

APPLICATION FOR
EMS/AMBULANCE PERMIT

DATE: 11/1/22

APPLICANT: CareFlite

ADDRESS: 630 N. Graham St. Stephenville, TX

MAILING ADDRESS (IF DIFFERENT): 3110 S. Great Southwest Pkwy, Grand Prairie TX

PHONE: 972-339-4200 NO. OF YEARS IN EMS BUSINESS: 40 + ⁷⁵⁰⁵²

LIST LEVEL AND TYPE OF SERVICE TO BE PROVIDED:

BLS and ALS

LIST NUMBER OF AMBULANCE UNITS AND NUMBER OF PERSONNEL TO BE PROVIDED:

1 Ambulance

2 employees 1 Paramedic 1 EMT

HOURS OF OPERATION AND AVAILABILITY: 24 hours 7 days

LIST ANY EXPERIENCE THE APPLICANT HAS HAD IN RENDERING SUCH SERVICES

CareFlite has been delivering BLS and ALS since 1979

If a partnership, the names, of all partners, general and limited. If a corporation, its name, date, and place of incorporation, the address of its principal place of business, the names of all its officers and directors. (Provide this information on a separate page.)

NAME OF COMPANY: CareFlite - Non Profit

ADDRESS: 3108 S. Great Southwest Pkwy Grand Prairie

PHONE: 972-339-4260 TX 75052

INSURANCE COMPANY: VFIS Nation Fire
AGENT: Cottingham Butler
POLICY NUMBER: VFNU-TR 0022977
EFFECTIVE PERIOD: 10-1-2022 - 10-1-2023
AMOUNT OF LIABILITY: \$10,000

PLEASE ATTACH COPIES OF **CURRENT INSURANCE POLICY** AND **TEXAS DEPARTMENT OF HEALTH PROVIDER LICENSE**.

I certify that the statements in this application are true and correct. I realize they will be investigated and thereby authorize the release of any pertinent and appropriate information. I understand that misrepresentations on my part in completing this application will cause my application to become null and void.

SIGNED: [Signature]

DATE: 11/10/22

RECEIVED BY: Jeri Johnson, CSO DATE: 11/10/2022

REVIEWED BY PUBLIC HEALTH AND SAFETY COMMITTEE: Approved 11/15/2022

APPROVED BY COUNCIL: _____

FEE PAID: \$25.00 / CK# 75974 on 12/19/22 SL



CAREFLI-01

BNELSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/4/2022

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER WinStar Insurance Group LLC 13625 Ronald W Reagan Blvd Bldg. 3, Suite 100 Cedar Park, TX 78613	CONTACT NAME: Bianca Nelson	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED CareFlite 3110 S. Great Southwest Pkwy Grand Prairie, TX 75052	E-MAIL ADDRESS: bnelson@vfirstx.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: National Union Fire Ins Co of Pittsburgh	NAIC # 19445
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		VFNU-TR-0022977	10/1/2022	10/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		VFNU-TR-0022977	10/1/2022	10/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	VFNU-TR-0022977	10/1/2022	10/1/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

City of Stephenville, Texas
Attn: Sheryl Truss
293 W Washington St.
Stephenville, TX 76401

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

Bianca Nelson



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

This certifies that

CAREFLITE-GROUND

License Number: 300046

has submitted acceptable evidence of compliance with the Texas Health and Safety Code, Chapter 773, the Texas EMS Act, and is hereby granted a License as a **TEXAS EMERGENCY MEDICAL SERVICES PROVIDER**. This License is not transferable and is valid only for use by the provider named above.

Expiration Date: 11/30/2023

JOHN HELLERSTEDT MD
COMMISSIONER

If you have a complaint about the services you have received from this EMS Provider or if you have a reason to believe that a violation of Texas EMS regulations has occurred, please report your concerns to the Texas Department of State Health Services at:

1-800-452-6086 or by email to **EMS_Complaint@dshs.texas.gov**

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