

**NORTH CAROLINA
DURHAM COUNTY**

Certification of Application for Ambulance Franchise

Now comes the Durham County Office of Emergency Services - EMS, by and through the undersigned, to certify the contents of this Certification of Application.

EMS agrees that at all times the processing of an Application for Ambulance Franchise shall be done pursuant to all applicable Durham County ordinances, including Chapter 12, Article II, Sections 12-26 and following.

EMS has received a sworn Application for franchise from: **Providence Transportation, Inc.**

EMS has reviewed and analyzed the Application against the requirements of Durham County Ordinance as follows:

Sec. 12-52. Application.

- (a) *Filing applications.* All persons applying to the board of commissioners for franchise for the operation of one or more ambulances shall file with the clerk of the board and Director of Emergency Medical Services a sworn application therefor, stating as follows:
- (1) Name and address of the owner, and if the owner is a corporation, a certified copy of the articles of incorporation.
 - (2) The number of vehicles actually owned and the number of vehicles actually operated by such owner on the date of such application, if any.
 - (3) Certificates of insurance currently in force issued by an insurance company licensed to provide insurance in the State of North Carolina as required by section 12-29 of this chapter.
 - (4) Whether there are any unsatisfied judgments of record against such owner, and if so, the title of all actions and the amount of all judgments unsatisfied.
 - (5) The make, type, year of manufacture, serial number and equipment therein for each ambulance owned or operated or proposed to be operated by the applicant for a franchise.
 - (6) Court record, if any, of the applicant; provided, that if applicant is a corporation, the court record, if any, of the officers, directors, and supervising employees thereof, including general manager or director.
 - (7) Whether there are any liens, mortgages or other encumbrances on such ambulances, and if so, the amount and character thereof.
 - (8) Training, credentials and experience of the applicant, its agents and employees related to operation of non-emergency ambulance services and patients care.

- (9) A description of each ambulance owned or operated by the applicant, including chassis manufacturer, ambulance maker, year of manufacture, vehicle identification number, and NCOEMS permit number, if already permitted. A franchise may not be granted to applicant who owns/leases no ambulance vehicles.
- (10) A description of the applicant's capability to provide non-emergency ambulance services on a 24-hour per day, seven-day per week basis.
- (11) An official criminal record of the applicant if a sole proprietorship, of any partners if the applicant is a partnership, or any officers, directors, or managers of the applicant if a corporation or other business entity.
- (12) A statement that the applicant will not discriminate as to any person with regard to race, color, creed, national origin, or gender.
- (13) An audited financial statement, in such form and detail as the county may require.
- (14) A release authorizing the director of emergency medical services to investigate all information submitted in support of the application.
- (15) Such other information as the board may in its discretion require.

Reviewed by:

Durham County Risk Management

Signed by:
(Signature) Ryan Wilson
C3F60746E2E543D...
Printed Name Ryan Wilson

Having reviewed the attached Application for completeness and compliance with Durham County Ordinance Chapter 12, Article 2, and having caused such investigation as I considered necessary, I have determined that the Applicant meets the requirements for the award of a franchise under Durham County Ordinance Chapter 12. I recommend that the Board grant the Application for Franchise, subject to the Board's discretion upon conducting a Public Hearing.

DocuSigned by:
By (Signature): Mark Lockhart
F754DAD23B1F49C...

Director of Medical Emergency Services (Print name): Mark Lockhart

Date of Signature: 11/25/2025 | 10:37 AM EST

ATTACHMENTS to follow

PR*VIDENCE
»»TRANSPORTATION
7385 Ridge Rd
Lexington, NC 27295

J. Mark Lockhart
Director
Durham County Office of Emergency Services
201 E Main St. Suite 660
Durham, NC 27701

Dear Mr. Lockhart

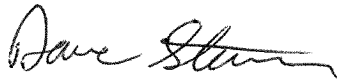
Thank you for allowing Providence Transportation Inc. an opportunity to present an ambulance franchise application to Durham County. Providence Transportation is an established ambulance transportation company based in Lexington, NC. We currently hold franchise agreements to operate in Forsyth, Davidson, and Rowan Counties. We have a growing fleet of well-maintained ambulances and a professional staff that is committed to providing courteous and compassionate care for our clients.

Providence Transportation Inc. is registered as a C Corp with the Secretary of State of North Carolina. We have been in business since 2013 and enjoy a great working relationship with the clients and organization that we serve. We look forward to having the opportunity to provide ambulance services to the citizens of Durham County.

Point of Contact for this Contract:

Dave Stevens, Owner
Providence Transportation Inc.
7385 Ridge Rd
Lexington, NC 27295
Telephone: 336-472-7433 Fax: 336-472-5668

Sincerely,



Dave Stevens, President and CEO



Office of
Emergency Services
Emergency Medical Services

201 East Main Street
Suite 660
Durham, NC 27701
(919) 560-8285

Durham County Emergency Medical Services System Application for Ambulance Franchise

This application is required pursuant to the Durham County Ambulance Ordinance and should be completed by the person, partnership, association, corporation or other organization owning, operating, or proposing to operate and ambulance within Durham County.

- 1) Name and Address of Applicant as listed with the North Carolina Secretary of State's Office (if applicable, please also list any d/b/a:

Providence Transportation Inc
7385 Ridge Rd.
Lexington, NC. 27295

If Application is a corporation, please attach a certified copy of Articles of Incorporation

- 2) Attach the following to this application as indicated (if the information can be provided in the space allotted, no attachment is necessary):
- A list of all ambulance vehicles actually owned, and the number of ambulance vehicles actually operated by the Applicant at the present time, to include chassis manufacturer, ambulance manufacturer, year of manufacture, vehicle identification number, EMS level at which the vehicle will be operated (BLS, ALS, SCT) and NCOEMS permit number, if already permitted. Include a list of any equipment contained in each ambulance. A franchise may not be granted to an applicant who does not own/lease an ambulance vehicle. Attach and label as Appendix A.
 - Description of the Applicants capability to provide non-emergency ambulance services in Durham County on a 24-hour per day, 7 day per week basis (number and level of vehicles to be staffed and available for service).

Per email from Mark Lockhart on July 7, 2023, we are not required to operate on a 24/7 schedule. Our initial plan is to operate on a 10AM to 8PM schedule, Monday through Friday and add additional days and times as demand presents itself. We operate a sub station in Wake County where we currently house 4 ambulances. We plan to support Durham County operations from that location.

- c. Training, credentials and experience of the applicant, its agents and employees related to operation of non-emergency ambulance services and patients care.

Providence Transportation has been in business since 2013 and has been licensed by NCOEMS as an ambulance provider since 2020. We currently have franchises to operate in Rowan, Davidson, Forsyth, Wake, Johnston, and Orange counties. We have 17 ambulances in our fleet and our operations are managed by two Paramedics each with over 25 years of experience in EMS.

EMS Operations Manager, Micky Boyles P014859
EMS Operations Supervisor, Robyn Roberts P021812

- d. List of all unsatisfied judgments of record against the Applicant. Please list the title of the action and give the amount of all judgements unsatisfied. If none, please state "none".

None

- e. List of all liens, mortgages or other encumbrances on ambulances to be used by the Applicant. If none, please state "none".

We currently have six ambulances with bank liens.

A106 and A107 combined purchase price of \$50,627/balance \$13,127

A109 and A110 combined purchase price of \$55,000/balance \$17,112

A117 purchase price of \$18,000/balance \$14,843

A118 purchase price of \$36,346/balance \$31,660

- f. Criminal court records, if any, of the Applicant. If a corporation, attach the criminal court record, if any, of the officers, directors, and supervising employees, including general managers or directors. These attachments shall be marked as Appendix B. If none of the officers, directors, and supervising employees, including general managers or directors has a criminal record, state so here. If none, please state "none":

None

- g. Evidence that Applicant has liability and property insurance active with an insurance company licensed to conduct business in this state or a bond with a personal or corporate surety in at least the following amounts – if different, please list the per occurrence and aggregate amounts. Please attach a Certificate of Insurance showing evidence of the coverages listed below.
- i. Commercial General Liability: not less than \$2,000,000 per occurrence and \$5,000,000 aggregate.
\$1,000,000/\$3,000,000. Please note we carry a \$5,000,000 umbrella policy that sits over and above all our general, professional, and auto liability policies. which increases the policy to \$6,000,000/\$8,000,000
 - ii. Commercial Automobile Liability: not less than \$2,000,000 per occurrence.
\$1,500,000. Please note we carry a \$5,000,000 umbrella policy that sits over and above all our general, professional, and auto liability policies. which increases the policy to \$6,500,000
 - iii. Professional Liability: not less than \$5,000,000 per occurrence or claim and \$5,000,000 aggregate.
\$1,000,000/\$3,000,000. Please note we carry a \$5,000,000 umbrella policy that sits over and above all our general, professional, and auto liability policies. which increases the policy to \$6,000,000/\$8,000,000
 - iv. Any applicable umbrella policy:
\$5,000,000/\$5,000,000

h. Attach an audited financial statement for the Applicant (individual, partnership, or corporation) for the last three calendar or fiscal years of operation. In lieu of an audited financial statement, a financial compilation covering two fiscal years AND the federal tax return from the most recent tax year may be submitted. Attach all statements and returns and Label as Exhibit B.

Per email from Mark Lockhart on 6/18/23, a compiled financial statement and a copy of our most recent tax return is sufficient for this requirement. Please see the following attachments: 2020 audited financial statement, 2021 and 2022 compiled financial statement, 2023 and 2024 Federal tax returns with management summaries from our accounting software.

- 3) Does the Applicant agree to not discriminate as to any person with regard to their age, race, sex, national origin or ancestry, marital or familial status, pregnancy, military status, religious belief or non-belief, disability, or any other protected category under local, state, or federal law?

Yes ☒ No ☐

- 4) Does the Applicant agree that all vehicles used as ambulances shall conform to the specifications and requirements adopted by the North Carolina Department of Health and Human Services, Division of Health Regulation, Office Emergency Medical Services?

Yes ☒ No ☐

- 5) Does the Applicant agree that all emergency medical personnel employed to provide ambulance service in Durham County shall hold current EMS credentials at the appropriate levels from the North Carolina Department of Health and Human Services, Division of Health Regulation, Office Emergency Medical Services?

Yes ☒ No ☐

- 6) Does the Applicant authorize the Chief Paramedic of Durham County Emergency Medical Service or his/her designee to investigate and verify the veracity of any and all information submitted in support of this application?

Yes ☒ No ☐

- 7) Does the Applicant agree to submit regular and periodic reports as may be required by the Chief Paramedic of Durham County Emergency Medical Services?

Yes ☒ No ☐

[continued on next page]

8) Does the Applicant agree and acknowledge that it will be under the direction and oversight of the Durham County Medical Director, *or* that said oversight will be delegated to Applicant's Medical Director subject to the qualifications and requirements of North Carolina law as shown below?

Yes ☒ No ☐

Applicable North Carolina law as stated in 10A NCAC 13P .0403(b):

10 NCAC 13P .0403(b): Any tasks related to Paragraph (a) of this Rule may be completed, through the Medical Director's written delegation, by assisting physicians, physician assistants, nurse practitioners, registered nurses, EMDs, or paramedics. The EMS System Medical Director may delegate physician medical oversight for a licensed EMS provider at the EMT level of service that does not back up the emergency 911 EMS System. Any decision delegating medical oversight for a licensed provider shall comply with the EMS System franchise requirements in Rule .0204 of this Subchapter. Medical oversight delegated for a licensed EMS provider shall meet the following requirements:

- (1) a medical director for adult and pediatric patients. The medical director and assistant medical directors shall meet the criteria defined in "The North Carolina College of Emergency Physicians: Standards for Medical Oversight and Collection;"
- (2) treatment protocols must be adopted in their original form from the standard adult and pediatric treatment protocols as defined in the "North Carolina College of Emergency Physicians: Standards for Medical Oversight and Data Collection;" and
- (3) establish an agency peer review committee that meets quarterly. The agency peer review committee minutes shall be reported to the EMS System peer review committee.

Please provide the name and NC Medical License number of Applicant's desired Medical Director if Applicant has its own: Dr Noralea Elizabeth Meiki Rose MD
License#200201155

9) Does the Applicant agree that all patient care reports generated during the course of the Applicant's service in Durham County shall be submitted to the North Carolina Department of Health and Human Services, Division of Health Regulation, Office Emergency Medical Services in a timely manner and in such format as is required by the Office of EMS?

Yes ☒ No ☐

10) Does the Applicant agree to provide timely notification to the Director of Emergency Medical Services of any and all changes regarding the Applicant's corporate status, licensure, insurance, criminal convictions, and other changes to questions answered on this application?

Yes ☒ No ☐

I, David Stevens hereby swear (affirm) that the information and responses given above and attached are true and accurate on this 17 day of November, 2025.

| | | |
|----------------------|----------------------|------------------|
| <u>David Stevens</u> | <u>David Stevens</u> | <u>President</u> |
| Print Applicant Name | Applicant Signature | Title |

Sworn to and subscribed before me this 17 day of November, 2025

Notary Public: Theresa Palmer - St. Peter

My Commission Expires: August 24, 2028





NORTH CAROLINA
Department of the Secretary of State

To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify
the following and hereto attached to be a true copy of

ARTICLES OF INCORPORATION

OF

PROVIDENCE TRANSPORTATION INC.

the original of which was filed in this office on the 12th day of April, 2013.



Scan to verify online

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed my official seal at the City of
Raleigh, this 12th day of April, 2013.

Elaine F. Marshall

Secretary of State

Certification# C201310201414-1 Reference# C201310201414-1 Page: 1 of 3
Verify this certificate online at www.asecretary.state.nc.us/verification

State of North Carolina
Department of the Secretary of State
ARTICLES OF INCORPORATION

SOSID: 1312484
Date Filed: 4/12/2013 3:32:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C201310201414

Pursuant to §55-2-02 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Incorporation for the purpose of forming a business corporation.

1. The name of the corporation is: Providence Transportation Inc.

2. The number of shares the corporation is authorized to issue is: 1,000,000

3. These shares shall be: *(check either a or b)*

- a. ☒ all of one class, designated as common stock; or
- b. ☐ divided into classes or series within a class as provided in the attached schedule, with the information required by N.C.G.S. Section 55-6-01.

4. The street address and county of the initial registered office of the corporation is:

Number and Street 7902 Southerland Drive
City Browns Summit State NC Zip Code 27214 County Guilford

5. The mailing address, *if different from the street address*, of the initial registered office is:

Number and Street _____
City _____ State _____ Zip Code _____ County _____

6. The name of the initial registered agent is: David Stevens

7. Principal office information: *(must select either a or b.)*

- a. ☒ The corporation has a principal office.

The street address and county of the principal office of the corporation is:

Number and Street 7902 Southerland Drive
City Browns Summit State NC Zip Code 27214 County Guilford

The mailing address, *if different from the street address*, of the principal office of the corporation is:

Number and Street _____
City _____ State _____ Zip Code _____ County _____

- b. ☐ The corporation does not have a principal office.

8. Any other provisions, which the corporation elects to include, are attached.

9. The name and address of each incorporator is as follows:

David Stevens

7902 Southerland Drive

Browns Summit, NC 27214

10. These articles will be effective upon filing, unless a date and/or time is specified:

This the 3rd day of April 20 13

David Stevens

Signature

David Stevens, Incorporator

Type or Print Name and Title

NOTES:

1. Filing fee is \$125. This document must be filed with the Secretary of State.

CORPORATIONS DIVISION
(Revised January, 2002)

P. O. BOX 29622

RALEIGH, NC 27626-0622
(Form B-01)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/25/2025

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 Ballard Insurance Group 1231 Shields Rd Suite 4 Kernersville NC 27284 | CONTACT NAME: Rachael Doddato PHONE (A/C, No, Ext): (704) 999-3320 FAX (A/C, No): E-MAIL ADDRESS: rachael@ballardig.com | | | | | | | | | | | | | | |
|--|--|-------------------------------|--------|----------------------------|-------|---------------------------------|-------|------------|--|------------|--|------------|--|------------|--|
| INSURED Providence Transportation, Inc. 7385 Ridge Rd Lexington NC 27295-5796 | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: COVERYS RRG INC</td><td>14160</td></tr><tr><td>INSURER B: BUSINESSFIRST INS CO</td><td>11697</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: COVERYS RRG INC | 14160 | INSURER B: BUSINESSFIRST INS CO | 11697 | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: COVERYS RRG INC | 14160 | | | | | | | | | | | | | | |
| INSURER B: BUSINESSFIRST INS CO | 11697 | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

| COVERAGES | | CERTIFICATE NUMBER: | | REVISION NUMBER: | | |
|---|---|---------------------|----------------|-------------------------|-------------------------|---|
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | |
| INSR LTR | TYPE OF INSURANCE | ADDL COVR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC OTHER: | Y | 005NC000044039 | 04/27/2025 | 04/27/2026 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | 005NC000044039 | 04/27/2025 | 04/27/2026 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NC) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N Y N/A | 521-15563 | 04/27/2025 | 04/27/2026 | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | Professional Liability | | 005NC000044039 | 04/27/2025 | 04/27/2026 | Each Occurrence 1,000,000 General Aggregate 3,000,000 |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | |
| See ACORD 101 | | | | | | |

| CERTIFICATE HOLDER | CANCELLATION |
|---|--|
| Durham County 200 E Main St Durham NC 27701 | 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 Rachael Doddato |

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| | | | |
|--|--------------------------|--|--|
| AGENCY Ballard Insurance Group | | NAMED INSURED Providence Transportation, Inc. | |
| POLICY NUMBER 521-15563, 005NC000044039 | | | |
| CARRIER BUSINESSFIRST INS CO | NAIC CODE 11697, 1416 | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate Of Liability Insurance

Workers Compensation Information -Proprietors/Partners/Executive Officers/Members Excluded: Dave Stevens (CEO), Susan Stevens (CFO)
Misc Coverage: Professional Liability Policy # 005NC000044039 Limits of Liability: \$1,000,000 each claim \$3,000,000 aggregate
Retro date 10/23/2018
Sexual Misconduct Liability:
Claims Made Policy Form: Retro Date: 10/23/2018
Limit of Liability \$1,000,000 each claim and \$1,000,000 aggregate.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/21/2025

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 Marsh & McLennan Agency LLC Small Business Unit 3625 N Elm St Suite 200 Greensboro NC 27455 | CONTACT NAME: Tracey Myers PHONE (A/C, No, Ext): 336-899-2433 FAX (A/C, No): E-MAIL: Tracey.myers@MarshMMA.com ADDRESS: Tracey.myers@MarshMMA.com |
| INSURED Providence Transportation Inc. 7385 Ridge Road Lexington NC 27295-6384 | INSURER(S) AFFORDING COVERAGE INSURER A: Integon Indemnity INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |
| PROVITRANS | NAIC # 22772 |

COVERAGES

CERTIFICATE NUMBER: 1777701646

REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|----------------------------------|---------------|-------------------------|-------------------------|---|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOP AGG \$ \$ |
| A | AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | 2028601310 | 4/27/2025 | 4/27/2026 | COMBINED SINGLE LIMIT (Ea accident) \$1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> N/A | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|---|
| Durham County 200 E Main St Durham NC 27701 | 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 <i>Tracey S. Myers</i> |
|---|---|

© 1988-2015 ACORD CORPORATION. All rights reserved.

Providence Vehicle List

| <u>VIN</u> | <u>Model</u> | <u>Year</u> | <u>Unit Name</u> | <u>Permit</u> | <u>Expiration</u> | <u>Permit Type</u> | <u>Level</u> | <u>Status</u> |
|-------------------|--------------|-------------|------------------|---------------|-------------------|--------------------|--------------|---------------|
| 1GB3CZCG2CF225754 | | 2012 | A117 | NC007410 | 5/31/2027 | Permanent | EMT | In Service |
| 1GB6G2B66A1123448 | | 2009 | A108 | NC005925 | 5/31/2026 | Permanent | EMT | In Service |
| 1GB6G5CL0E1188940 | | 2014 | A112 | NC006052 | 12/31/2026 | Permanent | EMT | In Service |
| 1GB6G5CL1C1196168 | | 2012 | A113 | NC005862 | 12/31/2025 | Permanent | EMT | In Service |
| 1GB6G5CL4E1141023 | | 2014 | A114 | NC005808 | 10/31/2027 | Permanent | EMT | In Service |
| 1GB6G5CL5e1108824 | | 2014 | A103 | NC005404 | 5/31/2027 | Permanent | EMT | In Service |
| 1GB6G5CL6F1172369 | | 2015 | A116 | NC005809 | 10/31/2027 | Permanent | EMT | In Service |
| 1GB6G5CL7F1156374 | | 2017 | A115 | NC005947 | 12/31/2025 | Permanent | EMT | In Service |
| 1GB6GUCG5H1109747 | | 2017 | A105 | NC005946 | 12/31/2025 | Permanent | EMT | In Service |
| 1gb6G2B6XA1110251 | | 2010 | A106 | NC005906 | 5/31/2026 | Permanent | EMT | In Service |
| 1gb6G5CL0B1178503 | | 2011 | A107 | NC005440 | 12/31/2025 | Permanent | EMT | In Service |
| 1gb3kzc84ff113425 | | 2015 | A111 | NC005018 | 12/31/2026 | Permanent | EMT | In Service |
| 1gb9g5b67a1133694 | | 2010 | A104 | NC005405 | 10/31/2027 | Permanent | EMT | In Service |
| 3C6URVHG6HE507937 | | 2017 | A118 | NC007409 | 5/31/2027 | Permanent | EMT | In Service |
| 3C7WRKBL1FG571989 | | 2014 | A109 | NC005924 | 12/31/2026 | Permanent | EMT | In Service |
| WD3PE7CC5C5629527 | | 2012 | A102 | NC004720 | 3/31/2026 | Permanent | EMT | In Service |
| WD3PE7CCOB5595351 | | 2011 | A101 | NC004719 | 3/31/2026 | Permanent | EMT | In Service |

Ameline

Amade

| First Name | Middle Name | Last Name | Suffix | State Office U Job Title(s) | Certification | Exp Date |
|--------------|-------------|----------------|--------|--|------------------------------|------------|
| Frederick | | Baez | | P567451 'EMS Technician' | Emergency Medical Technician | 5/31/2029 |
| Meranda | | Barnes | | P514964 'EMS Technician' | Emergency Medical Technician | 5/31/2027 |
| Mickey | G | Boyles | | P014859 'Director' | Paramedic | 4/30/2027 |
| Justin | Tyler | Bunn | | P547630 'EMS Technician' | Emergency Medical Technician | 9/30/2026 |
| Carlos | Josue | Castillo Lopez | | P521975 'EMS Technician' | Emergency Medical Technician | 12/31/2027 |
| Natalia | | Duguzashvely | | P561931 'EMS Technician' | Emergency Medical Technician | 8/31/2028 |
| Jawad | | El Merini | | P561455 'EMS Technician' | Emergency Medical Technician | 8/31/2028 |
| Monica | Ewurama | Gault | | P548007 'EMS Technician' | Emergency Medical Technician | 9/30/2026 |
| Han | Giap | Giap | | P562402 'EMS Technician' | Emergency Medical Technician | 8/31/2028 |
| Nia | Skye Lynn | Harris | | P548526 'EMS Technician' | Emergency Medical Technician | 9/30/2026 |
| Jennifer | Carpenter | Jensen | | P559697 'EMS Technician' | Emergency Medical Technician | 4/30/2028 |
| Caitlin | Rose | Johnson | | P566840 'EMS Technician' | Emergency Medical Technician | 3/31/2026 |
| Dana | Christine | Johnson | | P572339 'EMS Technician' | Emergency Medical Technician | 3/31/2028 |
| Bruce | Johnathan | Kizer | | P569381 'EMS Technician' | Emergency Medical Technician | 8/31/2029 |
| Maria | Isabella | Manning | | P552982 'EMS Technician' | Emergency Medical Technician | 10/31/2027 |
| John-Michael | | Marlowe | | P561179 'EMS Technician' | Emergency Medical Technician | 7/31/2028 |
| Christina | Deance | Martin | | P559332 'EMS Technician' | Paramedic | 11/30/2029 |
| Jacob | Davis | Morra | | P519600 'EMS Technician' | Emergency Medical Technician | 8/31/2028 |
| Paul | Philip | Murray | | P562232 'EMS Technician' | Emergency Medical Technician | 8/31/2028 |
| Robert | Lee | Olson | | P566442 'EMS Technician' | Emergency Medical Technician | 5/31/2029 |
| Gabrielle | Luki | Oster | | P563658 'EMS Technician' | Emergency Medical Technician | 12/31/2028 |
| Ria | Manish | Patel | | P555104 'EMS Technician' | Emergency Medical Technician | 8/31/2027 |
| Matthew | Thomas | Pugh | | P569376 'EMS Technician' | Emergency Medical Technician | 8/31/2029 |
| David | Tobias | Ray | | P557436 'EMS Technician' | Emergency Medical Technician | 4/30/2028 |
| Laicie | Censere | Ray | | P548525 'EMS Technician' | Emergency Medical Technician | 11/30/2026 |
| Yasmaln | Lakisha | Rice | | P504489 'EMS Technician' | Emergency Medical Technician | 9/30/2026 |
| Robyn | Maxwell | Roberts | | P021812 'Administrator' 'Training Officer' | Paramedic | 6/30/2029 |
| MaHogany | Janae | Roper | | P549733 'EMS Technician' | Emergency Medical Technician | 9/30/2028 |
| Christopher | Marshall | Sammons | | P553855 'EMS Technician' | Emergency Medical Technician | 6/30/2027 |
| Phillip | Chardwick | Sharp | | P545493 'EMS Technician' | Emergency Medical Technician | 1/31/2027 |
| Madison | Grace | Spencer | | P555990 'EMS Technician' | Emergency Medical Technician | 12/31/2027 |
| Sauda | Nikiah Lyn | Taylor | | P558104 'EMS Technician' | Emergency Medical Technician | 4/30/2028 |
| Robin | | Thompson | | P029966 'EMS Technician' | Paramedic | 3/31/2029 |
| Madelynn | Isabel | Tise | | P555983 'EMS Technician' | Emergency Medical Technician | 10/31/2028 |
| Connor | James | Tobin | | P553151 'EMS Technician' | Emergency Medical Technician | 5/31/2027 |
| Vibha | | Udayakumar | | P558587 'EMS Technician' | Emergency Medical Technician | 3/31/2026 |
| Camille | Gwendolyn | Varick | | P532747 'EMS Technician' | Emergency Medical Technician | 4/30/2029 |
| Attia | Tul | Wadood | | P559696 'EMS Technician' | Emergency Medical Technician | 12/31/2028 |

| | | | | | | |
|----------|----------|----------|---------|------------------|---------------------------------------|-----------|
| Trinitee | Mechelle | Williams | P567704 | 'EMS Technician' | Emergency Medical Technician | 5/31/2029 |
| Caleb | Michael | Yacullo | P556949 | 'EMS Technician' | Advanced Emergency Medical Technician | 7/31/2029 |
| Anthony | James | Zimbardo | P559978 | 'EMS Technician' | Advanced Emergency Medical Technician | 7/31/2029 |