

RESOLUTION R-128-17

**A RESOLUTION CONSENTING TO A CHANGE OF OWNERSHIP IN
KURTZ PARAMEDIC SERVICES, INC. CONSISTENT WITH ARTICLES XVII AND
XVIII OF THE PARAMEDIC SERVICES AND AMBULANCE BILLING SERVICES
AGREEMENT BETWEEN KURTZ PARAMEDIC SERVICES, INC. AND THE CITY
OF WHEATON, DATED APRIL 14, 2015**

WHEREAS, on April 14, 2015, the City of Wheaton (hereinafter, the "City") entered into a paramedic Services and Ambulance Billing Services Agreement (hereinafter "Agreement" with Kurtz Paramedic Services, Inc. (hereinafter "Kurtz"); and

WHEREAS, Kurtz has proposed the sale of 100 percent of its stock to American Medical Response, Inc. (hereinafter "AMR"); and

WHEREAS, Article XVII of the Agreement: "Assignment; Successors and Assigns" of the agreement provides:

Neither this agreement, nor any part, rights or interest hereof, may be assigned, to any other person, firm or corporation without the written consent of all other parties. Upon approval of the assignment, this agreement and the rights, interests and obligations hereunder shall be binding upon and to the benefit of the parties hereto and their respective successors and assigns.

WHEREAS, Article XVIII of the Agreement: "Change of Ownership/Insolvency" provides:

In the event there is a change in ownership (legal or beneficial) in the contractor during the term of this agreement, including any change brought about by the sale of the assets of the contractor, or by the sale of more than 25 percent of the stock of the contractor or if the contractor is placed in receivership or otherwise files a petition for bankruptcy, contractor shall give the City no less than 90 days advance written notice prior to such change in ownership, sale, receivership, bankruptcy, etc. During such 90-day period, the City shall have the right to review the agreement and may terminate it at any time during said 90-day period. If the contractor fails to file the 90-day notice, it shall constitute a default under this agreement. Changes in senior management shall be reported in writing to the City.

WHEREAS, City staff has conducted diligence to ensure that AMR, as the new owner and parent company of Kurtz, has the ability to ensure that AMR will manage Kurtz in such manner as to comply with all the terms and conditions of the Agreement and the additional conditions set forth herein; and

WHEREAS, the Corporate Authorities of the City have concluded that AMR, is qualified to assume corporate responsibility to insure that the contractual obligations of Kurtz under the Agreement will be honored and to continue to provide seamless paramedic, EMS and

paramedic/EMS billing services to the City upon its acquisition of 100 percent of the shares of Kurtz; and

WHEREAS, in conformance with Article XVII and Article XVIII, Wheaton hereby consents to the transfer of 100 percent of the shares of stock of Kurtz to AMR and AMR agrees, subject to the additional conditions in this resolution, as parent corporation to manage Kurtz in such a manner as to honor all rights, interests, duties, promises, covenants and obligations set forth in the Agreement and this Resolution.

NOW, THEREFORE, BE IT RESOLVED by the Mayor and the City Council of the City of Wheaton, DuPage County, Illinois, that:

1. The recitals of this Resolution are incorporated into this Resolution as substantive provisions and representing the intent of the City, Kurtz and AMR, including, without limitation, the waiver by the City of the 90-day notice requirement referenced in the recitals of this Resolution and the City's approval and consent to AMR's acquisition of 100 percent of the capital stock of Kurtz, subject to the conditions set forth in this Resolution.
2. That AMR, subject to any additional terms and conditions of this Resolution, agrees to manage and direct Kurtz to fully comply with all the terms, conditions and covenants of the Agreement.
3. Kurtz will remain a legal person incorporated in Illinois under its original incorporation approvals, and will remain fully responsible for all the terms and conditions set forth in the Agreement and this resolution.
4. The City agrees to accept the substitute letter of credit identical in the form attached hereto as Exhibit 1 subject to the amount of letter of credit being \$300,000. The financial institution, Bank of America, posting the LOC is hereby approved by the City. The City agrees as part of this resolution, but not to be included on the face of the LOC, that except in cases of emergency or bankruptcy, it shall provide Kurtz written notice of the default triggering the need to call the letter of credit and give Kurtz seven days to remedy the default. The determination of whether Kurtz remains in default after the seven-day cure period shall be in the sole discretion of the Wheaton Fire Chief.
5. That the City hereby accepts the certificates of liability insurance, consisting of eight pages, designating as insureds American Medical Response, Inc. and Kurtz Ambulance Services, Inc. attached hereto and incorporated herein as if fully set forth as Group Exhibit 2, as satisfying the insurance requirements of the Agreement.
6. The City hereby relieves AMR/Kurtz of the obligation to provide the additional letter of credit of \$300,000 to meet insurance requirements described in the Agreement due to the fact that the insurance certificates set forth above satisfy the requirements of the City's original bid specifications.

7. AMR shall use commercially reasonable efforts to retain the Kurtz EMS Medical Services Manager, David DiClemente and Heidi Hermes, to provide the services under this Agreement subject to those persons' replacement by: retirement, death, disability, work incompetence, inappropriate behavior or exclusion from federal or state healthcare payer programs. The purpose of the foregoing requirement is to maintain the high standard of service currently provided by Kurtz under the terms and conditions of the Agreement.
8. AMR shall retain Andres Medical Billing Services Ltd ("Andres") to provide EMS billing services for the City in order to maintain the current high standards of billing, provided, however, that AMR shall be entitled to cause Kurtz to terminate Andres in the event of Andres' (a) willful misconduct, (b) gross negligence, (c) failure to provide the billing services in a manner consistent with the highest industry standards or in accordance with applicable laws or (d) unreasonable cost increases, in each case, as determined by AMR in its sole, but reasonable, discretion.

ADOPTED this 18th day of December 2017.


Mayor

ATTEST:


City Clerk

Ayes:

Roll Call Vote:

Councilman Scalzo
Councilman Suess
Councilman Barbier
Councilwoman Fitch
Councilman Prendiville
Mayor Gresk
Councilman Rutledge

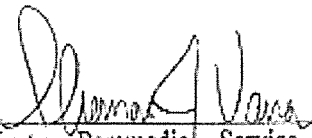
Nays:

None

Absent:

None

Motion Carried Unanimously


Kurtz Paramedic Service, Inc.,
President


ATTEST:

By: Heidi M. Hermes

Date: 12-20-2017

Name: Heidi M. HERMES

Title: Chief Operating Officer Kurtz
12-20-2017


American Medical Response, Inc.,
President and CEO

ATTEST:

By: Timothy J. Oora

Date: 12-20-2017

Name: Timothy J. Oora

Title: CFO

Exhibit 1

Replacement Letter of Credit

FOR DISCUSSION PURPOSES ONLY

APPROVED FOR ISSUANCE: _____

AUTHORIZED SIGNER AND DATE

BANK OF AMERICA - CONFIDENTIAL

PAGE: 1

DATE: ~~XXXXXXXXXX~~

IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER: ~~XXXXXXXXXX~~

ISSUING BANK
BANK OF AMERICA, N.A.
ONE FLEET WAY
PA6-580-02-30
SCRANTON, PA 18507-1999

BENEFICIARY
CITY OF WHEATON
303 WESLEY STREET
WHEATON, IL 60187

APPLICANT
KURTZ PARAMEDIC SERVICE, INC.
1900 GARNET CT.
NEW LENOX, IL 60451

AMOUNT

NOT EXCEEDING USD 300,000.00
NOT EXCEEDING THREE HUNDRED THOUSAND AND 00/100'S US DOLLARS

EXPIRATION

NOVEMBER 27, 2018 AT OUR COUNTERS

WE HEREBY ESTABLISH IN YOUR FAVOR OUR STANDBY LETTER OF CREDIT FOR THE ACCOUNT OF KURTZ PARAMEDIC SERVICE, INC., 1900 GARNET CT., NEW LENOX, IL 60451, UP TO AN AGGREGATE AMOUNT OF THREE HUNDRED THOUSAND AND 00/100 UNITED STATES DOLLARS (\$300,000.00) U.S. DOLLARS, WHICH IS AVAILABLE BY PRESENTATION OF YOUR DRAFT(S) AT SIGHT DRAWN ON US AT OUR OFFICE LOCATED AT 1 FLEET WAY, ATTN: GTO-STANDBY LETTER OF CREDIT DEPT., MAIL CODE: PA6-580-02-30, SCRANTON, PA 18507-1999, BEARING THE CLAUSE, "DRAWN UNDER BANK OF AMERICA, N.A. STANDBY LETTER OF CREDIT NO. ~~XXXXXXXXXX~~ DATED _____, 20__."

THE ORIGINAL OF, AND ANY AMENDMENTS TO, THIS LETTER OF CREDIT MUST ACCOMPANY ALL DRAWS. THIS LETTER OF CREDIT WILL EXPIRE AT THE CLOSE OF OUR REGULAR BUSINESS DAY ON NOVEMBER 27, 2018, AND SUCH DRAFTS AND ANY OTHER REQUIRED DOCUMENTS MUST BE PRESENTED FOR PAYMENT AND RECEIVED BY US AT OUR OFFICE LOCATED AT 1 FLEET WAY, ATTN: GTO-STANDBY LETTER OF CREDIT DEPT., MAIL CODE: PA6-580-02-30, SCRANTON, PA 18507-1999, ON OR BEFORE OUR CLOSE OF BUSINESS ON SUCH DATE OR, IF THE EXPIRATION DATE OF THIS LETTER OF CREDIT HAS BEEN AUTOMATICALLY EXTENDED AS SET FORTH BELOW, ON OR BEFORE OUR CLOSE OF BUSINESS OF THE THEN CURRENT EXPIRATION DATE.

THE EXPIRATION DATE OF THIS LETTER OF CREDIT WILL BE NOVEMBER 27, 2018. THIS LETTER OF CREDIT WILL BE AUTOMATICALLY EXTENDED WITHOUT AMENDMENT FOR A PERIOD OF ONE (1) YEAR UPON THE EXPIRATION DATE SET FORTH ABOVE AND UPON EACH ANNIVERSARY OF SUCH DATE, UNLESS WE NOTIFY YOU IN WRITING, AT THE ADDRESS SET FORTH ABOVE, BY OVERNIGHT COURIER SERVICE, NOT LESS THAN SIXTY (60) DAYS BEFORE THE THEN CURRENT

PAGE: 2

EXPIRATION DATE, THAT WE ELECT NOT TO EXTEND THE EXPIRY DATE OF THIS LETTER OF CREDIT.

THIS LETTER OF CREDIT SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH ARTICLE 5 OF THE UNIFORM COMMERCIAL CODE OF THE STATE OF ILLINOIS (THE "UCC"). UNLESS INCONSISTENT WITH THE UCC, THIS LETTER OF CREDIT SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE INTERNATIONAL STANDBY PRACTICES (ISP98) 1998, AS HEREBY EXPRESSLY INCORPORATED BY REFERENCE. IN THE EVENT OF ANY CONFLICT BETWEEN THE UCC AND THE ISP98, THE ISP98 SHALL CONTROL.

IF YOU REQUIRE ANY ASSISTANCE OR HAVE ANY QUESTIONS REGARDING THIS TRANSACTION, PLEASE CALL 800-370-7519 .

SECRET

THIS DOCUMENT CONSISTS OF 2 PAGE(S).

Exhibit 2



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/30/2017

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 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.):
E-MAIL: envisioncertrequest@wsandco.com		
ADDRESS:		
INSURER(S) AFFORDING COVERAGE		
INSURER A: Lexington Insurance Company		
INSURER B: Continental Casualty Company		
INSURER C: ACE American Insurance Company		
INSURER D: ACE Fire Underwriters Insurance Com		
INSURER E: Indemnity Insurance Company of Nort		
INSURER F: Lloyds of London - Beazley		

INSURED
AMERICAN MEDICAL RESPONSE, INC.
6363 S. Fiddlers Green Circle, 14th Floor
GREENWOOD VILLAGE, CO 80111

COVERAGES

CERTIFICATE NUMBER: 297328000

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	ADD'L SUBR INSD 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 <input checked="" type="checkbox"/> SIR 250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		HAZ40320740894	3/31/2017	3/31/2018	EACH OCCURRENCE \$2,750,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,750,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,750,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		ISAH0905473A ISAH09054741 ISAH09054753	3/31/2017 3/31/2017 3/31/2017	3/31/2018 3/31/2018 3/31/2018	COMBINED SINGLE LIMIT (Ea accident) \$10,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A F	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		6796605 80% W1B173170201 20%	3/31/2017 3/31/2017	3/31/2018 3/31/2018	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
C C E D	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	WCUC49112877 WLRC49112841 WLRC49112853 SCFC49112865	3/31/2017 3/31/2017 3/31/2017 3/31/2017	3/31/2018 3/31/2018 3/31/2018 3/31/2018	<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 F	Medical Professional Liability (Claims Made)		6796605 80% W1B173160101 20%	3/31/2017 3/31/2017	3/31/2018 3/31/2018	EA OCC/GEN AGG 10,000,000 SIR 3,000,000

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

*\$1,000,000 SIR APPLIES TO EXCESS WC POLICY NO. WCU C49112877
ISSUED FOR EVIDENCE OF INSURANCE PURPOSES ONLY FOR AMERICAN MEDICAL RESPONSE, INC.

CERTIFICATE HOLDER

CANCELLATION

American Medical Response, Inc.
6363 S. Fiddlers Green Circle, 14th Floor
Greenwood Village CO 80111

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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Client#: 134323

KURTZ

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/30/2017

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PRODUCER Regions Insurance Inc - Athens 1150 Julian Drive Suite 200 Watkinsville, GA 30677	CONTACT NAME: Misty Binkley	
	PHONE (A/C, No, Ext): 678 726-0540	FAX (A/C, No): 770 725-5282
	E-MAIL ADDRESS: misty.binkley@regions.com	
INSURED Kurtz Ambulance Service, Inc. 1900 Garnet Road New Lenox, IL 60451	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Old Republic Insurance Company	NAIC # 24147
	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.

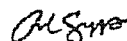
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> 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 \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X X	MWTB310555	06/01/2017	06/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
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 N N/A	MWC310556	06/01/2017	06/01/2018	PER STATUTE X 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)

The City of Wheaton, its directors, officers, employees, agents and elected officials are included as Additional Insureds with regards to Automobile Liability as required by written contract. A Waiver of Subrogation applies to both the Automobile and Workers' Compensation Policy.

CERTIFICATE HOLDER

CANCELLATION

City of Wheaton 303 West Wesley Street Box 727 Wheaton, IL 60189-727	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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Client#: 134323

KURTZ

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/30/2017

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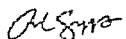
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PRODUCER Regions Insurance Inc - Athens 1150 Julian Drive Suite 200 Watkinsville, GA 30677		CONTACT NAME: Misty Binkley PHONE (A/C, No, Ext): 678 726-0540 E-MAIL ADDRESS: misty.binkley@regions.com FAX (A/C, No): 770 725-5282	
INSURED Kurtz Ambulance Service, Inc. 1900 Garnet Road New Lenox, IL 60451		INSURER(S) AFFORDING COVERAGE INSURER A: Old Republic Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 24147

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
<p>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.</p>							
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR 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 <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	MWTB310555	06/01/2017	06/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	MWC310556	06/01/2017	06/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

The City of Wheaton, its directors, officers, employees, agents and elected officials are included as Additional Insureds with regards to Automobile Liability as required by written contract. A Waiver of Subrogation applies to both the Automobile and Workers' Compensation Policy.

CERTIFICATE HOLDER City of Wheaton 303 West Wesley Street Box 727 Wheaton, IL 60189-727	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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CERTIFICATE OF LIABILITY INSURANCE

KURTZ-1

OP ID: DA

DATE (MM/DD/YYYY)

05/22/2017

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.

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PRODUCER Brown & Brown of Northern Illinois 220 North Larkin Joliet, IL 60435 Lawrence Jungles	CONTACT NAME: PHONE (A/C, No, Ext): 815-729-4650 FAX (A/C, No): 815-729-4727 E-MAIL ADDRESS:
INSURED Kurtz Ambulance Service, Inc. Kurtz Industrial Fire Service, Inc. Kurtz Paramedic Service, Inc. P.O. Box 129 New Lenox, IL 60451	INSURER(S) AFFORDING COVERAGE INSURER A: Arch Specialty Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 21199

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	ADD'L 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"/> X, C, U GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FLP005023105	05/29/2017	05/29/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 OTHER \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS 0			FLP005023105	05/29/2017	05/29/2018	EACH OCCURRENCE \$ 14,000,000 AGGREGATE \$ 14,000,000 OTHER \$
	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	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab			FLP005023105	05/29/2017	05/29/2018	Each Occ 1,000,000 Gen Agg 3,000,000

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

It is agreed the following are Primary Non-Contributory Additional Insured on the General Liability with respect to operations performed by the Named Insured, subject to policy terms & conditions: City of Wheaton including its agents, elected officials, officers, and employees.

CERTIFICATE HOLDER

CANCELLATION

City of Wheaton 303 West Wesley Street Wheaton, IL 60189	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 Danielle Widgen

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CERTIFICATE OF LIABILITY INSURANCE

KURTZ-1

OP ID: DA

DATE (MM/DD/YYYY)

05/22/2017

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 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 Brown & Brown of Northern Illinois 220 North Larkin Joliet, IL 60435 Lawrence Jungles	CONTACT NAME: PHONE (A/C, No, Ext): 815-729-4650 FAX (A/C, No): 815-729-4727 E-MAIL ADDRESS:
INSURED Kurtz Ambulance Service, Inc. Kurtz Industrial Fire Service, Inc. Kurtz Paramedic Service, Inc. P.O. Box 129 New Lenox, IL 60451	INSURER(S) AFFORDING COVERAGE INSURER A: Arch Specialty Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

NAIC #
21199

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 <input checked="" type="checkbox"/> X, C, U GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		FLP005023105	05/29/2017	05/29/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		FLP005023105	05/29/2017	05/29/2018	EACH OCCURRENCE \$ 14,000,000 AGGREGATE \$ 14,000,000
	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.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab		FLP005023105	05/29/2017	05/29/2018	Each Occ 1,000,000 Gen Agg 3,000,000

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

CERTIFICATE HOLDER

CANCELLATION

City of Wheaton
Fire Department
1 Fapp Circle
Wheaton, IL 60187

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

Daniele Wutgen

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ACORD 25 (2014/01)

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CERTIFICATE OF LIABILITY INSURANCE

KURTZ-1

OP ID: DA

DATE (MM/DD/YYYY)
05/22/2017

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 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 Brown & Brown of Northern Illinois 220 North Larkin Joliet, IL 60435 Lawrence Jungles	CONTACT NAME: PHONE (A/C, No, Ext): 815-729-4650 FAX (A/C, No): 815-729-4727 E-MAIL ADDRESS:
INSURED Kurtz Ambulance Service, Inc. Kurtz Industrial Fire Service, Inc. Kurtz Paramedic Service, Inc. P.O. Box 129 New Lenox, IL 60451	INSURER(S) AFFORDING COVERAGE INSURER A: Arch Specialty Insurance Co. 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 INSR	SUBR VWD	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"/> X, C, U GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:			FLP005023105	05/29/2017	05/29/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			FLP005023105	05/29/2017	05/29/2018	EACH OCCURRENCE \$ 14,000,000 AGGREGATE \$ 14,000,000 \$
	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 OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab			FLP005023105	05/29/2017	05/29/2018	Each Occ 1,000,000 Gen Agg 3,000,000

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

Re: Consultation Services: Fire Inspection/Fire Alarm Coordinator
It is agreed the following are Additional Insured on the General Liability
with respect to operations performed by the Named Insured, subject to policy
terms & conditions: City of Wheaton

CERTIFICATE HOLDER

CANCELLATION

City of Wheaton 303 West Wesley Street Wheaton, IL 60187	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 Danielle Wutgen
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CERTIFICATE OF LIABILITY INSURANCE

KURTZ-1

OP ID: DA

DATE (MM/DD/YYYY)

05/22/2017

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.

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PRODUCER Brown & Brown of Northern Illinois 220 North Larkin Joliet, IL 60435 Lawrence Jungles	CONTACT NAME: PHONE (A/C, No, Ext): 815-729-4650 FAX (A/C, No): 815-729-4727 E-MAIL ADDRESS:
INSURED Kurtz Ambulance Service, Inc. Kurtz Industrial Fire Service, Inc. Kurtz Paramedic Service, Inc. P.O. Box 129 New Lenox, IL 60451	INSURER(S) AFFORDING COVERAGE INSURER A: Arch Specialty Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

NAIC #
21199

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 VWD	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"/> X, C, U GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			FLP005023105	05/29/2017	05/29/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			FLP005023105	05/29/2017	05/29/2018	EACH OCCURRENCE \$ 14,000,000 AGGREGATE \$ 14,000,000
	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	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab			FLP005023105	05/29/2017	05/29/2018	Each Occ 1,000,000 Gen Agg 3,000,000

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

Re: Paramedic Services & Ambulance Billing Services Agreement
It is agreed the following are Additional Insured on the General Liability with respect to operations performed by the Named Insured, subject to policy terms & conditions: City of Wheaton including its agents, elected officials, officers and employees

CERTIFICATE HOLDER

CANCELLATION

City of Wheaton
303 West Wesley Street
P.O. Box 727
Wheaton, IL 60187

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

Danielle Utgen

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CERTIFICATE OF LIABILITY INSURANCE

KURTZ-1

OP ID: DA

DATE (MM/DD/YYYY)

05/22/2017

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.

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PRODUCER Brown & Brown of Northern Illinois 220 North Larkin Joliet, IL 60435 Lawrence Jungles		CONTACT NAME: PHONE (A/C, No, Ext): 815-729-4650 FAX (A/C, No): 815-729-4727 E-MAIL: ADDRESS:	
INSURED Kurtz Ambulance Service, Inc. Kurtz Industrial Fire Service, Inc. Kurtz Paramedic Service, Inc. P.O. Box 129 New Lenox, IL 60451		INSURER(S) AFFORDING COVERAGE INSURER A: Arch Specialty Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 21199	

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 <input checked="" type="checkbox"/> X, C, U GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			FLP005023105	05/29/2017	05/29/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			FLP005023105	05/29/2017	05/29/2018	EACH OCCURRENCE \$ 14,000,000 AGGREGATE \$ 14,000,000
	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 EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
A	Professional Liab			FLP005023105	05/29/2017	05/29/2018	Each Occ 1,000,000 Gen Agg 3,000,000

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

Re: Fire Inspection/Fire Alarm Coordinator - Contract #C36725
It is agreed the following are Additional Insured on the General Liability with respect to operations performed by the Named Insured, subject to policy terms & conditions: City of Wheaton including its agents, elected officials, officers and employees

CERTIFICATE HOLDER**CANCELLATION**

City of Wheaton
303 W. Wesley Street
Wheaton, IL 60187

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

Danielle Lutgen

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