AMBULANCE SERVICES AGREEMENT

BETWEEN

THE CITY OF MEDFORD, MASSACHUSETTS

AND

CATALDO AMBULANCE SERVICE, INC.

26-0185

THIS AGREEMENT made this 18 day of December, 2025 by and between the City of Medford, a municipal corporation duly organized under the laws of Massachusetts and having a usual place of business at 85 George P. Hassett Drive. Medford. MA. 02155, hereinafter referred to as the "City", acting by and through its Mayor, and Cataldo Ambulance Service, Inc., a Massachusetts corporation having a usual place of business at 137 Washington St, Somerville, MA 02143, hereinafter referred to as the "Provider".

WITNESSETH:

WHEREAS, the City seeks the services of an ambulance provider to provide basic and advanced lifesaving ambulance emergency response coverage for the City on a constant and consistent basis in compliance with all applicable laws, rules, and regulations; and

WHEREAS, the provider has agreed to maintain such personnel and equipment as are necessary to provide such services to the City.

NOW, THEREFORE, the City and the Provider agree as follows:

1. Term of Agreement

   This Agreement shall be in effect from the date first written above and shall expire on the third anniversary thereof, unless terminated earlier pursuant to the terms hereof.

2. Scope of Services

   A. During the term of this Agreement, the Provider shall operate an ambulance service licensed by the Office of Emergency Medical Services of the Massachusetts Department of Public Health ("OEMS") and shall provide Basic Life Support and Advanced Life Support. The City shall be immediately notified of any suspension, revocation or denial of licensure, and any events or circumstances that will prevent the Provider from providing the agreed upon ambulance services. The provisions of G.L. c. 111C and 105 CMR 170.00, as may be amended, shall apply to the Provider and the Provider's performance of obligations hereunder, and are incorporated herein by reference.

   B. The Provider shall be required to provide Advanced Life Support (ALS) ambulance service to all individuals within the bounds of the City who are in need of such service and the Provider shall include the transport of emergency patients to licensed hospitals or other established sites of appropriate medical care. The Provider shall provide all the services

and meet all specifications provided in this Agreement and shall not employ subcontractors or assign or transfer this Agreement without the written consent of the City.

C. The Provider shall provide emergency ambulance service twenty-four (24) hours per day every day of the year. Sufficient resources as specified herein shall be provided to ensure a response to anticipated calls for service, including secondary calls for services.

D. The Provider shall provide emergency ambulance service at City events at the request of the Mayor and/or the Fire Chief at no charge to the City.

E. The Provider shall establish and operate a base of operations within the City of Medford within one hundred twenty (120) days of the execution of this Agreement. During the interim period prior to the establishment of such base, and until the commencement of the contract term, the Provider shall maintain the required ambulance units through staggered shifts, live shifting, or other operational methods sufficient to ensure continuous availability and compliance with the service requirements set forth herein. The Provider shall notify Medford Dispatch at all times of the location of any backup units when the primary unit or units assigned to Medford are not physically located within the City.

F. The Provider shall provide its own backup ambulance service twenty-four (24) hours per day, seven (7) days a week, three hundred sixty-five (365) days a year, whenever dedicated units are in use. When a Provider's backup unit is dispatched rather than a dedicated unit, the Provider shall notify Medford Dispatch of the location from which the unit is responding and its estimated time of arrival.

G. The Provider shall coordinate and cooperate with the City and its Fire and Police Departments with respect to the provision of ambulance services and its impact on public safety and other public concerns. Said cooperation shall include the provision of first responder and EMT training to members of both Departments to include initial certification training as well as related ongoing continuing education training. All recertification training shall be open to the Departments and Provider's employees. Each firefighter will receive an individual Prodigy EMS learning account to track continuing education hours and receive online training.

H. The Provider shall provide CPR training to residents and business employees twice per year at a location within Medford. The only cost for the participants will be that of the CPR card administration fees.

I. The Provider shall assist the City in the development of its service zone plan, as required under applicable law.

J. The Provider shall transport to area hospitals, without charge to the patient or the City, any employee of the City that requires services within the City in the course of employment.

K. The determination for ALS resources will be decided through the Emergency Medical Dispatch (EMD) process at time of initial 911 call. The City may also request ALS at any time after initial call dispatch as necessary.

L. EMT Scholarship Program - the Provider shall provide an Emergency Medical Technician (EMT) certification scholarship program for up to six (6) City residents or High School seniors administered by the Provider or an accredited training partner. The scholarship program shall include tuition, materials, and certification testing, at the Provider's sole cost.

M. Behavioral Support Unit (BSU) The Provider shall collaborate with the City on the development and operation of a Behavioral Support Unit ("BSU") or similar community-based behavioral health initiative that is advantageous to the community. The parties acknowledge that the City may, at its discretion, allocate a portion of the EMS-related operational support described herein to fund this initiative. Alternatively, if the City elects not to use such funding for this purpose, the Provider shall work with the City to identify sustainable funding opportunities or partnerships to support the BSU program. Nothing in this Agreement shall obligate the Provider to serve as the sole operator of the BSU, and the structure, scope, and operator responsibilities of any such program shall be mutually determined by the parties in writing.

3. Equipment and Personnel

A. Dedicated Units - the Provider shall assign the following equipment and personnel resources to the City for emergency response only:

i. Two (2) ALS Units 24 hours per day, 365 days per year, staffed and equipped at the Advanced Life Support Level.

ii. One (1) Basic Life Support (BLS) Unit 24 hours per day, 365 days per year, staffed and equipped at the BLS Level.

iii. One (1) Basic Life Support (BLS) Unit 12 hours per day, Monday through Saturday each week of the year, staffed and equipped at the BLS Level; subject to change to 7 days a week if it is determined by data analysis that Sunday service is necessary due to call volume.

iv. One (1) designated Field Supervisor Command Vehicle, or "fly", car 12 hours per day, 365 days per year. The hours of the Field Supervisor will be flexible and agreed upon by the Fire Chief.

v. The Provider shall designate a primary point of contact for the City for all operational, administrative, and clinical coordination matters, who shall meet with the City personal on a regular basis as reasonably determined by the City. In addition, the Provider shall maintain a divisional supervisor who shall be available to respond to incidents within the City and to provide administrative support, operational oversight, and coordination as needed.

B. The Provider's ambulances shall meet or exceed the United States Government DOT Specification KKK-A-1822E and specifications of G.L. c. 111C and shall have equipment and supplies as required by 105 CMR 170.000.

C. The Provider and its vehicles, equipment and personnel will be subject to inspection at any time by the City's Health Director, Fire Chief, or Police Chief. The Provider shall

share with the Health Director, the Fire Chief, and the Police Chief the OEMS ambulance inspection report within seven (7) days of receipt and provide any reports of correction of deficiencies found by OEMS.

D. The Provider warrants that all employees providing service to the City possess all required license and certifications for the level of care provided as well as current CORI certification for all staff. The City reserves the right to investigate at any time through the CORI process criminal history information regarding any officer or employee of the Provider who will provide services under this Agreement.

E. The City reserves the right to approve or disapprove of the Provider's employees that staff the City emergency ambulances.

F. The Provider shall provide the City with twenty-seven (27) new Automated External Defibrillators (AEDs), twenty-one (21) to be provided to the Fire Department and six (6) to be provided to the Medford Public Schools. The Provider shall:
   i. include the AEDs in its own maintenance program at no cost to the City
   ii. manage placement of the AEDs in coordination with City officials to optimize cardiac survival coverage,
   iii. provide ongoing maintenance, testing, and replacement as needed,
   iv. support AHA Heart Safe Community designation requirements and associated education/outreach.

G. The Provider shall provide a Supervisor and ALS Ambulance Unit at all confirmed working fires to support firefighter rehabilitation, patient care, and coordination with Fire Department command.

H. The Provider shall provide a Rehabilitation Unit at all second-alarm or greater fire incidents, providing a climate-controlled area, hydration, and medical monitoring for firefighter rehabilitation.

I. All Provider supervisor vehicles shall be equipped with Hydroxocobalamin (Cyanokit) to treat potential cyanide exposure resulting from fire-related smoke inhalation incidents.

J. Oxygen Tank Replacement and Delivery – the provider shall undertake regular delivery and exchange of medical-grade oxygen tanks at all City fire stations, ensuring seamless support during emergencies.

K. Disposable Medical Supply Exchange - the Provider shall provide a one-for-one disposable medical supply exchange program for used disposable medical supplies utilized by Medford Fire Department personnel during patient care.

L. Emergency Medical Dispatch Services
   i. The provider shall provide EMD Services as required by 560 CMR 5.00.
   ii. The Provider will act as a secondary public safety answering point (Secondary PSAP) for the City. The Provider shall coordinate with the Police and Fire Departments to create a uniform call handling procedure (transferring and answering) for all medical related emergency calls, in accordance with 560 CMR 5.1(2).

iii. The Provider shall log all emergency calls into its computer aided dispatch system (CAD) and maintain detailed records of all calls received on behalf of the City, copies of such records shall be produced upon the request of the Fire and Police Departments.

iv. The Provider shall implement, in coordination with the Police and Fire Departments, a telecommunicator protocol to address when the transferring telecommunicator remains on the line to monitor and solicit information relative to nonmedical aspects of an emergency call.

v. The Provider shall furnish copies of documentation provided in communication and information exchange with the Commonwealth regarding 560 CMR 5.0, including but not limited to section 5.06, quality assurance of emergency medical dispatch services; section 5.08, approval as a certified emergency medical dispatch resource; section 5.11, recordkeeping.

4. Operational Funding

A. Cost-Based Reimbursement for EMS-Related Dispatch Services

i. The parties acknowledge that the City provides certain EMS-related public safety dispatch and call-processing services that support the Provider's performance under this Agreement.

ii. The City may annually request reimbursement from the Provider only for the City's actual, direct, and verifiable costs attributable solely to EMS dispatch functions.

iii. Permissible reimbursable costs shall be limited to:

a) Pro-rated Computer-Aided Dispatch (CAD) licensing fees related to EMS call types

b) Pro-rated dispatch console maintenance related to EMS call types

c) EMS-specific telephony interfaces or EMS-specific software modules

d) EMS quality assurance related to medical dispatching

e) EMS protocol training costs

f) Any other EMS-specific PSAP expenses mutually agreed upon in writing

iv. Under no circumstances shall the Provider reimburse any portion of non-EMS governmental costs, including police or fire dispatch, general PSAP operating overhead, salaries, benefits, capital purchases, or municipal budget deficits.

v. The City shall submit an itemized annual invoice, supported by detailed documentation sufficient to demonstrate:

a) the EMS-specific nature of the costs,

b) the methodology used to allocate costs to EMS, and

c) that the costs represent fair-market-value consideration only.

vi. Payment shall be due within sixty (60) days of receipt of a complete and auditable invoice.

vii. If the City fails to provide adequate documentation, no payment shall be owed by the Provider for that year.

B. FMV Cap on Annual Reimbursement

i. The total reimbursement in any contract year shall not exceed the fair-market-value (FMV) of EMS-related dispatch services, as mutually determined by the parties based on industry-standard cost allocation methodologies.

ii. If the City's documented EMS-specific dispatch costs are less than the maximum FMV, the Provider shall pay only the documented amount.

iii. If the City's documented costs exceed the FMV cap, the Provider shall owe no additional reimbursement beyond the FMV ceiling.

C. Optional In-Kind Support (Alternative to Monetary Reimbursement). As an alternative to monetary reimbursement, the Provider may, subject to City approval, supply EMS-specific equipment, software, or training of equivalent FMV value, including:

a) EMS-dedicated CAD interfaces

b) Emergency Medical Dispatch (EMD) software modules

c) EMS-specific dispatch workstations or peripherals

d) EMD continuing education or certification

e) Quality assurance software for EMS call review

Any in-kind support shall be approved in writing by the City in advance, EMS-specific, and valued at FMV using standard procurement methods.

D. No Remuneration for Patient Referrals. The parties expressly agree that:

i. This section is intended solely to ensure cost-based reimbursement for EMS-specific dispatch services needed to support the City's obligations under this Agreement.

ii. No payments or in-kind support may be used to induce or reward the referral of patients or the purchase, lease, order, or recommendation of any service reimbursable by Medicare, Medicaid, or any federal healthcare program.

iii. The parties will modify this section as necessary to remain compliant with federal and state law, including the Anti-Kickback Statute and related OIG guidance.

5. Response Time Standards

A. The Provider shall use its best efforts to arrive at the destination within six (6) minutes or less following dispatch, 90% of the time calculated each calendar month. The Provider shall address its personnel and equipment obligations to meet the City's demand in the event that the Provider's units providing mutual aid services, to ensure coverage of at least one vehicle in the City.

B. Response Time Performance Standard

i. The Provider shall use best efforts to maintain emergency response times of six (6) minutes or less, measured from dispatch to arrival on-scene, within the City. Performance shall be measured on a monthly basis utilizing a 90% fractile standard. The Provider shall allocate personnel, equipment, and available resources in a manner reasonably necessary to meet this standard in accordance with the requirements of this Agreement. In the event ambulances are committed to mutual aid or interfacility operations, the Provider shall ensure that personnel and equipment are maintained at a necessary level to provide coverage within the City, including but not limited to ensuring that at least one (1) staffed ALS-level ambulance remains available within the City.

ii. Notice and Cure Period Prior to Remedies
In the event that the Provider's monthly response performance falls below the standard defied above, the City shall provide written notice identifying the deficiency and available supporting data. Upon receipt of notice, the Provider shall provide the City with a report and documentation of corrective measures and implement such corrective measures within thirty (30) calendar days and return to compliance ("Cure Period"). During this Cure Period, no monetary penalties shall accrue.

iii. Penalties for Uncured Breach of Performance Standard
If the Provider fails to return to compliance within the Cure Period, and the deficiency persists into the next measured period, the Provider shall be assessed a penalty of five hundred dollars ($500) per calendar day for each day of non-compliance, beginning on the first day following expiration of the Cure Period. Penalties are intended to address discernible patterns of deficient performance, not extraordinary events or circumstances beyond the Provider's reasonable control.

iv. Reset of Penalty Cycle
If the Provider cures the deficiency and remains compliant for three (3) consecutive monthly reporting periods thereafter, the penalty cycle shall reset, and no penalties shall carry forward from the prior event.

v. Mutual Commitment to Collaboration
Prior to or during any Cure Period, the parties shall meet in good faith to review causes of deficiency, collaborate on operational improvements, and coordinate access to relevant dispatch, hospital offload, and response data necessary to support

successful compliance. Provider shall remain responsible for implementing corrective measures as provided herein.

C. The Provider shall provide, by email, to the Fire Chief a daily service summary including detailed information that confirms the response data from the previous day's performance.

D. Ambulance service performance shall be reviewed monthly by the Fire Chief or their designee. It is understood that there may be exceptions due to weather and traffic conditions. A six (6) minute response time will be a goal. To allow for maximum preparedness and quality of care when transferring any critically ill patient to a hospital Emergency Room, the ambulance will call ahead and inform the Emergency Room of the impending arrival.

E. Delayed Response Report - In the event the response time to a request for service exceeds ten (10) minutes, the Provider shall provide a detailed written report regarding the circumstances surrounding this delayed response time within twenty-four (24) hours of the request for service.

6. Insurance and Indemnification

A. The Provider shall maintain the following insurance coverage:

i. Worker's Compensation Insurance as required by Mass. G.L. c. 152.

ii. Motor vehicle insurance on all vehicles used in the performance of this Agreement in the amount at least $1,000,000 per occurrence for property damage, at least $1,000,000 per occurrence for injuries to or death of any person, and at least $3,000,000 in the aggregate.

ii. General liability and professional liability insurance in the amount of at least $1,000,000 for property damage, at least $1,000,000 for bodily, personal, and advertising injury and at least $3,000,000 aggregate.

iii. Umbrella coverage for motor vehicle insurance, general, liability, and professional liability of at least $2,000,000 per occurrence and $5,000,000 aggregate.

iv. The Provider shall cause the City to be named as an additional insured on all insurance policies, except Worker's Compensation, and shall provide certificates of insurance for each policy upon execution of this Agreement. The parties acknowledge that the types of insurance and coverage limits listed herein are the minimum necessary for the Provider to be awarded this Agreement. The types of insurance and coverage limits stated herein are not intended in any way to limit the Provider's liability for any damages arising from the Provider's performance. Further, the policies must contain a notation that the insurer will give thirty (30) days' notice to the City prior to cancellation, change, or non-renewal of the policy. At least thirty (30) days prior to the expiration of any policy, a signed and complete Certificate of Insurance with all endorsements attached, showing that the insurance coverage has been renewed or extended, shall be filed with the City at Medford City Hall. Failure to maintain such insurance shall be deemed a material breach of this Agreement subject to termination.

B. The Provider will indemnify, defend and hold harmless the City of Medford, its officers, officials, agents, servants, and employees against any and all liability, loss, damages, costs, or expenses (including reasonable attorneys' fees) for (a) personal injury or death, or damage to real or tangible personal property, that the City may sustain, incur, or be required to pay, arising out of or in connection with the performance of the Agreement by reason of any negligent or intentional action or inaction or willful or intentional misconduct by the Provider, its agents, servants, or employees, or (b) Provider's breach of this Agreement. The provisions of this paragraph shall survive the expiration or termination of this Agreement.

C. The Provider agrees that it is an independent contractor of all operations under the Agreement and for all acts of its agents, servants, and employees, and shall not be considered an employee or agent of the City for any purpose, and that it will indemnify, defend and hold harmless the City, its officers, officials, boards, committees, agents, servants and employees from any and all loss, damage, costs, charges, expenses, and claims which may be made against it or them or to which it or they may be subject by reason of any alleged act, action, neglect, omission, or default on the part of the Provider or any of its agents or employees, and will pay promptly, on demand, reasonable costs and expenses of the defense thereof, including attorney's fees and expenses. This indemnification is not limited by a limitation on the amount of type of damages, compensation, or benefits payable by or for the Provider under the Worker's Compensation Act, Disability Benefits Act or other employee benefits act. The provisions of this paragraph shall survive the expiration or termination of this Agreement.

7. HIPAA Compliance and Compliance with Law

A. The Provider shall comply with all Federal, State and local laws, rules, regulations and orders applicable to the work provided pursuant to this agreement, including, but not limited to, the Health Insurance and Portability and Accountability Act of 1996 ("HIPAA") and its implementing regulations, as amended from time to time, and any applicable state laws and regulations governing the use, disclosure, security, confidentiality and destruction of any and all records which contain individuals' protected health information or confidential information protected by G.L. c. 93H, such provisions being incorporated herein by reference, and shall be responsible for obtaining all necessary licenses, permits, and approvals required for the performance of such work. Each party shall maintain patient confidentiality in accordance with all federal and state laws and standards, including, HIPAA and its implementing regulations, as may be amended from time to time. The parties hereby further agree to execute a Business Associate Agreement, which is expressly incorporated to this Agreement and attached as Exhibit 1.

8. Termination

A. Termination for Cause. If at any time during the term of this agreement the City determines that the Provider has breached the terms of this agreement by negligently or incompetently performing the services, or any part thereof, or by failing to perform the services in a timely fashion, or by failing to perform the services to the satisfaction of the

City, or by not complying with the direction of the City or its agents, or by otherwise failing to perform this agreement in accordance with all of its terms and provisions, the City shall notify the Provider in writing stating therein the nature of the alleged breach and directing the Provider to cure such breach within ten (10) days. If the provider fails to cure said breach within ten (10) days, the City may, at its election at any time after the expiration of said ten (10) days, terminate this agreement by giving written notice thereof to the Provider specifying the effective date of the termination. Upon receipt of said notice, the provider shall cease to incur additional expenses in connection with this Agreement. Upon the date specified in said notice, this Agreement shall terminate.

B. Termination for Convenience. The City may terminate this agreement at any time for convenience by providing the Provider written notice specifying therein the termination date which shall not be sooner than ten days from the issuance of said notice. Upon receipt of said notice, the provider shall cease to incur additional expenses in connection with this agreement.

9. Notice

Any and all notices, or other communications required or permitted under this Agreement, shall be in writing and delivered by hand or mailed postage prepaid, return receipt requested, by registered or certified mail or by other reputable delivery service, to the parties at the addresses set forth on Page I or furnished from time to time in writing hereafter by one party to the other party. Any such notice or correspondence shall be deemed given when so delivered by hand, if so mailed, when deposited with the U.S. Postal Service or, if sent by private overnight or other delivery service, when deposited with such delivery service.

10. Governing Law

This Agreement shall be governed by, construed, and enforced in accordance with the laws of the Commonwealth of Massachusetts and the Provider submits to the jurisdiction of any of its appropriate courts for the adjudication of disputes arising out of this agreement.

11. Severability

If any term or condition of this Agreement or any application thereof shall to any extent be held invalid, illegal, or unenforceable by the court of competent jurisdiction, the validity, legality, and enforceability of the remaining terms and conditions of this Agreement shall not be deemed affected thereby unless one or both parties would be substantially or materially prejudiced.

12. Successor and Assigns

This Agreement is binding upon the parties hereto, their successors, assigns and legal representatives. Neither the City nor the Provider shall assign or transfer any interest in the Agreement without the written consent of the other

13. Entire Agreement

This Agreement, including all documents incorporated herein by reference, constitutes the entire integrated agreement between the parties with respect to the matters described. This Agreement supersedes all prior agreements, negotiations and representations, either written

or oral, and it shall not be modified or amended except by a written document executed by the parties hereto.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day and year first above written.

CITY OF MEDFORD

Signed by:
Breanna Lungo-Koehn
656383CE8CE347F...

Breanna Lungo-Koehn
Mayor

12/19/2025

CATALDO AMBULANCE SERVICE, INC.

DocuSigned by:
Dennis Cataldo
96DECDC61F65497...

Dennis R. Cataldo
Name

President and CEO
Title

12/18/2025

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

(Signature of person signing bid or proposal)

Catalog Ambulance Service, Inc.
(Name of Business)

CERTIFICATE OF CORPORATE AUTHORITY

At a duly authorized meeting of the Board of Directors of Catalbo Ambulance Service
(Name of Corporation)
held on Dec 16 2025 (Date) it was VOTED that:

Dennis R. Catalbo (Name) President (Officer)

of this corporation, be and he/she hereby is authorized to execute contracts, deeds and bonds in the name and on behalf of said corporation, and affix its corporate seal hereto; and such execution of any contract, deed or obligation in this corporation's name on its behalf by such Diana M. Catalbo (Officer) under seal of the company, shall be valid and binding upon this corporation.

A True Copy,

ATTEST: Diana M. Catalbo

TITLE: Clerk / owner

PLACE OF BUSINESS: 137 Washington St.
Somerville, MA 02143

DATE OF THIS CERTIFICATE: 12/16/25

I hereby certify that I am the clerk of the Catalbo Ambulance Service, Inc. that Dennis R Catalbo is the duly elected President of said corporation, and that the above vote has not been amended or rescinded and remains in full force and effect as of the date of this contract.

Dennis R. Catalbo Clerk
(Clerk)

CORPORATE SEAL:

CERTIFICATE OF TAX COMPLIANCE

Pursuant to Chapter 62C of the Massachusetts General Laws, Section 49A(b), I, Diana M. Cataldo, authorized signatory for Cataldo Ambulance Svc., do hereby certify under the pains and penalties of perjury that said contractor has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

(Name of Contractor)

CONTRACTOR

By: Diana M. Cataldo, Clerk
(Signature of Authorized Representative)

Title: Clerk

Date: 12/16, 2025

OLD REPUBLIC INSURANCE COMPANY

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
INFORMATION PAGE
OLD REPUBLIC INSURANCE COMPANY
(A Stock Company)
NAIC # 24147 NCCI # 11509

Producer Name and Address:
ARTHUR J. GALLAGHER RISK MANAGEMENT SERVICES, LLC
233 WEST CENTRAL STREET
NATICK MA 01760
#0673

1. INSURED
The Insured and Mailing Address:
CATALDO AMBULANCE SERVICE, INC.
(SEE NAMED INSURED ENDORSEMENT)
137 WASHINGTON STREET
SOMERVILLE MA 02143

Policy No. MWC 313603 25
Renewal of No. MWC 313603 24
FEIN No. 042621862
MNUI No.
NJTIN
Interstate/Intrastate Risk I.D. No. 915007236

Email: KLECH@CATALDOAMBULANCE.COM

Other Workplaces not shown above: **On File With Company**

Insured is: CORP, TRUST

2. POLICY PERIOD
The Policy Period is from 06-01-2025 to 06-01-2026 12:01 AM at the insured's mailing address.

3. COVERAGE
A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
CO IL MA NY

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	$	1,000,000	each accident
Bodily Injury by Disease	$	1,000,000	policy limit
Bodily Injury by Disease	$	1,000,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states Except those listed in 3A and
ND OH PR VI WA WY

D. This policy includes these endorsements and schedules: **See Forms Index**

4. PREMIUM
The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

CLASSIFICATIONS	CODE NO.	PREMIUM BASIS TOTAL ESTIMATED ANNUAL REMUNERATION	RATE PER $100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
SEE THE EXTENSION OF INFORMATION PAGE				
			Special Assessments, Surcharges And Policy Fees $	43,361
			Total Estimated Annual Premium $	903,731
Premium adjustments will be made as indicated: **ANNUAL**			Total Payable $	947,092
			Deposit Premium $	
			Minimum Premium $	286

Issued At: Old Republic Risk Management, Inc.
445 South Moorland Rd., Suite 300
Brookfield, WI 53005
(877) 797-3400

Issued On: 05-30-25

Countersigned: Craig R. Smiddy
Authorized Representative Date

WC 00 00 01 C (01/16) (NJ, WI) WC 00 00 01 A

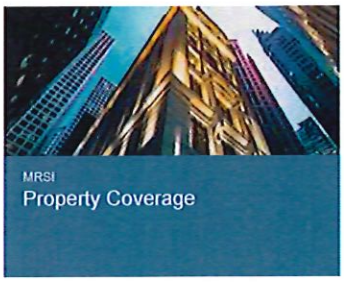
Munich Re Specialty Insurance

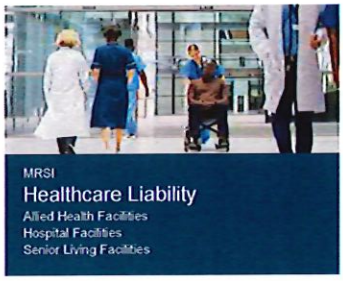
Munich RE

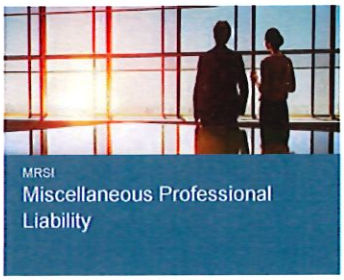
Munich Re Specialty Insurance E&S provides a wide range of commercial insurance coverages tailored for middle market companies. We specialize in underwriting difficult-to-place, moderate-to-higher-risk accounts, and are committed to upholding the highest standards for our employees and business partners. Our entrepreneurial approach means we evaluate each submission on its own merits providing customized and creative solutions solely through A+ rated carriers.

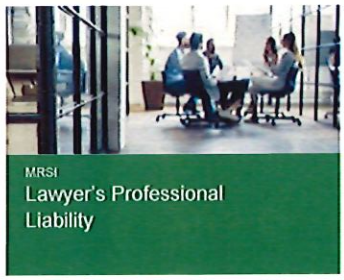
Our commitment includes exceptional underwriting and claims capabilities. Our E&S in-house claims team has decades of industry-specific experience and includes licensed attorneys with trial experience who excel in litigation management and complex claims strategy. Our seasoned underwriters are ready to serve our partners by applying their industry-specific expertise to streamline the customer experience.

Our growing insurance solutions include:









Visit our Broker Resource Center for insurance offering details, click here
Review our Insurance Financial Strength Rating details, click here

Munich Re Specialty Insurance

Munich RE

Please find the bound terms and conditions as stated below. This binder is valid up to sixty (60) days after the effective date listed below.

Broker

Broker of Record	
AmWINS 3630 Peachtree Road NE Suite 1700 Atlanta, GA 30326	

Coverage Terms

First Named Insured	Insurer
Cataldo Ambulance Service, Inc 137 Washington Street Somerville, MA 2143 Hereinafter referred to as the "Insured"	Bridgeway Insurance Company 555 College Road East Princeton, NJ 08543-5241 Hereinafter referred to as the "Insurer"

Policy Term	
Effective Date: 10/10/2025 Expiration Date: 10/10/2026	Both dates 12:01 A.M. at the address of the Insured

Policy Number(s)	
Primary Policy Number:	9H-A7-MM-0002055-02
Umbrella Policy Number:	9H-A7-UM-0002005-04

Primary Policy Coverage(s)

Coverage: Professional Liability
USD 1,000,000 **Each Healthcare Event Limit**
USD 3,000,000 **Aggregate Limit**
USD 50,000 **Deductible Per Event** NA **Aggregate**
Deductible applies to Indemnity and Expense
Defense Costs are in addition to the Limit of Liability
Coverage Type is Claims Made **Retroactive Date** 10/10/1999

Coverage: General Liability
USD 1,000,000 **Each Occurrence Limit**
USD 1,000,000 **Personal & Advertisement Injury Limit**
USD 3,000,000 **Products Completed Operations Aggregate Limit**
USD 3,000,000 **General Aggregate Limit**
USD 100,000 **Damages to Premises Rented Limit**
USD 5,000 **Medical Expense Each Accident Limit** USD 25,000 **Aggregate Limit**
USD 50,000 **Deductible Per Occurrence** NA **Aggregate**
Deductible applies to Indemnity and Expense
Defense Costs are in addition to the Limit of Liability
Coverage Type is Occurrence **Retroactive Date** NA

Coverage: Employee Benefits Liability
USD 1,000,000 **Each Employee Limit**
USD 3,000,000 **Aggregate Limit**
USD 1,000 **Deductible Each Employee** NA **Aggregate**
Deductible applies to Indemnity and Expense
Defense Costs are in addition to the Limit of Liability
Coverage Type is Claims Made **Retroactive Date** 10/01/1999

Primary Supplemental Policy Coverage(s)			
Disciplinary Expense	USD 25,000 Each Claim Limit USD 25,000 Aggregate Limit USD 1,000 Deductible	**Evacuation Expense**	USD 25,000 Each Claim Limit USD 25,000 Aggregate Limit USD 1,000 Self Insured Retention
Public Relations Event Expense	USD 25,000 Each Event Limit USD 25,000 Aggregate Limit USD 1,000 Self Insured Retention	**Resident Loss of Property**	USD 5,000 Each Event Limit USD 10,000 Aggregate Limit USD 500 Self Insured Retention
Business Crisis Management Expense	USD 25,000 Each Event Limit USD 25,000 Aggregate Limit USD 0 Self Insured Retention		

Umbrella Policy Coverage(s)
USD 2,000,000 **Combined Aggregate Limit**
USD 2,000,000 **Healthcare Professional Liability Aggregate Limit**
USD 2,000,000 **Umbrella Liability Aggregate Limit**
USD 2,000,000 **Specific Loss Limit**
USD 0 **Retained Amount**
Healthcare Professional Liability Coverage Type is Claims Made **Retroactive Date** 10/10/1999
Umbrella Liability Coverage Type is Occurrence **Retroactive Date** NA
Defense Costs Reduce the Limit of Liability
Excess the **Underlying Schedule**

Underlying Schedule

Line of Business	**Coverage Limits**	**Insurer**
Professional Liability	USD 1,000,000 Each Claim USD 3,000,000 Aggregate Defense Costs In addition to the Limit of Liability Coverage Type is Claims Made Retroactive Date 10/10/1999	Bridgeway Insurance Company
General Liability	USD 1,000,000 Each Occurrence USD 3,000,000 Products Aggregate USD 3,000,000 General Aggregate Defense Costs In addition to the Limit of Liability Coverage Type is Occurrence Retroactive Date NA	Bridgeway Insurance Company
Employee Benefits Liability	USD 1,000,000 Each Claim USD 3,000,000 Aggregate Defense Costs In addition to the Limit of Liability Coverage Type is Claims Made Retroactive Date 10/01/1999	Bridgeway Insurance Company
Automobile Liability (Catalyst)	USD 2,000,000 Combined Single Limit Defense Costs are In addition to the Limit of Liability Coverage Type is Occurrence	Old Republic Insurance Company

Automobile Liability	USD 1,000,000 Combined Single Limit Defense Costs are In addition to the Limit of Liability Coverage Type is Occurrence	Safety Insurance Company **TBD**
Automobile Liability (Primary – Smartcare)	USD 1000,000 Combined Single Limit Defense Costs are In addition to the Limit of Liability Coverage Type is Occurrence	The Commerce Insurance Company **L18817**
Excess Automobile Liability (1st / Lead Layer – Smartcare)	USD 1,000,000 Each Claim USD 1,000,000 Aggregate	General Star Indemnity Company **IXG676790B**
General Liability	USD 1,000,000 Each Occurrence USD 1,000,000 General Aggregate Defense Costs In addition to the Limit of Liability Coverage Type is Occurrence Retroactive Date NA	Nautilus Insurance Company **TBD**
Employer's Liability (Catalyst)	USD 1,000,000 Each Accident USD 1,000,000 Each Employee USD 1,000,000 Aggregate	Old Republic Insurance Company **MWC 313603 25**

Named Insured Schedule	Description	PL Retro	GL Retro	EBL Retro	Termination
Cataldo Ambulance Services, Inc	Patient Care Entity	10/10/1999	NA	10/10/1999	NA
Cataldo Realty Corp	Real Estate Entity	No PL coverage	NA	NA	NA
RDC-DMC, LLC	Patient Care Entity	No PL coverage	NA	NA	NA
130-146 Hawthorne St. LLC	Patient Care Entity	No PL coverage	NA	NA	NA
CCC Four Joy, LLC	Patient Care Entity	No PL coverage	NA	NA	NA
Atlantic Ambulance Services	Patient Care Entity	7/23/2003	NA	7/23/2003	NA
Foster Peabody, LLC	Patient Care Entity	No PL coverage	NA	NA	NA
CAT, LLC	Patient Care Entity	No PL coverage	NA	NA	NA
BRTC Lynn, LLC	Patient Care Entity	No PL coverage	NA	NA	NA
Cresecent 111, LLC	Patient Care Entity	No PL coverage	NA	NA	NA
Beach Condo, LLC	Patient Care Entity	No PL coverage	NA	NA	NA
CAS Salem, LLC	Patient Care Entity	No PL coverage	NA	NA	NA
DRC, LLC	Patient Care Entity	No PL coverage	NA	NA	NA
Cataldo Ambulance Business Trust	Patient Care Entity	7/12/2019	NA	NA	NA
SmartCare Solutions	Patient Care Entity	6/15/2020	NA	6/15/2020	NA
Crescent III Ave LLC	Patient Care Entity	No PL coverage	NA	NA	NA
RD&D LLC	Patient Care Entity	No PL coverage	NA	NA	NA
Cataldo Holyoke LLC	Patient Care Entity	No PL coverage	NA	NA	NA
CAS Worc LLC	Patient Care Entity	No PL coverage	NA	NA	NA

Additional Insured PL & GL Schedule	
Additional Insured	**Interest**
Blanket AI (PL/GL)	NA

Forms

Primary Policy Forms	
HC ES DS 00 01 04 24	Declarations
HC ES 00 01 06 24	Healthcare Liability Insurance Policy
HC ES 04 02 04 24	Waiver of Subrogation
HC ES 04 05 04 24	Schedule of Named Insureds
HC ES 21 03 04 24	Cap on Losses Terrorism
HC ES 22 01 04 24	Blanket Additional Insured PL GL
HC ES 22 12 04 24	Primary and Non Contributory - GL PL with Schedule
HC ES 28 03 04 24	Courtesy Notice of Cancellation
Notice	Healthcare Risk
Notice	Risk Management Grant Fund 11 24
SLSOP 01 21	Service of Process BIC
VL ES 21 01	Violation of Economic Or Trade Sanctions
VL CW 01 01 21	Signature Endorsement

Umbrella Policy Forms	
HCU ES DS 00 01 12 24	Declarations
HCU ES 00 01 04 22	Healthcare Umbrella Liability Insurance Policy
HCU ES 21 02 02 21	Cap on Losses Terrorism
HCU ES 21 06 02 21	Blanket Additional Insured PL GL
SLSOP 01 21	Service of Process BIC
VL ES 21 01	Violation of Economic Or Trade Sanctions
VL CW 01 01 21	Signature Endorsement

Premium

Primary Policy Premium

USD 926,725 Annual Premium Excluding TRIA
USD 570 Additional TRIA Premium Accepted
USD 927,295 **Annual Total Premium**

Umbrella Policy Premium

USD 629,275 Annual Premium Excluding TRIA
USD 582 Additional TRIA Premium Accepted
USD 629,857 **Annual Total Premium**

Minimum Earned Premium	25%
Premium Audit	NA

Total Premium shown, exclusive of all premium tax, is due to the Insurer in full within thirty (30) calendar days after the Effective Date of the Term unless otherwise stated. If the Total Premium shown is not received by the Insurer in full within thirty (30) calendar days after the Effective Date of the Term, unless otherwise stated, this contract shall be void and the Insured forfeits all rights to coverage under the Policy. Any premium paid to the Insurer will be refunded to the Insured and any Loss Payment paid on behalf of the Insured will be refunded to the Insurer by the Insured.

Subjectivities

Subjectivities stated below are required to be submitted, reviewed, and approved by the Insurer prior to binding agreement unless otherwise noted. The Insurer maintains the right to cancel, rescind or amend the quote, binder, or policy based on the failure to provide the requested subjectivities or if the reviewed subjectivities are deemed unacceptable by the Insurer.

Prior To Policy Issuance	Current Audited Financials
Prior To Policy Issuance	Currently valued (within 90 days of effective date) loss runs for UL AL/GL/EL
Prior To Policy Issuance	All Underlying Binders and Policies (EL/AL/GL)
Prior to Use	A Risk Management Grant in the value of USD 15000 is available under this policy. A completed W-9 is required for reimbursement.

Notice(s) and Disclosure(s)

Surplus Lines Notice

The Insurer does not have a certificate of authority in the Insured's Home State, as defined by the Nonadmitted and Reinsurance Reform Act (NRRA), and is often referred to as "surplus lines," "excess line," "non-admitted," or "unauthorized" insurance. The Insurer is subject to limited regulation and does not participate in the state insurance guaranty fund. A licensed surplus lines agent, broker, or producer in the Insured's Home State is responsible for determining suitability of the coverage and providing all state-mandated notices and making all required state filings.

If coverage is to be bound, the first named Insured's Home State, pursuant to the NRRA, must be provided to the Insurer. Unless otherwise provided, the state of the first named Insured will be considered as the Insured's Home State.

License Notice

The Broker of Record warrants that he/she is properly licensed to transact business as a surplus lines insurance agent, broker, or producer in accordance with the insurance laws of the state or states in which he/she transacts such business. The Broker of Record warrants that he/she, or any director, officer, or other employee of said Broker of Record will maintain all required license or licenses, and upon request, the Broker of Record will provide to the Company documentation thereof.

The Broker of Record represents and warrants he/she will act at all times in compliance with all applicable laws and regulations with respect to the policies written, including, but not limited to, the timely mailing or filing of affidavits, certifications, or reports, the payment of taxes or fees, and any other applicable requirements.

The Broker of Record is responsible to comply with the applicable state surplus lines laws and is also responsible for, among other things, the determination, collection, reporting, and payment of applicable surplus lines taxes and stamping fees, as well as the filing of surplus lines affidavits.

Premium Tax Notice

Unless otherwise stated, the premium amount(s) stated in the Premium Section are net of premium tax. The surplus lines agent, broker, or producer is solely responsible for declaring and paying any and all premium taxes due.

Disclosure Notice
Affiliated Companies Disclosure Munich Re Specialty Insurance (MRSI) is a description for the insurance business operations of affiliated companies in the Munich Re Group that share a common directive to offer and deliver specialty property and casualty insurance products and services in North America. For more information on MRSI, please go to munichrespecialty.com. ***Binder/Quote Disclosure*** This Binder/Quote represents the Insurer's proposed terms and conditions, which may not include all of the requested terms and conditions, based on the information provided by the Insured. It does not include all the terms, coverages, exclusions, limitations, and/or conditions of the actual policy contract language. The policy, when issued, contains all of the terms and conditions of the coverage provided and supersedes this document. ***Revision Date Disclosure*** When multiple versions of a quote or binder exist, the quote or binder with the most recent Date of Issuance or Revision Date is the quote or binder of record. All prior quotes and binders are considered null and void. ***Submission Disclosure*** The coverage provided by the Insurer relies on the duty of disclosure that the information provided by the submission and responses to the underwriter's request for additional information is truthful and complete to the best of the Insured's knowledge. Acceptance of the coverage waives any disclaimers of the Insured's duty to disclose all material facts to the best of its knowledge.

Claim Reporting	
Please advise our Claims Department of any claims occurring during the contract period. Notice should be sent to the following address subject to the terms and conditions of the policy.	
By Email:	clmsins@munichreamerica.com
By Phone:	(866) 311-9636
By Mail:	Bridgeway Insurance Company 555 College Road East, Princeton, NJ 08543

This policy is insured by a company which is not admitted to transact insurance in the commonwealth, is not supervised by the commissioner of insurance and, in the event of an insolvency of such company, a loss shall not be paid by the Massachusetts Insurers Insolvency Fund under chapter 175D.

Massachusetts Premium: $926,725.00
Fees:
Surplus Lines Tax: $37,091.80

Massachusetts Premium: $629,275.00
Fees:
Surplus Lines Tax: $25,194.28

PRO-PRAXIS INSURANCE
32 Old Slip, 4th Floor, New York, NY 10005
www.propraxisins.com

BINDER OF INSURANCE

Date: October 13, 2025

Policy Number: PPA0000121

Covered Operations: Ambulance - Ground

Broker: Jordan Connelly
Amwins Insurance Brokerage, LLC - Atlanta, GA
3630 Peachtree Rd NE
Ste 1700
Atlanta, GA 30326-1543

Named Insured: Cataldo Ambulance Service, Inc.
Address: 137 Washington Street, Somerville, MA 02143

Policy Period: 10/10/2025 to 10/10/2026
Retroactive Date: 10/10/1999

Issuing Company: Underwritten by MS Transverse Specialty Insurance Company (non-admitted)
Coverage: Healthcare Excess Follow Form Liability Insurance

Limits of Insurance: $5,000,000 Per Claim
$5,000,000 Annual Aggregate

Followed Policy:

INSURER	POLICY NUMBER	LIMITS	POLICY PERIOD
AWAC	0314-4470	$3,000,000 $3,000,000	10/10/2025 to 10/10/2026

Total Underlying Limits: $5,000,000 Per Claim
$5,000,000 Annual Aggregate
In excess of primary insurance and any/all SIR

Schedule of Underlying:

INSURER	POLICY NUMBER	LIMITS	POLICY PERIOD
AWAC	0314-4470	$3,000,000 $3,000,000	10/10/2025 to 10/10/2026
Munich Re	9H-A7-UM-0002005-04	$2,000,000 $2,000,000	10/10/2025 to 10/10/2026
Munich Re	9H-A7-MM-0002055-02	$1,000,000 $3,000,000	10/10/2025 to 10/10/2026

Any preceding binder issued by the Company is void in its entirety as of its inception date and replaced by this binder.

Forms:

MST-TSIC Cover-022025
MSTSIC EFF-D-2 (7-25) Healthcare Excess Ins Policy Declarations
MSTSIC EFF-P (7-25) Healthcare Excess Insurance Policy
EFF-1 (10-23) Schedule of Underlying Insurance
EFF-4 (10-23) LTD Terrorism X (Other than Certified Acts of Terrorism)
EFF-92 (10-23) Cyber Exclusion - Technology Breach
MSES 05 04 (01 19) EXCLUSION – U.S. ECONOMIC OR TRADE SANCTIONS
TSIC-002-0225 Policy Execution Clause
MST-TRIA-D1-PP-102023 TRIA Policyholder Disclosure
OFAC Notice (05 23) OFAC Notice
TSIC-004-0424 Service of Suit
TSIC-001-0423 TSIC Amendatory Endorsement - Service of Suit

Policy Premium:	$277,420	excluding any applicable taxes 25.00% Minimum Earned
Policy Issuance Fee:	$0	excluding any commissions
Risk Management Fee:	$0	

Subjectivities:

This binder is subject to receipt, review and acceptance of the following subjectivities within the specified timeframes. It is the responsibility of the producer to provide this information to Pro-Praxis for its review and acceptance. If these subjectivities are not received within the specified timeframes, we reserve the right to amend the terms of this binder:

-

Additional Terms and Conditions of this Binder:

- This binder is valid for 30 days from the effective date of coverage
- Premium is payable in 15 days of the effective date
- Surplus Lines affidavit is due in 30 days of the effective date
- All taxes, filings, fees and surcharges are the responsibility of the broker

This policy is insured by a company which is not admitted to transact insurance in the commonwealth, is not supervised by the commissioner of insurance and, in the event of an insolvency of such company, a loss shall not be paid by the Massachusetts Insurers Insolvency Fund under chapter 175D.

Massachusetts Premium: $277,420.00
Fees: $0.00
Surplus Lines Tax: $11,096.80

ALLIED WORLD SURPLUS LINES INSURANCE COMPANY
3424 Peachtree Road NE, Suite 550
Atlanta, GA 30326
USA
T: 678-704-8400
F: 678-704-8401

To:	Amwins Insurance Brokerage, LLC 3630 Peachtree Road NE, Suite 1700 Atlanta, GA 30326	
		Account # 250820
Re:	Cataldo Ambulance Service, Inc. - Medical Malpractice Primary Institutions	

BINDER

Insured:	Cataldo Ambulance Service, Inc.	
Address:	137 Washington Street Somerville, MA 02143	
Policy Number:	0314-4470	
Policy Period:	**From:** 10/10/2025	**To:** 10/10/2026

Limit of Liability	Excess of Total Underlying Limits of Liability	Premium
$3,000,000	$3,000,000	$330,659

Schedule of Followed Policy and Other Underlying Policies

Followed Form Policy

Layer	Insurer	Limit of Liability	Retention/Attachment	Primary Policy
Lead Layer	Bridgeway Insurance Company	$2,000,000	$1,000,000	☐

Underlying Policy(ies)

Layer	Insurer	Limit of Liability	Retention/Attachment	Primary Policy
Primary	Bridgeway Insurance Company	$1,000,000		☒
Primary	Nautilus Insurance Company	$1,000,000		☒
Auto Lead Layer	General Star Indemnity Company	$1,000,000	$1,000,000	☐
Primary	The Commerce Insurance Company	$1,000,000		☒
Primary	Safety Insurance Company	$1,000,000		☒
Primary	Old Republic Insurance Company	$1,000,000		☒

ALLIED WORLD SURPLUS LINES INSURANCE COMPANY

Premium Due Date:	30 Days from effective date of policy

Insurer:	Allied World Surplus Lines Insurance Company
Policy Form:	EF 00006 00 (07/16) - AWSLIC Excess Liability Insurance Policy
Pending or Prior Date:	N/A
Discovery Period/Extended Reporting Period:	Premium: N/A Term: N/A

Endorsements:

1. EF 00012 00 (07/16) - Amend Underlying Policies and Insurers
2. EF 00045 00 (07/16) - Non-Follow Form Policy Shall Not be Excess Over Specified Coverages or Sublimited Coverages
3. EF 00059 00 (07/16) - Retroactive Date (10/10/99)
4. EF 00070 00 (07/16) - Trade and Economic Sanctions Exclusion
5. EF 00086 00 (09/18) - Policyholder Disclosure Notice of Terrorism Insurance Coverage
6. EF 00137 00 (07/21) - Minimum Earned Premium (25%)
7. SVC 00010 00 (04/16)(AWSLIC) - Service Of Suit

Subjectivities:
This binder is subject to the insurer's satisfactory receipt, review and acceptance of the following items. Failure to do so may result in the voidance of any binder or coverage.

1. Copy of Underlying Policies
2. Underlying Binders

TERMS AND CONDITIONS

- This binder is strictly conditioned upon no material change in the risk, including a submission being made to the insurer of a claim or circumstance that might give rise to a claim, between the date of this binder and the policy inception date. In the event of such a change in risk, the insurer may, in its sole discretion, amend or withdraw this binder.
- All other terms and conditions as per AWAC's Policy Form and any applicable endorsements referenced herein.

Surplus Lines Disclosure
This binder is being offered on a surplus lines basis. As the producing broker, it will be your responsibility to comply with regulatory requirements, including arranging for the payment of the applicable state tax and/or stamping fee should a policy be issued. You will be required to complete and return the attached Surplus Lines Policy Information Form prior to the release of the policy.

Thank you for choosing Allied World Surplus Lines Insurance Company.

This policy is insured by a company which is not admitted to transact insurance in the commonwealth, is not supervised by the commissioner of insurance and, in the event of an insolvency of such company, a loss shall not be paid by the Massachusetts Insurers Insolvency Fund under chapter 175D.

Massachusetts Premium: $330,659.00
Fees:
Surplus Lines Tax: $13,226.36

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/18/2025

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 Arthur J. Gallagher Risk Management Services, LLC 1 Research Drive Suite 300B Westborough MA 01581	CONTACT NAME: Renee Paone PHONE (A/C, No, Ext): 781-581-4152 FAX (A/C, No): E-MAIL ADDRESS: renee_paone@ajg.com
INSURED CATAAMB-01 Cataldo Ambulance Service, Inc. 137 Washington Street P O Box 435 Somerville MA 02143	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Old Republic Insurance Company — 24147 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1407249917 **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						EACH OCCURRENCE	$
	[ ] CLAIMS-MADE [ ] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	[ ] OTHER:							$
A	AUTOMOBILE LIABILITY	Y	Y	MWTB313604-25	6/1/2025	6/1/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	[X] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A	Y	MWC313603-25	6/1/2025	6/1/2026	[X] PER STATUTE [X] OTH-ER	MA
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] (Mandatory in NH)						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

City of Medford is included as Additional Insured under Commercial Automobile only and applies on a primary and non-contributory basis.
Waiver of Subrogation applies to Automobile Liability where required by written contract executed prior to loss.
Waiver of Subrogation applies to Workers' Compensation & Employers Liability where required by written contract executed prior to loss.

30 Day Notice of Cancellation except for non-payment of premium which is 10 days applies to the Certificate Holder.

CERTIFICATE HOLDER

City of Medford
85 George P Hassett Drive
Medford MA 02155

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

CATAAMB-01 DVITIELLO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/18/2025

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 License # 1780862 HUB International New England 300 Ballardvale Street Wilmington, MA 01887	CONTACT NAME: PHONE (A/C, No, Ext): (978) 657-5100 FAX (A/C, No): (978) 988-0038 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Bridgeway Insurance Company — 12489
INSURED Cataldo Ambulance Service, Inc. 137 Washington Street Somerville, MA 02143	INSURER B : Allied World Assurance Co Inc — 19489
	INSURER C : MSIG Specialty Insurance USA Inc — 34886
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			9H-A7-MM-0002055-02	10/10/2025	10/10/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$ 2,000,000
	EXCESS LIAB CLAIMS-MADE			9H-A7-UM-0002005-04	10/10/2025	10/10/2026	AGGREGATE	$ 2,000,000
	DED X RETENTION $ 0							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Excess Liability			0314-4470	10/10/2025	10/10/2026		3,000,000
C	Excess Liability			PPA0000121	10/10/2025	10/10/2026		5,000,000

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

Additional Named Insureds: Atlantic Ambulance Services & SmartCare.

Holder is included as Additional Insured for GL/PL per the policy provisions, if requirement is contained in written contract w/named insured & executed prior to loss/claim/incident. Prof.Liab. is on a Claims Made Basis.

**Umbrella Liability is follow form over the GL/Professional ,Auto & WC subject to the policy forms and endorsements.

SEE ATTACHED ACORD 101

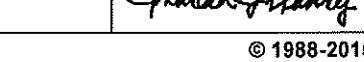
CERTIFICATE HOLDER

City of Medford
85 George P. Hassett Drive
Medford, MA 02155

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



AGENCY CUSTOMER ID: CATAAMB-01 DVITIELLO

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

AGENCY	License # 1780862	NAMED INSURED
HUB International New England		Cataldo Ambulance Service, Inc. 137 Washington Street Somerville, MA 02143
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	EFFECTIVE DATE: SEE PAGE 1
SEE PAGE 1	SEE P 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
Holder is listed as an additional insured on a primary and non-contributory basis on the GL & Excess Liability, Waiver of Subrogation also applies as required by written contract prior to a loss/claim, subject to the policy provisions. 30 Day Notice of Cancellation/10 days for non-payment also applies.