

County of Rowan



Department of Emergency Services EMS Division



Application for Ambulance Franchise

The following instructions should assist you in completing the Rowan County Emergency Services' EMS System "Application for Ambulance Franchise". Fill in all appropriate fields with current information. Fields that are not applicable to this application shall have "N/A" inserted.

1. Section I must be filled out for all Ambulance Franchise applications and modifications. This page is formatted to be completed electronically and saved for future use.
2. For Franchise renewal, only SECTION I and the signature/acknowledgment page is required.
3. For Modifications, Section II is required in addition to Section I and the signature/acknowledgment page.
4. Franchise modifications retain the expiration date of the original application.
5. The document shall be completed electronically, printed upon completion and submitted with original signatures.
6. If any of the below information has changed, please update in North Carolina Office of Emergency Services CIS data base prior to submission and highlight below what is new.

While numerous changes to the Franchise Agency Provider's operation require only notification to the Rowan County EMS System and the North Carolina Office of Emergency Medical Service, certain changes will require a Franchise Modification.

Changes requiring local and State notification but not requiring a modification include:

- Agency contact information
- Annual continuing medical education training plans
- Personnel rosters
- Vehicle changes, additions or deletions

Changes requiring an Application for Ambulance Franchise Modification include:

- Provider Name
- Level of Service
- Location changes, additions or deletions
- Agency Type
- Response Level
- Additional Services provided

SECTION I: PROVIDER INFORMATION

NAME AND ADDRESS OF THE APPLICANT AND OWNER OF THE AMBULANCE PROVIDER. ¹ Attach a certified copy of any assumed name certificate or articles of incorporation.

Name: American TransMed, INC / Greg Kirby, CEO

Address: 133 Caggiano Dr.

City: Gaffney

State: SC

Zip: 29341

Phone: 888-826-0911

Fax Number: 864-487-1400 Email Address: gkriby@americantransmed.com

Pager: N/A

Mobile: 864-303-2700

NAME UNDER WHICH SERVICE WILL OPERATE: ² American TransMed

NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES PROVIDER NUMBER: Provider#:5811199 License#1572

LEVEL OF SERVICE TO BE PROVIDED:^{3,4} ☒ CONVALESCENT ☒ EMT-B ☒ EMT-I ☒ EMT-P

PROVIDE A BRIEF DESCRIPTION OF THE ORGANIZATIONS TRAINING AND EXPERIENCE IN THE CARE AND TRANSPORTATION OF PATIENTS.⁵ Include a copy of your annual continuing medical education plan and a current roster from the North Carolina Office of Emergency Services CIS data base. (Character Limit 1750)

DESCRIBE THE NUMBER AND TYPE OF VEHICLES OPERATED BY THE PROVIDER. INCLUDE THE DATE OF THE LAST OEMS INSPECTION AND ITS EXPIRATION.⁶ Attach a current vehicle list from the from the North Carolina Office of Emergency Medical Services CIS data base. If more than 2 vehicles are operated, contact the Emergency Services Office for an amended application.

Unit #: 3349 Make: Mercedes Model: Sprinter Year: 2013

VIN: WD3PE7CC5D5770504 Permit: NC003080 Inspection Date: 3/22 Expiration: 3/31/2024

Unit #: 3343 Make: Ford Model: Econoline Year: 2014

VIN: 1FDSS3ELXEDB14963 Permit: NC00273 Inspection Date: 8/31/2021 Expiration: 8/31/23

LIST THE LOCATION AND DESCRIPTION OF LOCATION/LOCATIONS FROM WHICH THE PROVIDER INTENDS TO OPERATE INCLUDING A DESCRIPTION OF THE RESPONSE DISTRICT ⁷ AND HOURS OF OPERATION⁸. If more than 2 locations are intended, contact the Emergency Services Office for an amended application. Include a copy of your agency's listing from the North Carolina Office of Emergency Services CIS data base.

Location Name: Rowan Office

Physical Address: 322 W Fisher St

City: Salisbury State: NC Zip Code: 28144

Mailing Address: P.O. Box 2101

City: Gaffney State: SC Zip Code: 29342

Phone Number: 888-826-0911

Location Hours of Operation: 24 hours Location Days of Operation: 7 days a week.

Location Name:

Physical Address:

City: State: Zip Code:

Mailing Address:

City: State: Zip Code:

Phone Number:

Location Hours of Operation: Location Days of Operation:

INDICATE SERVICES CURRENTLY PROVIDED BY THE APPLICANT. ADDITION OR DELETION OF SERVICES REQUIRES AN APPLICATION FOR FRANCHISE MODIFICATION.⁹

AGENCY TYPE: Check One

☐ Public ☒ Private

RESPONSE LEVEL: Check One

☐ Primary Emergency Response (receives assignments from ROWAN Telecommunications via radio dispatch)

☒ Primary Non-Emergency Response (schedules/arranges calls through a third-party call center)

ADDITIONAL SERVICES PROVIDED: Check all that apply

☒ Event Standby

☒ Transportation of members/employees

☒ EMS Backup (EMS backup is an expected component of franchise operation. Providers who choose not to offer EMS back up services must submit documentation supporting that position. Consideration will be given to that request during application review.)

SECTION II: FRANCHISE MODIFICATION

NAME AND ADDRESS OF THE APPLICANT AND OWNER OF THE AMBULANCE PROVIDER. ¹

Name:

Address:

City:

State:

Zip:

Phone:

Fax Number:

Email Address:

Pager:

Mobile:

NAME UNDER WHICH SERVICE WILL OPERATE: ²

NORTH CAROLINA OFFICE OF EMERGENCY MEDICAL SERVICES PROVIDER NUMBER:

LEVEL OF SERVICE TO BE PROVIDED:^{3,4} ☐ CONVALESCENT ☐ EMT-B ☐ EMT-I ☐ EMT-P

FOR ADDITIONS OR DELETIONS, PROVIDE INFORMATION BELOW FOR THE AFFECTED LOCATION(S).

☐ ADD ☐ DELETE

Location Name:

Physical Address:

City:

State:

Zip Code:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

Location Hours of Operation:

Location Days of Operation:

INDICATE SERVICES PROPOSED BY THE APPLICANT AS A PART OF THIS APPLICATION FOR FRANCHISE MODIFICATION.⁹

AGENCY TYPE: Check One

☐ Public

☐ Private

RESPONSE LEVEL: Check One

☐ Primary Emergency Response (receives assignments from ROWAN via radio dispatch)

☐ Primary Non-Emergency Response (schedules/arranges calls through a third party call center)

ADDITIONAL SERVICES PROVIDED: Check all that apply

- ☐ Event Standby
- ☐ Transportation of members/employees
- ☐ EMS Backup (EMS backup is an expected component of franchise operation. Providers who choose not to offer EMS back up services must submit documentation supporting that position. Consideration will be given to that request during application review.)

DOCUMENT CHECKLIST: Please be certain that all of the documents listed are included with your application.

- ☐ Certified copy of "Assumed Name Certificate" or Articles of Incorporation.
- ☐ Annual Continuing Medical Education Training Plan
- ☐ Current employee/member roster printed from the North Carolina Office of Emergency Services CIS data base
- ☐ Current vehicle listing printed from the North Carolina Office of Emergency Services CIS data base
- ☐ Current Station listing printed from the North Carolina Office of Emergency Services CIS data base

FOR MODIFICATION APPLICANTS: (include applicable documents listed below)

- ☐ Certified copy of the UPDATED "Assumed Name Certificate" or Articles of Incorporation.
- ☐ UPDATED employee/member roster printed from the North Carolina Office of Emergency Services CIS data base
- ☐ UPDATED vehicle listing printed from the North Carolina Office of Emergency Services CIS data base
- ☐ UPDATED station listing printed from the North Carolina Office of Emergency Services CIS data base

1. 4-28.(1) of the codified Rowan County Ambulance Ordinance
2. 4-28.(2) of the codified Rowan County Ambulance Ordinance
3. 4-29.(a) of the codified Rowan County Ambulance Ordinance
4. Level of Service indicated must be maintained for all hours of operation and must be the current level of service provided . Requests to modify level of service are found in Section II, Modifications.
5. 4-28.(3) of the codified Rowan County Ambulance Ordinance
6. 4-28.(4) of the codified Rowan County Ambulance Ordinance
7. 4-28.(5) of the codified Rowan County Ambulance Ordinance
8. 4-28.(6) of the codified Rowan County Ambulance Ordinance
9. 4-28.(6) of the codified Rowan County Ambulance Ordinance

SUBMIT COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Rowan County Department of Emergency Services
2727 Old Concord Road, Suite E
Salisbury, NC 28146

Attn: Bradley Dean, Battalion Chief

This application shall be filled out and submitted to the Rowan County Department of Emergency Services. Upon receipt, the County may request other documentation as needed to judge the ability of the applicant to provide the service(s) or justify the need for such service(s) requested by this application.

Franchises will be in effect for a term of three (3) years. All franchises are renewed simultaneously. An agency requesting a new franchise or modification will be required to renew in synchronization with other agencies.

It is the responsibility of the franchise to provide, at all times specified in the franchise, the degree and level of service outlined in this application. This includes but is not limited to, maintaining all appropriate State certifications for vehicle and personnel. Additionally, a minimum number of eight (8) active members credentialed at the level of service indicated, must be represented on the roster to maintain the franchise certificate.

Under normal circumstances the franchise may be terminated by either party with ninety (90) days prior written notice.

I, the undersigned, have reviewed this Application for Ambulance Franchise. I fully approve, support, and endorse this modification with a thorough involvement and understanding of our respective roles and responsibilities in maintaining an EMS System in the State of North Carolina pursuant to the rules of the North Carolina Medical Care Commission.

I, the undersigned, acknowledge that pursuant to 10A NCAC 13P.0401 Components of Medical Oversight for EMS Systems, franchise agencies receive direction and oversight from the Rowan County EMS System. All franchise agencies must comply with the Rowan County Emergency Services EMS Divisions' EMS System Plan with regard to EMS Protocol, Policy and Procedure, as well oversight by the System Medical Director(s) and administrators.



Owner/President/Chief

Type/print name GREG B. KIRBY, CEO



Date

Station: Rowan Office - Station 28

General Information

Name: Rowan Office - Station 28

Physical Address:
322 E Fisher St
Suite 106
Salisbury, NC 28144
Rowan County

Work Number: 704-909-0759

Status: Open

VIN	Model Year	Unit Name	Status
1FDSS3ELXEDB14946	2014	3342	In Service
1FDSS3ELXEDB14963	2014	3343	In Service
1FDYR2XM8GKA54521	2016	3344	In Service
1FDYR2XM8GKB48176	2016	3345	In Service
1FDYR2XMXGKB48177	2016	3346	In Service
1GB6G5CL3D1160838	2013	3351	In Service
1GB6G5CLXC1180938	2012	3350	In Service
1GBHG3965711251032	2007	3331	In Service
WD3PE7CC3D5770503	2013	3348	In Service
WD3PE7CC5D5770504	2013	3349	In Service
1FDBW1XG2LKA97111	2021	3353	In Service
1GB6G5CLXC1180938	2012	3350	In Service
3C6LRVDG1ME511504	2021	3352	In Service

First Name	Middle Name	Last Name	Suffix	State Office User ID	Job Title(s)	Certification	Exp Date	Employment Status
Zinah	Faisal Burhan	Al Azzawi		P535823	'EMS Technician'	Emergency Medical Technician	06/30/2025	'Part Time Paid Employee'
Christopher	R	Allen		P124746	'EMS Technician'	Emergency Medical Technician	04/30/2022	'Part Time Paid Employee'
Tammy	Renee	Bishop		P050329	'EMS Technician'			'Full Time Paid Employee'
Kenya	Mae	Blum		P528163	'EMS Technician'	Emergency Medical Technician	12/31/2024	'Part Time Paid Employee'
Jarod	Scott	Bradley		P530678	'EMS Technician'	Emergency Medical Technician	09/30/2024	'Part Time Paid Employee'
Zackary	William	Bridgers		P107667	'EMS Technician'	Advanced Emergency Medical Technician	03/31/2025	'Part Time Paid Employee'
Robert	Doyle	Brown		P033754	'Training Officer'	Paramedic	02/28/2023	'Full Time Paid Employee'
					'Administrator'			'Full Time Paid Employee'

					'EMS Technician'			'Full Time Paid Employee'
William	Chandler	Brown		P510013	'EMS Technician'	Paramedic	04/30/2025	'Part Time Paid Employee'
Brittany	Deann	Campbell		P521612	'EMS Technician'	Emergency Medical Technician	05/31/2024	'Part Time Paid Employee'
Nekita	Marie	Centolella		P540994	'EMS Technician'	Emergency Medical Technician	03/31/2023	'Part Time Paid Employee'
Carolyn	Alexis	Collins		P532637	'EMS Technician'	Emergency Medical Technician	01/31/2025	'Part Time Paid Employee'
Jessica	Caroline	Connolly		P532731	'EMS Technician'	Emergency Medical Technician	02/28/2025	'Part Time Paid Employee'
Amber		Coxey		P509150	'EMS Technician'	Emergency Medical Technician	01/31/2023	'Part Time Paid Employee'
Elizabeth	Lauren	Dillard		P536393	'EMS Technician'	Emergency Medical Technician	05/31/2025	'Part Time Paid Employee'
Hannah	Marie	Freitag		P521511	'EMS Technician'	Emergency Medical Technician	12/31/2023	'Part Time Paid Employee'
McKayla	Marie	Geddings		P521918	'EMS Technician'	Paramedic	06/30/2025	'Part Time Paid Employee'
Travis	Wayne	Giddings		P110627	'EMS Technician'			'Part Time Paid Employee'
Lacey	Nichole	Hadley		P531532	'EMS Technician'	Emergency Medical Technician	07/31/2025	'Part Time Paid Employee'
Brandi	Marie	Hager		P540593	'EMS Technician'	Emergency Medical Technician	08/31/2025	'Part Time Paid Employee'
Alexandra	Naomi	Haglan		P536397	'EMS Technician'	Emergency Medical Technician	05/31/2025	'Part Time Paid Employee'
Zackery		Hamilton		P075035	'EMS Technician'	Paramedic	05/31/2022	'Part Time Paid Employee'
Joshua	Alexander	Hatch		P541294	'EMS Technician'	Emergency Medical Technician	01/31/2026	'Part Time Paid Employee'
John	David	Heffner		P069979	'EMS Technician'	Paramedic	04/30/2022	'Part Time Paid Employee'
Chelsey	Love	Herrera		P523105	'EMS Technician'	Emergency Medical Technician	08/31/2024	'Part Time Paid Employee'
Dontay	Raekwon	Houpe		P517733	'EMS Technician'	Emergency Medical Technician	07/31/2023	'Part Time Paid Employee'
Lamonte	Quinton	Hyter		P516565	'EMS Technician'	Emergency Medical Technician	03/31/2023	'Part Time Paid Employee'
Ilais		Johnson		P546597	'Driver'			'Part Time Paid Employee'
Greg	B	Kirby		P001292	'Agency Primary Contact'			'Full Time Paid Employee'
Hannah	Joy	Krusinski		P527886	'EMS Technician'	Emergency Medical Technician	08/31/2024	'Part Time Paid Employee'
Michael	B.	Lawson		P059616	'Agency Primary Contact'			'Full Time Paid Employee'
					'Director'			'Full Time Paid Employee'

Karl	Christopher	Lynch		P100365	'EMS Technician'	Paramedic	12/31/2025	'Full Time Paid Employee'
Justin	Levar	Mack		P018869	'EMS Technician'			'Full Time Paid Employee'
Matthew	S	Marculewicz		P523450	'EMS Technician'	Emergency Medical Technician	03/31/2025	'Part Time Paid Employee'
Millicent	Alexandria	Marshall		P545293	'Driver'			'Part Time Paid Employee'
Kevin	L	Martin		P007399	'EMS Technician'	Paramedic	03/31/2025	'Part Time Paid Employee'
Reid		Martin		P104234	'EMS Technician'	Paramedic	08/31/2022	'Part Time Paid Employee'
Allison	Nicole	McCarthy		P532800	'EMS Technician'	Emergency Medical Technician	02/28/2025	'Part Time Paid Employee'
Naomi		McRae		P512563	'EMS Technician'	Emergency Medical Technician	05/31/2023	'Part Time Paid Employee'
Kristen	M	Melchor		P120212	'EMS Technician'	Emergency Medical Technician	06/30/2025	'Part Time Paid Employee'
Britney	Leigh	Mellet		P527156	'EMS Technician'	Emergency Medical Technician	08/31/2024	'Part Time Paid Employee'
Brian		Miller		P123368	'EMS Technician'	Emergency Medical Technician	03/31/2024	'Part Time Paid Employee'
Patrick		Moore		P061622	'EMS Technician'	Paramedic	07/31/2025	'Part Time Paid Employee'
Todd	Wesley	Morris		P033838	'Secondary Contact'			'Full Time Paid Employee'
					'Administrator'			'Full Time Paid Employee'
Benjamin	Geoffrey	Myers		P117121	'EMS Technician'	Emergency Medical Technician	03/31/2025	'Part Time Paid Employee'
Jennifer	Aree	Myers		P016177	'EMS Technician'	Emergency Medical Technician	06/30/2025	'Part Time Paid Employee'
Avery	Madison	Perry		P528937	'EMS Technician'	Emergency Medical Technician	07/31/2025	'Part Time Paid Employee'
Virginia	A	Poplin		P525529	'EMS Technician'	Emergency Medical Technician	02/29/2024	'Part Time Paid Employee'
Mark	C	Propst		P048388	'EMS Technician'	Paramedic	02/28/2025	'Part Time Paid Employee'
Daniel	Pettus	Robinson		P013217	'EMS Technician'	Paramedic	05/31/2022	'Full Time Paid Employee'
					'Administrator'			'Full Time Paid Employee'
					'Director'			'Full Time Paid Employee'

					'Secondary Contact'			Employee' 'Full Time Paid Employee'	
Michael	Anthony	Root	Sr	P545683	'Driver'			'Part Time Paid Employee'	
Anika		Saner		P123483	'EMS Technician'	Emergency Medical Technician	07/31/2024	'Part Time Paid Employee'	
Brandon	Dale	Shue		P504698	'EMS Technician'	Paramedic	06/30/2025	'Part Time Paid Employee'	
Aidan		Smith		P517977	'EMS Technician'	Emergency Medical Technician	03/31/2025	'Part Time Paid Employee'	
Summer	Ketchie	Surratt		P057061	'EMS Technician'	Paramedic	03/31/2025	'Part Time Paid Employee'	
Cody	Reed	Talley		P518432	'EMS Technician'	Paramedic	12/31/2025	'Part Time Paid Employee'	
Courtney	Carolann	Williams		P123370	'EMS Technician'	Advanced Emergency Medical Technician	11/30/2025	'Part Time Paid Employee'	

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.*

American Transmed, Inc.

is hereby issued an EMS Agency License

This License, Number 1572, expires the last day of August 2027

A handwritten signature in black ink, appearing to read "Mark Payne".

Division of Health Service Regulation



A handwritten signature in black ink, appearing to read "[illegible]".

Office of Emergency Medical Services

Rowan County EMS System Training Schedule

April 2021 – March 2023

April 2021	Seasonal Emergencies / Best Practices / Special Topic
May 2021	M&M – Trauma / Electrical Injuries *VFIS Driving Class Initial/Remediation
June 2021	Pathophysiology – Disease Process (Trauma) / Documentation/BBP
July 2021	Operations – HR
August 2021	Ob/Gyn Emergencies / Best Practices
September 2021	Adult / Pediatric Airway
October 2021	Pediatric Trauma *ACLS *VFIS Driving Class Initial/Remediation
November 2021	Medical Emergencies *PALS
December 2021	Psychomotor Skills –
January 2022	M&M – Cardiac
February 2022	Adult & Pediatric Resuscitation / CPR / Best Practices / Rowan County Emergency Services – Zoll Data – Driving info *ACLS
March 2022	OB / Pediatrics *PALS
April 2022	HazMat Refresher / Blood Borne Pathogens Review / Practical Exercise
May 2022	Pediatrics – Patients with Special Challenges
June 2022	Pharmacology – Medication Review
July 2022	Psychomotor Skills – Special Topic / Operations *VFIS Driving Class Initial/Remediation
August 2022	Pediatric Medical Emergencies / Best Practices *ITLS / PHTLS
September 2022	Pediatric Respiratory Emergencies / Trauma Emergencies
October 2022	Medical Emergencies – Behavioral / Psychiatric
November 2022	Cold Emergencies / Operational / Best Practices / Communications
December 2022	Psychomotor Skills – *VFIS Driving Class Remediation Only
January 2023	Cardiac
February 2023	Adult & Pediatric Resuscitation / CPR / Best Practices /
March 2023	Pediatrics / Special Topic

ACLS, PALS, and ITLS are listed in the months when they will likely be offered. They are not listed as part of the regular continuing education within this schedule.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Mar 27 2019

REFERENCE ID: 309601

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF INCORPORATION

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA



1. The name of the proposed corporation is American TransMed, Inc. The initial registered office of the corporation is

1252 Overbrook Drive, Suite 11

	Street	&	Number
<u>Gaffney</u>		<u>Cherokee</u>	<u>29341</u>
City		County	Zip Code

and the initial registered agent at such address is
Greg B. Kirby

3. The corporation is authorized to issue shares of stock as follows: Complete a or b, whichever is applicable:

- a. ☒ [X] The corporation is authorized to issue a single class of shares, and the total number of shares authorized is 100,000.
- b. ☐ [] The corporation is authorized to issue more than one class of shares:

Class of Shares Authorized No. of Each Class

_____	_____
_____	_____
_____	_____

The relative rights, preferences, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin when these articles are filed with the Secretary of State unless a delayed date is indicated (See §33-1-230(b)): _____

5. The optional provisions which the corporation elects to include in the articles of incorporation are as follows (See §33-2-102 and the applicable comments thereto; and 35-2-105 and 35-2-221 of the 1976 South Carolina Code):

CERTIFIED TO BE A TRUE AND CORRECT COPY

AS TAKEN FROM AND COMPARED WITH THE

ORIGINAL ON FILE IN THIS OFFICE
The name and address and signature of each incorporator
is as follows (only one is required):

Mar 27 2019

REFERENCE ID: 309601

Name Marie R. Ferguson

Address

P.O. Drawer 10648

Greenville, SC 29603

Signature

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

7. I, B. Joel Stoudenmire, an attorney licensed to practice in the State of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements Chapter 2, Title 33 of the 1976 South Carolina Code relating to the articles of incorporation.

Date February 24, 1998B. Joel Stoudenmire
(Signature)B. Joel Stoudenmire
(Type or Print Name)Address P.O. Drawer 10648
Greenville, SC 29603

The State of South Carolina



Office of Secretary of State Jim Miles **Certificate of Existence**

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

AMERICAN TRANSMED, INC.,

a corporation duly organized under the laws of the State of South Carolina on **February 25th, 1998**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 25th day of February, 1998.

A handwritten signature in cursive script, reading "Jim Miles", written over a horizontal line.

Jim Miles, Secretary of State



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF AUTHORIZATION

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

AMERICAN TRANSMED, INC.

a corporation organized under the laws of South Carolina was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on the 24th day of January, 2002.

I FURTHER certify that the said corporation's certificate of authority is not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation's certificate of authority is not revoked for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has not been delivered to the Secretary of State; and that a certificate of withdrawal has not been issued in the name of the said corporation as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 27th day of March, 2019.

Elaine F. Marshall

Secretary of State

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/18/2022

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

PRODUCER McGriff Insurance Services 47 Airpark Court (29607) P.O. Box 27149 Greenville, SC 29616-2149	CONTACT NAME: SC Certificate Team PHONE (A/C, No, Ext): 864 297-4444 FAX (A/C, No): 888-751-3014 E-MAIL ADDRESS: SCCertificates@McGriff.com														
INSURED American TransMed Inc. Palmetto Medical Transport, LLC Post Office Box 2101 Gaffney, SC 29342	<table border="1"> <thead> <tr> <th data-bbox="816 426 1433 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1433 426 1572 451">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="816 451 1433 478">INSURER A : Lloyds</td> <td data-bbox="1433 451 1572 478"></td> </tr> <tr> <td data-bbox="816 478 1433 506">INSURER B : Starstone Specialty Insurance Company</td> <td data-bbox="1433 478 1572 506">44776</td> </tr> <tr> <td data-bbox="816 506 1433 533">INSURER C : Berkley Casualty Company</td> <td data-bbox="1433 506 1572 533">15911</td> </tr> <tr> <td data-bbox="816 533 1433 560">INSURER D : Continental Western Insurance Co</td> <td data-bbox="1433 533 1572 560">10804</td> </tr> <tr> <td data-bbox="816 560 1433 588">INSURER E :</td> <td data-bbox="1433 560 1572 588"></td> </tr> <tr> <td data-bbox="816 588 1433 615">INSURER F :</td> <td data-bbox="1433 588 1572 615"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Lloyds		INSURER B : Starstone Specialty Insurance Company	44776	INSURER C : Berkley Casualty Company	15911	INSURER D : Continental Western Insurance Co	10804	INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Lloyds															
INSURER B : Starstone Specialty Insurance Company	44776														
INSURER C : Berkley Casualty Company	15911														
INSURER D : Continental Western Insurance Co	10804														
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.

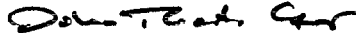
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:10000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			W2B1E1210201	05/01/2021	05/01/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$0 \$
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CNA429376346	05/01/2021	05/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			E77193210AHL	05/01/2021	05/01/2022	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	KEY0137493	08/01/2021	08/01/2022	<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
A	Professional Liab			W2B1E1210201	05/01/2021	05/01/2022	\$1,000,000 Per Claim
A	Abuse/Molestation			W2B11210201	05/01/2021	05/01/2022	\$3,000,000 Aggregate \$1,000,000 Aggregate

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

*Roger Shiflett and Greg Kirby are excluded from Workers Compensation coverage.

CERTIFICATE HOLDER

CANCELLATION

Rowan County 130 W. Innes Street Salisbury, NC 28144	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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