

**AMENDMENT NO. 1 TO AGREEMENT FOR  
EMS EMERGENCY TRANSPORTATION SERVICES**

This Amendment No. 1 (“Amendment”) to the Agreement for EMS Emergency Transportation Services is made and entered into effective on January 30, 2024, by and between the City of La Habra, a Municipal Corporation (“City”) and Falck Mobile Health Corp, dba Care Ambulance Service, Inc., (“Contractor”).

**A. Recitals.**

(i). The City and Contractor entered into an Agreement for ambulance services effective December 1, 2020 (“Agreement”); and

(ii). The parties desire to amend the Agreement to change the location where Contractor will house ambulance service operations; and

(iii). All legal prerequisites to the making of this Amendment have occurred.

NOW, THEREFORE, in consideration of the mutual covenants and conditions set forth herein, the Parties agree as follows:

**B. Amendment to Agreement.**

1. Effective January 1, 2024, all references in the Agreement to Fire Station 193 will be replaced with reference to the City’s Ambulance Operations Facility, located at 1000 West Risner Way, La Habra, CA.

2. Section (F)(8) “Use of City Facilities” is hereby added to the Agreement as follows:


Contractor will be responsible for damages, arising out of its performance of the Agreement, to all City-owned equipment and facilities. All equipment and facilities used in the performance of the Agreement, except those listed in Attachment 1 to this Amendment, are owned by the City. Contractor shall be responsible for repairing and/or replacing all City equipment and facilities damaged or destroyed by Contractor upon the request of the City or termination or expiration of the Agreement.

3. The Agreement, all amendments together with this Amendment No. 1 and all Exhibits attached thereto, constitutes the entire Agreement between the parties and supersedes all prior negotiations, arrangements, representations, and understandings, if any, made by or between the parties with respect to the subject matter hereof. No amendment or other modification of the Agreement, as modified by this Amendment No. 1 shall be binding unless executed in writing by both parties hereto, or their respective successors, assigns, or grantees.


4. Each of the undersigned represents and warrants that he or she is duly authorized to execute and deliver this Amendment No. 1 and that such execution is binding upon the entity for which he or she is executing this document.

IN WITNESS WHEREOF, the parties have caused Amendment No. 1 to the Agreement to be executed as of the day and year first above written.

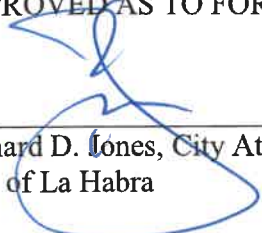
Falck Mobile Health Corporation, DBA  
Care Ambulance Service, Inc.

By:   
Name: Vishal Raj  
Title: MANAGING DIRECTOR O.C.

CITY OF LA HABRA

By:   
Jim Sadro, City Manager

APPROVED AS TO FORM:

  
Richard D. Jones, City Attorney  
City of La Habra

Date: 2.26.24

ATTEST:

Rhonda J. Barone  
Rhonda J. Barone, CMC  
City Clerk  
City of La Habra

Date: 2/26/2024

**ATTACHMENT 1**  
**Schedule of Contractor's Equipment**



Schedule 6 – La Habra  
 Ambulance Operations Equipment, Furniture & Furnishings

2/19/2024

Falck Mobile Health  
 Equipment, Furniture, and Furnishings

Ambulance Operations  
 1000 W Risner Way La Habra Ca

Owner	Item	Make	Model #	Location	Condition	Age
Falck	Mattress -Twin			Sleep Room 1	New	New
Falck	Mattress - Twin			Sleep Room 2	New	New
Falck	Chair			Sleep Room 1	New	New
Falck	Chair			Sleep Room 2	New	New
Falck	40-inch TV			Sleep Room 1	New	New
Falck	40-inch TV			Sleep Room 2	New	New
Falck	Recliner			Common Area	New	New
Falck	Recliner			Common Area	New	New
Falck	Coffee Table			Common Area	New	New
Falck	TV Tray			Common Area	New	New
Falck	TV Tray			Common Area	New	New
Falck	56-inch TV			Common Area	New	New
Falck	TV Stand			Common Area	New	New



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/14/2024

**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).**

<b>PRODUCER</b> McGriff Insurance Services, LLC 3400 Overton Park Drive SE Suite 300 Atlanta, GA 30339	<b>CONTACT NAME:</b> Vera Neville <b>PHONE (A/C, No, Ext):</b> 404 497-7500 <b>E-MAIL ADDRESS:</b> vneville@mcgriff.com <b>FAX (A/C, No):</b>													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :Lexington Insurance Company</td> <td>19437</td> </tr> <tr> <td>INSURER B :Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER C :XL Insurance America, Inc.</td> <td>24554</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :Lexington Insurance Company	19437	INSURER B :Greenwich Insurance Company	22322	INSURER C :XL Insurance America, Inc.	24554	INSURER D :		INSURER E :		INSURER F :
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<b>INSURED</b> Falck Mobile Health Corp dba Care Ambulance 1517 West Braden Court Orange, CA 92868														

### COVERAGES

CERTIFICATE NUMBER: X8BBCMJW

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X X	6798591	10/01/2023	10/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 25,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	RAD500047608	10/01/2023	10/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	RVD300095508	10/01/2023	10/01/2024	<input checked="" type="checkbox"/> PER STATUTE <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 \$ \$ \$ \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
The City of La Habra and LACoFD, and their respective officers, officials, employees, representatives, and City or LACoFD designated volunteers are included as Additional Insureds as respects to General Liability, where required by written contract and Auto Liability, as required by written and executed contract. General Liability, where required by written contract and Auto Liability, as required by written and executed contract policies shall be Primary and Non-Contributory with any other insurance in force for or which may be purchased by Additional Insured(s).  
Waiver of Subrogation applies in favor of the City and LACoFD and their respective officers, officials, employees, and agents with respects to Workers Compensation as permitted by law.

### CERTIFICATE HOLDER

City of La Habra  
1000 West Risner Way  
La Habra, CA 90631

### 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