

EXHIBIT D**INSURANCE SCHEDULE**

Contractor shall provide and maintain the following insurance at all times during the term of the Contract as may be extended. All such insurance shall be furnished by an insurance carrier licensed in Colorado to write such policies, and acceptable to the ESA.

1. **X Employers Liability** as required by statute. Employers Liability coverage is to be carried for a minimum limit of one hundred thousand dollars (\$100,000).
2. **X Automobile Liability** for limits not less than five million dollars (\$5,000,000) combined single limit for bodily injury and property damage for each occurrence. Coverage shall include owned, non-owned and hired automobiles.
3. **X Commercial General Liability** for limits not less than two million dollars (\$2,000,000.00) combined single limit for bodily injury and property damage for each occurrence and six million dollars (\$2,000,000.00) general aggregate.
4. **X Excess Liability** for limits not less than twenty-five million dollars (\$25,000,000.00) combined single limit for bodily injury and property damage for each occurrence.
5. **X Medical Malpractice-Professional Liability** for all activities of the Contractor arising out of or in connection with this Agreement for limits not less than one million dollars (\$1,000,000) per occurrence. In the event Contractor cannot provide an occurrence policy, Contractor shall provide insurance covering claims made as a result of performance of this Agreement and shall maintain tail insurance in effect for not less than two (2) years following completion of performance of this Agreement.
6. **X Workers' Compensation Insurance:** The Contractor shall take out and maintain during the Period of this Agreement, Colorado Worker's Compensation Insurance for the Contractor and all employees of the Contractor for a minimum limit of not less than one million dollars (\$1,000,000). If any service is sublet by the Contractor, the Contractor shall require the subcontractor to provide the same coverage for the subcontractor and subcontractor's employees. Worker's Compensation Insurance shall include occupational disease provisions covering any obligations of the Contractor in accord with the provisions of the Colorado Worker's Compensation Act.

All liability insurance policies required to be maintained by Contractor for this Contract shall be endorsed with the following specific language or contain equivalent language within the policy:

"The El Paso County ESA, El Paso County and the City of Colorado Springs, their officers and employees, and the local medical control medical director are named as additional insured for all liability arising out of the operations by or on behalf of the named insured in the performance of this Agreement."

"The inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, and the coverage afforded shall apply as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the entity's liability."

"The insurance provided herein is primary coverage to the El Paso County ESA, El Paso County and the City of Colorado Springs, with respect to any insurance or self-insurance programs maintained by the ESA."

Contractor's certificates of insurance are attached to this Insurance Schedule. Contractor shall timely provide the ESA with renewal certificates during the Term and upon the ESA's request.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2008

PRODUCER
Adn Risk Insurance Services West, Inc.
Denver CO Office
4100 East Mississippi Avenue
Suite 1500
Denver CO 80246 USA

PHONE: (303) 758-7688 FAX: (303) 758-9458

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
American Medical Response
6200 South Syracuse Suite 200
Greenwood Village CO 80111 USA

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	ACE American Insurance Company	22667
INSURER B:	National Union Fire Ins Co of Pittsburgh	19445
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES SIR applies per terms and conditions of the policy


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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	XSLG23741155	03/31/08	03/31/09	EACH OCCURRENCE	\$2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,750,000
						GENERAL AGGREGATE	\$6,000,000
						PRODUCTS - COMP/PAQ	\$1,750,000
						SIR	\$250,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS	ISA H08241181	03/31/08	03/31/09	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY: EA ACC	
						ADD	
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$25,000	5380808	03/31/08	03/31/09	EACH OCCURRENCE	\$25,000,000
						AGGREGATE	\$25,000,000
A	A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WLRC4434449A SCFC44344579 WCUC44344531	03/31/08 03/31/08 03/31/08	03/31/09 03/31/09 03/31/09	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> 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
		OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Named Insured Includes: American Medical Response of Co., Inc., 2370 N. Powers Blvd., Colorado Springs, Co.
 Certificate Holder: The El Paso County, ESA, El Paso County and the City of Colorado Springs, their officers and employees and the local medical control medical director. The El Paso county, ESA, El Paso County and the City of

CERTIFICATE HOLDER
 The El Paso County
 Attn: Eileen Gonzales
 ESA Administrator
 30 S. Nevada Ave., Suite 201
 Colorado Springs CO 80903 USA

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE 

Holder Identifier : 17175
 Certificate No : 570032286838

Attachment to ACORD Certificate for American Medical Response

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

American Medical Response
6200 South Syracuse Suite 200
Greenwood Village CO 80111 USA

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INSURER

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Colorado Springs, their officers and employees and the local medical control medical director are included as Additional Insured on the General Liability policy for all liability arising out of the operations by or on behalf of the Named Insured in the performance of this agreement. The policies certified hereon are Primary and Non-Contributory on the General Liability to other insurance available to the Certificate Holder, but only to the extent required by written contract with the Insured and always subject. The inclusion of more than one insured shall not operate to impair the rights of one insured against another insured and the coverage afforded shall apply as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the entity's liability. Cancellation Provision shown herein is subject to shorter or longer time periods depending on the jurisdiction of and reason for, the cancellation.

CERTIFICATE OF LIABILITY INSURANCE ISSUE DATE 12/31/08

PRODUCER
 Alliant Insurance Services Houston LLC
 Three Lincoln Centre
 5430 LBJ Freeway, Suite 1580
 Dallas, TX 75240
 972.980.5860

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

INSURED
 AMR Ambulance Service, Inc.
 6200 S. Syracuse Way, Suite 200
 Greenwood Village, CO 80111

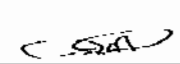
INSURER A:	Arch Specialty Insurance Company
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES
 THIS IS TO CERTIFY THAT THE POLICIES 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$
					PRODUCTS-COMP/OP AGG.	\$
					PERSONAL & ADV. INJURY	\$
					EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MEDEXPENSE (Any one person)	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> OTHER				COMBINED SINGLE LIMIT (Each accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
					EACH ACCIDENT	\$
					DISEASE-POLICY LIMIT	\$
					DISEASE EACH EMPLOYEE	\$
					*INCIDENT	\$
					*PER INSURED	\$
					AGGREGATE	
A	OTHER: Health Care Professional Liability (Claims Made Coverage)	UFL000537903	4/15/2008	4/15/2009	Each Occurrence	\$ 10,000,000
					General Aggregate	\$ 10,000,000
					SIR	\$ 5,500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:
 The El Paso County, ESA, El Paso County and the City of Colorado Springs, their officers and employees, and the local medical control medical director are named as additional insured for all liability arising out of the operations by or on behalf of the named insured in the performance of this Agreement as required by written contract.

CERTIFICATE HOLDER
 The El Paso County, ESA, El Paso County and the City of Colorado Springs, their officers and employees, and the local medical control medical director
 Attn: Eileen Gonzales, ESA Administrator
 30 S. Nevada Ave. Suite # 201
 Colorado Springs, CO 80903

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE


IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.