



AMBULANCE SERVICE PROPOSAL

For the City of Shelbyville, Illinois
SEPTEMBER 2022



A Global Medical Response Solution

COVER LETTER

August 30, 2022

Rachel Wallace, City Clerk – City of Shelbyville, Illinois
170 E Main St.
Shelbyville, IL 62565
cityclerk@shelbyvilleil.net | 217-774-5531

RE: Ambulance Services Proposal

Dear City of Shelbyville, Illinois City Clerk,

Mission Care of Illinois, LLC DBA Abbott EMS of Illinois (“Abbott EMS”) thanks the City of Shelbyville, Illinois (“City”) for the opportunity to propose ambulance services solutions. We are excited to put together an alternative solution that meets both the demands of the system as well as remains fiscally responsible to ensure long term sustainability. If the City elects to partner with us, your community will receive a trustworthy and professional provider to care for your citizens and guests.

If awarded, Abbott EMS requests that we serve as the only ambulance license holder and the City establishes a five-year moratorium on issuing new licenses to another provider.

With Abbott EMS, the City will receive:

- At minimum, one (1) 24-hour Advance Life Support (ALS) unit along with one (1) 12-hour ALS unit 7 days a week
- Support from Mattoon, Effingham and Decatur during times of high demand
- First hiring preference to incumbent caregivers, including recognition of Teamsters Local 916, if they meet our professional and licensure standards

We are committed to providing unmatched quality clinical care and customer service satisfaction as we serve your community. We thank you for consideration. If you have any questions or would like additional information, please do not hesitate to contact me directly.

Respectfully submitted,

BRIAN GERTH, Regional Director
C: 602.329.7572 | brian.gerth@gmr.net

CITY REQUIREMENTS

For emergency/911 calls only, the City of Shelbyville will require a minimum of two (2) advanced life support (ALS) ambulances per license request, and that at least two (2) advanced life support (ALS) ambulances be available at all times to service the City's needs. Additional ambulances maybe staffed as BLS, ILS and/or ALS units. What are plans to transfer emergencies if no ALS ambulance available?

Abbott proposes to provide one (1) 24-hour ALS unit along with one (1) 12-hour ALS unit to serve the City of Shelbyville. Should no ALS ambulances be available, the City of Shelbyville will be supported with built in mutual aid from Mattoon, Effingham and Decatur.

The City will issue licenses such that any combination of licenses can provide Shelbyville with available ambulances sufficient to meet the City's EMS dispatch requirements and other operational needs. The applicant's application shall state the number of ambulances they will have available for emergency/911 calls only.

Abbott believes one (1) 24-hour ALS unit along with one (1) 12-hour ALS unit to be sufficient coverage for the City of Shelbyville. Understanding the majority of calls occur between the hours of 8AM and 8PM, this deployment will allow for additional coverage during peak hours while reducing deployment during times of low demand. This deployment is also the most fiscally responsible in that it ensures resources are layered over demand with additional support available from Mattoon, Effingham and Decatur when needed.

Applicants may have as many ambulances in operation, or on stand-by, as they deem appropriate for conducting non-emergency medical transfers and other revenue-producing EMS-related services, training, and other activities as they consider necessary for successful execution of their business plan.

Abbott EMS understands, agrees and will comply with the requirements as outlined above.

We are able to staff additional ambulances as desired to conduct necessary orders of business for successful execution of our operational plans.

The applicant may situate their place of business in any locations within the City of Shelbyville that are suitably zoned for such a purpose. The application should provide actual, planned, or tentative addresses for business locations.

Abbott EMS understands, agrees and will comply with the requirements as outlined above.

Following the issuing of a license, we will provide a business location once secured.

The applicant shall provide verification that the business and its key employees are licensed by the State of Illinois, and the applicant will provide logos, monograms, insignia and other publicly displayed identifying graphics the applicant plans to use to brand the ambulance service in the City of Shelbyville.

Abbott EMS understands, agrees and will comply with the requirements as outlined above. Please see ***Attachment 2 - Abbott EMS State License*** for our State License.

The applicant must submit documentation detailing their current coverages for liability and worker compensation. (Please see Ordinance 22-14)

Abbott EMS understands, agrees and will comply with the requirements as outlined above.

Please see **Attachment 1 – Certificate of Liability Insurance** for Abbott EMS' documentation detailing our current coverages for liability and worker compensation.

The applicant must demonstrate that they have sufficient equipment and vehicles to operate an ambulance service in Shelbyville on a 24-hour, seven-days a week basis, manned and capable of fully complying with the minimum requirements for advanced life support (ALS) services, and all other provisions of State Law as set forth by the Illinois EMS Act (ILCS 210 50/1).

Abbott EMS understands, agrees and will comply with the requirements as outlined above.

We are currently working with Hospital Sisters Health System (HSBS) to obtain the necessary fleet and equipment to provide services.



Vehicles used as ambulances by the applicant must be equipped with mobile data computers and automatic vehicle locator technology.

Abbott EMS understands, agrees and will comply with the requirements as outlined above.

Abbott EMS will utilize ambulances already in place in the surrounding Shelbyville area. Our plan of action will differ depending on the mobile data technology (MDT) and automatic vehicle locator technology (AVL) already in these units. We are committed to ensuring these vehicles are equipped with MDTs and AVLs and, as necessary, equipping the units with the requested technology outlined above that suits your Computer Aided Dispatch (CAD) system following contract award.

The applicant must agree to participate in, and be dispatched by, the Christian County 911 Dispatch Service which is the consolidated dispatching center for all first responder agencies in Christian and Shelby Counties. The applicant will agree to compile and maintain the following information and report the same to Christian County 911 Dispatch Service for each ambulance vehicle: a) location, b) when out of service, c) when available, d) when enroute, e) time of arrival at scene, and f) when in quarters.

Abbott EMS understands, agrees and will comply with the requirements as outlined above.

The applicant shall demonstrate that they have or can obtain certificates for all EMT personnel in their employ showing that they are all NIMS (National Incident Management System) IS100 and IS700 compliant within ninety (90) days from the commencement of operations.

Abbott EMS understands, agrees and will comply with the requirements as outlined above.

Abbott will provide NIMS (National Incident Management System) IS100 and IS700 compliant training within ninety (90) days from the commencement of operations and will provide certificates for all EMT personnel in our employ.



In addition to these requirements, the applicant will abide by all terms of their State and local licenses, and all ordinances of the City of Shelbyville.

Abbott EMS understands, agrees and will comply with the requirement as outlined above.

The applicant will submit information documenting their previous experience in providing ambulance services, including a list of communities where they are current, or have in the past, conducted business. The applicant must all be responsive to any additional information requested by the City to aid in its consideration of licensure.

The City will receive reliable and professional service, innovative vehicles and equipment and a commitment to transparency and accountability in all aspects of service. Our solution provides the highest value and sustainability for your community's future. With Abbott EMS, you will have the benefit of contracting with staff deeply familiar with the medical transportation needs of your community's citizens and region geography.

We have a proud history of serving the State of Illinois for more than two (2) decades. We can provide a variety of solutions aimed at meeting all of your EMS needs. We provide a focused local leadership team responsible for the oversight and management of the medical transportation services provided to your community.

Current Abbott EMS operations in IL:

- ▣ Belleville, Illinois
- ▣ Effingham, Illinois
- ▣ Franklin, Illinois
- ▣ Marion, Illinois
- ▣ Decatur, Illinois

AMR and Lifeguard, solutions within the family of Global Medical Response solutions, also have extensive experience providing ambulance services in Illinois. AMR is currently operating in Evansville and New Lenox, and Lifeguard is operating in McDonough County.

Applicants will not be required, compelled, or urged to purchase or lease any assets of DAS; however, they are free to discuss use of DAS assets with the current owner—HSHS, Inc.

Abbott EMS understands, agrees and will comply with the requirement as outlined above.

The City is willing to make reasonable accommodation to facilitate the rapid establishment of EMS operations in Shelbyville through an orderly transition of care.

Abbott EMS understands, agrees and will comply with the requirements as outlined above.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
04/01/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Aon Risk Services Central, Inc. Philadelphia PA office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA | CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS: | | | | | | | | | | | | | | |
|--|--|-------------------------------|--------|--|-------|---|-------|--|-------|---|-------|---------------------------------------|-----------|------------|--|
| INSURED Mission Care of Illinois dba Abbott EMS 6363 Fiddlers Green Circle Suite 1400 Greenwood Village CO 80111 USA | <table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Indemnity Insurance Co of North America</td><td>43575</td></tr><tr><td>INSURER B: ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER C: ACE Fire Underwriters Insurance Co.</td><td>20702</td></tr><tr><td>INSURER D: Great American Security Ins Co</td><td>31135</td></tr><tr><td>INSURER E: Lloyd's Syndicate No. 2623</td><td>AA1128623</td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Indemnity Insurance Co of North America | 43575 | INSURER B: ACE American Insurance Company | 22667 | INSURER C: ACE Fire Underwriters Insurance Co. | 20702 | INSURER D: Great American Security Ins Co | 31135 | INSURER E: Lloyd's Syndicate No. 2623 | AA1128623 | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: Indemnity Insurance Co of North America | 43575 | | | | | | | | | | | | | | |
| INSURER B: ACE American Insurance Company | 22667 | | | | | | | | | | | | | | |
| INSURER C: ACE Fire Underwriters Insurance Co. | 20702 | | | | | | | | | | | | | | |
| INSURER D: Great American Security Ins Co | 31135 | | | | | | | | | | | | | | |
| INSURER E: Lloyd's Syndicate No. 2623 | AA1128623 | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 570092415409

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.

Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|--|-------------------------|-------------------------|--|
| B | COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | XSLG72486377 SIR applies per policy terms & conditions | 03/31/2022 | 03/31/2023 | EACH OCCURRENCE \$2,750,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$2,750,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,750,000 SIR \$250,000 |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> \$2,500 Coll Deductib <input checked="" type="checkbox"/> \$2,500 Comp Deduct | | | ISAH25562434 | 03/31/2022 | 03/31/2023 | COMBINED SINGLE LIMIT (Ea accident) \$10,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| D | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION | | | EXC4051353 | 03/31/2022 | 03/31/2023 | EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 |
| 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/A | WLR68920280 AOS WLR68920243 CA, MA | 03/31/2022 | 03/31/2023 | <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 |
| E | E&O-PL-XS | | | W18173220701 Claims Made SIR applies per policy terms & conditions | 03/31/2022 | 03/31/2023 | Per Claim \$12,000,000 Aggregate \$12,000,000 SIR \$3,000,000 |

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

RE: VEHICLES 1GB9G5B67A1116622 1GB6G5CL8C1175043 1GB6G5CLXF1218902 1GBKG316X91134647 1GB6G5CL4F1155571. EVIDENCE OF COVERAGE FOR AMERICAN MEDICAL RESPONSE, INC. MISSION CARE OF ILLINOIS OBA ABBOTT EMS. ALSO OPERATING AT: 1300 WEST CHERRY, MARION, IL 62959. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE POLICY PROVISIONS WILL GOVERN HOW NOTICE OF CANCELLATION MAY BE DELIVERED TO CERTIFICATE HOLDERS IN ACCORDANCE WITH THE POLICY PROVISIONS OF EACH POLICY.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| MISSION CARE OF ILLINOIS DBA ABBOTT EMS OF ILLINOIS 1003 WEST CHERRY MARION IL 62959 USA | 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 <i>Aon Insurance Managers (USA), Inc.</i> |
|---|--|

Holder Identifier :

Certificate No : 570092415409



ADDITIONAL REMARKS

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|-------------------------------|--------|
| INSURER | |
| INSURER | |
| INSURER | |
| INSURER | |

[illegible]

EMS229383

**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.

NGOZI EZIKE, M.D.

DIRECTOR

Issued under the authority of
the Illinois Department of
Public Health

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|-----------------|----------|-------------|
| 07/31/2023 | G | 05 5879 |

Ambulance Provider License
Highest Level of Care: ALS

MISSION CARE OF ILL.LLC/DBA ABBOTT EMS OF ILLINOIS
 4400 NORTH BELT WEST, SUITE B
 BELLEVILLE, IL 62226

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

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN
IDENTIFICATION

Illinois Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

| EXPIRATION DATE | CATEGORY | I.D. NUMBER |
|-----------------|----------|-------------|
| 07/31/2023 | G | 05 5879 |

**MISSION CARE OF ILL.LLC/DBA ABBOTT
EMS OF ILLINOIS**
 Ambulance Provider License
 Highest Level of Care: ALS

**MISSION CARE OF ILL.LLC/DBA ABBOTT
EMS OF ILLINOIS**
 4400 NORTH BELT WEST, SUITE B
 BELLEVILLE, IL 62226

FEE RECEIPT NO.

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 INDICATED ON THE FACE OF THIS CARD.

ISSUED UNDER THE AUTHORITY OF
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

SIGNATURE OF LICENSEE