

APPLICATION FOR  
EMS/AMBULANCE PERMIT

DATE: 11/20/23

APPLICANT: Care Flite

ADDRESS: 1789 Kingland St, Stephenville TX 76401

MAILING ADDRESS (IF DIFFERENT): 3110 S. Great Southwest Pkwy, Grand Prairie TX 75052

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

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

Care Flite 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: Care Flite - Non Profit


ADDRESS: 3108 S. Great Southwest Pkwy Grand Prairie TX 75052


PHONE: 972-339-4200

INSURANCE COMPANY: VFIS Nation Fire  
AGENT: Cottingham Butler  
POLICY NUMBER: 100 0004799  
EFFECTIVE PERIOD: 10/1/2023 - 10/1/2024  
AMOUNT OF LIABILITY: \$1,000,000.00

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:   
DATE: 11/28/2023

RECEIVED BY:  DATE: 11/29/2023

~~REVIEWED BY PUBLIC HEALTH AND SAFETY COMMITTEE.~~ \_\_\_\_\_

APPROVED BY COUNCIL: \_\_\_\_\_

FEE PAID: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/9/2023

**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).**

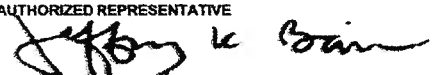
<b>PRODUCER</b> Cottingham & Butler Jeff Bair 800 Main St. Dubuque IA 52001	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 563-587-5000		FAX (A/C, No): 563-583-7339
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> CareFlite 3110 S. Great Southwest Pkwy Grand Prairie TX 75052	<b>CAREFLI-01</b>		<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A:</b> Starr Indemnity & Liability Company		<b>NAIC #</b> 38318
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER: 1784249463**                      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			100 0004799	10/1/2023	10/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

<b>CERTIFICATE HOLDER</b>  City of Stephenville, Texas Attn: Sheryl Truss 298 W Washington St. Stephenville TX 76401	<b>CANCELLATION</b>  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 
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



**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: 11/30/2025

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**

Document Number: 8731