



# Edgar County Special Service Area Ambulance, Inc.

P.O. Box 937 • Paris, IL 61944

Phone: 217-463-5200 • FAX: 217-463-5112

[www.edgarcountyambulance.com](http://www.edgarcountyambulance.com)



Edgar County Board  
c/o Edgar County Clerk  
115 W. Court St. Room J  
Paris, IL 61944

To whom it may concern:

Edgar County SSA Ambulance (ECSSA) is proud to submit the enclosed bid proposal for Ambulance Service Operations from June 1, 2014 at 12:00 am - May 31, 2019 at 11:59 pm. As an Illinois-licensed Paramedic Provider for over 10 years, ECSSA has maintained and improved our ambulance operations to ensure that the citizens of Edgar County receive the best quality of care possible. ECSSA will proudly continue to serve the (7) southern townships of Edgar County (Buck, Paris, Hunter, Stratton, Grandview, Symmes, and Elbridge) during this new contract period. ECSSA will continue to respond to mutual-aid requests when requested by other ambulance services providing emergency response in Edgar County (Northern Edgar County Ambulance and/or Kansas Ambulance).

Not only does ECSSA provide our community with (4) Paramedic ambulances and (1) Paramedic Assist Vehicle, we also provide a fifth ambulance certified at the Basic level to ensure that the non-emergent needs of our community are met. ECSSA staffs (2) Paramedic Ambulances 24 hours a day/7 days a week and (1) Paramedic Equivalent level ambulance from 8:00am-5:00pm Monday-Saturday. Every Paramedic and EMT-Basic employed by ECSSA will be licensed by the Illinois Department of Public Health and each ambulance crew will consist of a minimum of (2) of the above-stated individuals.

ECSSA does operate with an approved credit line of \$150,000.00 held at First Bank & Trust of Paris, and has maintained this account since early 2013 (please see attached).

ECSSA will continue to provide the citizens of the Special Service Area No. 1 Ambulance District with quality healthcare, regardless of their ability to pay. ECSSA will also provide Edgar County with a copy of a valid Certificate of Liability with a minimum of \$2,000,000.00 coverage with Edgar County and the Special Service Area No. 1 Ambulance District listed as additional insured bodies. ECSSA will continue to provide any other insurance as required by law, including but not limited to, Workman's Compensation Insurance (please see attached Certificate of Liability Insurance).



# Edgar County Special Service Area Ambulance, Inc.

P.O. Box 937 • Paris, IL 61944

Phone: 217-463-5200 • FAX: 217-463-5112

[www.edgarcountyambulance.com](http://www.edgarcountyambulance.com)



ECSSA will continue to maintain all Emergency Medical Equipment following manufacturer's guidelines and by all rules and regulations in accordance with FDA standards. ECSSA will also continue to provide exceptional patient care by providing cardiac monitoring with 12 Lead EKG transmittal features on each vehicle licensed to provide Paramedic-level care. In addition to equipment, ECSSA will continue to maintain all vehicles (transport and non-transport alike) in accordance with manufacturer recommendations and all vehicles will be licensed by the Illinois Department of Public Health (please see attached).

ECSSA will continue to be dispatched by Edgar County's E-911 Center at no cost. Any and all back-up units owned by ECSSA will continue to have direct radio communications with Edgar County E-911 Center for dispatch purposes. ECSSA will also continue to maintain operations within the 2.5 miles of the Edgar County Courthouse. Current operations are based at ECSSA headquarters; 1703 S. Main Street, Paris, IL with goals to expand the building structure in the future.

We would like to thank you for your continued support and we look forward to continuing our relationship with Edgar County in the near future.

Respectfully submitted,

Eric Shaughnessy, Director

Nicole Shaughnessy, Assistant Director

Enclosures



# Edgar County Special Service Area Ambulance, Inc.

P.O. Box 937 • Paris, IL 61944

Phone: 217-463-5200 • FAX: 217-463-5112

[www.edgarcountyambulance.com](http://www.edgarcountyambulance.com)



## *Edgar County Special Service Area Ambulance*

- Founded in October, 2003 and recently celebrated 10 years of serving our community.
- Changed ownership in June, 2009 – with over 90% of the following changes taking place since that time.
- Provides two Paramedic-level ambulances staffed 24 hours, 7 days a week, 365 days a year. Staffs a third Paramedic-level ambulance an additional 6 days per week. Provides a fourth Paramedic-level and fifth Basic-level ambulance when needed.
- Provides a Paramedic-level staffed response vehicle.
- Provides an off-road rescue vehicle.
- Licensed in the states of Illinois and Indiana, and is also an Indiana-licensed advanced training center.
- Employs 18 staff members (17 of which happen to reside in Edgar County). 10 Paramedics, 7 EMT-Basics and 1 Pre-Hospital Registered Nurse currently. 3 EMT-Basics will be completing their paramedic studies this summer, with an additional EMT-Basic that will be completing their paramedic studies next spring.
- Three staff members have obtained and maintain the national “Certified Ambulance Coder” certifications to ensure local, state and federal guidelines are followed at all times.
- Recently had 3 Paramedics obtain their ‘National Registry’ certification, in addition to three additional Paramedics that had previously obtained this certification – for a total of 9 out of 10 Paramedics that currently hold this certification.
- Have equipped all ambulances and response vehicles with state-of-the-art equipment, such as: cardiac monitors that have the ability to transmit EKG’s (electrocardiographs) to hospitals and physicians from the scene and laptop computers with electronic patient records.
- Recently began drawing blood in the field to better patient care and align with Paris Community Hospital and their efforts to achieve stroke certification.
- Provide CPR, First Aid and Basic Life Support courses to the community, organization, businesses and individuals.
- Provide First Responder Training to local businesses and organizations
- Will be instructing our fourth EMT-Basic course this spring.
- Has awarded over \$6,000.00 in scholarships to Edgar County graduating seniors planning on furthering their education in the medical field since beginning the ‘Edgar County SSA Ambulance Merit Scholarship’ in 2009.
- Volunteer our service to county-wide activities such as: Edgar County Fair, Edgar County Shrine Barbeque Weekend, Honeybee Festival, Relay for Life, Youth Football, PCHS Football, CAMA Teen Bike Ride, Edgar County JAKES Outing, Old Codgers Baseball, Community Nurse Baskets, Vial for Life, etc.
- Sponsor numerous community organizations, including: PWSSA Softball League, Edgar County Pheasant’s Forever, National Wild Turkey Federation, The ‘Rec’ Center, Numerous Youth Sports Teams and Organizations, along with many more.

## AMBULANCE BID SUBMISSION FORM

Name of Bidder Edgar County Special Service Area Ambulance

### MONETARY

This is the amount of tax money the bidder will need to operate an Ambulance service over the next five years, not to exceed the authorized maximum tax levy.

Year 1	June 1, 2014 – May 31, 2015	\$ <u>Maximum amount levied</u>
Year 2	June 1, 2015 – May 31, 2016	\$ <u>Maximum amount levied</u>
Year 3	June 1, 2016 – May 31, 2017	\$ <u>Maximum amount levied</u>
Year 4	June 1, 2017 – May 31, 2018	\$ <u>Maximum amount levied</u>
Year 5	June 1, 2018 – May 31, 2019	\$ <u>Maximum amount levied</u>
TOTAL		\$ <u>Maximum amount levied</u>

### BIDDER COMMENTS

---

---

---

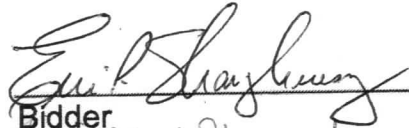
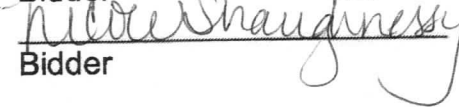
---

---

### CERTIFICATION

I certify that I have read and understand the Ambulance bid specifications for Edgar County, IL, and further certify that Edgar County Special Service Area Ambulance(bidder) can meet the requirements of these bid specifications.

Dated May 1, 2014

  
Bidder  
  
Bidder



Paris • Marshall • Savoy • Rantoul • Martinsville • Champaign

---

April 22, 2014

To Whom It May Concern:

This letter serves as notice that the Edgar County Special Service Area Ambulance has a business line of credit in the amount of \$150,000.00 with First Bank and Trust of Paris. This line of credit will mature on February 20, 2015. Edgar County SSA Ambulance has been a commercial customer of First Bank since 2013, and has been an excellent credit to the bank.

Sincerely,

Brian Stolz  
Vice President  
First Bank and Trust

P.O. Box 880 • Paris, IL 61944

800-228-6381

[www.firstbanktrust.com](http://www.firstbanktrust.com)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/1/2014

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> ESO Insurance Agency, Inc. 705 Thunderbird PO Box 428 Rantoul, Illinois 61866	<b>Phone:</b> (217)893-1138 <b>Fax:</b> (217)893-1189	<b>CONTACT NAME:</b> Karah Wilson <b>PHONE (A/C, No, Ext):</b> (217)893-1138 <b>E-MAIL ADDRESS:</b> kwilson@esoins.com <b>FAX (A/C, No):</b> (217)893-1189																					
<b>INSURED</b> Edgar County Special Service Area Ambulance Inc P.O. Box 937 Paris, IL 61944		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A :</td><td>Arch Insurance Company</td><td>11150</td></tr><tr><td>INSURER B :</td><td></td><td></td></tr><tr><td>INSURER C :</td><td></td><td></td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Arch Insurance Company	11150	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
INSURER(S) AFFORDING COVERAGE		NAIC #																					
INSURER A :	Arch Insurance Company	11150																					
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														
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	MAPK08374400	10/1/2013	10/1/2014	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 10,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 10,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	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	\$ 10,000,000	PRODUCTS - COMP/OP AGG	\$ 10,000,000		\$
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	\$ 10,000,000																			
PRODUCTS - COMP/OP AGG	\$ 10,000,000																			
	\$																			
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	MAPK08374400	10/1/2013	10/1/2014	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 10,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 10,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 10,000,000																			
BODILY INJURY (Per person)	\$																			
BODILY INJURY (Per accident)	\$																			
PROPERTY DAMAGE (Per accident)	\$																			
	\$																			
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/>	MAUM08502500	10/1/2013	10/1/2014	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	AGGREGATE	\$ 2,000,000		\$								
EACH OCCURRENCE	\$ 1,000,000																			
AGGREGATE	\$ 2,000,000																			
	\$																			
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A	N / A				<table border="1"><tr><td>WC STATU-TORY LIMITS</td><td>OTH-ER</td></tr><tr><td>E L EACH ACCIDENT</td><td>\$</td></tr><tr><td>E L DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E L DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	WC STATU-TORY LIMITS	OTH-ER	E L EACH ACCIDENT	\$	E L DISEASE - EA EMPLOYEE	\$	E L DISEASE - POLICY LIMIT	\$						
WC STATU-TORY LIMITS	OTH-ER																			
E L EACH ACCIDENT	\$																			
E L DISEASE - EA EMPLOYEE	\$																			
E L DISEASE - POLICY LIMIT	\$																			
A	<b>Professional Liability</b>	<input checked="" type="checkbox"/>	MAPK06185805	10/1/2010	10/1/2011	<table border="1"><tr><td>Each Wrongful Act:</td><td>1,000,000</td></tr><tr><td>Annual Aggregate</td><td>2,000,000</td></tr></table>	Each Wrongful Act:	1,000,000	Annual Aggregate	2,000,000										
Each Wrongful Act:	1,000,000																			
Annual Aggregate	2,000,000																			

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

Per Contract

**CERTIFICATE HOLDER**

Holder's Nature of Interest : Additional Insured

Edgar County Board

Special Area #1 District Ambulance  
115 West Court St.  
Paris, IL 61944**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

© 1988-2010 ACORD CORPORATION. All rights reserved.



EMS140236

**Illinois Department of  
PUBLIC HEALTH****LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**LaMar Hasbrouck, MD, MPH**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/2014	G	06 6706
Ambulance Provider License Highest Level of Care: ALS		

EDGAR CO. SPECIAL SERV. AREA AMB.  
1703 S. MAIN STREET  
PARIS, IL 61944

The face of this license has a colored background. Printed by Authority of the State of Illinois • 9/05





EMS155525

**Illinois Department of  
PUBLIC HEALTH****LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**LaMar Hasbrouck, MD, MPH**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/2014	G	06 6493
Non-Transport Provider License Highest Level of Care: ALS		

**EDGAR CO SPECIAL SERV AREA AMB. INC**  
**1703 S. MAIN STREET**  
**PARIS, IL 61944**

The face of this license has a colored background. Printed by Authority of the State of Illinois • 9/05





EMS140229

**Illinois Department of  
PUBLIC HEALTH****LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**LaMar Hasbrouck, MD, MPH**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/2014	G	06 670605
VIN: 1GB6G5CL9C1171180 MAKE: Chevrolet Ambulance Vehicle License Vehicle Level of Care: ALS		

**EDGAR CO. SPECIAL SERV. AREA AMB.**  
**1703 S. MAIN STREET**  
**PARIS, IL 61944**

The face of this license has a colored background. Printed by Authority of the State of Illinois • 9/05



EMS140232

**Illinois Department of  
PUBLIC HEALTH****LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**LaMar Hasbrouck, MD, MPH**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/2014	G	06 670604
VIN: 1GB9G5B68A1125877 MAKE: Chevrolet Ambulance Vehicle License Vehicle Level of Care: ALS		

EDGAR CO. SPECIAL SERV. AREA AMB.  
1703 S MAIN ST. PO BOX 937  
PARIS, IL 61944-0000

The face of this license has a colored background. Printed by Authority of the State of Illinois - 9/05



EMS140231

**Illinois Department of  
PUBLIC HEALTH****LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**LaMar Hasbrouck, MD, MPH**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/2014	G	06 670603
VIN: 1GB9G5B67A1125899 MAKE: Chevrolet Ambulance Vehicle License Vehicle Level of Care: ALS		

EDGAR CO. SPECIAL SERV. AREA AMB.  
1703 S MAIN ST PO BOX 937  
PARIS, IL 61944-0000

The face of this license has a colored background. Printed by Authority of the State of Illinois • 9/05



EMS140234

**Illinois Department of  
PUBLIC HEALTH****LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**LaMar Hasbrouck, MD, MPH**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/2014	G	06 670602
VIN: 1FDXE40FXXHA06651 MAKE: Ford Ambulance Vehicle License Vehicle Level of Care: ALS		

EDGAR CO. SPECIAL SERV. AREA AMB.  
1703 S MAIN ST PO BOX 937  
PARIS, IL 61944-0000

The face of this license has a colored background. Printed by Authority of the State of Illinois • 9/05



EMS140233

**Illinois Department of  
PUBLIC HEALTH****LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**LaMar Hasbrouck, MD, MPH**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/2014	G	06 670601
VIN: 1FDWE35P78D432026 MAKE: FORD Ambulance Vehicle License Vehicle Level of Care: B/D		

EDGAR CO. SPECIAL SERV. AREA AMB.  
1703 S MAIN ST PO BOX 937  
PARIS, IL 61944-0000

The face of this license has a colored background. Printed by Authority of the State of Illinois • 9/05