

### Ambulance Permit Renewal Check List—2023/2024

Vendor	Contact Person
Arcata Ambulance	Doug Boileau

Item	Yes	No	Other
Completed signed renewal application form	X		
Copy of, or description of Applicant's policy or program for vehicle maintenance	X		
List or description of Applicant's radio equipment	X		
Valid California Highway Patrol inspection report for each ground ambulance	X		
Applicant's quality management practices and policies	X		
Staffing and hiring policies	X		
Organizational chart of management staff	X		
Resume of training, orientation program and experience of the Applicant in the transportation and care of patients	X		
Legible copies of current California Driver's License for each employee listed in the application.	X		
Copies of EMT Certification and/or Paramedic Licensure cards	X		
Current Fee Schedule	X		
Certificate of insurance as required by the Humboldt County Risk Manager	X		
Application fee in the amount of \$196 for each service area payable to Humboldt County	X		

<b>Specific Items for Permit Officer to Review</b>

	Yes	No	Other
<b>Permit Approved?</b>			

**Approved by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Internal document not to be released.



**County of Humboldt  
Eureka, California  
Ambulance Service Permit Renewal Application**

Pursuant to Humboldt County Code, Title V, Division 5  
Emergency Medical Services System

Applicant – DO NOT FILL OUT THIS SECTION	
Date Received:	
Application Fee of \$196.00 Received:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Proof of Liability Insurance Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Resumes Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Applicants – Please completely fill out this section and provide all requested information/verifications:**

Level of Service:  Basic Life Support  Advanced Life Support  
 Non-Emergency Transport (check all that apply)

Ambulance Service Full Name:	Arcata-Mad River Ambulance LLC		
Name of Contact Person:	Doug Boileau		
Mailing Address:	220 F Street	City/Zip Code	Arcata 95521
Physical Address:	same	City	same
Telephone/Fax Numbers	707-822-3353	E-Mail	doug.boileau@gmr.net



**County of Humboldt**  
**Eureka, California**

<b>Owner Name</b>	Reach Medical Holdings LLC				
<b>Address</b>	8880 Cal Center Dr Ste. 125.	<b>City/Zip Code</b>	Sacramento, CA 95826		
<b>Phone Number</b>	916-921-4000	<b>Fax Number</b>	916-921-4001	<b>E-Mail</b>	Sean.Russell@gmr.net



**County of Humboldt**  
**Eureka, California**

**VEHICLES:**

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant requests permission from the Permit Officer to operate the following ambulance vehicles:

<b>Year</b>	<b>Model/Make</b>	<b>Vehicle Identification Number</b>	<b>License Plate #</b>	<b>Length of Time In Use (Include current mileage shown on odometer)</b>	<b>State or Federal Aviation Agency License Number</b>	<b>Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics</b>
1. 2019	Chevrolet 3500	1GB3GRCG1K1263007	61280S2	3.75 years 110,954	2150- 16160	Blue/White
2. 2018	Chevrolet 3500	1GB3GRCG4J1264859	27680L2	4.75 years 113,857	2150- 15660	Blue/White
3. 2015	Chevrolet 3500	1GB3G2CL9F1168057	AMRA 31	6.5 years 200,279	2150- 14168	Blue/White
4. 2020	Chevrolet Express	1GB3GRC7L1269623	97746E3	2 year 44,448	2150- 17120	Blue/White
5. 2022	Ford E450	1FDXE4FN7NDC20063	16947R3	4 months 2,071	2150- 18310	Blue/White



**County of Humboldt**  
Eureka, California

Year	Model/Make	Vehicle Identification Number	License Plate #	Length of Time In Use (Include current mileage shown on odometer)	State or Federal Aviation Agency License Number	Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics
6.						
7.						
8.						
9.						
10.						



**County of Humboldt**  
**Eureka, California**

- Attach a copy, or provide a description, of Applicant's policy or program for maintenance of vehicles.
- Attach a list, or provide a description of, Applicant's radio communication equipment.
- Attach evidence of **currently valid California Highway Patrol inspection report** for each ground ambulance vehicle listed in the application.
- Applicant certifies that it has reviewed and meets the requirements set forth in Humboldt County Code, Title V, Division 5, Sections 551-5 (Standards for Ambulance Service Permit) and 551-9 (Standards for Ambulance Equipment and Operations).
- Attach copies, or provide descriptions of the following:
  - Applicant's quality management practices and policy;
  - Staffing and hiring policies;
  - Organizational chart of management staff;
  - Resume of the training, orientation program, and experience of the Applicant in the transportation and care of patients; and
  - Knowledge of and/or involvement in the Humboldt County Emergency Medical Services system.
- Attach legible copies of current California Driver's License for each employee listed above.
- Provide copies of EMT certification and/or Paramedic licensure cards.
- Applicant certifies that the individuals listed above are qualified, duly licensed and/or certified drivers, attendants, and attendant-drivers, and said individuals are currently compliant with any and all applicable training, licensing, and permitting requirements set forth by local, state, and federal law and regulations.



**County of Humboldt  
Eureka, California**

**SERVICE AREA:**

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant requests permission to allow its ambulances to provide service in the following zone(s):

<b>Zone</b>	<b>Northern Boundary</b>	<b>Eastern Boundary</b>	<b>Southern Boundary</b>	<b>Western Boundary</b>	<b>Indicate Zone(s) by Placing "X"</b>
<b>Zone 1 North</b>	Humboldt County Line	Redwood Creek Bridge Highway 299 and School House Peak on Bald Hills Road	Indianola Cutoff (includes intersections with Hwy 101 & Old Arcata Rd and up to 1699 block of Peninsula Drive (in Manila))	Pacific Ocean	X
<b>Zone 2 East</b>	Humboldt County Line	Humboldt County Line	Redwood Creek Bridge Hwy 299	School House Peak on Bald Hills Road	
<b>Zone 3 Central</b>	Indianola Cutoff (includes intersections with Hwy 101 & Old Arcata Rd and up to 1700 block of Peninsula Drive (in Manila))	Showers Pass	Hookton Road & Hwy 101	Pacific Ocean	



**County of Humboldt  
Eureka, California**

<b>Zone</b>	<b>Northern Boundary</b>	<b>Eastern Boundary</b>	<b>Southern Boundary</b>	<b>Western Boundary</b>	<b>Indicate Zone(s) by Placing "X"</b>
<b>Zone 4 South – Fortuna Sub-Zone</b>	Hookton Road & Hwy 101	Showers Pass Humboldt County Line	Dyerville Bridge & Hwy 101 & Alderpoint Blocksburg Road 7 miles South of SR 36	Pacific Ocean	
<b>Zone 4 South – Garberville Sub-Zone</b>	Dyerville Bridge & Hwy 101 & Alderpoint Blocksburg Road 7 miles South of SR 36	Humboldt County Line	Mattole/ Ettersburg Road at Ettersburg Bridge Humboldt County Line	Pacific Ocean	

**AMBULANCE SERVICE RATES:**

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant must submit a completed Rates & Schedule of charges. Upon the approval by the Board of Supervisors, these rates must remain effective and may not be amended except with the consent of, or by the order of the Board of Supervisors.

Rates & Schedule attached





**County of Humboldt**  
**Eureka, California**

**INSURANCE:**

Current proof-of-insurance certificates, indicating compliance with the requirement listed below, must be included with this application:

- A. CONTRACT SHALL NOT BE EXECUTED BY COUNTY and the CONTRACTOR is not entitled to any rights, unless certificates of insurances, or other sufficient proof that the following provisions have been complied with, and such certificate(s) are filed with the Clerk of the Humboldt County Board of Supervisors.
  
- B. CONTRACTOR shall and shall require any of its subcontractors to take out and maintain, throughout the period of this Agreement and any extended term thereof, the following policies of insurance placed with the insurers authorized to do business in California and with a current A.M. Best rating of no less than A:VII or its equivalent against injury/death to persons or damage to property which may arise from or in connection with the activities hereunder of CONTRACTOR, its agents, officers, directors, employees, licensees, invitees, assignees or subcontractors:
  1. Comprehensive or Commercial General Liability Insurance at least as broad as Insurance Services Office Commercial General Liability coverage (occurrence form CG 0001), in an amount of Two Million Dollars (\$2,000,000) per occurrence for any one (1) incident, including, personal injury, death and property damage. If a general aggregate limit is used, either the general aggregate limit shall apply separately to this project or the general aggregate shall be twice the required occurrence limit.
  2. Automobile/Motor liability insurance with a limit of liability of not less than One Million Dollars (\$1,000,000) combined single limit coverage. Such insurance shall include coverage of all "owned", "hired", and "non-owned" vehicles or coverage for "any auto."
  3. Workers Compensation as required by the Labor Code of the State of California, with Statutory Limits, and Employers Liability Insurance with limit of no less than One Million Dollars (\$1,000,000) per accident for bodily injury or disease. Said policy shall contain or be endorsed to contain a waiver of subrogation against



**County of Humboldt  
Eureka, California**

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

4. Insurance Notices must be sent to:

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

5. The Comprehensive General Liability shall provide that the COUNTY, its officers, officials, employees, representatives, agents, and volunteers, are covered as additional insured for liability arising out of the operations performed by or on behalf of CONSULTANT. The coverage shall contain no special limitations on the scope of protection afforded to the County, its officers, officials, employees, and volunteers. Said policy shall also contain a provision stating that such coverage:

- a. Includes contractual liability.
- b. Does not contain exclusions as to loss or damage to property caused by explosion or resulting from collapse of buildings or structures or property underground commonly referred to "XCU Hazards".
- c. Is primary insurance as regards to County of Humboldt.
- d. Does not contain a pro-rata, excess only, and/or escape clause.
- e. Contains a cross liability, severability of interest or separation of insureds clause.

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

**ADDITIONAL INFORMATION:**

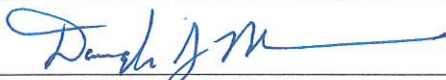
Please provide, in writing and attach, a description of the facts relied on by the Applicant in asserting that the public health, safety, welfare, convenience and necessity warrant the granting of the ambulance service permit.



**County of Humboldt  
Eureka, California**

(Information may include the ability of the Applicant to provide ambulance service within established response times for the type of vehicle operated, twenty-four (24) hours per day, seven (7) days per week, year-round; per-approval by North Coast EMS as an Advanced Life Support Provider; familiarity with Humboldt County; prior or additional relevant experience, etc.).

Additional Information statement attached

I, hereby attest that, <u>Arcata-Mad River Ambulance LLC</u> , (name of ambulance company) has obtained all licenses required by law and is in compliance with standards for providing emergency and/or non-emergency medical services as outlined in the Humboldt County Code, Title V, Division 5, Emergency Medical System, the policies established by North Coast EMS, and all other applicable state and federal law and regulations. All information provided herein is true and complete as of the date listed below.	
<b>Signature of Applicant:</b>	
<b>Printed Name and Title</b>	Douglas J. Boileau, Director
<b>Date:</b>	April 22, 2023

**Required Paperwork Checklist**

Application complete



**County of Humboldt  
Eureka, California**

- Certificate of Automobile and liability coverage
- Verification that each vehicle listed in application has been certified by the California Highway Patrol and/or the Health Officer pursuant to County Ordinance Section 551-9
- Certificate of Workers Compensation Insurance compensation coverage
- Proposed Rates & Schedule of Charges
- All requested documentation of Applicant's policies and programs (as set forth in the application) are attached and complete
- Application fee or proof of payment of application fee

## **Maintenance Policy- Ambulances**

### **DAILY**

All in service ambulances are to be inspected by the on-duty crews each day using the vehicle check out form. This daily inspection includes assessing tire status, engine oil and coolant levels and a visual inspection for any obvious defects.

Any defect, fluid leakage, or other concern will be recorded on a maintenance memo and conveyed to maintenance manager. The maintenance memo shall include the vehicle number, odometer reading, a description of the problem, and anything done to correct the problem. If any condition has been previously noted on a maintenance form, but has not been corrected, another maintenance form shall be completed (unless a notice has been distributed via email detailing the expected resolution of the problem and the operational status of the unit involved).

If any deficiency is noted that effects the operational status or safety of the vehicle, management shall be notified immediately and the vehicle placed out of service.

### **COMMUNICATION**

An email will be distributed to all field personnel any time a vehicle is removed from service or if a problem persists but in the estimation of management and the involved mechanics does not affect the operational status of the unit. An email notice will go out when a vehicle is returned to service or a known issue is resolved.

### **PREVENTATIVE MAINTENANCE**

An oil change and safety inspection performed by a qualified mechanic utilizing the Preventative Maintenance Inspection (PMI) form will be performed at predefined intervals. That PMI service will be Type A every 5,000 miles, Type B every 15,000 miles, and Type C every 30,000 miles as detailed on the PMI form.

### **SERVICE PROVIDER**

The service provider for all units for routine servicing will be Central Ave Service, 2787 Central Ave. McKinleyville, 707-839-8337.

The service provider listed above will track and record the maintenance performed and recommend additional maintenance as indicated. For vehicles covered under a manufacturer's warranty, repairs will be scheduled through the applicable dealership.





## **Radio Communication Equipment**

### **AMBULANCE**

VHF – 160 channel programmable radio. Each radio is programmed with a wide variety of channels allowing for direct communication with law enforcement, fire, and various other agencies.

UHF – MedNet programmable radio. The mednet radio is programmed for communication with all surrounding receiving hospital facilities.

### **HAND HELD RADIOS**

On-duty personnel have available to them a Kenwood portable VHF radio with 32 channels programmed like the mobile radios. The company maintains 8 of these portable radios.

### **REPEATERS**

The company maintains a VHF repeater located at Mad River Community Hospital, and VHF radios at our stations in McKinleyville and Arcata. The company also maintains a base radio on Mt. Pierce which is linked via microwave to the Cal Fire Command Center in Fortuna.

### **COMMUNICATION VENDOR**

All radio equipped has been supplied by Silke Communications. They maintain records of the specific radio equipment in service and provide maintenance and repair services.

### **LOGIS DEVICE**

Each on-duty ambulance EMT/Paramedic carries a mobile Logis device similar to a cellular phone which is linked via modem to the communications center. This is the primary method for dispatching and tracking of crews, and communication between on duty crews and the communication center.



STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
 CHP 299 (Rev. 10-18) OPI 061

#31

INSPECTION  
 INITIAL     ANNUAL     COMPLIANCE

LEGAL BUSINESS NAME ARCATA-MAD RIVER AMBULANCE, LLC	COMPANY LICENSE NUMBER 2150	VEHICLE YEAR, MAKE, AND MODEL 2015 / CHEV / 3500
SERVICE ADDRESS (number and street) 220 F STREET (city, state, and zip code) ARCATA, CA 95521		VEHICLE IDENTIFICATION NUMBER (VIN) 1GB3G2CL9F1168057
		VEHICLE LICENSE PLATE NUMBER AND STATE AMRA31 / CA
		VEHICLE CERTIFICATE NUMBER 14168

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	✓		14. Reflectors	✓	
2. Identification certificate (annuals/compliance only)	✓		15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher (if equipped)	✓		19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarkers lamps (if required)	✓		22. Fire extinguisher (minimum 4B:C)	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Tail lamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	✓	
2. Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	✓	
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	✓	
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	✓	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	✓		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	✓	
8. Oxygen and regulators, portability required	✓		21. Bedpan or fracture pan	✓	
9. Sterile bandage compresses (4 - 3" x 3")	✓		22. Urinal	✓	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓				
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				

**AMBULANCE INSPECTION REPORT**

CHP 299 (Rev. 10-18) OPI 061

#32

INSPECTION  
 INITIAL     ANNUAL     COMPLIANCE

LEGAL BUSINESS NAME ARCATA-MAD RIVER AMBULANCE, LLC	COMPANY LICENSE NUMBER 2150	VEHICLE YEAR, MAKE, AND MODEL 2018 / CHEV / 3500
SERVICE ADDRESS (number and street) 220 F STREET		VEHICLE IDENTIFICATION NUMBER (VIN) 1GB3GRCG4J1264859
(city, state, and zip code) ARCATA, CA 95521		VEHICLE LICENSE PLATE NUMBER AND STATE 27680L2 / CA
		VEHICLE CERTIFICATE NUMBER 15660

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	✓		14. Reflectors	✓	
2. Identification certificate (annuals/compliance only)	✓		15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher (if equipped)			19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarkers lamps (if required)	✓		22. Fire extinguisher (minimum 4B:C)	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Taillamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	✓	
2. Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	✓	
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	✓	
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	✓	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	✓		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	✓	
8. Oxygen and regulators, portability required	✓		21. Bedpan or fracture pan	✓	
9. Sterile bandage compresses (4 - 3" x 3")	✓		22. Urinal	✓	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓				
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
CHP 299 (Rev. 10-18) OPI 061

#34  
#88

INSPECTION  
 INITIAL     ANNUAL     COMPLIANCE

LEGAL BUSINESS NAME <b>ARCATA-MAD RIVER AMBULANCE, LLC</b>	COMPANY LICENSE NUMBER <b>2150</b>	VEHICLE YEAR, MAKE, AND MODEL <b>2019 / CHEV / 3500</b>
SERVICE ADDRESS (number and street) <b>220 F STREET</b>		VEHICLE IDENTIFICATION NUMBER (VIN) <b>1GB3GRCG1K1263007</b>
(city, state, and zip code) <b>ARCATA, CA 95521</b>		VEHICLE LICENSE PLATE NUMBER AND STATE <b>6128052 /CA</b>
		VEHICLE CERTIFICATE NUMBER <b>16160</b>

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	✓		14. Reflectors	✓	
2. Identification certificate (annuals/compliance only)	✓		15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher (if equipped)			19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarkers lamps (if required)	✓		22. Fire extinguisher (minimum 4B:C)	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Taillamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
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3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	✓	
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	✓	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	✓		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	✓	
8. Oxygen and regulators, portability required	✓		21. Bedpan or fracture pan	✓	
9. Sterile bandage compresses (4 - 3" x 3")	✓		22. Urinal	✓	
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11. Adhesive tape (2 rolls - 1", 2", or 3")	✓				
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
CHP 299 (Rev. 10-18) OPI 061

#35

INSPECTION  
 INITIAL     ANNUAL     COMPLIANCE

LEGAL BUSINESS NAME ARCATA-MAD RIVER AMBULANCE, LLC	COMPANY LICENSE NUMBER 2150	VEHICLE YEAR, MAKE, AND MODEL 2020 / CHEV / 3500
SERVICE ADDRESS (number and street) 220 F STREET (city, state, and zip code) ARCATA, CA 95521		VEHICLE IDENTIFICATION NUMBER (VIN) 1GB3GRCG7L1269623
		VEHICLE LICENSE PLATE NUMBER AND STATE 97746E3 / CA
		VEHICLE CERTIFICATE NUMBER 17120

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	✓		14. Reflectors	✓	
2. Identification certificate (annuals/compliance only)	✓		15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher (if equipped) <i>NOT EQUIPPED</i>			19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarkers lamps (if required)	✓		22. Fire extinguisher (minimum 4B:C)	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Taillamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	✓	
2. Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	✓	
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	✓	
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	✓	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	✓		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	✓	
8. Oxygen and regulators, portability required	✓		21. Bedpan or fracture pan	✓	
9. Sterile bandage compresses (4 - 3" x 3")	✓		22. Urinal	✓	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓				
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
CHP 299 (Rev. 10-18) OPI 061

#36

INSPECTION  
 INITIAL     ANNUAL     COMPLIANCE

LEGAL BUSINESS NAME <b>ARCATA-MAD RIVER AMBULANCE, LLC</b>	COMPANY LICENSE NUMBER <b>2150</b>	VEHICLE YEAR, MAKE, AND MODEL <b>2022 / FORD / E450</b>
SERVICE ADDRESS (number and street) <b>220 F STREET</b> <small>(city, state, and zip code)</small> <b>ARCATA, CA 95521</b>		VEHICLE IDENTIFICATION NUMBER (VIN) <b>1FDXE4FN7NDC20063</b>
		VEHICLE LICENSE PLATE NUMBER AND STATE <b>16947R3 / CA</b>
		VEHICLE CERTIFICATE NUMBER

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	✓		14. Reflectors	✓	
2. Identification certificate (annuals/compliance only) <b>INITIAL</b>		✓	15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher (if equipped) <b>NOT EQUIPPED</b>		✓	19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarkers lamps (if required)	✓		22. Fire extinguisher (minimum 4B:C)	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Taillamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	✓	
2. Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	✓	
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	✓	
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	✓	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	✓		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	✓	
8. Oxygen and regulators, portability required	✓		21. Bedpan or fracture pan	✓	
9. Sterile bandage compresses (4 - 3" x 3")	✓		22. Urinal	✓	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓				
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				



STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT**  
 CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2150- 14168**

ISSUED: **12/1/2022**

EXPIRES: **11/30/2023**

AREA:

INITIAL

DUPLICATE

**EMERGENCY AMBULANCE CERTIFICATE**

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT\*

VEHICLE YEAR & MAKE: **2015 CHEVROLET 3500**

VEHICLE LICENSE NO. **AMRA 31**

VIN: **1GB3G2CL9F1168057**

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

NAME AND MAILING ADDRESS

**ARCATA-MAD RIVER AMBULANCE, LLC**



**220 F STREET**

**ARCATA CA, 95521-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.

431



STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT**  
 CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2150- 15660**

ISSUED: **12/1/2022**

EXPIRES: **11/30/2023**

AREA:

INITIAL

DUPLICATE

**EMERGENCY AMBULANCE CERTIFICATE**

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT\*

VEHICLE YEAR & MAKE: **2018 CHEVROLET 3500**

VEHICLE LICENSE NO. **27680L2**

VIN: **1GB3GRCG4J1264859**

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

NAME AND MAILING ADDRESS

**ARCATA-MAD RIVER AMBULANCE, LLC**



**220 F STREET**

**ARCATA CA, 95521-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.

# 32



STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT**  
 CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2150- 16160**

ISSUED: **12/1/2022**

EXPIRES: **11/30/2023**

AREA:

INITIAL

DUPLICATE

**EMERGENCY AMBULANCE CERTIFICATE**

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT\*

VEHICLE YEAR & MAKE: **2019 CHEVROLET 3500**

VEHICLE LICENSE NO. **61280S2**

VIN: **1GB3GRCG1K1263007**

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

NAME AND MAILING ADDRESS

**ARCATA-MAD RIVER AMBULANCE, LLC**



**220 F STREET**

**ARCATA CA, 95521-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.

#34





STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT**  
 CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2150-17120**

ISSUED: **12/1/2022**

EXPIRES: **11/30/2023**

AREA:

INITIAL

DUPLICATE

**EMERGENCY AMBULANCE CERTIFICATE**

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT\*

VEHICLE YEAR & MAKE: **2020 CHEVROLET**

VEHICLE LICENSE NO. **97746E3**

VIN: **1GB3GRCG7L1269623**

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

NAME AND MAILING ADDRESS

**ARCATA-MAD RIVER AMBULANCE, LLC**



**220 F STREET**

**ARCATA CA, 95521-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.

#35



STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT**  
 CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2150- 18310**

ISSUED: **11/23/2022**

EXPIRES: **11/30/2023**

AREA:

- INITIAL       DUPLICATE  
 REPLACEMENT       RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE**  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2022 FORD E450**

VEHICLE LICENSE NO. **16947R3**

VIN: **1FDXE4FN7NDC20063**

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

NAME AND MAILING ADDRESS

**ARCATA-MAD RIVER AMBULANCE, LLC**



**220 F STREET  
 ARCATA CA, 95521-**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.

### **Quality Management practices and policies**

Arcata-Mad River Ambulance maintains a continuous quality improvement program and makes quarterly reports to the North Coast EMS Agency addressing personnel, equipment and supplies, facilities, pre-hospital care reporting, public education and risk management. Patients care reports are peer reviewed for adherence to company developed standards and North Coast EMS policies. Additional quality standards are addressed in our Exclusive Operating Area Agreement with North Coast EMS. That agreement requires tracking of multiple response time standards and quarterly reporting of items including standbys, mutual aid responses and public education activities.

### **Staffing and Hiring Policies**

The hiring of field personnel requires the applicant to complete an on-line application, verify current certification as an EMT, or license as a paramedic, submit a driver record evidenced by CA DMV motor vehicle report which meets company and insurance standards, and hold a current Ambulance Driver's Certificate and CPR card. The company is a federal equal opportunity employer. All successful applicants must pass a pre-employment physical exam and pass a drug test.

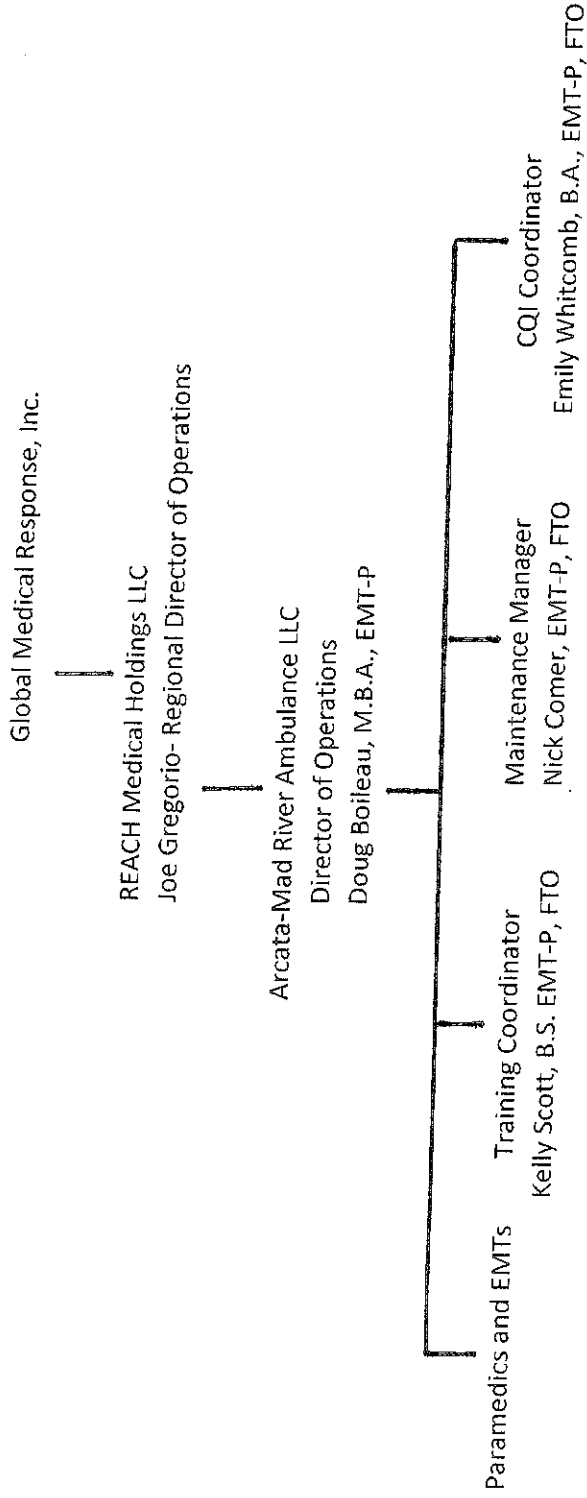
All new employees complete a minimum 72 hour orientation and training program as a third person with an on-duty crew. Successful completion of that program is verified by completion of an orientation checklist. For paramedic new hires, the NCEMS required accreditation checklist is included in the above training. Employees are required to complete a wide variety of training programs within 3 months of hire.

All emergency response ambulances are staffed 24/7 at the Advanced Life Support level by a two person crew consisting of at least one paramedic and one EMT. Crews staffed by two paramedics are common.

**Organization Chart of Management Staff** – Please see attached organizational chart.

**Experience of the applicant/knowledge or involvement in the Humboldt County EMS System** – Please see attached resume of company director.

Arcata-Mad River Ambulance LLC  
Organization Chart



## **Douglas J. Boileau**

P.O. Box 172  
Willow Creek, CA 95573  
530-629-4699  
e-mail: [doug.boileau@gmr.net](mailto:doug.boileau@gmr.net)

### **SUMMARY OF QUALIFICATIONS**

- 40 years of experience in Emergency Medical Services
- 38 years of experience in EMS education.
- Program Director for accredited paramedic education training program.
- Developed curriculum for community college based paramedic program and several EMS Continuing Education Programs.
- Primary consultant on state grant supported programs in the areas of disaster planning, multi-casualty incident response, and injury prevention.
- Recognized M.B.A. prepared leader in the business and health care community.

### **EXPERIENCE**

Regional Director, Arcata-Mad River Ambulance LLC, a division of Global Medical Response, Inc. 12/01/17 to present

Chief Executive Officer, Arcata-Mad River Ambulance, Inc. 4/01/2012-11/30/2017

In addition to duties outlined below, provide strategic planning and direction to the activities of Arcata-Mad River Ambulance and the Northern California Safety Consortium, an industrial safety training and compliance subsidiary.

General Manager, Arcata-Mad River Ambulance, Inc. 10/1990- 4/01/2012

Manage all operational and business aspects of an ambulance company providing emergency and non emergency service to three cities and the unincorporated area of northwestern Humboldt County, CA. Recruit, hire, train, supervise and evaluate emergency medical technicians and paramedics in the performance of their duties. Supervise office personnel in accounts receivable/payable, negotiate contracts, and prepare county, state, and federal reports.

Paramedic Program Director and Instructor  
College of the Redwoods. 2008 – present.  
Humboldt County Office of Education, ROP 1992-2008

Develop curriculum, arrange facilities and equipment, recruit, train and supervise instructional staff. Maintain student records and prepare attendance reports. Develop course materials and evaluation instruments. Prepare annual and progress reports for accreditation organizations. Arrange agreements with clinical training sites and directly supervise field internships.

## **EDUCATION**

Master of Business Administration, Humboldt State University, Arcata, CA. December 1990.

B.S. Forest Science Business Finance, special concentration Native American Studies, Humboldt State University, Arcata, CA. June 1985.

Emergency Medical Technician – Paramedic, North Coast EMS, Eureka, CA. October 1991.

Emergency Medical Technician II, College of the Redwoods, Eureka, CA. August 1984.

Emergency Medical Technician 1, College of the Redwoods, Eureka, CA. May 1982.

## **RELATED EXPERIENCE**

California Vocational Designated Subject Credential – EMT Training. 1991- Present.  
American Heart Association (AHA) Regional Faculty 1998 – 2008.

National Association of EMS Educators Charter Member  
AHA CPR Instructor 1981- 2001.

Chair, Humboldt County Emergency Medical Care Committee (EMCC).

Chair, Humboldt County Medical Advisory Committee

California Paramedic License #P00363

Paramedic Field Training Officer 1995 – present

## **COMMUNITY INVOLVEMENT/RECOGNITION**

Named “EMS Educator of the Year” State of California, 2009

Recipient North Coast EMS “Star of Life” Award 1990 and 2004

Arcata Chamber of Commerce Business Leader of the Year 1998

Parish Finance Council chair

Santa Rosa Diocese Finance Council member

Trustee Catholic Community Foundation

Member and Past President - Rotary Club of Arcata



220 F Street, Arcata, CA 95521  
Business (707) 822-3353 FAX: (707)822-9628  
24 Hour Dispatch: (707)822-4166

<b>Rates effective 8-30-22</b>	
ALS/BLS Base Rate for all emergency responses	\$2,650.00
Mileage – ALS/BLS per mile	40.00
Oxygen	100.00
Night Call 1900-0700	100.00
Basic Life Support (BLS) Non-Emergency Base Rate	800.00
Advanced Life Support (ALS)-2 Base Rate*	3,000.00
Specialty Care Transport (SCT/CCT)**	3,800.00
Standby time per 15 minutes	80.00
Cardiac Monitor (incl. in base except for Medi-Cal)	50.00
Isolette	100.00
Spinal Immobilization	200.00
Extrication/Off Road Rescue	200.00
Emergency Response Fee without transport	250.00
Medical Disposables/Medications	at cost

\* - ALS-2 refers to an emergency scene call where certain advanced procedures are utilized including defibrillation, interosseous infusion, transcutaneous pacing or the administration of 3 or more intravenous medications.

\*\* - SCT/CCT refers to an inter-facility transport when the patient is intubated, is attended by an RN, is receiving medications by IV infusion, or a 12-lead EKG is performed.



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
06/13/2023

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).

<b>PRODUCER</b> Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Arcata-Mad River Ambulance LLC 4933 Bailey Loop McClellan CA 95652 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: Lloyd's Syndicate No. 1729		AA1120157
	INSURER B: ACE American Insurance Company		22667
	INSURER C: ACE Fire Underwriters Insurance Co.		20702
	INSURER D: Indemnity Insurance Co of North America		43575
	INSURER E:		
INSURER F:			

**COVERAGES**      **CERTIFICATE NUMBER:** 570099968845      **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<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 OTHER:			XSLG72962722 SIR applies per policy terms & conditions	03/31/2023	03/31/2024	EACH OCCURRENCE	\$2,750,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	\$2,750,000
							GENERAL AGGREGATE	\$5,000,000
							PRODUCTS - COMP/OP AGG	\$2,750,000
							SIR	\$250,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY  <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H25578193	03/31/2023	03/31/2024	COMBINED SINGLE LIMIT (Ea accident)	\$10,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
							AGGREGATE	
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLRC70317370 AOS WLRC70317333 CA, MA	03/31/2023	03/31/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
B					03/31/2023	03/31/2024	E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
A	<input checked="" type="checkbox"/> E&O - Professional Liability Excess			CSHLC2301663 Claims Made- Lead Carrier SIR applies per policy terms & conditions	03/31/2023	03/31/2024	Per Claim	\$15,000,000
							Aggregate	\$15,000,000
							SIR	\$10,000,000

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

The County of Humboldt, its officers, officials, employees, representatives, agents and volunteers are included as Additional Insured in accordance with the policy provisions of the General Liability policy. General Liability policy evidenced herein is Primary and Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy provisions. A Waiver of Subrogation is granted in favor of The County of Humboldt, its officers, officials, employees, representatives, agents and volunteers in accordance with the policy provisions of the workers' Compensation policy.

### CERTIFICATE HOLDER

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

### CANCELLATION

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

AUTHORIZED REPRESENTATIVE

*Aon Risk Services Central, Inc.*

Holder Identifier :

570099968845

Certificate No :





