsible for such decisions in verifying that such persons have not participated, and will not participate, in any action contrary to (a) and (b) above, and that as their agent, does hereby so certify; and that he has not participated, and will not participate in any action contrary to (a) and (b) above.

A proposal will not be considered for award if the sense of the statements required in the proposal has been altered so as to delete or modify the above.

**Anticipated Services:** Plymouth Township is soliciting proposals from qualified providers for the provision of advanced life support ambulance and related services on behalf of itself. Proposals shall encompass, at a minimum, advanced life support ambulance service for the Township.

#### **Response Times:**

#### Eight (8) minute response time for Township of Plymouth

The Company will provide ambulance(s) dedicated for service within, and located within, Plymouth Township limits at all times. The Company guarantees Priority I service, emergency response by an ALS ambulance in eight (8) minutes or less 90% of the time, twenty-four (24) hours a day, seven (7) days a week, three-hundred sixty-five (365) days a year to Plymouth Township. Except for extenuating circumstances, no response (Priority I) shall exceed twelve (12) minutes. Response time to non-emergency (Priority 3), or downgraded calls, shall be less than fifteen (15) minutes, 90% of the time and shall not exceed twenty



(20) minutes, except for extenuating circumstances. The Company shall notify the Township within five (5) business days, in writing, of those responses that exceed the parameters of this Agreement.

**Definitions:** Priority 1 and Priority 3 definitions can be found in the attached Exhibit A (Health Emergency Medical Services, Inc.).

**Contract Term:** It is the intent of Plymouth Township to enter into contract with the provider that can provide the highest level of service at the lowest cost to the municipality. The contract award shall be for a period of **two years**. The proposal shall include an implementation schedule which shall commence on January 1st 2018.

Community EMS is prepared to meet the two year contract expectation beginning January 14, 2019.

**Contract Termination:** The contract shall contain a termination provision enabling the Township to terminate the contract upon written notice for cause, as well as an indemnification provision that indemnifies the Township, its elected officials, and its employees from any acts of the provider, along with the necessary insurance coverage. A response to this RFP may include a draft contract.

**Desired System:** The desired system will consist of advanced life support ambulances for transportation that will be assigned to and operate from the Township. In order to assure continuity of care, it is anticipated that one provider will be chosen to provide advanced life support ambulance service.

Historical Call Volume: Please see Exhibit A for Historical Call Volume for the Township.

#### SECTION II: OPERATIONAL REQUIREMENTS - AMBULANCE SERVICE

The following are the operation requirements for the ambulance service component of the system.

The proposal response must include an answer to each individual item below. Your response should be concise and complete and use the lettering system & section title as provided. The Township reserves the right to eliminate from consideration any proposal incomplete or not organized as required.



- A. Exclusive Private Provider A sum certain to be paid annually to the Township for the exclusive right to be the private EMS provider (Note: the Township Fire Department will continue to provide its services) (MCL 333.20948) Community EMS is willing to reimburse the Plymouth Township Fire Department \$64.00 per ALS run in the event the Plymouth Township Fire Advanced Life Support Staff is physically required to administer Advanced Life Support and accompany the patients to the receiving hospital in our vehicle.
- B. Response time The Township standard will be eight (8) minutes for 90% of Priority 1 responses.
  Response time criteria shall not apply to incidents that are dispatched as non-emergency (Priority 3) or downgraded to non-emergency prior to the arrival of the ambulance. There shall also be consideration given for area wide weather emergencies including but not limited to: snowstorms, ice storms, high winds, etc.

CEMS agrees to provide the Township of Flymouth with EMS service meeting/exceeding the requirements as specified within. CEMS utilizes an industry standard system status management approach to vehicle deployment. This strategic deployment architecture allows for calculated deployment of resources.

However, CEMS takes this approach to a new level with the assistance of a system integrated predictive call system known as Dispatch Pro (a Zoll Corporation product). This smart technology utilizes historic data based on call location history and response to place vehicles at specific times and days of the week.

C. Deployment plan - The provider shall include in its initial proposal a proposed deployment plan, indicating the number of units required to meet the response time standard and the backfill (move up) strategy. The deployment plan shall specify the required unit coverage by hour and day of the week. A data prediction for service to incorporate into the deployment model is preferred.

CEMS will provide ONE (1) dedicated ALS units 24-hours per day, 365 days per year with the understanding that these units are committed to the Township of Plymouth and are not to be utilized outside the Township without approval of the Township. Additionally, CEMS agrees to provide a unit for back fill when one of the "Dedicated" units is responding to an emergency or immediate request within the Township of Plymouth boundaries.

In addition to the vehicles "dedicated' to this plan and the additional unit for backfill, CEMS deploys multiple ALS units in communities to allow for an expedient response as part of any backfill or mass casualty response requiring more than the required vehicles as part of this RFP. The deployment maps located in the



supplemental materials identify current and logical post tocations based on information provided through our more than 30 years of history as the incumbent provider as well as the dynamic feedback of our predictive call system, also known as Dispatch Pro.

D. Licensure – The provider's service area, vehicles, and personnel shall be appropriately licensed including those specifically required by the Michigan Department of Consumer and Industry Services. A copy of your company's State of Michigan license to provide services in Michigan is required.

CEMS, its vehicles and employed personnel are appropriately licensed in the State of Michigan. A copy of the State of Michigan ambutance licenses can be found in the Supplemental Materials section of this document.

Utilizing the eCore software system, employee credentials are maintained and monitored to ensure no lapse in licensure. Employees are provided a series of countdown advisories to remind them of upcoming expirations. In the unlikely event that an employee was to have a credential expire, the system would not allow them to punch in for work. Furthermore, each month our Human Resources Department reviews adverse actions taken by the Michigan Department of Consumer and Industry Services EMS Division as reported on the LARA website to ensure that all employees remain in compilance with current licensing requirements. This information is reported to the Beaumont Health Corporate Compliance Committee at our monthly meetings and to our operations leadership as appropriate.

E. Advanced Life Support – All ambulances utilized by the provider shall be capable of providing advanced life support in accordance with the Health Emergency Medical Services, Inc. And each ALS ambulance will be staffed by two licensed paramedics.

All ambulances utilized will be capable of providing advanced life support and will be staffed at the minimum ALS staffing – 1 paramedic, 1 Basic EMI.

F. Vehicles - Providers shall include in their proposal the specific information for the vehicles they propose to utilize including age, type, and mileage. All vehicles shall be maintained in safe operating condition. Vehicle chassis over 5 years old are not acceptable. Maintenance logs shall be maintained for each vehicle and be available for inspection. Providers shall indicate what preventative maintenance programs are in place and shall indicate the number of "critical vehicle failures" per 100,000 miles driven for the last three years. Providers shall include the procedure their company uses to maintain and repair their vehicles including how,



when, and where the vehicles are serviced.

Community EMS recognizes the importance of ensuring that the vehicles utilized to transport patients maintain quality and safety standards. Community EMS agrees to this provision. We have an extensive preventative maintenance program which enables our computerized system to track all work performed on vehicles as well as proactively identifying maintenance needs to keep ambulances on the road and in peak performance. During the three year period of 10/1/2014 through 9/30/2107, our critical service tailures related to vehicle breakdowns were 0.13 per 100,000 miles driven.

See the Technology page of "Our Value as a Pariner" section to view details of our preventative maintenance program.

Reports - Response time summaries, by participating entity and by other G. geographic zones as may be designated, including the listing of all response time exceptions, shall be reported at least monthly. These reports shall include: compliance with response time standards in a format prescribed by the Township including the ability to sort by entity, and other geographic zones as my be designated; incidents of unit breakdowns, listing of calls referred to other agencies, "Level-O" time, mutual aid response times, call downgrades and other reports used to determine contract compliance. These reports may vary from month to month depending on specific issues that need to be addressed. In addition to hard copies as required, data shall be submitted to the Township in primarily electronic format. The provider shall also submit required information to each Township in a manner and format prescribed by that Township (i.e. compatibility with an information system prescribed by each Township). Non-compliance with this provision will be subject to contract termination based upon the 90 day notice provision.

CEMS actively participates in the exchange of information in an open and transparent process. CEMS agrees to continue this process and supports the need for such transparency. CEMS utilizes the Zoll Data Solutions software, combined with other integrated software solutions to capture events related to the response and conveyance of each patient, from onset of call to clearing the haspital after proper hundoff of patient care. CEMS agrees to continue to provide data an a monthly basis as requested and in the agreed upon format and also at other intervals as needed to provide information about specific needs.

**H. Monthly meetings** – A supervisory member of the provider's staff shall participate in a monthly in-person meeting with the Plymouth Township Fire Chief to assess the effectiveness of the program and jointly review and address any issues or concerns.

Community EMS will comply with this provision and agrees to continue to do so on



an ongoing basis. We will also bring other content experts when necessary to ensure appropriate communication and service.

I. Personnel - The provider shall perform a CCH (Complete Criminal History) on all of its Paramedics and Emergency Medical Technicians. Employees with a conviction for Criminal Sexual Conduct (CSC) or violation of the Controlled Substances Act shall not be allowed to work in the Township area. Employees with a conviction for theft or larceny within the last five (5) years shall not be allowed to work in the Township area.

The provider shall perform a Complete Driving History on all of its Paramedics and Emergency Medical Technicians in the beginning of the contract and continually through the engagement period, in advance of any new employee working in the Township. Employees with two or more convictions for Operating Under Influence of Liquor (OUIL), Unlawful Blood Alcohol Level (UBAL), Operating While Intoxicated (OWI), Operating While Visibly Impaired (OWVI), Operating While Under the Influence of Narcotic (OUIN), or any two or more convictions of any combination thereof, shall not be allowed to work in this area. Employees with a conviction for Operating under Influence of Liquor (OUIL), Unlawful Blood Alcohol Level (UBAL), Operating While Intoxicated, Operating While Visibly Impaired (OWVI), Operating While under the Influence of Narcotic (OUIN), in the last five years shall not work in this area.

The provider shall indicate how personnel are screened for motor vehicle operator records and what additional criteria are used for qualification and/or disqualification in the screening. All vehicle operators shall be required to attend a nationally recognized driver training program.

The provider shall notify the Health Emergency Medical Services, Inc. and the State Division of Emergency Medical Services if any of its Paramedics or Emergency Medical Technicians are criminally charged with any felony, or terminated from employment for any narcotic larceny or narcotic/alcohol use problem.

The provider shall agree to remove for cause an employee from the Township operating area upon written request of the fire or police chief.

Community EMS is committed to ensuring that staff providing service and caring far patients is appropriately screened and safe. Criminal histories are performed when enboarding any employee and only those without convictions for criminal sexual conduct, alcohol/drug-related acts or acts of violence are allowed to become



employees of our company. We believe in hiring only the highest quality professionals to represent us and care for the communities we serve. Driving histories are performed, and our staff is required to attend CEVO classes on an annual basis. Employees found to have violated any of the above provisions are removed from service and reported as appropriate. Community EMS will work with the Township of Plymouth to remove any employee for cause to ensure a safe and positive working environment.

J. **Drug Testing** – The provider shall have a random and probable cause drug testing program for all personnel operating in the Township area.

Community EMS is committed to a safe working environment and as such ensures appropriate drug testing for all employees. Drug testing must be performed within 24 hours of an offer of employment. Drug screening is also done "for cause"; when an accident or on the job injury occurs, or when there is reasonable suspicion (eg. sluring words, stumbling, glazed eyes, etc.).

K. Quality Assurance Program – The provider shall provide a description of the quality assurance program in place to continually assess the quality of treatment by EMS personnel.

CEMS is proud of our robust and comprehensive Quality Assurance/ Quality Improvement (QA/QI) plan that exceed industry standards, thus minimizing risks which can affect the welfare of our patients. Information related to the Beaumont Health approved plan can be found in 'The Value as a Partner-QA/Qi" section in this RFP response. Our Medical Director, David Hess D.O. an emergency room physician at Beaumont Farmington Hills, is actively engaged in the review and reporting of our plan and is instrumental in the development and presentation of continuing education classes based on identified need. Dr. Hess is also the physician Medical Director overseeing the Parastar Communications Center and is responsible for reviewing and providing recommendations on EMD standards.

CEMS is recognized as an accredited EMS agency by the Commission on Accreditation of Ambutance Services and has held such recognition since 2012. Information on CAAS accreditation can be found in "The Value as a Partner-CAAS Accreditation". Our current accreditation is subject to renewal in 2018.

- Complaint Resolution In the event a complaint arises over the provision of emergency medical care, the procedure shall be as follows:
  - (1) The complaint shall be referred to the Township staff for investigation and review.



(2) In the event the complaint is not resolved, it shall be referred to the Quality Improvement committee of the Wayne County Medical Control Authority.

Community EMS works closely with the communities we serve to promptly and thoroughly investigate and resolve any issues that may arise. We maintain a long-standing positive relationship with the Health Emergency Medical Services (HEMS) and work collaboratively on any issues or concerns.

M. Incident Command System – The provider shall provide training on at least an annual basis for ambulance personnel operating in the Township area on their role and responsibilities within the framework of the Incident Command System.

Community EMS believes in the ongoing education and training of its staff, including their responsibilities related to the Incident Command System. Our online eCore system tracks and maintains all education profiles and annual competencies.

N. Hazardous Materials Training – All ambulance personnel shall be trained to the hazmat first responder awareness level as designated by the Michigan Firefighters Training Council. The provider shall submit documentation of this training.

CEMS ambulance personnel are required, through their participation in the National EMS Disaster Response contract, to be certified at the hazmat first responder awareness level. We will continue this practice throughout the term of this agreement.

O. Insurance - A certificate of insurance naming the Township as an additional insured must be provided by the successful proposer prior to commencement of work. A current certificate of insurance meeting the requirements in Attachment A is to be provided to the Township and remain in force during the entire contract period.

The cost of the additional insurance coverage must be included in the prices quoted for the services to be provided. No additional cost for insurance will be accepted by the Township.

The following letter reflects verification of insurance which meets Township of Plymouth specifications. (see supplemental materials)

A Certificate of Insurance on an ACORD Form showing present coverage must be included with your proposal.

PLEASE HAVE YOUR INSURANCE COMPANY VERIFY BY MEANS OF A LETTER THAT YOUR COMPANY WILL MEET INSURANCE SPECIFICATIONS IF AWARDED A CONTRACT.



YOUR COMPANY SHOULD SUBMIT THIS LETTER WITH YOUR PROPOSAL DOCUMENT.



Failure on the part of any bidder to contact his/her insurance carrier to verify that the insurance carried by the bidder meets Township specifications may result in this proposal being completed incorrectly.

See Supplemental materials for all insurance documents.

All coverage shall be with insurance carriers licensed and admitted to do business in Michigan and acceptable to the Township.

The "Service Provider" does warrant that by signing the proposal document, the "additional insured endorsement" will be included in the insurance coverage supplied to the Township as part of the specified requirements.

See Supplemental materials for all insurance documents:

P. Mutual Aid and Mass Casualty Preparedness – The provider shall submit a mutual aid resource plan showing the average number of advanced ambulances that could be provided for a back to back or multi-casualty incident, life-threatening disaster, or major emergency as determined by the Township. This shall include typical response times based on average activity. The plan should include contingency planning for multiple back-to-back-incidents across the Township's geographic area.

CEMS and its affiliates deploy 60-45 ambulances delity from localions in Southfield. Troy, Taylor and multiple surrounding areas including the dedicated resources identified within this RFP for the Tewnship of Plymouth. At any given time, resources from this deployment could be redirected to an area based on a catastrophic need or multiple back-to-back responses. Furthermore. Community EMS has had long standing mutual aid agreements with multiple EMS agencies throughout.

- CEMS can activate through self-dispatch and mutual aid an additional 8-10 ambulances with responses to the Township within 5-10 minutes
- CEMS can also activate through self-dispatch and mutual aid an additional 10-12 ambulance with responses to the Township within 11-25 minutes.
- Through our partnership with Beaumont Health. CEMS has the availability of aeromedical helicopter service which can respond to emergencies within the Township of Plymouth.
- Q. Incident Standby The provider shall provide ambulance units as requested to standby at the scenes of fires, hazardous materials incidents, and fire training incidents as requested. These units shall not leave the incident unless released by the incident commander. The ambulance units shall assist in medical evaluation



of emergency personnel as required.

Community EMS agrees to this request.

**R.** Communications – The Advanced Life Support ambulances shall be equipped with mobile and portable communications equipment allowing them to communicate with; provider's dispatch, local medical first responder, and fire units. The providers shall indicate what backup systems exist to facilitate dispatch communications in the event of a failure of the primary radio transmitter.

Community EMS currently resides on the State of Michigan 800 MHz system which provides statewide coverage for all of its vehicles. We have dedicated talk groups which allows us to split off for stand-by, incident command, dispatch, and other functions. Additionally our Wayne County units carry 800 MHz radios that operate on the Oakland County System. Both of these systems are patched together and allow for access to standard means of communications for Disaster Management. As an additional mode of communications, we also have a private MotoTurbo (Motorola Digital Radio) dedicated to our services, as well as the availability of dedicated UHF and VHF frequencies.

Community EMS has recently converted to a cellular based paging system. This new paging system provides the ability to provide guaranteed delivery to the paging devices as well as confirmation of receipt.

Community EMS makes every effort to keep up with the standards for the Public Safety environment. To that, we are currently making plans to begin a Radio Over IP rollout that will provide us with the ability to communicate utilizing any smart device (phones, computers, or tablets). This will be done over the Verizon Cellular Network as well as First Net (hosted by AT&T), which will provide us with redundant wireless carriers and a dedicated network reserved for first responders.

The Company will provide the Township's Communication Center with access to Automatic Vehicle Locator (AVL) Systems to track their ambulances. Global Positioning System (GPS) Technology will increase accountability and promote greater awareness of the level of service provided by service areas throughout the Township. The AVL systems may be used to review vehicle positioning histories, identify locations of existing assets to improve dispatch efficiency, monitor appropriate vehicle usage, and report vehicle movements to pass on information to our Public Safety Team. The AVL technology will be used to improve the efficiency of emergency medical service delivery in the Township.

Each of Community EMS's vehicles is equipped with CradiePoint Modems. These devices allow for several distinct feeds of SPS related data to individual servers. We currently utilize Zoll CAD as one receiver, with a secondary to Fleeteys (MDT), and a final to our MDT system within the vehicle (redundant GPS location within the



vehicle for mapping). We are currently in the process of replacing our MDT system with a new MDT system that will provide immediate access to run data, as well as mapping and turn by turn directions provided via Google. As an accessory, this could also be provided to the Township of Plymouth to allow for the display of run information as well as response.

**Recording Capability** – The provider shall record all telephone and radio communications and retain the recordings for a minimum of one year.

All phone calls and radio communications into the center are recorded on a digital logging system and retained for a minimum of 3 years on DVD media.

T. E-911 Interface – The provider shall operate an Enhanced 911 (E-911) secondary PSAP capable of interfacing with all of the E-911 systems utilized by the Township to allow the transfer of E-911 calls including ANI/ALI information to minimize the time required to initiate a response.

Community EMS utilizes its affiliate, Parastar's, Secondary PSAP dispatch center. This dispatch center is equipped to receive ANI/ALI data from callers transferred through the Plymouth Township Police Department Dispatch Center. Additionally, this center is Phase II Wireless Compiliant.

Community EMS proudly boasts that our dispetch center holds the coveted "ACE" accreditation awarded by the International Academies of Emergency Dispatch to agencies that demonstrate the epitome of excellence and professionalism in operating an emergency medical dispatch center, one of only five such awarded centers in the State of Michigan. Our staff is all certified emergency medical dispatchers (EMD) and provide pre-arrival emergency care as appropriate.

U. Emergency Medical Dispatch – The provider shall utilize a nationally accepted telephone triage system and all dispatch personnel shall be certified in the program in use. Dispatchers shall provide pre-arrival emergency care instructions to the calling party when appropriate.

Community EMS proudly baasts that our dispatch center holds the coveted ACE accreditation; one of only five in the State. Our staff are all certified emergency medical dispatchers (EMD) and provide pre-arrival emergency care as appropriate.

V. Blood Borne Pathogen Decontamination Facility – The provider shall make available a decontamination facility for Township police and fire personnel. This facility may be located at the provider's location and shall provide shower and laundry equipment in compliance with the applicable requirements. This facility shall be available on a 24 hour – 7 day a week basis with a 15 minute advance notification. Bidders shall specify the location and capability of their



contamination facility.

Community EMS currently complies with this provision and will continue to do so.

W. Disposal of Bio-Hazard Contaminated Waste – The provider shall provide disposal service for any contaminated materials generated by the police or fire departments. Waste will be bagged and tagged with appropriate labels by Township personnel and forwarded to the provider for disposal.

Community EMS currently complies with this provision and will continue to do so.

X. Base of Operations – The provider shall identify the location(s) which are to serve as the base of operations for this program, including dispatch, administration, and fleet maintenance.

The base of operations for Community EMS's administration fleet maintenance, and dispatch is located at 25400 W. 8 Mile Road, Southfield, MI 48033-3866.

Y. Restocking of Medical Supplies – The provider shall provide a plan for restocking expendable medical supplies utilized by the fire department and the police department complies with Medicare/Medicaid reimbursement regulations and guidelines.

Community EMS and Flymouth FD will meet monthly to review a list of expendable medical supplies utilized by the first responders from Plymouth FD. Both parties will agree on the Items and amount of the expendable Items for the restacking to insure compliance with Medicare/Medicaid reimbursement guidelines are achieved too.

Z. Charges – The provider shall specify what ambulance user charges are to be assessed and include a current schedule of charges. The Township shall not be billed, nor will they be financially responsible for medical services rendered by the provider. A request for increased rates must be made at least thirty (30) days prior to the proposal effective date of the rate change.

Community EMS agrees with this provision. Please see our ambulance user charge schedule section located in the Supplemental Information page of this document.



AA. Staffing Coverage – Deployment plans specifying staffing coverage to meet the performance requirements for advanced life support (ALS) ambulance shall be included in the proposal.

Please refer to the Supplemental Information section to view details of our Staffing Coverage plan.



# INSURANCE REQUIREMENTS ATTACHMENT A

The Contractor shall procure and maintain during the term of this contract, the insurance coverage outlined below. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan. All coverage shall be with insurance carriers acceptable to the Township.

**WORKER'S COMPENSATION INSURANCE**: The Service Provider shall procure and maintain during the life of this contract, Worker's Compensation Insurance, including employer's liability in accordance with all applicable statutes of the State of Michigan.

COMMERCIAL GENERAL LIABILITY INSURANCE: The Service Provider shall procure and maintain during the life of this contract, Commercial General Liability Insurance on an "occurrence basis" with limits of liability of not less than \$5,000,000 per occurrence and/or aggregate combined single limit, personal injury, bodily injury and property damage. Coverage shall include the following extensions: (A) Contractual Liability; (B) Products and Completed Operations Coverage; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent; (E) Annual contract aggregate applicable to this contract.

**MOTOR VEHICLE LIABILITY:** The Service Provider shall procure and maintain, during the life of this contract, Motor Vehicle Liability Insurance, including Michigan No-Fault Coverage, with limits of liability of not less than \$5,000,000 per occurrence combined single limit Bodily Injury and Property Damage. Coverage shall include all owned, nonowned, and hired vehicles.

#### AMBULANCE AND PROFESSIONAL MALPRACTICE LIABILITY: The Service Provider shall

procure and maintain during the life of this contract, Ambulance Professional Malpractice Liability Insurance in an amount of not less than \$5,000,000 per occurrence and/or aggregate combined single limit for bodily injury and personal injury arising out of operations.



ADDITIONAL INSURED: Commercial General Liability Insurance, Motor Vehicle Liability Insurance, and Ambulance Professional Malpractice Liability Insurance as described above, shall include an endorsement stating the following as "Plymouth Township, its Township Council, its employees, all elected and appointed officials, all employees and volunteers, all boards, commissions and/or volunteers thereof are named as additional insured." Said coverage shall be primary coverage rather than any policies and insurance self-insurance retention owned or maintained by the Township. Policies shall be issued by insurers who endorse the policies to reflect that, in the event of payment of any loss or damages, subrogation rights under those contract documents will be waived by the insurer with respect to claims against the Township

CANCELLATION NOTICE: Worker's Compensation Insurance, Commercial General Liability Insurance, Motor Vehicle Liability Insurance and Ambulance Professional Liability Insurance, as described above, shall include an endorsement stating the following: "It is understood and agreed that Thirty (30) Days Advance Written Notice of Cancellation, Non-renewal, Reduction and/or Material Change shall be sent to Plymouth Township, 9955 N. Haggerty Rd., Plymouth Township, MI 48170."

**PROOF OF INSURANCE**: Upon Notice of Award, the service provider shall provide to the Township certificates of insurance and policies in full compliance with specifications as listed below:

- 1. Two (2) copies of the Certificate of Insurance for Worker's Compensation Insurance;
- 2. Two (2) copies of the Certificate of Insurance for Commercial General Liability Insurance;
- 3. Two (2) copies of Insurance for Vehicle Liability Insurance;
- 4. Two (2) copies of Certificate of Insurance for Ambulance Professional Malpractice Liability Insurance.
- 5. If so requested, Certified Copies of all policies mentioned above will be furnished.

Note: If any of the above coverages expire during the term of this contract, the service provider shall deliver renewal certificates of insurance to the Township at least ten (10) days prior to the expiration thereof.



## TOWNSHIP OF PLYMOUTH EMERGENCY MEDICAL SERVICES PROPOSAL FORM

We the undersigned, as proposer, propose to furnish to Plymouth Township, according to the specifications, terms, conditions and instructions attached hereto and made a part thereof:

IMPORTANT: The service provider must include an Ambulance User Charge Schedule with their proposal document to be considered for award.

### **INSURANCE:**

<b>K</b> )	( )	We can meet the specified insurance requirements.
(	)	We cannot meet the specified insurance requirements.
(	}	We do not carry the specified limits but can obtain the additional insurance coverage.
(	)	We have included the required copy of our current insurance certificate with our proposal submission.



### **REFERENCES:**

Providers shall submit a complete reference list consisting of agencies to which your company has provided services similar to those requested by Plymouth Township (attach

and mark REFERENCES for identification). List the three largest clients (by volume of runs) below.

Northville City Fire Department		
215 W. Main St. Northville, MI 48167		
248-449-9920	CONTACT:	Chief Steve Ott
Ambulance Service: (X) Yes (	) No	MFR: ( ) Yes (X) No
Farmington City Public Safety		
23600 Liberty Street		
248-474-4700	CONTACT:	Deputy Director Ted Warthman
Ambulance Service: (X) Yes (	) No	MFR: ( ) Yes (X) No
	·	
Huron Valley Hospital in Commerce		
1 William Carls Dr, Commerce Charter T	wp, MI 48382	
(248) 937-3300	CONTACT:	Adeeb Harb
Ambulance Service: (X) Yes (	) No	MFR: ( ) Yes (X) No
	215 W. Main St. Northville, MI 48167  248-449-9920  Ambulance Service: (X) Yes (  Farmington City Public Safety  23600 Liberty Street  248-474-4700  Ambulance Service: (X) Yes (  Huron Valley Hospital in Commerce  1 William Carls Dr, Commerce Charter T  (248) 937-3300	215 W. Main St. Northville, MI 48167  248-449-9920 CONTACT:  Ambulance Service: (X) Yes ( ) No  Farmington City Public Safety  23600 Liberty Street  248-474-4700 CONTACT:  Ambulance Service: (X) Yes ( ) No  Huron Valley Hospital in Commerce  1 William Carls Dr, Commerce Charter Twp, MI 48382  (248) 937-3300 CONTACT:



COMMENTS:				
	e receipt of the following			
<b>же</b> аскложівад	e receipt of the following		(please list adden	
THIS PROPOSAL S	SUBMITTED BY:			
Company (Lego	ıl Registration):Be	eaumont Med	dical Transportation	n Inc
Address:	25400 We	st 8 Mile Rd		
Township:	Southfield	State:	<u>Michigan</u> Zip:	48033
Telephone	(248) 356-3900	Fax:	(248)-945-5	081
Authorized Repr	esentative's Name	Gr	reg Beauchemin	
Authorized Repr	esentative's Title		<u>President</u>	
Signature				
E-mail_	greg.beau	uchemin@bec	gumont.org	
	3			



To the fullest extent permitted by law, the $\_$	Community EMS Inc.
	(Name of service provider)

agrees to defend, pay in behalf of, indemnify and hold harmless Plymouth Township, its Township Council, all elected and appointed officials, employees, volunteers, and others working on behalf of Plymouth Township against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from Plymouth Township, its elected and appointed officials, employees, volunteers or others working in behalf of Plymouth Township members by reason of personal injury, including bodily injury and death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this contract.

Signature of Authorized Representative



### HEMS SYSTEM PROTOCOLS GENERAL OPERATIONS

### **Patient Prioritization**

- 1. Priority 1
  - A. Critically ill or injured patient with an immediate life-threatening condition.
  - B. Examples include, but are not limited to:
    - 1. Unstable or deteriorating vital signs
    - 2. Compromised airway
    - 3. Severe respiratory distress/failure
    - 4. Cardiac arrest or post cardiac arrest
    - 5. Stroke or STEMI
    - 6. GCS < 10
    - 7. Significant blunt or penetrating trauma including but not limited to:
      - a. Airway compromised
      - b. Respiratory distress
      - c. Signs of inadequate perfusion
    - 8. Actively seizing patient
- 2. Priority 2
  - A. Seriously ill or injured patient without immediate life-threatening Condition.
  - B. Examples include, but are not limited to:
    - 1. GCS 11-14
    - 2. Medical conditions such as chest pain, suspected sepsis, respiratory distress without immediate threat to life.
    - 3. Altered level of consciousness, responding to verbal or painful stimuli
    - 4. Significant mechanism of injury in patient with stable vital signs
    - 3. Priority 3
      - A. Ill or injured patients not fitting the above two categories who require medical

Attention and do not have a life-threatening problems

### Exhibit A

### Historical Call Volume

Year	EMS Runs	Patients
2014	1754	1798
2015	1834	1903
2016	1501	1553
2017	1546	1605
2018*	636	612

<sup>\*</sup> partial year



## **About Us**



## **About Us**



Established in 1982, Community EMS began with twenty-five employees and four ambulances. At present, there are nearly 1,500 employees among its organizations and twelve different fleets of emergency and non-emergency vehicles that include standard ambulances, mobile intensive care units, bariatric transport vehicles and lab courier cars. In addition to an exponential increase in size and services offered, Community EMS has grown in structure, opening an EMS training school and becoming a partner to eleven Joint Ventures and partnerships in four states.

Located at 25400 West Eight Mile Road in Southfield, Michigan, the company now occupies its fourth change of location due to continuing growth over the years. This Southfield location houses our ACE accredited state-of-the-art 24/7 dispatch facility, which accepts over 1,200 calls each day. We also have a second dispatch facility in Ohio which supports our Ohio and Illinois operations. Our new location has given rise to a number of opportunities to better serve the area and its surrounding communities. For instance, expansion afforded Community EMS the ability to house an EMS billing center as well as a fleet maintenance facility that services both our extensive fleet, municipalities, outside fleets, and those of the public at large by appointment. Other technological advancements include the implementation of electronic patient care reporting (ePCR) which allows EMS providers to use handheld devices to accurately and securely record patient data at the scene of the emergency or routine transport.

Over the past thirty years, Community EMS has developed a number of mutually rewarding relationships with other health care systems, municipalities, and ancillary providers. In addition to having mutual-aid agreements with many neighboring communities and organizations, our family of joint ventures provide standby coverage for the Detroit Red Wings, the Detroit Lions, and the Detroit Tigers, as well as for other local events as requested. Community EMS has provided staff and vehicles for such national disasters as Hurricanes lke, Rita, Katrina, and Sandy, and has engaged in county wide emergency preparedness plans and agreements. To support its continued growth, Community EMS has created subsidiaries to manage critical, yet specialized tasks. These are the Life Support Training Institute (LSTI), CEMTECH, and Parastar.









### I. Introduction

The Quality Assurance (QA) and Quality Improvement (QI) Plan sets forth the QA/QI Program's organizational structure, outlines the program's major activities, and defines the responsibilities of the involved Governance, Management, Employees, Departments and Committees in its organizational-wide Quality Assurance and Quality Improvement Program. The purpose of the plan is to enable an effective review of the professional practices in the organization for the purposes of reducing morbidity and mortality and improving patient care provided in the prehospital setting. The QA/QI process is organized under the overall direction of the CEO/President.

Individuals or committees in the QA/QI process are assigned a professional review function in accordance with Michigan and Federal Law. The records, data and knowledge collected for or by individuals or committees assigned a professional review function are confidential, are not public records and shall not be available for court subpoena as provided by Michigan and Federal Law.

The QA/QI Program is a comprehensive management approach that focuses on the systematic and continuous monitoring and improvement of quality in clinical, professional, and administrative areas.

### II. Goals

- Maintain a QA/QI Program that defines a specific monitoring process and may include clinical and administrative areas. The quality performance expectations for monitored areas are measurable and drawn from standards and/or benchmark data. The program includes a process for evaluation and identification of areas failing expected standards and/or benchmarks, implementation of corrective action(s), and evaluation of outcome(s).
- Establish an organization-wide education program that provides ongoing quality improvement education to the Management and Employees engaged in patient care and services.
- Ensure compliance with Medical Control Authority's quality assessment and improvement requirements, Medicare Conditions of Participation, and other pertinent regulatory requirements.
- Maintain a collaborative, integrated, effective QI structure which promotes accountability and organization-wide participation in quality assessment and improvement activities.



### III. Required Function of the Quality Assurance / Improvement Program

- · Identify quality indicators that signal important aspects of patient care and services.
- Establish standards and/or benchmarks to measure expected performance.
- Monitor, evaluate and report outcomes of the important aspects of patient care and services.
- Identify an approach to investigate variances that may result in corrective action plan(s) to resolve variances within realistic timeframes.
- Assign responsibility and guidelines for establishing corrective actions and reporting outcomes.
- Perform annual evaluations of quality improvement activities.
- Disseminate QI program reports and actions to appropriate individuals, departments, and committees, including an organizational-wide QI report to the CEO/President.
- Establish and maintain a monitoring and reporting mechanism to facilitate EMS credentialing process.

### IV. Responsibility

The CEO/President has the ultimate responsibility for the Quality Assurance/Quality Improvement Plan. The Plan and an annual organizational-wide QA/QI Report shall be reviewed annually. Any and all revisions to the Plan require approval by the CEO/President.

The CEO/President ensures that an appropriate level of patient care services is delivered by pre-hospital personnel to include Joint Ventures and contracted services within the organization. The CEO/President has delegated the administration of the Quality Assurance/Quality Improvement Program to the Quality Improvement Council.

### V. Scope

The Quality Assurance/Quality Improvement Program may include but is not limited to measuring and evaluating the following:

- A. The process of care
- B. The outcomes of care
- C. Customer satisfaction (patients, families, professional staff, employees, other providers in the continuum of care)
- D. Staff performance
  - Medical
  - Non-medical
- E. Patient Rights
  - Access to care
  - Complaint process
  - Informed consent
  - Advance directives
- F. Organizational Performance Data
  - Utilization management including Peer Review Committee (PRC) findings
- G. Medication Therapy



### VI. Quality Improvement Council

### A. Responsibilities

- 1. Establish and disseminate through the QA/QI organizational structure an annual Quality Assurance/Quality Improvement Plan that details priorities for that year. Monitor, review, report, and follow-up monthly on the outcomes of the priority aspects of patient care and services.
- 2. Annually review and approve QA/QI plans established by each entity including the identification of quality indicators and performance thresholds.
- 3. Ensure the organizational-wide QA/QI efforts address the established priorities and are supported by an educational program.
- 4. Prepare and submit the annual QA/QI Plan and QA/QI Report to the CEO/President.
- 5. Regularly report quality performance to CEO/President.
- 6. Ensure that problems and variances have been acted upon, and effective corrective action plans established and implemented as measured by quality improvement indicators.
- 7. Incorporate corrective action into Policy and Procedures as required.
- 8. Assure resources for quality improvement processes are incorporated into the budget.
- 9. Maintain a confidential reporting process as defined by the QI organizational structure.
- 10. Establish and maintain a QA/QI Education Plan.
- 11. Review and evaluate customer satisfaction survey results and establish monitoring and improvement plan.

### B. Membership

- 1. The QI Council is chaired by the Corporate Manager of QA & Education.
- 2. The Committee includes, but is not limited to the following multidisciplinary administrative/management representatives:
  - Vice President
  - COO of each Operating Unit
  - Operational Manager of each Operating Unit
  - CQI Committee Chair of Agency
  - · Medical Director of each Operating Unit

### C. Right of Membership

QI Council members have an equal vote. All decisions and recommendations require a vote. The Committee can call upon resource persons when determined appropriate by committee members.

### D. Frequency of Meetings

QI Council meets quarterly. The Chairperson may change or call more frequent meetings if the need should arise. Members must attend at least 50% of meetings.



### E. Minutes

Minutes shall be taken for review/discussion at the Board of Directors meeting.

### IX. Agency & Joint Ventures

### A. Responsibilities

The Director and/or designee of the respective Joint Venture as defined by the QA/QI organizational structure shall be responsible for the following quality assessment and improvement activities:

- 1. Establish and maintain a QA/QI Program and educational plan in compliance with the Organizational QA/QI Plan and priorities established by the QI Council.
- 2. Monitor and evaluate monthly quality assessment and improvement indicators and reports.
- 3. Attend and participate in ad hoc QA/QI teams as required.
- 4. Maintain a confidential reporting process as defined by the QA/QI organizational structure.
- 5. Assist the Quality Assessment Department in coordinating appropriate Organizational quality assessment and improvement activities.
- 6. Utilize data obtained from the quality assessment and improvement process in a Performance Feedback System as appropriate.
- 7. Ensure approaches to resolve variances in performance in care and services (i.e., inter- or intra-disciplinary) are established, implemented and evaluated within a reasonable timeframe.
- 8. Recommend change in the Organization's policy and procedure as appropriate to facilitate quality improvement.
- 9. Evaluate outcome of corrective action in achieving quality improvement and report to QI Council.

### X. Organizational Quality Improvement Committees

### A. Responsibilities

The appropriate Administrator, Director or designee shall act as Chairperson of the CQI Committee as defined by the QA/QI Program Organization Structure. The Committees shall be responsible for the following quality assessment and improvement activities:

- 1. Review and approve Committee protocol annually. Revise as necessary to comply with the QA/QI Plan and QI Council annual priorities.
- 2. Maintain a confidential reporting process as defined by the QA/QI organizational structure.
- 3. Facilitate and participate in quality assessment and improvement education.
- 4. Monitor, assess, follow up, and report outcome of monitoring process to QI Council.
- 5. Submit minutes and other QA/QI reports to the appropriate Director for review and approval.
- 6. Assist the Quality Assessment Department in coordinating appropriate Organizational quality assessment and improvement activities.



- 7. Develop a monitoring process to be used in its quality assessment and improvement process.
- 8. Establish standards and/or benchmarks to measure expected performance in the monitoring process.
- 9. Create and submit a monthly QA/QI Report to appropriate Administrator or Director.
- 10. Recommend assignment of responsibility for development, implementation and evaluation of a corrective action plan to resolve variances and problems. Report to the appropriate Administrator or Director.

### B. Membership

The Organizational QA/QI Committees include but are not limited to the respective Director/Administer, the Quality Assessment Representative and EMS employees from each entity.

### C. Rights of Membership

CQI Committee members have an equal vote. All decisions and recommendations require a vote. The Committee can call upon resource persons when determined appropriate by Committee members.

### **D. Frequency of Meetings**

The CQI Committees shall meet at least monthly. The Chairperson may change or call more frequent meetings if the need should arise.

### E. Minutes

Minutes shall be taken for review/discussion at the Board of Directors meeting.

### XI. Risk Management

Risk Management activities are coordinated by the Corporate Manager of QA & Education. They include, but are not limited to the following:

- 1. Establish and maintain a risk management program and education program in compliance with the Organizational QA/QI Plan and annual priorities established by the QI Council.
- 2. Report and submit an annual Risk Management Report to the QI Council.
- 3. Maintain a confidential reporting process as defined by the QA/QI organizational structure.
- Assist the Quality Assessment Department in coordinating appropriate Organizational Quality Assessment and Improvement activities.
- 5. Review appropriate data, as requested, provided by payers and external agencies and recommend action plans in response to data as necessary (i.e., MCA PSRO).



- 6. Monitor, evaluate and submit to the appropriate departments monthly Risk Management quality assessment and including but not limited to the following:
  - a. Patient injuries;
  - b. Medication errors/adverse reaction;
  - c. Unanticipated mortality/morbidity;
  - d. Equipment; device failure impacting patient care;
  - e. Significant breaches in security;
  - f. Product recalls, including drugs;
  - g. Summaries of the status of patient litigation(s)
  - h. Bill coding audits
  - i. Proper application of Emergency Medical Dispatch (EMD)
- 7. Coordinate with Public Relations and Publication Coordinator patient compliant resolution and patient satisfaction.
- 8. Investigate adverse occurrences, determine root cause, establish and implement corrective action plan(s) to resolve variance(s) within realistic timeframes. Report outcomes to QI Council & Director.

### XII. Quality Assessment (QA) Department

- A. The QA Department shall be responsible for the following quality assessment and improvement activities:
  - 1. Assist in facilitating an Organizational-wide QI Education Program.
  - 2. Prepare and submit annual QA/QI Reports and other QA/QI data to the appropriate Chairperson, Executive Committee and QI Council.

### **B. Minutes**

Minutes shall be taken for review/discussion at the Board of Directors meeting.

### XIII. Annual Review

The Quality Assurance/Quality Improvement Plan shall be reviewed annually and revised as necessary to comply with Medical Control, Federal and State requirements for the Conditions of Participation and for compliance with CAAS Standards.

### XIV. Confidentiality

### A. Purpose

Meaningful accomplishment of quality assessment and improvement activities requires that those involved in the professional medical and non-medical review process be comfortable to evaluate care and services and those providing it, in an environment of complete confidentiality.

**B. Definition of Confidential Material** 



Records, minutes, data, and knowledge collected by and for individuals, or Committees assigned the function of professional peer review or quality assessment and improvement processes.

### C. Storage and Access Control

Confidential material will be stored in a secure area. The Committees shall appoint a person responsible for maintaining the QA/QI material making them available only to those who have a legitimate need to know.

All QA/QI committee meeting minutes and reports are to be maintained in a separate file.

Committee minutes and reports cannot be released unless written authorization is obtained by the chairperson of the QI Council or designee.

Individuals or Committees assigned functions in the quality assessment and improvement process are responsible for ensuring confidential rights in accordance with the provisions of the Michigan Public Health Code and other statutory or regulatory authority.

### D. Coding

Documents shall use code numbers instead of names.

#### E. Identification

All records and data collected for or by individuals or committees assigned a professional review function under this plan shall be identified by the following:

This is a confidential professional/peer review and quality assessment document of Community EMS and its affiliates. It is protected from disclosure pursuant to the provisions of MCL 333.21513, MCL 333.20175, MCL 333.21515, MCL 333.531 – MCL 331.533 and other state and federal laws. Unauthorized disclosure or duplication is absolutely prohibited







Caring for communities, patients, and staff members is a complex task and carries great responsibility.

Utilizing the latest technological innovations is one method for helping Community EMS and our partners achieve success.

eCore Application Suite

eCore is a leading provider of web based software applications, specifically geared toward public service organizations. Community EMS has taken advantage of their ePro suite applications.

### Benefits of ePro:

alten Aggillicasiten	Description	Benefits
ePro Scheduler	Provides for advances scheduling, payroll, and time & attendance tools	<ul> <li>Streamlines scheduling</li> <li>Sends alerts to management over scheduling gaps</li> <li>Cost-effective, reducing time &amp; expense within operations</li> </ul>
ePro Bioclacks	This is a real-time application that scans an employee's thumb as a means to clocking in for their shift	<ul> <li>Instantly alerts management of employees that arrive too early or late</li> <li>Verifies employee's identity via thumbprint verification</li> <li>Ensures employees maintain appropriate licenses and/ or certifications</li> </ul>
ePro Manager	Offers 24/7 incident reporting, fleet management & maintenance, continuing education, compliance, HR management, Field location management, integrated calendar, online document library, and integrated user interface	<ul> <li>Instant alert notifications to management of incidents</li> <li>24/7 web access for employees and management</li> <li>Tracking of CE's</li> <li>Document Management Database</li> </ul>

### **Zoll RescueNet Suite**

Community EMS has also partnered with Zoll in an effort to obtain the latest technology for ePCRs, dispatch services, and billing. Zoll is the leading provider of the world's only fire and EMS information management system. Zoll's RescueNet Suite improves the efficiency and effectiveness of our team.

EMS technology in communications and dispatching is a critical component in strategically placing vehicles in the most effective positions in a timely manner. Community EMS knows the importance of this need and as such has made significant investments to provide the

RescueNet"



latest technology to enhance the delivery of emergency medical services through call taking, dispatching, vehicle status designation, mapping, tracking, and reporting functionality.

All information from call intake to dispatch to crew documentation to billing is accomplished through Zoll's RescueNet suite. This seamless transition of information eliminates information transfer errors and expedites the billing process. Community EMS works with Zoll to create custom options to further enhance efficiencies both in the field and billing center.

Community EMS was among the first to integrate electronic EMS records and constantly continues to refresh our technology base. As a partner with Zoll, we use RescueNet Billing, RescueNet ePCR, and RescueNet Dispatch solutions for high performance EMS agencies.

### **ProQA Dispatch Software**

Community EMS utilizes ProQA Dispatch software in all of our communication centers. Through the use of this software tool, emergency dispatchers are prompted with key questions and guided through case entry. The results allow dispatchers to quickly determine the appropriate Determinant Code for each call as well as the appropriate response configuration by local guidelines. In addition, ProQA guides the call taker through post-dispatch and pre-arrival instructions. Through the use of Citrix, Community EMS can offer its customers the ability to remotely access reports via a secure portal. This allows for on-demand access to report data that can be converted to Excel or PDF formats.



### **AQUA Dispatch Quality Improvement Software**

Community EMS knows that once a call ends the process is not yet complete. Our dedication to excellence and safety for all patients and employees is paramount. To achieve excellence, a quality review is a key element to improve upon our services.



Community EMS has implemented AQUA to assist with the quality review process. AQUA Quality Improvement Software automates the dispatch case review process. AQUA also provides feedback targeting opportunities for improvement and to assist Community EMS with meeting and exceeding the National Academies of Emergency Dispatch established standards.



### RescueNet DispatchPro

Community EMS is in the process of implementing RescueNet's DispatchPro, which uses modeling based on a company's unique historical data to predict where the next transport is likely to occur. This allows the development of tailored system status plans & an efficient use of resources to ensure fast response times.



RescueNet™ DispatchPRO can help you not only create more accurate deployment plans in significantly less time, but it can also monitor and react to dynamic events in your business by routing vehicles intelligently as units get dispatched. This process is all presented in an easy-to-use and intuitive graphical style. It takes advantage of the latest advances in software development and Geographical Information Systems (GIS) to accomplish what is one of the most critical elements of your business.

### **How It Works Together**

Parastar Communications Center, B's subsidiary, has high-tech workstations that run our CAD (RescueNet Dispatch) and Geographic Information System (GIS). The GIS works in conjunction with the Automated Vehicle Locators (AVL) on all of our ambulances. The Communications Center is able to track each of our response vehicles assuring that our customers will get the closest and most appropriate ambulance in response to their 911 emergency or non-emergency transports.

Due to the high level functionality of the dispatch software, we are able to effortlessly add any unit to the tracking module. This allows the addition of any non-emergency medical unit or non-medical vehicle, such as a lab/courier.

Primary emergency vehicle dispatch is conducted via Mobile Data Computers contained in all vehicles with a simultaneous page being sent out to both crew members working on that vehicle. Crew members are also assigned individual portable radios to maintain constant contact with the Communications Center.

### **ACS Healthcare Solutions**

Community EMS 's dispatch and billing system is maintained and housed by ACS Healthcare Solutions in their Dearborn, Michigan Data Center. The ACS HCS Processing Center is BS15000 certified. In conjunction with ACS Healthcare Solutions, network control and help desk centers are located in Cheshire, CT, which currently processes 15,000 desktops and 25,000 users. The Michigan processing center provides development, maintenance, and support of business-critical applications across platforms ranging from large-scale enterprise systems to Internet servers.



Communication from dispatch to vehicles can be handled in a variety of redundant fashions. This redundancy allows for the ability to reach critical vehicles via several different methods simultaneously. Upon dispatch of a transportation request, a vehicle receives information to a Mobile Data Computer (including mapping and directional information) as well as individual crew pagers. If any delay is encountered, then contact may be established with the vehicle via 800 MHz, VHF/UHF, and simultaneously via 700 MHz First Net portable handheld carried by each crew member. All Radio communications are transmitted via localized transmitting equipment that utilize Radio over Internet Protocol.

Upon receipt of call information, vehicles can individually provide status back to the dispatch center. This is accomplished through the use of Mobile Data Computers which provide local traffic information, local weather, and directional information, as well as call data. Through the Mobile Data Computer, crews can update status as en-route to call, on scene, transporting, at destination, partially available (for clean-up and decontamination), and available.

Community EMS utilizes the System Status Management plan offered by RescueNet Dispatch. The SSP/SSM module allows Community EMS to customize where medical and nonmedical units should post based on the historically higher demand areas and for that post to change depending on the number of units available. This dynamic SSP gives Community EMS greater control over ever-changing demand.

All communications lines including phone and radio are recorded on a Dynamic Instruments Reliant Digital Recorder, which is immediately backed up to DVD media for future recall and playback. These recordings are also used as a QA/QI tool within the Parastar Communications Department.

Community EMS values each patient and crew member; that being said we cannot put faith in just any vehicle manufacturer offering the best deal. Community EMS is a strategic partner with Wheeled Coach. This partnership guarantees that we have the highest quality vehicles for our staff and patients. Our partnership affords Community EMS and our partners' enormous benefits such as, quick turnaround on vehicle orders as well as cost-effective and technologically advanced vehicles.

Wheeled Coach was founded in 1973, and is the only vehicle manufacturer that is ISO9001:2008 registered. They are able to keep current on their certification by applying best technology and manufacturing methods in their industry. This serves to guarantee that their products are above industry standard and continuously improving.



### **Benefits of Using Wheeled Coach Vehicles:**

Feature	Designation
SafePass Safety System	New industry exclusive, utilizing a specially designed door handle & emergency release tab for exit in case of a accident
Durastream Door System	Eliminating jamb extrusions
Duralite Cabinet System	Industry standard for quality and durability
Corner Cap Lighting	When visibility is limited this offers 360 degree lighting coverage protecting DOT marker lights and providing stress relief to minimize damage in the event of a serious accident
EnterSafe Top	The only 45 degree lighting system in the industry for Type II vehicles forcing additional light out in front and to the sides of the vehicle increasing visibility
Pure Air Filtration System (P.A.F.S.)	Only emergency vehicle manufacturer to exceed Federal KKK-A-1822E specifications utilizing a self-contained heating and cooling system that both cleanses and decontaminates air, reducing risk of infection from airborne pathogens

Community EMS would like to encourage the Township of Plymouth to visit the Wheeled Coach website to see the added value from our strategic partner.



### www.WheeledCoach.com

### **Avesta HR Software**

Community EMS believes that our people represent us; therefore, we hire those who share our commitment to excellence. Avesta HR software is a valuable tool our HR team utilizes to seek out the ideal candidates.

Avesta provides hybrid Applicant Tracking, Recruitment and Selection Software helping to automate the hiring process. Avesta's talent management software is intelligently designed to incorporate our hiring process into an online experience for candidates and our HR professionals.



Avesta provides Community EMS with everything required to locate, track, qualify and select talented candidates. Avesta is the ambulance industry leader in applicant tracking, recruitment, selection and behavior-based assessments.

Avesta's software has been designed by EMS professionals to improve upon our overall recruitment process. This system serves to dramatically reduce overall hiring costs.

Avesta provides a passionate Support Team to help Community EMS with both technical and process questions. We have a Client Support Manager and an I-O Psychologist at our disposal.



### **Preventative Maintenance Schedule**

Each vehicle operated by Community EMS is maintained in safe operating condition. Using the TMT Fleet Maintenance System software program, we are able to accurately monitor preventative maintenance schedules. All necessary vehicle maintenance is completed in our state-of- the-art facility in Southfield, a State licensed repair facility. Vehicles are inspected on a daily basis and have regularly scheduled preventative maintenance performed, based on unit mileage, to ensure the vehicles provide safe and reliable transportation in both emergency and non-emergency incidents.

These vehicles will comply with all applicable federal, state, county, and City licensing requirements.



### Community EMS - Preventative Maintenance Schedule

## Every 3,000 Miles (PM-Schedule A)

- Engine oil/filter change
- Chassis lube
- Inspect batteries
- Inspect belts and hoses
- Inspect exhaust system
- Inspect transmission cross member
- Visual Inspection of brakes/brake lines
- Visual inspection of suspension
- Inspect and rotate tires (check tire pressure)
- Inspect all lighting systems
- Check horn/siren/PA
- Inspect wiper blades, arms
- Check remaining fluid levels and fill
- Check vehicle computer for error codes
- · Check and refill urea
- Road test

### Every 15,000 Miles (PM-Schedule B)

- Complete PM Schedule A
- Replace fuel filter

## Every 30,000 Miles (PM-Schedule C)

- Complete PM Schedule A and B
- Transmission fluid/filter change
- Lube transmission linkage
- Turn brake rotors/drums
- Check charging system
- Check and lube all body hinges/locks
- Road test

### Every 60,000 miles (PM-Schedule D)

- Complete PM Schedule A, B and C
- Clean and flush radiator
- Drain and lube rear differential
- Road test



### **MARVLIS**

Community EMS is in the process of implementing "MARVLIS" a predictive status deployment plan to be in use with move ups, and predictive to 30 min. in the future, in real time, based upon history.

The MARVLIS system provides real-time analytical tools, intelligent routing and live graphical display of current and required resources based on a predictive model on the company's actual historical data. Vehicles are positioned where analytics determine the most probable need will occur. Additionally, silent dispatch capabilities receive full incident information including location, status and updates. The Impedance Monitor uses Automatic Vehicle Location (AVL) data from the vehicles to update the driving speeds on your streets so that hourly and daily changes in traffic patterns are accounted for in calculating vehicle response times and best routes.

### **Mobile Care Connect**

Community EMS offers Mobile Care Connect which provides a direct link for healthcare facilities to make secure transportation requests via the internet. The requestor can monitor the real-time call status from start to finish and share relevant PHI securely which minimizes communication errors. With Mobile Care Connect, facilities can make patient transport in seconds through direct integration with ZOLL computer-aided dispatch (CAD) solution. This service is offered at no cost to the requesting facility.



### **How It Works Together**

Parastar Communication Center, Community EMS's affiliate, has high-tech workstations that run our CAD (RescueNet Dispatch) and Geographic Information System (GIS). The GIS works in conjunction with the Automated Vehicle Locators (AVL) on all of our ambulances. The Communications Center is able to track each of our response vehicles assuring that our customers will get the closest, most appropriate ambulance in response to their 911 emergency or non-emergency transports.

Due to the high level functionality of the dispatch software, we are able to effortlessly add any unit to the tracking module, allowing for the addition of any non-emergency medical unit or non-medical vehicle such as a lab/courier.

Primary emergency vehicle dispatch is conducted via Mobile Data Computers contained in all vehicles with a simultaneous page being sent out to both crew members working on that vehicle. Crew members are also assigned individual portable radios with which to maintain constant contact with the Communications Center.



### **ACE Accreditation**

Parastar Communications Center, a subsidiary of Community EMS has been awarded the ACE Accreditation for Dispatch from the National Academies of Emergency Dispatch. To obtain ACE accreditation you must meet and/ or exceed twenty robust criteria designed to ensure safe appropriate care. Currently there are 121 Communication Centers throughout the world who have been awarded this accreditation, our center is one of them.



From the National Academies of Emergency Dispatch:

Accredited Centers share a common goal of improving public care and maximizing the efficiency of 911 systems. The National Academies of Emergency Dispatch, through its College of Fellows, has established a high standard of excellence for emergency dispatch, providing the tools to achieve this high standard at both the dispatcher level through Certification, and at the communication center level through the Accreditation Program.

Furthermore, we are one of 23 agencies worldwide that holds both ACE and CAAS accreditations.





### **CAAS**

Community EMS understands that most companies strive for excellence and to exceed industry standards. We believe there is a difference in striving for excellence and proving that your company actually delivers it.



Community EMS can proudly state that we have been recognized for our excellence and have been awarded the coveted CAAS accreditation. CAAS accreditation is not easily obtained and few EMS companies are bestowed this honor; out of 6,000 organizations nationally, only 152 of them hold this title.

### **About CAAS:**

The Commission on Accreditation of Ambulance Services (CAAS) was established to encourage and promote quality patient care in America's medical transportation system. CAAS is an independent Commission that established a comprehensive series of standards for the ambulance service industry.

CAAS accreditation signifies that your service has met the "gold standard" determined by the ambulance industry to be essential in a modern emergency medical services provider. These standards often exceed those established by state or local regulation. The CAAS standards are designed to increase operational efficiency and clinical quality, while decreasing risk and liability to the organization.

The process includes a comprehensive self- assessment and an independent external review of the EMS organization. This independent process provides verification to your Board of Directors, city council, medical community and others that quality care is provided to the community.





### **National Academy of Ambulance Coding**

Parastar's Billing Department also supports our standard of excellence. Each billing coder is certified by the National Academy of Ambulance Coding. Our staff are experts at billing, recovering, and maximizing revenues. This results in higher returns and patient satisfaction.



Community EMS will accept nothing less than professionalism, accountability, and excellence from our staff members. In turn, your patients are in professional, competent, and above all else safe hands.



# **Our Value to Your Community:** Compliance





## Our Value to your Community: Compliance

Community EMS possesses one of the leading Corporate Compliance programs for the industry. We have created and work within our Corporate Compliance plan which is set to a standard above the industry requirements. In addition, we work with and receive compliance audits from Werfel and Werfel, PLLC.

Werfel and Werfel, PLLC is one of the industry's top CMS law firms. Werfel and Werfel, PLLC represent Zoll Data Systems, the American Ambulance Association, and Community EMS to list a few. Their services and guidance is highly regarded as amongst the most trusted in the industry. They provide Community EMS and our partners with an additional layer of training, review and compliance proficiency. What does an effective compliance program look like? At Community EMS we believe that compliance programs need to include the following key elements:

A Compliance Officer: This person must be of high enough rank within the organization that a commitment to compliance can be seen. The Compliance Officer should receive training specific to compliance.

A Compliance Plan and Code of Conduct: Our Code of Conduct should encourage legal and ethical conduct and discuss our commitment to compliance.

**Compliance Reporting:** Ensure that employees and others have a mechanism for reporting potential compliance violations without fear of retaliation.

**Training:** Train everyone! And when you think you are done training, train some more. our employees and board members don't need to understand the intricacies of each law, but they do need to have a good understanding of how various laws apply to them and they need to be able to apply our internal policies. Offer training through employee newsletters, staff meetings, or other form of communication.

A Compliance Committee: The Committee should consist of key members of our organization. Meet frequently to ensure that compliance concerns are identified and addressed. Use this group to further communicate our commitment to ethical and legal behavior.

Monitoring and Auditing: Have internal staff monitor activities to ensure compliance with our policies. Have auditors review our claims and billing records.



### Our Value to your Community: Compliance

**Follow Through:** Investigate, track, and report potential violations and their outcomes. A list of potential violations and their outcome should be made available and reported to the Board of Directors.

**Enforcement:** Enforce our policies and procedures. Retrain staff as appropriate and use corrective actions for violations.

### **Tracking to Ensure Compliance**

Community EMS helps to make documentation a central component of our compliance plan. We believe that accurate documentation on the operation of the compliance plan and of patient records is crucial. Medical record information provides the justification necessary to support claims payment. The medical record may be used to validate the site of the service, the medical necessity and appropriateness of the diagnostic and/or therapeutic services provided, and that the services have been reported accurately.

In the anatomy of a health provider organization, compliance tools are much like a muscle. In order to work more effectively, you need to put those/them to use and dedicate resources in order to ensure an effective outcome.



# **Our Value to Your Community: Billing**





## Our Value to your Community: Billing

Parastar, Inc. of Southfield, Michigan was established in 1987, and is an affiliate of Community EMS. This relationship gives Parastar an edge in that we not only know EMS billing, but also know the EMS industry from a provider's point of view.

Parastar has earned our reputation in Fire/EMS billing by providing a state-of-the-art accounts receivable service, a standard of "Service Excellence", personal interaction with our clients and establishing an outstanding collection rate.

Our account representatives possess an average of 11 years of service within our organization and are driven by a commitment to continuous quality improvement while maintaining a competitive advantage through extensive continuing education. Each coder Parastar employs is certified by the National Academy of Ambulance Coding. Parastar offers our clients the following incentives:

- Wireless interfacing with electronic field data collection devices
- The ability to interface with NEMSIS Gold compliant billing and software systems
- Continuing education for Fire Department and EMS personnel
- Electronic claim submission
- Monthly revenue cycle review of Key Performance Indicators (KPI)
- Custom reporting
- Toll-free telephone number for patient inquiries
- Multi-lingual interpreters for Non-English speaking customers
- Compliant with HIPAA, federal, and state regulations
- Strong history and financial stability



# **Our Family**







Genesis/Community Ambulance (CAS): Founded in August of 1994, CAS is a joint venture partnership between Community EMS and Genesis HealthCare System, and is considered one of the premier EMS systems in the state of Ohio. CAS employs over 100 employees and is the only private EMS service for Muskingum County. Like CEMS, CAS is currently deploying the same technology to provide high quality EMS and logistics management in the form of Mobile Data Terminals (MDT's), handheld field data collection devices, and Zoll 12-lead EKG monitors. CAS and its employees are some of the finest in the industry and a true pleasure to have within our family.

Beaumont Mobile Medicine/Community EMS: Beaumont Mobile Medicine is part of Beaumont Health which was formed in 2014 by three (3) healthcare systems; Beaumont Health System, Botsford Hospital, and Oakwood Health who came together as Michigan's largest health care system. As part of the formation of Beaumont Health, each legacy health system combined their existing medical transportation companies (Community EMS, Healthlink Medical Transportation, and Beaumont Medical Transportation Services) to form Beaumont Mobile Medicine, a 501c3 corporation. For over 34 years these three legacy EMS companies have provided quality driven EMS services through innovation, technologies, and measuring best practice clinical and operational metrics. One of the legacy EMS companies (Community EMS) currently provides service in multiple markets throughout the Ohio area.

DMCare Express (DMCE): Formed in 2007, DMCare Express is a joint venture partnership between Community EMS and the Detroit Medical Center. DMCE is a world-class provider of medical transportation among DMC facilities as well as emergency response in the Detroit area. DMCare Express is also the premier provider of medical services to the Detroit Tigers, Detroit Red Wings and a host of other special events.













MedCare Ambulance: Serving the Columbus area since its founding in 2009, MedCare Ambulance is a partnership between Community EMS and MedFlight, a leading edge provider of critical care air and ground transportation. This venture supports Ohio Health, Ohio State Medical Center, and the surrounding communities. MedCare Ambulance is dispatched from its state-of-the-art communications center which utilizes the Zoll RescueNet dispatch software suite. This software allows our EMD trained dispatchers to easily assign the closest and most appropriate vehicle by utilizing our candidate ranking system. Our goal is to deliver the appropriate vehicle to your location as quickly as possible



Edward Ambulance Services (EAS): Formed in 2011, EAS is a joint venture partnership between Edward Hospital and Community EMS. EAS provides non-emergency medical transportation throughout the suburbs of Chicago. This joint venture, between hospital system and ambulance provider is the first of its kind in the Chicago area.



Loyola Medicine Transport (LMT): LMT is the newest joint venture partnership which was formed between Community EMS and Loyola Health Systems in 2015. Operating on the outskirts of Chicago, IL, LMT specializes in the timely delivery of emergent and non-emergent services. Each paramedic receives additional training beyond the scope of a traditional paramedic, allowing them to provide the highest level of care to their patients.



Parastar: Parastar is a global consultancy that delivers innovative management solutions and revenue-generating options for EMS, fire departments and health care systems, with a reach across 14 states and 4 countries thus far. Established in 1990, Parastar was developed as the only for-profit entity of Community EMS, specializing in EMS logistic management and outsourced management contracts. Our services range from EMS consultancies to billing and cost recovery to joint venture partnerships.







Life Support Training Institute (LSTI): In 1986, Life Support Training Institute was established to meet the growing need for well-trained emergency medical service professionals. In 1992, LSTI was named a Community Training Center for the American Heart Association. Today, LSTI offers classes for professionals *including* EMT training and certifications, AHA programs, community classes for adults and special programs just for kids. LSTI is approved through the Michigan Department of Community Health to conduct EMS initial education courses, EMS CE courses, and EMS Instructor Coordinator



CEMTECH: Founded in 2003, CEMTECH is a repair facility within the Community EMS main headquarters. CEMTECH began offering mechanical repairs at discount rates to employees within the system. Recently CEMTECH added four new hoists in an expansion into what was once the warehouse facility on the east side of our headquarters. Since its founding, CEMTECH has expanded into a total of three facilities: two in Michigan and one (CASTECH) in Ohio. All CEMTECH technicians are Automotive Service Excellence (ASE) Certified or state certified technicians. CEMTECH is currently doing the warranty work for Wheeled Coach.





# **Our Leadership Team**





### **Our Leadership Team**

## PAUL LACASSE, D.O., M.P.H. Executive Vice President, Post-Acute Division, Beaumont Health

Dr. Paul LaCasse serves as Executive VP for the Post-Acute Division of Beaumont Health which oversees medical transportation.

Dr. LaCasse first served as an Emergency Department physician. He was named medical director of Botsford Hospital in 1990. Dr. LaCasse is a graduate of the University of Michigan and the Michigan State University College of Osteopathic Medicine. He also earned a Master of Public Health, Health Services Management and Policy degree from the University Of Michigan School Of Public Health and was named a fellow in the American College of Osteopathic Emergency Physicians.

An active member of state and national physician executive associations and osteopathic physician associations. Dr. LaCasse served as chairman of the Board of Directors of the Michigan Health and Hospital Association from July 2002 through July 2003. He was the first osteopathic physician, non-CEO, elected to that position.



#### **GREG BEAUCHEMIN, MS EHS**

#### President & CEO, Community EMS

President and Chief Executive Officer of Community EMS/Parastar, Greg Beauchemin launched Community Emergency Medical Services (Community EMS) and Parastar, Inc. in the 1980s as a not-for-profit EMS organization and a subsidiary respectively, the latter providing EMS related support services including billing, management, and consulting. Under Mr. Beauchemin's leadership, Community EMS evolved, adopting new technologies and innovative management practices launching Parastar in 1987 as an EMS billing, consulting and management service, extending its medical transportation expertise to other health systems.

His unique vision for the future of EMS culminated in Parastar's signature not-for-profit Joint Venture model, supported primarily through EMS transports and also by multiple revenue streams from additional service lines like fleet maintenance facilities, EMS education and lab-courier services.

Mr. Beauchemin has more than 34 years of experience in emergency health services, disaster management and system design, which he has used to build an organization that has offices in five states, is active in all 48 contiguous states, and is renowned around the world for wireless technology use in EMS services and disaster management.

Mr. Beauchemin earned a Master's Degree in Emergency Health Services from the University of Maryland, Baltimore County and also holds a Bachelor of Science in Emergency Medical Service from Madonna University. Mr. Beauchemin has received numerous honors over the years on the many aspects of his lifetime of achievement in the EMS industry. Most recently, he was a keynote speaker on the role of technology in EMS at the 2009 International EMS Conference in Beijing, China. Email gbeauchemin@communityems.org





### **Our Leadership Team**

#### CATHY BARRETT, CPC, MSN, MSA, NP

#### **Executive VP of Business Administration**

Cathy is a Nurse Practitioner with over 30 years of clinical and health care management experience. Cathy has served as an executive with Community EMS and has successfully led "turn around" projects and has implemented key strategic solutions that have resulted in organization exceeding quality, financial and other performance goals. She has extensive experience with audits, compliance, coding, billing, quality, contracting and work flow evaluation and design. Cathy has developed and successfully implemented several quality based programs that have increased patient satisfaction, achieved quality measure compliance, decreased length of stay, reduced mortality and improved financial performance.

Cathy is an experienced health care consultant as well as a guest speaker at a national level. She holds degrees from U of M, MSU, CMU and Schoolcraft College.

Certifications include Family Nurse Practitioner, Medical Coding, LEAN, ALS and BLS.

Cathy received the Nurse Practitioner of the Year award from both the Michigan Council of Nurse Practitioners and The American Academy of Nurse Practitioners in 2003. Cathy is past President of Michigan Council of Nurse Practitioners and remains active as a reimbursement expert. Cathy continues to work clinically in the Emergency Department.



#### **NICHOLLE L. MEHR, MSA, BSRTT**

#### CEMS/Parastar Executive VP of Operation/COO

Nicholle graduated with an MS in Health Services Administration. She was Vice President of Operations at McLaren Oakland prior to joining Community EMS/Parastar. Nicholle provided excellent leadership, knowledge, and enthusiasm in her previous position at McLaren. Nicholle has exceptional management experience in clinical and non-clinical operations and is passionate about quality, process improvement, outcomes and patient, customer and employee satisfaction.

She is an experienced Vice President of Operations, with a demonstrated history of working in the hospital & health care industry. Her diverse leadership background includes experience with financial navigation, patient navigation, radiation therapy, billing, coding, community outreach, clinical trials, social work and patient support programs, clinical engineering, surgical programs, security and safety, communications, facilities management, project and construction management, imaging, wound programs, therapy services, outpatient services, cardiovascular services, occupational health, employee health, urgent care, sleep and pain services. She has business strength in professional skilled Healthcare Consulting, Operations Management, Physician Relations, Quality Management, and Medical Billing. She has experience with accreditation including Joint Commission and American Osteopathic Association.

Nicholle worked directly with McLaren Medical Management for physician recruitment strategy and execution. Nicholle was instrumental in the opening of the new Cardiology and Imaging Center in Waterford. Nicholle assisted in providing programs to the community and is approachable and helpful. During her time at the Farmington Hills campus, Nicholle and her team earned the prestigious American College of Surgeons Commission on Cancer Accreditation and received recognition with a commendation on their initial survey. Nicholle Mehr has a proven track record of successful program development, growth, quality improvement and exceptional employee and patient satisfaction.











# Medicare Master Rate List 2018 Contracted Facilities

		MediCare	Screen for
HCPCS		Customary	Medicare
Code	Description	Charge	Recipients
AO425	Mileage	\$13.50	\$7.37
	ALS 1 Non-		
AO426	Emergency	\$455.00	\$272.96
AO427	ALS 1 Emergency	\$600.00	\$432.19
AO428	BLS Non-Emergency	\$400.00	\$227.47
AO429	BLS Emergency	\$500.00	\$363.95
A0433	ALS 2	\$800.00	\$625.54
AO434	SCT	\$925.00	\$739.28
AO420	Wait & Return, Wait		
	Time Per 30 mins.	\$70.00	N/A
A0999	1.V Start/Blood Draw	\$125.00	N/A





AMBULANCE USER CHARGE	SCHEDULE
ALS Emergent	\$600
ALS 2	\$800
BLS Emergent	\$500
Treat & Release	\$525
ALS Non Emergent	\$455
BLS Non Emergent	\$400
Mileage	\$13



#### Community EMS - System Status Plan



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6	11.	44	50	62:	45	95		
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8	11	44	50	62	45	95	55	70

LEVEL				ALS Plan				
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5	185	02/39	08/37	38	30			
6	189	02/39	08/37	38	35	87		
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6	125)	02/39	08/37	38	36	87	50	44

	Posting L	prations	
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05	10 Mile & Novi Rd	45	Beaumont Royal Oak
08	Farmington Station	50	Sinai-Grace Hospital
1.1.	Beaumont Farmington Hills	62	Providence Park Hospital
30	10 Mile & Meadowbrook	63	12 Mile & Novi Rd
31.	Portiac Tri & Walled Lake	65	Huron Valley-Sinai Hospital
32.	Pontiac Tri & Beck	70	Detroit Medical Center
37	9 Mile & Farmington	87	B Mile & Inkster
38	5 Mile & Sheldon	89	Grand River & Farmington
39	Glangary & Benstein	95	Seaumont Troy
44	8 Mile & Greenfield	189	5 Duck Lake & Commerce

Potential plan for Plymouth RFP



### Potential Deployment Plymouth 1-Car:



### Potential Deployment Plymouth 2-Car:



### Potential Deployment All Locations:





ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MEWIDDITYYY) 1/16/2018

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

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

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#### CERTIFICATE OF LIABILITY INSURANCE

6/1/2018

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

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HO	ONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED OLDER.				
IMPORTANT: If the certificate holder is an ADDITIONAL INSUR	RED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. tions of the policy, certain policies may require an endorsement. A statement on				
PRODUCER	GONTACT Lori Gibson				
Hylant - Columbus					
565 Metro Place South, Ste 450	of Backs				
Dublin OH 43017	AppREss: lori.gibson@hylant.com				
	INSURER(S) AFFORDING COVERAGE NAIC #				
	INSURER A - American Alternative Insurance Corp 19720				
INSURED PARAMO D2	маилея в Continental Casualty Company 20443				
Parastar, Inc. 28050 Grand River Avenue	MSURER C:				
Farmington Hills MI 48336	MAURER D				
•	MAURER E.				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER: 101	10445684 REVISION NUMBER:				
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR C. CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN INTERPRETAIN TYPE OF IMBURANCE (1936) WAYD POLICY	YNUMBER MINIODYYYY) (MINIODYYYY) LIMITS				
A X COMMERCIAL GENERAL LIABILITY VFISTR206900402  CLAIMS.WACE X OCCUR	DAMAGE TO RENTED PREMISES (En occurrence) \$1,000,000				
	#O 17 C 4P (Any one person) F 10 Q45				
	PERSONAL & ADVINCIRY \$1,000,000				
GEN'L AGGREGATE UMIT APPLIES PER:	GENERAL AGGREGATE \$3,000,000				
POLICY PRO LÓC	PRZOLICTS COMPLET NOS \$2000,600				
OTHER A AUTOMOBILE LIABILITY VFISTR206900402	and the second s				
ANY AUTO					
OWNED SCHEDULED					
AUTOS ONLY AUTOS	BOOLY NATURY (Per accident) S PROPLESTY CAMPACE e				
X AUTOS ONLY X AUTOS ONLY	Chat Congress Constructs				
	5				
A X UMBRELLA LIAB X OCCUR VFISTR206900402	12/3/2017 12/3/2018 EACH OCCURRENCE \$9,000,010				
EXCESS LIAB CLARMS-MADE	AGGREGATE \$ 9,000,000				
DED RETENTIONS	\$				
A WORKERS COMPENSATION VFISTR205900402	12/3/2017 12/3/2018 PER OT - OHIO STOP GAP				
AND EMPLOYERS LIABILITY  ANY EMPLOYERS THE SERVE CUTIVE  Y/N	€ LEACH ACCIDENT \$3 009000				
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED N/A (MANSAtory in N/H)	E 1, DISEASE - EA EMPLOYEE \$ 1,000,000				
If yes, describe under DESCRIPTION OF OPERATIONS below					
B Professional Liability \$00537498	E.i. DISEASE - POLICY LIMIT   \$1,000,000 12/2/017 12/3/2018 Fact Claim 5,000,000				
D - Profe connected I statement 4	Aggregate \$000,000				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Rem Professional Liability Claims-Made Retro Date: 03-10-1999 Certificate holder is recognized as Additional Insured where required to	by written contract.				
CERTIFICATE HOLDER	CANCELLATION				
Federal Emergency Management Agency 500 C, Street, S.W., PP 5th Floor	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Office of the Chief Procurement Officer	AUTHORIZED REPRESENTATIVE				
Washington DC 20472	meeniget				

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ACORD 25 (2016/03)



<i>ACORD</i> °	

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (M2M/DD/YYYY) 1/16/2018

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subject to the			cies may r	equire an endorsement	. A statement on		
PRODUCER		CONTACT NAME Lori Gibson					
Hylant - Columbus	PHONE (A/C, No. Ext): 614-932-1	242	FAX	614-932-1299			
565 Metro Place South, Ste 450 Dublin OH 43017	E-MAIL ADDRESS: lort.gibson@	hylant com	I (AIC, NO):	014-902-1296			
		1		DING COVERAGE	NAIC#		
		INSURER A - American A			19720		
INSURED PARAM	a ge	INSURER S. Continental			20443		
Parastar, Inc.		INSURER C			77		
28050 Grand River Avenue Farmington Hills MI 48336		INSURER O			1		
( at miggori this lat 40000		DISURER E:					
		INSURER F:					
COVERAGES CERTIFICA	ATE NUMBER: 1848723221	BESONDAF.		REVISION NUMBER:	· · · · · · · · · · · · · · · · · · ·		
THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHS TANDING ANY REQUIRE CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	ISURANCE LISTED BELOW HA EMENT, TERM OR CONDITION IN, THE INSURANCE AFFORD IES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT OF ED BY THE POLICIES D BEEN REDUCED BY PAR	HE INSURE R OTHER D DESCRIBED	D NAMED ABOVE FOR TO COUMENT WITH RESPE HEREIN IS SUBJECT TO	OT TO WHICH THIS DIED ALL THE TERMS,		
LTR TYPEUP INSURANCE INSULY	NVD POLICY NUMBER	(NIMEDO/YYYY) (MI	MEDIDAYYYY	LIMIT	5		
A X COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR	VFISTR206900402	12/3/2017		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ex potunence) NA D CXP (Any one person)	\$1,000,000 \$1,000,000 \$10,000		
				PERSONAL & ADV NAUEY	\$1,000,000		
GENL AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE	\$ 2,000,000		
POLICY PRO LOC			-		\$ 2,000,000		
OTHER:			-	PRODUCTS COMPICE AGG	\$ 2,000,000		
A AUTONOBILELIABILITY  ANY AUTO	VFISTR20890040Ω	12/9/2017		COMBINED SINGLE LIMIT (Fa ancidant)	\$1,000,600		
OWNED SCHEDULED				BOOKLY INJURY (Per persor)	_		
AUTOS ONLY AUTOS				BOD'LY INJURY (Per accidence PROPERTY DAMAGE	\$		
X AUTOSONLY X NON-DAINED				(Per spoldent)	\$		
					5		
A X UMBRELLALIAB X OCCUR	VPISTR206900402	12/3/2017	12/3/2018	EACH OCCLIRRENCE	\$ 9 000 000		
EXCESS LIAB CLAIMS-MADE				ADGREGATE	\$ 9 000:000		
DED RETENTIONS	<u></u>			PER OT:6	\$		
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	VFISTR20690G400	12/3/2617	12/9/2618	PER OTTA STATUTE ER	OHIO STOP GAP		
A IMPROPRIETOR/PARTNER/EXECUTIVE N/A				E E LACH ACCIDENT	\$1,070,000		
(Mandatory in NH)				E L'OISEASE - EA EMPLOYEE	\$ 1 000 000		
If yes, describe under DESCRIPTION OF OPERATIONS below				EL DISEASE - POLICY LIPAT	\$ 1,000,000		
B Profestional Linbudy	596637498	12/3/2017 1		Fach Claim Aggregate	5,000,600 5,000,000		
DESCRIPTION OF OPERATIONS / LOGATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space as required) Professional Liability Claims-Made Retro Date: 03-10-1990 RE: MCACHE Networking Event; Place: 27555 Farmington Rd., Suite 390, Farmington Hills MI 48331, Date: April 20,2017. 27555 Farmington Road Office Bullding, LLC and Artig USA Management, LLC are additional insured as required by written contract with respect to General Liability coverage.							
CERTIFICATE HOLDER		CANCELLATION					
MCACHE 30200 Telegraph Rd., Suite 205	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E PROVISIONS.						
Bingham Farms MI 48025		MULL WIST					

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ACORD 25 (2016/03)



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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/16/2018

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

19	IPORTANT: If the certificate holder in SUBROGATION IS WAIVED, subject is certificate does not confer rights to	to th	e terms and conditions of th	e policy, cerlain po (ch endorsement(s)	licies may :	VAL INSURED provisions require an endorsement	s or be . A sta	endorsed. tement on
	DUCER			CONTACT NAME: Lori Gibson				
	ant - Columbus			PHONE (A/C, No. Ext): 614-932	-1243	(AJC, No):	614-932	-1299
Dut	5 Metro Place South, Ste 450 blin OH 43017			ADDRESS lori.gibsor	@hylant.cor	n		
<b>W</b>	MINI THE THE PERSON NAMED IN					RDING COVERAGE		NAIC#
				INSURER A : American				19720
INSU	RED	PARAN	an az	insurer a. Continen			i	20443
Parastar, Inc.		INSURER C.		TO THE PERSON AS A SECOND PORTION AS A SECOND	-			
	050 Grand River Avenue			MSURER D				
Hal	mington Hills MI 48336			INSURER E:			ì	
							1	
00	VERAGES CER	TIEIC	ATE NUMBER: 486032637	INSURER F:		REVISION NUMBER:		
Th IN CI EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REPATIFICATE MAY BE ISSUED OR MAY RECLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	OF II	NSURANCE LISTED BELOW HAY EMENT, TERM OR CONDITION WIN, THE INSURANCE AFFORD INSURANCE AFFORD SUBS SUBS SUBS	of any contract Ed by the policies Beenreduced by F	THE INSURE OR OTHER IS DESCRIBE	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC	ALL T	PHICH THIS
LTR	X GOIMERCIAL GENERAL LIABILITY	NSD	VFISTR205900402	12/3/2017	12/3/2016	EACH OCCURRENCE	\$ 1.000,0	on.
-	CLAIMS-WADE   OCCUR		<ul> <li>(का. १) निर्माण का सम्बन्धः तस्य १८</li> </ul>	The result of the second of th	***************************************	DAMAGE TO RENTED PREMISES (Es occumence)	\$1,000.0	
						MED EXP (Any one person)	\$ 10,000	
						PERSONAL & ADV INJURY	\$1,000-0	90
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$2,000,0	00
	POLICY JEC: LOC					PRODUCTS COMPIOP AGG	\$ 2,000,0	oc
	OTHER						ş	
A	AUTOMOBILE LIABILITY		VFISTR205900402	13/8/2017	12/3/2018	COMBINED SINGLE LIMIT (" a accident)	\$1,000,0	00
	ANY AUTO					BOOKLY INJURY (Aur person)	\$	
	OWNED SCHEDULED					BOC'LY INJURY (Per accident)	\$	
	X HIBLES ONLY X MON-OWNED					PROPERTY DAMAGE (Fer accident)	£	
	AUTOS ONLY C AUTOS ONLY					U.55. 99-450/112.	\$	Mar V.
A	X UMBRELIALIAS X OCCUR		VFISTR206900402	12/3/2017	12/3/2015	EACH COCURRENCE	\$9,000.0	00
	EXCESS LIAB CLASS MADE					ADGREGATE	\$9,000,0	an
	OFD RETENTIONS						s	
A	WORKERS COMPENSATION		VFISTR206900402	12/3/2017	12/3/2018	PUR CTH. STATUTE ER	OHO S	TOP GAP
	AND EMPLOYERS LIABILITY Y/N					E. LACH ACCIDENT	\$1,000.0	
	ANYPROPRIETORPARTMER/EXECUTIVE OFFICERAMEMBER EXCLUDED?	NIA				EL DISEASE - EA EMPLOYEE		
	(Mandatary in NH) If yes, describe under					EL DISEASE - POLICY LIMIT	\$1,000,0	
	DESCRIPTION OF OPERATIONS below	$\vdash$	506637408	12/3/2017	12/3/2018	Fach Class	5,000,0	
8	Protessional Linuxity		Section on white	1707011	1000010	Aggregate	5.000,0	ão
Pm	CRIPPION OF OPERATIONS / COCATIONS / VEHC Resistand Liability Claime-Made Retro D yne County Airport Authority and Count	ate: O	3-10-1999				eemeni.	
CE	RTIFICATE HOLDER		The state of the s	CANCELLATION			der a v	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  L.C. Smith Building - Mezzanie Level					ED BEFORE IVERED IN			
	Detroit Metropolitan Airpor Detroit MI 48242	t		AUTHORIZED REPRESED	SVITATIVE			

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ACORD 25 (2016/03)



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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MRACOVYYYY) 8/21/2018

\$1,000,000

THIS CERTIFICATE IS ISSUED AS A MATTER OF A CERTIFICATE OOES NOT AFFIRMATIVELY OF BELOW. THIS CERTIFICATE OF INSURANCE REPRESENTATIVE OR PRODUCER, AND THE COMPORTANT: If the certificate holder is an ADD IS SUBROGATION IS WAIVED, subject to the test this certificate does not confer rights to the cert	NEGATIVELY AMEND, DOES NOT CONSTITU ERTIFICATE HOLDER. ITIONAL INSURED, the ms and conditions of the	EXTEND OR ALTI TE A CONTRACT I policy(les) must have ne policy, certain po	ER THE CO BETWEEN T A ADDITION Dicies may	VERAGE AFFORDED BY 1 HE ISSUING INSURER(S), IAL INSURED provisions o	THE POLICIES AUTHORIZED  r be endorsed.
PRODUCER Hylant - Columbus 565 Metro Place South, Ste 450 Dublin OH 43017	monte insues at hea or 3	CONTACT NAME: Lori Gibson PHONE IRIC, No. Ext; 814-93; E-MAIL ADDRESS: Lori.gibso	n Z-1243 on@hylant.co	FAX (AIC, No): 51.4 III	-932-1299 NAIC#
		INSURER A : America:		The state of the s	19720
insures Seaumetor Community Ernergency Medical Services, Inc 25400 W. Eight Mile Road Southfield, Mil 48033		INSURER B: INSURER G: INSURER C: INSURER E: INSURER F:	A rigar		We work and designed and the that
THIS IS TO CERTIFY THAT THE POLICIES OF INSUF INDICATED. NOTWITHSTANDING ANY REQUIREMED CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES HIST ADD. STAR	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE	THE INSURE OR OTHER ( S DESCRIBE) PAID CLAIMS.	OCUMENT WITH RESPECT "	TO WHICH THIS
A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X GCCUR  GENL AGGREGATE LIMIT APPLIES PER POLICY PRO X LCC  GTMER.	VFISTR206843703	8022018	10/1/2018	FACH OCCURRENCE \$1 DAMAGE TO RENTED PREMIERS (Fe accurers) \$1 MED FXP (Any one person) \$1 PERSONAL 3 ADVINJURY \$1 GENERAL ASGREGATE \$3	000,000 0007/90 1,000 003,000 003,000
A AUTOMORILE LARRINY  X ANY AUTO  CHANGED AUTOS DINLY X HORIZON X AUTOS CINLY	VFISTR208883703	8/22/2018	10/12018	COMMENSED SHYSILE LIMIT (Fa standard) (Fa standard) SOCILLY INJURY (Per person) SOCILLY INJURY (Per socident) SOFO STY DANIMA: 5  For scrotenti. S	003,000
A UMBRELIALIAB X OCCUR X EXCESSIAB CLASSSMADE	VFISTR208883708	8/23/2018	10/1/2018	7777 1772 27 27 27	0,890 900 0,899 900

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is recognized as Additional Insured per attached vehicle schedule.

VFISTR266883768

VFISTR200883703

CERT	<b>IFICA</b>	TE HO	LDER

DEC X RETENTIONS O

ANY-ROPHIETOMPARTNENDX&CUTIVE OFFICERMEMSER EXCLUDED? (Mandatory in NR)

ves, describe under ESCRIPTION OF OPERATIONS below

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

Professional Healthcare Liability

CANCELLATION

8/22/2018

8722/2018

10/1/2018

10/5/2018

Ohio State Board of Emergency Medical Fire & Transportation Services; Ohio Department of Public Safety Division of Emergency Medical Services 1970 W Broad St Columbus OH 43223

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 SEDRESENTATIVE Melmilet

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STATUTE X STH

CIL DISEASE - FA EMPLOYEE S: 002 000

E.L. DISEASE - POLICY LIMIT : \$ 1,000,000

EL EACH ACCIDENT

ACORD 25 (2016/03)



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ACORD CERTIF	ICATE OF LIA	BILITY INS	URANC	E l'	8/21/2018
THIS CERTIFICATE IS ISSUED AS A MATTER CERTIFICATE DOES NOT AFFIRMATIVELY OF BELOW. THIS CERTIFICATE OF INSURANCE REPRESENTATIVE OR PRODUCER, AND THE C	r negatively amend, : does not constitut	EXTEND OR ALT	ER THE CO'	ERAGE AFFORDED BY	HOLDER. THIS THE POLICIES
IMPORTANT: If the certificate holder is an ADI If SUBROGATION IS WAIVED, subject to the te this certificate does not confer rights to the cer	OITIONAL INSURED, the parms and conditions of the	e policy, certain p ich endorsement <i>i</i> s	olicies may : ).	AL INSURED provisions e equire an endorsement.	or be endorsed. A statement on
PRODUCER		NAME: Lori Gibso	ត		
Hylant - Columbus 565 Metro Place South, Ste 450 Dublin OH 43017		PHONE (AIC, No. Ext): 614-93 E-MAIL ADDRESS: Lori giber		hanting.	4-932-1299
				DING COVERAGE	NAIGE
INCLUSIO BEALMED	7	INSURER 4: America	n Alternative	naurance Corp	19720
INSURED Community Emergency Medical Services, Inc.	a1	INSURER B:			
25400 W Eight Mile Road		INSURER C : INSURER D :			
Southfield, Mt 48033		INSURER E:			
		INSURER F :	W1 X		
COVERAGES CERTIFICAT			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSU INDICATED. NOTWITHISTANDING ANY REQUIREME CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES	RANCE LISTED BELOW HAY ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBE PAID CLAIMS.	OCCUMENT WITH RESPECT	TO WHICH THIS I
HASR TYPE OF INSURANCE HAS WAS		POLICY SEF (MM/DD/YYYY)	POLICY EXP (MRADDRYTYY)	LAATS	
A X COMMERCIAL GENERAL LIABILITY  CLAMAS-MADL X OCCUR	VF(STR20883703	6172/2018	10/1/2018	DAMAGE TELESCOTOR	1 000,000
CENTRALIDE 1 OCCUR					เฮกทด
					1.300,000
GENT AGGREGATE UNIT APPLIES PER				GENERAL AGGREGATE 5	3000,000
POLICY PEG 7 LCC				PRODUCTS COMPOPAGE S	3.000.000
OTHER.	VFISTR208889703	8/22/2018	10/1/2018	COMBINED SMGLE UMIT g	1 000,000
X ANY AUTO				BODILY (NUUR!! (Per person) . 9	
OWARD SCHEDULED ATTOS  X HIRE: X NON-OWARD				BODILY INJURY (Per accident) S	-
X AUTOS ONLY X NON-OWNED AUTOS CHLY				PROPERTY CAMAGE 5	
A UMBRELLALIAB X OCCUR	VFISTR208883703	8/23/2018	100,0018		20.000 000
X EXCESS LIAB CLAIMS-MADE					20,000,000
DED X RETENTIONS 0				\$	
A WORKERS COMPENSATION AND EMPLOYERS LIABILITY	VFISTR206883703	8/22/2018	10/1/2019	STATUTE X DITH	CHS*CPGAP
AND EMPLOYERS LINERALLY YIN ANYPROPRIETORYPARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDE J? N/A				E L EATH ADDITION S	4 (00),000
(Mandatory in 444)				EL DISEASS FA EMPLOYER S	1,009,000
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT 5	1 000 000
Professional Healthcare Liabs by	VFISTR206883703	8/22/2018	10/1/2018	Included in General Liability	
DESCRIPTION OF OPERATIONS / LOCATIONS / VIEHICLES (ACOR	D 101, Additional Remarks Schedu	le, may be attached if mor	a abace je tadnju	nd)	
<u> </u>					
7					
CERTIFICATE HOLDER		CANCELLATION	lı .		
CERTIFICATE HOLDER					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CARCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCESSONTIME ACCEPTANCE WITH THE POLICY PROVISIONS.					
3210 Lake Emma Rd Suite 3090	AUTHORIZED REPRESE	NTATIVE			

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ACORD 25 (2016/03)



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	and the same of th

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/21/2018

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

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PRODUCER

CONTROL Gibson

Roducer Hylant - Columbus 565 Metro Place South, Ste 450 Dublin OH 48017	CONTACT Lori Gibson PHONE (AIC, No. Ent): 614-932-1243 E-Mull AODRESS: Lori gibson@hylant.com	FAX AIC, Not 614-932-1299
	INSURER(S) AFFORDING COVERAGE	HAIC#
	INSURER A : American Alternative Insurance Corp	19720
ISURED BEAUMEDOI	INSURER B:	
Community Emergency Medical Services, Inc 26400 W. Eight Mile Road	INSURER C;	
Southfield, MI 48033	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 747016588

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. MOTWITHSTANDING 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 CLAMS.

ISR TYPE OF INSURANCE INSURANCE INSURANCE		ADDL SUBR INSD. WVD	POLICY NUMBER	POLICY EFF (MM/DDYYYY)	POLICY EXP (MM/DDPYYYY)	LIMITS	5
A decidence of the last	CHANGE CAL GENERAL LIABILITY  CLANS-MADL X OCCUR  GENT AGGREGATE LIMIT APPLIES PER POLICY SECT X LCC GTHER.		VFISTR208683703	8/2/2018	10/8/2018	MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 1.000,000 \$ 1.000,000 \$ 1.000,000 \$ 3.000,000 \$ 8.000,000
۸	AUTOROBULE LIMBILITY  X ANY AUTO OWNED AUTOS CRILY HRED AUTOS CRILY		VFISTR200889703	8/2/2015	h 14 ag	COMBINED SANSLE UMIT (Be accident) (Bo accident) (Bo DOILY INJURY (Par person)  BOOILY INJURY (Per accident)  PROPERTY LIAMAGE (Per accident)	\$ 1 009,000 \$ \$ \$ \$
	X EXCESS LIAB X OCCUR CLAMS MADE DED X RETENTIONS 0		VFISTR2C0883708	8/22/2013	10/1/2018	EACH OCCURRENCE. AGGREGATE	\$ 10,000 000 \$ 21,000 000 \$
and about the same and the same	WORKERS COMPENSATION AND EMPLOYER'S LABILITY ANYPROPRIET COMPARE MISMACKECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in (N)) I ges, describe enter	N/A	VF151R209889703	6/22/2016	1079/2016		
٨	Professional Healthcare Lubirty		VFISTR206883703	8/22/2018	10/1/2018	Inclusion is General Liability	

DESCRIPTION OF OPERATIONS I LOCATIONS I VEHICLES (ACORD 161, Additional Remarks Schodule, may be intached if more space is required)

RE: Botsford shuttle services to provide transportation for Botsford employees parking in the off-site locations, including parking located at Seth Temple, to and from the parking sites. Botsford main campus located at 28050 Grand River Ave, Farmington Hills, Michigan, 48336. Botsford, its subsidiaries, officers, trustees, directors, and employees shall be included as an additional insured for the general kability coverage per form VGL101. The Auto is under the definition of "Airto is an insured" for auto Liability per form CA0001. Rights of Subrogation against the certificate holder will be waived as required by written contract per the General Liability, Automobile Liability.

CERTIFICATE HOLDER	CANCELLATION
Botsford General Hospital	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
28050 Grand Rivers Ave. Farmington Hills MI 48338	AUTHORIZED REPRESENTATIVE  ALL MIJST

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ACORD 25 (2016/03)



ACORD"

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/OD/YYYY)

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 SETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policylies) must have ADDITIONAL INSURED provisions or he 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 Hylant - Columbus PHONE (AC, No, Ext): 614-932-1243 E-MAIL 2008Ess Lori gibson@hylant.com FAX (AIC, No): 614-932-1299 565 Metro Place South, Ste 450 Dublin OH 43017 INSURERIS! AFFORDING COVERAGE 19720 INSURER A: American Afternative Insurance Corp. INSURER B: Community Emergency Medical Services, Inc. 25400 W Eight Mile Road Southfield, MI 48033 INSURER C : INSURER D INSURER E: INSURER F; REVISION NUMBER: CERTIFICATE NUMBER: 2059908999 COVERAGES OVERAGES

CENTIFICATE NUMBER: 205900393

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELICOW 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. ADDL SUBR POLICY EFF POLICY EXP (MINIDOYYYY) (MINIDOYYYY) TYPE OF INSURANCE POLICY NUMBER X COMMERCIAL GENERAL LIABILITY VF15TR209983703 EACH OCCURRENCE DAMAGE TO RENTED PREMIRES (Fa occurre \$ 1 000,000 CLAIMS-MADE X OCCUR \$1,000,000 MED EXP (Any one person) PERSONAL & ADVINJURY \$1,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LINET APPLIES PER 5.3 0000000 PRO- X LCC PRODUCTS COMP/OP AGG \$3.009.000 CTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY VPISTR206883703 8/22/2013 10/1/2018 BOOKLY IMJURY (Per person) S **GTUA YMA** CWNED AUTOS CHLY HRED AUTOS CHLY BODILY INJURY (Per accident) S UMBRELLALIAB VELSTIC 208883703 8/22/2018 10/1/2016 EACH OCCURRENCE. X OCCUR \$ 10,000 000 AGGREGA! E \$ 20,000 000 CLAIMS-MADE DEC X RETENTIONS D CHS OP GAP STATUTE X OTH WORKERS COMPENSATION AND EMPLOYERS LIABILITY VFISTR209683703 8/22/2018 ANYTHORNIE TONIPARTNE MERCEUTIVE
OFFICERMENBER EXCLUDED?
(Mandatory in NH) EL EACH AUDIDENT ET DISEASE - EA EMPLOYEE \$1,000,000 I yes, describe under DESCRIPTION OF OPERATIONS below Included in General Liability VFISTR20688..703 #P22/2018 10002018 Professional Healthcare Liability DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Emergency Medical Services. City of Novi is added as additional insured with respect to General Liability coverage. Insurance is Primary and Non-Contributory and includes Waiver of Subrogation with respect to General Liability coverage. City of Novi will be given written notice of any changes to the Insured policy and/or policy cancellation

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

ACORD 25 (2016/03)

CERTIFICATE HOLDER

City of Novi City Clerk's Office 45175 Ten Mile Rd

Novi MI 48375-3024

The ACORD name and logo are registered marks of ACORD

CANCELLATION

AUTHORIZED REPRESENTATIVE
MULL (N.) (25



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ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (HM/DD/YYYY)

CERTIF	ICA IL OI LIA	DILIT I MO		· <del>-</del>	8/21/2018		
THIS CERTIFICATE IS ISSUED AS A MATTER CERTIFICATE DOES NOT AFFIRMATIVELY OF BELOW. THIS CERTIFICATE OF INSURANCE REPRESENTATIVE OR PRODUCER, AND THE C	R NEGATIVELY AMENO. DOES NOT CONSTITU	EXTEND OR ALTI	ER THE CO	VERAGE AFFORDED B	Y THE POLICIES		
IMPORTANT: If the certificate holder is an ADC If SUBROGATION IS WAIVED, subject to the te this certificate does not confer rights to the cert	NTIONAL INSURED, the press and conditions of the	ie policy, certain pi	olicies may :	IAL INSURED provision: require an endorsement	s or be endorsed. A statement on		
PRODUCER Hylant - Columbus 565 Metro Place South, Ste 450		CONTACT NAME Lori Gibson PHONE (AIC No Feet 614-93)	n 2-1243	FAX (A/C, Net)	314-932-1299		
Dublin OH 43017		E-MAIL ADDRESS Lori.gibso	n@hylant.co	III			
				TOING COVERAGE	HAICA		
		INSURER 4 : America	n Alternative	Іпаштапсе Согр	19720		
INSUMED BEAUMED BEAUMED BEAUMED Transportation Services, Inc.		INSURER B:					
950 West Maple Rd.		MSURER C:					
Suite C Troy MI 48084		INSURER D:			-		
1703 1111 1000 1		INSURER F			, unve		
COVERAGES CERTIFICATI	NUMBER: 611960552	I INGGINANT I		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSUI INDICATED. NOTWITHSTANDING ANY REQUIREME THE INDICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPEC	I TO WHICH THIS		
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A Professional Healthcare Labri ty	VFISTRQC6883703	8/22/2618	1071,2016	Indicated in General Liability			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Response Schedule, may be attached if more space is required) Emergency Medical Service Corp., American Medical Response Inc., EMCare Inc are recognized as Additional Insured(s) on the General Liability and Auto Liability where required by written contract or agreement							
ACOMICA TO HAVOOD		CARCELLATION					
Emergency Medical Service Corp American Medical Response, inc.; i	EMCare. Inc	CANCELLATION  SHOULD ANY OF THE EXPIRATION ACCORDANCE WI	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E LY PROVISIONS.	ancelled before de delivered in		
6200 S. Syracuse Way #200 Greenwood Village CO 80111	LINEGIC, MC	AUTHORIZED REPRESE	NTATIVE	<u> </u>	· · · · · · · · · · · · · · · · · · ·		

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ACORD 25 (2016/03)



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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MINIDOVYYY) 8/21/2018

CERTIF	ICATE OF EIA	DIEIT I INS	DIVALLO	· <u>-</u>	V21/2018		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.							
IMPORTANT: If the certificate holder is an ADD If SUBROGATION IS WAIVED, subject to the ter this certificate does not confer rights to the certi	ms and conditions of th	ie policy, certain p	olicies may :	NAL INSUREO provisions or I require an endorsement. A s	e endorsed. Statement on		
PRODUCER		CONTACT NAME: Lori Gibso	r.				
Hylant - Columbus		PHONE (A/C, No. Ext): 614-93	0.4040	FAX (AIC, No), 614-9	22 1200		
565 Metro Place South, Ste 450		(A/C, No, Ext): 014-90	2-1243	(AJC, Ne): 014-3	32-1238		
Dublin OH 43017		E-MAIL ADDRESS: Lori.gibs	o⊓@hylant.co	m	7		
		IN:	SURER(S) AFFOR	RDING COVERAGE	BAICA		
		INSURER A : America	n Alternative	insurance Corp	19720		
INSURED BEAUMED-01	l l	INSURER B:					
Community Emergency Medical Services, Inc.		INSURER C			1		
25400 W. Eight Mile Road		1			1		
Southfield, Mil 48033		INSURER D:					
		INSURER E:	v- = +00				
		INSURER F:			1		
COVERAGES CERTIFICATE	NUMBER: 722653667			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSUR- INDICATED. NOTWITHSTANDING ANY REQUIREMEN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES	nt, term or condition The insurance afford	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO	WHICH THIS		
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CERTIFICATE HOLDER		CANCELLATION					
GENTIFICATE ROLUEN		CHROLESHION					
Emergency Medical Service Corp		SHOULD ANY OF THE ABOVE DESCRISED POLICIES BE CARCELLED SEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
American Medical Response, Inc.; E	MCare, Inc.						
6200 S. Syracuse Way #200		AUTHORIZED REPRESE	NTATIVE				
Greenwood Village CO 80111		MURITURE COL					

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ACORD 25 (2016/03)



ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

CERTI	TOATE OF EIA	DILIT I INO			8/2	1/2018
THIS CERTIFICATE IS ISSUED AS A MATTER CERTIFICATE DOES NOT AFFIRMATIVELY O BELOW. THIS CERTIFICATE OF INSURANCE REPRESENTATIVE OR PRODUCER, AND THE	R NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTEND OR ALT	er the co	VERAGE AFFORDED B	3Y THE	POLICIES
IMPORTANT: If the certificate holder is an AD If SUBROGATION IS WAIVED, subject to the te this certificate does not confer rights to the cel	DITIONAL INSURED, the erms and conditions of the	he policy, certain p uch endorsementis	olicies may i	IAL INSURED provision require an endorsemen	s or be t. A sta	endorsed. tement on
PRODUCER		CONTACT Lori Gibso				
Hylant - Columbus		PHONE (ARC, No. Ext): 614-93		FAX VAIC NO.	614-932	-1299
565 Metro Place South, Ste 450 Dublin OH 43017		E-MAIL ADDRESS: Lori.gibse		811 21 21 21 21		
Dublin On 43017				DING COVERAGE		NAIC#
		INSURER A : America				19720
INSURED BEAUMED	01		n Alternative	madrance corp		13120
Community Emergency Medical Services, Inc.	• •	INSURER B :			-	
25400 W. Eight Mile Road		INSURER C:				
Southfield, Mil 48033		INSURER D.				-
		INSURER E :		MINORY - W	-+	
		INSURER F :			<u> </u>	
	E NUMBER: 818014762			REVISION NUMBER:	1 - 2011	av armon
THIS IS TO CERTIFY THAT THE POLICIES OF INSLINDICATED. NOTWITHISTANDING ANY REQUIREMING CERTIFICATE MAY BE ISSUED OR MAY PERTAIN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES	ENT, TERM OR CONDITION . THE INSURANCE AFFORD I: LIMITS SHOWN MAY HAVE	OF ANY CONTRACT DED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE	CT TO W	WHICH THIS
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(Mandatory in NH)				FIL DISEASE - FAIFMPLOYET		
If yes, describe under DESCRIPTION OF OPERATIONS below	1		Address of the Control of the Contro	EL CISEASE - POLICY LIMIT	S 1 000 0	00
A Professional Healthcare Liebs by	VFISTR206883703	8/22/2018	10/1/2018	Included in General Liability		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACOR	D 191, Additional Remarks Schedu	ile, may be attached if mor	e space le requir	ed)		
Certificate holder is Additional Insured as regards to	their interest in this client for	or General Liability ar	nd Auto Liabili	ty		
CERTIFICATE HOLDER		CANCELLATION				
Emergency Medical Service Corp	This con less	SHOULD ANY OF THE EXPIRATION ACCORDANCE WI	W DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL LY PROVISIONS.	ancelu Be Del	ed Before Ivered in
American Medical Response, Inc.; 6200 S. Syracuse Way #200	mare, mu	AUTHORIZED REPRESE	NTATIVE			
Greenwood Village CO 80111		14 21 mil 2t	CT 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1			

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ACORD 25 (2015/03)



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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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(les) must have ADDITIONAL INSURED provisions or be endorsed.

IF	SUBROGATION IS WAIVED, subject to the te	rms and conditions of th	e policy, certain pour	olicies may i	require an endorsement.	A statement on		
PRODUCER Hylant - Columbus 565 Metro Place South, Ste 450 Dublin OH 43017			CONTACT Lori Gibson NAME: Lori Gibson PHONE HONE LAC No. Bxt: 614-932-1243 LAC No. Bxt: cori gibson@hylant.com					
					OING COVERAGE	NAICS		
			INSURER A: American	Afternative	Insurance Corp	19720		
INSU			INSURER B :					
	aumont Medical Transportation Services, Inc 0 West Magle Rd.	i.	INSURER C:					
Sui	ite C		INSURER D:		MARK TO A STATE OF THE STATE OF			
Tro	oy MI 48084		INSURER E:	_				
			INSURER F:					
		NUMBER: 797329277			REVISION NUMBER:	66.404.867167		
CI EI	HIS IS TO CERTIFY THAT THE POLICIES OF INSU IDICATED. NOTWITHSTANDING ANY REQUIREME BETTEICATE MAY BE ISSUED OR MAY PERTAIN, KCLUSIONS AND CONDITIONS OF SUCH POLICIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIES BEEN REDUCED BY F	OR OTHER I DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPECT	TO WHICH THIS		
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	B jes describe under DESCRIPTION OF OPERATIONS below	9			E.L. DISEASE - POLICY LIMIT - \$1			
A	Professional Healthcare Liability	VEISTR206883703	8/22/2018	10/1/2018	Included in General	400		
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DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Federal Emergency Management Agency is recognized as Additional Insured on the Auto Liability and General Liability.								
CE	RTIFICATE HOLDER		CANCELLATION					
Federal Emergency Mangament Agency Office of the Chief of Procurement Office			SHOULD ANY OF THE EXPIRATION ACCORDANCE WIT	DATE THE	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE LY PROVISIONS.	CELLED BEFORE DELIVERED IN		
	500 C Street, SW, PP 5th Floor Washington DC 20472		Authorized representative ALL Myst					

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ACORD 25 (2016/03)



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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MARGETYYY)

CERTI	FICATE OF LIA	DIELL IMPL	JIMNU	· E	8/21/2018
THIS CERTIFICATE IS ISSUED AS A MATTER CERTIFICATE DOES NOT AFFIRMATIVELY O BEDOES THIS CERTIFICATE OF INSURANCI REPRESENTATIVE OR PRODUCER, AND THE	R NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTEND OR ALTE	R THE CO	VERAGE AFFORDED I	BY THE POLICE
IMPORTANT: If the certificate holder is an AD if SUBROGATION IS WAIVED, subject to the to this certificate does not confer rights to the cell	DITIONAL INSURED, the perms and conditions of the	ie policy, certain po	licies may i	IAL INSUREO provision require an endorsemen	ns or be endors it. A statement
requices Hylant - Columbus 565 Metro Place South, Ste 450		CONTACT NAME: Lorl Gibson PHONE (AIC, No, Ext): 614-932	-1243		614-932-1299
Dublin OH 43017		E-MAIL ADDRESS: Lori.gibso	n@hylant.co	m	
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Community Emergency Medical Services, Inc. 25400 W. Eight Mile Road		INSURER B: INSURER C:			-
25400 W. Eight Mile Road Southfield, MI 48033		INSURER D:			1
saudiliela, Mi 45000		INSURER E			i.
		INSURER F			1
	E NUMBER: 1650910803			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSUNDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIES BEEN REDUCED BY F	OR OTHER I DESCRIBE VAID CLAIMS.	OCUMENT WITH RESPE	CT TO WHICH T
SR TYPE OF INSURANCE HESD WAR	R:	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs .
CONMERCIAL GENERAL LIABILITY  CLAIMS-MADE COCUR				EACH OCCURRENCE DAMAGE TO RENTED PEFMSES (Fa pocureros)	\$
				MRD EXP (Any or e person)	\$.
A CONTRACTOR OF THE CONTRACTOR				PERSONAL & ADVINGURY	. \$
GEN'L AGGREGATE UNIT APPLIES PER POLICY SER LCC				GENERAL AGGREGATE	5
The same of the sa				PRODUCTS COMPIOP AGG	2
OTHER:	VFISTR205883708	8/22/2018	10/1/2018	COMBINED SINGLE UNIT ( 'a acr dent)	\$ 1 000,000
X ANY AUTO				BODILY INLERY ("ar person)	· \$
OWNED SCHEDULED AUTOS ONLY AUTOS NON-OWNED				GODILY INLIGRY (Per acorden)	S
X HIRED X NON-OWNED AUTOS ONLY				PROPERTY CARAGE Per acode vi	\$
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	s
EXCESS LIAB CLAIMS-MADE				ADGRECATE	s
DED RETENTIONS				PER DIH-	S
WORKERS COMPENSATION AND EMPLOYERS LIABILITY YIN				STATUTE ER	
ANYTROPRIE ORDANI NEWEXECUTIVE OFFICERIMEMBER EXCLUDED?				EL BACH ACCIDENT	. 5
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				FI D'SFASE - EA FMPLOYER	
DESCRIPTION OF OPERATIONS below		· · ·		E.L. DISEASE - POLICY LIMIT	, 3
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACOR Certificate holder is Additional Insured as respects the	D 101, Additional Remarks Schedu	is, may be attached if more	space is require	ed)	
etiments flordet to Mantionet marker as resharts in	THE THE PARTY OF THE PARTY OF	Control cleaning and	-caro establity		
ERTIFICATE HOLDER		CANCELLATION			
Federal Emergency Mangament A Office of the Chief of Procurement	gency Office		DATE THE	ESCRIBED POLICIES BE C FREOF, NOTICE WILL Y PROVISIONS,	
500 C Street, SW, PP 5th Floor		AUTHORIZED REPRESEN	TATIVE		

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ACORD 25 (2016/03)



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#### CERTIFICATE OF LIABILITY INSURANCE

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CERTIF	IOATE OF EIA	DILIT I IIIO	DIVANO	<u> </u>	8/2	21/2018
THIS CERTIFICATE IS ISSUED AS A MATTER CERTIFICATE DOES NOT AFFIRMATIVELY OF BELOW. THIS CERTIFICATE OF INSURANCE REPRESENTATIVE OR PRODUCER, AND THE C	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTEND OR ALT	er the co	VERAGE AFFORDED B	Y THE	POLICIES
IMPORTANT: If the certificate holder is an ADD If SUBROGATION IS WAIVED, subject to the ter this certificate does not confer rights to the cert	ITIONAL INSURED, the present and conditions of the	ie policy, certain p uch endorsement(s	olícies may : ).	VAL INSURED provision require an endorsement	s or be	endorsed. itement on
PRODUCER Hylant - Columbus 565 Metro Place South, Ste 450		CONTACT NAME: Lori Gibso PHONE IAIC No Ext. 614-93	n 2-1243	FAX (AIC, No):	614-932	2-1299
Dublin OH 43017		E-MAIL ADDRESS: Lori-gibso	on@hylant.co	m		
				RDING COVERAGE		NAIC#
INELINED BEAUMEDO		INSURER A: America	n Alternative	Insurance Corp		19720
	K	INSURER B:				
Community Emergency Medical Services, Inc. 25400 W. Eight Mile Road		INSURER C:				
Southfield, MI 48033		INSURER D	,	W-1		
		INSURER F :		amer, is as verse se	-	
COVERAGES CERTIFICATE	NUMBER: 927275802	I INSURER F :		REVISION NUMBER:	*	
THIS IS TO CERTIFY THAT THE POLICIES OF INSUF INDICATED. NOTWITHISTANDING ANY REQUIREMED EXPLISIONS AND CONDITIONS OF SUCH POLICIES EXCLUSIONS AND CONDITIONS OF SUCH POLICIES	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	THE INSURE OR OTHER I S DESCRIBEI PAID CLAIMS	D NAMED ABOVE FOR TO DOCUMENT WITH RESPEC	21 10 4	VHICH THIS
RESET TYPE OF INSURANCE HISD WAYD	POLICY NUMBER	POLICY EFF (NONDORYYYY)	POLICY EXP (MINDDIYYYY)	LIMIT	S	
A X COMMERCIAL GENERAL LIABILITY  CLAMS-MADE X OCCUR	VFISTR205863703	8/20/2018	10/1/2018	FACH OCCURRENCE DAMAGE TO RENTED PREMISE 3 (Fa occurrence)	\$ 1,000,0	
				MED EXP (Any one person)	\$ 10,000	
				PERSONAL & ADVINJURY	\$ 1,000/	90
GEN'L AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE	\$3,000%	90
POLICY PEOF X LCC				PRODUCTS COMPICE AGG	\$ 3 000.6 \$	90
A AUTOMOBILE LIABILITY	VFISTR208883709	8/22/2018	10/1/2018	COMBINED STUGLE LIMIT (Ea accident)	s 1 000,0	100
X AMY AUTO				BOCKLY INLAURY (Per person)	ş	
OWNED SCHEDULED AUTOS OBLY AUTOS NON-OWNED				PROPERTY DAMAGE	\$	
X AUTOS CILY X NON-ON-ED AUTOS CHLY				(Per acc dent)	\$	
A UMBRELLALIAB X OCCUR	VFISTR206883703	8/2/2/2/18	10/1/2018	LACH OCCURRENCE	\$ 10,000	200
X EXCESS LIAB CLAMS:WADE		1		ACTUPEGATE	\$ 20,000	nac
DEC X RETENTIONS ()				DEP ONL	S	
A WORKERS COMPENSATION AND EMPLOYERS LIABILITY Y/N	VFISTR206080700	8/22/2018	10/1/2018	STATUTE X ER		OPGAP
ANYPROPRIETORANT MENAZEGUTIVE OFFICERMEMBER EXCLUDED?				ET EACH ACCIDENT	\$1,000.0	
(Mandebury in HH) if yes, describe under DESCREPTION OF OPERATIONS below				EL DISEASE - PAIRMPLOYEE  EL DISEASE - POLICY LIMIT		
A Professional Healthcare Liability	VELSTROGRASSZOS	8/22/2016	10/1/2018	Included at General	3 1 0001	100
12 ) delite beliefe also a solution transport of.			-	Liebility		
OESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD Certificate holder is Additional Insured as respects the	101, Additional Remarks Schedu eir interest in this client for	is, may be attached if mor General Liability and	e space is requir Auto Liability	edi		
CERTIFICATE HOLDER		CANCELLATION				
Federal Emergency Mangament Ag Office of the Chief of Procurement C		SHOULD ANY OF THE EXPIRATION ACCORDANCE WI	TH THE POLIC	ESCRIBED POLICIES BE C EREOF, NOTICE WILL E Y PROVISIONS.	ANCELL BE DEL	ed Before IVERED IN
500 C Street, SW, PP 5th Floor Washington DC 20472		AUTHORIZED REPRESE	NTATIVE			

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ACORD 25 (2016/03)



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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/CD/YYYY) 8/21/2018

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Hy 56:	oucer ant - Columbus 5 Metro Place South, Ste 450 blin OH 43017			NAME: Lori Gibson PHONE (AIC, No. Ext): 614-93; E-MAIL ADDRESS: Lori.gibso	2-1243	40.00	314-932-1299
				INS	URERIS; AFFOR	RDING COVERAGE	HAIC#
				INSURER A : American	n Afternative	Insurance Corp	19720
95) Su	RED RESULT NECESTAIN RESULTS NECESTAIN RESULTS NECESTAIN REPORT NECESTAIN RESULTS NE	Ces, Inc		Insurer B: Insurer C: Insurer D: Insurer E:			
				INSURER F :		mercana a susan en	
	VERAGES CERTING  HIS IS TO CERTIFY THAT THE POLICIES OF		NUMBER: 1373448577	C REEN IRRIED TO		REVISION NUMBER:	E BOLLOV BERIOD
IN C	DICATED. NOTWITHSTANDING ANY REC- ERTIFICATE MAY BE ISSUED OR MAY PE (CLUSIONS AND CONDITIONS OF SUCH PO	UIREMEN ERTAIN, T DLICKES	T, TERM OR CONDITION :	OF ANY CONTRACT ED BY THE POLICIES BEEN REDUCED BY I	OR OTHER I S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPEC	T TO WHICH THIS
MSR	TYPE OF INSURANCE IN	DOL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LHAITS	š
A	X COMMERCIAL GENERAL LIABILITY  CLAMS-MADE X OCCUR		VFISTR208683703	8/22/2018	10/1/2018	DAMAGE TO RENTED PREMISES (Fa occurrence)	\$ 1 000,000 \$ 1 000/100
							\$ 18/000 \$ 1.000/000
	GEVOL AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$300000
	POLICY JECT X LCC					No. of the Contract of the Con	\$ 3 000 000 \$
A	AUTOMOBILE LIABILITY	-	VFISTR208883703	8/22/2018	10/1/2018	COMBINED STAGLE LIMIT (Fa accident)	s 1 000,000
	X ANY AUTO					BODILY INJURY (Her person)	S
	OWNED SCHEDULED AUTOS ONLY WON.OWNED						\$
	X HIRE TO AUTOS ONLY X AUTOS ONLY					PROPERTY DAMAGE Per receienti	\$
		1					3
A	UMBRELALIAE X OCCUR		VFISTR2C6683703	8/22/2018	10/1/2018		\$ 10,000 000
	X EXCESS LIAB CLAIMS MADE	-					\$ 20,600 POD \$
A	WORKERS COMPENSATION	1	VFISTR205883763	8/22/2016	10/1/2016	PER X OTH-	OH STOP GAP
	AND EMPLOYERS LIABILITY  ANYS ROPRIET OR PART REPORTED THE	16					\$ 1 000,000
	OFFICERMEMBER EXCLUDED? (Mandatory in NH)	1A				EL DISEASE - EA FMPLOYET	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					EL DISEASE - POLICY LIMIT	5 1 000 000
A	Professional Healthcare Liability		VFISTR206883703	8/22/2018	10/1/2018	inglyded in General Liability	
						w.mucony	
and a	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	. (40000	COA Asteliklarus Bernander Onton delle	n may be attached Warren	and the second	: : : : : : : : : : : : : : : : : : :	
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				CANONI LATINI		· <del>-</del>	
CE	RTIFICATE HOLDER			CANCELLATION			
	14				DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.	
	Information Purposes Only			AUTHORIZED REFRESEI MULTWYLT	TATIVE		

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ACORD 25 (2016/03)



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#### CERTIFICATE OF LIABILITY INSURANCE

8/21/2018

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RODUCER

NAME: Lori Gibson

Hylant - Columbus 565 Metro Piace South, Ste 450 Dublin OH 43017			PHONE (AIC, No. Ent): 614-932-1243 (AIC, No. Ent): 614-932-1299 (AIC, No.				
			l .		IDING COVERAGE	NAIC #	
			INSURER A : America	n Alternative	Insurance Corp	19720	
INSURED	66AUMEDO		INSURER B:				
	nont Medical Transportation Services, Inc lest Maple Rd.	<b>)</b> .	INSURER C:				
Suite C			INSURER D:				
Troy M	1 48084		INSURER E :				
			INSURER F :		7		
COVER	RAGES CERTIFICATE	NUMBER: 1885753554			REVISION NUMBER:		
INDICA CERTI EXCLL	IS TO CERTIFY THAT THE POLICIES OF INSUR ATED. NOTWITHSTANDING ANY REQUIREME FIGATE MAY BE ISSUED OR MAY PERTAIN, USIONS AND CONDITIONS OF SUCH POLICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE SEEN REDUCED BY	OR OTHER I S DESCRIBE PAID CLAIMS.	OCCUMENT WITH RESPECT TO	WHICH THIS	
LTR	TYPE OF INSURANCE ADDL SUBR		POLICY EFF (MM/DDYYYYY)	POLICY EXP (MM/DD/YYYY)	UMITS		
Charles	COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE S		
	CLAIMS-MADE OCCUR				PREMISES (To occurrence) \$		
					MPD EXP (Any one person) \$	1	
					PERSONAL & ADVINURY S		
GER	N'L AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE S		
	POLICY PRO LCC				PRODUCTS COMPIOP AGG S		
	OTHER.				S	1	
A AU	TOMOBILE LIMBILITY	VFISTR206883703	8/22/2018	10/1/2018	COMMINED STAGLE LIMIT \$ 1 000.	,000	
X	ANY AUTO				BODILY INJURY (For person)   \$		
	OWNED SCHEDULED AUTOS CMLY AUTOS				BODILY INJURY (Per accident) S		
X	AUTOS CMLY AUTOS X NON-OWHED AUTOS CMLY				PROPERTY DAMAGE: 5  Per ecodoris		
	No co care				S		
	UMBRELLA LIAB OCCUR				EACHOCOURPENCE IS		
	EXCESS LIAB CLAIMS-MADE				AGGPEGATE S	1	
	DED RETENTIONS				3	1	
WOF	IKERS COMPENSATION	the state of the s			PER OTH- STATUTE ER		
ANY	PROPRIETORPANTINERALECUTIVE				ET EACH ACHIENT S		
OFF:	(CERMEMBER EXCLUDIO)				FI DISFASE-FAERPLOYE S	1	
if yes	c, describe under CRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT   \$	1	
						-	
DESCRIPT	ION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD	101, Additional Remarks Schedul	e, may be attached if mor	e space is require	d		
	•					- 1	
						I	
CORTIE	CATE HOLDER	<del></del>	CANCELLATION				
GUNIA	TON TE NOEDEN		CANCELLATION				
	Information Propagate Only			DATE THE	escribed policies be cancell Reof, notice will be obl Y Provisions.		
	Information Purposes Only		MULTINGET REPRESE	NTATIVE			

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ACORD 25 (2016/03)



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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MINICOVYYYY)

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RODUCER CONTACT (not Gibson

Hy 56:	ant - Columbus 5 Metro Place South, Ste 450 blin OH 43017		PHONE LON GIBSON PHONE LAIC, NO, EMD: 614-93. E-MAIL ADDRESS: LON GIBSON	2-1243	FAX (AiC, No) 514-90	2-1299
					OING COVERAGE	NAIC 8
			avsurer A : America:	n Atternative	Іпангалсе Согр	19720
Co 254 So	RED REALIMEDON TIMENTH TO BEALIMED ON TIMENTH TO BEALIMED ON THE BEALIMED ON T		ensurer e ; Ensurer C ; Ensurer C ;			
			INSURER E :			
	VERAGES CERTIFICATE	NUMBER: 1235420194	INSURER F:		REVISION NUMBER:	l
TI IN CI E:	IS IS TO CERTIFY THAT THE POLICIES OF INSURA DICATED. NOTWITHSTANDING ANY REQUIREMEN' RTIFICATE MAY BE ISSUED OR MAY PERTAIN, TI COLUSIONS AND CONDITIONS OF SUCH POLICIES LI	ANCE LISTED BELOW HAV T, TERM OR CONDITION HE INSURANCE AFFORDS	OF ANY CONTRACT ED BY THE POLICIES BEEN REDUCED BY I	THE INSURE OR OTHER O S DESCRIBED PAID CLAIMS.	D NAMED ABOVE FOR THE POL DOCUMENT WITH RESPECT TO	WHICH THIS
MSR	TYPE OF INSURANCE ADDL SUBR	POLICY NUMBER	POLICY EFF (MMDDN/YYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	CLANAS-MADE X OCCUR	VFISTR268885763	8/22/2018	10/1/2015	EACH OCCURRENCE \$1,000  DAMASE TO RENTED  PER Fallet (Fall occurrence) \$1,000  NED EXP (Any one person) \$10,00  PERSONAL & ADV BUURY \$1,000	000 0
	GEY/L AGGREGATE UNIT APPLIES PER POLICY PEG X LCC				GENERAL AGGREGATE \$3,000 PRODUCTS CONSTOP AGG \$3,000	The same of the sa
	OTHER.				3	
A	X ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS V HIRTO V NONLOWHED	VPISTR306883703	9/22/2018	10/1/2018	COMBINED SINGLE UMIT \$ 1 000 PB act rient) BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE: \$	,000 
	AUTOS ONLY AUTOS CNLY				Peracriters 5	
A	UMBRELLALIAE X OCCUR	VFISTR2Cd883703	8/22/2018	10/1/2018	SACHOCOURRENCE \$10.00	3 000
	X ENCESSIAE CLAMSMADE				ACHEREGATE \$20,00	7.900
A		VFISTR265883703	6/22/2018	10/1/2018	OCD DIE	990
A		VFISTR306883703	8/22/2018	10/1/2018	Included in General Unbility	
CE/ 663	CESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CEMS Daylon 6635 Centerville Busiess Centerville, OH 45459					
CE	RTIFICATE HOLDER		CANCELLATION			
	Information Purposes Only		THE EXPIRATION ACCORDANCE WIT	DATE THE	ESCRIBED POLICIES BE CANCEL REOF, NOTICE WILL BE DE Y PROVISIONS.	
	resolutioners arboars exist		Mill might	ITATIVE		

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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

CERTII	ION I CIN	DICITI IIIO	DIVANO		8/21/2018
THIS CERTIFICATE IS ISSUED AS A MATTER CERTIFICATE DOES NOT AFFIRMATIVELY OF BELOW. THIS CERTIFICATE OF INSURANCE REPRESENTATIVE OR PRODUCER, AND THE C	NEGATIVELY AMEND, DOES NOT CONSTITU	EXTEND OR ALT	er the co	verage afforded by	THE POLICIES
IMPORTANT: If the certificate holder is an ADI If SUBROGATION IS WAIVED, subject to the te this certificate does not confer rights to the cert	NTIONAL INSURED, the i	ie policy, certain po	olicies may :	IAL INSURED provisions require an endorsement.	or be endorsed A statement or
Produces Hylant - Columbus	III TOOLO MORALE MARIE M	CONTACT NAME: Lori Gibso PHONE (AIC, No. Ext): 814-93:	п	FAX Not for	14-932-1299
565 Metro Place South, Ste 450 Dublin OH 43017		E-MAIL ADDRESS: Lori gibso	on@hylant.co	m	
				IDING COVERAGE	NAIC#
		INSURER A : America	n Alternative	Insurance Corp	19720
INSURED BEAUMEDO Community Emergency Medical Services, Inc.	П	INSURER B :			
25400 W Eight Mile Road		INSURER C ;			ŀ
Southfield, MI 48033		INSURER D:			
		INSURER F			
COVERAGES CERTIFICATI	E NUMBER: 327838560			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSU INDICATED. NOTWITHSTANDING ANY REQUIREME CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCUSIONS AND CONDITIONS OF SUCH POLICIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	T TO WHICH THIS
MER TYPE OF INSURANCE MAD WAYD	POLICY NUMBER	POLICY EFF (MM/DD/YY/Y)	POLICY EXP (MINIDDIYYYY)	LIMITS	
A X COMMERCIAL GENERAL LIABILITY  CLAMS-MAIX X OCCUR	VFISTR208863703	8/22/2018	10/1/20:8	DAMAGE TO RENTED	\$ 1 000,000 \$ 1 000,600
					\$ 10,000
				PERSONAL & 40V INJURY	S 1 009/100
GEN'L AGOREGATE LIMIT APPLIES PER				a construction of the	\$ 3 000,000
POLICY PRO X LCC OTHER.					5 3 303,080 S
AUTOMOBILE LIABILITY	VFISTR209883703	8/22/2018	10/1/2018	(Falaccident)	\$ * 000,000
X ANY AUTO	[				5
AUTOS OFILY AUTOS					\$ \$
X AUTOS CHLY X MON-CHARGED				Per accidenti	\$
A UMRRELLALIAB X OCCUR	VFISTR208883703	8/22/2P18	10/1/2018	EACH OCCUPRENCY.	\$10,000,000
X EXCESSILAS CLAIMS MADE				AGGREGATE	\$ 20,000 000
DEG X RETENTIONS 0	VFISTR205683703	8/22/2016	15/1/2018	PER Y OTH-	\$
AND EMPLOYERS' LIMBILITY	The same of the sa	Annahaman and a state	100 CARON 140	STATUTE X ER	OH STOP GAP 5 1 000,000
ANYPROPRIETOPPAR (NER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				EL DISEASE FA EMPLOYET	ALC THE PROPERTY OF THE PROPER
If yes, describe under OESCRIFTON OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	S 1 000,000
A Protescional Healthcare Lists by	VFISTR208883703	8/22/2018	10/1/2018	Included in General Lieb.ity	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORT	) 101, Additional Remarks Schodu	ile, may be attached if mor	a abaos ទេ ប៉ុន្តែកប្រ	ea)	
CERTIFICATE HOLDER		CANCELLATION			<del>,</del>
Information Purposes Only		SHOULD ANY OF THE EXPIRATION ACCORDANCE WI	N DATE THI TH THE POLIC	ESCRIBED POLICIÉS BE CA EREOF, NOTICE WILL B Y PROVISIONS.	
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ACORD 25 (2016/03)



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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (HIM/DOMYYY)

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Hydrant - Columbus 565 Metro Place South, Ste 450 Dublin OH 43617		NAME: Lort Gibson PHONE (AIC, No, Ext): 614-932 E-MAIL ADDRESS: Lort gibso	-1243	PAX (AIC, Noj. 614-93	2-1299
				RDING COVERAGE	NAIC#
		INSURER A: American	Alternative	Insurance Corp	19720
INSURED BEAUMED-C	1	INSURER B:			
Community Emergency Medical Services, Inc.		INSURER C:			
25400 W. Eight Mile Road Southfield, MI 48033		INSURER O:			
Squatileid, MI 49000					
		INSURER E :			
		INSURER F:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSUI INDICATED. NOTWITHSTANDING ANY REQUIREME CERTIFICATE MAY BE ISSUED OR MAY PERTAIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIES	THE INSURE OR OTHER I	DOCUMENT WITH RESPECT TO Y D HEREIN IS SUBJECT TO ALL T	WHICH THIS
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.  ADDL SUBR.			POLICY EXP (MINIDOLYTYY)		
LTR TYPE OF INSURANCE MSD WYD	FOLICY NUMBER			LIBITS	
A X COMMERCIAL GENERAL LIABILITY	VFISTR206883703	8/22/2015	10/1/2018	FACH OCCUPRENCE \$ 1 000: DAMAGE TO RENTED	000
CLAIMS-MADE X OCCUR				PREMISES (Fa conumerca) \$ 1 0001	ej0
				MED EXP (Any one person) \$10,000	
				PERSONAL & ADVIRGIURY S 1 0000	200
GBITL AGGREGATE LAWIT APPLIES PER				GENERAL AGGREGATE \$ 3 700)	100
POLICY PEG X LCC				PRODUCTS COMPIOP AGG \$ 5 0000	
				. 5	
A AUTOMOBILE LIABILITY	VF(STR208883703	9/22/2018	10/1/2018	COMBINED SINGLE LIMIT \$ 1 000.0	100
X ANY AUTO	V210711200000100	WILLIAM I O	10.132010	@a accident)  BODILY INJURY (Her person) S	
OVANED SCHEDULED					
AUTOS COLY AUTOS					
X AUTOS ONLY X NON-OWNED AUTOS ONLY				(Per acc dent)	
				5	
A UMBRELLALIAB X OCCUR	VFISTR208883703	8/2/2013	10/1/2018	EACH OCCUPRENCE \$10,000	000
X EXCESSILIAB CLAIMS-MADE				ACCRECATE SP0,000	лов
DED X RETICNTIONS 9				\$	
A WORKERS COMPENSATION	VFIGTR209883763	0/22/2016	10/1/2018	STATUTE X DITH OHS:	CP GAP
AND EMPLOYERS LIABILITY ANYPROPRIES OR PARTNER EXECUTIVE				EL EACH ACCIDENT \$10000	
OFFICER/MEMBER EXCLUDED?				FIL DISEASE - EA EMPLOYEE \$1.000/	man and a second
(Manifeliory in NM) If yes, describe under OESCRIPTION OF OPERATIONS below					
	VPISTROOMAS703	8/22/2018	10/1/2018	E.L. DISEASE - POLICY LIMIT   \$1,000.0 Included in General	200
A Professional Healthcase Liabit by	VP151 R200883703	8/22/2016	10752016	Unionity	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					
CERTIFICATE HOLDER	<del></del>	CANCELLATION			
Information Purposes Onli-		SHOULD ANY OF TO THE EXPIRATION ACCORDANCE WIT	DATE THE H THE POLIC	ESCRIBED POLICIES BE CANCELL REOF, NOTICE WILL BE DEL Y PROVISIONS.	
mornaum Purposes Off;		MULTINIZED REPRESEN	TATIVE		

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ACORD 25 (2016/03)



7	CORD"	CERTIFICATE OF P	ROPERTY INSURAN	ICE	0ATE (MM/DD/YYYY) 8/21/2018
0	ERTIFICATE DOES NOT AFFI ELOW. THIS CERTIFICATE (	AS A MATTER OF INFORMATION RMATIVELY OR NEGATIVELY AM OF INSURANCE DOES NOT CONS ER, AND THE CERTIFICATE HOLDS	END, EXTEND OR ALTER THE C TITUTE A CONTRACT BETWEEN	OVERAGE AFFORDED B	Y THE POLICIES
150	DUCER		CONTACT Lori Gibson		
56	iant - Columbus 5 Metro Piace South, Ste 450 Islin OH 43017		PHONE (ALC, No. EM); 614-932-1243 E-9841. ADDRESS: Lorf.gibson@hylan PRODUCER CUSTOMER ID: BEAUMED-01		314-932-1299
				ORDING COVERAGE	NAIC #
	RED Firmunity Emergency Medical	Services Inc	INSURER A: Américan Alternativ	va Insurance Corp	19720
25	100 W. Eight Mile Road		INSURER 8:		
So	uthfield, Mt 48033		DISURER C:		
			INSURER D:		
			INSURER E:		-
	VERAGES	CERTIFICATE NUMBER: 156403	INSURER F :	REVISION NUMBER:	
ac	ATION OF PREMISES / DESCRIPTION OF	PROPERTY (Altach ACORD 101, Additional Rem	arks Schedule, if more space is required)		
TO SU	S IS TO CERTIFY THAT THE PO RICO INDICATED, NOTWITHST, WHICH THIS CERTIFICATE MA BJECT TO ALL THE TERMS, EX	OLICIES OF INSURANCE LISTED BE ANDING ANY REQUIREMENT, TERM IY BE ISSUED OR MAY PERTAIN, TH ICLUSIONS AND CONDITIONS OF S	I OR CONDITION OF ANY CONTRA BE INSURANCE AFFORDED BY THI UCH POLICIES. LIMITS SHOWN M	CT OR OTHER DOCUMEN E POLICIES DESCRIBED H AY HAVE BEEN REDUCED	FOR THE POLIC T WITH RESPEC EREIN IS BY PAID CLAIMS
SR TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE POLICY EXPIRATION DATE (MM/DD/YYYY) DATE (MM/DD/YYYY)	OVERED PROPERTY	LIMITS
A .	X PROPERTY	VP1STR206889709	8/22/2018 10/1/2018	12	
			6/22/2010 10/1/2010	X BUILDING	s 6 971,897
	CAUSES OF LOSS DEDUCTIBLES		5222015		\$ 6 971,897 \$
	BASIC BUILDING	de despréss	0222010	PERSONAL PROPERTY	4
	the same and the same of the s		0222010	PERSONAL PROPERTY  X BUSINESS INCOME  EXTRA EXPENSE	\$
	BASIC   BUILDING   1,000	_	0.222010	PERSONAL PROPERTY  X BUSINESS INCOME EXTRA EXPENSE SENTAL VALUE	S ALG
	BASIC   BUILDING   1,000   BEOAD   COMPLETS   X   SPECIAL   1,000   LARTHOUAKE   5% of Loss		6222010	PERSONAL PROPERTY  X BUSINESS INCOME  EXTRA EXPENSE  SENTAL VALUE  BLANKET BUILDING	s als
	BASIC BUILDING  BROAD COMMENS  X SPECIAL LOO  LARTHOUAKE 5% OF LOSE  WAND		0.22.2010	PERSONAL PROPERTY  X BUSINESS INCOME  EXTRA EXPENSE  SCHI'AL VALUE  GLARKET BUILDING  X BLACKET PERS PROP	\$ \$ ALG \$ \$ \$ \$ \$ \$ \$
	BASIC   BUILDING   1,000   BEOAD   COMPLETS   X   SPECIAL   1,000   LARTHOUAKE   5% of Loss		0.22.2010	PERSONAL PROPERTY  X BUSINESS INCOME  EXTRA EXPENSE  SCHI'AL VALUE  GLARKET BUILDING  X BLACKET PERS PROP	s A.G s
	BASIC BUILDING  BROAD COMMENS  X SPECIAL LOO  LARTHOUAKE 5% OF LOSE  WAND		0.22.2010	PERSONAL PROPERTY  X BUSINESS INCOME EXTRA EXPENSE  STATAL VALUT  BLANKET BUILDING  X BUANKET PERS PROP  SUANKET BUDG & PP	\$ \$ ALG \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	BASIC BUILDING  BROAD COM EAS  X SPECIAL LOOD  EARTHDUAKE 5% of Loss  WIND  FLOOD 1,000	TAKE OF DOUGY	0.22.2010	PERSONAL PROPERTY  X BUSINESS INCOME EXTRA EXPENSE REVITAL VALUE GLANKET BUILDING  X BLANKET BURDEN SLANKET BLOG & PP	\$ \$ ALG \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	BASIC EJILDING  BROAD COMPLETS  X SPECIAL 1,000  EARTHQUAKE 5% of Loss  WIND  FLODO 1,000  X INLAND MARINE	TYPE OF POLICY Black Pan Roupingent	0.22.2010	PERSONAL PROPERTY  X BUSINESS INCOME EXTRA EXPENSE STRITAL VALUE BLANKET BUILDING X BLANKET PERS PROP SLANKET GLDG & PP	\$ 5 ALG \$ \$ \$ \$ \$ \$ 5.524,480
	BASIC EUILDING  BROAD CORNELS  X SPECIAL LOOD  EARTHQUAKE 5% of LOSE  WIND  FLOOD 1,000  X INLAND MARINE  CAUSES OF LOSE	Binks Port Equipment	0.2210	PERSONAL PROPERTY  X BUSINESS INCOME EXTRA EXPENSE STRITAL VALUE BLANKET BUILDING X BLANKET PERS PROP SLANKET GLDG & PP	\$ \$ ALG \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	BASIC EJILDING  BROAD COMPLETS  X SPECIAL 1,000  EARTHQUAKE 5% of Loss  WIND  FLODO 1,000  X INLAND MARINE	Bloke Port Figurerent POLICY NUMBER	8/22/2018 10/1/2016	PERSONAL PROPERTY  X BUSINESS INCOME  EXTRA EXPENSE  STRITAL VALUE  BLANKET BUILDING  X BLANKET PERS PROP  SLANKET GLDG & PP  X GRO  X Deductibe	\$ 5 ALG \$ \$ \$ \$ 1 624,480 \$ 5 \$ \$ 1 000
A	BASIC EUILDING  BROAD CORNELS  X SPECIAL LOOD  EARTHQUAKE 5% of LOSE  WIND  FLOOD 1,000  X INLAND MARINE  CAUSES OF LOSE	Binks Port Equipment		PERSONAL PROPERTY  X BUSINESS INCOME  EXTRA EXPENSE  RENTAL VALUE  BLANKET BUILDING  X BLANKET PERS PROP  SLANKET GLDG & PP  X GRC  X Deductible	\$ 5 ALG \$ \$ \$ \$ \$ \$ 1 \$24,480 \$ \$ \$ \$ \$ \$ 9 7 000
A	BASIC EUILDING LOOD BROAD COMMENTS  X SPECIAL 1,000 LARTHICUARE 5% OF LOSE WARD FLOCO 1,000  X INLAND MARRINE CAUSES OF LOSS NAMED PERILS  CRIME	Bloke Port Figurerent POLICY NUMBER		PERSONAL PROPERTY  X BUSINESS INCOME  EXTRA EXPENSE  SENTAL VALUE  BLANKET BUILDING  X BUANKET PERS PROP  BLANKET GLDG & PP  X GRO  X Deductible	\$ s.ALG \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	BASIC EUILDING LOOD BROAD COMPLETS  X SPECIAL 1,000 LARTHICUARE 5% OF LOSE WRD FLOCO 1,000  X INLAND MARRINE CAUSES OF LOSS NAMED PERILS	Bloke Port Figurerent POLICY NUMBER		PERSONAL PROPERTY  X BUSINESS INCOME  EXTRA EXPENSE  STINTAL VALUE  BLANKET BUILDING  X BUANKET PERS PROP  BLANKET GLDG & PP  X GRO  X Deductible	\$ 5 ALG \$ \$ \$ \$ \$ \$ 1 624,480 \$ \$ \$ \$ \$ \$ 000
	BASIC EUILDING LOOD BROAD COMMENTS  X SPECIAL 1,000 LARTHICUARE 5% of Loss WIND FLOCO 1,000  X INLAND MARRINE CAUSES OF LOSS NAMED PERILS  CRIME TYPE OF POLICY  BOXLER & MACHINERY/	Bloke Port Figurerent POLICY NUMBER		PERSONAL PROPERTY  X BUSINESS INCOME EXTRA EXPENSE STINTAL VALUE BLANKET BULDING  X BLANKET PERS PROF SLANKET GLDG & PP  X GRG  X Deductible	\$ s ALG \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	BASIC EJILDING  BROAD COMPANS  X SPECIAL 1,000  LARTHDUAKE 5% of Loss  WIND  FLOOD 1,000  X INLAND MARINE  CAUSES OF LOSS  NAMED PERILS  CRIME  TYPE OF POLICY	Bloke Port Figurerent POLICY NUMBER		PERSONAL PROPERTY X BUSINESS INCOME EXTRA EXPENSE STITAL VALUE BLANKET BUILDING X BLANKET PERS PROP SLANKET GLOG & PP  X GRO X Deductible	\$ 5 ALG \$ \$ \$ \$ \$ \$ 5 624,480 \$ \$ \$ \$ 7 000 \$ \$ \$ \$
A	BASIC EUILDING LOOD BROAD COMMENTS  X SPECIAL 1,000 LARTHICUARE 5% of Loss WIND FLOCO 1,000  X INLAND MARRINE CAUSES OF LOSS NAMED PERILS  CRIME TYPE OF POLICY  BOXLER & MACHINERY/	Bloke Port Figurerent POLICY NUMBER		PERSONAL PROPERTY  X BUSINESS INCOME  EXTRA EXPENSE  STRITAL VALUE  BLANKET BUILDING  X BLANKET PERS PROP  SLANKET GLDG & PP  X GRO  X Deductive	\$ 5 ALG \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
A	BASIC EUILDING LOOD BROAD COMMENTS  X SPECIAL 1,000 LARTHICUARE 5% of Loss WIND FLOCO 1,000  X INLAND MARRINE CAUSES OF LOSS NAMED PERILS  CRIME TYPE OF POLICY  BOXLER & MACHINERY/	Bloke Port Figurerent POLICY NUMBER		PERSONAL PROPERTY  X BUSINESS INCOME  EXTRA EXPENSE  STRITAL VALUE  BLANKET BUILDING  X BLANKET PERS PROP  SLANKET GLDG & PP  X SRO  X Deductibe	\$ 5 ALG \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	BASIC EUILDING  BROAD COM EVES  X SPECIAL 1,000  EARTHICUARE 5% of Loss  VERD  FLOCO 1,000  X INLAND MARRINE  CAUSES OF LOSS  NAMED PERILS  CRIME  TYPE OF POLICY  BOILER'S MACHINERY/ EQUIPMENT BREAKDOWN	Bloke Port Figurerent POLICY NUMBER	8/22/2018 10/1/2016	PERSONAL PROPERTY  X BUSINESS INCOME  EXTRA EXPENSE  STRITAL VALUE  BLANKET BUILDING  X BLANKET PERS PROP  SLANKET GLDG & PP  X SRO  X Deductibe	\$ 5 AUS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	BASIC EUILDING  BROAD COM EVES  X SPECIAL 1,000  EARTHICUARE 5% of Loss  VERD  FLOCO 1,000  X INLAND MARRINE  CAUSES OF LOSS  NAMED PERILS  CRIME  TYPE OF POLICY  BOILER'S MACHINERY/ EQUIPMENT BREAKDOWN	Bloke Port Fig.upment POLICY NUNSER MPISTR209883709	8/22/2018 10/1/2016	PERSONAL PROPERTY  X BUSINESS INCOME  EXTRA EXPENSE  STRITAL VALUE  BLANKET BUILDING  X BLANKET PERS PROP  SLANKET GLDG & PP  X SRO  X Deductibe	\$ 5 AUS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	BASIC EUILDING  BROAD COM EVES  X SPECIAL 1,000  EARTHICUARE 5% of Loss  VERD  FLOCO 1,000  X INLAND MARRINE  CAUSES OF LOSS  NAMED PERILS  CRIME  TYPE OF POLICY  BOILER'S MACHINERY/ EQUIPMENT BREAKDOWN	Bloke Port Fig.upment POLICY NUNSER MPISTR209883709	8/22/2018 10/1/2016	PERSONAL PROPERTY  X BUSINESS INCOME  EXTRA EXPENSE  STRITAL VALUE  BLANKET BUILDING  X BLANKET PERS PROP  SLANKET GLDG & PP  X SRO  X Deductibe	\$ 5 AUS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	BASIC EUILDING  BROAD COM EVES  X SPECIAL 1,000  EARTHICUARE 5% of Loss  VERD  FLOCO 1,000  X INLAND MARRINE  CAUSES OF LOSS  NAMED PERILS  CRIME  TYPE OF POLICY  BOILER'S MACHINERY/ EQUIPMENT BREAKDOWN	Bloke Port Fig.upment POLICY NUNSER MPISTR209883709	8/22/2018 10/1/2016	PERSONAL PROPERTY  X BUSINESS INCOME  EXTRA EXPENSE  STRITAL VALUE  BLANKET BUILDING  X BLANKET PERS PROP  SLANKET GLDG & PP  X SRO  X Deductibe	\$ 5 AUS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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AUTHORIZED REPRESENTATIVE



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PRODUCER
Hylant - Columbus

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/21/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND. EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES 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(les) must have ADDITIONAL INSURED provisions or be endorsed. 

565 Metro Place South, Ste 450 Dublin OH 43017		IAIC, No, Ext): 614-93: E-MAIL ADDRESS: Lori.gibed	2-1243 on@hylant.co	(Alc, Ne): 614-9	32-1299
				RDING COVERAGE	NAIC#
		INSURER A: America			19720
INSURED BEAUMEDO	ri	INSURER B:			
Community Ernergency Medical Services, Inc. 25400 W. Eight Mile Road		INSURER G			
Southfield, MI 48033		INSURER G:			
Codditional tell 40000		INSURER E			†-
		INSURER F :	· ·	this is a security	1
COVERAGES CERTIFICAT	E NUMBER: 1187931903	I INSURENT:		REVISION NUMBER:	3
THIS IS TO CERTIFY THAT THE POLICIES OF INSU MODICATED. NOTWITHSTANDING ANY REQUIREMEN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES	RANCE LISTED BELOW HA INT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT DED BY THE POLICIES	OR OTHER I	ED NAMED ABOVE FOR THE PO DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS
INSR ADDL SUBS		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	
A X COMMERCIAL GENERAL LIABILITY	VFISTR208683703	(MIMDD/YYYY) 8/22/2016	#0/1/2018	EACH OCCURRENCE \$ 1.00	0.000
CLAINS-MADE X OCCUR			100 100 10	DAMAGE TO RENTED PREMISE (Fa occurrate) \$1.00	
				MED EXP (Any one pason) S 10 0	
				PERSONAL & ADVINGURY SIDE	
GELL AGGREGATE LIMIT APPLIES PER				GENERAL ASGREGATE \$ 300	C
POLICY PRO X LOC				PPCDUCTS COMPAND AGG \$3000	
OTHER.				S	200
A AUTOMOBILELIABILITY	VFISTR206883703	8/22/2018	10/1/2018	COMBINED SINGLE LIMIT \$ 1 000	0,000
X ANY AUTO	1			(Ea acrident) BOOLY INJURY (Per person) \$	
GWAED SCHEDULED				BODILY INJURY (Per accident) S	
X HIRED X AUTOS NON-OWNED				PROPERTY DAMAGE =	
AUTOS ONLY AUTOS ONLY				(Per accident) 5	
A UMBRELLALIAB X OCCUR	VELSTR2088R3708	8/22/2018	10/1/2018		
X EXCESS LIAB CLAMS MADE		0222010	10010	EACH OCCURRENCE 510,00	
Antonional				AGGREGATE SCO.OC	0.003
A WORKERS COMPENSATION	VFISTR205683703	8/22/2018	10/1/2016	2 -HTC v SER	
AND EMPLOYERS LIABILITY  ANYPROPRIE FOR PAR IN EMEXAGOUTING  Y N	***************************************	WAR-2010	10/10/20-0	A CONTRACTOR OF THE PROPERTY O	CPGAP
OFFICERMEMBER EXCLUDED?	allerated			EL FACHLACCIDENT S1 000	100
(Mandatory in NR)  If yes, describe under DESCRIPTION OF OPERATIONS below				FI DISEASE-EAFMPLOYET \$100	1
DESCRIPTION OF OPERATIONS below  Professional Healthcare Liability	VFISTR206880708	8/22/2018	10/1/2018	E.L. CISEASE - POLICY LIMIT   \$ 1 000	000
Lindenstrant substituting Country	VP13/11200003/03	@.2,22,00 T-6	HAT MOST 1D	Included in General Liability	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORT	161, Additional Remarks Schools	le, gray be attached if more	spage is movin	nd)	
					ļ
CERTIFICATE VOLDER		CANCELLATION			
CERTIFICATE HOLDER		CANCELLATION			
Logisticare Solutions, LLC 26877 Northwestern			DATE THE	esgribed policies be cangel kreof, notice will be de y provisions.	
Southfield MI 48033		AUTHORIZED REPRESEN	TATIVE		
AAMIIIA III TAAA		mulemilet			)
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ACORD 25 (2016/03)



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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/Y/YY) 8/21/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES 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(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Lori Gibson Hylant - Columbus 565 Metro Place South, Ste 450 PHONE (AIC, No, Ext): 614-932-1243 E-MAIL ADDRESS: Lori gibson@hylant.com FAX (AIC, No): 614-932-1299 Dublin OH 43017 INSURERIS! AFFORDING COVERAGE NAIC# INSURER A: American Alternative Insurance Corp. 19720 BEALIMED-01 INSURER B: Community Emergency Medical Services, Inc. 25400 W. Eight Mile Road Southfield, MI 48033 INSURER C: INSURER D: INSURER E: INSURER F : CERTIFICATE NUMBER: 1723165950 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 MEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REQUICED BY PAID CLAIMS.

BY TYPE OF INSURANCE HODGE SURITY POLICY NUMBER POLICY FOR THE POLICY F POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAMSHMADE MED SXP /Any one presons PERSONAL & ADVIPLIERY GENT AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE POLICY TEE LOC PRODUCTS COMPIOP AGG COMBINED 8 MGLE UMIT AUTOMOBILE LIABILITY VELSTR208883703 2020018 10/1/2018 \$ 1 000,000 ANY AUTO BODICY INAIRY (Per person) OMNED AUTOS CHLY HERED AUTOS CHLY SCHEDULED. BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) UMBRELLA LIAS OCCUR EACH OCCURPENCE EXCESS LIAB ADGREGUATE: RETENTIONS DEO RETENTIONS
WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANYS ROPHIL TORNIANT NEWEXECUTIVE
OFFICERMEMBER EXCLUDIS:39
[Randalory in Niii] STATUTE . ET EACH ACCIDENT EL DICEASE, FA ENRI OVER S E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be entached if more space is required) CERTIFICATE HOLDER CANCELLATION

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Should any of the above described policies be cancelled before The expiration date thereof, notice will be delivered by accordance with the policy provisions.

ACORD 25 (2016/03)

Logisticare Solutions, LLC 26877 Northwestern Southfield Mt 48033

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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MC//DD/YYYY)

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 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(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME Lori Gibson PRODUCER Hylant - Columbus 565 Metro Place South, Ste 450 PHONE (AC, No, Ent): 614-932-1243 E-MAL ADDRESS: Lori gibson@hylant.com (A/C, No): 614-932-1299 Dublin OH 43017 INSURER(S) AFFORDING COVERAGE INSURER A: American Alternative Insurance Corp. 19720 BEAUMEDION INSURER B: Community Emergency Medical Services, Inc 25400 W. Eight Mile Road Southfield, MI 48033 INSURER C INSURER D: INSURER E : INSURER F : COVERAGES CERTIFICATE NUMBER: 1043623919 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED SELOW HAVE SEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONCITION 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 SEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISE'S (FA OCCURE CLAMS-MAUL MED EXP (Any one person) PERSONAL & ADVINCERY GERT AGGREGATE UNIT APPLIES PER GENERAL AGGREGATE POLICY PRO-PRYNDUCTS - COVEYOR AGG OTHER. AUTOMOBILE LIABILITY VPISTR 206883703 8/22/2018 10/1/2018 \$1,000,000 X ANY AUTO OWNED AUTOS ONLY HIRCS AUTOS ONLY SCHEDULED BODILY INJURY (Per achiena) S UMBRELLA LIAG EACH OCCUPRENCE. EXCESS LIAM AGGREGATE CLAIMS-MADE DEG GETENTIONS
WORKERS COMPRESSATION
AND EMPLOYERS LIABILITY
ANYPROPRIE GREAR INEMEXECUTIVE
CFFCERMEMBER EXCLUDED:
(REINDESDY) IN HI) SPATURE . ET. EACH ACCIDENT EIL DIZEASE - FAIRMPLOYEE IS l yes, describe under DESCRIPTION OF OPERATIONS below E.L. CISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Medical Transportation Management, Inc is recognized as additional insured on the Auto Liability. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Medical Transportation Management, Inc

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ACORD 25 (2016/03)

16 Hawk Ridge Drive Lake St Louis MO 83367

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AUTHORIZED REPRESENTATIVE Mel milet



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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MINOD/YYYY)

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 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 hokier is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Lori Gibson PRODUCER Hylant - Columbus 565 Metro Place South, Ste 450 Dublin OH 43017 PHONE (AIC, No. Ext): 614-932-1243 E-MAIL ACCRESS: Lori.gibson@hylant.com (A/C, No): 614-932-1299 INSURERIS) AFFORDING COVERAGE INSURER A: American Alternative Insurance Corp. 19720 BEAUMEDIO! INSURER B: Beaumont Medical Transportation Services, Inc. INSURER C : 950 West Maple Rd. INSURER D: Suite C Trey MI 48084 INSURER E: INSURER F.: COVERAGES CERTIFICATE NUMBER: 1872669547 **REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE SEEN 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 MEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

1 TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

1 TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. X COMMERCIAL GENERAL LIABILITY VFISTR206683703 \$1,000,000 CLAMISHMADE X OCCUR \$ 1 000,000 MED EXP (Any one person) PERSONAL & ADVINJURY \$ 1,000,000 GECT AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$ 3 000,000 POLICY THE X LOC PRODUCTS - CONPIOP AGG | \$ 8 000 000 AUTOMOBILE LIABILITY VPISTR206883703 8/22/2018 10/1/2018 ANY AUTO GIANED AUTOS ONLY HIRED AUTOS DNLY SCHEDULED BODILY INJURY (Per accident) S UMBRELLALIÁB VFISTR208883703 8/22/2018 X OCCUR EACH OCCURRENCE. \$ 10,000 000 EXCESS LIAB \$ 00,000,000 CLAB/S-MADE DED X PRITENTIONS D
WORKERS COMPENSATION
AND BINLOYERS LIBRILITY
ANYROOPHIC COMPANY INSPECTION
OFFICERMENTER EXCLUDEUY
(Mandalony in Wi) VFISTR208883703 8/02/2016 STATUTE X OTH-OH 5 OP GAP EL EACH ADDIDENT \$ 1,000,000 EIL DISEASE - FA EMPLOYEE \$1,000,900 E.L. DISEASE - POLICY LIMIT | \$1,000,000 Professional Healthcare Labety VFISTR208882709 8/22/2018 10/6/2018 Included in General Liebility DESCRIPTION OF OPERATIONS I LOCATIONS / VEHICLES (ACORD 19). Additional Remarks Schoolule, may be attached if more space is require Effective July 31, 2016 - Healthlink Medical Transportation (HMT) merged into Beaumont Medical Transportation (BMT) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

MTM, Inc. 16 Hawk Ridge Dr Lake Saint Louis MO 63367

AUTHORIZED REPRESENTATIVE Melmilet

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ACORD 25 (2016/03)



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

DATE(MM/DD/YYYY) 8/21/2018

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

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Hy 56	ouces easts Columbus i Metro Place South, Ste 450 blin OH 43017		NAME: Lori Gibso PHONE (AC, No, Ext): 614-93 E-MAIL ADDRESS: Lori gibs	2-1243	FAX (AIC, No), 514-90	32-1299
			INS	SURERIS AFFOR	IDING COVERAGE	NAIC#
			INSURER A: America	n Alternative	Insurance Corp	19720
INSU			INSURER B:			
	mmunity Ernergency Medical Services, Inc. 100 W. Eight Mile Road		INSURER C:			
So	sthfield. MI 48033		INSURER D :			
			INSURER E :			
			INSURER F :	-		
CO	VERAGES CERTIFICATE	NUMBER: 75643957			REVISION NUMBER:	
IN Ci	IIS IS TO CERTIFY THAT THE POLICIES OF INSUR: DICATED. NOTWITHSTANDING ANY REQUIREMENT ETHIFICATE MAY BE ISSUED OR MAY PERTAIN, T ICLUSIONS AND CONDITIONS OF SUCH POLICIES I.	IT, TERM OR CONDITION HE INSURANCE AFFORDS	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPECT TO	WHICH THIS
MSR	TYPEOF INSURANCE INSO WYD	FOLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT'S	
A		VF(STR206883703	8/22/2018	10/1/2018	EACH OCCURRENCE \$1.000	.000
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	Î .				PERSONAL 8 ADV MURY \$1,000	
	GEVIL AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE \$ 3 000	
	POLICY TEG X LOC				the second control of the second control of the second control	
	OTHER.				PRODUCTS COMPIOP AGR \$3 000	000
A		VFISTR208883703	8/22/2018	10/1/2018	COMBINED SINGLE UNIT \$ 1 000	000
	X ANY AUTO				(Ear accreent)  BODILY INJURY (Per person) S	
	GWAIED SCHEDULED				BODILY INJURY (Per accident) \$	
	X HRS D X NON-OW/SED				PROPERTY DAMAGE:	
	AUTOS ONLY AUTOS CNLY				(For accode t) S	
A	UM3RELIALIAB X OCCUR	VFISTR205883703	8/22/2018	10/1/2018		
	The objective and the second	VF10/11200007160	02,212010	10/1/20 0	EACH OCCURRENCE \$10,00	1
	Activities and Se				ACCEPGATE \$20.00	0.000
A		VFISTR205883703	8/22/2015	10/1/2018	PER X DITH OHS	
	AND EMPLOYERS LIABILITY ANYPROPRIETOR PARTNERS EXECUTIVE  YIN	at romegoodra	Walanay (O	ru neu o		TOPGAP
	OFFICER/MEMBER EXCLUDED? N/A				EL EACH ACCIDENT \$1 000	4
	(Mandatory in With)  If yes, describe under DESCRIPTION OF OPERATIONS below				FI DISEASE - FA EMPLOYET \$ 1,000	1
A		VFISTR206883703	8/22/2018	10/1/2018	E.L. DISEASE - POLICY LIMIT \$ 1,000 Included in General	.000
41	7 - 1-1-27 G-G-G-C-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	erion reasons rea	0/2/2010	(0:120-0	Lability	
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	TITLE OF THE PER		AA24AW ( AW/A41			i
CEI	RTIFICATE HOLDER		CANCELLATION			·
	MTM, Inc. 16 Hawk Ridge Dr		THE EXPIRATION ACCORDANCE WIT	DATE THE	ESCRIBED POLICIES BECANCEL REOF, ROTICE WILL BE DE YPROVISIONS.	
	Lake Saint Louis MO 63367		MULTINGET	NTATIVE		

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ACORD 25 (2016/03)



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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MIMED/YYYY) 8/21/2018

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

If SUBROGATION IS WAIVED, subject to the to this certificate does not confer rights to the cer	erms and conditions of t	he policy, certain p	olicies may			
PRODUCES Hylant - Columbus 565 Metro Place South, Ste 450 Dublin OH 43017	CONTACT				2-1299	
				RDING COVERAGE		NAIC#
		INSURER A: America				19720
INSURED BEAUMECH	01	INSURER B:		111001100		
Community Emergency Medical Services, Inc. 25400 W. Eight Mile Road		INSURER C:				
Southfield, MI 48033		INSURER D				
		INSURER E :	The state of the s			
		INSURER F;				
	E NUMBER: 79382123		.,	REVISION NUMB		
THIS IS TO CERTIFY THAT THE POLICIES OF INSIC INDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE SEEN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH F D HEREIN IS SUBJ	RESPECT TO !	WHICH THIS
INSR TYPE OF INSURANCE INSP. WYD		POLICY EFF (MM/DD/YYYY)	(MINIDDITYYYY)		LIMITS	
A X COMMERCIAL GENERAL LIABILITY	VFISTR206863703	8/27/2016	10/1/2018	FACH OCCURRENCE	\$ 1,000	000
CLAMS-MADE X DCCUR				DAMAGE TO RENTED PREMISES (Fa occurre	nae) 3 1 000	700
7-4-190				MED EXP (Any one per		
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JEST (1) LOC				PRODUCTS COMPA	P AGG   \$ 3 0000	190
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X ANY AUTO				900RY INJURY (Per p	erson) S	
OWNED SCHEDULED AUTOS ONLY AUTOS V HAND V NON-OWNED				BODILY INJURY (Per a	AND DESCRIPTION OF THE PERSON	
X AUTOS ONLY X NON-OWNED				PROPERTY DAMAGE	\$	
					5	
A UMBRELLALIAB X OCCUR	VPISTR208883703	8/22/2018	IOH/2018	LACH OCCUPERENCE	\$ 10,000	300
X EXCESS LIAB CLAIMS MADE	1			AGGREGATE	\$ 20,000	960
DEC X RETENTIONS					S	
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N	VFISTR205083703	8/22/2018	10/1/2016	STATUTE X	OTH- ER CHS	OP GAP
ANYPROPRIETOR/PARTINER/EXECUTIVE N / A				FI EACH ACCIDENT	\$1,000.0	200
(Mandatory in NH)				FE DISFASE FA FME	HOYET STOOM	ona
if yes, describe under DESCRIPTION OF OPERATIONS below				EL DISEASE - POLICY	LiMIT \$ 1,000 (	)001
A Professional Healthcare Liability	VEISTR206883703	8/22/2018	10/1/2018	Included in General Liability		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORT	.l. O 101, Additional Remarks Schedu	le, may be adjached if more	o abuce la tedriu	i od)	:	
CERTIFICATE HOLDER		CANCELLATION				
MTM, Inc. 16 Hawk Ridge Er		THE EXPIRATION ACCORDANCE WI	DATE THE	ESCRIBED POLICIES REOF, NOTICE W Y PROVISIONS.		
Lake Saint Louis MO 63367		MULL WYST	NTATIVE			

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ACORD 25 (2016/03)



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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MINICOTYYYY) 8/21/2018

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If SUBROGATION IS WAIVED, subject to the this certificate does not confer rights to the c	terms and conditions of	the policy, certain p such endorsement(s	olícies may s).	require an endorsement. A	statement on
PRODUCER Hylant - Columbus 565 Metro Place South, Ste 450 Dublin OH 43017		CONTACT NAME: Lori Gibso PHONE (AIC, No, Ext): 514-93 EMAIL ADDRESS: Lori, gibs	FAX [AIC, No): 814-9	FAX (AIC, No): 614-932-1299	
				nding Coverage	NAICE
		INSURER A: America			19720
NISURED BEAUME		INSURER B :			
Community Emergency Medical Services, Inc 25400 W. Eight Mile Road	C	INSURER C			
Southfield, MI 48033		INSURER D			İ
and the second s		INSURER E		~	1
		INSURER F	PROBLEM / Marie	, de opposition	
OVERAGES CERTIFICA	TE NUMBER: 398300082	Linguiter F.	***************************************	REVISION NUMBER:	1
THIS IS TO CERTIFY THAT THE POLICIES OF INS INDICATED. NOTWITHSTANDING ANY REQUIRE! CERTIFICATE MAY BE ISSUED OR MAY PERTAIL EXCUSIONS AND CONDITIONS OF SUCH POLICIES.	SURANCE LISTED BELOW H MENT, TERM OR CONDITIO N, THE INSURANCE AFFOR ES. LIMITS SHOWN MAY HAY	N OF ANY CONTRACT NOED BY THE POLICIE (E BEEN RECUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR THE PO DOCUMENT WITH RESPECT TO	
TR THEOPINSURANCE MISD W	NO FOLICY NUMBER	POLICY EFF IMMODRATION	POLICY EXP	LUAITS	
GENTLASTREGATE LINET APPLIES PER POLICY PRO X LCC	VPISTR208883709	â/22/2018	19/1/2018	EACH OCCURRENCE \$100 DAMAGETO RENTED PREMIERS (Fa operum-reg) SED EXP (Any one preson) \$100 PERSONAL SACY KULRY \$100 GENERAL ASGREGATE \$3000 PRODUCTS COMPADE AGG \$300	0.000 0.000 0.000
A AUTOMOBILE LIABILITY	VPISTR208883703	8/22/2018	Asher Williams	COMBINED S'MOLE LIMIT. 2 4 mm	
X ANY AUTO	VP1-011R2C000037C3	e/Z#Z#Te	100/2018	(Es accident)	9,000
OWNED SCHEDULED				BODILY INJUNY (Per person) \$	
X HRC D X AUTOS CHLY X AUTOS CHLY AUTOS CHLY	dire dedicambers assumption of the control of the c			BODILY INJURY (Per accident) S PROPERTY DAMAGE S Per sec dent) S	
A UMBRELLA LIAB X OCCUR	VFISTR208883703	8/22/2018	10/1/2018	EACH OCCURRENCE \$10.00	
X EXCESSIVAGE CLARREMADE	Whatehologies s			ASGPEGATE \$ 20,00	
WORKERS COMPENSATION	VFISTR206883703	8/22/2018	10/1/2016	PER V OTH-	
AND EMPLOYERS LIABILITY  ANY ROPRIETOR/PARTNERSECUTIVE  OFFICERABELISER EXCLUDES?  IMANDADON IN MIN		and the state of t		STATUTE X ER ONS EL FACH ADDIDENT SHOW FL DISEASE-FAFMELOVET SHOW	1 40-10-
If yes, describe unow OESCRETION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT - \$ 1,000	
Professional Healthcare Lability	VFISTR206883703	8/22/2018	10/1/2018	Indieded in General Liability	3,000
ISCRIPTION OF OPERATIONS I LOCATIONS I VEHICLES (ACO	RD 101, Adelitional Relearity Sched	isle, may be intached if more	o apace is require	od	-
EDITERA TE MAI DES					
ERTIFICATE HOLDER		CANCELLATION			
Ohio Medical Transportation Inc. d 2827 W Dublin-Granville Rd	Ba MedFlight of Ohio	THE EXPIRATION ACCORDANCE WIT	DATE THE	ESCRIBED POLICIES BE CANCEL REOF, NOTICE WILL BE DE YPROVISIONS,	LEO BEFORE LIVERED IN
Columbus OH 43235		MULTUNGET	ITATIVE		

ACORD 25 (2016/03)

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

B/21/2018

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

_	EPRESENTATIVE OR PRODUCER, AND THE		TE A CONTRACT	DE LASCESS	THE ISSUING INSURER(S), AT	MORIZED
JF	PORTANT: If the certificate holder is an Al SUBROGATION IS WAIVED, subject to the is certificate does not confer rights to the co	terms and conditions of the	he policy, certain p	olicies may		
Hy 56	oucer ant - Columbus 5 Metro Place South, Ste 450 blin OH 43017		CONTACT NAME: Lori Gibso PHONE (AIC, No, Ext): 614-93 E-MAIL AODRESS: Lori.gibs	on 32-1243	FAX JAIC, No): 614-93	2-1299
			IN:	SURER(S) AFFO	RDING COVERAGE	NAIC#
			INSURER A : America	ın Alternative	Insurance Corp	19720
Co	RED MINIUNITY Emergency Medical Services, Inc		INSURER B:			
25	100 W Eight Mile Road		INSURER C:			
So	uthfield, Mi 48033		INSURER D ;			
			INSURER E :	1 100,0000	No. o No. o	
00	VERAGES CERTIFICA	TE NUMBER: 912729181	INSURER F :		REVISION NUMBER:	
TI IN GI EI	IIS IS TO CERTIFY THAT THE POLICIES OF INS DICATED. NOTWITHSTANDING ANY REQUIREM ERTIFICATE MAY BE ISSUED OR MAY PERTAIN (CLUSIONS AND CONDITIONS OF SUCH POLICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION I, THE INSURANCE AFFORD S LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE SEEN REDUCED BY	OR OTHER ( S DESCRIBE) PAID CLAIMS.	ED NAMED ABOVE FOR THE POL DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS
MSR LTR	TYPE OF INSURANCE ADDL SUR HISD WA	POLICY NUMBER	POLICY EFF (MM/DDYYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	CLAMS-MADE X OCCUR  GET L AGGREGATE LIMIT APPLIES PER POLICY SECT X LCC	VFISTR208885703	<b>227£018</b>	10/1/2018	FACH OCCURRENCE   \$1.000.	190 3 000
1.6	AUTOMOBILE LIABILITY	VFISTR209883703	8/22/0018	10/1/2018	COMBINED SINGLE LIMIT 5 1 000.	toto.
0	X ANY AUTO	VP18:11200003703	6/2/2010	Pur Mau : e	(Ea accident) \$ 000% BODILY INJURY (Per person) \$	000
	OWNED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY				BODILY INJUSY (Per accreent) 5 PROPERTY DAMAG: 5 Proper accreent) 5 S	
A	UMBRELLALIAB X OCCUR	VFISTR26883703	8/22/2018	10/1/2018	EACH OCCUPRENCE. \$ 10,000	0,000
	X EXCESS LIAB CLARIS-MADE				AGGPEGATE \$20.000	
	DED X RETENTIONS 0				s	
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY ARTY ROPRIET OFFICE REPRESEDUTIVE OFFICE RAMEMBER CROLUDION (Mandatory in 1987) If yes, describe under	VF1sTR2065892703	8/22/2016	10/4/2018	FILEACH ACCIDENT \$1,000 FILESFASSE FA EMPLOYET \$1,000	990
A	Professional Healthcare Liability	V#ISTR206883703	1507	10/1/2018	E.L. DISEASE - POLICY LIMIT 5 1 000 / Included in General	900
					Liebray	
CEI 663	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACCI AS Daylon 5 Centerville Businesa terville, OH 45459	RD 101, Additional Remarks Schedu	is, may be attached if more	n space is require	ed)	
OF.	TIERATE NOS DED	· · · · · · · · · · · · · · · · · · ·	CALIFFE			
CE	CTIFICATE HOLDER  Ohio State Board of Emergency M Transportation Services; Ohio Dep Division of Emergency Medical Se	artment of Public Safety		DATE THE	ESCRIBED POLICIES BE CANCELL EREOF, NOTICE WILL BE DEL Y PROVISIONS.	
	1970 W Broad St Columbus OH 43223		MILIMICT.	W-100 1 EVEL		

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ACORD 25 (2016/03)



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### CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 8/21/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ON	LY AND CONFERS NO RIGHTS UP	ON THE CERTIFICATE HOLDER, THIS
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMENI	). EXTEND OR ALTER THE COVE	RAGE AFFORDED BY THE DOLLNIES
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTIT	UTE A CONTRACT BETWEEN THE	ISSUING INSURFRIST AUTHORIZED
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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the	policuline) much have appropria	NOTIFIC CONTRACTOR OF THE CONTRACTOR
If SUBROGATION IS WAIVED, subject to the terms and conditions of	the policy certain policies may so	. INSURED provisions of be endorsed.
this certificate does not confer rights to the certificate holder in lieu of	such endorsements).	une an encorsement. A statement on
ROOUGER		
Hylant - Columbus	NAME Lori Gibson	

Prepouces Hylant - Columbus 565 Metro Place South, Ste 450 Dublin OH 43017	CONTACT Lori Gibson PHONE [Act, No., Exg. 614-932-1243 [AiC, No., Exg. 614-932-1245] EMAIL EMAIL ADDRESS Lori gibson@hylant.com	614-932-1299
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A : American Afternative Insurance Corp	19720
INSURED BEAUMEDOI Community Emergency Medical Services, Inc. J 25400 W. Eight Mile Road	INSURER B;	
	INSURER C:	
Southfield, MI 48033	INSURER O:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1514371258

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 CLAMAS.

TYPE OF INSURANCE

TYPE OF INSURANCE

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OCCURRENCE S

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A AUTOMOSILE LINGILITY  X ANY AUTO CWARD AUTOS ONLY X AUTOS ONLY	VFISTR266883703	8/22/2018 10/1/2018	COMBINED SINGLE LIMIT \$1,003,000 (in acritical section) \$ BOOKY INJURY (Per accident) \$ PROPERTY FLAMAGE \$ (Per accident) \$
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS ANADE DED RETENTIONS  WORKERS COMPENSATION AND ENFLOYERS LIABILITY ANTHEOPHIEL COPYART INCINCENCEUTIVE OFFICE FURNISHER EXCLUSION (If yes, describe under control of operations) below			LACH OCCU MEMOL S ADDREDATE S SFATUTE ER E1 GACH ADDIDENT S E1 DISFASE - FA FMPI OYET S EL DISEASE - POLICY LIMIT S

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 161, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured: Auto Form AUMIO3 (04-14) 2006 Ford #1FDSS34P16HB30404, Vehicle garage location: 2770 Golfview Drive Suite A, Naperville, IL 60563

"illinois Secretary of State will be notified of any cancellation in accordance with policy provisions; 10 days before the effective date of cancellation is for non-payment of premium. 30 days before the effective date of cancellation if for any other reason. Coverage is continuous until the expiration date or until cancellation.

CERTIFICATE HOLDER CANCELLATION

Secretary of State State of Illinois 501 S Second Springfield IL 62756 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL SE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

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ACORD CERTI	FICATE OF LI	ABILITY INS	IIRAN	ce (	DATE (MWOD/YYYY)
THIS CERTIFICATE IS ISSUED AS A MATTER CERTIFICATE DOES NOT AFFIRMATIVELY O BELOW. THIS CERTIFICATE OF INSURANC REPRESENTATIVE OR PRODUCER, AND THE	OF INFORMATION ON THE NEGATIVELY AMEN TO DOES NOT CONSTITUTE CERTIFICATE HOLDER	ILY AND CONFERS ID. EXTEND OR AL TUTE A CONTRACT	NO RIGHTS FER THE CO BETWEEN	UPON THE CERTIFICA OVERAGE AFFORDED THE ISSUING INSURE	BY THE POLICIES R(S). AUTHORIZED
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PRODUCER Hylant - Columbus 565 Metro Place South, Ste 450 Dublin OH 43017		CONTACT Lod Gibsi PHONE JAIC, No. END: 614-90 E-MAL ADDRESS: LOTI, gibs	32-1243	FAX (AIC, Ne)	614-932-1299
		IN	SURER(S) AFFO	RDING COVERAGE	NAIC#
(NSURE) SEALMED	~	INSURER A : America	n Alternative	Insurance Corp	19720
Community Emergency Medical Services, Inc 25400 W. Eight Mile Road Southfield. MI 48033	u	INSURER B : INSURER C :			
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				PREMISES (Ta cocurence)	\$1,000,000
				MED EXP (Any one person) PERSONAL & ADV BUURY	\$ 10,000
GEN'L AGGREGATE UNIT APPLIES PER				GENERAL AGGREGATE	\$ 1,007,000
POLICY TEN X LCC				PRODUCTS - COMPICE AGG	\$ 3 000,000
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A AUTOMOBILE LIABILITY  X AMY AUTO	VFISTR209883708	8/22/2018	10/*/2018	COMBINED SINGLE DIVIT (Calaccident) BOOLLY INJURY (Her person)	\$ 1 000,000 \$
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A COUNTY OF THE PROPERTY OF TH				Secureday)	\$ \$
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X EXCESSIVAB CLAWAS MADE				AGGREGATE	\$ 10,000 000 \$ 20,000 000
A WORKERS COMPENSATION AND EMPLOYERS LIABILITY	VFISTR203883703	8/22/2016	fortgots	HTC X SEE	\$
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(Mandatory in NH)				FI DISTASE - EA FIMPL OYEF	\$ 1 000,000 \$ 1 000,000
if yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	
A Professional Healthcare Liability	VFISTR208883703	8r22r2018	10/1/2018	Included in General Liability	The same of the same
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD Secure Transportation Company of Chio, LLC is recog	101, Additional Remarks Sched gnized as additional insun	ule, may be attached if mace ed	symbolis rodulite	d);	
OF DESIGNATION OF THE PARTY OF					
CERTIFICATE HOLDER		CANCELLATION			
Secure Transportation Company of 0 777 Dearborn Lane	Ohio, Inc.	SHOULD ANY OF THE EXPIRATION ACCORDANCE WITH	DATE THE	SCRIBED POLICIES BE CA REOF, NOTICE WILL BI PROVISIONS.	ncelled before E Delivered IV
Suite S Worthington OH 43085  Authorized representative  MULT TO INCIDENTIFY					

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### CERTIFICATE OF LIABILITY INSURANCE

DATE (MEMICD/YYYY)

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 Hylant - Columbus 565 Metro Place South, Ste 450 Dublin OH 43017	CONTACT NAME: Lori Gibson Priose (AC, No, ext): 614-932-1243 E-441. Applease: Lori gibson@hylant.com	FAX [AIC, No): 614-932-1299
	INSURER(S) AFFORDING COVERAGE	NAICE
	INSURER A: American Afternative Insurance Corp	19720
REALMEDOT  Beaumont Medical Transportation Services, Inc	INSURER B:	
950 West Maple Rd.	DVSURER C:	***
Suite C	INSURER 0:	
Troy MI 48084	INSURER E:	
	INSURER F;	
CALIFORNIA DE LA CALIFO	THISURGE F;	

COVERAGES

CERTIFICATE NUMBER: 1099457852

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE USTED 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 INTO SECOND AND CONDITIO

GENT AGGR POLICE OTHER AUTOMOBIL X ANY AL OWANE AUTOS INFEC UMBRE X EXCESS WORKERS C	R. LELIABRITY UTO DONLY AUTOS ONLY X AUTOS ONLY X AUTOS ONLY		VFISTR209883708	8/22/2018 8/22/2018	10/1/2018	EACH OCCURRENCE DAMASE TO REPUTED DAMASE TO REPUTED PERSONAL & ADV INJURY GENERAL AGGREGATE PPCQUETS COMEACP AGG COMMED STREET LIMIT (Ea actively) BOOLY INJURY (* ex person)	\$1,000,600 \$1,000,600 \$1,000 \$1,000,000 \$3,000,000 \$3,000,000 \$1,000,000
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X EXCESS DEC						PROPERTY DAMAGE (Per accident)	5
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(Mandatory in if yes, describe	n NHR					FI DISEASE FARMPLOYED	5 ± 000 000
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TE DESCRIBED POLICIES BE CANCELLED BEFORE THEREOF, NOTICE WILL BE DELIVERED IN PLICY PROVISIONS.

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ACORD®	CERTIF	<b>ICATE OF LIA</b>	BILITY INSURANCE	E	DATE (MINOD/YYYY)
THIS CERTIFICATE IS ISSUED CERTIFICATE DOES NOT AFF BELOW. THIS CERTIFICATE REPRESENTATIVE OR PRODUC	RMATIVELY OR OF INSURANCE ER, AND THE CE	NEGATIVELY AMEND, DOES NOT CONSTITU ERTIFICATE HOLDER.	EXTEND OR ALTER THE CO TE A CONTRACT BETWEEN	VERAGE AFFORDED THE ISSUING INSURE	BY THE POLICIES R(S), AUTHORIZED
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PRODUCER Hylant - Columbus 565 Metro Place South, Ste 450 Dublin OH 43017		"	CONTACT NAME Lori Gibson PHONE (ArC, No, Ekg: 614-932-1243 E-MAL Apparess: Lori gibson@hylant.or	FAX (AIC, No	1 614-932-1299
			INSURER(S) AFFO		NAIC#
INSURED	BFAUMED-01		INSURER A : American Alternative	Insurance Corp	19720
Community Emergency Medical 25400 W Eight Mile Road	Services, Inc.		INSURER 6:		
Southfield, Mil 48033			INSURER O:	1 m	
			INSURER F :	THE PARTY NAME .	
COVERAGES	CERTIFICATE	NUMBER: 1279232356		REVISION NUMBER:	
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DESCRIPTION OF OPERATIONS/LOCATIONS. The City of Northville, its City Council	VEHICLES (ACORD 10 employees and v	of, Additional Remarks Schedule Clumteers, all boards, con	e, may be attached if more space is require invissions are recognized as addit	d) Nonal insured on Auto Lia	ability.
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CERTIFICATE HULUER			CANCELLATION		
The City of Northville 215 W. Main			SHOULD ANY OF THE ABOVE DE THE EXPIRATION DATE THE ACCORDANCE WITH THE POLICY	REOF, NOTICE WILL I	Ancelled Sepore Se Delivered in
Northville MI 48167		[	AUTHORIZED REPRESENTATIVE		

ACORD 25 (2016/03)

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### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/21/2018

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

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PRODUCER Hylant - Columbus		CONTACT Lori Gibson						
565 Metro Place South, Ste 450		PHONE (AIC, No. Ew): 614-932-1243 (AIC, No.): 614-932-1298 E-Mail, Ewil: 614-932-1298 ADDRESS: Lori.gibson@hylant.com						
Dublin OH 43017		Appress Lori gibson@hylant.com						
		inst	NAIC#					
		INSURER A : American	Insurance Corp	19720				
WILDER  BEAUMED-01  Community Emergency Medical Services, Inc		INSURER B:						
25400 W. Eight Mile Road		INSURER G:						
Southfield, MI 48033		INSUMER D:						
ĺ		INSURER E :						
		INSURER F :		·				
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AND EMPLOYERS' LIABILITY YAN				STATUTE ER				
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(Mandatory in NH)				FIL DISEASE - FA FMPLOYE'S				
If yes, describe under DESCRIPTION OF OPERATIONS before				E.L. DISEASE - POLICY LIMIT - S				
1. Language								
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and the control of th								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 181, The City of Novi, its City Counsel, its employees, all electe additional insured(s) on Auto Liability	Additional Remarks Schedu ed & appointed officials	le, may be attached if more s s, all employees & volui	pace is require riteers, all b	d) oards & commissions are recogn	ized as			
					1			
					í			
CERTIFICATE HOLDER		CANCELLATION	***************************************					
The City of Novi	:	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
45175 W 10 Mile Rd Novi MI 48375	AUTHORIZED REPRESENTATIVE							
140% MI 10070		Meemyst						

ACORD 25 (2016/03)

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ACORD

### CERTIFICATE OF LIABILITY INSURANCE

OPTERMACENTYTY 8/21/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND. EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURERS), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WARVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Lori Gibson **PRODUÇER** Hylant - Columbus PHONE JAIC, No. Ext: 614-932-1243 E-MAIL ADDRESS: Lori.glbson@hylant.com 565 Metro Place South, Ste 450 Dublin OH 43017 FAX (A/C. No.): 614-932-1299 INSURERISE AFFORDING COVERAGE INSURER A: American Alternative Insurance Corp. 19720 INSURER B: Community Emergency Medical Services, Inc 25400 W. Eight Mile Road Southfield, MI 48033 INSLIGER C: INSURER D: INSURER E : INSURER F : COVERAGES CERTIFICATE NUMBER: 1300038952 REVISION NUMBER: CERTIFICATE NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY FACH OCCURRENCE DAMAGE TO RENTED PREMISES (FA occure MED EXP (Any one person) PERSONAL & 40V INJURY GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE POLICY PRO LCC PRODUCTS - COMPIOP AGG COMBINED SNOLE UMT AUTOMOBILE LIABILITY VF; STR 205883703 8/22/2018 ANY ALITO SCOILY INJURY (Fer person) OWNED AUTOS DNLY HIRED AUTOS ONLY SCHEDULED BOOILY INJURY (Per accident) PROPERTY DAMAG: X UMBRELLALIAB OCCUR EACH GOODHRENCE EXCESS UAB ACCREGATE RETENTIONS WORKERS COMPENSATION
AND EMPLOYERS LABBILITY
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(Mandatory in 4H) STATUTE ET BACH ACCIDENT FILD'SEASE - ENEMPLOYED & l yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT . DESCRIPTION OF OPERATIONS I LOCATIONS I VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION Should any of the above described policies be cancelled before The expiration date thereof, notice will be delivered in The County of Oakland County & County Agents Oakland County Purchasing Division; Bldg 41W 2100 Pontiac Lake Rd ACCORDANCE WITH THE POLICY PROVISIONS.

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ACORD 25 (2016/03)

Waterford MI 48328-0462

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AUTHORIZED REPRESENTATIVE

Melm)(Rt





## Farmington Public Safety Department



23600 Liberty Street Farmington, MI 48335 248-474-4700 Frank Demers, Director

August 29, 2018

To Whom It May Concern,

It is without hesitation that I recommend Community EMS as a transporting agency and emergency medical services partner. The Farmington Public Safety Department has been partnering with Community EMS for over thirty years. During that time we have found them to be professional, well trained and responsive to our concerns. There have been some concerns that have emerged over our thirty plus year partnership and each time Community EMS has worked diligently to solve the problem and make sure we continue to get the high level of service we expect for our residents.

The Farmington Public Safety Department also uses Life Support Training Institute (LSTI) for our on-going medical training and CEMTECH for the repairs to our vehicle fleet when needed. Both LSTI and CEMTECH are within the family of companies supported by Community EMS.

If you have any questions, please don't hesitate to contact me.

Respectfully,

Ted Warthman

Deputy Director of Public Safety





### STATE OF MICHIGAN

BAETP

Division of EMS and Trauma

Pursuant to Act 368 of 1978, as amended, this license to operate a Life Support Agency in the State of Michigan is issued to:

### COMMUNITY EMS INC

Effective Date 04/12/2018

Expiration Date 3/31/2019

Highest Level Advanced Life Support

This license is valid for 50 days after the expiration date

Service Type
Ambulance Operation

EMS Agency ID 631020

Licensed Vehicles See List

Medical Control Authority(s):

Detroit East MCA: WAYNE COUNTY. Oakland County MCA: OAKLAND COUNTY, Wayne County MCA: City of Northville

Kathy Wahl, Director Division of EMS and Trauma

PLEASE POST IN A PROMINENT PLACE





### Vehicle License Mail Merge

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COMMUNITY SMS INC	03/31/2019	Advanced Life Support	831050	03/31/2019	Ambulano	e Basic Life Support	1G83G2GL4C1106	156 20	13 C	HEVROLET	0217879
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COMMUNITY EMS INC	03/31/2019	Advanced Life Support	831020	03/31/2019	Ambulance	Basie Life Support	1GBZGUCL8C1128	967 201	72 CI	HEVROLET	0217601
COMMUNITY EMS INC	93/31/2019	Advanced Life Support	#3102G	03/31/2019	Ambulance	Basic Life Support	1GBJG3163812189	57 20g	e CF	EVROLET	1187900
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COMMUNITY EMS INC	07/31/2019	Advanced Life Support	931000	03/31/2019	Ambulance	Sasic Lab Supplies	1GBHG396381113296	2003	CHEVROLET	8149470
COMMINEY COMMUNETY	83/31/2019	Advanced Life Support	631020	03/31/2019	Ambutance	Advanced Life Support	1G89G5868A1115327	2610	CHEVROLET	0177276
EMS INC	03/31/2019	Advanced Life Support	£31028	03/31/2019	Ambulance	Rosie Life Support	1GBZGUCLBD1146790	23-72	CHEVROLET	G23 <b>Y99</b> 7
FMS INC	93/31/2019	Advanced Life Support	K31020	03/31/2019	Ambulance	Basic Life Support	1G82GUCL7C1165826	2012	CHEVROLET	D21Y981
EAS INC	03/31/2019	Advances Life Sepant	631029	03/31/2019	Ambalanis	Bagic Life Support	1G8HG396281135403	2906	CHEVROLET	2347457
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₱ 614-932-1200 ₱ 614-932-1299



August 31, 2018

Community Emergency Medical Service, Inc. Attn: Cathy Barrett 25400 W. 8 Mile Road Southfield, MI 48033

Subject: Package Policy Number VFISTR206883703

Medical Professional Liability - Corporate Policy Number VFISTR206883703

Cathy,

American Alternative insurance Company advised they will add the additional insured for Plymouth Township, its Township Councit, its employees, all elected and appointed officials, all employees and volunteers, all boards, commissions and/or volunteers per forms VGL 300 (General Liability) and CA2048 (Auto Liability).

Please let me know if you need anything else.

Sincerely,

ackie Straight

Signt Service Specialist

email: Lacotti attegitati suntcere

phone: 614-932-1246 | fax: 614-932-1299





# Beaumont Mobile Medicine Plymouth Township

Ground Transport Services | Request for Proposal August 31st, 2018



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### **Confidentiality Statement**

This document contains confidential proprietary information and trade secrets of Beaumont Mobile Medicine, Inc., a Michigan nonprofit corporation (BMM) and is subject to the restriction that no disclosure or use of it, and that no copy or other reproductions shall be made in whole or in part, without the express permission in writing of BMM.



# **Beaumont**Mobile Medicine

# Letter from the President





To: Plymouth Township Officials

On behalf of Beaumont Mobile Medicine, we would like the opportunity to present the value we see in creating a strategic partnership to meet the patient ground transportation needs of Plymouth Township residents. We strongly believe that Beaumont Mobile Medicine can provide a strong alliance and bench strength to Plymouth Township that has yet to be attained by our competitors. Together we have the ability to grow our relationships, and provide high quality, safe and efficient care to the residents we serve.

For 36 years, Beaumont Mobile Medicine has taken the lead in providing a patient focused approach to emergency and non-emergency medical transportation. Through the years, Beaumont Mobile Medicine has partnered with local communities to care for those who live, work and visit these cities both by providing care and transport, as well as supporting community events.

With 10 partnership ambulance companies' nationwide, Beaumont Mobile Medicine operates within a world-class, innovative business model for not-for-profit organizations revolving around superior patient care delivered with respect, proficient use of state-of-the-art technologies and strategic logistical resources. Beaumont Mobile Medicine, which is privately held, currently has over 1,500 employees in locations throughout the United States.

We take great pride in being accredited by the Commission on Accreditation of Ambulance Services (CAAS). CAAS was established in 1990 to specifically set the "Gold Standard" within the ambulance service industry. We can also proudly affirm that our subsidiary, Parastar, has been awarded accreditation by the Accredited Center of Excellence (ACE) for dispatch services. Our corporate goals are quite simply to be the best in our practice and a trusted resource to every patient, providing competent, safe, efficient care. We go the extra mile to ensure that standard of excellence with each patient.

It is our intent to demonstrate the value that will be achieved by partnering with Beaumont Mobile Medicine's dedicated service to Plymouth Township, and that a strategic alliance between our company and your Township is the obvious choice for serving your community's needs. We possess the resources and expertise to provide your transportation services in a manner that is geographically sensible, technologically progressive, educationally advanced, while remaining fiscally responsible and operationally sound.

We look forward to meeting with you to further discuss our common initiatives, providing strength through a partnership based on caring for patients within our communities.

Please contact me with any questions or scheduling needs. I can be reached at (248) 304-6025 or at gbeauchemin@Communityems.org.

Best regards,

**Greg Beauchemin** 

President

Beaumont Mobile Medicine



# **Beaumont**Mobile Medicine

# **Mission & Vision Statement**



# **Mission & Vision Statement**

### Wission Statement

To be a trusted and valued provider of medical transportation and educational services through a quality commitment to patients and communities we serve.

### Vision Statement

To be recognized as a leader in pre-hospital care and transportation as well as other value-added medical and non-medical logistics services built through strategic alliances and supported by innovations in quality and service excellence.



# **Beaumont**Mobile Medicine

# Specifications & Bid Sheet





# NOTICE - TOWNSHIP OF PLYMOUTH TOWNSHIP REQUEST FOR PROPOSALS EMERGENCY MEDICAL SERVICES

The Charter Township of Plymouth will receive sealed proposals for Emergency Medical Services according to the attached specifications.

Sealed proposals will be received until 4:00 P.M. prevailing Eastern Time, Friday, August 31, 2018 at which time proposals will be opened and read. Proposals shall be addressed as follows and delivered to:

### TOWNSHIP OF PLYMOUTH

### **CLERK'S OFFICE**

9955 North Haggerty Rd. Plymouth Township, MI 48170

OUTSIDE OF MAILING ENVELOPES/PACKAGES MUST BE PLAINLY MARKED "EMERGENCY MEDICAL SERVICES RFP" AND MUST BEAR THE NAME OF THE PROPOSER.

The Township reserves the right to accept any or all alternative proposals and award the contract to other than the lowest proposer, to waive any irregularities or informalities or both; to reject any or all proposals; and in general to make the award of the contract in any manner deemed by the Township, in its sole discretion, to be in the best interest of the Township.

Jerry Vorva

Township Clerk

Notice dated: Thursday, July 13th 2018



### **NOTICE TO PROPOSERS:**

Plymouth Township officially distributes RFP documents through the Michigan Intergovernmental Trade Network (MITN). Copies of RFP documents obtained from any other source are not considered official copies. Plymouth Township cannot guarantee the accuracy of any information not obtained from the MITN website and is not responsible for any errors contained by any information received from alternate sources. Only those vendors who obtain RFP documents from the MITN system are guaranteed access to receive addendum information, if such information is issued. If you obtained this document from a source other than the source indicated, it is recommended that you register on the MITN site, <a href="www.mitn.info">www.mitn.info</a> and obtain an official copy.



### **TOWNSHIP OF PLYMOUTH**

### **EMERGENCY MEDICAL SERVICES**

### **INSTRUCTIONS TO PROPOSERS**

This RFP is issued by the Township Clerk of Plymouth Township.

### **IMPORTANT DATES**

RFP Issue Date: Friday July 13th 2018

Last Date for Questions: Friday August 24th 2018

Response Due Date: Friday August 31st 2018

Anticipated Award Date: Friday October 26th 2018

Anticipated Effective Date of Contract: Tuesday January 1st 2019

### **QUESTIONS**

Please email all questions to Fire Chief Dan Phillips at <u>dphillips@plymouthtwp.org</u> or call 734-354-3221. Please put the name of the Bid/RFP in the subject line, otherwise your email may be deleted as spam.

### **PROPOSAL SUBMITTALS**

An **ORIGINAL** and **Seven (7)** copies of each proposal must be submitted to the Plymouth Township Clerk's Office. **Original may be clipped, but should not be stapled or otherwise bound**. No other distribution of the proposals will be made by the Contractor. Proposals must be signed by an official authorized to bind the Contractor to its provisions.



FAILURE TO SUBMIT PRICING ON THE PROPOSAL FORM PROVIDED BY PLYMOUTH TOWNSHIP MAY CAUSE THE BID TO BE CONSIDERED NON-RESPONSIVE AND INELIGIBLE FOR AWARD.

### **CHANGES TO THE RFP/ADDENDUM**

Should any prospective Proposer be in doubt as to the true meaning of any portion of the Request for Proposal, or should the Proposer find any patent ambiguity, inconsistency, or omission therein, the Proposer shall make a written request (via email) for official interpretation or correction. Such request shall be submitted to the specified person by the date listed above. The individual making the request shall be held responsible for its prompt delivery.

Such interpretation or correction, as well as any additional RFP provisions that the Township may decide to include, will be made as an addendum, which will be posted on the MITN website at <a href="www.mitn.info">www.mitn.info</a>. Any addendum issued by the Township shall become part of the RFP and shall be taken into account by each proposer in preparing their proposal. Only written addenda are binding. It is the Proposer's responsibility to be sure they have obtained all addenda. Receipt of all addenda must be acknowledged on proposal form.

### SUBMISSION OF PROPOSALS

Proposals must be submitted in a sealed envelope. Outside of mailing envelope must be labeled with name of contractor and name of RFP. Failure to do so may result in a premature opening or failure to open such proposal.

To be considered, sealed proposals must arrive at the Plymouth Township Clerk's Office, on or before the specified time and date. There will be no exceptions to this requirement. Proposal is considered received when in the possession of the Township Clerk. Contractors mailing proposals should allow ample time to ensure the timely delivery of their proposal. Proposals received after the closing date and time will not be accepted or considered. Faxed, emailed, or telephone bids are not acceptable. Plymouth Township shall not be held responsible for lost or misdirected proposals. The Township reserves the right to postpone an RFP opening for its own convenience.

Proposals must be clearly prepared and legible and must be signed by an Authorized Representative of the submitting Company on the enclosed form. Proposals must show



unit and total prices. ANY CHANGES MADE ON PROPOSAL FORMS MUST BE INITIALED OR YOUR PROPOSAL MAY BE CONSIDERED NON-RESPONSIVE.

A proposal may be withdrawn by giving written notice to the Township Clerk before the stated due date/closing time. After the stated closing time, the bid may not be withdrawn or canceled for a period of One Hundred and Twenty (120) days from closing time.

Proposers are expected to examine all specifications and instructions. Failure to do so will be at the proposer's risk.

Failure to include in the proposal all information requested may be cause for rejection of the proposal.

Any samples, CDs, DVDs or any other items submitted with your proposal will not be returned to the contractor.

No proposal will be accepted from, or contract awarded to any person, firm, or corporation that is in arrears or is in default to the Township Plymouth Township upon any debt or contract, or that is in default as surety or otherwise, or failed to perform faithfully any previous contract with the Township.

USE OF PLYMOUTH TOWNSHIP LOGO IN YOUR PROPOSAL IS PROHIBITED.

### **RESPONSIVE PROPOSALS**

All pages and the information requested herein shall be furnished completely in compliance with instructions. The manner and format of submission is essential to permit prompt evaluation of all proposals on a fair and uniform basis. Unit prices shall be submitted if space is provided on proposal form. In cases of mistakes in extension, the unit price shall govern. Accordingly, the Township reserves the right to declare as non-responsive, and reject an incomplete proposal if material information requested is not furnished, or where indirect or incomplete answers or information is not provided.



### **EXCEPTIONS**

The Township will not accept changes or exceptions to the RFP documents/specifications unless Contractor indicates the change or exception in the "Exceptions" section of the proposal form. If Contractor neglects to make the notation on the proposal form but writes it somewhere else within the RFP documents and is awarded the contract, the change or exception will not be included as part of the contract. The original terms, conditions and specifications of the RFP documents will be applicable during the term of the contract.

### **CONTRACT AWARD**

The contract that will be entered into will be that which is most advantageous to the Township, prices and other factors considered. The Township reserves the right to accept any or all alternative proposals and to award the contract to other than the lowest proposer, waive any irregularities or informalities or both, to reject any or all proposals, and in general, to make the award of the contract in any manner deemed by the Township, in its sole discretion, to be in the best interests of the Township.

After contract award, notification will be posted on the MITN website at www.mitn.info.

### **SELECTION PROCESS**

This document is a Request for Proposals. It differs from an Invitation to Bid in that the Township is seeking a solution as described herein, and not a bid meeting firm specifications for the lowest price. As such the lowest price will not guarantee an award recommendation.

Competitive sealed proposals will be evaluated based on criteria formulated around the most important features of the service, of which qualifications, experience, and methodology, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a contractor's approach meets the desired requirements of the Township. Those criteria that will be used and considered in evaluation for award are set forth in this document. The Township will thoroughly review all proposals received. A contract will be awarded to a qualified contractor submitting the best proposal.



### **EVALUATION**

The Township reserves the right to require bidders to meet all specified requirements. The initial pass/fail evaluation will be made by the Township board.

The evaluation and award of this proposal shall be a combination of factors including, but not limited to, professional competence, references, and the correlation of the proposal submitted to the needs of the Township and any other factors considered to be in the best interest of the Township.

The Township reserves the right to award the proposal to one master contract provider who can provide the highest level of service at the lowest cost to the Township. The Township reserves the right to reject proposals which contain major deviations from specified requirements; to accept a proposal which has only minor deviations from specified requirements.

### **AWARD**

Prices quoted shall remain firm for One Hundred Twenty (120) days or proposal award, whichever comes first except the successful provider whose prices shall remain firm for the entire contract period of three years.

### CONTRACT CANCELLATION DUE TO POOR PERFORMANCE

Due to the emergency nature of the services to be provided, and in the event that the service provider does not or cannot perform to mutually decided criteria, the Township reserves the right, at their sole discretion, to cancel the contract and/or employ as necessary other companies or additional companies and/or municipal personnel as necessary.

### **FINANCIAL REPORT**

The Township, at their discretion, may require the service provider to supply a Financial Report from an impartial Financial Credit Reporting Service before award of contract.



### **GENERAL CONDITIONS**

### TAX EXEMPT STATUS

It is understood that the Township is a governmental unit, and as such, is exempt from the payment of all Michigan State Sales and Federal Excise taxes. Do not include such taxes in the bid prices. The Township will furnish the successful proposer with tax exemption certificates when requested.

### TRANSFER OF CONTRACT/SUBCONTRACTING

The successful proposer will be prohibited from assigning, transferring, converting or otherwise disposing of the contract agreement to any other person, company or corporation without the expressed written consent of the Township. Any subcontractor, so approved, shall be bound by the terms and conditions of the contract. The contractor shall be fully liable for all acts and omissions of its subcontractor(s) and shall indemnify the Township for such acts or omissions.

### **NON-DISCRIMINATION**

In the hiring of employees for the performance of work under this contract, neither the contractor, subcontractor, nor any person acting in their behalf shall by reason of religion, race, color, national origin, age, sex, height, weight, handicap, ancestry, place of birth, sexual preference or marital status discriminate against any person qualified to perform the work required in the execution of the contract.

### **ACCEPTANCE OF PROPOSAL CONTENT**

Should a contract ensue, the contents of the proposal of the successful Proposer may become contractual obligations. Failure of a contractor to accept these obligations may result in cancellation of the award.

### **DISCLOSURE**

All documents, specifications, and correspondence submitted to Plymouth Township become the property of Plymouth Township and are subject to disclosure under the provisions of Public Act No. 442 of 1976 known as the "Freedom of Information Act".



This Act also provides for the complete disclosure of contracts and attachments hereto. This means that any informational material submitted as part of this RFP is available without redaction to any individual or organization upon request.

### **ECONOMY OF PREPARATION**

Proposals should be prepared simply and economically, providing a straightforward and concise description of the contractor's ability to meet the requirements of the bid. Emphasis should be on completeness and clarity of content. Included in the response must be a point by point response to the Requirements and other sections of the bid.

The Township is not liable for any costs incurred by proposers prior to issuance of a contract.

### **MATERIAL SAFETY DATA SHEETS (MSDS)**

All Township purchases require a Material Safety Data Sheet, ("MSDS"), where applicable, in compliance with MIOSHA "Right To Know" law. The MSDS must include the following information:

- 1. The chemical name and the common name of the toxic substance.
- 2. The hazards or other risks in the use of the toxic substance, including:
  - a) The potential for fire, explosion, corrosivity, and reactivity;
  - b) The known acute and chronic health effects of risks from exposure, including the medical conditions which are generally recognized as being aggravated by exposure to the toxic substance; and
  - c) The primary routes of entry and symptoms of overexposure.
- 3. The proper precautions, handling practices, necessary personal protective equipment, and other safety precautions in the use of or exposure to the toxic substances, including appropriate emergency treatment in case of overexposure.
- 4. The emergency procedure for spills, fire, disposal, and first aid.
- 5. A description in lay terms of the known specific potential health risks posed by the toxic substance intended to alert any person reading this information.
- 6. The year and month, if available, that the information was compiled and the name, address, and emergency telephone number of the manufacturer responsible for preparing the information.

### INDEPENDENT PRICE DETERMINATION

By submission of a proposal, the offerer certifies, and in case of a joint proposal, each party hereto certifies as to its own organization, that in connection with the proposal:



- (a) The prices in the proposal have been arrived at independently without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other offerer or with any other Competitor; and
- (b) No attempt has been made or will be made by the offerer to induce any other person or firm to submit or not submit a proposal for the purpose of restricting competition.

Each person signing the proposal certifies that:

- (c) He is the person in the offerer's organization responsible within that organization for the decision as to prices being offered in the proposal and that he has not participated an will not participate in any action contrary to (a) and (b) above; or
- (d) He is not the person in the offerer's organization responsible within that organization for the decision as to prices being offered in the proposal but that he has been authorized in writing to act as agent for the persons responsible for such decisions in verifying that such persons have not participated, and will not participate, in any action contrary to (a) and (b) above, and that as their agent, does hereby so certify; and that he has not participated, and will not participate in any action contrary to (a) and (b) above.

A proposal will not be considered for award if the sense of the statements required in the proposal has been altered so as to delete or modify the above.

**Anticipated Services:** Plymouth Township is soliciting proposals from qualified providers for the provision of advanced life support ambulance and related services on behalf of itself. Proposals shall encompass, at a minimum, advanced life support ambulance service for the Township.

### **Response Times:**

### Eight (8) minute response time for Township of Plymouth

The Company will provide ambulance(s) dedicated for service within, and located within, Plymouth Township limits at all times. The Company guarantees Priority I service, emergency response by an ALS ambulance in eight (8) minutes or less 90% of the time, twenty-four (24) hours a day, seven (7) days a week, three-hundred sixty-five (365) days a year to Plymouth Township. Except for extenuating circumstances, no response (Priority I) shall exceed twelve (12) minutes. Response time to non-emergency (Priority 3), or downgraded calls, shall be less than fifteen (15) minutes, 90% of the time and shall not exceed twenty



(20) minutes, except for extenuating circumstances. The Company shall notify the Township within five (5) business days, in writing, of those responses that exceed the parameters of this Agreement.

**Definitions:** Priority 1 and Priority 3 definitions can be found in the attached Exhibit A (Health Emergency Medical Services, Inc.).

**Contract Term:** It is the intent of Plymouth Township to enter into contract with the provider that can provide the highest level of service at the lowest cost to the municipality. The contract award shall be for a period of **two years**. The proposal shall include an implementation schedule which shall commence on January 1st 2018.

BMM is prepared to meet the two year contract expectation beginning January 1st, 2019.

**Contract Termination:** The contract shall contain a termination provision enabling the Township to terminate the contract upon written notice for cause, as well as an indemnification provision that indemnifies the Township, its elected officials, and its employees from any acts of the provider, along with the necessary insurance coverage. A response to this RFP may include a draft contract. A draft contract will be provided if awarded contract

**Desired System:** The desired system will consist of advanced life support ambulances for transportation that will be assigned to and operate from the Township. In order to assure continuity of care, it is anticipated that one provider will be chosen to provide advanced life support ambulance service.

Historical Call Volume: Please see Exhibit A for Historical Call Volume for the Township.

### SECTION II: OPERATIONAL REQUIREMENTS - AMBULANCE SERVICE

The following are the operation requirements for the ambulance service component of the system.

The proposal response must include an answer to each individual item below. Your response should be concise and complete and use the lettering system & section title



as provided. The Township reserves the right to eliminate from consideration any proposal incomplete or not organized as required.

- A. Exclusive Private Provider A sum certain to be paid annually to the Township for the exclusive right to be the private EMS provider (Note: the Township Fire Department will continue to provide its services) (MCL 333.20948) BMM is willing to reimburse the Plymouth Township Fire Department \$64.00 per ALS run in the event the Plymouth Township Fire Advanced Life Support Staff is physically required to administer Advanced Life Support and accompany the patients to the receiving hospital in our vehicle.
- B. Response time The Township standard will be eight (8) minutes for 90% of Priority 1 responses.

Response time criteria shall not apply to incidents that are dispatched as non-emergency (Priority 3) or downgraded to non-emergency prior to the arrival of the ambulance. There shall also be consideration given for area wide weather emergencies including but not limited to: snowstorms, ice storms, high winds, etc.

BMM agrees to provide Plymouth Township with EMS service as outlined in "Response Times" paragraph above, meeting/exceeding the requirements as specified within. BMM utilizes an industry standard system status management approach to vehicle deployment. This strategic deployment architecture allows for calculated deployment of resources.

However, BMM takes this approach to a new level with the assistance of a system integrated predictive call system known as Dispatch Pro (a Zoll Corporation product). This smart technology utilizes historic data based on call location, history and response to place vehicles at specific times and days of the week.

C. Deployment plan – The provider shall include in its initial proposal a proposed deployment plan, indicating the number of units required to meet the response time standard and the backfill (move up) strategy. The deployment plan shall specify the required unit coverage by hour and day of the week. A data prediction for service to incorporate into the deployment model is preferred.

BMM will provide ONE (1) dedicated ALS unit 24-hours per day, 365 days per year with the understanding that this unit is committed to Plymouth Township and is not to be utilized outside the Township of Plymouth without approval of the Township. Additionally, BMM agrees to provide a unit for back fill when one of the "Dedicated" units is responding to an emergency or immediate request within the Township of Plymouth boundaries.



In addition to the vehicle "dedicated" to this plan and the additional unit for backfill, BMM deploys multiple ALS units in contiguous communities to allow for an expedient response as part of any backfill or mass casualty response requiring more than the required vehicles as part of this RFP. The deployment maps located in the supplemental materials (p.) identify current and logical post locations based on information provided through our more than 30 years of history as the incumbent provider as well as the dynamic feedback of our predictive call system, also known as Dispatch Pro.

D. Licensure – The provider's service area, vehicles, and personnel shall be appropriately licensed including those specifically required by the Michigan Department of Consumer and Industry Services. A copy of your company's State of Michigan license to provide services in Michigan is required.

BMM, its vehicles and employed personnel are appropriately licensed in the State of Michigan. A copy of the State of Michigan ambulance licenses can be found in the supplemental materials of this document.

Utilizing the eCore software system, employee credentials are maintained and monitored to ensure no lapse in licensure. Employees are provided a series of countdown advisories to remind them of upcoming expirations. In the unlikely event that an employee was to have a credential expire, the system would not allow them to punch in for work. Furthermore, each month our Human Resources Department reviews adverse actions taken by the Michigan Department of Consumer and Industry Services EMS Division as reported on the LARA website to ensure that all employees remain in compliance with current licensing requirements. This information is reported to the Beaumont Health Corporate Compliance Committee at our monthly meetings and to our operations leadership as appropriate.

**E.** Advanced Life Support – All ambulances utilized by the provider shall be capable of providing advanced life support in accordance with the Health Emergency Medical Services, Inc. And each ALS ambulance will be staffed by two licensed paramedics.

All ambulances utilized will be capable of providing advanced life support and will be staffed at the minimum ALS staffing – 1 paramedic, 1 Basic EMT.

**F.** Vehicles – Providers shall include in their proposal the specific information for the vehicles they propose to utilize including age, type, and mileage. All vehicles shall be maintained in safe operating condition. Vehicle chassis over 5 years old are not acceptable. Maintenance logs shall be maintained for each vehicle and be



available for inspection. Providers shall indicate what preventative maintenance programs are in place and shall indicate the number of "critical vehicle failures" per 100,000 miles driven for the last three years. Providers shall include the procedure their company uses to maintain and repair their vehicles including how, when, and where the vehicles are serviced.

Beaumont Mobile Medicine recognizes the importance of ensuring that the vehicles utilized to transport patients maintain quality and safety standards. Beaumont Mobile Medicine agrees to this provision. We have an extensive preventative maintenance program which enables our computerized system to track all work performed on vehicles as well as proactively identifying maintenance needs to keep ambulances on the road and in peak performance. During the three year period of 10/1/2014 through 9/30/2107, our critical service failures related to vehicle breakdowns were 0.13 per 100,000 miles driven.

See the Technology page of "Our Value as a Partner" section to view details of our preventative maintenance program.

**Reports** – Response time summaries, by participating entity and by other geographic zones as may be designated, including the listing of all response time exceptions, shall be reported at least monthly. These reports shall include: compliance with response time standards in a format prescribed by the Township including the ability to sort by entity, and other geographic zones as my be designated; incidents of unit breakdowns, listing of calls referred to other agencies, "Level-O" time, mutual aid response times, call downgrades and other reports used to determine contract compliance. These reports may vary from month to month depending on specific issues that need to be addressed. In addition to hard copies as required, data shall be submitted to the Township in primarily electronic format. The provider shall also submit required information to each Township in a manner and format prescribed by that Township (i.e. compatibility with an information system prescribed by each Township). Non-compliance with this provision will be subject to contract termination provision. 90 based upon day

BMM actively participates in the exchange of information in an open and transparent process. BMM agrees to continue this process and supports the need for such transparency. BMM utilizes the Zoll Data Solutions software, combined with other integrated software solutions to capture events related to the response and conveyance of each patient, from onset of call to clearing the hospital after proper handoff of patient care. BMM agrees to continue to provide data on a monthly basis as requested and in the agreed upon format and also at other intervals as needed to provide information about specific needs.

**H. Monthly meetings** – A supervisory member of the provider's staff shall participate in a monthly in-person meeting with the Plymouth Township Fire Chief to assess the effectiveness of the program and jointly review and address any issues or concerns.



Beaumont Mobile Medicine will comply with this provision and agrees to continue to do so on an ongoing basis. We will also bring other content experts when necessary to ensure appropriate communication and service.

I. Personnel – The provider shall perform a CCH (Complete Criminal History) on all of its Paramedics and Emergency Medical Technicians. Employees with a conviction for Criminal Sexual Conduct (CSC) or violation of the Controlled Substances Act shall not be allowed to work in the Township area. Employees with a conviction for theft or larceny within the last five (5) years shall not be allowed to work in the Township area.

The provider shall perform a Complete Driving History on all of its Paramedics and Emergency Medical Technicians in the beginning of the contract and continually through the engagement period, in advance of any new employee working in the Township. Employees with two or more convictions for Operating Under Influence of Liquor (OUIL), Unlawful Blood Alcohol Level (UBAL), Operating While Intoxicated (OWI), Operating While Visibly Impaired (OWVI), Operating While Under the Influence of Narcotic (OUIN), or any two or more convictions of any combination thereof, shall not be allowed to work in this area. Employees with a conviction for Operating under Influence of Liquor (OUIL), Unlawful Blood Alcohol Level (UBAL), Operating While Intoxicated, Operating While Visibly Impaired (OWVI), Operating While under the Influence of Narcotic (OUIN), in the last five years shall not work in this area.

The provider shall indicate how personnel are screened for motor vehicle operator records and what additional criteria are used for qualification and/or disqualification in the screening. All vehicle operators shall be required to attend a nationally recognized driver training program.

The provider shall notify the Health Emergency Medical Services, Inc. and the State Division of Emergency Medical Services if any of its Paramedics or Emergency Medical Technicians are criminally charged with any felony, or terminated from employment for any narcotic larceny or narcotic/alcohol use problem.

The provider shall agree to remove for cause an employee from the Township operating area upon written request of the fire or police chief.

Beaumont Mobile Medicine is committed to ensuring that staff providing service and caring for patients is appropriately screened and safe. Criminal histories are performed when onboarding any employee and only those without convictions for criminal sexual conduct, alcohol/drug-related acts or acts of violence are allowed



to become employees of our company. We believe in hiring only the highest quality professionals to represent us and care for the communities we serve. Driving histories are performed, and our staff is required to attend CEVO classes on an annual basis. Employees found to have violated any of the above provisions are removed from service and reported as appropriate. Beaumont Mobile Medicine will work with the Township of Plymouth to remove any employee for cause to ensure a safe and positive working environment.

J. **Drug Testing –** The provider shall have a random and probable cause drug testing program for all personnel operating in the Township area.

Beaumont Mobile Medicine is committed to a safe working environment and as such ensures appropriate drug testing for all employees. Drug testing must be performed within 24 hours of an offer of employment. Drug screening is also done "for cause"; when an accident or on the job injury occurs, or when there is reasonable suspicion (eg, slurring words, stumbling, glazed eyes, etc.).

K. Quality Assurance Program – The provider shall provide a description of the quality assurance program in place to continually assess the quality of treatment by EMS personnel.

BMM is proud of our robust and comprehensive Quality Assurance/ Quality Improvement (QA/QI) plan that exceed industry standards, thus minimizing risks which can affect the welfare of our patients. Information related to the Beaumont Health approved plan can be found in "The Value as a Partner-QA/QI" section in this RFP response. Our Medical Director, David Hess D.O. an emergency room physician at Beaumont Farmington Hills, is actively engaged in the review and reporting of our plan and is instrumental in the development and presentation of continuing education classes based on identified need. Dr. Hess is also the physician Medical Director overseeing the Parastar Communications Center and is responsible for reviewing and providing recommendations on EMD standards.

BMM is recognized as an accredited EMS agency by the Commission on Accreditation of Ambulance Services and has held such recognition since 2012. Information on CAAS accreditation can be found in "The Value as a Partner- CAAS Accreditation". Our current accreditation is subject to renewal in 2018.

- Complaint Resolution In the event a complaint arises over the provision of emergency medical care, the procedure shall be as follows:
  - (1) The complaint shall be referred to the Township staff for investigation and review.



(2) In the event the complaint is not resolved, it shall be referred to the Quality Improvement committee of the Wayne County Medical Control Authority.

Beaumont Mobile Medicine works closely with the communities we serve to promptly and thoroughly investigate and resolve any issues that may arise. We maintain a long-standing positive relationship with the Health Emergency Medical Services (HEMS) and work collaboratively on any issues or concerns.

M. Incident Command System – The provider shall provide training on at least an annual basis for ambulance personnel operating in the Township area on their role and responsibilities within the framework of the Incident Command System.

Beaumont Mobile Medicine believes in the ongoing education and training of its staff, including their responsibilities related to the Incident Command System. Our online eCore system tracks and maintains all education profiles and annual competencies.

N. Hazardous Materials Training – All ambulance personnel shall be trained to the hazmat first responder awareness level as designated by the Michigan Firefighters Training Council. The provider shall submit documentation of this training.

BMM ambulance personnel are required, through their participation in the National EMS Disaster Response contract, to be certified at the hazmat first responder awareness level. We will continue this practice throughout the term of this agreement.

O. Insurance - A certificate of insurance naming the Township as an additional insured must be provided by the successful proposer prior to commencement of work. A current certificate of insurance meeting the requirements in Attachment A is to be provided to the Township and remain in force during the entire contract period.

The cost of the additional insurance coverage must be included in the prices quoted for the services to be provided. No additional cost for insurance will be accepted by the Township.

The following letter reflects verification of insurance which meets township of Plymouth specifications (see supplemental materials)

A Certificate of Insurance on an ACORD Form showing present coverage must be included with your proposal.



PLEASE HAVE YOUR INSURANCE COMPANY VERIFY BY MEANS OF A LETTER THAT YOUR COMPANY WILL MEET INSURANCE SPECIFICATIONS IF AWARDED A CONTRACT. YOUR COMPANY SHOULD SUBMIT THIS LETTER WITH YOUR PROPOSAL DOCUMENT.



Failure on the part of any bidder to contact his/her insurance carrier to verify that the insurance carried by the bidder meets Township specifications may result in this proposal being completed incorrectly.

See Supplemental materials for all insurance documents.

All coverage shall be with insurance carriers licensed and admitted to do business in Michigan and acceptable to the Township.

The "Service Provider" does warrant that by signing the proposal document, the "additional insured endorsement" will be included in the insurance coverage supplied to the Township as part of the specified requirements.

See Supplemental materials for all insurance documents.

Mutual Aid and Mass Casualty Preparedness – The provider shall submit a mutual aid resource plan showing the average number of advanced ambulances that could be provided for a back to back or multi-casualty incident, life-threatening disaster, or major emergency as determined by the Township. This shall include typical response times based on average activity. The plan should include contingency planning for multiple back-to-back-incidents across the Township's geographic area.

BMM and its affiliates deploy 60-65 ambulances daily from locations in Southfield, Troy, Taylor and multiple surrounding areas including the dedicated resources identified within this RFP for the Township of Plymouth. At any given time, resources from this deployment could be redirected to an area based on a catastrophic need or multiple back-to-back responses. Furthermore, Beaumont Mobile Medicine has had long standing mutual aid agreements with multiple EMS agencies throughout.

- BMM can activate through self-dispatch and mutual aid an additional 8-10 ambulances with responses to the Township within 5-10 minutes
- BMM can also activate through self-dispatch and mutual aid an additional 10-12 ambulance with responses to the Township within 11-25 minutes.
- Through our partnership with Beaumont Health, BMM has the availability of aeromedical helicopter service which can respond to emergencies within the Township of Plymouth.
- Q. Incident Standby The provider shall provide ambulance units as requested to standby at the scenes of fires, hazardous materials incidents, and fire training incidents as requested. These units shall not leave the incident unless released by the incident commander. The ambulance units shall assist in medical evaluation



of emergency personnel as required.

Beaumont Mobile Medicine agrees to this request.

**R.** Communications – The Advanced Life Support ambulances shall be equipped with mobile and portable communications equipment allowing them to communicate with; provider's dispatch, local medical first responder, and fire units. The providers shall indicate what backup systems exist to facilitate dispatch communications in the event of a failure of the primary radio transmitter.

Beaumont Mobile Medicine currently resides on the State of Michigan 800 MHz system which provides statewide coverage for all of its vehicles. We have dedicated talk groups which allows us to split off for stand-by, incident command, dispatch, and other functions. Additionally our Wayne County units carry 800 MHz radios that operate on the Oakland County System. Both of these systems are patched together and allow for access to standard means of communications for Disaster Management. As an additional mode of communications, we also have a private MotoTurbo (Motorola Digital Radio) dedicated to our services, as well as the availability of dedicated UHF and VHF frequencies.

Beaumont Mobile Medicine has recently converted to a cellular based paging system. This new paging system provides the ability to provide guaranteed delivery to the paging devices as well as confirmation of receipt.

Beaumont Mobile Medicine makes every effort to keep up with the standards for the Public Safety environment. To that, we are currently making plans to begin a Radio Over IP rollout that will provide us with the ability to communicate utilizing any smart device (phones, computers, or tablets). This will be done over the Verizon Cellular Network as well as First Net (hosted by AT&T), which will provide us with redundant wireless carriers and a dedicated network reserved for first responders.

The Company will provide the Township's Communication Center with access to Automatic Vehicle Locator (AVL) Systems to track their ambulances. Global Positioning System (GPS) Technology will increase accountability and promote greater awareness of the level of service provided by service areas throughout the Township. The AVL systems may be used to review vehicle positioning histories, identify locations of existing assets to improve dispatch efficiency, monitor appropriate vehicle usage, and report vehicle movements to pass on information to our Public Safety Team. The AVL technology will be used to improve the efficiency of emergency medical service delivery in the Township.

Each of Beaumont Mobile Medicine's vehicles is equipped with CradlePoint Modems. These devices allow for several distinct feeds of GPS related data to individual servers. We currently utilize Zoll CAD as one receiver, with a secondary to Fleeteys (MDT), and a final to our MDT system within the vehicle (redundant GPS



location within the vehicle for mapping). We are currently in the process of replacing our MDT system with a new MDT system that will provide immediate access to run data, as well as mapping and turn by turn directions provided via Google. As an accessory, this could also be provided to the Township of Plymouth to allow for the display of run information as well as response.

**S.** Recording Capability – The provider shall record all telephone and radio communications and retain the recordings for a minimum of one year.

All phone calls and radio communications into the center are recorded on a digital logging system and retained for a minimum of 3 years on DVD media.

**T. E-911 Interface** – The provider shall operate an Enhanced 911 (E-911) secondary PSAP capable of interfacing with all of the E-911 systems utilized by the Township to allow the transfer of E-911 calls including ANI/ALI information to minimize the time required to initiate a response.

Beaumont Mobile Medicine utilizes its affiliate, Parastar's, Secondary PSAP dispatch center. This dispatch center is equipped to receive ANI/ALI data from callers transferred through the Plymouth Township Police Department Dispatch Center. Additionally, this center is Phase II Wireless Compliant.

Beaumont Mobile Medicine proudly boasts that our dispatch center holds the coveted "ACE" accreditation awarded by the International Academies of Emergency Dispatch to agencies that demonstrate the epitome of excellence and professionalism in operating an emergency medical dispatch center; one of only five such awarded centers in the State of Michigan. Our staff is all certified emergency medical dispatchers (EMD) and provide pre-arrival emergency care as appropriate.

**U. Emergency Medical Dispatch –** The provider shall utilize a nationally accepted telephone triage system and all dispatch personnel shall be certified in the program in use. Dispatchers shall provide pre-arrival emergency care instructions to the calling party when appropriate.

Beaumont Mobile Medicine proudly boasts that our dispatch center holds the coveted ACE accreditation; one of only five in the State. Our staff are all certified emergency medical dispatchers (EMD) and provide pre-arrival emergency care as appropriate.

V. Blood Borne Pathogen Decontamination Facility – The provider shall make available a decontamination facility for Township police and fire personnel. This facility may be located at the provider's location and shall provide shower and laundry equipment in compliance with the applicable requirements. This facility shall be available on a 24 hour – 7 day a week basis with a 15 minute advance notification. Bidders shall specify the location and capability of their contamination facility.



Beaumont Mobile Medicine currently complies with this provision and will continue to do so.

W. Disposal of Bio-Hazard Contaminated Waste – The provider shall provide disposal service for any contaminated materials generated by the police or fire departments. Waste will be bagged and tagged with appropriate labels by Township personnel and forwarded to the provider for disposal.

Beaumont Mobile Medicine currently complies with this provision and will continue to do so.

X. Base of Operations – The provider shall identify the location(s) which are to serve as the base of operations for this program, including dispatch, administration, and fleet maintenance.

The base of operations for Beaumont Mobile Medicine's administration fleet maintenance, and dispatch is located at 25400 W. 8 Mile Road, Southfield, MI 48033-3866.

Y. Restocking of Medical Supplies – The provider shall provide a plan for restocking expendable medical supplies utilized by the fire department and the police department complies with Medicare/Medicaid reimbursement regulations and guidelines.

Beaumont Mobile Medicine and Plymouth FD will meet monthly to review a list of expendable medical supplies utilized by the first responders from Plymouth FD. Both parties will agree on the items and amount of the expendable items for the restocking to insure compliance with Medicare/Medicaid reimbursement auidelines are adhered too.

Charges – The provider shall specify what ambulance user charges are to be assessed and include a current schedule of charges. The Township shall not be billed, nor will they be financially responsible for medical services rendered by the provider. A request for increased rates must be made at least thirty (30) days prior to the proposal effective date of the rate change.

Beaumont Mobile Medicine agrees with this provision. Please see our ambulance user charge schedule section located in the Supplemental Information page of this document.



AA. Staffing Coverage – Deployment plans specifying staffing coverage to meet the performance requirements for advanced life support (ALS) ambulance shall be included in the proposal.

Please refer to the Supplemental Information section to view details of our Staffing Coverage plan.



## INSURANCE REQUIREMENTS ATTACHMENT A

The Contractor shall procure and maintain during the term of this contract, the insurance coverage outlined below. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan. All coverage shall be with insurance carriers acceptable to the Township.

**WORKER'S COMPENSATION INSURANCE:** The Service Provider shall procure and maintain during the life of this contract, Worker's Compensation Insurance, including employer's liability in accordance with all applicable statutes of the State of Michigan.

COMMERCIAL GENERAL LIABILITY INSURANCE: The Service Provider shall procure and maintain during the life of this contract, Commercial General Liability Insurance on an "occurrence basis" with limits of liability of not less than \$5,000,000 per occurrence and/or aggregate combined single limit, personal injury, bodily injury and property damage. Coverage shall include the following extensions: (A) Contractual Liability; (B) Products and Completed Operations Coverage; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent; (E) Annual contract aggregate applicable to this contract.

**MOTOR VEHICLE LIABILITY:** The Service Provider shall procure and maintain, during the life of this contract, Motor Vehicle Liability Insurance, including Michigan No-Fault Coverage, with limits of liability of not less than **\$5,000,000** per occurrence combined single limit Bodily Injury and Property Damage. Coverage shall include all owned, nonowned, and hired vehicles.

#### AMBULANCE AND PROFESSIONAL MALPRACTICE LIABILITY: The Service Provider shall

procure and maintain during the life of this contract, Ambulance Professional Malpractice Liability Insurance in an amount of not less than \$5,000,000 per occurrence and/or aggregate combined single limit for bodily injury and personal injury arising out of operations.



ADDITIONAL INSURED: Commercial General Liability Insurance, Motor Vehicle Liability Insurance, and Ambulance Professional Malpractice Liability Insurance as described above, shall include an endorsement stating the following as "Plymouth Township, its Township Council, its employees, all elected and appointed officials, all employees and volunteers, all boards, commissions and/or volunteers thereof are named as additional insured." Said coverage shall be primary coverage rather than any policies and insurance self-insurance retention owned or maintained by the Township. Policies shall be issued by insurers who endorse the policies to reflect that, in the event of payment of any loss or damages, subrogation rights under those contract documents will be waived by the insurer with respect to claims against the Township

CANCELLATION NOTICE: Worker's Compensation Insurance, Commercial General Liability Insurance, Motor Vehicle Liability Insurance and Ambulance Professional Liability Insurance, as described above, shall include an endorsement stating the following: "It is understood and agreed that Thirty (30) Days Advance Written Notice of Cancellation, Non-renewal, Reduction and/or Material Change shall be sent to Plymouth Township, 9955 N. Haggerty Rd., Plymouth Township, MI 48170."

**PROOF OF INSURANCE**: Upon Notice of Award, the service provider shall provide to the Township certificates of insurance and policies in full compliance with specifications as listed below:

- 1. Two (2) copies of the Certificate of Insurance for Worker's Compensation Insurance;
- Two (2) copies of the Certificate of Insurance for Commercial General Liability Insurance;
- 3. Two (2) copies of Insurance for Vehicle Liability Insurance;
- 4. Two (2) copies of Certificate of Insurance for Ambulance Professional Malpractice Liability Insurance.
- 5. If so requested, Certified Copies of all policies mentioned above will be furnished.

Note: If any of the above coverages expire during the term of this contract, the service provider shall deliver renewal certificates of insurance to the Township at least ten (10) days prior to the expiration thereof.



## TOWNSHIP OF PLYMOUTH EMERGENCY MEDICAL SERVICES PROPOSAL FORM

We the undersigned, as proposer, propose to furnish to Plymouth Township, according to the specifications, terms, conditions and instructions attached hereto and made a part thereof:

IMPORTANT: The service provider must include an *Ambulance User Charge Schedule* with their proposal document to be considered for award.

#### **INSURANCE:**

<b>(</b> )	()	We can meet the specified insurance requirements.
(	)	We cannot meet the specified insurance requirements.
(	)	We do not carry the specified limits but can obtain the additional insurance coverage.
(	)	We have included the required copy of our current insurance certificate with our proposal submission.



#### **REFERENCES:**

Providers shall submit a complete reference list consisting of agencies to which your company has provided services similar to those requested by Plymouth Township (attach

and mark REFERENCES for identification). List the three largest clients (by volume of runs) below.

AGENCY:	Northville City Fire Department		
ADDRESS:	215 W. Main St. Northville, MI 48167		
PHONE:	248-449-9920	CONTACT:	Chief Steve Ott
	Ambulance Service: (X) Yes (	) No <i>I</i>	MFR: ( ) Yes (X) No
AGENCY:	Farmington City Public Safety		
ADDRESS:	23600 Liberty Street		
PHONE:	248-474-4700	CONTACT:	Deputy Director Ted Warthman
	Ambulance Service: (X) Yes (	) No /	MFR: ( ) Yes (X) No
·			
AGENCY:	Huron Valley Hospital in Commerce		
ADDRESS:	1 William Carls Dr, Commerce Charter T	wp, MI 48382	
PHONE:	(248) 937-3300	CONTACT:	Adeeb Harb
	Ambulance Service: (X) Yes (	) No 1	MFR: ( ) Yes (X) No
	S TO SPECIFICATIONS (all exceptions ne alternate staffing per Wayne County protocols	-	_



COMMENTS:				
We acknowled	ge receipt of the following	g Addenda:		
			(please list adde	nda numbers)
THIS PROPOSAL	SUBMITTED BY:			
Company (Lego	al Registration):Be	eaumont Me	edical Transportation	on Inc.
Address:	25400 We	st 8 Mile Rd	,	
Township:	Southfield	State: _	<u>Michigan</u> Zip:_	48033
Telephone	(248) 356-3900	Fax:	(248)-945-	5081
Authorized Repr	resentative's Name:		<u>Greg Beauchemin</u>	
Authorized Repr	resentative's Title:		President	
Signature	SCI			
E-mail	greg.beau	chemin@be	eaumont.org	
Date <u>8/30/1</u>	8			



To the fullest extent permitted by law, the $\_$	Beaumont Mobile Medicine Inc.
,	(Nicona of any income delay)
	(Name of service provider)

agrees to defend, pay in behalf of, indemnify and hold harmless Plymouth Township, its Township Council, all elected and appointed officials, employees, volunteers, and others working on behalf of Plymouth Township against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from Plymouth Township, its elected and appointed officials, employees, volunteers or others working in behalf of Plymouth Township members by reason of personal injury, including bodily injury and death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this contract.

Signature of Authorized Representative



#### HEMS SYSTEM PROTOCOLS GENERAL OPERATIONS

#### **Patient Prioritization**

- 1. Priority 1
  - A. Critically ill or injured patient with an immediate life-threatening condition.
  - B. Examples include, but are not limited to:
    - 1. Unstable or deteriorating vital signs
    - 2. Compromised airway
    - 3. Severe respiratory distress/failure
    - 4. Cardiac arrest or post cardiac arrest
    - 5. Stroke or STEMI
    - 6. GCS < 10
    - 7. Significant blunt or penetrating trauma including but not limited to:
      - a. Airway compromised
      - b. Respiratory distress
      - c. Signs of inadequate perfusion
    - 8. Actively seizing patient
- 2. Priority 2
  - A. Seriously ill or injured patient without immediate life-threatening Condition.
  - B. Examples include, but are not limited to:
    - 1. GCS 11-14
    - 2. Medical conditions such as chest pain, suspected sepsis, respiratory distress without immediate threat to life.
    - 3. Altered level of consciousness, responding to verbal or painful stimuli
    - 4. Significant mechanism of injury in patient with stable vital signs
    - 3. Priority 3
      - A. Ill or injured patients not fitting the above two categories who require medical

Attention and do not have a life-threatening problems

#### Exhibit A

#### Historical Call Volume

Year	EMS Runs	Patients
2014	1754	1798
2015	1834	1903
2016	1501	1553
2017	1546	1605
2018*	636	612

<sup>\*</sup> partial year



## Beaumont Mobile Medicine

## **About Us**



### **About Us**



Beaumont Mobile Medicine is part of Beaumont Health which was formed in 2014 by three healthcare systems; Beaumont Health, Botsford Hospital and Oakwood Health came together as Michigan's largest Health Care system. As part of the formation of Beaumont Health, each legacy health system combined their existing medical transportation companies (Beaumont Mobile Medicine, Healthlink Medical Transportation, and Beaumont Medical Transportation) to form Beaumont Mobile Medicine a 501(c) 3 company. For over 35 years these three legacy EMS companies have provided quality driven EMS services through innovation, technologies, and implementing best practice clinical and operational metrics.

We currently have existing companies employing more than 1800 employees with over 400 vehicles through partnerships with several large Health Care delivery systems throughout the Midwestern United States. Beaumont Mobile Medicine's ongoing goal is to provide "Best of Class" pre-hospital and post-acute clinical services and transportation. We possess the infrastructure and expertise to provide First Response, ALS, and conveyance for the City of Troy. We also have the ability to provide these services at a reasonable cost to the patients who can afford services; for those who cannot, we have charity policies that can greatly reduce the burden to families who are less fortunate. Because we are part of Beaumont Health, we are required to be fiscally and operationally responsible to guarantee system stability which, in a changing EMS world, is a challenge for many smaller providers.

We take great pride in being accredited by the Commission on Accreditation of Ambulance Services (CAAS). CAAS was established in 1990 to set the "Gold Standard" for EMS services nationally. Our Communication Center is also accredited through the Accredited Center of Excellence (ACE) for Communication Centers. Finally, our school, Life Support Training Institute (LSTI) is one of only 14 EMS schools in Michigan accredited through the Commission on Accreditation of Allied Health Education Programs (CAAHEP). One of our ongoing corporate strategic goals is to be the best in our industry by providing reliable, timely, and compassionate care for every patient we treat and transport.





# **Beaumont**Mobile Medicine

## Our Value to Your Community: QA / QI





#### **QUALITY ASSURANCE / QUALITY IMPROVEMENT PLAN**

#### I. Introduction

The Quality Assurance (QA) and Quality Improvement (QI) Plan sets forth the QA/QI Program's organizational structure, outlines the program's major activities, and defines the responsibilities of the involved Governance, Management, Employees, Departments and Committees in its organizational-wide Quality Assurance and Quality Improvement Program. The purpose of the plan is to enable an effective review of the professional practices in the organization for the purposes of reducing morbidity and mortality and improving patient care provided in the prehospital setting. The QA/QI process is organized under the overall direction of the CEO/President.

Individuals or committees in the QA/QI process are assigned a professional review function in accordance with Michigan and Federal Law. The records, data and knowledge collected for or by individuals or committees assigned a professional review function are confidential, are not public records and shall not be available for court subpoena as provided by Michigan and Federal Law.

The QA/QI Program is a comprehensive management approach that focuses on the systematic and continuous monitoring and improvement of quality in clinical, professional, and administrative areas.

#### II. Goals

- Maintain a QA/QI Program that defines a specific monitoring process and may include clinical and administrative areas. The quality performance expectations for monitored areas are measurable and drawn from standards and/or benchmark data. The program includes a process for evaluation and identification of areas failing expected standards and/or benchmarks, implementation of corrective action(s), and evaluation of outcome(s).
- Establish an organization-wide education program that provides ongoing quality improvement education to the Management and Employees engaged in patient care and services.
- Ensure compliance with Medical Control Authority's quality assessment and improvement requirements, Medicare Conditions of Participation, and other pertinent regulatory requirements.
- Maintain a collaborative, integrated, effective QI structure which promotes accountability and organization-wide participation in quality assessment and improvement activities.



#### III. Required Function of the Quality Assurance / Improvement Program

- Identify quality indicators that signal important aspects of patient care and services.
- Establish standards and/or benchmarks to measure expected performance.
- Monitor, evaluate and report outcomes of the important aspects of patient care and services.
- Identify an approach to investigate variances that may result in corrective action plan(s) to resolve variances within realistic timeframes.
- · Assign responsibility and guidelines for establishing corrective actions and reporting outcomes.
- Perform annual evaluations of quality improvement activities.
- Disseminate QI program reports and actions to appropriate individuals, departments, and committees, including an organizational-wide QI report to the CEO/President.
- Establish and maintain a monitoring and reporting mechanism to facilitate EMS credentialing process.

#### **IV. Responsibility**

The CEO/President has the ultimate responsibility for the Quality Assurance/Quality Improvement Plan. The Plan and an annual organizational-wide QA/QI Report shall be reviewed annually. Any and all revisions to the Plan require approval by the CEO/President.

The CEO/President ensures that an appropriate level of patient care services is delivered by pre-hospital personnel to include Joint Ventures and contracted services within the organization. The CEO/President has delegated the administration of the Quality Assurance/Quality Improvement Program to the Quality Improvement Council.

#### V. Scope

The Quality Assurance/Quality Improvement Program may include but is not limited to measuring and evaluating the following:

- A. The process of care
- B. The outcomes of care
- C. Customer satisfaction (patients, families, professional staff, employees, other providers in the continuum of care)
- D. Staff performance
  - Medical
  - Non-medical
- E. Patient Rights
  - Access to care
  - Complaint process
  - Informed consent
  - Advance directives
- F. Organizational Performance Data
  - Utilization management including Peer Review Committee (PRC) findings
- G. Medication Therapy



#### VI. Quality Improvement Council

#### A. Responsibilities

- 1. Establish and disseminate through the QA/QI organizational structure an annual Quality Assurance/Quality Improvement Plan that details priorities for that year. Monitor, review, report, and follow-up monthly on the outcomes of the priority aspects of patient care and services.
- 2. Annually review and approve QA/QI plans established by each entity including the identification of quality indicators and performance thresholds.
- 3. Ensure the organizational-wide QA/QI efforts address the established priorities and are supported by an educational program.
- 4. Prepare and submit the annual QA/QI Plan and QA/QI Report to the CEO/President.
- 5. Regularly report quality performance to CEO/President.
- 6. Ensure that problems and variances have been acted upon, and effective corrective action plans established and implemented as measured by quality improvement indicators.
- 7. Incorporate corrective action into Policy and Procedures as required.
- 8. Assure resources for quality improvement processes are incorporated into the budget.
- 9. Maintain a confidential reporting process as defined by the QI organizational structure.
- 10. Establish and maintain a QA/QI Education Plan.
- 11. Review and evaluate customer satisfaction survey results and establish monitoring and improvement plan.

#### B. Membership

- 1. The QI Council is chaired by the Corporate Manager of QA & Education.
- 2. The Committee includes, but is not limited to the following multidisciplinary administrative/management representatives:
  - Vice President
  - COO of each Operating Unit
  - Operational Manager of each Operating Unit
  - CQI Committee Chair of Agency
  - Medical Director of each Operating Unit

#### C. Right of Membership

QI Council members have an equal vote. All decisions and recommendations require a vote. The Committee can call upon resource persons when determined appropriate by committee members.

#### D. Frequency of Meetings

QI Council meets quarterly. The Chairperson may change or call more frequent meetings if the need should arise. Members must attend at least 50% of meetings.



#### E. Minutes

Minutes shall be taken for review/discussion at the Board of Directors meeting.

#### **IX.** Agency & Joint Ventures

#### A. Responsibilities

The Director and/or designee of the respective Joint Venture as defined by the QA/QI organizational structure shall be responsible for the following quality assessment and improvement activities:

- 1. Establish and maintain a QA/QI Program and educational plan in compliance with the Organizational QA/QI Plan and priorities established by the QI Council.
- 2. Monitor and evaluate monthly quality assessment and improvement indicators and reports.
- 3. Attend and participate in ad hoc QA/QI teams as required.
- 4. Maintain a confidential reporting process as defined by the QA/QI organizational structure.
- 5. Assist the Quality Assessment Department in coordinating appropriate Organizational quality assessment and improvement activities.
- 6. Utilize data obtained from the quality assessment and improvement process in a Performance Feedback System as appropriate.
- 7. Ensure approaches to resolve variances in performance in care and services (i.e., inter- or intra-disciplinary) are established, implemented and evaluated within a reasonable timeframe.
- 8. Recommend change in the Organization's policy and procedure as appropriate to facilitate quality improvement.
- 9. Evaluate outcome of corrective action in achieving quality improvement and report to QI Council.

#### X. Organizational Quality Improvement Committees

#### A. Responsibilities

The appropriate Administrator, Director or designee shall act as Chairperson of the CQI Committee as defined by the QA/QI Program Organization Structure. The Committees shall be responsible for the following quality assessment and improvement activities:

- 1. Review and approve Committee protocol annually. Revise as necessary to comply with the QA/QI Plan and QI Council annual priorities.
- 2. Maintain a confidential reporting process as defined by the QA/QI organizational structure.
- 3. Facilitate and participate in quality assessment and improvement education.
- 4. Monitor, assess, follow up, and report outcome of monitoring process to QI Council.
- 5. Submit minutes and other QA/QI reports to the appropriate Director for review and approval.
- 6. Assist the Quality Assessment Department in coordinating appropriate Organizational quality assessment and improvement activities.
- 7. Develop a monitoring process to be used in its quality assessment and improvement process.



- 8. Establish standards and/or benchmarks to measure expected performance in the monitoring process.
- 9. Create and submit a monthly QA/QI Report to appropriate Administrator or Director.
- 10. Recommend assignment of responsibility for development, implementation and evaluation of a corrective action plan to resolve variances and problems. Report to the appropriate Administrator or Director.

#### **B.** Membership

The Organizational QA/QI Committees include but are not limited to the respective Director/Administer, the Quality Assessment Representative and EMS employees from each entity.

#### C. Rights of Membership

CQI Committee members have an equal vote. All decisions and recommendations require a vote. The Committee can call upon resource persons when determined appropriate by Committee members.

#### **D. Frequency of Meetings**

The CQI Committees shall meet at least monthly. The Chairperson may change or call more frequent meetings if the need should arise.

#### E. Minutes

Minutes shall be taken for review/discussion at the Board of Directors meeting.

#### XI. Risk Management

Risk Management activities are coordinated by the Corporate Manager of QA & Education. They include, but are not limited to the following:

- 1. Establish and maintain a risk management program and education program in compliance with the Organizational QA/QI Plan and annual priorities established by the QI Council.
- 2. Report and submit an annual Risk Management Report to the Qi Council.
- Maintain a confidential reporting process as defined by the QA/QI organizational structure.
- 4. Assist the Quality Assessment Department in coordinating appropriate Organizational Quality Assessment and Improvement activities.
- 5. Review appropriate data, as requested, provided by payers and external agencies and recommend action plans in response to data as necessary (i.e., MCA PSRO).
- 6. Monitor, evaluate and submit to the appropriate departments monthly Risk Management quality assessment and including but not limited to the following:
  - a. Patient injuries;
  - b. Medication errors/adverse reaction;
  - c. Unanticipated mortality/morbidity;



- d. Equipment; device failure impacting patient care;
- e. Significant breaches in security;
- f. Product recalls, including drugs;
- g. Summaries of the status of patient litigation(s)
- h. Bill coding audits
- i. Proper application of Emergency Medical Dispatch (EMD)
- 7. Coordinate with Public Relations and Publication Coordinator patient compliant resolution and patient satisfaction.
- 8. Investigate adverse occurrences, determine root cause, establish and implement corrective action plan(s) to resolve variance(s) within realistic timeframes. Report outcomes to QI Council & Director.

#### XII. Quality Assessment (QA) Department

A. The QA Department shall be responsible for the following quality assessment and improvement activities:

- 1. Assist in facilitating an Organizational-wide QI Education Program.
- Prepare and submit annual QA/QI Reports and other QA/QI data to the appropriate Chairperson, Executive Committee and QI Council.

#### **B. Minutes**

Minutes shall be taken for review/discussion at the Board of Directors meeting.

#### XIII. Annual Review

The Quality Assurance/Quality Improvement Plan shall be reviewed annually and revised as necessary to comply with Medical Control, Federal and State requirements for the Conditions of Participation and for compliance with CAAS Standards.

#### XIV. Confidentiality

#### A. Purpose

Meaningful accomplishment of quality assessment and improvement activities requires that those involved in the professional medical and non-medical review process be comfortable to evaluate care and services and those providing it, in an environment of complete confidentiality.

#### **B. Definition of Confidential Material**

Records, minutes, data, and knowledge collected by and for individuals, or Committees assigned the function of professional peer review or quality assessment and improvement processes.

#### C. Storage and Access Control

Confidential material will be stored in a secure area. The Committees shall appoint a person responsible for maintaining the QA/QI material making them available only to those who have a legitimate need to know.

All QA/QI committee meeting minutes and reports are to be maintained in a separate file.



Committee minutes and reports cannot be released unless written authorization is obtained by the chairperson of the QI Council or designee.

Individuals or Committees assigned functions in the quality assessment and improvement process are responsible for ensuring confidential rights in accordance with the provisions of the Michigan Public Health Code and other statutory or regulatory authority.

#### D. Coding

Documents shall use code numbers instead of names.

#### E. Identification

All records and data collected for or by individuals or committees assigned a professional review function under this plan shall be identified by the following:

This is a confidential professional/peer review and quality assessment document of Beaumont Mobile Medicine and its affiliates. It is protected from disclosure pursuant to the provisions of MCL 333.21513, MCL 333.20175, MCL 333.21515, MCL 333.531 – MCL 331.533 and other state and federal laws. Unauthorized disclosure or duplication is absolutely prohibited



# **Beaumont**Mobile Medicine

## Our Value as a Partner: Technology





Caring for communities, patients, and staff members is a complex task and carries great responsibility. Utilizing the latest technological innovations is one method for helping BMM and our partners achieve success.

eCore Application Suite

eCore is a leading provider of web based software applications, specifically geared toward public service organizations. BMM has taken advantage of their ePro suite applications.

#### Benefits of ePro:

ePro Application	Description	Benefits
ePro Scheduler	Provides for advances scheduling, payroll, and time & attendance tools	<ul> <li>Streamlines scheduling</li> <li>Sends alerts to management over scheduling gaps</li> <li>Cost-effective, reducing time &amp; expense within operations</li> </ul>
ePro Bioclocks	This is a real-time application that scans an employee's thumb as a means to clocking in for their shift	<ul> <li>Instantly alerts management of employees that arrive too early or late</li> <li>Verifies employee's identity via thumbprint verification</li> <li>Ensures employees maintain appropriate licenses and/ or certifications</li> </ul>
ePro Manager	Offers 24/7 incident reporting, fleet management & maintenance, continuing education, compliance, HR management, Field location management, integrated calendar, online document library, and integrated user interface	<ul> <li>Instant alert notifications to management of incidents</li> <li>24/7 web access for employees and management</li> <li>Tracking of CE's</li> <li>Document Management Database</li> </ul>

#### **Zoll RescueNet Suite**

BMM has also partnered with Zoll in an effort to obtain the latest technology for ePCRs, dispatch services, and billing. Zoll is the leading provider of the world's only fire and EMS information management system. Zoll's RescueNet Suite improves the efficiency and effectiveness of our team.

EMS technology in communications and dispatching is a critical component in strategically placing vehicles in the most effective positions in a timely manner. BMM knows the importance of this need and as such has made significant investments to provide the





latest technology to enhance the delivery of emergency medical services through call taking, dispatching, vehicle status designation, mapping, tracking, and reporting functionality.

All information from call intake to dispatch to crew documentation to billing is accomplished through Zoll's RescueNet suite. This seamless transition of information eliminates information transfer errors and expedites the billing process. BMM works with Zoll to create custom options to further enhance efficiencies both in the field and billing center.

BMM was among the first to integrate electronic EMS records and constantly continues to refresh our technology base. As a partner with Zoll, we use RescueNet Billing, RescueNet ePCR, and RescueNet Dispatch solutions for high performance EMS agencies.

#### **ProQA Dispatch Software**

BMM utilizes ProQA Dispatch software in all of our communication centers. Through the use of this software tool, emergency dispatchers are prompted with key questions and guided through case entry. The result allows dispatchers to quickly determine the appropriate determinant code for each call as well as the appropriate response configuration by local guidelines. In addition, ProQA guides the call taker through post-dispatch and pre-arrival instructions. Through the use of Citrix, BMM can offer its customers the ability to remotely access reports via a secure portal. This allows for on-demand access to report data that can be converted to Excel or PDF formats.



#### **AQUA Dispatch Quality Improvement Software**

BMM knows that once a call ends the process is not yet complete. Our dedication to excellence and safety for all patients and employees is paramount. To achieve excellence, a quality review is a key element to improve upon our services.



BMM has implemented AQUA to assist with the quality review process. AQUA Quality Improvement Software automates the dispatch case review process. AQUA also provides feedback targeting opportunities for improvement and to assist BMM with meeting and exceeding the National Academies of Emergency Dispatch established standards.



#### RescueNet DispatchPro

BMM is in the process of implementing RescueNet's DispatchPro, which uses modeling based on a company's unique historical data to predict where the next transport is likely to occur. This allows the development of tailored system status plans & an efficient use of resources to ensure fast response times.



RescueNet™ DispatchPRO can help you not only create more accurate deployment plans in significantly less time, but it can also monitor and react to dynamic events in your business by routing vehicles intelligently as units get dispatched. This process is all presented in an easy-to-use and intuitive graphical style. It take advantage of the latest advances in software development and Geographical Information Systems (GIS) to accomplish what is one of the most critical elements of your business.

#### **How It Works Together**

Parastar Communications Center, B's subsidiary, has high-tech workstations that run our CAD (RescueNet Dispatch) and Geographic Information System (GIS). The GIS works in conjunction with the Automated Vehicle Locators (AVL) on all of our ambulances. The Communications Center is able to track each of our response vehicles assuring that our customers will get the closest and most appropriate ambulance in response to their 911 emergency or non-emergency transports.

Due to the high level functionality of the dispatch software, we are able to effortlessly add any unit to the tracking module. This allows the addition of any non-emergency medical unit or non-medical vehicle, such as a lab/courier.

Primary emergency vehicle dispatch is conducted via Mobile Data Computers contained in all vehicles with a simultaneous page being sent out to both crew members working on that vehicle. Crew members are also assigned individual portable radios to maintain constant contact with the Communications Center.

#### **ACS Healthcare Solutions**

BMM's dispatch and billing system is maintained and housed by ACS Healthcare Solutions in their Dearborn, Michigan Data Center. The ACS HCS Processing Center is BS15000 certified. In conjunction with ACS Healthcare Solutions, network control and help desk centers are located in Cheshire, CT, which currently processes 15,000 desktops and 25,000 users. The Michigan processing center provides development, maintenance, and support of business-critical applications across platforms ranging from large-scale enterprise systems to Internet servers.



Communication from dispatch to vehicles can be handled in a variety of redundant fashions. This redundancy allows for the ability to reach critical vehicles via several different methods simultaneously. Upon dispatch of a transportation request, a vehicle receives information to a Mobile Data Computer (including mapping and directional information) as well as individual crew pagers. If any delay is encountered, then contact may be established with the vehicle via 800 MHz, VHF/UHF, or Nextel push to talk radios. All Radio communications are transmitted via localized transmitting equipment that utilize Radio over Internet Protocol.

Upon receipt of call information, vehicles can individually provide status back to the dispatch center. This is accomplished through the use of Mobile Data Computers which provide local traffic information, local weather, and directional information, as well as call data. Through the Mobile Data Computer, crews can update status as en-route to call, on scene, transporting, at destination, partially available (for clean-up and decontamination), and available.

BMM utilizes the System Status Management plan offered by RescueNet Dispatch. The SSP/SSM module allows BMM to customize where medical and nonmedical units should post based on the historically higher demand areas and for that post to change depending on the number of units available. This dynamic SSP gives BMM greater control over ever-changing demand.

All communications lines including phone and radio are recorded on a Dynamic Instruments Reliant Digital Recorder, which is immediately backed up to DVD media for future recall and playback. These recordings are also used as a QA/QI tool within the Parastar Communications Department.

BMM values each patient and crew member; that being said we cannot put faith in just any vehicle manufacturer offering the best deal. Beaumont Mobile Medicine is a strategic partner with Wheeled Coach. This partnership guarantees that we have the highest quality vehicles for our staff and patients. Our partnership affords BMM and our partners' enormous benefits such as, quick turnaround on vehicle orders as well as cost-effective and technologically advanced vehicles.

Wheeled Coach was founded in 1973, and is the only vehicle manufacturer that is ISO9001:2008 registered. They are able to keep current on their certification by applying best technology and manufacturing methods in their industry. This serves to guarantee that their products are above industry standard and continuously improving.





#### **Benefits of Using Wheeled Coach Vehicles:**

Feature	Description		
SafePass Safety System	New industry exclusive, utilizing a specially designed door handle & emergency release tab for exit in case of a accident		
Durastream Door System	Eliminating jamb extrusions		
Duralite Cabinet System	Industry standard for quality and durability		
Corner Cap Lighting  EnterSafe Top	When visibility is limited this offers 360 degree lighting coverage protecting DOT marker lights and providing stress relief to minimize damage in the event of a serious accident  The only 45 degree lighting system in the industry for Type II vehicles		
Entersare rop	forcing additional light out in front and to the sides of the vehicle increasing visibility		
Pure Air Filtration System (P.A.F.S.)	Only emergency vehicle manufacturer to exceed Federal KKK-A-1822E specifications utilizing a self-contained heating and cooling system that both cleanses and decontaminates air, reducing risk of infection from airborne pathogens		

BMM would like to encourage the Township of Plymouth to visit the Wheeled Coach website to see the added value from our strategic partner.



#### www.WheeledCoach.com

#### **Avesta HR Software**

BMM believes that our people represent us; therefore, we hire those who share our commitment to excellence. Avesta HR software is a valuable tool our HR team utilizes to seek out the ideal candidates. Avesta provides hybrid Applicant Tracking, Recruitment and Selection Software helping to automate the hiring process. Avesta's talent management software is intelligently designed to incorporate our hiring process into an online experience for candidates and our HR professionals.



Avesta provides BMM with everything required to locate, track, qualify and select talented candidates. Avesta is the ambulance industry leader in applicant tracking, recruitment, selection and behavior-based assessments.

Avesta's software has been designed by EMS professionals to improve upon our overall recruitment process. This system serves to dramatically reduce overall hiring costs.

Avesta provides a passionate Support Team to help BMM with both technical and process questions. We have a Client Support Manager and an I-O Psychologist at our disposal.



#### **Preventative Maintenance Schedule**

Each vehicle operated by BMM is maintained in safe operating condition. Using the TMT Fleet Maintenance System software program, we are able to accurately monitor preventative maintenance schedules. All necessary vehicle maintenance is completed in our state-of- the-art facility in Southfield, a State licensed repair facility. Vehicles are inspected on a daily basis and have regularly scheduled preventative maintenance performed, based on unit mileage, to ensure the vehicles provide safe and reliable transportation in both emergency and non-emergency incidents.

These vehicles will comply with all applicable federal, state, county, and City licensing requirements.



#### BMM - Preventative Maintenance Schedule

## Every 3,000 Miles (PM-Schedule A)

- Engine oil/filter change
- Chassis lube
- Inspect batteries
- Inspect belts and hoses
- Inspect exhaust system
- Inspect transmission cross member
- Visual Inspection of brakes/brake lines
- Visual inspection of suspension
- Inspect and rotate tires (check tire pressure)
- Inspect all lighting systems
- Check horn/siren/PA
- Inspect wiper blades, arms
- · Check remaining fluid levels and fill
- Check vehicle computer for error codes
- Check and refill urea
- Road test

## Every 15,000 Miles (PM-Schedule B)

- Complete PM Schedule A
- Replace fuel filter

### Every 30,000 Miles (PM-Schedule C)

- Complete PM Schedule A and B
- Transmission fluid/filter change
- Lube transmission linkage
- Turn brake rotors/drums
- Check charging system
- Check and lube all body hinges/locks
- Road test

#### Every 60,000 miles {PM-Schedule D)

- Complete PM Schedule A, B and C
- Clean and flush radiator
- Drain and lube rear differential
- Road test



#### **MARVLIS**

BMM is in the process of implementing "MARVLIS" a predictive status deployment plan to be in use with move ups, and predictive to 30 min. in the future, in real time, based upon history.

The MARVLIS system provides real-time analytical tools, intelligent routing and live graphical display of current and required resources based on a predictive model on the company's actual historical data. Vehicles are positioned where analytics determine the most probable need will occur. Additionally, silent dispatch capabilities receive full incident information including location, status and updates. The Impedance Monitor uses Automatic Vehicle Location (AVL) data from the vehicles to update the driving speeds on your streets so that hourly and daily changes in traffic patterns are accounted for in calculating vehicle response times and best routes.

#### **Mobile Care Connect**

BMM offers Mobile Care Connect which provides a direct link for healthcare facilities to make secure transportation requests via the internet. The requestor can monitor the real-time call status from start to finish and share relevant PHI securely which minimizes communication errors. With Mobile Care Connect, facilities can make patient transport in seconds through direct integration with ZOLL computer-aided dispatch (CAD) solution. This service is offered at no cost to the requesting facility.



#### **How It Works Together**

Parastar Communication Center, BMM's affiliate, has high-tech workstations that run our CAD (RescueNet Dispatch) and Geographic Information System (GIS). The GIS works in conjunction with the Automated Vehicle Locators (AVL) on all of our ambulances. The Communications Center is able to track each of our response vehicles assuring that our customers will get the closest, most appropriate ambulance in response to their 911 emergency or non-emergency transports.

Due to the high level functionality of the dispatch software, we are able to effortlessly add any unit to the tracking module, allowing for the addition of any non-emergency medical unit or non-medical vehicle such as a lab/courier.

Primary emergency vehicle dispatch is conducted via Mobile Data Computers contained in all vehicles with a simultaneous page being sent out to both crew members working on that vehicle. Crew members are also assigned individual portable radios with which to maintain constant contact with the Communications Center.



#### **ACE Accreditation**

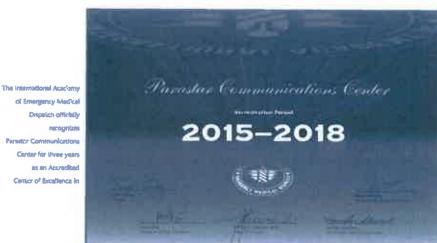
Parastar Communications Center, a subsidiary of Beaumont Mobile Medicine has been awarded the ACE Accreditation for Dispatch from the National Academies of Emergency Dispatch. To obtain ACE accreditation you must meet and/ or exceed twenty robust criteria designed to ensure safe appropriate care. Currently there are 121 Communication Centers throughout the world who have been awarded this accreditation, our center is one of them.



From the National Academies of Emergency Dispatch:

Accredited Centers share a common goal of improving public care and maximizing the efficiency of 911 systems. The National Academies of Emergency Dispatch, through its College of Fellows, has established a high standard of excellence for emergency dispatch, providing the tools to achieve this high standard at both the dispatcher level through Certification, and at the communication center level through the Accreditation Program.

Furthermore, we are one of 23 agencies worldwide that holds both ACE and CAAS accreditations.



Emergency Modical Dispetch on this 15° day of December, 2015 for demonstrating compilance to the highest level of standards as set forth in the Academy's "worsty Points of Academy's "worsty

Re-Accredited



#### CAAS:

BMM understands that most companies strive for excellence and to exceed industry standards. We believe there is a difference in striving for excellence and proving that your company actually delivers it.



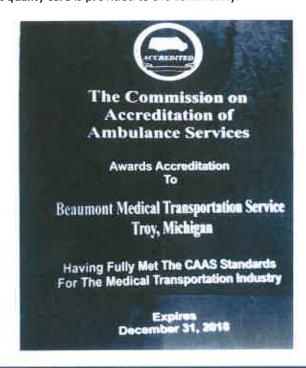
BMM can proudly state that we have been recognized for our excellence and have been awarded the coveted CAAS accreditation. CAAS accreditation is not easily obtained and few EMS companies are bestowed this honor; out of 6,000 organizations nationally, only 152 of them hold this title.

#### **About CAAS:**

The Commission on Accreditation of Ambulance Services (CAAS) was established to encourage and promote quality patient care in America's medical transportation system. CAAS is an independent Commission that established a comprehensive series of standards for the ambulance service industry.

CAAS accreditation signifies that your service has met the "gold standard" determined by the ambulance industry to be essential in a modern emergency medical services provider. These standards often exceed those established by state or local regulation. The CAAS standards are designed to increase operational efficiency and clinical quality, while decreasing risk and liability to the organization.

The process includes a comprehensive self- assessment and an independent external review of the EMS organization. This independent process provides verification to your Board of Directors, city council, medical community and others that quality care is provided to the community.





#### **National Academy of Ambulance Coding**

Parastar's Billing Department also supports our standard of excellence. Each billing coder is certified by the National Academy of Ambulance Coding. Our staff are experts at billing, recovering, and maximizing revenues. This results in higher returns and patient satisfaction.



BMM will accept nothing less than professionalism, accountability, and excellence from our staff members. In turn, our patients are in professional, competent, and above all else safe hands.



## Our Value to Your Community: Compliance





## Our Value to your Community: Compliance

Beaumont Mobile Medicine possesses one of the leading Corporate Compliance programs for the industry. We have created and work within our Corporate Compliance plan which is set to a standard above the industry requirements. In addition, we work with and receive compliance audits from Werfel and Werfel, PLLC.

Werfel and Werfel, PLLC is one of the industry's top CMS law firms. Werfel and Werfel, PLLC represent Zoll Data Systems, the American Ambulance Association, and Beaumont Mobile Medicine to list a few. Their services and guidance is highly regarded as amongst the most trusted in the industry. They provide Beaumont Mobile Medicine and our partners with an additional layer of training, review and compliance proficiency. What does an effective compliance program look like? At Beaumont Mobile Medicine we believe that compliance programs need to include the following key elements:

A Compliance Officer: This person must be of high enough rank within the organization that a commitment to compliance can be seen. The Compliance Officer should receive training specific to compliance.

A Compliance Plan and Code of Conduct: Our Code of Conduct should encourage legal and ethical conduct and discuss our commitment to compliance.

**Compliance Reporting:** Ensure that employees and others have a mechanism for reporting potential compliance violations without fear of retaliation.

**Training:** Train everyone! And when you think you are done training, train some more. Our employees and board members don't need to understand the intricacies of each law, but they do need to have a good understanding of how various laws apply to them and they need to be able to apply our internal policies. Offer training through employee newsletters, staff meetings, or other form of communication.

A Compliance Committee: The Committee should consist of key members of our organization. Meet frequently to ensure that compliance concerns are identified and addressed. Use this group to further communicate our commitment to ethical and legal behavior.

**Monitoring and Auditing:** Have internal staff monitor activities to ensure compliance with our policies. Have auditors review our claims and billing records.



### Our Value to your Community: Compliance

**Follow Through:** Investigate, track, and report potential violations and their outcomes. A list of potential violations and their outcome should be made available and reported to the Board of Directors.

**Enforcement:** Enforce our policies and procedures. Retrain staff as appropriate and use corrective actions for violations.

#### **Tracking to Ensure Compliance**

Beaumont Mobile Medicine helps to make documentation a central component of our compliance plan. We believe that accurate documentation on the operation of the compliance plan and of patient records is crucial. Medical record information provides the justification necessary to support claims payment. The medical record may be used to validate the site of the service, the medical necessity and appropriateness of the diagnostic and/or therapeutic services provided, and that the services have been reported accurately.

In the anatomy of a health provider organization, compliance tools are much like a muscle. In order to work more effectively, you need to put those/them to use and dedicate resources in order to ensure an effective outcome.



## Our Value to Your Community: Billing





### Our Value to your Community: Billing

Parastar, Inc. of Southfield, Michigan was established in 1987, and is an affiliate of Beaumont Mobile Medicine. This relationship gives Parastar an edge in that we not only know EMS billing, but also know the EMS industry from a provider's point of view.

Parastar has earned our reputation in Fire/EMS billing by providing a state-of-the-art accounts receivable service, a standard of "Service Excellence", personal interaction with our clients and establishing an outstanding collection rate.

Our account representatives possess an average of 11 years of service within our organization and are driven by a commitment to continuous quality improvement while maintaining a competitive advantage through extensive continuing education. Each coder Parastar employs is certified by the National Academy of Ambulance Coding. Parastar offers our clients the following incentives:

- Wireless interfacing with electronic field data collection devices
- The ability to interface with NEMSIS Gold compliant billing and software systems
- Continuing education for Fire Department and EMS personnel
- Electronic claim submission
- Monthly revenue cycle review of Key Performance Indicators (KPI)
- Custom reporting
- Toll-free telephone number for patient inquiries
- Multi-lingual interpreters for Non-English speaking customers
- Compliant with HIPAA, federal, and state regulations
- Strong history and financial stability



## **Our Family**







Genesis/Community Ambulance (CAS): Founded in August of 1994, CAS is a joint venture partnership between Community EMS and Genesis HealthCare System, and is considered one of the premier EMS systems in the state of Ohio. CAS employs over 100 employees and is the only private EMS service for Muskingum County. Like CEMS, CAS is currently deploying the same technology to provide high quality EMS and logistics management in the form of Mobile Data Terminals (MDT's), handheld field data collection devices, and Zoll 12-lead EKG monitors. CAS and its employees are some of the finest in the industry and a true pleasure to have within our family.

Beaumont Mobile Medicine/Community EMS: Beaumont Mobile Medicine is part of Beaumont Health which was formed in 2014 by three (3) healthcare systems; Beaumont Health System, Botsford Hospital, and Oakwood Health who came together as Michigan's largest health care system. As part of the formation of Beaumont Health, each legacy health system combined their existing medical transportation companies (Community EMS, Healthlink Medical Transportation, and Beaumont Medical Transportation Services) to form Beaumont Mobile Medicine, a 501c3 corporation. For over 34 years these three legacy EMS companies have provided quality driven EMS services through innovation, technologies, and measuring best practice clinical and operational metrics. One of the legacy EMS companies (Community EMS) currently provides service in multiple markets throughout the Ohio area.

DMCare Express (DMCE): Formed in 2007, DMCare Express is a joint venture partnership between Community EMS and the Detroit Medical Center. DMCE is a world-class provider of medical transportation among DMC facilities as well as emergency response in the Detroit area. DMCare Express is also the premier provider of medical services to the Detroit Tigers, Detroit Red Wings and a host of other special events.













MedCare Ambulance: Serving the Columbus area since its founding in 2009, MedCare Ambulance is a partnership between Community EMS and MedFlight, a leading edge provider of critical care air and ground transportation. This venture supports Ohio Health, Ohio State Medical Center, and the surrounding communities. MedCare Ambulance is dispatched from its state-of-the-art communications center which utilizes the Zoll RescueNet dispatch software suite. This software allows our EMD trained dispatchers to easily assign the closest and most appropriate vehicle by utilizing our candidate ranking system. Our goal is to deliver the appropriate vehicle to your location as quickly as possible



**Edward Ambulance Services (EAS):** Formed in 2011, EAS is a joint venture partnership between Edward Hospital and Community EMS. EAS provides non-emergency medical transportation throughout the suburbs of Chicago. This joint venture, between hospital system and ambulance provider is the first of its kind in the Chicago area.



EDIWARD AMELICANCE SERVICES

Loyola Medicine Transport (LMT): LMT is the newest joint venture partnership which was formed between Community EMS and Loyola Health Systems in 2015. Operating on the outskirts of Chicago, IL, LMT specializes in the timely delivery of emergent and non-emergent services. Each paramedic receives additional training beyond the scope of a traditional paramedic, allowing them to provide the highest level of care to their patients.



Parastar: Parastar is a global consultancy that delivers innovative management solutions and revenue-generating options for EMS, fire departments and health care systems, with a reach across 14 states and 4 countries thus far. Established in 1990, Parastar was developed as the only for-profit entity of Community EMS, specializing in EMS logistic management and outsourced management contracts. Our services range from EMS consultancies to billing and cost recovery to joint venture partnerships.







Life Support Training Institute (LSTI): In 1986, Life Support Training Institute was established to meet the growing need for well-trained emergency medical service professionals. In 1992, LSTI was named a Community Training Center for the American Heart Association. Today, LSTI offers classes for professionals *including* EMT training and certifications, AHA programs, community classes for adults and special programs just for kids. LSTI is approved through the Michigan Department of Community Health to conduct EMS initial education courses, EMS CE courses, and EMS Instructor Coordinator



**CEMTECH:** Founded in 2003, CEMTECH is a repair facility within the Community EMS main headquarters. CEMTECH began offering mechanical repairs at discount rates to employees within the system. Recently CEMTECH added four new hoists in an expansion into what was once the warehouse facility on the east side of our headquarters. Since its founding, CEMTECH has expanded into a total of three facilities: two in Michigan and one (CASTECH) in Ohio. All CEMTECH technicians are Automotive Service Excellence (ASE) Certified or state certified technicians. CEMTECH is currently doing the warranty work for Wheeled Coach.





## Our Leadership Team



#### Our Leadership Team

#### PAUL LACASSE, D.O., M.P.H.

#### **Executive Vice President, Post-Acute Division, Beaumont Health**

Dr. Paul LaCasse serves as Executive VP for the Post-Acute Division of Beaumont Health which oversees medical transportation.

Dr. LaCasse first served as an Emergency Department physician. He was named medical director of Botsford Hospital in 1990. Dr. LaCasse is a graduate of the University of Michigan and the Michigan State University College of Osteopathic Medicine. He also earned a Master of Public Health, Health Services Management and Policy degree from the University Of Michigan School Of Public Health and was named a fellow in the American College of Osteopathic Emergency Physicians.

An active member of state and national physician executive associations and osteopathic physician associations. Dr. LaCasse served as chairman of the Board of Directors of the Michigan Health and Hospital Association from July 2002 through July 2003. He was the first osteopathic physician, non-CEO, elected to that position.



#### **GREG BEAUCHEMIN, MS EHS**

#### President & CEO, Community EMS/Beaumont Mobile Medicine

President and Chief Executive Officer of Community EMS/Parastar, Greg Beauchemin launched Community Emergency Medical Services (Community EMS) and Parastar, Inc. in the 1980s as a not-for-profit EMS organization and a subsidiary respectively, the latter providing EMS related support services including billing, management, and consulting. Under Mr. Beauchemin's leadership, Community EMS evolved, adopting new technologies and innovative management practices launching Parastar in 1987 as an EMS billing, consulting and management service, extending its medical transportation expertise to other health systems.

His unique vision for the future of EMS culminated in Parastar's signature not-for-profit Joint Venture model, supported primarily through EMS transports and also by multiple revenue streams from additional service lines like fleet maintenance facilities, EMS education and lab-courier services.

Mr. Beauchemin has more than 34 years of experience in emergency health services, disaster management and system design, which he has used to build an organization that has offices in five states, is active in all 48 contiguous states, and is renowned around the world for wireless technology use in EMS services and disaster management.

Mr. Beauchemin earned a Master's Degree in Emergency Health Services from the University of Maryland, Baltimore County and also holds a Bachelor of Science in Emergency Medical Service from Madonna University. Mr. Beauchemin has received numerous honors over the years on the many aspects of his lifetime of achievement in the EMS industry. Most recently, he was a keynote speaker on the role of technology in EMS at the 2009 International EMS Conference in Beijing, China. Email gbeauchemin@communityems.org



#### **Our Leadership Team**

#### CATHY BARRETT, CPC, MSN, MSA, NP

#### **Executive VP of Business Administration**

Cathy is a Nurse Practitioner with over 30 years of clinical and health care management experience. Cathy has served as an executive with Community EMS and has successfully led "turn around" projects and has implemented key strategic solutions that have resulted in organization exceeding quality, financial and other performance goals. She has extensive experience with audits, compliance, coding, billing, quality, contracting and work flow evaluation and design. Cathy has developed and successfully implemented several quality based programs that have increased patient satisfaction, achieved quality measure compliance, decreased length of stay, reduced mortality and improved financial performance.

Cathy is an experienced health care consultant as well as a guest speaker at a national level. She holds degrees from U of M, MSU, CMU and Schoolcraft College.

Certifications include Family Nurse Practitioner, Medical Coding, LEAN, ALS and BLS.

Cathy received the Nurse Practitioner of the Year award from both the Michigan Council of Nurse Practitioners and The American Academy of Nurse Practitioners in 2003. Cathy is past President of Michigan Council of Nurse Practitioners and remains active as a reimbursement expert. Cathy continues to work clinically in the Emergency Department.



#### **NICHOLLE L. MEHR, MSA, BSRTT**

#### CEMS/Parastar Executive VP of Operation/COO

Nicholle graduated with an MS in Health Services Administration. She was Vice President of Operations at McLaren Oakland prior to joining Community EMS/Parastar. Nicholle provided excellent leadership, knowledge, and enthusiasm in her previous position at McLaren. Nicholle has exceptional management experience in clinical and non-clinical operations and is passionate about quality, process improvement, outcomes and patient, customer and employee satisfaction.

She is an experienced Vice President of Operations, with a demonstrated history of working in the hospital & health care industry. Her diverse leadership background includes experience with financial navigation, patient navigation, radiation therapy, billing, coding, community outreach, clinical trials, social work and patient support programs, clinical engineering, surgical programs, security and safety, communications, facilities management, project and construction management, imaging, wound programs, therapy services, outpatient services, cardiovascular services, occupational health, employee health, urgent care, sleep and pain services. She has business strength in professional skilled Healthcare Consulting, Operations Management, Physician Relations, Quality Management, and Medical Billing. She has experience with accreditation including Joint Commission and American Osteopathic Association.

Nicholle worked directly with McLaren Medical Management for physician recruitment strategy and execution. Nicholle was instrumental in the opening of the new Cardiology and Imaging Center in Waterford. Nicholle assisted in providing programs to the community and is approachable and helpful. During her time at the Farmington Hills campus, Nicholle and her team earned the prestigious American College of Surgeons Commission on Cancer Accreditation and received recognition with a commendation on their initial survey. Nicholle Mehr has a proven track record of successful program development, growth, quality improvement and exceptional employee and patient satisfaction.





## Mobile Medicine

## Supplemental Information







## **Mobile Medicine**

## Medicare Master Rate List 2018 Contracted **Facilities**

HCPCS Code	Description	MediCare Customary Charge	Screen for Medicare Recipients
AO425	Mileage	\$13.50	\$7.37
	ALS 1 Non-		
AO426	Emergency	\$455.00	\$272.96
A0427	ALS 1 Emergency	\$600.00	\$432.19
AO428	BLS Non-Emergency	\$400.00	\$227.47
A0429	<b>BLS Emergency</b>	\$500.00	\$363.95
A0433	ALS 2	\$800.00	\$625.54
AO434	SCT	\$925.00	\$739.28
AO420	Wait & Return, Wait		·
	Time Per 30 mins.	\$70.00	N/A
AO999	I.V Start/Blood Draw	\$125.00	N/A





## **Mobile Medicine**

AMBULANCE USER CHARGE SC	HEDULE
ALS Emergent	\$600
ALS 2	\$800
BLS Emergent	\$500
Treat & Release	\$525
ALS Non Emergent	\$455
BLS Non Emergent	\$400
Mileage	\$13



Beaumont Mobile Medicine - System Status Plan



### Mobile Medicine

LEVEL				<b>BLS</b> Plan				
201	11.	]						
2:	11	44						
3	11	44	50	7				
4.	11	44	50	62				
5	11	44	50	52	4.5			
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LEVEL				ALS Plan				
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2,	31	30						
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4.	159	02/39	08/37	38				
5_	139	62/39	08/37	38	30			
5	189	02/39	08/37	38	30	87		
2	103	02/39	08/37	38	30	87	50	
8	125	02/39	08/37	3:8;	30	87	50	44

Posting Locations				
02	Commerce Station	42	10 Mile & Haggerty	
(M)	10 Mile & Novi Rd	45	Beaumont Royal Oak	
QE	Farmington Station	50	Sinai-Grace Hospital	
120	Beaumont Farmington Hills	62	Providence Park Hospital	
30	10 Mile & Meadowbrook	63	12 Mile & Novi Rd	
31	Pontiac Trl & Walled Lake	55	Haron Valley-Sinai Hospital	
32:	Pontiac Trl & Beck	70	Detroit Medical Center	
37	9 Mile & Farmington	37	8 Mile & Inkster	
38	5 Mile & Sheldon	89	Grand River & Farmington	
39	Glengary & Benstein	95	Beaumont Troy	
44	B Mile & Greenfield	189	5 Duck Lake & Commerce	

Potential plan for Plymouth R.P.

### Potential Deployment Plymouth 1-Car:



## Potential Deployment Plymouth 2-Car:



### Potential Deployment All Locations:







#### CERTIFICATE OF LIABILITY INSURANCE

DATE (ICM/DD/YYYY) 1/16/2018

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

	REPRESENTATIVE OR PRODUCER, A									
	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policylies) must have ADDITIONAL INSURED provisions or be endorsed.  If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, cortain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
	ODUCER				CONTACT Lori Gibsor					
	ylant - Columbus				PHONE (AIC, No. Ext): 614-932			FAX	614-932	.1200
	565 Metro Place South, Ste 450				I E-MAIL	Mhylant.co		CALAL, MINE	01-1-002	-1250
l۳	ublin OH 43017								1	NAC#
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	arastar, Inc.		1407 101		INSURER B : Continen	tal Casualty	Company		_	20443
2	8050 Grand River Avenue				INSURER C:				- +	
F	armington Hills MI 48336				INSURER D :					
					INSURER E					
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	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.  INDICATE: POLICY EXP.									
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ACORD 25 (2016/03)



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DATE (MM/DDIVYYY) 6/1/2018

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PRODUCER		CONTACT Lori Gibson				
Hylant - Columbus		PHONE 1945, No. 2841; 514-932-1243 14.5, No. 2614-932-1299 15444				
565 Metro Place South, Ste 450 Dublin OH 43017		EMAL ADDRESS: lori.gibson@hylant.com				
Dubili Ort 43017		INSURER(S) AFFOI		NAIC#		
		INSURER A: American Alternative		19720		
INSURED 8:	ARABIC 02	INSURER B: Continental Casualty		20443		
Parastar, Inc.		INSURER C:	T. C. V.			
28050 Grand River Avenue Farmington Hills MI 48336		INSURER D:	- w	And the same of the same of		
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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.						
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CERTIFICATE HOLDER		CANCELLATION				
Federal Emergency Manage 500 C. Street, S.W., PP 5th	SHOULD ANY OF THE ABOVE C THE EXPIRATION DATE TH ACCORDANCE WITH THE POLICE	EREOF, NOTICE WILL !	ANCELLED BEFORE BE DELIVERED IN			
Office of the Chief Procuren Washington DC 20472	nent Officer	MULTINGET				

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DATE (MONIDONYYYY)

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AND EMPLOYERS: LABILITY VFISTR206900402 12/3/2017 12/3/2018 STATUTE OHO STOP GAP ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICERATEMBER EXCLUDED? (Marijatory in NH) & U EACH ACCIDENT \$ 1,000,000 EL DISEASE - SA EMPLOYEE \$ 1,000 000 it yes, describe under DESCRIPTION OF OPERATIONS below S.L. DISEASE - POLICY LIMIT \$ 1,000,000 Professional Limbids 596537498 19/3/2017 1 Y300ne Euga Cina Aggregalis DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional) Remarks Schedule, may be attached if more space is required) Professional Liability Claims-Made Retro Date: 03-10-1999
RE: MCACHE Networking Event; Place: 27555 Farmington Rd., Suite 300, Farmington Hills MI 48331, Date: April 20,2017. 27555 Farmington Road Office Building, LLC and Arilg USA Management, LLC are additional insured as required by written contract with respect to General Liability coverage. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED REFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ACORD 25 (2016/03)

MCACHE 30200 Telegraph Rd., Suite 205

Bingham Farms MI 48025

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AUTHORIZED REPRESENTATIVE





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EMAIL ADDRESS: lon.glbson@hylant.com FAX (A/C, No): 614-932-1299 565 Metro Place South, Ste 450 Dublin OH 43017 INSURER(S) AFFORDING COVERAGE INSURER A: American Alternative Insurance Corp. 19720 PARAMIC 52 20443 INSURER 8: Continental Casualty Company Parastar, Inc. INSURER C 28050 Grand River Avenue Farmington Hills MI 48336 INSURER D : INSURER É : INSURER F CERTIFICATE NUMBER: 486032637 REVISION NUMBER: COVERAGES 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 PERTIAIN, 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. ADDL SUBR INSD WVD POLICY EPF POLICY EXP TYPE OF INSURANCE POLICY NUMBER VFISTR306900402 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$1,000 000 DAMAGE TO RENTED PREMISES (EA VACURADUS) \$1,000 000 12/3/2017 12/3/2018 \$ 1,000.000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$ 10 000 PERSONAL & ADV INTURY \$ 1,000,000 GET L'AGGPEGATE LIMIT APPLIEG PER \$ 3,000,000 POLICY PRO. LOC PRODUCTS COMPIOP AGG \$2,000,000 OTHER: COVERNED SINGLE UNIT AUTOMOBILE LIAGILITY VFISTR206900402 12/8/2017 \$1,000,000 ANY AUTO BODLY INJURY (Per person) X NON-OWNED AUTOS ONLY OWNED AUTOS ONLY SOCILY INJURY (Per accident): \$ PROPERTY DAMAGE (Per assistment) X JURED AUTOS ONLY X UMBRELLALIAB X OCCUR VFISTR206900402 EACH DOCURRENCE. \$ 9 000,000 DED RETENTION \$
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Professional Liability Claims-Made Retro Date: 03-10-1999
Wayne County Alrport Authority and County of Wayne, MI are recognized as Additional Insured(s) where required by written contract or agreement. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Wayne County Airport Authority L.C. Smith Building - Mezzanie Level Detroit Metropolitan Airport

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ACORD 25 (2016/03)

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AUTHORIZED REPRESENTATIVE meemilet



ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MIMIDONYYYY) 8/21/2018

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

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Lori Gibson Hylant - Columbus 565 Metro Place South, Ste 450 Dublin OH 43017 PHONE (AIC, No, Ext): 614-932-1243 E-MAL ADDRESS: Lori.gibson@hylant.com FAX (AlC, No): 614-932-1299 INSURER(S) AFFORDING COVERAGE INSURER A: American Alternative Insurance Corp SEAUMED OF INSURER 6: Community Emergency Medical Services, Inc. 25400 W. Eight Mile Road Southfield, MI 48033 INSURER C INSURER D: INSURER F . CERTIFICATE NUMBER: 1682688620 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.

THE TYPE OF INSURANCE ADD. SUBPLY POLICY HUMBER (MINDOTYTY) (MINDOTYTY) (MINDOTYTY)

THE TYPE OF INSURANCE ADD. SUBPLY POLICY HUMBER (MINDOTYTY) (MINDOTYTY) (MINDOTYTY) X COMMERCIAL GENERAL LIABILITY 8/22/2018 10/1/2018 FACH DOCUMENCE DAMAGE TO RUNTED PREMISES (Fallogumence) CLAIMS-MADE X OCCUR REDEXP (Any one person) DESCRIPTION OF STREET GEN'L ASGRÉGATE UMIT APPLIES PER GENERAL AGGREPATE 5 3 000,000 POLICY PRO X LOC PRODUCTS - COMP/OP 4GG | \$3,000,000 COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY VFISTR308883703 8/22/2016 10/1/2018 X AMY AUTO BODILY INJURY (Per person) 5 X AUTOS ONLY X AUTOS CALY
AUTOS CALY
AUTOS CALY PROPERTY DAMAGE UMSRELLA LIAB X OCCUR VFISTR208883703 EACH OCCURRENCE. \$ 10,000,000 DED X RETENTIONS 0
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AMPOPHIC TORPAR IN MEXACUTIVE
(READING TO THE TORPAR IN THE PXCPSS LIST. \$ 20,000 900 STATUTE X STH OH STOP GAP E.L. EACH ASSIDENT \$ 1 000,000 FILE SEASE - EA EMPLOYEY 5 1 000 000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. FISSASE - POLICY LIMIT | \$ 1,000,000 Professional Healthcare Liability VFISTR206883703 8/22/2018 10/1/2018 Included in General Lability DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACOND 191, Additional Remarks Schedule, view be assected if more space is required)
Certificate holder is recognized as Additional Insured per attached vehicle schedule. CERTIFICATE HOLDER CANCELLATION

Ohio State Board of Emergency Medical Fire & Transportation Services; Ohio Department of Public Safety Division of Emergency Medical Services 1970 W Broad St Columbus OH 43223

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 MULL MILET

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ACORD 25 (2016/03)



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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MIN/DDYYYYY) 8/21/2018

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Hylant - Columbus 565 Metro Place South, Ste 450 Dublin OH 43017		Priorie (AIC, No, Exp: 614-932-1243 (AIC, No): 614-932-1299 (AIC, No, Exp: 614-932-1299 (AIC, No): 614				
				RDING COVERAGE	NAIC#	
INSUPER BEAUTED	la .	INSURER A: American	n Afternative	Insurance Corp	19720	
Naureo Community Emergency Medical Services, Inc.	л	INSURER B:				
25400 W. Eight Mile Road		INSURER C:				
Southfield, Mi 48033		INSURER D:				
		INSURER E:		man Allis andres one is all almost allists		
		INSURER F.				
COVERAGES CERTIFICATI	E NUMBER: 1924544329			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSU INDICATED. NOTWITHSTANDING ANY REQUIREME CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE: BEEN REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT TO	WHICH THIS ]	
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A X COMMERCIAL GENERAL LIABILITY  CLARAS-MADE X OCCUR	VFISTR208883703	8/22/2018	10/1/2018	FACH OCCURRENCE \$1.000 DAMAGE TO RENUED PREMISES (Falecurrence) \$1.000 MED EXP (Any one person) \$10.00	000	
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A AUTOMOBILE LABILITY	VPISTR208883703	8/22/2018	10/1/2018	COMBINED SINGLE LIMIT § 1.000 (Ea act (ent)	2000	
X ANY AUTO				(E4 BOT 14RD)  BODILY INJURY (Per person) \$		
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- Google	3 46.10112700003140	012252010	TOP HAZIN D	EACH OCCURRENCE \$10,00	1	
Sub-retribution and all				AGGREGATE \$ 29,00	0.906	
DED X RETENTIONS O				PED STA		
AND EMPLOYERS' LIABILITY VAN	VFISTR209883703	8/22/2018	10/1/2018	STATUTE A EN CHE	03.035	
ANYPROPRIETOR/PARTNER/EXECUTIVE N/A				EL EACH ACCIDENT \$1 000	1	
(Mandatory in NH)				FI. DIPEASE FAITMPLOYS" \$1 000	000	
if yes, describe under DESCRIFTION OF OPERATIONS below				EL DISEASE - POLICY LIMIT S 1 000	000	
A Professional Healthcare Labety	VFISTR2G6863703	8/22/2018	10/1/2018	Included in General Lishiby		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD	101, Additional Remarks Schedul	ie, may be attached if more	niuper ei saage	rd)		
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CERTIFICATE HOLDER		CANCELLATION				
AccessOnTims 3216 Lake Emma Rd			DATE THE	ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE YPROVISIONS.		
Suite 3090		AUTHORIZED REPRESE	NTATIVE			
Lake Mary FL 32748		MULL MIZE			1	
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ACORD 25 (2016/03)





#### CERTIFICATE OF LIABILITY INSURANCE

DATE(MAIDORYYY) 8/21/2018

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

IMPORTANT: if the certificate holder is an ADDITIONAL INSURED, the policy(jes) 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 fleu of such endorsement(s).

PRODUCER
Hylant - Columbus
565 Metro Place South, Ste 450
Dublin OH 43017

COVERAGES	CERTIFICATE NUMBER: 747016588	REVISION NUM	ABER:	
		MSURER F:		
		INSURER E:	TALL NOT THE CONTROL OF THE CONTROL	
Southfield, MI 48033		INSURER D:	Service against a man a.	
25400 W. Eight Mile Road	remarks where the control of the con	INSURER C:		
Insured Community Emergency Me	#EAUMED-01 adical Services Inc	INSURER B:		
	der a un direction	INSURER A: American Alternative Insurance Corp	19720	
		INSURER(S) AFFORDING COVERAGE	NAIC#	
Dublin OH 43017				
565 Metro Place South, Sto	e 450	[AIC, No, Ext; 0] #-932-1243 E-MAIL Annelse Lori.cibson@hylant.com	[AIC, No] 014-932-1298	

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. POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER X COMMERCIAL GENERAL LIABILITY VFISTR208683703 \$ 1,000,000 PREMISES (Fa occurre CLAIMS-MADE, X OCCUR \$ 1 000 000 MED EXP (Any one person) PERSONAL & ADVINJURY \$ 1,300,000 GETTL AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE PRO: X LOC POLICY PRODUCTS COMPANY AUG : \$3.000,000 OTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY VF15TR208883703 X ANY AUTO BODILY INLEISY (Per person) OWNED AUTOS CREY HIRCID SCHEDULED AUTOS X NON-OW-RED AUTOS ONLY BODILY INJRIRY (Per accident) \$ PROPERTY DAMAGE AUTOS ONLY UMBRELLALIAB VFISTR208883708 8/22/2018 **EACH OCCURRENCE** OCCUR \$16,000,000 EXCESS LIAB CLAIMS-MADE ACCRECATE. \$ 20,000 000 DED X RETENTIONS 0 CERS COMPENSATION VEISTR208883703 8/22/2018 10/1/2018 PER STATUTE A ES OH STOP GAP AND EMPLOYERS LIABILITY ANY PROPRIETORIPAR! NEW EXECUTIVE OFFICE FOR MAY (Mandatory in MA) E.L. EACH ACCIDENT FIL DISEASE-EARMPLOYEE \$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT: \$1,000,000 VFISTR2068537C3 Included in General Liability Professional Healthcare Liability

DESCRIPTION OF OPERATIONS I LOCATIONS I VEHICLES (ACORD 161, Additional Remarks Schedule, may be attached if more space is required)

RE: Botsford shuttle services to provide transportation for Sofsford employees parking in the off-site locations, including parking located at Seth Temple, to and from the parking sites. Botsford main campus located at 28050 Grand River Ave, Farmington Hills, Michigan, 48336. Botsford, its subsidiaries, officers, trustees, directors, and employees shall be included as an additional insured for the general liability coverage per form VGL101. The Auto is under the definition of "Who is an insured" for auto Liability per form CA0001. Rights of Subrogation against the certificate holder will be wrived as required by written contract per the General Liability, Automobile Liability.

CERTIFICATE HOLDER	CANCELLATION
Botsford General Hospital	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
28050 Grand Rivers Ave. Farmington Hills MI 48336	AUTHORIZED REPRESENTATIVE MULL TWILL TO

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ACORD 25 (2016/03)



ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/21/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THE 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 ADD if SUBROGATION IS WAIVED, subject to the ter this certificate does not confer rights to the certi-	ms and conditions of th	e policy, certain p ich endorsement(s	olicies may:	require an endorsement. A s	tatement on
PRODUCER Hylant - Columbus 555 Metro Place South, Ste 450 Dublin OH 43017		CONTACT NAME: Lori Gibso PHONE LAIC, No. Ext): 614-93 E-MAL ADDRESS: Lori.gibs	2-1243	(A)C, No.; 6149	32-1299
				RDING COVERAGE	NAICS
		INSURER A : America	n Alternative	Insurance Corp	19720
INSURED BEAUMED OF		INSURER 8:			
Community Emergency Medical Services, Inc. 25400 W. Eight Mile Road		INSURER C			
Southfield, MI 48033		INSURER D :	as more new a	CNE, was a way , was described as a	The second of the second
		INSURER E :	and the second second	and the second of the second o	
		DISURER F :			
	NUMBER: 2059906999			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSUR INDICATED. NOTWITHSTANDING ANY REQUIREMEN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS
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AND EMPLOYERS CIABILITY YIN	115112,0000130	Ci talant		STATISTE X STATISTE ON S	
OFFICER/MEMBER EXCLUDED?				FI DISEASE - EA ENPLOYED 51 30	Vph.
fiyes, describe under DESCRIPTION OF OPERATIONS below				EL DISEASE - POLICY LIMIT - \$1.00	
A Professional Healthcare Limberty	VFISTR206883703	8/22/2010	101/2018	Included in General Cability	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD RE): Emergency Medical Services. City of Novi is add Non-Contributory and includes Waiver of Subrogation Insured policy and/or policy cancellation.	ied as additional insured w	inh respect to Gener	ral Liability oo	warane. Insurance is Pfimary ai	nd hanges to the
CERTIFICATE HOLDER		CANCELLATION			
City of Novi		SHOULD ANY OF THE EXPIRATION ACCORDANCE W	N DATE TH	DESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DI BY PROVISIONS.	LLED BEFORE ELIVERED IN
45175 Ten Mile Rd. Novi MI 48375-3024		MULL TWIST	BVITATIVE		

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ACORD 25 (2016/03)





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/IDD/YYYY) 8/21/2018

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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(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME Lori Gibson Hylant - Columbus 565 Metro Place South, Ste 450 Dublin OH 43017 PHONE (AIC, No. Ext): 614-932-1243 E-MAIL ADDRESS: Lori.gibson@hylant.com FAX (AIC, No): 614-932-1299 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: American Alternative Insurance Corp. 19720 BEAUMEDIO INSURER 8: Beaumont Medical Transportation Services, Inc. INSURER C 950 West Maple Rd. INSURER D: Suite C Troy MI 48084 INSURER E: INSURER F CERTIFICATE NUMBER: 611960552 **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 PETTAIN, 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 RECUCED BY PAID CLAIMS.

BY TYPE OF INSURANCE ADD. SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RECUCED BY POLICY PRICE TO THE TOWN OF THE POLICY PRICE TOWN OF THE POLICY PRIC FOLICY NUMBER VFISTR208883703 X COMMERCIAL GENERAL LIABILITY 8/22/2018 10/1/2018 \$1,000,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) PERSONAL & ACV IN JURY \_\_\_ \$ 1,000,000 GENTL AGGREGATE LIMIT APPLIES PER PEMERAL AGGREGATE \$ 3 000,000 POLICY PEG X LOC PRODUCTS COMPLOP AGG \$3,000,000 OTHER. COMBINED SINGLE UMIT AUTOMOBILE LIABILITY VFISTR208883703 8/22/2018 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-QWILED AUTOS CNLY CVINED AUTOS ONLY HIRED AUTOS CNLY BODIL! INJURY (Per acordent) S UMBRELLALIAB VFISTR208883703 10/1/2018 EACH OCCURRENCE X occur EXCESS LIAB ACCREGATE \$ 20,000 000 X RETENTIONS 0 WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
ANYPROPRIE TORPARTNEWEXECUTIVE
OFFICERMEMBER EXCLUDED?
[Mandatory in Net] STATUTE X OTH OH STOP GAP EL EACH ACCIDENT \$ 1 000,000 FIL DISEASE - EA EMPLOYEE SI 000-000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$1,000,000 Professional Healthcare Liabs by VFISTR200883703 8/22/2018 10/1/2018 Included in General Liability OESCRIPTION OF OFERATIONS (LOCATIONS) VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached.\* Interespace is required)
Entergency Medical Service Corp, American Medicial Response Inc., EMCare Inc are recognized as Additional Insured(s) on the General Liability and AutoLiability where required by written contract or agreement. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED FOLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Emergency Medical Service Corp American Medical Response, Inc.; EMCare, Inc. 6200 S. Syracuse Way #200 Greenwood Village CO 80111

AUTHORIZED REPRESENTATIVE mul milet

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ACORD 25 (2016/03)



<b>ACORD</b>

#### CERTIFICATE OF LIABILITY INSURANCE

0ATE (MM/CO/YYYY) 8/21/2018

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Trylate - Country Ste 450  Dubtin OH 43017  Dubtin OH 430	this certificate does not comer rights to the certificate non	tel all lied or addit	cataor semental	•			
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NEUREN A AMERICAN ARRESTMENT OF SEALURS OF S	Dubuit On 450 17		ADDRESS, Settisfied in action				
NAUMER D.  25400 W. Eight Mile Road  Southfield MI 48033  MILIERE B:  MILIERE		INC					
COMPRIANCE SERVICES, INC.  SOUTHFIELD MILE ROAD  CONTRICTOR MILE R	INSURED BSAUMED-01		No. of Party States	Paralleania	mass drive doilp		
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ACORD 25 (2016/03)





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

DATE (MINIODOTYYY) 8/21/2018

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

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

PRODUCER Hylant - Columbus 565 Metro Piace South, Ste 450 Dublin OH 43017	Contact   Cont					
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Emergency Medical Service Corp American Medical Response, Inc.; E 6200 S. Syracuse Way #200 Greenwood Village CO 80111	MCare, Inc.	SHOULD ANY OF T	DATE THE	ESCRIBED POLICIES BE CANCELLE EREOF, NOTICE WILL BE DELL Y PROVISIONS.		
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ACORD 25 (2016/03)



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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/21/2018

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Lori Gibson NAME: PHONE (AIC, No, Ent): 614-932-1243 Estákil. Appress: Lori.gibson@hylant.com Hylant - Columbus FAX (A/C, No); 614-932-1299 565 Metro Place South, Ste 450 Dublin OH 43017 INSURER(S) AFFORDING COVERAGE INSURER A: American Alternative Insurance Corp BEAUMEDIC1 INSURER 8: Beaumont Medical Transportation Services, Inc. INSLINED C 950 West Maple Rd. Suite C INSURER D Troy MI 48084 ENSURER E : WSURER F CERTIFICATE NUMBER: 797329277 COVERAGES 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. POLICY EFF POLICY EXP (MINDOYYYY) TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY 8/22/2018 10/1/2016 FACH OCCUPRENCE DAMAGE TO RENTED PPTMISES (Falcocurrence) \$1,000,000 CLAIMES-MADE X OCCUR MED EXP (Any one person) PERSONAL & ADVINJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5 000,000 GEN'L AGGREGATE LIMIT APPLIES PER POLICY DEUT X LOC PRODUCTS CONFEDP AGG \$3.000,000 отнен. COMBINSO SINGLE UMIT VPISTR206883703 **AUTOMOBILE LIABILITY** 8/22/2018 ANY AUTO BODILY INJURY (Per person) CWNED AUTOS CILLY AUTOS CILLY SCHEDULED AUTOS X NON-OWNED AUTOS CNLY BODIL ( INJURY (Per accident) S PROPERTY DAMAGE X UMBRELLA LIAB X OCCUR EXCHAGOUTHENCE. \$ 10,090,000 EXCESS LIAB AGGREGATE \$20,000,000 CLAIMS-MADE X RETENTIONS O WORKERS COMPENSATION ON WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIE FOR PARTNER EXCLUDED? (Mandatory in field) FISTR200863703 STATUTE X ER OH 5"0 P G# 3 E.L. EACH ACCIDENT EII, DISEASE - EA EMPLOYEE: \$1,000,000 f yes, describe under DESCRIPTION OF OPERATIONS belox E.L. L'ISEASE - POLICY LIMIT | \$ 1 000 000 VFISTR208883703 8/22/2018 Professional Healthcare Liability Included in General Embits DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Federal Emergency Management Agency is recognized as Additional Insured on the Auto Liability and General Liability.

CERTIFICATE HOLDER

CANCELLATION

Federal Emergency Mangament Agency Office of the Chief of Procurement Office 500 C Street, SW, PP 5th Floor Washington DC 20472 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 REPRESENTATIV

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ACORD 25 (2016/03)



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

DATE (MM/DD/YYYY) 8/21/2018

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Hylant - Columbus 565 Metro Place South, Ste 450			CONTACT Lori Gibson HAME PHONE (AIC, No. But): 614-932-1243 E-MAIL ADDRESS: Lori gibson@hylant.com				
			INSURER(S) AFFO	RDING COVERAGE	HAIC #		
			INSURER A: American Alternative	Insurance Corp	19720		
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_	DESCRIPTION OF OPERATIONS BOOM			E. C. Dibbliote - Potion Cont.			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACCRE	) 101, Additional Remarks School	is, may be attached if more space is requ	(ed)			
Cel	rtificate helder is Additional Insured as respects th	air interest in this client for	General Liability and Auto Liabilit	у.			
CE	RTIFICATE HOLDER		CANCELLATION				
Federal Emergency Mangament Agency Office of the Chief of Procurement Office			SHOULD ANY OF THE ABOVE THE EXPIRATION DATE TO ACCORDANCE WITH THE POLI	DESCRISED POLICIES BE CANCEL MEREOF, NOTICE WILL BE DE CYPROVISIONS.	LED SEPORE LIVERED IN		
	500 C Street, SW, PP 5th Floor	<del>-</del>	AUTHORIZED REPRESENTATIVE				
	Washington DC 20472		melmilet				
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			@ 1988-2015 A4	CORD CORPORATION. All rig	hts reserved.		

ACORD 25 (2016/03)





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MARIDOMYYY) 8/21/2018

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	SUBROGATION IS WAIVED, subject to the tell its certificate does not confer rights to the cert				require an endorsement.	a statement on	
	DUCER		CONTACT NAME: Lori Gibsor	1			
	lant - Columbus		PRIONE (AC, No, Ext): 614-932-1243 (AC, No): 614-932-1299 (AC, No):				
	5 Metro Piace South, Ste 450 blin OH 43017		E-MAIL ADDRESS: Lori.gibso	ndimiset co		100011200	
שע	DIII OH 45017		MODIFICADO. RETTOSTATO	110511) 101111111	IDING COVERAGE	NAICH	
			(NSURER A : America)			19720	
IMSA	IRED BEAUMED-0	1	INSURER B:	1 MUDSI ISORAIG	madrance corp	18320	
Co	mmunity Emergency Medical Services, Inc.		INSURER C:			~	
	400 W. Eight Mile Road						
50	uthfield, MI 48033		INGURER D:	2 - 1	200 C SWEWEN MOUNT / JANUARY / COMM		
			INSURER E	1000	The second of the second of the second		
-00	VERAGES CERTIFICATE	NUMBER: 927275802	INSURER F:		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES OF INSUR		VE SEEN ISSUED TO			POLICY PERIOD	
II C	idicated. Notwithstanding any requirement Ertificate may be issued or may pertain, '	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIES	OR OTHER I DESCRIBE	DOCUMENT WITH RESPECT '	TO WHICH THIS	
	KOLUSIONS AND CONDITIONS OF SUCH POLICIES. ADDL SUBR		POLICY EFF	POLICY EXP			
LYR	TYPE OF INSURANCE INSU WHO	POLICY NUMBER VEISTR268883703	POLICY SFF (MM/DOYYYY) 8/2/2016	(MM/DD/YYYY) 10/1/2018	LIMITS		
A	X CONNERCIAL GENERAL LIABILITY	VFIS1N205883703	8/2//2018	MENSON B	DIMAGE TO RENSED	000 CHd	
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ı	and the second of the second o				PERSONAL & ADVINJURY \$1	202-030	
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	X ANY AUTO				BODILY INJURY (Per person) \$		
	OWNED SCHEDULED AUTOS CALY AUTOS V HIRED Y NON-OWNED				BODILY INJURY (Per accident): \$		
	X HIRED X HON-OWNED AUTOS ONLY				PROPERTY DAMAGE 5		
					\$		
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	X EXCESSILIAB CLAIMS-MADE.		1		AGGRECATE \$ 20	2,000 000	
	DED X RETENTIONS 0	ll.			\$		
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	VFISTR209863703	8/12/2018	10/1/2018	STATUTE X ER O	HS:OPGAP	
	ANYPHOPRIETOR/PARTNER/BEGUTIVE 71N OFFICER/MEMBER EXCLUDED?				EL EACH ACCIDENT 51	000,000	
	(Mandaton/ in MH)				FIL DISEASE - EA EMPLOYETT \$1	000,000	
	if yes, describe under CESCRIPTION OF OPERATIONS BAIOW				ELIT MEASE POLICY LIMIT SI	000-000	
A,	Professional Healthcare Liabs by	VFISTR208889703	8/23/2018	10/1/2018	Included in General Liability		
					Coonie		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD	101, Additional Remarks Schödu	le, may be intended if more	esace is requia	id)		
Ce	tificate holder is Additional Insured as respects the	ir interest in this client for	General Liability and	Auto Liability	·,		
CE	RTIFICATE HOLDER		CANCELLATION				
					escribed policies be cand		
			THE EXPIRATION ACCORDANCE WIL		PREOF, NOTICE WILL BE	DELIVERED IN	
	Federal Emergency Mangament Age Office of the Chief of Procurement C	ency Whose	, and the same of		.,		
	500 C Street, SW, PP 5th Floor	AL LINE	AUTHORIZED REPRESSI	TATIVE			
	Washington DC 20472		meemilet				
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#### CERTIFICATE OF LIABILITY INSURANCE

8/21/2018

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\*\*CONTRACT\*\* Lori Gibson\*\*
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Hylant - Columbus 565 Metro Piece South Ste 450			CONTACT Leri Gibson NAME: PHONE (AIC, No., Ext): 614-932-1243 E MAIL ADDRESS: Lori.gibson@hylant.com			
L/UI	50 1 430 ti				DING COVERAGE	NAIC#
			INSURER A : American			19720
MSU	RED BEAUMEDICA		INSURER B			
	nument Medical Transportation Services, Inc.		INSURER C			
	West Maple Rd.					
	te C		INSURER D	**** : -	Called Control of the	
LIG	y MI 48084		INSURER E:	NAM 4.	separate and an area of the ar	
			INSURER F:		THE PARTY OF THE PARTY.	
		NUMBER: 1373448577			REVISION NUMBER:	any ecolon
IN GE	IIS IS TO CERTIFY THAT THE POLICIES OF INSUR DICATED. NOTWITHSTANDING ANY REQUIREMEN ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, 7 DOLUSIONS AND CONDITIONS OF SUCH POLICIES I	IT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY CONTRACT ( ED BY THE POLICIES SEEN REDUCED BY P	OR OTHER I DESCRIBED AID CLAIMS.	OCCUMENT WITH RESPECT TO	WHICH THIS I
HSR	TYPE OF INSURANCE ADDL SUBRUMEND WIND	POLICY NUMBER	POLICY EFF (MM2DD/YYYY)	POLICY EXP	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	VFISTR208883703	8/22/2018	10/1/2018	FACH OCCURRENCE \$1 000	000
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	X AU OS CINLY X AUTOS ONLY				(Per accident)	
					5	
A	UMSRELLALIAB X OCCUR	VFISTR206889703	8/22/2018	10/1/2018	EACH ODCURRENCE \$10,000	0.000
	X EXCESSILIAB CLAIM, MADE				ACCRECATE \$ 29,000	200
	DED X RETENTIONS 6				/ 5	
A	WORKERS COMPENSATION	VFISTR205883733	8/32/2018	10/1/2018	STATUTE A EN OHS	OPGAP
	AND EMPLOYERS LIABILITY  ANYPROPRIET GRIPARTNEN/EXECUTIVE  THE PROPERTY OF THE				EL EACH ACCIDENT \$1,000.	000
	OFFICER/MEMBER EXCLUDED?  [Mandutory in NH)				EL DISEASE - EA GWPLOMET \$1,000	000
	I ves describe under DESCRIPTION OF OPERATIONS below				E L DISEASE - POLICY LIMIT   \$1,000	1
A	Professional Healthcare Liability	VF157R206889703	8/22/2018	10/1/2016	Induded at General	
	The state of the s				Cabifty	
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DESCRIPTION OF OVERATIONS / VEHICLES (ACCIDED 161, Additional Remarks Schedule, may be attached if more space is required)						
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CE	RTIFICATE HOLDER		CANCELLATION			
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	Information Purposes Only		AUTHORIZED REPRESEN	ITATIVE		

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#### CERTIFICATE OF LIABILITY INSURANCE

5/21/2018

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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/21/2018

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Hyl 566	oucer ant - Columbus i Metro Piace South, Ste 450 blin OH 43017		NAME Lori Gibson PHONE (AIC, No. Ent): 614-93; E-MAIL ADDRESS: Lori.gibso	2-1243	FAX (AIC, No): 614-	932-1299	
			318	URER(S) AFFOR	IDING COVERAGE	NAIC#	
			INSURER A : Americai	n Alternative	nsurance Corp	19720	
INSURED 85AUMED-01 Community Emergency Medical Services, Inc. 25400 W. Eight Mile Road Southfield, MI 48033			INSURER C: INSURER C: INSURER C:	yer AME PROMISE.	James J. Jahr Jahan Salakannaga J. 1997, A.	and the second s	
			WISURER F.				
		NUMBER: 1235420194			REVISION NUMBER:		
IN CI	IS IS TO CERTIFY THAT THE POLICIES OF INSUF DICATED. NOTWITHSTANDING ANY REQUIREME ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, ICLUSIONS AND CONDITIONS OF SUCH POLICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIES BEEN REDUCED BY I	CR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	O WHICH THIS	
INSR	TYPE OF INSURANCE ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Limits		
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	VFISTR208883703	8/22/2016	1011.0918	CANAGE TO REM ED PRIMISES (Fa accurrence) \$10 MED EXP (Any one person) \$10 PERSONAL \$ ADV INJURY \$10	10.000	
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10	Professional Healthcare Liabsity	VFISTR206863709	81222013	10/1/20-6	Included in General Lability		
663	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CEMS Dayton 6635 Centerville Business Centerville, OH 45459						
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CEI	RTIFICATE HOLDER		CANCELLATION				
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	Information Purposes Only		MULTINGET	NTATIVE			

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565 Metro Place South, Ste 450 Dublin OH 43017		(AC, No, End): 614-932-1243 (AC, No): 614-932-1299  E-MAL ADDRSS: Lori gibson@hylant.com			
Dubim On 43017				DING COVERAGE	MAIC#
		INSURER A : America		W1474	19720
INSURED BCAUMEDICT		INSURER B:			
Community Emergency Medical Services, Inc. 25400 W. Eight Mile Road Southfield, MI 48033		INSURER C:			
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l i		Machine C. The designate forms in young a tree. Been those of the authorities in a paper. A contract of the co			
COVERAGES CERTIFICATI	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.					
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A UMBRELLALIAB X OCCUR	VFISTR206883703	8/22/2018	10/1/2018	EACH OCCURRENCE \$10	000 000
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AND EMPLOYERS' LIABILITY YAN					000/000
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if yes, describe under DESCRIPTION OF OPERATIONS below			ton contr	E.L. DISEASE - POLICY LIMIT   \$7.5	000 000
A Professional Healthcare Liability	VFISTR208883703	8/22/2018	10/1/2018	Included in General Liability	
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Annual Market Commence and the second companies as a second commence of the second commence	) And Additional Research Calcada	to many his reteasing of all or ma	a wasta in cattuis		
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CERTIFICATE HOLDER	CANCELLATION				
		SHOULD ANY OF THE EXPIRATION ACCORDANCE WI	N DATE THE	escribed policies be canc ereof, notice will be y provisions.	ELLED BEFORE DELIVERED IN
Information Purposes Only	AUTHORIZED REPRESENTATIVE MULL THUSET				
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DATE (MM/DD/YYYY) 8/21/2018

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Lori Gibson Hylant - Columbus NAME: PHONE (AIC, No., Ext): 614-932-1243 E-MAIL ADDRESS: Lori.gibson@hylant.com FAX (AIC, No): 614-932-1299 565 Metro Place South, Ste 450 Dublin OH 43017 INSURER(S) AFFORDING COVERAGE INSURER A: American Alternative Insurance Corp 19720 INSURED INSURER B: Community Emergency Medical Services, Inc. 25400 W. Eight Mile Road Southfield, Mil 48033 INCHESE A INSURER D: INSURER E : NSURER F : COVERAGES CERTIFICATE NUMBER: 41967744 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. POLICY EFF POLICY EXP (MMDDYYYY) (MMDDYYYY) TYPE OF INSURANCE POLICY NUMBER X COMMERCIAL GENERAL LIABILITY 10/1/2018 FACH OCCURRENCE DAMAGE TO RENTEU PREMISES (Fa occurre CLAISIS-MADL X OCCUR MED EXP (Any one person) PERSONAL & ADVINUERY \$1 000,000 GEN'L AGGREGATE UNIT APPLIES PER GENERAL AGGREGATE \$3,000,000 ECT X LOC POLICY PRODUCTS COMPIOP AGG \$ 3 000,000 CTHES COMBINED SINGLE UMIT (Ea accident) AUTOMOBILE LIABILITY VF15TR206883703 8/22/2018 10/1/2018 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HERED AUTOS CHLY PROPERTY DAMAGE (Per accident) UMBRELLA LIAB VFISTR208883703 OCCUR EACH-OCCURRENCE. CZ AINIS MADE AGCRECATE \$ 20,000 000 DED X RETENTIONS D VEISTR208883703 8/22/2016 PER STATUTE & ER AND EMPLOYERS' LIABILITY ANYPROPRIETORPARTNER/EXECUTIVE OFFICERMEMBER EXCLUDED? (Mandatory in NH) EIL EACH ACCIDENT FIL DIREASE - EA PARLOYEL S : 000,000 yes, describe under ESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY UMIT | \$ 1,000,000 VFISTR206883703 Professional Healthcare Liability 6/22/2018 Included in General DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Semarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. Information Purposes Only AUTHORIZED REPRESENTATIVE

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Beaumont Mobile Medicine
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CERTIFICATE	OF PROPERTY	INSURANCE

DATE MINICOVYTYY) 8/21/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDE	R. THIS
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE PO	OLICIES
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTH	ORIZED
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	
RODUCER CONTACT Lori Gibsen	
Hylant - Columbus (ACC No. 614-932-1243 (ACC No. 614-932-1243)	299

PRODUCER Hylant - Columbus 565 Metro Place South, Ste 450 Dublin OH 43017	NAME: Lon Gibson PHONE: 614-932-1243 (AIC, No, Bid): 614-932 E-MAIL ADDRESS: Lori,gibson@hylant.com PRODUCER (CUSTOMER ID. BEAUMED-01	1-1299
	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED	IMSURER A - American Afternative Insurance Corp	19720
Community Ernergency Medical Services, Inc. 25400 W. Eight Mile Road	INSURER 8;	
Southfield, Mil 48033	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**CERTIFICATE NUMBER: 1564035995** REVISION NUMBER: COVERAGES LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space as required)

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 RESECT 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.

NSR LTR		TYPE OF INSURANCE	POLICY NUMBER		POLICY EXPIRATION DATE (MINODOYYYY)	COVERED PROPERTY	LIMITS
A	X GAU	PROPERTY	VP46TR208889709	8/22/2018	10/1/2018	PERSONAL PROPERTY	\$8371,897 \$ \$ALS \$
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- Chicken and darks		INLAND MARINE JSES OF LOSS NAMED PERILS	TYPE OF POLICY Bloss Part Equipment POLICY NUMBER	2/22/2016	10/1/2018	X GRC X Deductible	\$ \$1,000 \$
A	TYP	CRIME 4. DF POLICY	VF18TR2068657'09	3222NB	TOT IZO 16		: 5 : 5 : 5
- All Control of the		BOILER & MACHINERY / EQUIPMENT BREAKDOWN					5

SPECIAL CONDITIONS (OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Information Purposes Only	AUTHORIZED REPRESENTATIVE  MULL 1-W/Lt

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ACORD 24 (2016/03)



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

DATE (MM/DOTTYYY) 8/21/2018

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this certificate does not confer rights to the cert	ificate holder in Item of si	con endorsement(s	).		
PRODUCER Hylant - Columbus 555 Metro Place South, Ste 450 Dublin OH 43017		Contract			
		INS	URER(S) AFFOR	IDING COVERAGE	NAIC #
		INSURER A : America			19720
INSURED BEAUMOUND	1	INSURER B:		<u> </u>	
Community Emergency Medical Services, Inc.		INSURER C			
25400 W. Eight Mile Road Southfield, MI 48033		INSURER D:			
Soutilied, Mr 40033		INSURER E :	m. un destro	Ann	- 1
		5 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			- 1
COVERAGES CERTIFICATE	NUMBER: 1187931903	INSURER F		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSUI		/E BEEN ISSUED TO			POLICY PERIOD
INDICATED. NOTWITHSTANDING ANY REQUIREME CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	NT, FERM OR CONDITION THE INSURANCE AFFORDI	OF ANY CONTRACT ED BY THE POLICIES BEEN REDUCED BY I	OR OTHER! S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT	TO WHICH THIS
INSR TYPE OF INSURANCE INSO W/O	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MIMODAYYYY)	LIMITS	
A X COMMERCIAL GENERAL LIABILITY	VFISTR206883703	8/22/2018	10/1/201B		000,610
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and the second s				PERSONAL & ADVINUARY \$ 1	200,000
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OTHER				ş	
A AUTOMOBILELIABILITY	VFISTR206883703	8/22/2018	10/1/2018	COMBINED SINGLE LIMIT 9 :	000,000
X ANY AUTO				SODILY INJURY (Per person) \$	
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X HIR TO X NON-OWNED AUTOS ONLY				PROPERTY DAMAGE S (Per accident)	
				\$	
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X EXCESS LIAB CLAURS MADE					200 000
DED X RETENTIONS 0				\$	
A WORKERS COMPENSATION	VFISTR208683703	8/22/2018	10/1/2016	PER X DIR-	SH 5102 GA2
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(Mandatory in NH)				E L. DISEASE - EA EMPLOYET \$ 1	
f yes, describe under DESCRIPTION OF OPERATIONS below				EL DISEASE - POLICY LABOR SI	
A Professional Healthcare Liability	VPISTR206863703	8/22/2018	10/1/2018	Included in General	
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pideracca.					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACOND	101 Seldiforni Remarks Schadul	e may be attached if avair	sence is negula	uta	
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CERTIFICATE HOLDER		CANCELLATION			
CERTIFICATE NOLDER	· · · · · · · · · · · · · · · · · · ·	CARGELERITOR			
Logisticare Solutions, LLC			DATE THE	escribed policies be cano ereof, notice will be yprovisions.	
26877 Northwestern		AUTHORIZED REPRESE	WIATIVE		
Southfield MI 48033		meenyet	W+0011VE		

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ACORD 25 (2016/03)



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#### CERTIFICATE OF LIABILITY INSURANCE

BATE (MIN/DD/YYYY) 8/21/2018

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INSU	blin OH 43017			PHONE (AIC, No, Ext): 614-93 E-MAIL ADDRESS: Lori, gibs	on@hylant.co		-1299
						IDING COVERAGE	NAIC#
				INSURER A · America	n Alternative	Insurance Corp	19720
Con	RED	REAUMED-01	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INSURER B:			
	mmunity Emergency Medical Service	ces, Inc.		INSURER C			
	400 W. Eight Mile Road uthfield, Mi 48033			INSURER D:			
Suu	unifield, MI 40000			INSURER E	·	appropriately across do . Novil. **	1
				INSURER F.	A 12 47 61 AMEN	A THE STATE OF THE	
COL	VERAGES CER	TIEICATE	NUMBER: 1723165950	Headrant F		REVISION NUMBER:	
TH	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ACLUSIONS AND CONDITIONS OF SUCH	OF INSUR- EQUIREMEN PERTAIN, T POLICIES L	ANCE LISTED BELOW HAT IT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO V	VHICH THIS
LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	}
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A	AUTOMOBILELIABILITY	-	VF18TR208883703	8/22/2018	10/1/2018	COMBINED SMGLE LIMIT 5 : Q00,0	00
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-	AND EMPLOYERS' LIABILITY YAN	ĺ				STATUTE ES	
- 1	ANYPROPRIETOR/PARTNER/EXECUTIVE OFF/CER/ME/HBER EXCLUDED?	MIA				EL DISEASE FAFMPLOYES 5	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					EL DISEASE POLICY LAMIT \$	
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DESC	CRIPTION OF OPERATIONS / LOCATIONS / VIEHIG	LES (ACORD	101, Addiponal Remarks Schadu	ie, may be attached it mei	a state is redriii	P(1)	- 1
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CEF	RTIFICATE HOLDER			CANCELLATION			
	Logisticare Solutions, LLC			SHOULD ANY OF THE EXPIRATION ACCORDANCE WI	N DATE TH	ESCRIBED POLICIES BE CANCELL EREOF, NOTICE WILL BE DEL LY PROVISIONS.	ED BEFORE IVERED IN
!	26877 Northwestern Southfield Mt 48033			MULTINGET REPRESE	ENTATIVE		

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ACORD 25 (2016/03)





#### CERTIFICATE OF LIABILITY INSURANCE

B/21/2018

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Melm)(2t

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ACORD 25 (2016/03)





#### CERTIFICATE OF LIABILITY INSURANCE

0ATE (MM0D/YYYY) 6/21/2015

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PRODUCER

Hylant - Columbus

AME

Hylant - Columbus

FAX

(AC, No. 814-932-1299

56	lant - Columbus 5 Metro Place South, Ste 450 blin OH 43017		PHONE (AIC, No. Ext): 614-93 EMAIL ADDRESS: Lott.gibs	2-1243 on@hylant.co	(Arc. No): 614-90	2-1299
				SURER(S) AFFOR	RDING COVERAGE	NAIC#
			INSURER A : America	n Alternative	Insurance Corp	19720
	RED BEAUMED-0		INSURER B :			
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	v MI 48084		INSURER E :	we .		
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CO	VERAGES CERTIFICATE	NUMBER: 1872969547	A Distriction of the Control of the		REVISION NUMBER:	
E E	4IS IS TO CERTIFY THAT THE POLICIES OF INSUI DICATED. NOTWITHSTANDING ANY REQUIREME ERTIFICATE MAY BE ISSUED OR MAY PERTAIN. ICLUSIONS AND CONDITIONS OF SUCH POLICIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER! S DESCRIBEI PAID CLAIMS:	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL.	WHICH THIS
LTR	TYPE OF INSURANCE INSD WOOD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/ADD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	VFISTR208883703	8/22/2616	10/1/2018	EACH OCCUPRENCE \$1,000	.000
	CLAINS-MADE X OCCUR				PRIMISES (Fa occurrence) \$1,000	900
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A	AUTOMOBILELIABILITY	VFISTR206883703	8/22/2018	10/1/2018	COMBINED SINGLE LIMIT \$ 1 000.	,000
	X ANY AUTO				BODILY MAURY (Per person) 5	
	OWNED SCHEDULED				BODIL / INJURY (Per accident) 5	
	X HIRED X NON-OWNED				PROPERTY DAMAGE 8	
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	X EXCESS LIAB CLAIMS ANDE				AGDRECATE \$20.00	
	DED X RETENTIONS 0				\$	7 704
A	WORKERS COMPENSATION	VFISTR258883793	8/22/2016	10/1/2016	950	OP GAP
	AND EMPLOYERS' LIABILITY  ANYPROPRIET ORPARTNER/EXECUTIVE (197)		4-4		EL EACH ACCIDENT \$1.000	
	OFFICERMEMBER EXCLUDED? (Mandatory in NH)				FI DISEASE - EA EMPLOYEE \$ - 000	
	If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. D.: GASE - POLICY LIMIT S 1 000	
.8	Professional Healthcare Liability	VFISTR205883703	6/22/2018	10/1/2016	Included in General	oga
	Control of the service services and services are services and services and services and services are services are services and services are services and services are services are services are services are services are services and services are services are services are services are services	1310-1020-0031-00	0202010	101720.0	Lability	
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DEC.	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD	404 Additional Remarks Calenda	In terms for other band of man	a amora la constr		
	ctive July 31, 2016 - Healthlink Medicat Transport					
CE	RTIFICATE HOLDER		CANCELLATION			
	MTM, Inc.			F DATE THE	escribed policies be canceli Ereof, notice will be de Y provisions.	
	16 Hawk Ridge Dr Lake Saint Louis MO 93367		AUTHORIZED REPRESE	NTATIVE		
	detections describe the Property I have a stell death of		MO DERWINGS			i

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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/21/2018

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BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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 fleu of such endorsement(s). Hylant - Columbus NAME PHONE (AIC, No. Ext): 614-932-1243 E-MAIL ADDRESS: Lori.gibson@hylant.com FAX (A/C, No): 614-932-1299 565 Metro Place South, Ste 450 Dublin OH 43017 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: American Afternative Insurance Corp INSUBER INSURER B: Community Emergency Medical Services, Inc. 25400 W. Eight Mile Road Southfield, MI 48033 INCURER C INSURER D: INSURER E: MSURER F COVERAGES **CERTIFICATE NUMBER: 75643967** REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE SEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER COCUMENT 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 POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER X COMMERCIAL GENERAL LIABILITY 10/1/2018 EACH OCCURRENCE DAVIAGE TO REVISED PREMISES (FA nocurre CLAIMS-MADE X OCCUR MED EXP (Any one person) PERSONAL & ADVINUERY \$ 1,000,000 GENERAL AGGREGATE \$ \$ 000,000 CEN'L AGGREGATE LIMIT APPLIES POR JEST X LOC PRODUCTS - COMPIOP AGG - \$3,000,000 OTHER COMBINED SINGLE UNIT AUTOMOBILE LIABILITY VF1STR206883703 BODILY INJURY (Per person) ARRY AUTO OWNED AUTOS CHLY HERTD X AUTOS CNLY BODILY INJURY (Per accident) S PROPERTY DAMAGE (Per ecodent) AU-OS CHLY UMBRELLALIAG VFISTR208883703 X OCCUR EACH OCCURRENCE \$ 10,000,000 CLAIMS-MADE ACCREGATE \$ 20,000,000 OFD X RETENTIONS 0 VEISTROMANSTON STATUTE A STA CRISIOP GEP AND EMPLOYERS' LIABBLITY ANY ENPLOYERS DABING OF ANY PROPERTY OF PROPERTY OF PROPERTY OF PROPERTY OF PROPERTY OF PROPERTY OF THE PROPER E.L. EACH ACCIDENT FILESEASE - EA EMPLOYEE \$1,000,000 I yes, describe under DESCRIPTION OF OPERATIONS beto E.L. DISEASE - POLICY LIMIT - \$ 1 000 000 VFISTR208889703 Professional Healthcare Liability Included in General Liability DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schodule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. MTM, Inc.

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ACORD 25 (2016/03)

16 Hawk Ridge Dr Lake Saint Louis MO 63367

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AUTHORIZED REPRESENTATIVE muzimilet



ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/00/YYY) 8/21/2018

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Figure - Columbus 565 Metro Piace South, Ste 450 Dublin OH 43617		sa. Lori.gibson			4-932-1299
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MTM, Inc. 16 Hawk Ridge Dr Lake Seint Louis MO 63367	SHO THE ACC	ULD ANY OF THE EXPIRATION ORDANCE WITH UZED REPRESENT	THE POLIC	ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE PROVISIONS.	
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	L	<i>€</i> 1988	-2015 AC4	ORD CORPORATION, All	rights reserved

ACORD 25 (2016/03)





#### CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES

DATE (MM/DD/YYYY) 8/21/2018

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AND EMPLOYERS LLABELTY
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(INAMICATOR) IN MH) E.L. SACH ACCIDENT FILIDIFIERSE - EA EMPLOYEE SIT 000:000 yes, describe under ESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 1 000,000 VFISTR206883703 8/22/2018 Professional Healthcare Lability Included is General Liabitiv DESCRIPTION OF GPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER CANCELLATION

> Ohio Medical Transportation Inc. dba MedFlight of Ohio 2827 W. Dublin-Granville Rd. Columbus OH 43235

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

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ACORD 25 (2016/03)





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MIN/DD/YYYY) 8/21/2018

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th	s certificate does not confer rights to the cert		uch endorsement(s	).	-	
	UCER		CONTACT Lori Gibson			
	ant - Columbus Metro Place South, Ste 450		PHONE (AJC, No, Ext): 614-93: E-MAIL	2-1243	(Arc, No): 614-93	2-1299
Dut	lin OH 43017		ADDRESS: Lori,gibso	on@hylant.co	m	
					IDING COVERAGE	NAIC#
	win BEAUMFOC		INSURER A : America	n Alternative	insurance Corp	19720
Cor	nmunity Emergency Medical Services, Inc.	1	INSURER B:			
254	00 W. Eight Mile Road		INSURER C ·			
Sou	ithfield, Mi 48033		INSURER D:		rque.	
			INSURER E ;	and or an ex-		
	EGLASA ACAMEALT	ALTERNATION OF COMPANY	INSURER F :		DELEGION LUMBER.	
	VERAGES CERTIFICATE IS IS TO CERTIFY THAT THE POLICIES OF INSU	NUMBER: 912729181	/S BEEN ISSUED TO		REVISION NUMBER:	ICV PERIOD
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	DEO X RETENTIONS D			A REAL PROPERTY.	\$ 519	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y   M	VFISTR206883733	8/22/2016	10/1/2018		ордар
1	ANYPROPRIETOR/PARTNEN/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$1 000.	
	(Mandatory in NH)  If yes, describe under  DESCRIPTION OF OPERATIONS below				F. L. CIGEASE - EA EMPLOYEE' \$1 000.	
Á	DESCRIPTION OF OPERATIONS below Professional Healthcare Liabs by	VF18TR206883703	8/22/2018	10/1/2018	EL DISEASE - POLICY LIMIT - \$1.000. Included to General	090
74	Professional Prostructure Caret Cy	*F107 (12000007100	4226010	100 110 0	Liebility	
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CEF	TIEICATE HOI DED		CANCELLATION			
VE)	TIFICATE HOLDER		CANCELLATION			
	Ohio State Board of Emergency Me Transportation Services; Ohio Depa	rtment of Public Safety		DATE THE	ESCRIBED POLICIES BE CANCELI PREOF, NOTICE WILL SE DE Y PROVISIONS.	
	Division of Emergency Medical Serv 1970 W Broad St	rices	AUTHORIZED REPRESE	NTATIVE		
	Columbus OH 43223		meenight			

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ACORD 25 (2016/03)



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

8/21/2018

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this certificate does not confer rights to the certifi	Care indicer in lieu of su	un engorsement(s)				
PRODUCER Hylant - Columbus 565 Metro Piace South, Ste 450 Dublin OH 43017	Contract Name Lori Gibson PHONE [AIC, No, Ent): 614-932-1243 [E-Mail. E-Mail.					
	INSURER(S) AFFORDING COVERAGE					
		INSURER A: American			19720	
INSUREO BEAUMED-01		INSURER B:				
Community Emergency Medical Services, Inc.		INSURER C:				
25400 W. Eight Mile Road Southfield, MI 48033		INSURER D:				
		DISURER E:				
		INSURER F:	* . *	N TOWN ME TO THE A P		
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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 CONSTITION 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.						
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discouption of originations / Locations / vibricles (acond to Additional Insured: Auto Form AUMIO3 (04-14) 2006 For	rd#1FDSS34P16HB304	34, Vehicle garage k	cation: 2770	Golfview Drive Suite A, Napervi		
"Illinois Secretary of State will be notified of any cancella cancellation is for non-payment of premium. 30 days be expiration date or until cancelled"	riore the effective date of	cancellation if for an	y other reaso	ins enective date of cancellation in. Coverage is continuous until	the	
					in the second se	
CERTIFICATE HOLDER		CANCELLATION		<u> </u>		
Secretary of State	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
State of Ulinois 501 S Second	ŀ	AUTHORIZED REPRESEN	ITATIVE			
Springfield IL 62756		meeniget			T -	
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ACORD 25 (2016/03)

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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MONDO/YYYY) 8/21/2018

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If SUBROGATION IS WAIVED, subject to the te this certificate does not confer rights to the cert	rms and conditions of t lificate holder in lieu of s	aich endorsement(s	olicies may ).	require an endorsement,	A statement on		
PRODUCER Hylant - Columbus 565 Metro Place South, Ste 450	GORTACT Lon Gibson FAX LONG S14-932-1243 (AUC. Not. 614-932-1299						
Dublin OH 43017		ADDRESS: Lori.gibson@hylant.com					
		nus	NAIC#				
	INSURER A: American Alternative Insurance Corp						
INSURED BEAUMEDO	1	INSURER B:			and the same of th		
Community Emergency Medical Services, Inc. 25400 W. Eight Mile Road		INSURER C:					
Southfield, MI 48033		INSURER D:					
		INSURER E:	,	Market and section and the section of the section o	and the same of th		
		INSURER F.					
COVERAGES CERTIFICATE NUMBER: 782815352 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 CONCETTION 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.							
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(Mandabay in MH)				EL DISEASE - EA EMPLOYER S	000 000		
if yes, describe under DESCRIPTION OF OPERATIONS below				E.L. C.SEASE - POLICY LIMIT S	1 000-000		
A Professional Healthcare Liability	VF/STR206883703	8/22/2018	10/1/2018	Included in General Liability			
an organization of the first of				L. HELVING			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD Secure Transportation Company of Ohio, LLC is reco			o space la requir	nd)			
CERTIFICATE HOLDER		CANCELLATION					
Secure Transportation Company of 777 Dearborn Lane	Ohio, tnc.	SHOULD ANY OF T THE EXPIRATION ACCORDANCE WIT	DATE THE	ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE Y PROVISIONS.	CELLED BEFORE DELIVERED IN		
Suite S Worthington OH 43095		AUTHORIZED REPRESENTATIVE  MLL 4 (Lt)					

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ACORD 25 (2016/03)





#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MINIDOTYYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY ON 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.

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Hy 56	oucen lant - Columbus 5 Metro Place South, Ste 450 blin OH 43017		NAME Lori Gibson Prioni: Alc. No. ent: 614-932-1243 EMILL ADDRESS: Lori.gibson@hylant.com				
			IN:	NAIC#			
			INSURER A: America	n Alternative	Insurance Corp	19720	
Be	aumont Medicat Transportation Services, Inc		INSURER B:				
	0 West Maple Rd.		INSURER C:				
	ite C by MI 48084		INSURER D:		M.p. A		
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DESCRIPTION OF OPERATIONS / LOCATIONS (VEHICLES (ACORD 161, Additional Remarks Schedule, rear be received (Emore space is required)							
CE	RTIFICATE HOLDER		CANCELLATION				
	Sheffield Manor & Nursing Center			I DATE THE	ESCRIBED POLICIES BE CANCELL EREOF, NOTICE WILL BE DEI Y PROVISIONS.		
	15311 Schaffer Hwy Detroit MI 48227	AUTHORIZED REPRESENTATIVE MLL 1 MLL					

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ACORD 25 (2016/03)



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#### CERTIFICATE OF LIABILITY INSURANCE

5/21/2018

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

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	DUCER		CONTACT NAME: Lori Gibson				
Hylant - Columbus 565 Metro Piace South, Ste 450			PHONE (AIC, No., Eut): 614-932-1243 (AIC, No., Eut): 614-932-1299				
Dublin OH 43617			E-MAIL Appress: Lori.gibson@hylant.com				
			INSURER(S) AFFOI	RDING COVERAGE	HAICH		
			INSURER A.: American Alternative	Insurance Corp	19720		
INSU		<b>0</b> 1	INSURER B:	And Parameter State Stat			
26	mmunity Emergency Medical Services, Inc. 100 W. Eight Mile Road		INSURER C:				
So	uthfield. MI 48033		INSURER D:	Amanaga			
			INSURER E				
			MSURER F;				
		E NUMBER: 1279232356		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOCATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEXTURISIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUIRED BY PAID CLAIMS.							
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CE	RTIFICATE HOLDER		CANCELLATION				
<u> </u>	VIII ION I E HOLDEN		GRITGELERIIGN				
	The City of Northville		Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.				
	215 W. Main		AUTHORIZED REPRESENTATIVE				
	Northville MI 48167		MULTINGET				

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ACORD 25 (2016/03)



ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

B/21/2018

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If SUBROGATION IS WARVED, 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 fieu of such endorsement(s). Lori Gibson Hylant - Columbus 565 Metro Place South, Ste 450 Dublin OH 43017 PHONE (AIC, No. EXI): 614-932-1243 E-MAIL ADDRESS: Lori.gibson@hylant.com FAX (AIC, No): 614-932-1299 MISURER(S) AFFORDING COVERAGE NAIC# 19720 INSUREA A: American Alternative Insurance Corp BEAUMED-0 INSURED Community Emergency Medical Services, Inc. 25400 W. Eight Mile Road Southfield, MI 48033 INSURER B: INSURER C MEARER D: INSURER E: INSURER F.: CERTIFICATE NUMBER: 1161357992 **REVISION NUMBER:** COVERAGES THIS IS TO CEPTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE SEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHISTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATED 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 SEEN REDUCED BY PAID CLAIMS. ADDL SUSR TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CL/sh/SunADE. OCCUR MED EXP (Any one person) PERSONAL & ADVENJURY GEN'L AGGREGATE UNIT APPLIES PER GENERAL AGGREGATE POLICY PRO-PRODUCTS COMPIOP AGG S OTHER. COMBINED STIGLE LIMIT AUTOMOBILELIABILITY VFISTR206883703 8/22/2018 X AMY AUTO BODILY INJURY (Per person) - \$ CWNED AUTOS CHLY HIRE'S AUTOS CHLY X NOAHOWNED AUTOS LINEY BODILY INJURY (Per accident) S PROPERTY DAMAGE (Per appoint) UMERRELLALIAR OCCUR EXCESS LIAB CLAUREMEADE ACCREGALE. WORKERS COMPENSATION AND EMPLOYERS' LIMBILITY STATUTE ANYFROPRIET OPPRATTIEMENE CUTIVE OFFICERMENDER EXCLUDED? (INC.) If yes, describe unset DESCRIPTION OF OPERATIONS below ELL EACH ACCIDENT FIL DIDEASE - EA EMPLOYING S EL CIREASE POLICYLIBIT S DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be effected if more space is required)
The City of Novi, its City Counset, its employees, all elected & appointed officials, all employees & volunteers, all boards & commissions are recognized as additional insured(s) on Auto Liability CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. The City of Novi 45175 W 10 Mile Rd AUTHORIZED REPRESENTATIVE Novi MI 48375 MULTINIZE

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ACORD 26 (2016/03)



ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

BATE (MM/DD/YYYY) 8/21/2018

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this certificate does not confer rights to the certificate holder in fieu of such endorsement(s).  PRODUCER Hylant - Columbus 565 Metro Place South, Ste 450  Evaluation - Columbus Fax (Aid, No. Ext): 614-932-1243  Evaluation - Columbus Fax (Aid, No. Ext): 614-932-1243  Evaluation - Columbus Fax (Aid, No. Ext): 614-932-1243								
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2100 Pontiac Lake Rd		AUTHORIZED REPRESEN	TATIVE					
Waterford MI 48328-0462		Meermyst						
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ACORD 25 (2016/03)





# Farmington Public Safety Department



23600 Liberty Street Farmington, MI 48335 248-474-4700 Frank Demers, Director

August 29, 2018

To Whom It May Concern,

It is without hesitation that I recommend Community EMS as a transporting agency and emergency medical services partner. The Farmington Public Safety Department has been partnering with Community EMS for over thirty years. During that time we have found them to be professional, well trained and responsive to our concerns. There have been some concerns that have emerged over our thirty plus year partnership and each time Community EMS has worked diligently to solve the problem and make sure we continue to get the high level of service we expect for our residents.

The Farmington Public Safety Department also uses Life Support Training Institute (LSTI) for our on-going medical training and CEMTECH for the repairs to our vehicle fleet when needed. Both LSTI and CEMTECH are within the family of companies supported by Community EMS.

If you have any questions, please don't hesitate to contact me.

Respectfully,

Ted Warthman

Deputy Director of Public Safety





### STATE OF MICHIGAN



Division of EMS and Trauma

Pursuant to Act 368 of 1978, as amended, this license to operate a Life Support Agency in the State of Michigan is issued to:

#### BEAUMONT MEDICAL TRANSPORTATION SERVICES

Effective Date 03/23/2018

Expiration Date 3/31/2019

Highest Level
Advanced Life Support

This license is valid for 60 days after the expiration date

Service Type
Ambulance Operation

EMS Agency ID 631081 Licensed Vehicles See List

Medical Control Authority(s):

Detroit East MCA, Oakland County MCA, Wayne County MCA, WAYNE COUNTY, Detroit, OAKLAND COUNTY, WAYNE COUNTY, City of Romulus

Kathy Wahl, Director Division of EMS and Trauma

PLEASE POST IN A PROMINENT PLACE





#### Vehicle License Mail Merge

Street Number	Service Expiration Date	Service License Level	Service License ID	Vehicle Expiration Data	Vehicle Type	Certification Level Name	Vehicle Serial Number	Vehicle Year	Vehişle Make
BEAUMONT MEDICAL TRANSPORTATION SERVICES	03/31/2018	Advanced Life Support	631081	03/31/2019	Ambulance	Advanced Life Support	1FDWE3FS9ED805430	2014	FORO
BEAUMONT MEDICAL TRANSPORTATION SERVICES	60/1949	Advanced Life Support	631081	03:31/2019	Ambulance	Basic Life Support	1G6H9356481230416	2000	CHEVROLET
BEAUMONT MEDICAL TRANSPORTATION SERVICES	03/31/2019	Advanced Life Support	631081	03:31/2019	Ampulance	Basic Life Support	1G8HG396981137357	2008	CHEVROLET
SEAUMONT MEDICAL TRANSPORTATION SERVICES	A) 1 2 H	Advanced Life Support	631081	03/31/2019	Amoulance	Advanced Life Support	1GB6G2B62A1113D77	2010	CHEVROLET
bilaumon? MEDICAL TRANSPOPTATION SERVICES	03-31-2019	Advanced Life Support	635683	00,000,0016	Ambulance	Advanced Life Support	3G8HG398981168354	2009	CHEVROLET
BEAUMONT MEDICAL TRANSPORTATION SERVICES	03/31/2019	Advanced Life Support	631081	03/31/2018	Ambulance	Dasic Life Support	1GBHG396891183734	2693	CHEVROLET
BEAUMONT MEDICAL TRANSPORTATION SERVICES	63:31/2019	Advanced Life Support	631081	03/31/2018	Ambulance	Advanced Life Support	1G8ZGUCL9C1190983	2012	CHEVROLET
BEAUMONT MEDICAL TRANSPORTATION SERVICES	03/31/2019	Agranced Lite Support	631081	63/31/2018	a	Basic Life Support	1G8HG396891158245	2009	CHEVROLET
BEAUMONT MEDICAL TRANSPORTATION SERVICES	03/31/2019	Advanced Life Support	631981	03-31-2018	Ambulance	Basic L fe Support	1HTMNAA4465H119757	2005	INTERMATIONAL
BFAUMONT MEDICAL TRANSPURTATION SERVICES	03/31/2019	Advanced Life Support	63 1901	03/31/2018	Amoulance	Advanced Life Support	1G86G6CL2E1111292	2014	CHEVROLET
BEAUMONT MEDICAL TRANSPORTATION SERVICES	1341-2019	Arivanced Esia Support	#319 <b>8</b> 1	011000	Amelianta	Basic Life Support	1G8HG395781112J42	2008	CHEVROLET
BEAUMORIT MEDICAL TRANSPORTATION SERVICES	03/31/2019	Advanced Life Support	631081	03/31/2019	Ambulance	Basic Life Support	1GBZGUCL9C11Z8911	2012	CHEVROLET
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BSAUMONI MEDICAL TRANSPORTATION SERVICES	03/31 2019	Advanced Life Support	631081	03/31/2018	.Ambulance	Basic Life Support	szsalkisii tatal	2008	CHEVROLET
BEAUMONT MEDICAL TRANSPORTATION SERVICES	02/31/2015	Advanced Life Support	631087	03/31/2018	Ambulance	Basic Life Support	1GBH:9396781161127	7008	CHEVROLET
BEAUMONT MEDICAL TRANSPORTATION SERVICES	03:31/2019	Advanced Life Support	631081	03.11/2019	Amoulance	Besic Life Support	тG8HG396881112383	3000	CHEVROLET
SEAUMONT MEDICAL TRANSPORTATION SERVICES	03/31/2019	Advanced Life Support	631081	03/31/2018	Ambulance	Sasic Life Support	1GBHQ388181137914	2008	CHEVROLET
BEAUMONT MEDICAL TRANSPORTATION SERVICES	03/01/2019	Advanced Life Support	531081	03/31/2078	Arribulance	Advanced Life Support	1GBZGUCL301197823	2913	CHEVROLET

1 of 6

Printed On: 03/23/2018 02:20:41 PM





P 614-932-1200 F 614-932-1299



August 31, 2018

Community Emergency Medical Service, Inc. Attn: Cathy Barrett 25400 W. 8 Mile Road Southfield, MI 48033

Subject:

Package Policy Number VFISTR206883703

Medical Professional Liability - Corporate Policy Number VFISTR206883703

Cathy,

American Alternative Insurance Company advised they will add the additional insured for Plymouth Township, its Township Council, its employees, all elected and appointed officials, all employees and volunteers, all boards, commissions and/or volunteers per forms VGL 300 (General Liability) and CA2048 (Auto Liability).

Please let me know if you need anything else.

Sincerely,

acitice Straight Stignt Service Specialist

simalt piedol i conigramity control

phone: 614-932-1246 | fax: 614-932-1290

HYLANT hylant.com

<u>Note:</u> This covers both Community EMS & Beaumont Mobile Medicine that is why it is addressed as "Community EMS"

# ITEM F.4

**BUDGET DISCUSSION (IF NEEDED)** 

**MEETING DATE: October 23, 2018** 

ITEM: Draft 2019 Township Budget Questions (if needed)

**PRESENTERS:** Finance Director Kushner

<u>BACKGROUND</u>: At the conclusion of tonight's meeting, Finance Director Kushner will be on hand to answer any follow-up questions or concerns that you might have regarding the draft 2019 budget. Please bring your budget documents with you.

PROPOSED MOTION: None required; discussion only

# SUPERVISOR AND TRUSTEE COMMENTS

# ITEM H PUBLIC COMMENTS AND QUESTIONS

# ITEM I ADJOURNMENT