

EXHIBIT B

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 12/7/2006

Contract/Lease Control #: C07-1443-ESI-64

Bid #: N/A Contract/Lease Type: AGREEMENT

Award To/Lessee: LIFEGUARD AMBULANCE

Lessor:

Effective Date: 11/20/2006 \$0

Term: INDEFINITE

Description of Contract/Lease: PROVIDE EMERGENCY SERVICE AS REQUIRED

Department Manager: PUBLIC SAFETY

Department Monitor: D. VILLANI

Monitor's Telephone #: 651-7150

Monitor's FAX #: 651-8082

Date Closed:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/28/2019

07-1443-PS

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 Woodruff-Sawyer & Co. 717 - 17th Street, Suite 1540 Denver CO 80202	CONTACT NAME: PHONE (A/C, No, Ext): 800-675-4467 FAX (A/C, No): 415-989-9923	
	E-MAIL ADDRESS:	
INSURED GLOBMED-02 Air Medical Group Holdings LLC and as more fully endorsed* 209 State Highway 121 Bypass Suite 21 Lewisville TX 75067		INSURER(S) AFFORDING COVERAGE NAIC #
		INSURER A : ACE American Insurance Company 22667
		INSURER B : ACE Fire Underwriters Insurance Company 20702
		INSURER C :
		INSURER D :
		INSURER E :
		INSURER F :

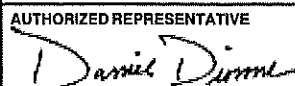
COVERAGES **CERTIFICATE NUMBER:** 1198093255 **REVISION NUMBER:**

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
	COMMERCIAL GENERAL LIABILITY <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 \$
	AUTOMOBILE LIABILITY <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) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A B A	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	WLCRC65890045 SCFC65890008 CTAG71237412	3/31/2019 3/31/2019 3/31/2019	3/31/2020 3/31/2020 3/31/2020	X PER STATUTE 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)
 *Including Lifeguard Ambulance Service, LLC, Lifeguard Ambulance Service of Florida, LLC, Lifeguard Ambulance Service of Texas, LLC and Lifeguard Ambulance Service of Illinois, LLC
 Attn: Risk Management/Insurance Department

CONTRACT#: C07-1443-PS
LIFEQUARD AMBULANCE
PROVIDE EMERGENCY SERVICE AS REQUIRED
EXPIRES: INDEFINITE

CERTIFICATE HOLDER Okaloosa County Florida, Emerald Coast Convention Center & all officers thereof 1250 Miracle Strip Parkway SE Fort Walton Beach, FL 32548	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/28/2019

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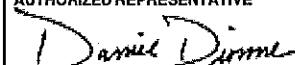
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	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED GLOBMED-02 Air Medical Group Holdings, LLC 209 State Highway 121 Bypass, Suite 21 Lewisville, TX 75067	INSURER A : ACE American Insurance Company 22667	
	INSURER B : ACE Fire Underwriters Insurance Company 20702	
	INSURER C :	
	INSURER D :	
	INSURER E :	

COVERAGES **CERTIFICATE NUMBER: 1216142459** **REVISION NUMBER:**

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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Attn: Risk Management/Insurance Department

CERTIFICATE HOLDER Okaloosa County Florida, Emerald Coast Convention Center & all officers thereof 1250 Miracle Strip Parkway SE Fort Walton Beach, FL 32548	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 
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WOODRUFF SAWYER & COMPANY
50 CALIFORNIA ST FL12
SAN FRANCISCO CA 94111-4646



OKALOOSA COUNTY FLORIDA, EMERALD COAST CONVENTION
CENTER & ALL OFFICERS THEREOF
1250 MIRACLE STRIP PKWY SE
FORT WALTON BEACH FL 32548-6208

**OKALOOSA COUNTY DEPARTMENT OF PUBLIC SAFETY
EMERGENCY MEDICAL SERVICES
ASSISTANCE AGREEMENT
WITH LIFEGUARD AMBULANCE**

THIS EMS ASSISTANCE AGREEMENT, made this 20th day of November, 2006, by and between Okaloosa County Department of Public Safety and Lifeguard Ambulance.

WITNESSETH THAT:

WHEREAS, Lifeguard Ambulance is a state of Florida licensed Advanced Life Support Provider which has certain emergency medical services equipment and personnel with the capabilities of providing first response emergency medical care and inter-facility EMS transfers; and

WHEREAS, the governing body of political subdivisions of the state are authorized to develop and enter into mutual aid agreements within the state for reciprocal emergency aid and assistance in case of emergencies too extensive to be dealt with unassisted; and

WHEREAS, there may be times where demand for emergency medical services equipment and personnel, may be high; and

WHEREAS, that in the event of such circumstances, assistance from Lifeguard Ambulance may be desired in the form of providing response to emergency calls; and

WHEREAS, in order to increase the availability of Okaloosa County EMS ambulances for local emergency calls, Okaloosa County may utilize Lifeguard Ambulance for inter-facility transfers within Okaloosa County; or originating from Okaloosa County to out-of-county or out-of-state locations; and

NOW, THEREFORE, for and in consideration of the mutual promises and covenants herein expressed, the respective parties hereto agree as follows:

1. In the event Okaloosa County requires additional emergency medical assistance and protection, Lifeguard Ambulance shall be contacted to respond by sending emergency services personnel and equipment for assistance to emergencies and or by providing inter-facility emergency medical transportation services.
2. The nature and extent of assistance furnished shall be determined on the basis of the prevailing needs for emergency services at any particular period in time. The rendering of assistance under the terms of this Agreement shall not be mandatory, but Lifeguard Ambulance should immediately inform Okaloosa County if, for any reasons, assistance cannot be rendered within a reasonable amount of time.
3. The personnel, equipment and resources of Lifeguard Ambulance shall remain under operational control of Lifeguard Ambulance for the area in which they are serving. Direct supervision and control of said personnel, equipment and resources shall remain with the designated supervisory personnel of Lifeguard Ambulance.

**CONTRACT: PROVIDE EMERGENCY
ASSISTANCE AS REQUIRED
CONTRACT NO.: C07-1443-ESI-64
LIFEGUARD AMBULANCE
EXPIRES: INDEFINITE**

4. Okaloosa County shall not be indebted to Lifeguard Ambulance for services rendered. Okaloosa County will, to the best of their ability, assist Lifeguard Ambulance with documentation necessary to bill Medicare and Insurance.
5. Lifeguard Ambulance shall not provide a base of operations or preposition any of its units within Okaloosa County unless specifically requested by the County for temporary emergency circumstances.
6. Lifeguard Ambulance shall be responsible for any and all claims, demands, suits, actions, damages, and causes of action related to or arising out of or in any way connected with its own actions, and the actions of its personnel, in providing EMS assistance rendered or performed pursuant to the terms and conditions of this Agreement. Lifeguard Ambulance shall be solely responsible for determining that its insurance is current and adequate prior to providing assistance under this Agreement. Lifeguard Ambulance shall be responsible for payment of any amount paid or due as benefits to its own respective employees under the terms of the Florida Workers' Compensation Act due to personal injury or death occurring while such employees are engaged in rendering aid under this Agreement.
7. When Lifeguard Ambulance transports a patient, it shall bill the patient and/or any third party payer directly at its usual rate.
8. The terms of this Agreement shall extend indefinitely; provided, however, that either party hereto may terminate this Agreement, at any time and for whatever reason, by serving upon the other party hereto a ninety (90) day written notice to that effect in advance.

IN WITNESS WHEREOF, the parties have accepted, made, and executed this Agreement, upon the terms and conditions above stated on the day and year signed.

WITNESS:

Karen H. Ross

OKALOOSA COUNTY

By: JAMES D. CURRY
County Administrator

Date: James D. Curry 12/1/06

WITNESS:

[Signature]

LIFEGUARD AMBULANCE SERVICE
OF FLORIDA, LLC

By: [Signature]
John W. Roche, Owner-Member

Date: 11-20-06