



LIFESTAR EMS

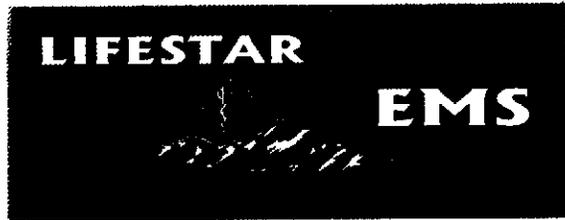
AMBULANCE AGREEMENT

SERVICING ALL YOUR AMBULANCE, WHEELCHAIR VAN & MEDICAL TRANSPORT NEEDS

Office: 844.937.9783 Fax: 866.418.0826

PO Box 788, West Ossipee, NH 03890

www.lifestarnh.com



LIFESTAR EMS

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**TOWN OF CONWAY, NEW HAMPSHIRE REQUEST FOR PROPOSALS:
EMERGENCY AMBULANCE SERVICES AGREEMENT**

GENERAL INFORMATION

Background

The Board of Selectmen, Town of Conway, is accepting competitive Sealed Proposals for a five (5) year emergency ambulance service agreement effective May 1, 2017. Said services shall be provided to portions of the Town of Conway defined under Section 5 as the "Service Area". The Board of Selectmen is interested in receiving proposals that will meet the minimum requirements contained in the specifications, at the lowest possible, subsidy by the Town of Conway.

Please note: The purpose of this agreement is to support and facilitate the provision of the specified level of service by providing a subsidy to the selected provider (s).

Submission of Proposals

Proposals must be received at the following address by 3:00 PM, September 30, 2016:

Board of Selectmen, Town of Conway, 1634 E. Main St., Center Conway, NH 03813.

Postmarks are not accepted. Electronic copies are not accepted. Six hard copies of the proposal shall be submitted and must be enclosed in a sealed envelope or package clearly marked "Sealed Proposal: Ambulance Agreement". All late proposals shall remain unopened and shall be rejected. All proposals submitted become the property of the Town.

The Town will review all proposals received as a result of this request and make a selection that is in the best interest of the Town. The decision of the Town shall be final and conclusive. The Town reserves the right to reject any and all bids at its sole discretion.

In the event the Selectmen make a recommendation to the voters of the town, it will be by a warrant article appearing on the ballot of the 2017 annual town meeting. Final acceptance of any agreement for Ambulance Service will be by approval of the voters of the Town of Conway at the 2017 annual town meeting.

1. PROPOSAL PREPARATION, FORMAT AND CONTENT

In order to facilitate evaluation of the proposals, the provider is instructed to follow the outline below. Proposals that do not follow the outline, or do not contain the required information may be considered as unresponsive. Additional and more detailed information

RFP for Emergency Ambulance Services Contract

may be attached to the main body of the response.

- a. Name and address of your firm.
- b. Name, e mail, and telephone number of contact person to whom Town staff should address questions they may have about the proposal submitted.
- c. Background. Information concerning the background, history, experience, and reputation of the provider that is felt to be pertinent.
- d. Ability to Perform. Information concerning the provider's organization, technical and professional qualifications, staffing, equipment and facilities.
- e. Experience. The provider shall provide a list of previous (for at least the past 5 years) and current contracts that are considered identical or similar to the scope of services discussed herein.

The Provider must submit a list described above which shall include the following:

- 1. Agreement duration, including dates.
 - 2. Services performed.
 - 3. Name, address and telephone number of clients that may be contacted for verification of all data submitted.
- f. Subsidy Required. Indicate the subsidy required each year.
- Year 1 \$ _____
Year 2 \$ _____
Year 3 \$ _____
Year 4 \$ _____
Year 5 \$ _____
- g. Signature. The proposal must be signed and dated by an official authorized to sign for the firm submitting the proposal. The signature section shall include the printed name of the official, and the official's title.
 - h. Proposals shall include a table of contents listing all sections, figures and tables.
 - i. All proposals must be bound in three-ring notebooks. Please submit financial reports in a separate, easily identifiable area of your proposal package.
 - j. Major divisions or sections, and appendices must be separated by a labeled

RFP for Emergency Ambulance Services Contract

binder index tabs.

- k. Pages shall be singled-sided, single spaced, and numbered.
- l. Confidentiality and Public Records Advisory

Confidential/Proprietary Information: Proposals submitted in response to this RFP and any resulting contract are subject to the provisions of the New Hampshire Right to Know Law (RSA 91-A). Any restrictions on the use or inspection of material contained within the proposal and any resulting agreement shall be clearly stated in the proposal itself. Confidential/proprietary information must be readily identified, marked and separated/packaged from the rest of the proposal. Co-mingling of confidential/proprietary and other information is NOT acceptable. Neither a proposal, in its entirety, nor proposal price information will be considered confidential/proprietary. Any information that will be included in any resulting contract cannot be considered confidential.

2. EVALUATION OF PROPOSALS

Proposals will be evaluated by the Town utilizing the criteria identified in the town of Conway Purchasing Policy and as specified below.

- a. Requirements of the request for proposals and specifications therein.
- b. Experience of the firm in providing emergency medical services.
- c. Subsidy required from Town.

3. AGREEMENT AWARD

If approved by the voters, the agreement shall be awarded by written notice for an effective date of May 1, 2017. Upon award, a written agreement shall be executed with the Town including but not limited to the terms and conditions of the specifications included in this Request for Proposals.

4. PROPOSAL PREPARATION COSTS

The Town shall not be liable for any costs incurred by any provider for preparation or submission of a proposal.

5. SERVICE AREA

The Service Area shall include all of the areas within the boundaries of the Town of Conway with the exception of the area located within the boundaries of the Conway Village

RFP for Emergency Ambulance Services Contract

Fire District. The Service Area is subdivided into Area 1 and Area 2 as illustrated in Attachment 1 and described below. Responders may bid one or both of these areas.

Service Area 1:

North Conway Water Precinct (within the Town of Conway)
Redstone Fire Precinct
East Conway Fire Precinct
A9, M9, and E9 Non Precinct Fire Areas

Service Area 2:

Center Conway Fire District
B9, C9, and D9 Non Precinct Fire Coverage Areas

6. SERVICE SPECIFICATIONS

A. Definition of Emergency Medical Service

Emergency Medical Service is a call made in response to a perceived individual need for immediate medical care to prevent death or aggravation of physiological and psychological illness or injury, and which cannot be prearranged or otherwise scheduled prior to the call. It includes DOA cases. All other calls are non-emergency calls.

B. Ambulances and Level of Service

Payment under this agreement is based on the understanding and mutual agreement that a minimum of two (2) primary ambulances and one (1) back up ambulance shall be provided for the total service area during the term of this agreement. Should two services be included in this agreement, then each service will be required to provide a primary ambulance for their service area. The back up ambulance however may be a shared ambulance provided jointly by the two providers.

Ambulance coverage shall be provided twenty-four hours per day, seven days per week.

Provider(s) must have available sufficient vehicles to meet the agreement response times, as follows:

Average response times of the primary ambulances to be on scene shall be within ten (10) minutes for ninety (90) percent of all emergency calls and eight (8) minutes for seventy five (75) percent of all emergency calls.

RFP for Emergency Ambulance Services Contract

Backup emergency call ambulance runs are to average no more than fifteen (15) minutes.

It is understood by the parties that calls involving bad weather driving conditions, emergency calls to the farthest district/precinct coverage areas, or unusual and isolated unforeseen circumstances shall not be used for the calculation of average response times due to safety reasons.

C. Equipment

Vehicles shall be licensed as minimum basic life support ambulances, registered and inspected per the State of New Hampshire Motor Vehicle Regulations and New Hampshire Division of Public Health Services, Bureau of Emergency Medical Services Regulations.

D. Communications

The Town of Conway agrees that it will provide exclusive dispatch services to the Provider(s) through the Conway Dispatch Center under the Police Department. The Town shall ensure that the communications systems has the appropriate up-to-date FCC licenses, and is operated to conform to FCC rules and regulations.

Citizen access is through the E 911 system. The Dispatch Center will receive and process all requests for emergency medical services and provide all dispatch functions for Provider(s).

E. Ambulance Deployment

1. The Provider shall ensure that when answering requests for mutual aid, that at least one primary response ambulance shall be kept within the Town limits for emergency response at all times.

F. Personnel

1. Primary Response Ambulance

The Provider(s) will staff each primary response ambulance with a minimum of two (2) nationally registered emergency medical technician basics. The Provider(s) may provide a higher level of service.

G. Indemnification and Insurance Requirements

1. In consideration of the utilization of Provider's services by the Town of Conway and other valuable consideration the receipt of which is hereby

RFP for Emergency Ambulance Services Contract

acknowledged, Provider agrees that all persons furnished by Provider shall be considered the Provider's employees or agents and that Provider shall be responsible for payment of all unemployment, social security and other payroll taxes, including contributions from them as required by law.

2. Provider agrees to maintain in full force and effect:
 - a. Comprehensive general liability insurance including completed operations coverage, personal injury liability coverage, broad form property damage liability coverage and contractual coverage and contractual liability coverage insuring the agreements contained herein. The minimum limits of liability carried on such insurance shall be \$1,000,000.00 each occurrence and, where applicable, in the aggregate combine single limit for bodily injury, property damage liability and personal injury (wrongful acts).
 - b. Medical Malpractice (Professional Liability) Professional liability insurance for all activities of the Provider(s) arising out of or in connection with this Agreement in an amount of no less than \$1,000,000 combined single limit for each occurrence. Said policy shall be endorsed with the following specific language: "This Policy shall not be canceled or materially changed without first giving thirty (30) days prior written notice to the Conway Board of Selectmen."
 - c. Automobile liability insurance for owned, non-owned and hired vehicles. The minimum limit of liability carried on such insurance shall be \$1,000,000 per person and \$3,000,000 each occurrence, combined single limit for bodily injury and property damage.
 - d. Workers' Compensation Insurance, whether or not required by the New Hampshire Revised Statutes Annotated, 1955, as amended, with statutory coverage and including employer's liability insurance with limits of liability of at least \$100,000 each employee and \$500,000 per policy year.
 - e. Provider(s) shall furnish certificates of the above-mentioned insurance to the Town of Conway by May 1, 2017 and with respect to the renewals of current insurance policies, at least thirty (30) days in advance of each renewal date. Such certificates shall, with respect to comprehensive general liability, auto liability, medical malpractice insurance and workers' compensation insurance, shall state that in the event of cancellation or material change, written notice shall be given to the Town of Conway, 1634 East Main Street, Center Conway, NH 03813, at least thirty (30) days in advance of such cancellation or change.

H. Vehicle and Equipment Maintenance

1. The Provider shall be responsible for the maintenance of all vehicles and equipment in order to ensure safe, dependable and clean operations.
2. The Provider(s) agree that if any ambulance assigned to service the Town of Conway becomes inoperative for any reason, a backup ambulance will be available and staffed in a manner to meet the response time requirements.

I. Reimbursement

1. All billing and collections for the service shall be the responsibility of the Provider(s).
2. No person shall be denied emergency transportation because of inability to pay any fee. No person shall be forced to pay any fee before emergency medical services and/or transportation is provided.
3. The Provider agrees that it shall accept assignment from Medicare and Medicaid. Assignment of other insurance carriers is encouraged, but optional.

J. Performance Evaluation

1. The Provider's delegated employees shall attend meetings or sessions requested by the Chiefs of the Precinct/District Fire or Town Police Departments or meetings with other Town officials requested by the Town.
2. The Provider agrees to notify the Town of Conway, 1634 East Main Street, Center Conway, NH 03813, not less than thirty (30) days prior to any cancellation or major changes to insurance coverage as specified in the agreement.
3. Right of Audit and Inspection

At any time during normal business hours, and as often as the Town may determine to be necessary, the Town' representative may observe Provider's operations, and Provider shall make available to the Town for examination, its records with respect to all matters covered by this agreement, and make excerpts or transcripts from such records.

K. Date of Service Commencement

The Provider shall begin service at the level required by this agreement at one hundred percent (100%) capacity by 12:01 a.m. May 1, 2017.

7. TERMS AND CONDITIONS FOR REQUEST FOR PROPOSAL

1. Proposers are expected to examine the specifications, schedule of delivery, and all instructions. Failure to do so will be at the proposer's risk.
2. Each proposer shall furnish the information required for each item as numbered or lettered in the RFP.
3. The Agreement will be awarded to that responsible proposer whose submittal, conforming to the Request Form Proposal, will be most advantageous to the Town of Conway, *price and other factors considered*.
4. The Town of Conway reserves the right to reject any or all qualifications and to waive informalities and minor irregularities in proposals received, and to accept any portion of or all items proposed if deemed in the best interest of the Town of Conway to do so.
5. No submittal shall be withdrawn for a period of one hundred eighty (180) days subsequent to the opening of proposals without the consent of the Town of Conway.
6. Late or unsigned proposals will not be accepted or considered. It is the responsibility of proposer to insure that the proposal arrives in the office of the Board of Selectmen prior to the time indicated in the "Request for Proposal."
7. Any interpretation, correction or change of the Proposal Documents will be made by Addendum. Interpretations, corrections and changes of the proposal documents made in any other manner will not be binding, and the Proposer shall not rely upon such interpretations, corrections, and changes. The Town's representative will not be responsible for oral clarification.

ADDENDA TO TOWN OF CONWAY RFP: AMBULANCE AGREEMENT

Addendum No. 1 (September 7, 2016)

6. C. Equipment

Vehicles shall be licensed as ~~minimum basic life support ambulances~~, registered and inspected per the State of New Hampshire Motor Vehicle Regulations and New Hampshire Department of Safety, Division of Fire Standards and Training and Emergency Medical Services, Bureau of EMS.

Addendum No. 2 (September 7, 2016)

6. F. Personnel

1. Primary Response Ambulances

For Primary Ambulance service only the Providers may submit Alternate Bids for either or both of the following levels of service:

a. Alternate Bid 1

The provider(s) will staff each primary ambulance with a minimum of 2 Nationally Registered EMTs licensed by the State of New Hampshire Bureau of EMS.

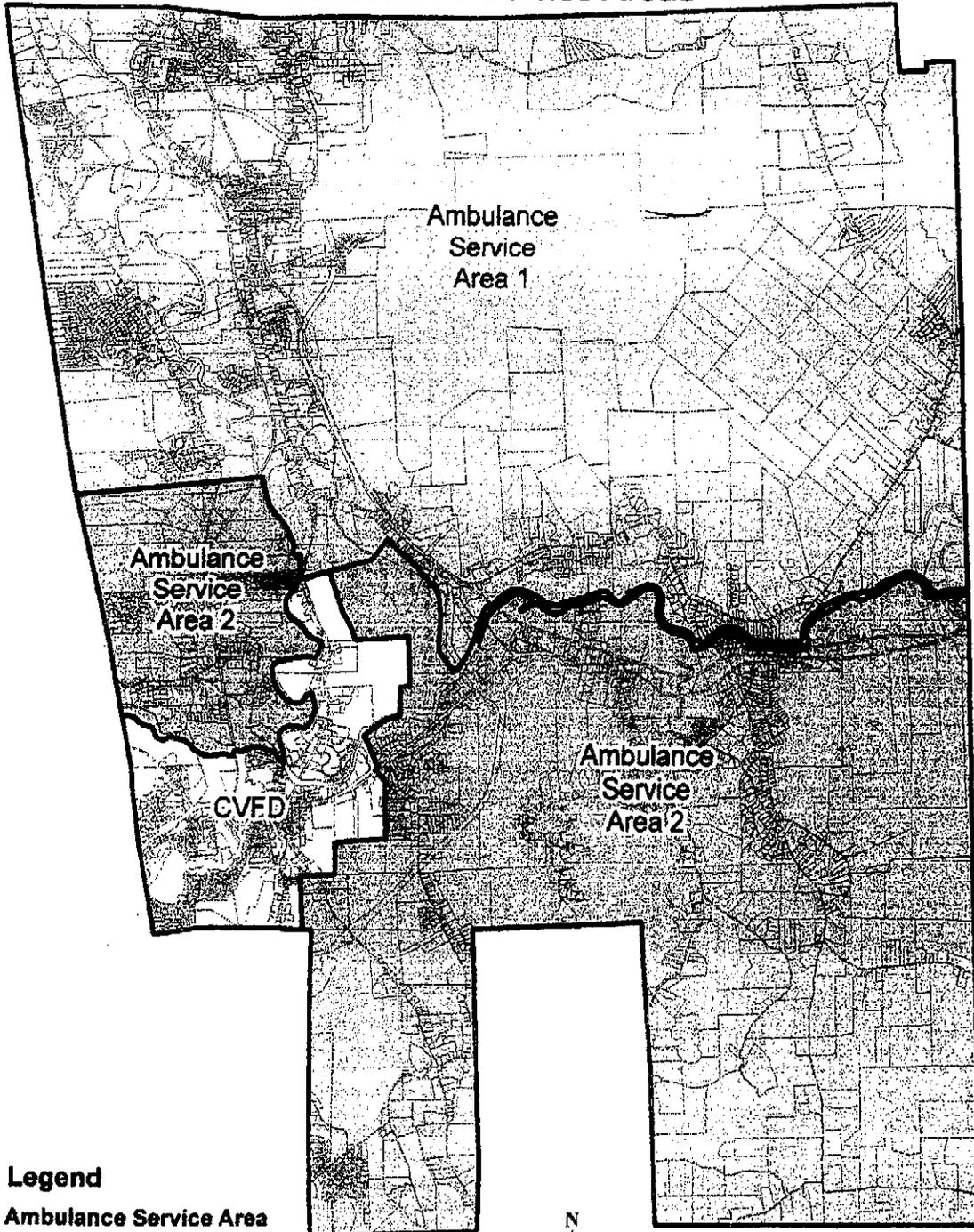
b. Alternate Bid 2

The provider(s) will staff each primary ambulance with a minimum of 1 Nationally Registered EMT licensed by the State of New Hampshire Bureau of EMS, and 1 Nationally Registered Advanced EMT licensed by the State of New Hampshire Bureau of EMS.

2. Back Up Ambulance

The provider(s) will staff the back up ambulance with a minimum of 2 Nationally Registered EMTs licensed by the State of New Hampshire Bureau of EMS.

Town of Conway Ambulance Service Areas



Legend

Ambulance Service Area

-  Service Area 1
-  Service Area 2
-  Conway Village Fire District





1. Proposal Preparation, Format and Content

1a. Lifestar Emergency Medical Services, LLC.

Principal Office Address:

29 Route 113 Suite B

Albany NH 03818

Principal Mailing Address:

PO Box 788

West Ossipee NH 03890

1b. Brian E. Johns, Brianjohns@lifestarnh.com (603)-733-8559

1c. Owners of the company have combined 38 years of working in the Emergency Medical Field, Years of Management/Operations combined 18 years. Owners not only take care of management/operations but are also on the Ambulance responding to calls on a daily basis. The standards that have been set by and maintained company wide have allowed us to have an A+ status with the Better Business Bureau (BBB).

1d. Each ambulance is currently state licensed at the Paramedic level, our Albany location holds all of our ambulances as well as our billing office, training center, and staffing quarters for 24 hour operations. At this current time our staffing would fulfill the RFP as written. Our primary vehicles utilize universal items such as: New Stryker Power Stretchers, Stryker Stair Chairs, Zoll Autopulses, Zoll E-Series Monitors that transmit, ToughBooks, Tablets, Infusion Pumps to name a few.

1e. We currently have no 911 contracts relative to Town of Conway RFP, we are the primary service for Memorial Hospital. The end of 2010 we had a memorandum of understanding with the towns as followed, Madison, Tamworth, Eaton, Ossipee, and Effingham. Through the next bidding process we were awarded the 911 contract for Ossipee and Effingham.

1e1.

Town of Ossipee: September 1st 2010 to August 1st of 2013

Town of Effingham: August 1st 2010 to October 22nd of 2013

Town of Effingham: April 1st 2014 to March 31st of 2015

1e2.

Services performed were emergency care via 911 contract requirements.

1e3.

Town of Effingham: 68 School St 03882 (603)-539-7770

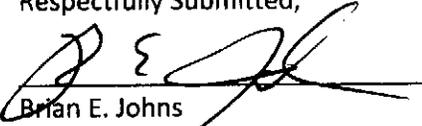
Town of Ossipee: 55 Main St Center Ossipee 03814 (603)-539-4181

Letters of recommendation and contact information will be under Appendices

1f.

Bid per RFP: Includes 3% Increase per year See Purple Tab

Respectfully Submitted,

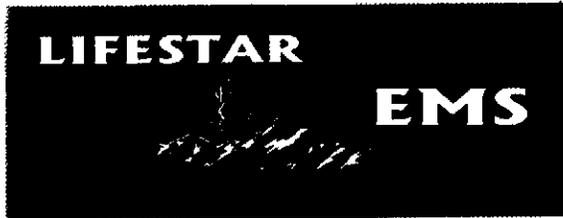

Brian E. Johns
Lifestar EMS, Owner/Operator

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Financial Page

September 6, 2016

To: Town of Conway BOS

Fr: Lifestar Emergency Medical Services, LLC.

Re: RFP for Ambulance Services for the Town of Conway

Bid per RFP: Includes 3% Increase per year

Year 1 \$167,024 May 1st 2017 - April 30th 2018

Year 2 \$172,034 May 1st 2018 – April 30th 2019

Year 3 \$177,194 May 1st 2019 – April 30th 2020

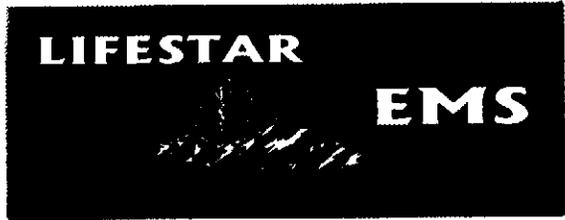
Year 4 \$182,510 May 1st 2020 – April 30th 2021

Year 5 \$187,984 May 1st 2021 – April 30th 2022

**These prices are for both service area 1 and service area 2. These prices also include Bid # 1 & #2
We understand that if awarded only service area 1 that the subsidy would be 50% of the proposed
subsidy**

Respectfully Submitted,

Brian E. Johns
Lifestar EMS, Owner/Operator



Yearly Estimated Cost/Revenue Page (1 Area)

Cost

1-24/7 Staffed Ambulance	\$ 209,664.00
Fuel	\$ 6,726.72
WC/Ins.	\$ 24,609.09
Employee Benefits	\$ 54,432.00
Housing	\$ 18,000.00
1-Ambulance w/ Re-Stock	\$ 32,400.00
	\$ 345,831.81

Revenue

Transports	\$ 249,112.50
Subsidy	\$ 83,512.00
	\$ 332,624.50

Respectfully Submitted,

Brian E. Johns
Lifestar EMS, Owner/Operator



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/01/2016

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 Cindy Elbert Insurance Services Inc 15182 North 75th Ave, Ste 100 Peoria, AZ 85381	CONTACT NAME: PHONE (A/C, No, Ext): 602-942-3900 E-MAIL ADDRESS:	FAX (A/C, No): 602-942-4300
	INSURER(S) AFFORDING COVERAGE INSURER A: Market Insurance Comp INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Lifestar Emergency Medical Services, LLC P.O. Box 788 West Ossipee, NH 03890		

COVERAGES **CERTIFICATE NUMBER:** 7.901 **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 type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof. Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MTK70002523-03	6/01/2016	6/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		MTA70002523-03	6/01/2016	6/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> 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 \$

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

Certificate holder is named as additional insured

CERTIFICATE HOLDER Town of Conway 1634 East Main St. Center Conway, NH 03813	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 
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/01/2016

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 Cindy Elbert Insurance Services Inc 15182 North 75th Ave, Ste 100 Peoria, AZ 85381	CONTACT NAME:	
	PHONE (A/C No. Ext): 602-942-3900	FAX (A/C No.): 602-942-4300
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: American Zurich Ins. Co		40142
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 Lifestar Emergency Medical Services, LLC
 P.O. Box 788
 West Ossipee, NH 03890

COVERAGES **CERTIFICATE NUMBER:** 7,902 **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 INSD	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED 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/A	6ZZUB-6B20596-0-16	9/01/2016	9/01/2017	<table border="1"> <tr> <td>PER STATUTE</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table>	PER STATUTE	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
PER STATUTE	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														

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

Verification of Insurance

CERTIFICATE HOLDER Town of Conway 1634 East Main St. Center Conway, NH 03813	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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2

Billing Rate Fees

BLS Emergency	700.00
BLS Non-Emergency	500.00
ALS Non-Emergency	600.00
ALS 1 Emergency	800.00
ALS 2 Emergency	900.00
Hourly Standby	50.00

These are the current prices, these are subject to change yearly.

[Print](#) | [Close Window](#)

Subject: Letter of Recommendation

From: "E.Morton Leavitt" <e.mortonleavitt@yahoo.com>

Date: Tue, Sep 13, 2016 10:53 pm

To: "Brianjohns@lifestarnh. Com" <brianjohns@lifestarnh.com>

Mr. Earle Sires, Town Manager
Town of Conway
Conway, N.H.

Dear Mr. Sires <

At the request of Lifestar principal, Bryan Johns, I am writing this letter to detail my

experience with Brian Johns, both during the time he was briefly operations manager for Medstar EMS and then as owner/ operator of Lifestar.

Brian and his wife April, both Paramedics, took over the Medstar Company which was a failing concern prior to the John's employment, soon to become defunct without a change in operational methods and personal leadership.

Shortly after the Johns became employed by Medstar, it became apparent that only a complete change in ownership would prevent the company from becoming defunct and ceasing operations. Consequently the prior owner fled the scene and the John's family took control of the ambulance service.

I had provided the Medstar company with a home and garage in which to conduct operations over a period of several years and up until the time that Lifestar became the new owner. After several conversations with Brian and April and after contacting their prior employer for character and credit references which turned out to be stellar, I made a decision to continue the lease with the Johns and their new Company named Lifestar.

This was a decision I never regretted for although my ownership in the property ended a short time later, I became an Ossipee Selectman in 2009 and observed the operational excellence and personal care provided by Lifestar through the expiration of the contract in December of 2008.

For these reasons, I and the entire board of Selectmen voted to award Lifestar a new contract encompassing the years 2009 through 2011, on a calendar basis., this in consideration of being the low bidder and a history of excellent patient care.

From a personal viewpoint, while by choice, I am no longer an Ossipee Selectman, let me state that Brian and April Johns are two of the finest and most dedicated public servants that I have become acquainted with, both during six years as a Selectman for the Town of Ossipee and as a Carroll County Commissioner over a four year time frame.

Their abilities as Paramedics are superb and their sole interest is to provide care and comfort for those patients in need.

It is with great personal pleasure that I have this opportunity to speak in their behalf.

Very Truly Yours

E. Morton Leavitt
West Ossipee, N. H.

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**Town of Effingham
Board of Selectmen**

68 School Street
Effingham, New Hampshire 03882
(603) 539-7770 (603) 539-7799 fax

October 4, 2013

To whom it may concern:

I am writing to acknowledge that the Town of Effingham has been contracting the services of LifeStar EMS a/k/a Ossipee Valley EMS, both owned and operated by Brian Johns, since Mr. Johns established his business in our area. We have known his service to be reliable and his personnel to perform in a competent and responsible manner.

The Selectmen's office staff has never received a complaint about the response or treatment given by Mr. Johns or his staff. In fact our staff has, many times throughout these years, reported to us on calls received at our office with thanks and praise for the ambulance service and its responders. We have been told that since the discussion of changing ambulance services has begun, the number of calls being received in support of our contracted ambulance service has increased. Calls are being received from residents that have relied on this ambulance service with some regularity, due to existing medical conditions, who are extremely concerned about losing this particular medical services provider, noting that they are familiar with other EMS providers and fear the possibility of a change. Many callers are recounting their personal experience with the service; how impressed they have been with the professional competency of the staff and the confidence they have in the services rendered. Our local police, who routinely respond to medical calls for service also report that our contracted EMS provider's personnel is notably professional, competent and courteous.

It is our desire that we will be given the opportunity to continue our professional relationship with Mr. John's and his ambulance service, which we have come to rely on to assist our residents in their time of need.

Sincerely,

Timothy Eldridge, Selectman

Contact Page

Claudia

Tim Eldridge

Harry Marrow: Reference by phone (603)-244-6556

Town of Effingham: 68 School St 03882 (603)-539-7770

Town of Ossipee: 55 Main St Center Ossipee 03814 (603)-539-4181

E. Morton Leavitt Wrote letter of recommendation, requested his number not be given out.