

**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: **Jan-Care Ambulance of McDowell County, 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

(Signature) Signed by: 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.

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

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

Date of Signature: 11/25/2025 | 10:40 AM EST

ATTACHMENTS to follow



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:

Jan-Care Ambulance of McDowell County, Inc.
117 South Fayette Street
Beckley, WV 25801

See Article of Incorporation Certificate - 1

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. 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.

See attachment labeled Appendix A – Truck List 2A

- b. 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).

Jan-Care Ambulance currently operates 24/7 units that service Durham and Wake counties. Of those units, one is staffed with an ALS provider at all times, the other is staffed at the BLS level. Jan-Care operates its daylight resources on a peak flow schedule. Monday through Friday, we provide 10 daylight resources with one to two of those resources being staffed with an AEMT or higher and the remaining daylight units are staffed BLS. On Sundays, we operate both 24-hour units as well as a BLS day truck to assist with local hospital discharges. Saturdays, we operate 4–5-day trucks in addition to the 24-hour units. The weekly schedule typical is as follows.

- *Sunday – 3 units*
- *Monday – 12 units*
- *Tuesday – 12 units*
- *Wednesday – 12 units*
- *Thursday – 12 units*
- *Friday – 12 units*
- *Saturday – 6-7 units*

In addition to our normal staffing levels, Jan-Care has the ability to put an additional 2-3 units up utilizing part time team members Monday through Saturday.

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

The four pillars of a successful, sustainable and trustworthy organization rely on expert Leadership, state-of-the-art Operations, dependable Resources and a unifying Vision of the future.

- 1. Todd Cornett II is the Director of Operations, and his expansive responsibilities include the management of all field employees through direct oversight of Assistant Chiefs, Captains, and station lieutenants. With 18 years of EMS experience, Todd II represents Jan-Care in current contracts (local, state, and national), works with local governments, and is lead on expansion projects. It is no surprise that the American Ambulance Association recently honored Todd Cornett II with the elite national title of 'Emerging Leader in EMS'.*
- 2. Tristan Cornett is the Assistant Chief over two (2) of Jan-Care Ambulance's divisions, including Durham and is also Director over the vital multi-million-dollar ambulance and EMS equipment Maintenance Operation, ensuring Jan-Care's vehicles, stretcher systems and GPS tracking programs remain operational during EMS responses across two States.*
- 3. Paul Seamann, RN, MCCP, MSM-HCA is the Director of Medical Programs and has been in Jan-Care management for three (3) decades. Paul has vast experience being awarded the national EMS "Star of Life", has instructed all levels of EMS education and is in leadership positions on various National and State coalitions, advisory councils and is the NAEMT State Advocate for WV. As an RN, Paul has experience in ED, ICU, and Behavioral units. Paul is Jan-Care's multi-agency liaison, multi-media PIO, customer service incident manager, and EMS medical policy advisor.*
- 4. Tracey Gray, B.S., NRP, MCCP, Director of Education and Quality Control leads our "Bridging Education and Career" program. Our WVOEMS approved EMS Training Institute has a team of certified instructors who train individuals from entry-level EMVO, through EMT, Advanced-EMT, Paramedic, IFT-Class 3 and ultimately MCCP (Mobile Critical Care Paramedic). As importantly Tracey leads our extensive recertification, EMS protocol update, and Quality Control programs ensuring consistent, high-quality care across WV and NC.*
- 5. Edgar Stuart Cornett, MD is the EMS Agency Medical Director for Jan-Care Ambulance's North Carolina Division. Dr. Cornett completed his Cardiothoracic Fellowship, Department of Anesthesiology at the Wake Forest University School of Medicine in Winston-Salem, NC and is certified by the American Board of Anesthesiology. Importantly, Dr. Cornett was raised within the Jan-Care Ambulance family and actively worked on EMS 911 ambulances while progressing through his medical education in West Virginia. Dr. Cornett works within Jan-Care's Quality Control and Controlled Substances programs.*
- 6. Jan-Care Ambulance's Durham paramedics and EMTs include field leadership with years of EMS and Interfacility experience working directly with Jan-Care's state-of-the-art Communications and Command Center and 24/7 on-time medical oversight as necessary.*

See Attachment Employee Roster 2C

- 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".

None

- 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.

See attached Certificate of Liability Insurance Attachment 2G

- i. Commercial General Liability: not less than \$2,000,000 per occurrence and \$5,000,000 aggregate.

See attached Certificate of Liability Insurance Attachment 2G

- ii. Commercial Automobile Liability: not less than \$2,000,000 per occurrence.

See attached Certificate of Liability Insurance Attachment 2G

- iii. Professional Liability: not less than \$5,000,000 per occurrence or claim and \$5,000,000 aggregate.

See attached Certificate of Liability Insurance Attachment 2G

- iv. Any applicable umbrella policy:

See attached Certificate of Liability Insurance Attachment 2G

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.

See attached Exhibit B – Financial Compilation 2H

- 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: Edgar Stuart Cornett - MD License #: 200100339

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 ☐

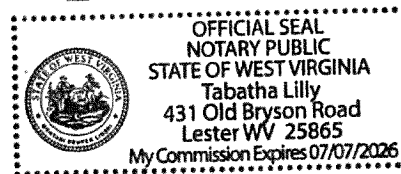
I, J. Todd Cornett II hereby swear (affirm) that the information and responses given above and attached are true and accurate on this _____ day of _____, 20____.

<u>J. Todd Cornett II</u>	<u>J. Todd Cornett II</u>	<u>Director of Operations</u>
Print Applicant Name	Applicant Signature	Title

Sworn to and subscribed before me this 19 day of November, 2025.

Notary Public: Tabatha Lilly

My Commission Expires: 7/7/26



State of West Virginia



Certificate

*I, Ken Hechler, Secretary of State of the
State of West Virginia, hereby certify that*

by the provisions of Chapter 31, Article 1, Sections 27 and 28 of the West Virginia Code, the
Articles of Incorporation of

JAN-CARE AMBULANCE OF MCDOWELL COUNTY, INC.

conform to law and are filed in my office. I therefore declare the organization to be a
Corporation for the purposes set forth in its Articles, with the right of perpetual existence.

Therefore, I hereby issue this

CERTIFICATE OF INCORPORATION

to which I have attached a duplicate original of the Articles of Incorporation

ADMITTED TO RECORD
DEC 4 10 22 AM '96
BOOK 22
PAGE 66

SHAWNA FLYDE
Jackson & Kelly
P. O. Box 553
Charleston, WV. 25322-0553



*Given under my hand and the
Great Seal of the State of
West Virginia on this
twenty-seventh day of
November 19 96*

Ken Hechler
Secretary of State

FILED

NOV 27 1996
IN THE OFFICE OF
SECRETARY OF STATE
WEST VIRGINIAARTICLES OF INCORPORATION
OF

JAN-CARE AMBULANCE OF MCDOWELL COUNTY, INC.

The undersigned, acting as incorporator of a corporation under Section 27, Article 1, Chapter 31 of the Code of West Virginia adopts the following Articles of Incorporation for such corporation, FILED IN DUPLICATE:

I. The undersigned agrees to become a corporation by the name of Jan-Care Ambulance of McDowell County, Inc.

II. The address of the principal office of said corporation will be located at 406 Summerlee Avenue, P.O. Box 1187, City of Oak Hill, County of Fayette, and State of West Virginia 25901.

III. The purpose or purposes for which this corporation is formed are as follows:

To transact any or all lawful business for which corporations may be incorporated under the corporation laws of the State of West Virginia.

IV. No shareholder or other person shall have any preemptive right whatsoever.

V. Provisions for the regulation of the internal affairs of the corporation are:

A. The Corporation shall indemnify each member of the Board and each officer of the Corporation now or hereafter serving as such, who was, is or is threatened to be made a party to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative (including an action by, or in the right of, the Corporation), by reason of the fact that he is or was a Board member, officer, or agent of the

VII. The full name and address of the incorporator is:

NAME

ADDRESS

Shawna L. Hyde

VIII. The existence of this corporation is to be perpetual.

IX. The full name and address of the appointed person to whom notice or process may be sent is Richard L. Cornett, II, [REDACTED]

X. The number of directors constituting the initial board of directors of the corporation is three and the name and address of the persons who shall serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

NAME

ADDRESS

Richard L. Cornett, II

157 Crystal Avenue
Beckley, WV 25801

Joseph Todd Cornett

157 Crystal Avenue
Beckley, WV 25801

Edgar Stuart Cornett

157 Crystal Avenue
Beckley, WV 25801

THE UNDERSIGNED, for the purpose of forming a corporation under the laws of the State of West Virginia, does make and file these Articles of Incorporation, and I have accordingly hereto set my hand this 26th day of November, 1996.

Shawna L. Hyde
Shawna L. Hyde



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/31/2025

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 E. K. McConkey & Co. 2555 Kingston Road, Suite 100 York PA 17402	CONTACT NAME: VFCA Certificate Administrator PHONE (A/C, No, Ext): 484-965-9623 E-MAIL ADDRESS: certificates@vfcadvisors.com FAX (A/C, No): 484-965-9627												
INSURED Jan-Care Ambulance, Inc. (SEE BELOW FULL NAME INSURED LIST) PO Box 2414 Beckley WV 25802	INSURER(S) AFFORDING COVERAGE <table><tr><td>INSURER A: Coverys Specialty Insurance Co</td><td>NAIC # 15686</td></tr><tr><td>INSURER B: Old Republic Insurance Company</td><td>24147</td></tr><tr><td>INSURER C: Travelers Excess and Surplus L</td><td>29696</td></tr><tr><td>INSURER D: Argonaut Insurance Company</td><td>19801</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER A: Coverys Specialty Insurance Co	NAIC # 15686	INSURER B: Old Republic Insurance Company	24147	INSURER C: Travelers Excess and Surplus L	29696	INSURER D: Argonaut Insurance Company	19801	INSURER E:		INSURER F:	
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INSURER B: Old Republic Insurance Company	24147												
INSURER C: Travelers Excess and Surplus L	29696												
INSURER D: Argonaut Insurance Company	19801												
INSURER E:													
INSURER F:													

COVERAGES**CERTIFICATE NUMBER:** 498856144**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														
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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Professional Lia		005WV000039490	6/1/2025	6/1/2026	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 50,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 3,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 3,000,000</td></tr><tr><td>Aggregate</td><td>\$ 3,000,000</td></tr></table>	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	Aggregate	\$ 3,000,000
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B	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 checked="" type="checkbox"/> N <input type="checkbox"/> N/A		MWC 316807	6/1/2025	6/1/2026	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
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C D	Cyber Liability Employment Practices		CYB-108011730-01 ML4263485-2	6/1/2025 6/1/2025	6/1/2026 6/1/2026	<table><tr><td>Aggregate Shared Limit D&OEPL</td><td>2,000,000 2,000,000</td></tr></table>	Aggregate Shared Limit D&OEPL	2,000,000 2,000,000												
Aggregate Shared Limit D&OEPL	2,000,000 2,000,000																			

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

NAMED INSURED:
Jan-Care Ambulance, Inc.
Jan-Care Ambulance of Nicholas County, Inc.
Jan-Care Ambulance of Fayette County, Inc.
Jan-Care Ambulance of Raleigh County, Inc.
Jan-Care Ambulance of Wyoming County, Inc.
Jan-Care Ambulance of McDowell County, Inc.
Jan-Care Ambulance of North Central WVa, Inc.
See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance

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

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY E. K. McConkey & Co.		NAMED INSURED Jan-Care Ambulance, Inc. (SEE BELOW FULL NAME INSURED LIST) PO Box 2414 Beckley WV 25802
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Jan-Care Ambulance Maintenance and Supply, Inc.
Jan-Care Ambulance of Tri-State, Inc.
General Emergency Medical Services, Inc.
Jan-Care Ambulance of the Kanawha & Mid-Ohio Valleys, Inc.
Jan-Care Diversified, Inc.

Jan-Care Unit #	Chassis Manufacturer	Ambulance Manufacturer	Year	Vehicle Identification #	EMS Level	NCOEMS Permit #
62	Ford	Horton	2017	1FDXE4FS7HDC46477	ALS	NC007479
68	Ford	Medix	2020	1FDBR1CG4LKB25889	BLS	NC005948
110	Ford	Road Rescue	2014	1FDSS3ELXEDA65344	BLS	NC004612
125	Ford	Wheeled Coach	2012	1FDSS3EL6CDA26280	BLS	NC005810
126	Ford	Wheeled Coach	2012	1FDSS3EL5CDB14768	BLS	NC002394
127	Ford	REV	2016	1FDYR2CM2GKA86070	BLS	NC002393
128	Ford	REV	2016	1FDYR2CMXGKA86060	BLS	NC005811
129	Ford	REV	2016	1FDYR2CM6GKA86055	ALS	NC006071
130	Ford	REV	2016	1FDYR2CM4GKA86054	BLS	NC007434
131	Ford	Medix	2023	1FDBR1CG5PKA24088	ALS	NC005949
133	Ford	Medix	2024	1FDBR1CG5RKA88022	ALS	NC007366
138	Ford	Medix	2019	1FDYR2CM2KKA16402	BLS	NC007432
139	Ford	Medix	2019	1FDYR2CMXKKA31505	BLS	NC004610
140	Ford	Medix	2019	1FDYR2CMXKKA16406	BLS	NC007433
141	Ford	Medix	2019	1FDYR2CM7KKA31512	BLS	NC004611
142	Ford	Medix	2019	1FDYR2CMXKKB86622	ALS	NC004728

North Carolina, Durham-Wake Jan-Care Employees, 11-13-2025

First Name	Last Name	NC ID	Job Title(s)	Certification	Exp Date	Emp Status
Joseph Todd	Cornett	P118812	Agency Primary Contact', 'EMS Tech'	Emergency Medical Technician	12/31/2025	'Full Time Paid Employee'
Edgar	Cornett	P119816	'Medical Director'	(MD)	MD	'Full Time Paid Employee'
Paul	Seamann	P119084	Adm', 'Trng Ofc', '2nd Contact'	Paramedic	3/31/2026	'Full Time Paid Employee'
David	Richmond	P119329	'Administrator' 'EMS Technician'	(WV EMT)	NC Expired	'Full Time Paid Employee'
Roger	Johnson	P118456	'EMS Technician' 'Administrator'	Paramedic	3/31/2029	'Full Time Paid Employee'
Rachel	Cornett	P118824	'EMS Technician'	Emergency Medical Technician	3/31/2026	'Full Time Paid Employee'
Richard III	Cornett	P120379	'EMS Technician'	Emergency Medical Technician	12/31/2025	'Part Time Paid Employee'
Tristan	Cornett	P524005	'Driver'	Emergency Medical Technician	3/31/2028	'Full Time Paid Employee'
Tonya	Morris	P118816	'EMS Technician'	Paramedic	3/31/2029	'Full Time Paid Employee'
Chynna	Parsons	P118450	'EMS Technician'	Emergency Medical Technician	12/31/2025	'Full Time Paid Employee'
Nathan	Coleman	P517608	'EMS Technician'	(WV MDCP)	NC Expired	'Part Time Paid Employee'
Michael	Thomas	P119087	'EMS Technician'	(WV EMT)	NC Expired	'Full Time Paid Employee'
12		WV and Jan-Care Management Employees			73 JC Employees Registered in NC ESO Continuum	

61 Total North Carolina, D5 Field Employees

D5 Full Time Employees

36	Full Time Employees					
First Name	Last Name	NC ID	Job Title(s)	Certification	Exp Date	Emp Status
Alan	McNamara	P001747	'EMS Technician'	Emergency Medical Technician	6/30/2029	'Full Time Paid Employee'
Andrea	Cobert	P530860	'EMS Technician'	Emergency Medical Technician	8/31/2028	'Full Time Paid Employee'
Fuquan	Curtis	P549937	'EMS Technician'	Paramedic	7/31/2028	'Full Time Paid Employee'
Karim	Akl	P564973	'EMS Technician'	Emergency Medical Technician	2/28/2029	'Full Time Paid Employee'
Benjamin	Anderer	P569644	'EMS Technician'	Emergency Medical Technician	8/31/2029	'Full Time Paid Employee'
Savion	Bacon	P554057	'EMS Technician'	Emergency Medical Technician	3/31/2029	'Full Time Paid Employee'
Marsha	Baldwin	P022912	'EMS Technician'	Emergency Medical Technician	5/31/2027	'Full Time Paid Employee'
Michael	Bienz	P561337	'EMS Technician'	Emergency Medical Technician	5/31/2028	'Full Time Paid Employee'
Matthew	Bildzok	P568448	'EMS Technician'	Emergency Medical Technician	6/30/2029	'Full Time Paid Employee'
Christopher	Bryant	P568500	'EMS Technician'	Emergency Medical Technician	9/30/2029	'Full Time Paid Employee'
James	Campbell	P562194	'EMS Technician'	Emergency Medical Technician	1/31/2029	'Full Time Paid Employee'
Tiffany	Combs	P562069	'EMS Technician'	Emergency Medical Technician	6/30/2029	'Full Time Paid Employee'
Nathan	Ellington	P561835	'EMS Technician'	Emergency Medical Technician	6/30/2029	'Full Time Paid Employee'
Jennifer	Fan	P555258	'EMS Technician'	Emergency Medical Technician	8/31/2027	'Full Time Paid Employee'
Mostafa	Gabr	P110313	'EMS Technician'	Emergency Medical Technician	3/31/2029	'Full Time Paid Employee'
Brianna	Hilger	P552410	'EMS Technician'	Emergency Medical Technician	5/31/2027	'Full Time Paid Employee'
Isaac	Kingsbury	P564653	'EMS Technician'	Emergency Medical Technician	11/30/2028	'Full Time Paid Employee'
Ava	Low	P563599	'EMS Technician'	Emergency Medical Technician	2/28/2029	'Full Time Paid Employee'
Therron	Mawyer	P554320	'EMS Technician'	Emergency Medical Technician	8/31/2027	'Full Time Paid Employee'
Makayla	McCullough	P542646	'EMS Technician'	Emergency Medical Technician	3/31/2027	'Full Time Paid Employee'
Byron	McLean	P101521	'EMS Technician'	Emergency Medical Technician	3/31/2029	'Full Time Paid Employee'

First Name	Last Name	NC ID	Job Title(s)	Certification	Exp Date	Emp Status
Rebecca	Mills	P568546	'EMS Technician'	Emergency Medical Technician	3/31/2027	'Full Time Paid Employee'
Joseph	Nguyen	P573460	'EMS Technician'	Emergency Medical Technician	3/31/2027	'Full Time Paid Employee'
Ryan	Norris	P569717	'EMS Technician'	Emergency Medical Technician	8/31/2029	'Full Time Paid Employee'
David	Ruiz	P569334	'EMS Technician'	Emergency Medical Technician	3/31/2027	'Full Time Paid Employee'
Ally	Saleh	P563796	'EMS Technician'	Emergency Medical Technician	1/31/2029	'Full Time Paid Employee'
Morgan	Saunders	P537272	'EMS Technician'	Emergency Medical Technician	3/31/2028	'Full Time Paid Employee'
Isaiah	Shoffner-Far	P569354	'EMS Technician'	Emergency Medical Technician	8/31/2029	'Full Time Paid Employee'
Dustin	Spence	P567869	'EMS Technician'	Emergency Medical Technician	6/30/2029	'Full Time Paid Employee'
Shannon	Smith	P508860	'EMS Technician'	Emergency Medical Technician	6/30/2029	'Full Time Paid Employee'
Adrian	White	P503010	'EMS Technician'	Emergency Medical Technician	8/31/2028	'Full Time Paid Employee'
Maxwell	Whitt	P569287	'EMS Technician'	Emergency Medical Technician	6/30/2029	'Full Time Paid Employee'
Elijah	Williams	P556603	'EMS Technician'	Emergency Medical Technician	2/29/2028	'Full Time Paid Employee'
Duncan	Wilson	P552461	'EMS Technician'	Emergency Medical Technician	6/30/2028	'Full Time Paid Employee'
Jonathan	Cole	P079213	'Driver'	EMVO	EMVO	'Full Time Paid Employee'
Tommy	Jones	P033869	'Driver'	EMVO	EMVO	'Full Time Paid Employee'

D5 Part Time Employees

25	Part Time Field Employees					
First Name	Last Name	NC ID	Job Title(s)	Certification	Exp Date	Emp Status

1	Anthony	Wilcox	P023515	'EMS Technician'	Paramedic	3/31/2026	'Part Time Paid Employee'
1	Swatej	Amanaganti	P554768	'EMS Technician'	Emergency Medical Technician	8/31/2027	'Part Time Paid Employee'
1	Britney	Bender-Ward	P556622	'EMS Technician'	Emergency Medical Technician	1/31/2028	'Part Time Paid Employee'
1	Alexander	Brady	P558178	'EMS Technician'	Paramedic	3/31/2027	'Part Time Paid Employee'
1	Lauren	Brown	P568340	'EMS Technician'	Emergency Medical Technician	3/31/2027	'Part Time Paid Employee'
1	Luke	Brown	P562822	'EMS Technician'	Emergency Medical Technician	2/28/2029	'Part Time Paid Employee'
1	Georgia	Chapman	P555132	'EMS Technician'	Emergency Medical Technician	7/31/2027	'Part Time Paid Employee'
1	Javin	Comeau	P565235	'EMS Technician'	Emergency Medical Technician	8/31/2029	'Part Time Paid Employee'
1	Dmytriy	Fitel	P557716	'EMS Technician'	Emergency Medical Technician	6/30/2028	'Part Time Paid Employee'
1	Sashank	Ganapathiraju	P549197	'EMS Technician'	Emergency Medical Technician	3/31/2027	'Part Time Paid Employee'
1	Shourya	Gangaram	P561989	'EMS Technician'	Emergency Medical Technician	8/31/2028	'Part Time Paid Employee'
1	Edward	Huffstetler	P561335	'EMS Technician'	Emergency Medical Technician	5/31/2028	'Part Time Paid Employee'
1	Tushar	Joshi	P555477	'EMS Technician'	Emergency Medical Technician	8/31/2027	'Part Time Paid Employee'
1	Jonah	Karkow	P562484	'EMS Technician'	Emergency Medical Technician	8/31/2028	'Part Time Paid Employee'
1	Prerana	Kulla	P563464	'EMS Technician'	Emergency Medical Technician	6/30/2029	'Full Time Paid Employee'
1	Skyla	Marchesi	P558758	'EMS Technician'	Emergency Medical Technician	3/31/2026	'Part Time Paid Employee'
1	Nikolai	Piskulich	P568474	'EMS Technician'	Emergency Medical Technician	3/31/2023	'Part Time Paid Employee'
1	Akhil	Pramod	P561988	'EMS Technician'	Emergency Medical Technician	8/31/2028	'Part Time Paid Employee'
1	Donovan	Sherman	P564277	'EMS Technician'	Emergency Medical Technician	3/31/2029	'Part Time Paid Employee'
1	Robert	Silzer	P556868	'EMS Technician'	Emergency Medical Technician	3/31/2026	'Part Time Paid Employee'
1	Neeradh	Surapureddi	P555277	'EMS Technician'	Emergency Medical Technician	8/31/2027	'Part Time Paid Employee'
1	Sri Prabhas	Vemulamanda	P568985	'EMS Technician'	Emergency Medical Technician	3/31/2027	'Part Time Paid Employee'
1	Samuel	White	P560261	'EMS Technician'	Emergency Medical Technician	5/31/2028	'Part Time Paid Employee'
1	Daniel	Witt	P039389	'EMS Technician'	Advanced Emerg Med Technician	2/28/2029	'Part Time Paid Employee'
1	Daniel	Xie	P562153	'EMS Technician'	Emergency Medical Technician	9/30/2028	'Part Time Paid Employee'