Emergency Medical Services

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

**Kevin Underhill, A.S., NCEMT-P, MPO**
Interim Director • Chief Paramedic

## 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 AN AMBULANCE WITHIN DURAM COUNTY.**

1) Name and address of applicant: Jan-Care Ambulance Service of the Southeast
3518 Wortham Street
Durham, NC 27705
Corporate Address: Jan-Care Ambulance Service Inc.
P.O. Box 2414, Beckley WV 25802

***If a corporation, please attach a certified copy of Articles of Incorporation***

2) Attach a list of all ambulance vehicles actually owned and the number of vehicles actually operated by the Applicant at the present time, to include chassis manufacturer, ambulance maker, 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. A franchise may not be granted to applicant who owns/leases no ambulance vehicles. See attached

3) Attach a description of the applicant's 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). See attached

4) What is the net worth of the Applicant? (Net worth is defined by the monetary worth of the Applicant over and above all debts, judgments, claims and demands whatsoever): See attached

5) Attach a list of all unsatisfied judgments of record against the Applicant. Please list the title of the action and give the amount of all judgments unsatisfied: Not applicable

6) Attach a list of all liens, mortgages or other encumbrances on ambulances to be used by the Applicant. Not Applicable

7) Attach the criminal court record, 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. If none of the officers, directors, and supervising employees, including general managers or directors has a criminal record, so state here. Not applicable

8) Attach 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: See attached

a) Commercial General Liability: not less than $2,000,000 per occurrence and $5,000,000 aggregate.

b) Commercial Automobile Liability: not less than $2,000,000 per occurrence.

c) Professional Liability: not less than $5,000,000 per occurrence or claim and $5,000,000 aggregate.

9) Attach an audited financial statement for the applicant (individual, partnership, or corporation) for the last three calendar or fiscal years of operation. See attached

10) Does the applicant certify each of the following statements?

a) The applicant agrees not to discriminate as to any person with regard to race, color, creed, national origin or gender. ☑ Yes ☐ No

b) The applicant agrees 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 Service Regulation, Office of Emergency Medical Services. ☑ Yes ☐ No

c) The applicant agrees that all emergency medical personnel employed to provide ambulance service in Durham County used shall hold current EMS credentials at the appropriate levels from the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Office of Emergency Medical Services. ☑ Yes ☐ No

d) The applicant authorizes the Director of Emergency Medical Services of Durham County, North Carolina, to investigate and verify the veracity of any and all information submitted in support of this application. ☑ Yes ☐ No

e) The applicant agrees to submit such periodic reports as may be required by the Director of Emergency Medical Services of Durham County. Further, the applicant agrees that all patient care reports generated during the course of applicant's service in Durham County shall be submitted to the North Carolina EMS Performance Improvement Center (EMS-PIC) in a timely manner and in such format as is required by the EMS-PIC. ☑ Yes ☐ No

I, J.Todd Cornett hereby swear (affirm) that the information and responses given above are true and accurate on this 5 day of Nov, 20 19.

| J.Todd Cornett | | EVP |
|---|---|---|
| Print Applicant Name | Applicant Signature | Title |

Sworn to and subscribed before me this 5th day of November, 20 19.

Notary Public: Lisa Sue Dennler

My Commission Expires: May 6, 2021

Official Seal
Notary Public, State of West Virginia
Lisa Sue Dennler
106 Oakwood Street
Oak Hill, WV 25901
My commission expires May 6, 2021

FOR REGISTRATION
Sharon A. Davis
REGISTER OF DEEDS
Durham County, NC
2017 JAN 19 11:41:04 AM
BK:8109 PG:226-226
ASSUMED NAME
FEE:$26.00
INSTRUMENT # 2017001847

SMMARSH

2017001847

**State of North Carolina**
**County of Durham**

CERTIFICATE OF ASSUMED NAME FOR A CORPORATION

(1) The assumed name under which business will be conducted is: Jan-Care Ambulance of the Southeast, Inc.

(2) The name and address of the corporation is: Return to Jan-Care Ambulance of McDowell County Inc. PO Box 2414 Beckley, WV 25802

**IN WITNESS WHEREOF,** this certificate is signed in the name of the said corporation, this 8th day of December, 2016

Jan-Care Ambulance of McDowell County, Inc
Name of Corporation

Signature of Corporate Officer

CEO
Title

~~NORTH CAROLINA~~ West Virginia
~~Durham County~~ Raleigh County

I, Tabatha Cook, A Notary Public, certify that Joseph Todd Cornett personally came before me this day and acknowledged that he/she is CEO of Jan-Care Ambulance of McDowell County Inc a Corporation, and that he/she as CEO, being authorized to do so, executed the foregoing on behalf of the corporation.

Witness my hand and official seal, this 8 day of December 2016.

(seal)

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF WEST VIRGINIA
TABATHA COOK
117 LILLY ST.
BECKLEY, WV 25801
My commission expires July 07, 2021

Tabatha Cook
Notary Public

My Commission expires July 7, 2021

Vehicles

| VIN | Model Year | Unit Name | Permit | Expiration | Permit Type | Level | Status |
|---|---|---|---|---|---|---|---|
| 1FDS53ELXEDA65344 | 2014 | | 110 NC004612 | 9/30/2021 | Permanent | EMT | In Service |
| 1FDSS3EL3EDA65735 | 2014 | | 86 NC 002406 | 2/28/2021 | Permanent | EMT | In Service |
| 1FDSS3EL6CDA26280 | 2012 | | 125 NC 002405 | 2/28/2021 | Permanent | EMT | In Service |
| 1FDSS3EL6EDA38920 | 2014 | | 107 NC 002407 | 2/28/2021 | Permanent | EMT | In Service |
| 1FDSS3EL7EDB07095 | 2014 | | 115 NC 004069 | 2/28/2020 | Permanent | EMT | In Service |
| 1FDSSELCDB14768 | 2012 | | 126 NC 002394 | 2/28/2021 | Permanent | EMT | In Service |
| 1FDYR2CM29KA86070 | 2016 | | 127 NC 002393 | 2/28/2021 | Permanent | Paramedic | In Service |
| 1FDYR2CM4GKA86054 | 2016 | | 130 NC 003817 | 2/29/2020 | Permanent | Paramedic | In Service |
| 1FDYR2CM6GKA86055 | 2016 | | 129 NC 002396 | 2/28/2021 | Permanent | EMT | In Service |
| 1FDYR2CM7KKA31512 | 2019 | | 141 NC004611 | 9/30/2021 | Permanent | EMT | In Service |
| 1FDYR2CMOGKA86060 | 2016 | | 128 NC 002395 | 2/28/2021 | Permanent | Paramedic | In Service |
| 1FDYR2CMXKKA16406 | 2019 | | 140 NC004613 | 7/31/2021 | Permanent | EMT | In Service |

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|---|---|---|---|---|---|
| 1FDYR2CMXKKA31505 | 2019 | 139 NC004610 | 9/30/2021 Permanent | EMT | In Service |
| 1FDYRZCM2KKA16402 | 2019 | 138 NC004609 | 9/30/2021 Permanent | Paramedic | In Service |
| 1GB9G5BG3A1124393 | 2010 | 42 NC004120 | 9/30/2021 | Paramedic | |

| Ambulance Number | VIN | Year | Make | Model | Type |
|---|---|---|---|---|---|
| 1 | 1FDKF38F9VEC67063 | 1997 | FORD | F-350 | Type 1 |
| 2 | 1FDSS3EL8EDA65343 | 2014 | FORD | E-350 | Type 2 |
| 3 | 1GBHG396781181342 | 2008 | CHEVROLET | 3500 | Type 2 |
| 4 | 1FDSS34FX2HB75360 | 2002 | FORD | E-350 | Type 2 |
| 5 | 1GBZGUCL4F1263938 | 2015 | CHEVROLET | 3500 | Type 2 |
| 6 | 1GBHG396X81105257 | 2008 | CHEVROLET | 3500 | Type 2 |
| 8 | 1GBHG396781105944 | 2008 | CHEVROLET | 3500 | Type 2 |
| 9 | 1GBZGUCL5B1117252 | 2011 | CHEVROLET | 3500 | Type 2 |
| 10 | 1GBHG396191112342 | 2009 | CHEVROLET | 3500 | Type 2 |
| 11 | 1GBJG316071209932 | 2007 | CHEVROLET | 3500 | Type 3 |
| 12 | 1GBHG396681168730 | 2008 | CHEVROLET | 3500 | Type 2 |
| 14 | 1FDSS3ES9EDA84751 | 2014 | FORD | E-350 | Type 2 |
| 15 | 1GBHG396581169044 | 2012 | FORD | E350 | Type 2 |
| 16 | 1GBHG396791113060 | 2009 | CHEVROLET | 3500 | Type 2 |
| 17 | 1FDYR2CMXJKA80525 | 2018 | FORD | TRANSIT | Type 2 |
| 18 | 1FDYR2CM8HKB18666 | 2017 | FORD | TRANSIT | Type 2 |
| 19 | 1FDYR2CM0JKA80517 | 2018 | FORD | TRANSIT | Type 2 |
| 20 | 1FDYR2CM3HKA23111 | 2017 | FORD | TRANSIT | Type 2 |
| 21 | 1GBHG396591143819 | 2009 | CHEVROLET | 3500 | Type 2 |
| 22 | 1GBHG396191126242 | 2007 | CHEVROLET | 3500 | Type 2 |
| 23 | 1GBHG396181104515 | 2008 | CHEVROLET | 3500 | Type 2 |
| 24 | 1GBHG396081104652 | 2008 | CHEVROLET | 3500 | Type 2 |
| 25 | 1FDXE45F51HA31859 | 2001 | FORD | E-350 | Type 3 |
| 26 | 1FDSS34F13HB37257 | 2003 | FORD | E-350 | Type 2 |
| 27 | 1GCHG396971194877 | 2007 | CHEVROLET | 3500 | Type 2 |
| 28 | 1FDYR2CM2JKB08981 | 2018 | FORD | TRANSIT | Type 2 |
| 29 | 1FDSS3EL7CDB06784 | 2012 | FORD | E-350 | Type 2 |
| 30 | 1GCHG396071217852 | 2007 | CHEVROLET | 3500 | Type 2 |
| 31 | 1FDSS34P16HB01081 | 2006 | FORD | E-350 | Type 2 |
| 32 | 1FDSS34P16HA57485 | 2006 | FORD | E-350 | Type 2 |
| 33 | 1FDYR2CM5HKB16079 | 2017 | FORD | TRANSIT | Type 2 |
| 34 | 1FDYR2CM0HKB01814 | 2017 | FORD | TRANSIT | Type 2 |
| 35 | 1GBHG396791112894 | 2009 | CHEVROLET | 3500 | Type 2 |
| 36 | 1GBHG396881107069 | 2008 | CHEVROLET | 3500 | Type 2 |
| 37 | 1FDYR2CMXHKB01819 | 2017 | FORD | TRANSIT | Type 2 |
| 38 | 1FDSS34F43HA77412 | 2003 | FORD | E-350 | Type 2 |
| 39 | 1GBZGUCG8C1111787 | 2012 | CHEVROLET | 3500 | Type 2 |
| 40 | 1GBZGUCG5C1178153 | 2012 | CHEVROLET | 3500 | Type 2 |
| 41 | 1FDSS3EL9EDA55906 | 2014 | CHEVROLET | 3500 | Type 2 |
| 42 | 1GB9G5B63A1124393 | 2010 | CHEVROLET | 3500 | Type 2 |
| 43 | 1GBHG396991166665 | 2009 | CHEVROLET | 3500 | Type 2 |

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|---|---|---|---|---|---|
| 44 | 1GCHG396571212243 | 2007 | CHEVROLET | 3500 | Type 2 |
| 45 | 1FDSS34F7WHA60348 | 1998 | FORD | E-350 | Type 2 |
| 46 | 1FDSS3EL4EDB07104 | 2014 | FORD | E-350 | Type 2 |
| 47 | 1GBHG396891167337 | 2009 | CHEVROLET | 3500 | Type 2 |
| 48 | 1GBZGUCG0C1160384 | 2012 | CHEVROLET | 3500 | Type 2 |
| 49 | 1GBHG396491169635 | 2009 | CHEVROLET | 3500 | Type 2 |
| 50 | 1GBJG3167810228057 | 2008 | CHEVROLET | 3500 | Type 3 |
| 51 | 1FDSS34F1WHB45833 | 1998 | FORD | E-350 | Type 2 |
| 52 | 1FDYR2CM3HKA84765 | 2017 | FORD | TRANSIT | Type 2 |
| 53 | 1GBHG396691169393 | 2009 | CHEVROLET | 3500 | Type 2 |
| 54 | 1FDSS3EL6DDB35047 | 2013 | FORD | E-350 | Type 2 |
| 55 | 1FDSS3EL1DDB35070 | 2013 | FORD | E-350 | Type 2 |
| 57 | 1FDSS3EL3EDB14710 | 2014 | FORD | E-350 | Type 2 |
| 58 | 1GTHG392761230755 | 2006 | GMC | 3500 | Type 2 |
| 59 | 1GBHG396281102952 | 2008 | CHEVROLET | E-350 | Type 2 |
| 60 | 1GBHG396191169933 | 2009 | CHEVROLET | 3500 | Type 2 |
| 61 | 1FDSS3EL4EDB14716 | 2014 | FORD | E-350 | Type 2 |
| 62 | 1FDXE45F53HA16152 | 2003 | FORD | F-350 | Type 3 |
| 63 | 1FDSS3EL9EDB14727 | 2014 | FORD | E-350 | Type 2 |
| 64 | 1GBZGUCG8C1160875 | 2012 | CHEVROLET | 3500 | Type 1 |
| 65 | 1FDXE45F93HA86334 | 2003 | FORD | E-350 | Type 1 |
| 66 | 1FDSS34F9XHA86550 | 1999 | FORD | E-350 | Type 2 |
| 67 | 1GBHG396691170060 | 2009 | CHEVROLET | 3500 | Type 2 |
| 68 | 1FDWF36F81EA55138 | 2001 | FORD | E-350 | Type 1 |
| 69 | 1FDSS3ES2EDA84753 | 2014 | FORD | E-350 | Type 2 |
| 70 | 1FDSS3EL6EDB07055 | 2014 | FORD | E-350 | Type 2 |
| 71 | 1GBHG396391169836 | 2009 | CHEVROLET | 3500 | Type 2 |
| 72 | 1GBHG396491169439 | 2009 | CHEVROLET | 3500 | Type 2 |
| 73 | 1FDYR2CM3HKA42337 | 2017 | FORD | TRANSIT | Type 2 |
| 74 | 1FDSS3ES0EDA84752 | 2014 | FORD | E-350 | Type 2 |
| 75 | 1FDYR2CM0HKB36014 | 2017 | FORD | TRANSIT | Type 2 |
| 76 | 1FDYR2CM4HKA85035 | 2017 | FORD | TRANSIT | Type 2 |
| 77 | 1FDYR2CM4HKA50785 | 2017 | FORD | TRANSIT | Type 2 |
| 78 | 1GBZGUCG0C1178965 | 2012 | CHEVROLET | 3500 | Type 2 |
| 79 | 1FDXE4FSXBDB20377 | 2011 | FORD | F450 | Type 3 |
| 80 | 1FDYR2CM6HKB16074 | 2017 | FORD | TRANSIT | Type 2 |
| 81 | 1FDSS34FX1HB77608 | 2001 | FORD | E-350 | Type 2 |
| 82 | 1GBHG396181108743 | 2008 | CHEVROLET | 3500 | Type 2 |
| 83 | 1FDWE35PX6HA97331 | 2006 | FORD | E-350 | Type 3 |
| 84 | 1FDYR2CG9FKA69906 | 2015 | FORD | TRANSIT | Type 2 |
| 85 | 1FDSS3EL5EDA55904 | 2014 | FORD | E-350 | Type 2 |
| 86 | 1FDSS3EL3EDA65735 | 2014 | FORD | E-350 | Type 2 |

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|---|---|---|---|---|---|
| 87 | 1FDSS3EL4EDA65730 | 2014 | FORD | E-350 | Type 2 |
| 88 | 1GBZGUCG4C1178080 | 2012 | CHEVROLET | 3500 | Type 2 |
| 89 | 1GCHG396971217297 | 2007 | CHEVROLET | E-350 | Type 2 |
| 90 | 1FDSS34F82HB81044 | 2002 | FORD | E-350 | Type 2 |
| 91 | 1FDSS34F03HA70568 | 2003 | FORD | E-350 | Type 2 |
| 92 | 1GBHG396791140999 | 2009 | CHEVROLET | 3500 | Type 2 |
| 93 | 1FDSS34F63HB40106 | 2003 | FORD | E-350 | Type 2 |
| 94 | 1FDSS34P16HA78983 | 2006 | FORD | E-350 | Type 2 |
| 95 | 1FDSS34P36HA78998 | 2006 | FORD | E-350 | Type 2 |
| 96 | 1FDXE45F0YHA75844 | 2000 | FORD | E-450 | Type 3 |
| 97 | 1FDXE40F3XHB14142 | 1999 | FORD | E-450 | Type 3 |
| 98 | 1FDXE45F21HB16433 | 2001 | FORD | E-450 | Type 3 |
| 99 | 1FDYR2CM4HKA09203 | 2017 | FORD | TRANSIT | Type 3 |
| 100 | 1FDYR2CMXKKA37756 | 2019 | FORD | TRANSIT | Type 2 |
| 101 | 1FDXE45F11HA57083 | 2001 | FORD | E-450 | Type 3 |
| 102 | 1FDXE45F92HA27847 | 2002 | FORD | E-450 | Type 3 |
| 103 | 1FDXE45F03HA06337 | 2003 | FORD | E-450 | Type 3 |
| 104 | 1FDX4512HB15629 | 2002 | FORD | E-450 | Type 3 |
| 105 | 1FDSS3EL8EDB06926 | 2014 | FORD | E-350 | Type 2 |
| 106 | 1FDSS3EL8EDB06957 | 2014 | FORD | E-350 | Type 2 |
| 107 | 1FDSS3EL6EDA38920 | 2014 | FORD | E-350 | Type 2 |
| 108 | 1FDSS3EL2EDA5337 | 2014 | FORD | E-350 | Type 2 |
| 109 | 1FDSS3EL7EDA55905 | 2014 | FORD | E-350 | Type 2 |
| 110 | 1FDSS3ELXEDA65344 | 2014 | FORD | E-350 | Type 2 |
| 111 | 1FDSS34F03HB32745 | 2003 | FORD | E-350 | Type 2 |
| 112 | 1GBJG31U171170461 | 2007 | CHEVROLET | 3500 | Type 3 |
| 114 | 1FDSS3EL6EDB14555 | 2014 | FORD | E-350 | Type 2 |
| 115 | 1FDSS3EL7EDB07095 | 2014 | FORD | E-350 | Type 2 |
| 116 | 1FDSS3EL3EDB14545 | 2014 | FORD | E-350 | Type 2 |
| 117 | 1FDSS3EL1EDB14544 | 2014 | FORD | E-350 | Type 2 |
| 118 | 1FDSS3EL4ED14537 | 2014 | FORD | E-350 | Type 2 |
| 119 | 1GCHG39U931122201 | 2003 | CHEVROLET | 3500 | Type 2 |
| 120 | 1FDYR2CG0FKA69910 | 2015 | FORD | TRANSIT | Type 2 |
| 121 | 1FDSS34F93HA57351 | 2003 | FORD | E-350 | Type 2 |
| 122 | 1FDXE4FS3GDC20487 | 2016 | FORD | E-350 | Type 3 |
| 123 | 1FDYR2CG8GKA50376 | 2016 | FORD | TRANSIT | Type 2 |
| 124 | 1FDYR2CG4GKA50388 | 2016 | FORD | TRANSIT | Type 2 |
| 125 | 1FDSS3EL6CDA26280 | 2012 | FORD | E-350 | Type 2 |
| 126 | 1FDSS3EL5CDB14768 | 2013 | FORD | E-350 | Type 2 |
| 127 | 1FDYR2CM2GKA86070 | 2016 | FORD | TRANSIT | Type 2 |
| 128 | 1FDYR2CMXGKA86060 | 2016 | FORD | TRANSIT | Type 2 |
| 129 | 1FDYR2CM6GKA86055 | 2016 | FORD | TRANSIT | Type 2 |

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|---|---|---|---|---|---|
| 130 | 1FDYR2CM4GKA86054 | 2016 | FORD | TRANSIT | Type 2 |
| 131 | 1FDYR2CM8GKB41489 | 2016 | FORD | TRANSIT | Type 2 |
| 132 | 1FDYR2CM9GKB41470 | 2016 | FORD | TRANSIT | Type 2 |
| 133 | 1FDYR2CM7GKB41483 | 2016 | FORD | TRANSIT | Type 2 |
| 134 | 1FDYR2CM9HKA23114 | 2017 | FORD | TRANSIT | Type 2 |
| 135 | 1FDYR2CM0HKA23115 | 2017 | FORD | TRANSIT | Type 2 |
| 136 | 1FDYR2CM4KKA37753 | 2019 | FORD | TRANSIT | Type 2 |
| 137 | 1FDYR2CM4JKB08996 | 2018 | FORD | TRANSIT | Type 2 |
| 138 | 1FDYR2CMXKKA31505 | 2019 | FORD | TRANSIT | Type 2 |
| 139 | 1FDYR2CM7KKA31512 | 2019 | FORD | TRANSIT | Type 2 |
| 140 | 1FDYR2CM2KKA16402 | 2019 | FORD | TRANSIT | Type 2 |
| 141 | 1FDYR2CMXKKA16406 | 2019 | FORD | TRANSIT | Type 2 |
| 180 | 1FDSS3EL4EDB07099 | 2014 | FORD | E-350 | Type 2 |
| 181 | 1GBZGUCG7B1101427 | 2011 | CHEVROLET | 3500 | Type 2 |
| 182 | 1GBZGUCG5C1178511 | 2012 | CHEVROLET | 3500 | Type 2 |
| 183 | 1GBZGUCGXB1101373 | 2011 | CHEVROLET | 3500 | Type 2 |
| 184 | 1FDYR2CM9HKA46716 | 2017 | FORD | TRANSIT | Type 2 |
| 185 | 1GBZGUCGXB1101695 | 2011 | CHEVROLET | 3500 | Type 2 |
| 186 | 1FDSS3EL8EDB14718 | 2014 | FORD | E-350 | Type 2 |
| 187 | 1FDSS34F33HA62111 | 2003 | FORD | E-350 | Type 2 |
| 188 | 1FDSS34F13HA10640 | 2003 | FORD | E-350 | Type 2 |
| 189 | 1FDYR2CG3FKA50607 | 2015 | FORD | TRANSIT | Type 2 |
| 190 | 1FDYR2CM3JKB08987 | 2018 | FORD | TRANSIT | Type 2 |
| 191 | 1FDSS34F41HB00328 | 2001 | FORD | E-350 | Type 2 |
| 192 | 1FDSS34F81HA70265 | 2001 | FORD | E-350 | Type 2 |
| 193 | 1FDSE35F8YHB69331 | 2000 | FORD | E-350 | Type 3 |
| 194 | 1FDSS34F81HB31193 | 2001 | FORD | E-350 | Type 2 |
| 201 | 1GKS2AEC4FR670946 | 2015 | GMC | YUKON | SUV |
| 202 | 1GKS2AEC4FR111106 | 2015 | GMC | YUKON | SUV |
| 203 | 1GKS2AKC9FR746360 | 2015 | GMC | YUKON | SUV |
| 204 | 3GCUKRFC7FG460926 | 2015 | CHEVROLET | SILVERADO | DOUBLE CAB |
| 205 | 1GTV2LEC9HZ239462 | 2017 | GMC | SIERRA 1500 | CREW CAB |
| 210 | KNDMB233886239706 | 2008 | KIA | SEDONA | Van |
| 215 | KNDMB233266065581 | 2006 | KIA | SEDONA | Van |
| 225 | 1FTNE24203HA62907 | 2003 | FORD | E-250 | Wheel Chair |
| 230 | 1FTNE24293HA62906 | 2003 | FORD | E-250 | Wheel Chair |
| 231 | 1FTNE24W44HA28019 | 2004 | FORD | E-250 | Wheel Chair |
| 232 | 1FTNS24W46HA97935 | 2006 | FORD | E-250 | Wheel Chair |
| 233 | 1FTNE24W34HA28013 | 2004 | FORD | E-250 | Wheel Chair |
| 234 | 1FTNE24W55HA52119 | 2005 | FORD | E-350 | Wheel Chair |
| 235 | 1FTNE24243HA62909 | 2003 | FORD | E-250 | Wheel Chair |
| 236 | 1FTNE24W76DB33826 | 2006 | FORD | E-250 | Wheel Chair |

| | | | | | |
|---|---|---|---|---|---|
| 237 | 1FTNE24W46DB03845 | 2006 | FORD | E-250 | Wheel Chair |
| 238 | 1FTNE2EW8ADA99645 | 2010 | FORD | E-250 | Wheel Chair |
| 239 | 1FTNS24W26HA93477 | 2006 | FORD | E-250 | Wheel Chair |
| 240 | 1FDZK1CMXJKA92855 | 2018 | FORD | T-150 | Wheel Chair |
| 241 | 1FDZK1CM3JKB15831 | 2018 | FORD | T-150 | Wheel Chair |
| 242 | 1FMZK1CM1KKB08488 | 2019 | Ford | TRANSIT | Other |
| 243 | 1FDZK1CM3KKB12297 | 2019 | Ford | TRANSIT | |
| 250 | 1GNFK163X7R234512 | 2007 | CHEVROLET | SUBURBAN | Suburban |
| 251 | 5XYKTDA21BG125724 | 2011 | KIA | SORENTO | SUV |
| 252 | 5XYKTDA2XBG125950 | 2011 | KIA | SORENTO | SUV |
| 253 | 5XYKTDA20BG125133 | 2011 | KIA | SORENTO | SUV |
| 254 | 5XYKTDA2XBG125172 | 2011 | KIA | SORENTO | SUV |
| 255 | KNDCB3LC6H5048910 | 2017 | KIA | NIRO | OTHER |
| 256 | 1FTPX14V66NB34285 | 2006 | FORD | F-150 | Pick-up |
| 700 | 1FTWX31P76EA96451 | 2006 | FORD | F-350 | SuperCab |
| 701 | 1GBJK73K89F100947 | 2009 | CHEVROLET | 3500 | CREW CAB |
| 702 | 1FTPX14V56NB57007 | 2006 | FORD | F-150 | CREW CAB |
| 703 | 1GT22ZC8XCZ180872 | 2012 | GMC | 2500HD | Pick-up |
| 704 | 1GB4KYCY9JF173756 | 2018 | CHEVROLET | 3500 | |
| 705 | 1GT12REG0JF134322 | 2018 | GMC | HD 2500 | SuperCab |
| 777 | KNDMB233066048259 | 2006 | KIA | SEDONA | Van |
| 799 | 1N6AFOLYXCN106562 | 2012 | Nissan | NV3500HD | Van |
| 970 | Mount Hope Vol Fire Dept 70 | | | | |

(1 Page)

# Durham County Ambulance Resource Guide

Jan-Care will have two 24/7 advanced life support ambulances. Shift runs 0730-0730

Monday through Friday we will additionally run 11 day units. Those times will be staggered base on volume.

Saturdays we will run a minimum of four resources ; Two Paramedic resources and two EMT level resources.

Monday through Friday 10am to 8pm; we will run one wheelchair van staffed with an EMT.

945 E. Paces Ferry Rd.
Suite 1800
Atlanta, GA 30326

# COMMERCIAL EXCESS LIABILITY POLICY DECLARATIONS

THIS POLICY IS ISSUED BY THE COMPANY DESIGNATED BELOW:

COMPANY NAME RSUI Indemnity Company
(A New Hampshire Stock Co.)

POLICY NUMBER: NHA085612
**NEW:** ☐
**RENEWAL OF:** NHA082181

**PRODUCER CODE NO:**

PRODUCER'S NAME AND ADDRESS

**ITEM 1 NAMED INSURED AND MAILING ADDRESS**

Jan-Care Ambulance Service Inc.
J. Todd Cornett Vice President
P.O. Box 2414
Beckley , WV 25802

| | |
|---|---|
| **ITEM 2** | **COVERAGE: EXCESS** |
| **ITEM 3** | POLICY PERIOD<br>**FROM** 2/21/2019 **TO** 2/21/2020 12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED |
| **ITEM 4 LIMITS AND PREMIUM** | **LIMITS OF INSURANCE**<br>EACH OCCURRENCE: $ 3,000,000 — AGGREGATE WHERE APPLICABLE: $ 3,000,000<br>PREMIUM<br>$80,700.00<br>WV Fire Protection Surcharge 443.85<br>☒ FLAT ☐ AUDITABLE – SEE PREMIUM COMPUTATION ENDORSEMENT |
| **ITEM 5** | ENDORSEMENTS ATTACHED: Policy Jacket: RSG 31001 0507, Schedule of Underlying Insurance-RSG 30002 0803<br>SEE SCHEDULE OF POLICY ATTACHMENTS AND FORMS |

Countersigned By

Philip Colletti
Authorized Representative

Date Issued March 13, 2019

## COMMERCIAL EXCESS LIABILITY POLICY
## DECLARATIONS

POLICY NO. NHA085612

ITEM 6. SCHEDULE OF UNDERLYING INSURANCE

| Type of Policy | Insurer | Applicable Limit |
|---|---|---|
| LEAD EXCESS | MARKEL INSURANCE COMPANY | $2,000,000 EACH OCCURRENCE AND IN THE AGGREGATE WHERE APPLICABLE, EXCESS OF UNDERLYING OR SELF-INSURED RETENTION. |

**Markel Insurance Company**

# EXCESS/UMBRELLA DECLARATIONS

| | |
|---|---|
| POLICY NUMBER: MTU70002769-05 | RENEWAL OF POLICY: MTU70002769-04 |

Named Insured and Mailing Address:
Jan Care Ambulance Service Inc
P O Box 2414
Beckley, WV 25802

Policy Period From: 2/21/19 To: 2/21/20
At 12:01 a.m. standard time at your mailing address shown above

This policy provides ☒ Excess Liability coverage only or ☐ Umbrella Liability coverage only.

***Only the policy provisions applicable to the type of coverage checked in the above box will apply. Please refer to the appropriate sections of the policy for what is and is not covered according to coverage type.***

**IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

Policy Premium: $ 104,959.00
WV Fire & Casualty Surcharge: $577

☐ Direct Billed ☒ Agency Billed

Limits of Insurance:

| | |
|---|---|
| General Aggregate | $ 2,000,000 |
| Products-Completed Operations Aggregate | $ 2,000,000 |
| Each Occurrence | $ 2,000,000 |
| Each Person - Personal And Advertising Injury | $ 2,000,000 |
| Self-Insured Retention – Each Occurrence | $ 10,000 |

**THIS POLICY PROVIDES CLAIMS-MADE COVERAGE FOR THE UNDERLYING INSURANCE SHOWN AS CLAIMS-MADE IN THE SCHEDULE OF UNDERLYING INSURANCE. PLEASE READ THE ENTIRE FORM CAREFULLY.**

This insurance does not apply to Coverage A – Bodily Injury And Property Damage Liability and Coverage B – Personal And Advertising Injury written under Section II – Umbrella Liability Coverage which occurs before the Retroactive Date shown below. **N/A in New York**

Retroactive Date: Per underlying claims-made coverage
(Enter a date only when one or more underlying insurance coverages are claims-made.)

Producer Number, Name and Mailing Address

85508 McGriff Insurance Services Inc
PO Box 28530
Macon, GA 31221

Forms and Endorsements attached to this policy at time of issuance:

See Schedule of Forms and Endorsements

**These declarations, together with the Coverage Form(s) and any Endorsement(s), complete the above numbered policy.**

Issue Date: March 12, 2019 At: Kennesaw, GA By: _____
(Authorized Representative

Named Insured: Jan Care Ambulance Service Inc  Policy Number: MTU70002769-05

**EXCESS/UMBRELLA POLICY**
**SCHEDULE OF UNDERLYING INSURANCE**

(An "X" in the Type of Coverage boxes below (☐) indicates these coverages are provided by the underlying policies.)

| Carrier, Policy Number, Policy Period (If Applicable) | Type of Coverage | Underlying Limits of Insurance |
|---|---|---|
| Carrier: Markel Insurance Company<br>Policy Number: MTK70002769-05<br>Policy Period: 2/21/19 - 2/21/20 | ☒ Occurrence ☐ Claims-Made<br>☒ Commercial General Liability<br>☐ Liquor liability<br>☐<br>☐<br>☐<br>☐ | $ 2,000,000 General Aggregate<br>$ 2,000,000 Products-Completed Operations Aggregate<br>$ 1,000,000 Each Occurrence<br>$ 1,000,000 Personal and Advertising Injury - Each Person or Organization |
| Carrier:<br>Policy Number:<br>Policy Period: | ☐ Occurrence ☐ Claims-Made<br>☐ Professional Liability | $ Each Wrongful Act<br>$ Aggregate |
| Carrier: Markel Insurance Company<br>Policy Number: MTK70002769-05<br>Policy Period: 2/21/19 - 2/21/20 | ☐ Occurrence ☒ Claims-Made<br>☒ Employee Benefits Liability | $ 1,000,000 Each Employee<br>$ 2,000,000 Aggregate |
| Carrier:<br>Policy Number:<br>Policy Period: | ☐ Occurrence ☐ Claims-Made<br>☐ Liquor Liability | $ Each Common Cause<br>$ Aggregate |
| Carrier:<br>Policy Number:<br>Policy Period: | ☐ Stop Gap - Employers Liability | $ Bodily Injury By Accident<br>$ Bodily Injury By Disease – Each Person<br>$ Bodily Injury By Disease – Policy Limit |
| Carrier: Markel Insurance Company<br>Policy Number: MTA70002769-05<br>Policy Period: 2/21/19 - 2/21/20 | ☒ Business Automobile Liability<br>☒ Owned Automobiles<br>☒ Non-Owned Automobiles<br>☒ Hired Automobiles | $ 1,000,000 Each Accident |
| Carrier:<br>Policy Number:<br>Policy Period: | ☐ Auto Dealer Liability<br>☐ Owned Automobiles<br>☐ Non-Owned Automobiles<br>☐ Hired Automobiles | $ Covered Autos Liability - Each Accident<br>$ General Liability Bodily Injury And Property Damage Liability – Each Accident<br>$ Personal And Advertising Injury Liability – Any One Person Or Organization<br>$ General Liability Aggregate<br>$ Products And Work You Performed Aggregate |

| Carrier, Policy Number, Policy Period (If Applicable) | Type of Coverage | Underlying Limits of Insurance |
|---|---|---|
| Carrier:<br>Policy Number:<br>Policy Period: | ☐ Occurrence ☐ Claims-Made<br>☐ | $<br>$<br>$ |
| Carrier:<br>Policy Number:<br>Policy Period: | ☐ Occurrence ☐ Claims-Made<br>☐ | $<br>$<br>$ |
| Carrier: Markel Insurance Company<br>Policy Number: MTK70002769-05<br>Policy Period: 2/21/19 - 2/21/20 | ☒ Occurrence ☐ Claims-Made<br>☒ Professional Liability | $ 1,000,000 Each Medical Incident<br>$ 2,000,000 Aggregate<br>$ |
| Carrier: Brickstreet<br>Policy Number: WCB1019186<br>Policy Period: 01/01/2019 - 01/01/2020 | ☐ Occurrence ☐ Claims-Made<br>☒ Employers Liability | $ 1,000,000 Bodily Injury By Accident<br>$ 1,000,000 Bodily Injury By Disease • Each Person<br>$ 1,000,000 Bodily Injury By Disease • Policy Limit |
| Carrier:<br>Policy Number:<br>Policy Period: | ☐ Occurrence ☐ Claims-Made<br>☐ | $<br>$<br>$ |
| Carrier:<br>Policy Number:<br>Policy Period: | ☐ Occurrence ☐ Claims-Made<br>☐ | $<br>$<br>$ |

# Markel Insurance Company

## COMMERCIAL GENERAL LIABILITY POLICY DECLARATIONS

POLICY NUMBER: MTK70002769-05 RENEWAL OF NUMBER: MTK70002769-04

Named Insured And Mailing Address (No., Street, Town or City, County, State, Zip Code)
Jan-Care Ambulance Service, Inc
As Per Named Insured Extension Schedule
PO Box 2414
Beckley, WV 25802

Policy Period: From 02/21/2019 To 02/21/2020 , at 12:01 A.M. Standard Time at your mailing address shown above

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

| Limits Of Insurance | | | |
|---|---|---|---|
| General Aggregate Limit (Other Than Products-Completed Operations) | $ | $2,000,000 | |
| Products-Completed Operations Aggregate Limit | $ | $2,000,000 | |
| Personal And Advertising Injury Limit | $ | $1,000,000 | |
| Each Occurrence Limit | $ | $1,000,000 | |
| Damage To Premises Rented To You Limit | $ | SEE MGL 1215 | Any One Premises |
| Medical Expense Limit | $ | SEE MGL 1215 | Any One Person |

**Retroactive Date (CG 00 02 Only) N/A In New York**

This Insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" which occurs before the Retroactive Date, if any, shown below.

Retroactive Date: None
(Enter Date Or "None" If No Retroactive Date applies)

**Business Description And Location Of Premises**

Form Of Business: Corporation

Business Description: Ambulance Service

Location Of All Premises You Own, Rent Or Occupy:
**REFER TO "COMMERCIAL GENERAL LIABILITY EXTENSION OF DECLARATIONS"**

**Producer Number, Name And Mailing Address**

85508
McGriff Insurance Services Inc
PO Box 28530
Macon, GA 31221

# Markel Insurance Company

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## MEDICAL TRANSPORT SERVICES PROFESSIONAL LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

**SCHEDULE**

| | |
|---|---|
| Medical Transport Services Professional Liability Each Medical Incident Limit: | $1,000,000 |
| Medical Transport Services Professional Liability Aggregate Limit: | $2,000,000 |
| Non-Monetary Legal Expense Reimbursement Aggregate Limit: | $2,500 |

The following changes apply only to the coverage provided by this endorsement:

**A.** The following is added to Section **I** – Coverages:

**MEDICAL TRANSPORT SERVICES PROFESSIONAL LIABILITY**

**1. Insuring Agreement**

**a.** We will pay those sums that the insured becomes legally obligated to pay as "damages" because of injury arising out of a "medical incident" of the insured or of any other person for whose acts the insured is legally liable, to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those "damages". However, we will have no duty to defend the insured against any "suit" seeking "damages" to which this insurance does not apply. We may, at our discretion, investigate any report of a "medical incident" and settle any "claim" or "suit" that may result. But:

**(1)** The amount we will pay for "damages" is limited as described in Paragraph **E.** of this endorsement; and

**(2)** Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments – Coverages **A**, **B** And **Medical Transport Services Professional Liability**.

**b.** This insurance applies to injury only if:

**(1)** The injury is caused by a "medical incident" that takes place in the "coverage territory";

**(2)** The injury occurs during the policy period; and

**(3)** Prior to the policy period, no insured listed under Paragraph **1.** of Section **II** – Who Is An Insured and no "employee" authorized by you to give or receive notice of a "medical incident" or "claim", knew that the injury had occurred, in whole or in part. If such a listed insured or authorized "employee" knew, prior to the policy period, that the injury occurred, then any continuation, change or resumption of such injury during or after the policy period will be deemed to have been known prior to the policy period.

**c.** Injury which occurs during the policy period and was not, prior to the policy period, known to have occurred by any insured listed under Paragraph **1.** of Section **II** – Who Is An Insured or any "employee" authorized by you

MARKEL

# MARKEL INSURANCE COMPANY

## BUSINESS AUTO DECLARATIONS

POLICY NUMBER: MTA70002769-05 RENEWAL OF POLICY: MTA70002769-04

**Item One**

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)

As Per Named Insured Extension Schedule
PO Box 2414
Beckley, WV 25802

Policy Period: From 02/21/2019 to 02/21/2020, at 12:01 AM Standard Time at your mailing address shown above

FORM OF BUSINESS: ☒ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Individual ☐ Other: _____

AUDIT PERIOD (IF APPLICABLE): ☐ Annually ☐ Semi-annually ☒ Quarterly ☐ Monthly

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

**Item Two: Schedule Of Coverages And Covered Autos**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the covered auto section of the Business Auto Coverage Form next to the name of the coverage.**

| COVERAGES | COVERED AUTO | LIMIT | PREMIUM |
|---|---|---|---|
| COVERED AUTOS LIABILITY | 2,8,9 | $1,000,000 | $434,615 |
| PERSONAL INJURY PROTECTION (Or Equivalent No-fault Coverage) | | SEPARATELY STATED IN EACH PERSONAL INJURY ROTECTION ENDORSEMENT MINUS _____ DEDUCTIBLE (N/A in WA) | |
| ADDED PERSONAL INJURY PROTECTION (Or Equivalent Added No-fault Coverage) | | SEPARATELY STATED IN EACH ADDED PERSONAL INJURY PROTECTION ENDORSEMENT | |
| PROPERTY PROTECTION INSURANCE (Michigan only) | | SEPARATELY STATED IN THE PROPERTY PROTECTION INSURANCE ENDORSEMENT MINUS _____ DEDUCTIBLE FOR EACH ACCIDENT | |
| AUTO MEDICAL PAYMENTS | 2 | $5,000 EACH INSURED | $7,499 |
| MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only) | | SEPARATELY STATED IN THE MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT | |
| UNINSURED MOTORISTS | 2 | See Schedule | $7,500 |
| UNDERINSURED MOTORISTS (When Not Included In Uninsured Motorists Coverage) | 2 | $75,000 | $17,649 |
| PHYSICAL DAMAGE COMPREHENSIVE COVERAGE | 7 | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS See Schedule DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See Item Four for Hired or Borrowed Autos. | $13,232 |
| PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE | | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS See Schedule DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See Item Four for Hired or Borrowed Autos. | |
| PHYSICAL DAMAGE COLLISION COVERAGE | 7 | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS See Schedule DEDUCTIBLE FOR EACH COVERED AUTO. See Item Four for Hired or Borrowed Autos. | $82,283 |
| PHYSICAL DAMAGE TOWING AND LABOR | See MCA1207 | See MCA1207 FOR EACH DISABLEMENT OF A PRIVATE PASSENGER AUTO | Incl. in MCA1207 |
| | | | |
| | | PREMIUM FOR ENDORSEMENTS | $3,975.00 |
| | | * ESTIMATED TOTAL PREMIUM | $571,977.31 |

*This policy may be subject to final Audit

Client#: 691233 14JANCAAMB

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/23/2018

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 any rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER | CONTACT NAME: Pennie Preston | |
|---|---|---|
| BB&T Insurance Services, Inc.<br>4951 Forsyth Rd., 1st Floor<br>Macon, GA 31210<br>478 405-4200 | PHONE (A/C, No, Ext): 478 405-4184 | FAX (A/C, No): 866 275-7980 |
| | E-MAIL ADDRESS: ppreston@bbandt.com | |

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Markel Insurance Company | 38970 |
| INSURER B : RSUI Indemnity Company | 22314 |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

INSURED
Jan-Care Ambulance Service, Inc.
J. Todd Cornett, Vice President
PO Box 2414
Beckley, WV 25802

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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | MTK7000276904 | 02/21/2018 | 02/21/2019 | EACH OCCURRENCE | $1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $1,000,000 |
| | | | | | | | MED EXP (Any one person) | $10,000 |
| | | | | | | | PERSONAL & ADV INJURY | $1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $2,000,000 |
| | POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $2,000,000 |
| | OTHER: | | | | | | | $ |
| A | AUTOMOBILE LIABILITY | | | MTA7000276904 | 02/21/2018 | 02/21/2019 | COMBINED SINGLE LIMIT (Ea accident) | $1,000,000 |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | X OWNED AUTOS ONLY; SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | X HIRED AUTOS ONLY; X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| A | X UMBRELLA LIAB X OCCUR | | | MTU7000276904 | 02/21/2018 | 02/21/2019 | EACH OCCURRENCE | $2,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $2,000,000 |
| | DED X RETENTION $10,000 | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | BB&T DOES NOT PROVIDE | | | PER STATUTE OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A | | | | | | E.L. EACH ACCIDENT | $ |
| | (Mandatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| B | Excess Umbrella | | | NHA082181 | 02/21/2018 | 02/21/2019 | $3,000,000 w/$3M Agg | |
| A | Professional Liability | | | MTK7000276904 | 02/21/2018 | 02/21/2019 | $1,000,000<br>$2,000,000 Aggregate | |

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

** Supplemental Name **

Note: Supplemental Name applies to all policies - Jan-Care Ambulance Service Inc.

Policy# MTK7000276904 - : Jan-Care Ambulance of Nicholas County, Inc.

Policy# MTK7000276904 - : Jan-Care Ambulance of Fayette County, Inc.

Policy# MTK7000276904 - : Jan-Care Ambulance of Raleigh County, Inc.

(See Attached Descriptions)

CERTIFICATE HOLDER

Access on Time
3210 Lake Emma Road
Suite 3090
Lake Mary, FL

CANCELLATION

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

AUTHORIZED REPRESENTATIVE







PGP

## DESCRIPTIONS (Continued from Page 1)

Policy# MTK7000276904 - : Jan-Care Ambulance of Wyoming County, Inc.
Policy# MTK7000276904 - : Jan-Care Ambulance of McDowell County, Inc.
Policy# MTK7000276904 - : Jan-Care Ambulance of North Central WVA, Inc.
Policy# MTK7000276904 - : Jan-Care Ambulance of Maintenance and Supply, Inc.
Policy# MTK7000276904 - : Jan-Care Ambulance of Tri-State, Inc.
Policy# MTK7000276904 - : General Emergency Medical Services
Policy# MTK7000276904 - : Jan Care Ambulance of the Kanawha and Mid Ohio Valley, Inc.
Policy# MTK7000276904 - : JanCare Ambulance Service of The Southeast
Policy# MTU7000276904 - : Jan-Care Ambulance of Nicholas County, Inc.
Policy# MTU7000276904 - : Jan-Care Ambulance of Fayette County, Inc.
Policy# MTU7000276904 - : Jan-Care Ambulance of Raleigh County, Inc.
Policy# MTU7000276904 - : Jan-Care Ambulance of Wyoming County, Inc
Policy# MTU7000276904 - : Jan-Care Ambulance of McDowell County, Inc.
Policy# MTU7000276904 - : Jan-Care Ambulance of North Central WVA, Inc.
Policy# MTU7000276904 - : Jan-Care Ambulance of Maintenance and Supply, Inc.
Policy# MTU7000276904 - : Jan-Care Ambulance of Tri-State Inc.
Policy# MTU7000276904 - : General Emergency Medical Services
Policy# MTU7000276904 - : Jan-Care Ambulance of the Kanawha and Mid Ohio Valley, Inc.
Policy# MTU7000276904 - : JanCare Ambulance Service of The Southeast
Policy# NHA082181 - : Jan-Care Ambulance of Nicholas County, Inc.
Policy# NHA082181 - : Jan-Care Ambulance of Fayette County, Inc.
Policy# NHA082181 - : Jan-Care Ambulance of Raleigh County, Inc.
Policy# NHA082181 - : Jan-Care Ambulance of Wyoming County, Inc.
Policy# NHA082181 - : Jan-Care Ambulance of McDowell County, Inc.
Policy# NHA082181 - : Jan-Care Ambulance of North Central WVA,Inc.
Policy# NHA082181 - : Jan-Care Ambulance Maintenance and Supply, Inc.
Policy# NHA082181 - : Jan-Care Ambulance of Tri State, Inc.
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Policy# NHA082181 - : JanCare Ambulance Service of The Southeast
Policy# MTA7000276904 - : Jan-Care Ambulance of Nicholas County, Inc.
Policy# MTA7000276904 - : Jan-Care Ambulance of Fayette County, Inc.
Policy# MTA7000276904 - : Jan-Care Ambulance of Raleigh County, Inc.
Policy# MTA7000276904 - : Jan-Care Ambulance of Wyoming County, Inc.
Policy# MTA7000276904 - : Jan-Care Ambulance of McDowell County, Inc.
Policy# MTA7000276904 - : Jan-Care Ambulance of North Central WVA, Inc
Policy# MTA7000276904 - : Jan-Care Ambulance of Maintenance and Supply, Inc.
Policy# MTA7000276904 - : Jan-Care Ambulance of Tri-State, Inc.
Policy# MTA7000276904 - : General Emergency Medical Services
Policy# MTA7000276904 - : Jan-Care Ambulance of the Kanawha and Mid Ohio Valley, Inc.
Policy# MTA7000276904 - : Jan-Care Ambulance Service of The Southeast

2016

**JAN-CARE AMBULANCE, INC. AND AFFILIATES**
**DETAILS OF COMBINED STATEMENTS OF REVENUES & EXPENSES**
**For The Twelve Months Ended December 31, 2016 and 2015**
**Modified Cash Basis**

| | Jan-Care Ambulance, Inc. | Jan-Care Ambulance of Raleigh County, Inc. | Jan-Care Ambulance of Fayette County, Inc. | Jan-Care Ambulance of Nicholas County, Inc. | Jan-Care Ambulance of Wyoming County, Inc. | Jan-Care Ambulance of McDowell County, Inc. | Jan-Care Ambulance of N. Central WV, Inc. | Jan-Care Ambulance Tri-State Division, Inc. | Jan-Care Maintenance & Supply, Inc. | General Emergency Medical Services, Inc. | Jan-Care Kanawha & Mid-Ohio Valleys, Inc. | Eliminations | 2016 Total | 12/31/2015 Totals |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Revenue** | | | | | | | | | | | | | | |
| Management fees | $ 10,398,919 | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ (10,398,919) | $ 0 | $ - |
| Maintenance fees | - | - | - | - | - | - | - | - | 666,000 | - | - | (666,000) | - | - |
| Sweep Adjustment | 7,927 | - | - | - | - | - | - | - | - | - | - | - | 7,927 | 1,384 |
| Private Pay | - | 1,915,772 | 741,214 | 524,642 | 334,596 | 106,471 | 1,276,432 | 147,089 | - | 654,957 | 295,020 | - | 5,996,194 | 5,816,156 |
| UMWA | - | 416,281 | 166,234 | 56,989 | 163,324 | 89,677 | 45,546 | 11,045 | - | 198,754 | 39,042 | - | 1,186,892 | 1,267,421 |
| Medicaid | - | 1,722,366 | 702,710 | 365,621 | 362,713 | 201,529 | 750,162 | 325,023 | - | 667,823 | 491,945 | - | 5,589,891 | 5,163,237 |
| Medicare | - | 2,963,331 | 1,386,285 | 751,966 | 549,479 | 296,639 | 2,078,227 | 701,125 | - | 1,385,014 | 1,178,986 | - | 11,291,052 | 11,075,064 |
| VA | - | 1,135,398 | 193,729 | 229,695 | 170,044 | 32,009 | 2,198,723 | 1,861,703 | - | 400,247 | 636,254 | - | 6,858,802 | 6,120,435 |
| PPS - Nursing Homes | - | 172,343 | 96,772 | 24,110 | 10,783 | 300 | 480,251 | 142,491 | - | 139,085 | 546,806 | - | 1,612,941 | 1,486,134 |
| Hospitals | - | 11,477 | 39,336 | 7,767 | 75 | 988 | 156,855 | 3,313 | - | 36,787 | 4,964 | - | 261,560 | 435,307 |
| Trip Refunds | (5,239) | (80,025) | (27,761) | (25,305) | (11,238) | (2,236) | (67,592) | (22,218) | - | (36,271) | (27,023) | - | (304,908) | (462,659) |
| **Total Revenues** | 10,401,607 | 8,256,943 | 3,298,518 | 1,935,485 | 1,579,775 | 725,376 | 6,919,603 | 3,169,574 | 666,000 | 3,446,395 | 3,165,995 | (11,064,919) | 32,500,351 | 30,902,479 |
| **Operating Expenses** | | | | | | | | | | | | | | |
| Salaries and benefits | 5,414,601 | 4,037,188 | 2,291,872 | 982,553 | 1,169,688 | 384,291 | 2,564,970 | 1,740,243 | 637,734 | 1,609,263 | 1,098,441 | - | 21,930,844 | 20,693,205 |
| Depreciation and amortization | 334,582 | 308,869 | 12,589 | 24,807 | 26,884 | 0 | 85,570 | 43,710 | 13,939 | 46,427 | 23,198 | - | 920,574 | 884,134 |
| Other direct costs | 738,216 | 828,810 | 310,072 | 194,728 | 178,229 | 119,040 | 750,342 | 325,823 | - | 399,304 | 468,095 | (868,000) | 3,646,859 | 3,441,681 |
| General and administrative | 3,991,699 | 276,888 | 171,752 | 44,362 | 52,700 | 104,145 | 243,471 | 71,221 | 97,382 | 117,066 | 109,896 | - | 5,280,583 | 5,035,089 |
| Management fees | - | 2,573,536 | 516,000 | 688,000 | 152,000 | 65,783 | 3,301,622 | 970,271 | - | 1,330,581 | 801,146 | (10,398,919) | 0 | - |
| **Total Operating Expenses** | 10,479,098 | 8,025,290 | 3,302,284 | 1,934,449 | 1,579,501 | 673,239 | 6,945,976 | 3,151,270 | 749,055 | 3,502,641 | 2,500,777 | (11,064,919) | 31,778,661 | 30,054,109 |
| **Excess Revenue (Expense) From Operations** | (77,491) | 231,653 | (3,766) | 1,036 | 274 | 52,137 | (26,373) | 18,304 | (83,055) | (56,246) | 665,218 | - | 721,690 | 848,370 |
| **Other Income (Expense)** | | | | | | | | | | | | | | |
| Interest income | 82 | 82 | 101 | 35 | 5 | 5 | 101 | 82 | 84 | - | - | - | 577 | 46 |
| Dividend income | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Miscellaneous income | 25,527 | - | - | - | - | - | - | - | 62,793 | - | - | - | 88,320 | 103,248 |
| Gain (Loss) on sale of assets | - | 10,500 | - | - | - | - | - | - | - | - | - | - | 10,500 | 21,336 |
| Rental income | 30,466 | - | - | - | - | - | - | - | - | - | - | - | 30,466 | 26,100 |
| **Total Other Income (Expense)** | 56,076 | 10,582 | 101 | 35 | 5 | 5 | 101 | 82 | 62,877 | - | - | - | 129,863 | 150,730 |
| **Excess Revenue (Expense)** | $ (21,415) | $ 242,235 | $ (3,665) | $ 1,070 | $ 279 | $ 52,142 | $ (26,271) | $ 18,386 | $ (20,178) | $ (56,246) | $ 665,218 | $ - | $ 851,554 | $ 999,100 |

See accountant's compilation report.

2017

**JAN-CARE AMBULANCE, INC. AND AFFILIATES**
**DETAILS OF COMBINED STATEMENTS OF REVENUES & EXPENSES**
**For The Twelve Months Ended December 31, 2017 and 2016**
**Modified Cash Basis**

| | Jan-Care Ambulance, Inc. | Jan-Care Ambulance of Raleigh County, Inc. | Jan-Care Ambulance of Fayette County, Inc. | Jan-Care Ambulance of Nicholas County, Inc. | Jan-Care Ambulance of Wyoming County, Inc. | Jan-Care Ambulance of McDowell County, Inc. | Jan-Care Ambulance of N. Central WV, Inc. | Jan-Care Ambulance Tri-State Division, Inc. | Jan-Care Maintenance & Supply, Inc. | General Emergency Medical Services, Inc. | Jan-Care Kanawha & Mid-Ohio Valleys, Inc. | Eliminations | 2017 Total | 12/31/2016 Totals |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Revenue** | | | | | | | | | | | | | | |
| Management fees | $ 11,843,128 | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ (11,843,128) | $ (0) | $ - |
| Maintenance fees | - | - | - | - | - | - | - | - | 686,000 | - | - | (686,000) | - | - |
| Sweep Adjustment | 7,636 | - | - | - | - | - | - | - | - | - | - | - | 7,636 | 7,927 |
| Private Pay | - | 1,843,505 | 785,602 | 488,672 | 441,082 | 461,313 | 1,386,084 | 237,856 | - | 765,933 | 304,549 | - | 6,714,616 | 5,996,194 |
| UMWA | - | 497,137 | 218,643 | 70,742 | 230,766 | 948 | 283,272 | 15,784 | - | 218,785 | 30,876 | - | 1,566,954 | 1,186,892 |
| Medicaid | - | 1,926,317 | 792,759 | 369,862 | 880,283 | - | 747,325 | 310,118 | - | 779,845 | 515,810 | - | 6,122,449 | 5,569,891 |
| Medicare | - | 2,975,285 | 1,484,739 | 880,471 | 897,749 | 739,302 | 2,110,323 | 796,042 | - | 1,374,371 | 1,065,631 | - | 12,323,914 | 11,291,052 |
| VA | - | 806,424 | 130,791 | 87,205 | 145,101 | 35,004 | 1,664,093 | 1,603,358 | - | 306,591 | 528,522 | - | 5,307,089 | 6,858,802 |
| PPS - Nursing Homes | - | 133,675 | 94,395 | 37,785 | 17,344 | 18,784 | 524,298 | 204,410 | - | 142,421 | 542,826 | - | 1,715,938 | 1,612,941 |
| Hospitals | - | 24,114 | 25,625 | 10,560 | 3,921 | 104,104 | 213,432 | 31,275 | - | 23,977 | 24,006 | - | 461,013 | 261,560 |
| Trip Refunds | - | (42,799) | (18,671) | (6,573) | (4,807) | (13,404) | (75,558) | (61,147) | - | (16,439) | (24,771) | - | (264,170) | (304,908) |
| **Total Revenues** | 11,850,764 | 8,163,658 | 3,513,884 | 1,938,845 | 2,411,460 | 1,346,049 | 6,853,278 | 3,137,694 | 686,000 | 3,595,484 | 2,987,449 | (12,529,128) | 33,955,438 | 32,500,351 |
| **Operating Expenses** | | | | | | | | | | | | | | |
| Salaries and benefits | 5,827,589 | 4,042,543 | 2,296,672 | 847,755 | 1,632,833 | 757,088 | 2,593,186 | 1,896,095 | 637,701 | 1,679,880 | 1,080,860 | - | 23,292,201 | 21,930,844 |
| Depreciation and amortization | 400,223 | 302,042 | 305 | 24,807 | 26,454 | 0 | 89,770 | 43,710 | 5,019 | 44,725 | 162,622 | - | 1,099,678 | 920,574 |
| Other direct costs | 770,739 | 771,260 | 270,231 | 165,218 | 189,824 | 108,370 | 732,672 | 353,411 | - | 347,491 | 441,956 | (686,000) | 3,465,171 | 3,646,659 |
| General and administrative | 3,999,180 | 304,377 | 169,253 | 44,960 | 103,020 | 138,713 | 292,145 | 86,998 | 92,209 | 104,083 | 122,006 | - | 5,454,940 | 5,280,583 |
| Management fees | - | 2,936,313 | 837,000 | 937,000 | 335,000 | 337,043 | 3,047,732 | 797,000 | - | 1,464,393 | 1,151,647 | (11,843,128) | (0) | - |
| **Total Operating Expenses** | 10,997,731 | 8,356,535 | 3,573,461 | 2,019,739 | 2,287,129 | 1,339,215 | 6,755,504 | 3,177,212 | 734,929 | 3,640,571 | 2,959,091 | (12,529,128) | 33,311,991 | 31,778,660 |
| **Excess Revenue (Expense) From Operations** | 853,033 | (192,877) | (59,577) | (80,895) | 124,331 | 6,834 | 97,774 | (39,518) | (48,929) | (45,087) | 28,358 | - | 643,447 | 721,691 |
| **Other Income (Expense)** | | | | | | | | | | | | | | |
| Interest income | 8 | 8 | 9 | 6 | 5 | 5 | 9 | 8 | 10 | - | - | - | 68 | 577 |
| Dividend income | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Miscellaneous income | 11,249 | - | - | - | - | - | - | - | 48,878 | - | - | - | 60,127 | 88,320 |
| Gain (Loss) on sale of assets | - | 16,303 | - | - | - | - | - | - | - | - | - | - | 16,303 | 10,500 |
| Rental income | 34,129 | - | - | - | - | - | - | - | - | - | - | - | 34,129 | 30,466 |
| **Total Other Income (Expense)** | 45,386 | 16,311 | 9 | 6 | 5 | 5 | 9 | 8 | 48,888 | - | - | - | 110,627 | 129,863 |
| **Excess Revenue (Expense)** | $ 898,419 | $ (176,566) | $ (59,568) | $ (80,888) | $ 124,336 | $ 6,839 | $ 97,783 | $ (39,510) | $ (41) | $ (45,087) | $ 28,358 | $ - | $ 754,074 | $ 851,554 |

See accountant's compilation report.

2018

**JAN-CARE AMBULANCE, INC. AND AFFILIATES**
**DETAILS OF COMBINED STATEMENTS OF REVENUES & EXPENSES**
**For The Twelve Months Ended December 31, 2018 and 2017**
**Modified Cash Basis**

| | Jan-Care Ambulance, Inc. | Jan-Care Ambulance of Raleigh County, Inc. | Jan-Care Ambulance of Fayette County, Inc. | Jan-Care Ambulance of Nicholas County, Inc. | Jan-Care Ambulance of Wyoming County, Inc. | Jan-Care Ambulance of McDowell County, Inc. | Jan-Care Ambulance of N. Central WV, Inc. | Jan-Care Ambulance Tri-State Division, Inc. | Jan-Care Maintenance & Supply, Inc. | General Emergency Medical Services, Inc. | Jan-Care Kanawha & Mid-Ohio Valleys, Inc. | Eliminations | 2018 Total | 12/31/2017 Totals |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Revenue** | | | | | | | | | | | | | | |
| Management fees | $ 11,275,869 | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ (11,275,869) | $ 0 | $ - |
| Maintenance fees | - | - | - | - | - | - | - | - | 648,000 | - | - | (648,000) | - | - |
| Sweep Adjustment | (1,318) | - | - | - | - | - | - | - | - | - | - | - | (1,318) | 7,636 |
| Private Pay | - | 1,976,145 | 714,783 | 417,534 | 513,204 | 668,558 | 818,774 | 176,770 | - | 638,531 | 335,344 | - | 6,259,644 | 6,714,616 |
| UMWA | - | 592,677 | 207,970 | 73,651 | 262,530 | 15,404 | 123,675 | 8,572 | - | 233,240 | 16,419 | - | 1,534,138 | 1,566,954 |
| Medicaid | - | 1,784,883 | 805,044 | 356,119 | 731,603 | 207 | 480,030 | 376,628 | - | 783,751 | 785,028 | - | 6,063,292 | 6,122,449 |
| Medicare | - | 3,233,498 | 1,371,223 | 773,673 | 1,082,421 | 1,145,896 | 1,293,950 | 952,633 | - | 1,371,690 | 1,190,776 | - | 12,415,759 | 12,323,914 |
| VA | - | 991,912 | 135,327 | 225,717 | 197,487 | 38,688 | 1,737,557 | 1,301,389 | - | 307,730 | 494,638 | - | 5,430,425 | 5,307,089 |
| PPS - Nursing Homes | - | 120,625 | 89,573 | 23,313 | 15,758 | 196,233 | 469,559 | 231,014 | - | 135,824 | 593,710 | - | 1,875,609 | 1,715,938 |
| Hospitals | - | 18,398 | 24,383 | 11,990 | 3,412 | 304,657 | 195,025 | 6,723 | - | 22,944 | 27,848 | - | 615,379 | 461,013 |
| Trip Refunds | - | (56,338) | (18,434) | (10,928) | (18,131) | (44,948) | (101,374) | (71,309) | - | (20,491) | (50,008) | - | (389,961) | (264,170) |
| **Total Revenues** | 11,274,552 | 8,662,000 | 3,331,868 | 1,871,069 | 2,788,283 | 2,324,675 | 4,997,197 | 2,982,419 | 648,000 | 3,473,219 | 3,373,754 | (11,923,869) | 33,803,188 | 33,965,439 |
| **Operating Expenses** | | | | | | | | | | | | | | |
| Salaries and benefits | 6,026,643 | 4,379,917 | 2,501,642 | 904,433 | 1,785,963 | 1,015,805 | 2,206,448 | 1,569,801 | 573,513 | 1,450,196 | 1,315,038 | - | 23,729,400 | 23,292,201 |
| Depreciation and amortization | 603,996 | 255,468 | 1,314 | 24,807 | 23,932 | 0 | 117,442 | 43,711 | 8,854 | 41,917 | 202,284 | - | 1,321,722 | 1,089,678 |
| Other direct costs | 692,062 | 787,517 | 271,721 | 160,125 | 183,352 | 105,128 | 737,653 | 350,071 | 300 | 343,416 | 469,697 | (648,000) | 3,453,040 | 3,465,171 |
| General and administrative | 3,909,242 | 415,877 | 170,115 | 56,142 | 96,221 | 112,445 | 396,362 | 87,568 | 124,308 | 121,776 | 152,261 | - | 5,642,317 | 5,454,940 |
| Management fees | - | 2,972,374 | 347,000 | 744,000 | 712,000 | 1,093,291 | 1,602,298 | 975,110 | - | 1,494,552 | 1,335,144 | (11,275,869) | 0 | - |
| **Total Operating Expenses** | 11,231,943 | 8,811,151 | 3,291,792 | 1,889,506 | 2,801,468 | 2,326,669 | 5,060,203 | 3,026,261 | 704,975 | 3,451,956 | 3,474,424 | (11,923,869) | 34,146,479 | 33,311,990 |
| **Excess Revenue (Expense) From Operations** | 42,609 | (149,150) | 40,076 | (18,437) | (13,185) | (1,994) | (63,006) | (43,842) | (56,975) | 21,262 | (100,670) | - | (343,311) | 643,449 |
| **Other Income (Expense)** | | | | | | | | | | | | | | |
| Interest Income | 6 | 8 | 6 | 8 | 6 | 6 | 6 | 6 | 8 | - | - | - | 57 | 88 |
| Dividend Income | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Miscellaneous Income | 17,640 | - | - | - | 30 | - | - | - | 57,131 | - | - | - | 74,801 | 60,127 |
| Gain (Loss) on sale of assets | 27,175 | 21,335 | 19,826 | - | - | - | - | - | - | - | - | - | 68,336 | 16,303 |
| Rental Income | 36,278 | - | - | - | - | - | - | - | - | - | - | - | 36,278 | 34,129 |
| **Total Other Income (Expense)** | 81,099 | 21,341 | 19,832 | 8 | 36 | 6 | 6 | 6 | 57,139 | - | - | - | 179,471 | 110,627 |
| **Excess Revenue (Expense)** | $ 123,708 | $ (127,810) | $ 59,908 | $ (18,431) | $ (13,149) | $ (1,988) | $ (62,999) | $ (43,836) | $ 164 | $ 21,262 | $ (100,670) | $ - | $ (163,840) | $ 754,076 |

See accountant's compilation report.

Additional Documentation.

# DEPARTMENT OF HEALTH AND HUMAN SERVICES
# DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

February 8, 2017

Jan-Care Ambulance of the Southeast, Inc.
Jerry L. Long
PO Box 2414
Beckley, WV 25801

Re: Provider License Approval #1881

Dear Mr. Long:

The provider license application for Jan-Care Ambulance of the Southeast, Inc. to operate as a licensed emergency medical service provider has been approved. License #1881 has been approved through February 28, 2023. According to our records, Jan-Care Ambulance of the Southeast, Inc. is affiliated with the Durham County EMS System. Please review the enclosed license to ensure that the information is correct. It should be permanently displayed at the primary provider base. Photocopies of the license are acceptable to display in satellite and/or other locations.

If you have any questions, please contact your local Office of Emergency Medical Services regional specialist.

Sincerely,

Tom Mitchell, Chief
North Carolina Office of Emergency Medical Services

cc: Wendell Davis, Durham County Manager
Susan M. Schreffler, Durham County Medical Director
Skip Kirkwood, Durham County System Administrator
Wally Ainsworth, NCOEMS Central Regional Manager
Anthony Davis, NCOEMS Systems Specialist

# State of North Carolina

Office of Emergency Medical Services

Medical Care Commission

**Department of Health and Human Services**
**Division of Health Service Regulation**

Having met the requirements of North Carolina General Statute 131E-155.1 and the rules of the North Carolina Medical Care Commission for the licensing of EMS Agencies,

## JAN-CARE AMBULANCE OF THE SOUTHEAST, INC.

is hereby issued an

## *EMS Agency License*

**This License, Number 1881, expires the last day of February, 2023.**

Office of Emergency Medical Services

Medical Care Commission

# 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

**APPLICATION FOR CERTIFICATE OF AUTHORITY**

**OF**

**JAN-CARE AMBULANCE OF MCDOWELL COUNTY, INC.**

the original of which was filed in this office on the 22nd day of December, 2016.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 22nd day of December, 2016.

Elaine F. Marshall

**Secretary of State**

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

**Give Form to the requester. Do not send to the IRS.**

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Jan-Care Ambulance of McDowell County, Inc

2 Business name/disregarded entity name, if different from above
DBA Jan-Care Ambulance Service of the Southeast, Inc

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.
Po Box 2414, 117 South Fayette St

Requester's name and address (optional)

6 City, state, and ZIP code
Beckley, WV 25801

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**
[ ][ ][ ] – [ ][ ] – [ ][ ][ ][ ]

or

**Employer identification number**
5 5 – 0 7 5 4 5 1 7

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** Signature of U.S. person ▶ [signature] Date ▶ 1/1/2019

# General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See* What is backup withholding, *later.*

# Jan-Care Ambulance of the Southeast, Inc. — Employee Roster — 11-04-2019

| | | |
|---|---|---|
| Joseph T Cornett II | P118812 | EMS Technician,Agency Primary Contact |
| Paul Joseph Seamann | P119084 | Administrator,Training Ofc,Secondary Contact |
| *Edgar Stuart Cornett* | | *Medical Director* |

**71**

| | NAME | ST OFC USER ID | JOB TITLE(S) | CERTIFICATION | EXP.DATE | EMPLOYMENT STATUS |
|---|---|---|---|---|---|---|
| 1 | Jeremy D Boudah | P094832 | EMS Technician | Paramedic | 09/30/2023 | Full Time Paid Employee |
| 1 | Nathan H Coleman | P517608 | EMS Technician | Paramedic | 03/31/2021 | Part Time Paid Employee |
| 1 | Tracey J Corbin | P118813 | EMS Technician | Paramedic | *03/31/2018* | Full Time Paid Employee |
| 1 | Christina M Edward | P079334 | EMS Technician | Paramedic | 11/30/2022 | Full Time Paid Employee |
| 1 | Robert Anthony Edward | P094932 | EMS Technician | Paramedic | 11/30/2022 | Full Time Paid Employee |
| 1 | Amanda Marie Haney | P509583 | EMS Technician | Paramedic | 03/31/2021 | Full Time Paid Employee |
| 1 | Roger L Johnson II | P118456 | EMS Technician | Paramedic | 03/31/2021 | Full Time Paid Employee |
| 1 | Gregory P Kelly | P116580 | EMS Technician | Paramedic | 06/30/2022 | Full Time Paid Employee |
| 1 | Dylan Kingsolver | P116288 | EMS Technician | Paramedic | 06/30/2022 | Full Time Paid Employee |
| 1 | Torin M Laffredo | P121899 | EMS Technician | Paramedic | 05/31/2023 | Full Time Paid Employee |
| 1 | Cody M Lauterbach | P125624 | EMS Technician | Paramedic | 11/30/2022 | Part Time Paid Employee |
| 1 | Jerry L Long | P118811 | Administrator | Paramedic | 03/31/2021 | Full Time Paid Employee |
| 1 | Sabrina S May | P517648 | EMS Technician | Paramedic | 03/31/2023 | Part Time Paid Employee |
| 1 | Tonya L Morris | P118816 | EMS Technician | Paramedic | 03/31/2021 | Full Time Paid Employee |
| 1 | Megan Perry | P110588 | EMS Technician | Paramedic | 09/30/2023 | Full Time Paid Employee |
| 1 | Amanda C Robbins | P048110 | EMS Technician | Paramedic | 09/30/2022 | Full Time Paid Employee |
| 1 | Peter James Stoddard | P095149 | EMS Technician | Paramedic | 01/31/2023 | Full Time Paid Employee |
| 1 | Anthony W Wilcox | P023515 | EMS Technician | Paramedic | 03/31/2022 | Full Time Paid Employee |
| 1 | Peter B Yohe | P031981 | EMS Technician | Paramedic | 05/31/2023 | Full Time Paid Employee |

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|---|---|---|---|---|---|---|
| 1 | Jessica Aldridge | P120047 | EMS Technician | Emergency Medical Technician | 07/31/2021 | Full Time Paid Employee |
| 1 | Ryan Connor Allen | P509806 | EMS Technician | Emergency Medical Technician | 12/31/2022 | Full Time Paid Employee |
| 1 | Shaliny Ambroise | P519487 | EMS Technician | Emergency Medical Technician | 08/31/2023 | Part Time Paid Employee |
| 1 | Marsha R Baldwin | P022912 | EMS Technician | Emergency Medical Technician | 05/31/2023 | Full Time Paid Employee |
| 1 | Cameron Nicole Bollinger | P108970 | EMS Technician | Emergency Medical Technician | 06/30/2020 | Full Time Paid Employee |
| 1 | Alen Bosnic | P502160 | EMS Technician | Emergency Medical Technician | 03/31/2020 | Full Time Paid Employee |
| 1 | Tiffany Renee Bowling | P514745 | EMS Technician | Emergency Medical Technician | 05/31/2023 | Full Time Paid Employee |
| 1 | DIANA L. Brisson | P074884 | EMS Technician | Emergency Medical Technician | 09/30/2022 | Part Time Paid Employee |
| 1 | Sarah L Buck | P119532 | EMS Technician | Emergency Medical Technician | 07/31/2021 | Part Time Paid Employee |
| 1 | Nolan Richard Butler | P507996 | EMS Technician | Emergency Medical Technician | 08/31/2022 | Full Time Paid Employee |
| 1 | Cassia Lea Campbell | P502208 | EMS Technician | Emergency Medical Technician | 07/31/2022 | Full Time Paid Employee |
| 1 | Camelia Carr | P514265 | EMS Technician | Emergency Medical Technician | 06/30/2023 | Full Time Paid Employee |
| 1 | Rachel A Cornett | P118824 | EMS Technician | Emergency Medical Technician | 03/31/2022 | Full Time Paid Employee |
| 1 | Richard L Cornett III | P120379 | EMS Technician | Emergency Medical Technician | 12/31/2021 | Part Time Paid Employee |
| 1 | Kaitlyn N Daniel | P109678 | EMS Technician | Emergency Medical Technician | 07/31/2020 | Full Time Paid Employee |
| 1 | Regis Evans | P121246 | EMS Technician | Emergency Medical Technician | 07/31/2021 | Full Time Paid Employee |
| 1 | Mostafa Gabr | P110313 | EMS Technician | Emergency Medical Technician | 01/31/2021 | Part Time Paid Employee |

| | | |
|---|---|---|
| Emergency Medical Technician | 12/31/2021 | FT Paid Emp,FT Paid Emp |
| Paramedic | 03/31/2022 | FT Paid Emp,FT Emp,FT Emp |

| | NAME | ST OFC USER ID | JOB TITLE(S) | CERTIFICATION | EXP.DATE | EMPLOYMENT STATUS |
|---|---|---|---|---|---|---|
| 1 | DeErica Essence Graham-Jackson | P509640 | EMS Technician | Emergency Medical Technician | 01/31/2023 | Full Time Paid Employee |
| 1 | Edwin J Hayes Jr | P037058 | EMS Technician | Emergency Medical Technician | 06/30/2020 | Full Time Paid Employee |
| 1 | Dias Hubbard | P507237 | EMS Technician | Emergency Medical Technician | 10/31/2022 | Part Time Paid Employee |
| 1 | Justin J Jarrett | P117163 | EMS Technician | Emergency Medical Technician | 05/31/2021 | Full Time Paid Employee |
| 1 | Lauren Spencer Johnson | P514505 | EMS Technician | Emergency Medical Technician | 05/31/2023 | Full Time Paid Employee |
| 1 | Christopher Taylor Jowdy | P519158 | EMS Technician | Emergency Medical Technician | 08/31/2023 | Full Time Paid Employee |
| 1 | Peter Kallir | P118361 | EMS Technician | Emergency Medical Technician | 07/31/2021 | Part Time Paid Employee |
| 1 | Benjamin William Kammerzell | P516527 | EMS Technician | Emergency Medical Technician | 03/31/2021 | Full Time Paid Employee |
| 1 | James Odell King | P507009 | EMS Technician | Emergency Medical Technician | 08/31/2022 | Part Time Paid Employee |
| 1 | Thomas M King Jr. | P112509 | EMS Technician | Emergency Medical Technician | 06/30/2020 | Full Time Paid Employee |
| 1 | Christopher A Ly | P115896 | EMS Technician | Emergency Medical Technician | 08/31/2020 | Full Time Paid Employee |
| 1 | Isaias Luke Martinez | P518731 | EMS Technician | Emergency Medical Technician | 09/30/2023 | Full Time Paid Employee |
| 1 | Ryne William Maynor | P511342 | EMS Technician | Emergency Medical Technician | 04/30/2023 | Part Time Paid Employee |
| 1 | Kierdre Sherrell McFadden | P515059 | EMS Technician | Emergency Medical Technician | 10/31/2023 | Full Time Paid Employee |
| 1 | Dana H McGiffin | P510529 | EMS Technician | Emergency Medical Technician | 03/31/2023 | Full Time Paid Employee |
| 1 | Alan J McNamara | P001747 | EMS Technician | Emergency Medical Technician | 06/30/2020 | Full Time Paid Employee |
| 1 | Josh N Miller | P110918 | EMS Technician | Emergency Medical Technician | 01/31/2023 | Full Time Paid Employee |
| 1 | Richard Lee Pallugna | P517523 | EMS Technician | Emergency Medical Technician | 05/31/2023 | Full Time Paid Employee |
| 1 | Chynna A Parsons | P118450 | EMS Technician | Emergency Medical Technician | 12/31/2021 | Full Time Paid Employee |
| 1 | McKenzi Pierce | P121983 | EMS Technician | Emergency Medical Technician | 07/31/2021 | Full Time Paid Employee |
| 1 | Destinie Pittman | P511550 | EMS Technician | Emergency Medical Technician | 03/31/2021 | Full Time Paid Employee |
| 1 | Kari Lynn Reed | P515704 | EMS Technician | Emergency Medical Technician | 07/31/2023 | Full Time Paid Employee |
| 1 | Francisco Reyes | P518687 | EMS Technician | Emergency Medical Technician | 08/31/2023 | Part Time Paid Employee |
| 1 | David Richmond | P119329 | Administrator,EMS Technician | Emergency Medical Technician | 12/31/2020 | FT Paid Emp,PT Paid Emp |
| 1 | Lori A Rogers | P119401 | EMS Technician | Emergency Medical Technician | 01/31/2022 | Full Time Paid Employee |
| 1 | Ricardo Antonio Rojas | P522408 | EMS Technician | Emergency Medical Technician | 06/30/2020 | Part Time Paid Employee |
| 1 | Hunter Stopenhagen | P523762 | EMS Technician | Emergency Medical Technician | 03/31/2020 | Full Time Paid Employee |
| 1 | Graham N Susat | P124657 | EMS Technician | Emergency Medical Technician | 04/30/2022 | Full Time Paid Employee |
| 1 | Michael D Thomas | P119087 | EMS Technician | Emergency Medical Technician | 12/31/2020 | Full Time Paid Employee |
| 1 | Matthew Tompkins | P104618 | EMS Technician | Emergency Medical Technician | 12/31/2020 | Full Time Paid Employee |
| 1 | John Ronald Tripp | P518683 | EMS Technician | Emergency Medical Technician | 08/31/2023 | Part Time Paid Employee |
| 1 | Lauren Marie Willey | P112556 | EMS Technician | Emergency Medical Technician | 05/31/2020 | Part Time Paid Employee |
| 1 | Annie Yang | P516191 | EMS Technician | Emergency Medical Technician | 08/31/2023 | Full Time Paid Employee |
| 1 | Ashley Young | P122075 | EMS Technician | Emergency Medical Technician | 10/31/2021 | Full Time Paid Employee |
| | **51** | | | | | |
| 1 | Rusty K Edward | P102012 | EMS Technician | Advanced Emerg Medical Technician | 01/31/2020 | Full Time Paid Employee |
| | **1** | | | | | |