MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF EMS, TRAUM AND PREPAREDNESS
EMERGENCY MEDICAL SERVICES SECTION
PO BOX 30207
LANSING, MI 48909
(517) 241-3025

CERTIFICATE OF INSURANCE/COVERAGE FOR LIFE SUPPORT AGENCIES

(Authority: Act 368 of P.A. of 1978 as amended)

(To be completed by insurance or participating plan company and returned to the insured)

The subscribed insurance or participating plan provider certifies that insurance/coverage of the kinds and types and for limits of liability covering the life support vehicles designated has been procured by and furnished on behalf of the insured/covered named below.

NAME OF INSURED/COVERED		
ADDRESS OF INSURED/COVERED		
CITY	STATE	ZIP

Life support vehicle liability coverage with respect to owned, hired, and non-owned vehicles.

POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE

*Limits of liability

BODILY INJURY COVERAGE FOR EACH PERSON	BODILY INJURY COVERAGE FOR EACH CRASH	PROPERTY DAMAGE COVERAGE FOR EACH CRASH

Provide a certificate of no fault insurance or coverage with residual liability coverage of not less than one million dollars ($1,000,000) per crash (accident) or is under a self-insured program.
Rotary winged aircraft shall include residual liability coverage of not less than five million dollars ($5,000,000) per crash (accident) or is under a self-insured program. Fixed wing aircraft shall include residual liability coverage of not less than ten million dollars ($10,000,000) per crash (accident) or is under a self-insured program.

Is this a fleet policy?

☐ Yes

☐ No - Attach a list of life support vehicles used by the covered entity named. Include year, make, vehicle type, and vehicle

 identification number.

The subscribing company agrees that no policy referred to herein shall be changed or canceled until ten (10) days written notice has been given to the EMS Section of the Michigan Department of Health & Human Services

NAME OF COMPANY	AGENTS NAME		
	AGENTS ADDRESS		
Signature of Authorized Representative Date	CITY	STATE	ZIP