

The Board met in due form with the following members present: Michael Repay, and Kyle Allen, Sr. They passed the following orders, to wit:

There was a moment of silent prayer; the Pledge was given and the Emergency Exit Announcement made.

A courtesy copy of the agenda and notice of this meeting was faxed by Brenda Koselke to the Times in Munster and Crown Point, the Post Tribune in Merrillville and Crown Point, WJOB Radio Station, the Star, WLTH Radio Station, Comcast Cable, the Calumet Press, Portage Journal News, Pilcher Publishing and the Gary Law, Channel 21 media on the 21<sup>st</sup> day of November, 2017 at about 2:15 p.m.

A copy of the meeting notice and agenda was posted at the entrance of the Commissioner's courtroom on the 21<sup>st</sup> day of November, 2017 at about 2:15 p.m.

Order #1

In the Matter of Certificate of Service of Meeting Notice and Posting to those who have made such written request to be made a matter of public record.

Allen made a motion, seconded by Repay, to approve and a make a matter of public record the Certificate of Service of Meeting Notice and Posting to those who have made such written request. Motion carried 2-0, 1 absent.

Order #2

In the Matter of Board of Commissioners of the County of Lake: Review and Adopt a Contract with Elite Medical Transportation LLC to provide Ambulance Service to the unincorporated area of Calumet Township in Lake County, Indiana.

Allen made a motion, seconded by Repay, to approve the Contract between Board of Commissioners of the County of Lake and Elite Medical Transportation LLC, 9850 W. 190<sup>th</sup> Street, Mokena, IL 60448, to provide Ambulance Service to the unincorporated area of Calumet Township in Lake County, Indiana. Elite Medical General Manager Paul Marik present. Commissioner Repay spoke. Brief discussion. Motion carried 2-0, 1 absent.

**AMBULANCE SERVICE PROVIDER AGREEMENT FOR LAKE COUNTY, INDIANA**

**BE IT KNOWN AND REMEMBERED** that effective this 22<sup>ND</sup> day of November, 2017, the following contract of service is hereby entered into by and between the following parties:

**LAKE COUNTY IN THE STATE OF INDIANA**, municipal corporations, hereinafter referred to the term "County"

**ELITE MEDICAL TRANSPORTATION LLC.**, hereinafter referred to as "Service Provider"

**PURPOSE:** This provider agreement covers ambulance service to residents and persons within the unincorporated area of Calumet Township under the terms and provisions, conditions and restrictions contained in this agreement with an effective date of November 22, 2017 through December 31, 2019.

- A. **TYPE OF SERVICE:** The Service Provider agrees to provide Advanced Life Support (ALS) care by ALS Paramedics and Emergency Medical Technicians (EMTs), and shall provide emergency medical transportation to an appropriate hospital for residents and persons within the County. The Service Provider will provide emergency medical transportation to the hospital of the patient's choice. The Service Provider agrees that two (2) ALS ambulance shall first respond to emergency calls within the response boundaries set forth by the County before the Service Provider seeks a response through mutual aid. Service Provider also agrees to provide another additional ambulance, either an Advanced Life Support or a Basic Life Support if available.
- B. **AMBULANCE EQUIPMENT:** The Service Provider agrees that the ALS ambulance shall be equipped in compliance with the guidelines on Advanced Life Support Systems issued by the State of Indiana.
- C. **MINIMUM STAFFING:**
1. Service Provider at all times shall provide one (1) ALS ambulance equipped in compliance with the State of Indiana's guidelines on Advanced Life Support Systems issued by the State of Indiana. The ALS ambulance will be staffed by at least one (1) ALS certified paramedic.
  2. ALS ambulance shall be continuously physically located within or about the response boundaries set forth by the County so that the Service Provider will

## Order #2

**AMBULANCE SERVICE PROVIDER AGREEMENT FOR LAKE COUNTY, INDIANA**

have the ability to respond to the scene of all emergency calls for service originating within the boundaries set forth by the County. The ALS ambulance shall be available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days each year (366 in any "leap year") for the full term of this agreement.

3. The ALS ambulance must be staffed by two (2) qualified, uniformed employees consisting of one state licensed paramedic and one state licensed EMT, or two paramedics, in accordance with the Indiana Department of Homeland Security and the Methodist EMS System guidelines.
  4. Service Provider agrees that if it is not able to respond to an ALS emergency call with either an ALS ambulance, it will refer the call to another qualified company or service in accordance with required mutual aid agreements. Service Provider shall respond to all ambulance service calls in support of any mutual aid agreement as directed by the County.
  5. All paramedics and EMT's shall continue their professional education to meet the requirements of the resource hospital, its satellite hospitals and other appropriate agencies. This education and training will be the sole responsibility of the Service Provider. All paramedics and EMT's are employees of the Service Provider and are not in any manner considered employees or agents of the County, the resource hospital, or any satellite hospital. All employee benefits shall be the sole responsibility of the Service Provider including but not limited to, holidays, vacations, FICA, workers compensation and unemployment compensation.
- D. **NON-DISCRIMINATION CLAUSE:** Service Provider shall provide service within the County regardless of race, creed, color, sex, religious preference, age, physical disability, national origin, ancestry, or apparent financial ability to pay or any other status protected from discrimination under the provisions of the Indiana Human Rights Act, as amended from time to time, and other applicable federal and state laws.
- E. **COMPLIANCE WITH APPLICABLE COUNTY ORDINANCES:** Service Provider shall comply with and conform to all County ordinances within the County regulating ambulance service and all federal and state laws or guidelines pertaining thereto, as

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**AMBULANCE SERVICE PROVIDER AGREEMENT FOR LAKE COUNTY, INDIANA**

well as regulations and guidelines of the resource hospital's system in Lake County, Indiana as they now exist or are hereinafter amended or revised.

- F. **RESPONSE TO 911 DISPATCH:** Upon dispatch by Lake County Dispatch to a traffic accident, the Service Provider shall send its next responding unit to the call. If no transport is required from the scene, the Service Provider shall not bill or collect payment for its services.
- G. **INDEMNIFICATION:** Service Provider shall indemnify and hold harmless the County, any hospital in Lake County, Indiana, any satellite hospital, their counsel, directors, officers, elected officials, appointed officers, agents and employees, from and against all claims, damages, losses, judgements and expenses of any kind (including attorney fees) directly or indirectly arising out of or resulting from the conduct and performance of the Service Provider and its employees. Service Provider also agrees to abide by all applicable federal and state rules and regulations.
- H. **INSURANCE COVERAGE:** Service Provider shall secure and maintain continuously at all times throughout the term of this Agreement insurance as set forth, as well as any other insurance the County or the resource hospital determines is necessary to conduct and provide services under the Agreement. The insurance company providing coverage must have a Best's rating of "A", 8 or better. Proof of insurance and applicable limits shall be submitted to the following offices – (1.) the County Manager, and (2.) the Executive Director of the resource hospital. The following standards are a required minimum.
  1. Workers Compensation – Limits required by law.
  2. Auto Liability – Combined single limit of not less than three million (\$3,000,000.00) per occurrence.
  3. General Liability – Combined single limit of not less than three million (\$3,000,000.00) per occurrence.
  4. Service Provider further agrees that if the state or federal government, accrediting institutions, the County or the resource hospital in Lake County, Indiana, determines that the limits of insurance shown above shall be increased in order to conduct and provide services under this Agreement, the Service Provider shall comply with said determination.
  5. The County, the resource hospital in Lake County, Indiana, and any satellite hospital, shall be named as additional insureds on all insurance policies of the

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**AMBULANCE SERVICE PROVIDER AGREEMENT FOR LAKE COUNTY, INDIANA**

Service Provider and shall be provided with certifications of insurance upon which certificates shall be endorsed that in the event the policy shall be non-renewed, canceled, modified or changed in any way, thirty (30) days advanced written notice is required to be given by the insurer to the County, the resource hospital and satellite hospitals. In the event said insurance has changes, modified, or terminated for any reason or is in an amount below the applicable limits, the County can terminate this agreement upon three (3) days written notice to the Service Provider.

- I. **COMMUNICATION EQUIPMENT:** Service Provider shall supply radio, telemetry and/or cellular communication equipment compatible with requirements of the resource hospital.
- J. **VEHICLE INTERSECTION CONTROL:** Service Provider shall supply emergency response vehicle intersection control interception devices (OPTICOM) in each of its vehicles. These devices must be compatible with the system installed on the County traffic devices.
- K. **RECORD OF SERVICE TRIP:** Service Provider shall maintain an accurate record of each trip made as part of the service provided. Minimum records shall be as follows:
  - 1. Time of call
  - 2. Time of arrival at scene
  - 3. Time of arrival at patient bedside
  - 4. Time of departure from scene
  - 5. Time of arrival at hospital
  - 6. Name of patient
  - 7. Address of patient
  - 8. Itemized list of service rendered
  - 9. Itemized amount of charge
  - 10. Paramedic responding
  - 11. Source of call

All information provided above (excluding that which shall not be released under the federal HIPPA laws) shall be made available to the County, the resource hospital, and a satellite hospital, upon its request.

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**AMBULANCE SERVICE PROVIDER AGREEMENT FOR LAKE COUNTY, INDIANA**

- L. **MONTHLY REPORTS:** Monthly reports of the information listed in K (1-11) above shall be provided by the Service Provider to the County, the resource hospital, and the satellite hospital (excepting that portion of information withheld because of HIPPA laws) within ten (10) days following the end of each month.
- M. **COMPLAINT PROCEDURE:** If any complaint is filed with the County, the resource hospital, or any satellite hospital concerning the service being provided by the Service Provider hereunder, the Service Provider shall make its employees available at reasonable times and places specified by the County, the resource hospital, or the satellite hospital, for any investigation that may be initiated by the County, the resource hospital or the satellite hospital.
- N. **ADVISORY BOARD:** The County shall designate representatives from the Fire Department, Police Department, County Administration and such others as it believes are appropriate, to act as an Advisory Board to meet and from time to time, consult with the Service Provider, to discuss, review and resolve complaints, run-times, response-times, service issues, staffing, personnel and the like. The Service Provider agrees to meet periodically and/or specifically with the Advisory Board, and to participate in the discussion, review and resolution of the matters presented.
- O. **FEE FOR SERVICE:** Service Provider will be entitled to charge service recipient(s) for all medical and transportation service provided to them at a rate that is usual and customary for the local area for such service, not to exceed those rated as set forth in Exhibit A. No additional fee may be charged besides those delineated in Exhibit A.
  - 1. Rates as set forth in Exhibit A are guaranteed for the term of this contract.
  - 2. County shall not be responsible for the payment of any fee for the service provided under this agreement.
- P. **FEE COLLECTION:** Service Provider shall be fully responsible for collecting said charges from the service recipient(s) and/or all applicable third party payers (including from the recipient's insurance, Medicare and/or Medicaid). The Service Provider agrees to accept all insurance assignments, including Medicare and/or Medicaid. Said charges shall be uniform and a schedule of said charges shall be on file with the County's Clerk-Treasurers.

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**AMBULANCE SERVICE PROVIDER AGREEMENT FOR LAKE COUNTY, INDIANA**

1. In the case of those assignments to patient Insurance carriers, the service user shall only be liable for co-pay and/or deductible amounts.

**Q. HEALTH INFORMATION:** To the extent permitted by law, Service Provider shall provide the health officer of Lake County, Manager with specific details of any patient transported who is diagnosed as a possible dangerous and/or contagious disease carrier within twenty-four (24) hours of providing ambulance service, provided the ambulance company is aware of such diagnosis or notified by the receiving hospital of such diagnosis. Service Provider shall provide said health officer and others with all information that is allowed by law to be given to said health officer and others, particularly all information that would relate to any risks associated with employees of the County responding to the original ambulance scene. It is understood that if individual patients cannot be identified under applicable law, that such individual identity need not be disclosed, but nevertheless Service Provider shall provide all other information that is legally available to be disclosed.

**R. PRIMARY DISPATCH:** Primary dispatching is provided to the Service Provider by the Lake County 911 system. Service Provider shall act as a backup dispatcher where necessary, subject to its contractual response requirements. Service Provider shall be responsible for providing all pre- and post-arrival instructions. The Service Provider shall also supply backup communications via cellular telephones.

**S. FIRE DISPATCH:** Service Provider agrees to respond to and stand by with a fully staffed ALS ambulance at any structure fire at no charge to the County. The ALS ambulance shall remain at the fire scene until released by the Fire Officer in charge.

**T. FIRST RESPONDER CLASS:** Service Provider will provide a First Responder Class charging only the Service Provider's actual cost to all interested County Fire Department employees. The cost of course materials shall be at the expense of the County or its employees, as determined by the County.

**U. ASSIGNMENT:**

1. Service Provider shall not assign this Agreement without prior written approval of the County.
2. County shall have the right to assign this agreement to the office of the Calumet Township Trustee without prior written approval of the service

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**AMBULANCE SERVICE PROVIDER AGREEMENT FOR LAKE COUNTY, INDIANA**

provider if the office of the Calumet Township Trustee and/or its Board approves to accept the assignment.

**V. CHANGE IN SENIOR MANAGEMENT:** In the event that there is a change in senior management in the Service Provider during the term of the Agreement, or in the event that there is a change in ownership (legal or beneficial) in the Service Provider during the term of the Agreement, including any change brought about by sales of the asset of the Service Provider or by the sale of more than ten percent (10%) of the voting stock of the Service Provider, or if the Service Provider is placed in receivership or otherwise files a petition for bankruptcy, Service Provider shall give the County and the resource hospital at least ninety (90) days advance written notice prior to any change in ownership, sale, receivership, etc. During such ninety (90) day period, the County shall have the right to terminate this Agreement. If the Service Provider fails to give such ninety (90) day notice, it shall constitute a default under this Agreement, and the County shall have the right to terminate this Agreement.

**W. EMERGENCY MANAGEMENT PARTICIPATION:** As part of its responsibilities, Service Provider shall be required to participate, upon the request of the County at no cost to the County in the following:

1. Disaster exercises (including supporting of ambulances and personnel) but no more than 4 (4) times a calendar year. If requested more than four (4) times in a year parties will agree upon appropriate compensation for those in excess of four times.
2. Provide annually the name of its representative/liason to the Disaster Planning Committee.
3. Provide support to County Departments in training and education as needed but no more than four (4) times a calendar year. If requested more than four (4) times in a year, the parties will agree on appropriate compensation for those in excess of four (4) times. The County shall promptly deliver to the Service Provider a copy of the County Disaster plan for review.

**X. MUTUAL AID AGREEMENTS:** The Service Provider is hereby authorized to enter into such mutual aid agreements with surrounding ambulance services for the use of paramedic services as may be required by the local hospital system. The Service Provider shall notify the resource hospital and the County of the terms of any such agreement.

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- Y. **COMMITMENTS:** The Service Provider and the County agree to perform their commitments in strict compliance with the specifications and terms of this Agreement and all applicable state and federal laws.
- Z. **DEFAULT:** The occurrence of any one of the following shall constitute a default by the Service Provider under this Agreement.
1. Failure to comply with any term, provision or condition of this Agreement,
  2. The Service Provider shall:
    - a. Become insolvent; or
    - b. Be unable, or admits in writing its inability to pay its debts as they mature; or
    - c. Make a general assignment for the benefit of creditors or to an agent authorized to liquidate any substantial amount of its or their property; or
    - d. Be adjudicated a bankrupt; or
    - e. File a petition in bankruptcy or to effect a plan or other arrangement with creditors; or
    - f. File an answer to a creditor's petition (admitting the material allegations thereof) for an adjudication of bankruptcy or to effect a plan or other arrangement with creditors; or
    - g. Apply to a court for the appointment of a receiver for any asset; or
    - h. Have a receiver or similar official appointed without the consent of the Service Provider and such appointment shall not be discharged within sixty (60) days after his appointment or the Service Provider has not bonded against such receivership or appointment; or
    - i. A petition described in (e) filed against the Service Provider and remains undismissed for a period of sixty (60) consecutive days, unless the same has been bonded; or
    - j. Material monetary default under the terms of any loan agreement which relates to the project in any way.
- AA. **BREACH:** The parties agree that the services to be performed by the Service Provider are matters related to public health and safety. If the Service Provider breaches the terms and conditions of this Agreement, it is stipulated that the County will be damaged materially, and it shall be entitled to seek damages and, if necessary, other legal and equitable remedies in any Court of competent jurisdiction.
- BB. **EMPLOYMENT OF ATTORNEY:** In the event a party to this Agreement shall be required to employ an attorney to enforce its terms and conditions or to defend its position, the

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**AMBULANCE SERVICE PROVIDER AGREEMENT FOR LAKE COUNTY, INDIANA**

prevailing party or parties shall recover from the other all of its costs and expenses to enforce or defend, including but not limited to reasonable attorney fees.

- CC. **NOTICES:** All notices under this Agreement shall be in writing and shall be deemed to have been given when:
1. Hand delivered to the party at its usual place of business, and a receipt given.
  2. Mailed by certified or registered mail, return receipt requested, to the last known address of the party at the time of the execution of this agreement.
- DD. **FAILURE TO PERFORM IS NOT A WAIVER:** Failure of either party to this Agreement to insist upon the strict performance of the terms, agreements and conditions herein contained, or any of them, upon the other party imposed, shall not constitute or be constructed as a waiver or relinquishment of such party's right thereafter to enforce any such term, agreement or condition, but the same shall continue in full force and effect.
- EE. **AUTHORITY TO EXERCISE:** The officers of the Service Provider executing this Agreement warrant that they have been lawfully authorized by the Board of Directors of the Service Provider to execute this Agreement on behalf of the Service Provider. The President of the Board of Commissioners and the Lake County Auditor of the County executing this Agreement warrant that they have been lawfully authorized by the Board of Commissioners of the County of Lake, State of Indiana, to execute this Agreement. The Service Provider and County shall, upon request, deliver to each other at the respective time such entities cause their authorized agents to affix their signatures hereto, certified copies of bylaws, resolutions, letters of direction, ordinances or other documents required to legally evidence the authority to execute this agreement on behalf of the respective entities.
- FF. **COMPLETE UNDERSTANDING OF THE PARTIES:** This Agreement sets forth all the promises, inducements, agreements, conditions and understandings between the parties hereto relative to the subject matter thereof and there are no promises, agreements, conditions or understanding, either oral or written, expressed or implied, between them, other than those set forth herein. Except as herein otherwise provided, no subsequent alteration, amendment, change or addition to this Agreement shall be binding on the parties hereto unless authorized in accordance to law, reduced to writing and signed by the parties to be charged with the Agreement.
- GG. **RESOURCE HOSPITAL:** When the term the resource hospital, or the satellite hospital is used herein referring to the obligations of a resource hospital or satellite hospital, it is not intended to connote any obligation upon or duty of such hospital to be a receiving hospital for the transportation of patients by the Service Provider.

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**AMBULANCE SERVICE PROVIDER AGREEMENT FOR LAKE COUNTY, INDIANA**

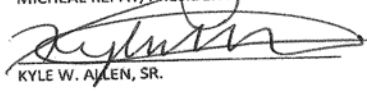
HH. TERM: The term of this Agreement shall be from November 22, 2017 through and including December 31, 2019.

II. EXHIBITS INCORPORATED AS PART OF THIS AGREEMENT:

- a. Exhibit A: Schedule of charges
- b. Exhibit B: Summary of Elite Medical Transportation, LLC experience
- c. Exhibit C: History of Ownership
- d. Exhibit D: Certificate of Liability Insurance

BY LAKE COUNTY

  
 MICHEAL REPAY, PRESIDENT

  
 KYLE W. ALLEN, SR.

JERRY TIPPY

ATTEST:

  
 PAUL MARIK, REGIONAL MANAGER  
 ELITE PARAMEDIC SERVICES

  
 LAKE COUNTY AUDITOR JOHN PETALAS

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**AMBULANCE SERVICE PROVIDER AGREEMENT FOR LAKE COUNTY, INDIANA**



SCHEDULE OF CHARGES

ADVANCED LIFE SUPPORT 1	\$630.00
ADVANCED LIFE SUPPORT 2	\$ 680.00
BASIC LIFE SUPPORT	\$ 380.00
MILEAGE (PER LOADED MILE)	\$15.00

Elite Medical Transportation LLC. agrees to provide all above services to Lake County in the State of Indiana for No Charge (\$0.00) annually through the length of this contract.

## Order #2

**1. Executive Summary**

Elite Medical Transportation LLC. Is offering Emergency 911 Service to Unincorporated Calumet Township, Indiana utilizing our already established vehicles and personal.

**2. Business Background**

Elite Medical Transportation LLC. Was purchased by Mark Vandenberg in 2013 offering both ALS and BLS services in northern Illinois. Elite began with a fleet of six (6) ambulances and now currently has a fleet of over on hundred (100) ambulances daily operating in Illinois, Indiana and Wisconsin.

Mark brings over 45 years of experience in the private ambulance industry.

February 2014 - Elite Medical Transportation starts their Critical Care Paramedic Transport Program.

February 2014 - Elite Medical transportation opens additional location in Niles, Illinois.

March 2015 - Elite Medical Transportation opens additional locations in Chicago, Gurnee, Naperville, and Elk Grove Village, Illinois.

August 2015 - Elite Medical Transportation purchases Erickson Ambulance located in Racine, Wisconsin.

July 2016 - Elite Medical Transportation expands services to Northwest Indiana and opens location in Griffith, Indiana.

September 2016 - Elite Medical Transportation Indiana starts their Critical Care Transport Program.

November 2016 - Elite medical Transportation opens additional locations in Portage and South Bend, Indiana.

September 2017 - Elite Medical Transportation opens it's forth (4<sup>th</sup>) location in Rensselaer, Indiana.

**3. Company Headquarters**

Our Corporate Office is located at 9850 W. 190<sup>th</sup> Street Mokena, Illinois 60448.

Our Indiana Headquarters is located at 3550 179<sup>th</sup> Street Hammond, Indiana 46323.

Our Indiana Dispatch is located at 5660 US HWY 6 Portage, Indiana 46368.

Our phone number is 219 322 6061.

All ambulances will be dispatched by our Communications Center located at our Portage Station.

**4. Local Administrative Information**

Elite Medical Transportation LLC. of Indiana is run daily by Paul Marik and Maryanne Reid.

Paul runs the operational aspect daily and has 20 plus years' experience in EMS. Paul has worked in the field as an EMT-B and also was a Paramedic for 16 years. He has 15 plus years managing operations of EMS Services.

Maryanne Reid runs the dispatch aspect daily and has over 35 years' experience in EMS and Dispatch. Maryanne has worked in the field as an EMT-B and also as a Paramedic which she has held her Paramedic License for the past 30 years. Maryanne has 15 plus years managing communications of EMS Services.

**5. Ambulance Locations**

Ambulances are located at:

1. 3550 W 179<sup>th</sup> Street Hammond, Indiana.
2. 5660 US HWY 6 Portage, Indiana.
3. 55954 Currant Mishawaka, Indiana
4. Rensselaer location to be determined.

**6. Community Involvement**

Elite Medical Transportation makes donations and sponsors numerous organizations and their events by providing ambulance service for free including the Alzheimer's Association, American Cancer Society, Calumet New Tech High School and the Federal Emergency Management Association. We are also heavily involved with training and exercises with the Indiana Department of Homeland Security District 1 Hospital Emergency Planning Committee. We also house District 1 Disaster Equipment at our Hammond Station.

**7. Medical Direction**

All of Elite's Advanced Life Support (ALS) and Basic Life Support (BLS) ambulances and chase cars operate under the Methodist (Gary, IN) Emergency Medical Services System.

Order #2

**8. Organizational Chart**

Rhonda Vandenberg – Chief Operations Officer  
+  
+  
Mark Vandenberg – President  
+  
+  
Paul Marik – Indiana Regional Manager  
+  
+  
Maryanne Reid – Indiana Communications Manager

**9. Management**

Rhonda Vandenberg – COO

Rhonda controls all accounting, maintains the general ledger, accounts payable and treasury management.

Mark Vandenberg – President

Mark controls purchasing and operations as well as assuring our fleet of vehicles meet all local state specifications.

Paul Marik – Regional Manager

Paul is in charge of the daily operations of Elite Indiana.

Maryanne Reid – Dispatch Manager

Maryanne is in charge of the dispatch operations of Elite Indiana.

**10. Mutual Aid**

We currently have an oral agreement with the City of Gary to provide EMS services to their residents when they are unavailable to do so due to excessive calls. You can contact Chief Tia Thompson at [tthompson@ci.gary.in.us](mailto:tthompson@ci.gary.in.us) or at

219 201 7505 if you have any questions pertaining to this agreement or our services provided.

**11. Insurance**

Please See Following Page



Order #2

**A-1. Copy of Indiana License**

Please See Following Page

**A-2. Signatures/Fee Schedule**

Elite Medical Transportation LLC. Is excited for the opportunity to provide quality care and EMS service to the citizens and visitors in Unincorporated Calumet Township, Indiana.

We agree to provide Unincorporated Calumet Township One (1) Advanced Life Support ambulance that will be within Unincorporated Calumet Township Twenty Four (24) hours a day, Seven (7) days a week, Three Hundred Sixty Five (365) days a year (366 on a leap year) for a term of Three (3) years.

We also agree to provide back up for the Ambulance provided if needed from our additional fleet of ambulances and chase cars if available. If the ambulance is on a call we agree to provide a Second (2nd) Advanced Life Support (ALS) ambulance or a Basic Life Support (BLS) ambulance in addition to an Advanced Life Support (ALS) chase car to stage in a section of the Unincorporated Township chosen by Calumet Township to provide further EMS coverage to its residents and visitors.

We also agree to provide Twelve (12) "stand-by" services for no charge annually for special events when requested by Calumet Township.

Please see the Fee Schedule below for all EMS Transportation provided by Elite Medical Transportation LLC.

**UNINCORPORATED CALUMET TOWNSHIP FEE SCHEDULE**

**ADVANCED LIFE SUPPORT 1 \$630.00**

**ADVANCED LIFE SUPPORT 2 \$680.00**

**BASIC LIFE SUPPORT \$380.00**

**MILEAGE (PER LOADED MILE) \$15.00**

Order #2

Elite Medical Transportation LLC. agrees to provide all above services to Unincorporated Calumet Township for No Charge (\$0.00) annually through the length of this contract.

\_\_\_\_\_  
Rhonda Vandenberg  
COO

\_\_\_\_\_  
Mark Vandenberg  
President

\_\_\_\_\_  
Paul Marik  
Indiana Regional Manager

\_\_\_\_\_  
Maryanne Reid  
Indiana Dispatch Manager



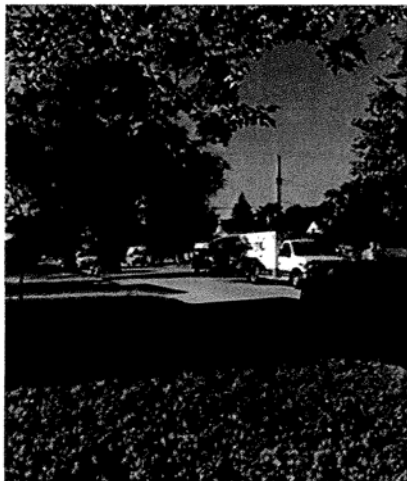
Elite Medical Transportation was purchased by Mark Vandenberg in 2013 offering both ALS and BLS services in Northern Illinois. Elite began with a fleet of six (6) ambulances and now currently has a fleet of over one hundred (100) ambulances daily.

Mark brings over 45 years of experience in the private ambulance industry.

- February 2014 Elite Medical Transportation starts their Critical Care Paramedic Transport Program
- February 2014 Elite Medical Transportation opens additional location in Niles Illinois
- March 2015 Elite Medical Transportation opens additional locations in Chicago, Gurnee, Naperville and Elk Grove Village Illinois
- August 2015 Elite Medical Transportation purchases Erickson Ambulance located in Racine Wisconsin
- July 2016 Elite Medical Transportation expands services to Northwest Indiana, based in Griffith Indiana
- September 2016 Elite Medical Transportation Indiana starts their Critical Care Paramedic Transport Program
- November 2016 Elite Medical Transportation opens additional locations in Portage and South Bend, Indiana
- September 2017 Elite Medical Transportation opens its 4<sup>th</sup> location in Rensselaer, Indiana



Order #2



Elite's Pre-Employment Process consists of a criminal background check, driving history check, drug screen and lift test for all prospective employees.

Once employed, all employees will be verified that they meet all regulation and licensure requirements set forth by the Indiana Department of Homeland Security.

Employees then must pass the Methodist Hospital Emergency Medical Service System SMO and Practical Exam.

Methodist Hospital EMSS is Medical Control for all Basic Life Support, Advanced Life Support and Critical Care Transport ambulances operated by Elite's Indiana Division.

All EMT's and Paramedics that are eligible to drive are put through the Nationally Accredited Emergency Vehicle Operator Course (EVOC). All drivers must pass the classroom portion as well as the driving portion which consists of multiple behind the wheel exercises and scenarios which complies with all U.S. Department of Transportation guidelines for operating emergency vehicles.

Elite currently operates over 30 ambulances in Northwest Indiana as well as 2 Advanced Life Support Chase Cars and 2 Basic Life Support Chase Cars. We operate numerous ambulances in or around Calumet Township daily. We are dedicated to serving your residents and are willing to assist the one (1) contracted ambulance for Calumet Township and will offer a back up if needed. If the contracted ambulance is not available due to a call, we will automatically send a second (2nd) ambulance to stage at a location designated by Calumet Township to help assist with further coverage if needed.



Ambulance – Stationed within Unincorporated Calumet Township

- Elite will provide one (1) Advanced Life Support Ambulance staffed Twenty Four (24) hours per day, Seven (7) days a week, Three Hundred and Sixty Five (365) days a year (366 on a leap year) and will also provide an additional Advanced Life Support Ambulance, Basic Life Support Ambulance or Advanced Life Support Chase car if needed.



For all services listed above, Elite will not charge Unincorporated Calumet Township any subsidy and will retain all billing rights for patients transported.

Thank you for considering Elite!

Order #2



**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** (10/03/2017)

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).

<b>PRODUCER</b> Brown & Brown of Northern Illinois 220 North Larkin Joliet, IL 60435 Lawrence Jungles	<b>CONTACT NAME</b> Lawrence Jungles <b>PHONE (BUS. EXT.)</b> 815-729-4650 <b>FAX (BUS. EXT.)</b> 815-729-4727 <b>ADDRESS:</b>
<b>INSURED</b> Elite Medical Transportation LLC DBA Elite Ambulance, LLC 9850 W 190th St. Ste B1 Mokena, IL 60448	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hiscox Insurance Company 10200 <b>INSURER B:</b> Michigan Commercial Ins Mutual 10998 <b>INSURER C:</b> Liberty Mutual Fire Ins Co 23035 <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**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.

TYPE OF INSURANCE	ACORD SUBFORM NO.	POLICY NUMBER	INSURANCE PERIOD (MONTHS)	INSURANCE PERIOD (DAYS)	LIMITS
<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MEO2024314.17	10/11/2017	10/11/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 300,000
<input checked="" type="checkbox"/> <b>MED PROF LIAB</b>		MEO2024314.17	10/11/2017	10/11/2018	MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Retention \$ 5,000
<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRER AUTOS NON-OWNED AUTOS		AS2-641-445106-017	10/11/2017	10/11/2018	COMBINED SINGLE LIMIT (EA OCCURRENCE) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/> <b>UMBRELLA LIAB</b> EXCESS LIAB					EACH OCCURRENCE \$ AGGREGATE \$
<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUSION (Mandatory in Ill.) EMPLOYER'S LIABILITY EMPLOYER'S LIABILITY		WC100-0017022-2016A	12/20/2016	12/20/2017	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
<input checked="" type="checkbox"/> <b>Physical Damage</b> <b>A Sexual Moles</b>		AS2-641-445106-017 MEO2024314.17	10/11/2017 10/11/2017	10/11/2018 10/11/2018	Occ/Agg \$1MM/\$1MM

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

**CERTIFICATE HOLDER**      **CANCELLATION**

Calumet Township  
1900 W. 41st Ave.  
Calumet, IL 46408

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  
*[Signature]*

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ACORD 25 (2014/01)

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STATE OF INDIANA

Emergency Medical Services Commission



HEREBY CERTIFIES THAT:

Elite Medical Transportation LLC  
HAS FULFILLED THE REQUIREMENTS TO BECOME A

**CERTIFIED**

Paramedic Organization

PURSUANT TO 16-31 AND TITLE 836 IAC

*Michael J. Harvey*

1236  
Commission number

01/12/2017  
Expiration date (month, day, year)

07/01/2018  
Expiration date (month, day, year)

THIS CERTIFICATE IS NOT VALID WITHOUT THE COMMISSION WATERMARK



THIS CERTIFICATE IS VALID FOR THE PERIOD SPECIFIED UNLESS EARLIER SUSPENDED, REVOKED OR TERMINATED BY THE COMMISSION, AND SHALL BE PROMPTLY RETURNED TO THE DIRECTOR IF SUSPENDED, REVOKED OR TERMINATED. THIS CERTIFICATE IS NOT ASSIGNABLE OR TRANSFERABLE AND NO OFFICIAL ENTRY UPON IT MAY BE DEFACED, REMOVED OR OBLITERATED.

The next Board of Commissioners Regular Meeting will be held on Wednesday, December 20, 2017 at 10:00 A.M.

There being no further business before the Board at this time, Allen made a motion, seconded by Repay, to adjourn.

The following officials were Present:  
Attorney Dull

\_\_\_\_\_  
MICHAEL REPAY, PRESIDENT

\_\_\_\_\_  
KYLE ALLEN Sr., COMMISSIONER

\_\_\_\_\_  
absent  
JERRY TIPPY, COMMISSIONER

ATTEST:

\_\_\_\_\_  
JOHN E. PETALAS, LAKE COUNTY AUDITOR