19	**AGENDA ITEM** **ST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS**
	Deadline for Submission - Wednesday 9 a.m. – Thirteen Days Prior to BCC Meeting

11/17/2026

BCC MEETING DATE

TO: **Joy Andrews, County Administrator** **DATE:** **October 16, 2026**

FROM: **Jeremy Robshaw, Chief, Administrative Services** **PHONE:** **904 209-1750**

SUBJECT OR TITLE: **Certificate of Public Convenience and Necessity -RG Ambulance Service, Inc. dba Century Ambulance Service**

AGENDA TYPE: **Consent Agenda, Resolution**

BACKGROUND INFORMATION:

County Ordinance 2012-20 requires those providing ambulance services to obtain a Certificate of Public Convenience and Necessity (COPCN) from the governing body of the county in which those services will be provided. RG Ambulance Service, Inc. dba Century Ambulance Service provides emergency and non-emergency pre-hospital advanced life support, basic life support, and transport services within the County and shall, upon request, provide emergency and non-emergency interfacility transport services. It is recommended that the Board of County Commissioners approve and grant the Certificate of Public Convenience and Necessity for RG Ambulance Service, Inc. dba Century Ambulance Service, with an effective date of November 17, 2026, and an expiration date of November 17, 2028. Complete applications are available for review at Fire Rescue Administration.

1. IS FUNDING REQUIRED? No **2. IF YES, INDICATE IF BUDGETED.** No

IF FUNDING IS REQUIRED, MANDATORY OMB REVIEW IS REQUIRED:

INDICATE FUNDING SOURCE:

SUGGESTED MOTION/RECOMMENDATION/ACTION:

Motion to adopt Resolution 2026-_____, approving and granting a Certificate of Public Convenience and Necessity to RG Ambulance Service, Inc. dba Century Ambulance Service, and authorizing the Chair to execute the Certificate on behalf of the County in substantially the same form as attached hereto.

For Administration Use Only:
Legal: Kealey West 10/18/2026 **OMB: ARM 10/19/2026** **Admin: Brad Bradley 10/21/2026**

St. Johns County
Certificate of Public Convenience and Necessity

WHEREAS, RG Ambulance Service, Inc. dba Century Ambulance Service, has requested authorization to provide Advanced Life Support and Basic Life Support non-emergency medical services that originate within St. Johns County.

WHEREAS, the above named service affirms that it will maintain compliance with the requirements of the Emergency Medical Services Act (Chapter 401, F.S.) and Rules (Chapter 64J-1, 64J-2, 64J-3 F.A.C.) and St. Johns County Ordinance 2012-20.

WHEREAS, RG Ambulance Service, Inc. dba Century Ambulance Service has indicated that it desires not to conflict with the current level of pre-hospital service being provided by the St. Johns County Fire Rescue Department.

NOW, THEREFORE, IT IS HEREBY ORDERED, that the Board of County Commissioners issue a Class B/C Certificate of Public Convenience and Necessity to said service to provide non-emergency medical services with the following limitations:

1. RG Ambulance Service, Inc. dba Century Ambulance Service, will provide scheduled non-emergency ambulance transportation originating within the boundaries of St. Johns County.
2. RG Ambulance Service, Inc. dba Century Ambulance Service will provide Class C as defined in St. Johns County Ordinance 2012-20 ambulance transportation originating within the boundaries of St. Johns County.
3. RG Ambulance Service, Inc. dba Century Ambulance Service, will provide emergency inter-facility ambulance transportation, as requested by the St. Johns County Fire Rescue Department.
4. RG Ambulance Service, Inc. dba Century Ambulance Service, will provide mutual aid when requested to do so by the St. Johns County Fire Rescue Department.

Certificate Type: Class B/C

Date issued: November 17, 2026

ATTEST: Brandon Patty

By: _____
Deputy Clerk

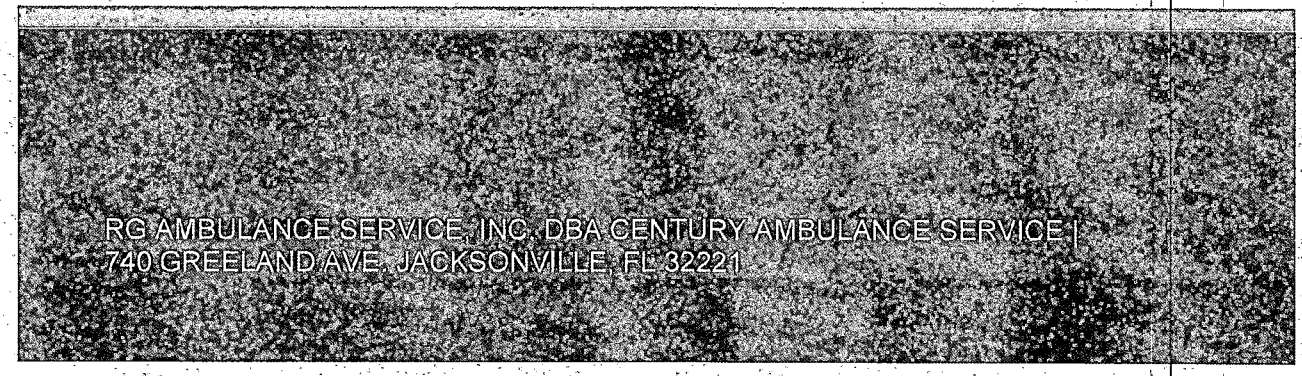
Date of Expiration November 17, 2028
Unless Certificate is sooner revoked or suspended

_____
County Administrator

_____
Chair, Board of County Commissioners

RG Ambulance Service, Inc. dba Century Ambulance Service

COPCN RENEWAL FOR ST JOHNS COUNTY 2026



RG AMBULANCE SERVICE, INC. DBA CENTURY AMBULANCE SERVICE |
740 GREELAND AVE. JACKSONVILLE, FL 32221

St. Johns County
Board of County Commissioners
Application For Certificate of
Public Convenience and Necessity

I. **Classification of Certificate Request**
(Refer to Section 4, St. Johns County Ordinance 2012-20 for classification)

☐ Class A — Certificates of public convenience and necessity for governmental entities that use advanced life support rescue units to conduct emergency and non-emergency pre-hospital advanced life support, basic life support or interfacility transportation services.

The St. Johns County Fire Rescue Department shall be the only Class A Certificate holder in the County, and shall be responsible for providing emergency and nonemergency pre-hospital ALS and BLS services within the County.

☒ Class B — Certificates of public convenience and necessity for businesses and agencies that use Ambulances to provide specific emergency and non-emergency medical service and interfacility medical transport services as identified on the Certificate, providing the services complies with all applicable laws, ordinances, rules and regulations.

☒ Class C — Certificates of public convenience and necessity for businesses, agencies and hospitals that provide Ambulances to conduct specific emergency or non-emergency interfacility medical transport or transport services requiring onboard clinical capabilities which may exceed those of a conventionally equipped and staffed ALS Ambulance which services originate within the County pursuant to a physician's order, or emergency or non-emergency interhospital transport or transport services, interhospital neonatal and emergency or non-emergency organ/blood transport, including the transport of transplant teams or other emergency or non-emergency interhospital medical transport services at the ALS or BLS level between two (2) establishments licensed as hospital pursuant to Chapter 395, Florida Statutes.

II. Type of Application: ☒ Renewal ☐ New

III. Level of Service: ☐ BLS ☒ ALS

IV. Date of Application: 8/18/2026

V. **Application fee of $250.00 must accompany this application.**
Please make check payable to **St. Johns County, Florida.**

Application Fee Attached: ☒ Yes ☐ No

Applications for a Certificate will be obtained from the St. Johns County Fire Rescue Department. Completed applications will be returned to the St. Johns County Fire Rescue Department, and must include;

A. Name and address of the applicant; or if the applicant is a partnership, names and address of each partner, or if the application is a corporation, names and addresses of all officers, directors and stockholders holding 25% or more of the outstanding shares;

Name of Ambulance Service: RG Ambulance Service, Inc DBA Century Ambulance Service, Inc.

Mailing Address: 740 Greeland Ave

City: Jacksonville County: Duval

State and Zip Code: FL 32221 Business Phone: 904-356-2828

Name of owner(s) or all officers, partners, directors and shareholders, if a corporation. If you need more spaces, please attach separate a document.

Name	Address	Position
see Attachment 1		

B. The names, addresses and phone number of three (3) local references;

Name	Address	Phone
See attachment 2		



Attachment 1

Corporate Information

Ray Gonzalez, President & CEO
2766 NW 62nd St, Miami FL 33147
rgonzalez@mctflorida.com

Rene Gonzalez, CFO
2766 NW 62nd St, Miami FL 33147
regonzalez@mctflorida.com

Charles Maymon, Senior Vice President
2766 NW 62nd St, Miami FL 33147
cmaymon@transportationamerica.com

Jorge Curbelo, Vice President
2766 NW 62nd St, Miami FL 33147
jocurbelo@mdambulance.net

Bob Eberhart, Regional GM
740 Greeland Ave, Jacksonville FL 32221
beberhart@centuryamb.com

Alicia Dykes, General Manager
740 Greeland Ave, Jacksonville FL 32221
Alicia.dykes@centuryamb.com
(904) 524-4839

Attachment 2

- Lorrie Sarver
    - 205 Trinity Way, St. Johns, FL 32259
    - 904-635-2245
- Tony Hayes
    - 655 W. 8th Street, Jacksonville, FL 32209
    - 904-244-4548
- Shannon Pickett
    - 400 Health Park Blvd., St. Augustine, FL 32086
    - 904-819-4075

Please attach the requested documents for C-J

C. A narrative describing the need for service in the intended service area;

D. A copy of the applicant's application for State of Florida EMS license;

E. Certificate(s) of insurance (Note: The County will be named as an additional insured if awarded);

F. A copy of the applicant's EMS standard operating procedures containing all general and/or specific instructions to personnel;

G. A narrative stating that should a temporary situation arise that poses a serious or imminent threat to the public health, safety, welfare, or public need and convenience, applicant shall offer assistance and abide by the orders of the St. Johns County Fire Rescue Chief;

H. Proof that the applicant possesses all required federal and/or State of Florida licenses and permits;

I. A copy of the applicant's fee schedule;

J. Financial affidavit of solvency;

K. Such other reasonable information as may be required by the County

For Letters L - N please write your narrative in the box below. The box will expand to fit. Please write the letter next to the start of each narrative. (i.e. K-description, L-description, M-description)

L. The boundaries of the intended service area(s), and the applicant's goal response time(s);
(The text field below will expand to fit your data should you need more room than provided)

M. A narrative describing the applicant's communication system, including its assigned frequency, call number, mobiles, portables, range and hospital communications ability;
(The text field below will expand to fit your data should you need more room than provided)

N. A narrative providing all geographical areas the applicant has been authorized to serve;
(The text field below will expand to fit your data should you need more room than provided)

L- Century Ambulance wishes to continue service to all of St. Johns County. We are currently available to assist Flagler Hospital and Ascension for inter-facility transport, as well as skilled nursing facilities and doctors' offices.

Century Ambulance is contracted with TraumaOne inter-facility critical care program and UF Health Jacksonville's Baby Care One program to provide transports for Neonatal and Pediatric Intensive Care patients. The crew on these transports consists of two Century personnel with a minimum of a Neonatal and/or Pediatric RN and Respiratory Technician.

Century Ambulance response time goal for inter-facility transports is to be on scene within 30 mins of the call.

M- Each unit, as well as our dispatch center, is equipped with a mounted narrowband UHF med radio as required by the Florida Department of Health's Bureau of Emergency Medical Service. This radio is capable of communicating with any hospital in the state of Florida and includes Med 9 for regional communications. The chart shown as Attachment 6-A is a quick reference guide for our units. Our call sign for each unit is "Century" followed by a unit number.

As a backup, each unit is also equipped with a cell phone, which allows contact with a hospital and their emergency department.

N- Century Ambulance has a COPCN from Baker, Clay, Duval, Flagler, Madison, Nassau, St. John's, Suwannee, Taylor, and Union Counties. We have units stationed in Clay, Duval, Putnum, and St. John's Counties. We also provide service to medical facilities in Alachua County and Volusia County upon request of their local EMS.

N. Certification by the applicant that all information included in the application is true and correct;

I hereby certify that I / this service (circle one) will provide continuous service on a 24 hour, 7 day a week basis. I the undersigned representative of RG Ambulance Service, Inc. dba Century Ambulance Service, do hereby attest that this service meets all of the requirements for operation of an ambulance service in the State of Florida, as provided in Chapter 401, F.S. and Chapter 64E-2, F.A.C., and that I have read and fully understand St. Johns County Ordinance 95-17.

I further acknowledge that discrepancies discovered during the effective dates of this Certificate of Public Convenience and Necessity will subject this service and its authorized representatives to corrective action and penalty as provided in the referenced authority.

TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT.

Printed Name: Jorge Curbelo Title: Vice President

Signature of Representative

STATE OF FLORIDA COUNTY OF Duval

The foregoing instrument was acknowledged before me this 4th day of September, 2026

By Jorge Curbelo. He/she is:

☒ Personally known to me, or ☐ Produced identification I.D. Type and number

Notary Public Signature Commission Stamp

Heather Stoneburner-Lavidis
Notary Public
State of Florida
Comm# HH817628
Expires 6/24/2030

St. Johns County Ordinance 2012-20 - Section B. Requirements for Board Approval in Granting Certificate

The Board shall not grant a Certificate unless it shall find, after public hearing, that each of the following standards has been satisfied:

A. That there is a public necessity for the service. In making such determination, the Board shall consider, as a minimum, the following factors:
   (1) The extent to which the proposed service is needed to improve the overall Emergency Medical Services (EMS) system capabilities of the County.
   (2) The effect of the proposed service on existing services with respect to quality of service and cost of service
   (3) The effect of the proposed service on the overall cost of EMS service in the County.
   (4) The effect of the proposed service on existing hospitals and other health care facilities.
   (5) The effect of the proposed service on personnel of existing services and the availability of sufficiently qualified personnel in the local area to adequately staff all existing services.

B. That the applicant has sufficient knowledge and experience to properly operate the proposed service.

C. That, if applicable, there is an adequate revenue base for the proposed service.

D. That the proposed service will have sufficient personnel and equipment to adequately cover the proposed service area.



Attachment C

Need for Service

Century Ambulance Service, Inc. wishes to continue service to all of St. Johns County. We are currently contracted with the St. Augustine Amphitheater and Ascension St. Vincent's St John's Hospital.

Century Ambulance is contracted with TraumaOne inter-facility Critical Care Program and UF Health Jacksonville's Baby Care One program to provide transport for Neonatal and Pediatric Intensive Care patients. This service is readily available to Flagler Hospital. Century Ambulance is also ready and able to assist with the rapid growth and expansion coming forth in the near future. Our crew consists of two Century personnel with a minimum of an EMT and Paramedic. Century also has Critical Care transport capabilities that can be made available if the need were to arise.



Attachment D

State of Florida EMS license

STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: **RG AMBULANCE SERVICE, INC DBA CENTURY AMBULANCE SERVICE** **Provider Number # 10068**
Name of Provider

740 GREENLAND AVENUE JACKSONVILLE, FL 32221
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Advanced Life Support Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

BAKER, BROWARD, CLAY, COLUMBIA, DUVAL, FLAGLER, MADISON, NASSAU, ST. JOHNS, SUWANEE, TAYLOR, UNION
County (s)

Ty Carhart, EMS Section Administrator
Bureau of Emergency Medical Oversight
Florida Department of Health

THIS CERTIFICATE EXPIRES ON: 09/10/2027

This certificate shall be posted in the above mentioned establishment



Attachment E

Certificates of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/23/2025

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	CONTACT NAME: Kevin Johnson	
Global Affinity Managers 909 Castle Point Terrace Hoboken NJ 07030	PHONE (A/C, No, Ext): (305) 307-2138	FAX (A/C, No):
	E-MAIL ADDRESS: onesourcewcins@gmail.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Hartford Fire Insurance Company	19682
INSURED	INSURER B : General Star National Insurance Company	11967
RG Ambulance Services Inc dba Century Ambulance Service 740 Greeland Ave Jacksonville FL 32221	INSURER C : Hartford Fire Insurance Company	19682
	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	
	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						COMBINED SINGLE LIMIT (Ea accident)	$ 300,000
	[X] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS			12CSES50302	01/01/2026	01/01/2027	BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	[ ] UMBRELLA LIAB [X] OCCUR						EACH OCCURRENCE	$ 700,000
	[X] EXCESS LIAB [ ] CLAIMS-MADE			NXG92777724I	01/01/2026	01/01/2027	AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N/A		12WNS850301	01/01/2026	01/01/2027	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)

CERTIFICATE HOLDER

Evidence Of Coverage

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

Robert Isacsen

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RGAMBUL-01 MMOSSENGREN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/16/2025

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	CONTACT NAME: Maximus Mossengren
Integrated Transportation Resources, Inc. 1041 Peruque Crossing Court Suite A O Fallon, MO 63366	PHONE (A/C, No, Ext): (636) 561-0048 FAX (A/C, No): E-MAIL ADDRESS: mmossengren@itr-inc.net

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Palms Insurance Company, Limited	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

RG Ambulance Service, Inc. DBA Century Ambulance
2766 NW 62nd St.
Miami, FL 33147

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							
	CLAIMS-MADE X OCCUR	X		CSIPAHC0138-02	9/14/2025	9/14/2026	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	X OTHER: Professional Liability						Aggregate	$ 3,000,000
	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)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	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	$
A	SAM	X		CSIPAHC0138-02	9/14/2025	9/14/2026	Aggregate	500,000
A	HIPAA	X		CSIPAHC0138-02	9/14/2025	9/14/2026	Sublimit	100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The certificate holder is listed as additional insured on the above General Liability policy.

CERTIFICATE HOLDER

ST. JOHN'S COUNTY, A POLITICAL SUBDIVISION
500 SAN SEBASTIAN VIEW
ST. AUGUSTINE, FL 32084

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

CDE

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