South Lake County Fire Protection District
in cooperation with
California Department of Forestry and Fire Protection

P.O. Box 1360 Middletown, CA 95461 - (707) 987-3089

Notice is Hereby Given, pursuant to California Government Code Section 54956, that the Chairperson of South Lake County Fire Protection District Board of Directors, State of California has called a regular meeting of said Board of Directors.

BOARD OF DIRECTORS REGULAR MEETING AGENDA
Tuesday, July 21, 2026, at 7:00 p.m.
Located at the Middletown Fire Station Board Room,
21095 Highway 175, Middletown, CA 95461

This regular meeting is for the purpose of discussing the following items:

1. Call to Order:
2. Pledge of Allegiance:
3. Roll Call:
4. Motion to approve agenda:
5. Citizens' Input: Any person may speak for three (3) minutes about any subject of concern provided it is within the jurisdiction of the Board of Directors and is not already on today's agenda. The total period is not to exceed fifteen (15) minutes, unless extended at the discretion of the Board.
6. Communications:
   - 6.a. Fire Sirens
   - 6.b. Fire Safe Council
   - 6.c. Volunteer Association
     - 6.c.1. Badge Pinning and Oath – Alexander Gonzales-Farias and Clare Wakefield
   - 6.d. Chief's Report
   - 6.e. Finance Report
   - 6.f. Directors' activities report
7. Regular Items:
   - 7.a. Consider and accept Far West Leavitt Insurance Services' Proposal for fiscal year 2026-2027 and authorize chief to execute proposal. Placed on the agenda by Staff Services Analyst (SSA) Gloria Fong.

     MOVED_____SECONDED_____YES___NO___ ABSTAIN___
   - 7.b. Consider and approve equipment shed change order and updated not to exceed cost of $88,500. Placed on the agenda by SSA Gloria Fong.

     MOVED_____SECONDED_____YES___NO___ ABSTAIN___

7.c. Consider and accept Beyond Lucid Technologies (BLT) Mediview Beacon Prehospital Health Information Exchange Service Agreement at cost of $2 per ePCR plus one-time set up fee of $1,000 and authorize chief to execute all necessary data exchange framework agreements retroactive to July 1, 2026. Placed on the agenda by SSA Gloria Fong.

MOVED_____SECONDED_____YES___NO___ ABSTAIN___

7.d. Consider and approve Calendar Year 2025 Volunteer Rate Range Intergovernmental Agreement Regarding Transfer of Public Funds and authorize Fire Chief to execute agreement. Placed on the agenda by SSA Gloria Fong.

MOVED_____SECONDED_____YES___NO___ ABSTAIN___

8. Consent Calendar Items: (Approval of consent calendar items are expected to be routine and non-controversial. They will be acted upon by the Board at one time without discussion. Any Board member may request that an item be removed from the consent calendar for discussion later.)

   8.a. June 16, 2026 – Meeting Minutes

   8.b. Warrants – June and July

   8.c. Budget Transfers – June

9. Motion to Adjourn Meeting:

Posted July 17, 2026 by  Gloria Fong, Clerk to the Board of Directors

A request for disability-related modification or accommodation necessary to participate in the Board of Directors' Meeting should be made by emailing boardclerk@southlakecountyfire.org at least 48 hours prior to the meeting.

Please join the meeting from your computer, tablet, or smartphone.
https://us02web.zoom.us/j/89349880610

You can also dial in using your phone: +1 (669) 900-6833 US (San Jose)

Meeting ID: 893 4988 0610

Comments are allowed before any action is taken by the Board on each item. Comments may be made remotely by emailing boardclerk@southlakecountyfire.org, via ZOOM videoconference, or phone application.

South Lake Fire Safe Council
Meeting Minutes
June 3, 2026

Call to Order: Lewis Peek, Englander, Ward, Wenckus, Drescher, Laines and Roberta MacIntyre present. Cindy Jasser via Zoom.

Previous Meeting Minutes: Approved

President's Report: Send minutes in 'word' and pdf for those who cannot open 'word'.

Treasurer's Report:

Bank Balance: $,5363.93
Income: $7,937.54
Expenses: $4,286.00
Correspondence:
Membership: 40

Committee Reports:

Chipping: 16 sites chipped in May – so far, 18 requests for June.
Web Site:
Facebook:
Publicity:

Follow -up on Access/Egress Projects:

Noble Ranch – working on getting Right of Entry forms from property owners.

Upcoming:

Middletown Senior Center – Presentation and serve – June 17. Lewis, Peek, Englander and Prescott to attend.

Sirens for Ranchos and Noble Ranch: Lewis to follow-up.

Western Mine Rd.: PG&E is undergrounding lines for 8 miles – just getting started
Lots of empty properties which is creating a dumping problem.
Secured grant through RCD for fuel reduction project.

RCD: Boggs Forest
Workshop – June 6th

CLERC: Fuel Reduction projects at Harrington Flat Area and Montesol Ranch and HVL.

Possible New Project: Remove current juniper plants at Middletown Post Office and replace with fire-resistant landscaping. Ward to follow -up.

Meeting adjourned.

Chief Report 7/16/2026

North Division Operations:

- All stations, Camps, and aircraft are fully staffed.
- Resources currently supporting incidents throughout the State and in Colorado.

Camp Operations:

- Fleet Operations is expanding at Camp with the addition of a Fleet Manager
- Crews are busy with incident response.

South Lake Operations:

- South Lake Volunteer Association had a very successful fundraising dinner at the Twin Pines Casino on the 27th of June.
- Sepi masticator was delivered and will be going through some shakedown work before going out to projects. The accompanying trailer should be showing up shortly.
- Our excavator masticator has been supporting projects throughout the County, recently working in the Double Eagle Ranch area, clearing the main roadway into the development.
- New water tender was delivered from its repairs and is in-service. A push-in ceremony was held at Station 60 on the 12th of July.
- The new engines have been delivered and are close to being in-service also. We found after delivery that one of the stability control sensors needs recalibration. The engines are to be taken to Sacramento on the 15th of July, where they will spend 2 days at the International dealership for repairs.
- The new engines will have push-in ceremonies for each engine at their new home Station. As soon as the engines are returned from service and receive a final couple of tweaks at the Konocti shop, we will schedule those dates. The Board, as well as the Public, are welcome to attend and welcome the apparatus to their Stations.
- Station 63 station build has the plans submitted to Lake County for review and approval. Financing for the station is also being finalized.
- We were notified during an inspection by the Cobb Water Company that a check valve will be required to be installed on the water line coming into the Station. I am waiting to hear back on the valve specification, and then I will work on quotes for the installation.
- South Lake has started doing grant-funded fuels work in Middletown with PCFs, with very positive community feedback.

End of Report - Paul

FY 2026-2027 Premium in below table is the updated proposal. The summary in the proposal package is prior to adding the new water tender, two new engines, and mulcher.

Account	Description	FY 2026-2027 Premium
357-9557-795-15.10	Inv: PROPERTY	89,451.00
357-9557-795-15.10	Inv: CRIME CVG	590.00
357-9557-795-15.10	Inv: PORTABLE EQT CVG	5,856.00
357-9557-795-15.10	Inv: STA 60 GENERAL LIABILITY CV	4,815.00
357-9557-795-15.10	Inv: STA 60 MGMT LIABILITY CVG	7,868.00
357-9557-795-15.10	Inv: STA 60 EXCESS LIABILITY CVG	7,142.00
357-9557-795-15.10	COMMERCIAL AUTO CVG	23,309.00
	POLICY FEE & TAX	5,021.30
		144,052.30

Account	Description	FY 2025-2026 Premium
357-9557-795-15.10	Inv: PROPERTY	65,383.00
357-9557-795-15.10	Inv: CRIME CVG	590.00
357-9557-795-15.10	Inv: PORTABLE EQT CVG	5,112.00
357-9557-795-15.10	Inv: STA 60 GENERAL LIABILITY CV	4,809.00
357-9557-795-15.10	Inv: STA 60 MGMT LIABILITY CVG	7,213.00
357-9557-795-15.10	Inv: STA 60 EXCESS LIABILITY CVG	6,616.00
357-9557-795-15.10	COMMERCIAL AUTO CVG	20,638.00
	POLICY FEE & TAX	4,142.94
		114,503.94

Account	Description	FY 2024-2025 Premium
357-9557-795-15.10	Inv: PROPERTY	44,002.00
357-9557-795-15.10	Inv: CRIME CVG	590.00
357-9557-795-15.10	Inv: PORTABLE EQT CVG	6,787.00
357-9557-795-15.10	Inv: STA 60 GENERAL LIABILITY CV	3,280.00
357-9557-795-15.10	Inv: STA 60 MGMT LIABILITY CVG	5,931.00
357-9557-795-15.10	Inv: STA 60 EXCESS LIABILITY CVG	5,401.00
357-9557-795-15.10	COMMERCIAL AUTO CVG	18,179.00
	POLICY FEE & TAX	3,388.26
		87,558.26

PROTECT YOUR CREW, YOUR ASSETS, YOUR FUTURE.

SOUTH LAKE COUNTY FIRE PROTECTION DISTRICT

PRESENTED BY:

FAR WEST LEAVITT INSURANCE SERVICES
650 NORTH MAIN STREET
LAKEPORT, CA 95453
707.263.7162

DATE: 06/04/2026

This proposal is valid for 90 days.

VFIS®

Table of Contents

THANK YOU FOR RENEWING

Thank you so much for choosing to renew your insurance with VFIS. Your choice means a lot to us.

Since 1969, we have worked to provide quality support and protection, a focus on safety and training and legendary claims service to our clients. Together, our associates boast over 550+ years of combined emergency services experience, so we pride ourselves on not just serving your industry, but also on living it, respecting it and protecting it.

We hope you've felt the VFIS difference, and that it has inspired your choice to remain a client. As our client you are part of a large and growing group of emergency service organizations, including fire departments, ambulance and rescue squads and 911 centers. We take the responsibility of protecting your most important assets very seriously, and have dedicated our lives to protecting you just as you've dedicated yours to protecting others.

We understand the risks that you face each time you leave for a call, and have listened to your concerns for your family, crew, equipment and your station. It is our hope that because you have our customized insurance options, educational opportunities, training and risk management resources on your side, you can head out for those calls each day feeling more confident, secure and protected.

At VFIS, we look forward to continuing to serve you, and hope to continue to not only meet but exceed your expectations.

Please visit our website at **vfis.com** to learn more about the services we offer, or give us a call at 800.233.1957 to share stories and ideas or ask questions at any time.

R. Keith Brandstedter II
Vice President

WE LIVE IT.
WE RESPECT IT.
WE PROTECT IT.

THE VFIS ADVANTAGE

Nothing is created equal. You clearly know the best fire truck manufacturer and the best place to get your gear. You wouldn't sacrifice quality for cost on these items, so why skimp on your insurance coverage?

At VFIS, we've seen the front lines and we pioneered insurance specifically for emergency services. We understand the risks you face every time you leave for a call. That's why we not only offer customized insurance options, but education, training and risk management resources to keep your skills on point. Add in our responsiveness, quality service and legendary claims handling and you can see what separates us from the rest.

Don't be fooled by a knock-off. You, your equipment and your crew deserve the best coverage. You dedicate your life to protecting others. We dedicate ours to protecting you.

On top of all of the best-in-class coverages and features ESO's have come to expect from VFIS, we also offer some **unique benefits our competitors just can't match**.

Accident & Sickness

- 200% of the Principal Sum for quadriplegia and paraplegia and 100% for hemiplegia
- Illness Loss of Life Benefit paying for death due to heart attack or stroke within 48 hours of an emergency response or physical training exercise vs. requiring such a death to be "caused by" a covered activity

Risk Management

- 100+ "Manage Your Risk" best practice guidelines available for download
- Self-evaluation program to identify areas for improvement
- Technical assistance in interpreting and applying codes/standards and regulations
- Building replacement cost estimates
- On-site hazard identification and risk control surveys
- Industry cause of loss statistical reviews and individual loss trending studies
- On-site seminars regarding key loss exposures
- Safety focused ride along observation programs
- Provide resources that help with Human Resources

Specialty Benefits

- Minimum 3% guaranteed rate of return on LOSAP funds
- Accidental burn and disfigurement and burial benefits
- Optional 200% line of duty coverage
- Critical illness coverage for heart attack, stroke, kidney failure and cancer
- Benefits paid out at lump sum upon diagnosis – not as an expense reimbursement
- 24 hour on-and-off duty benefits

Education, Training & Consulting Services

Our staff has over 300 years of Emergency Services experience and we have industry alliance with CFSI, NVFC, NFPA, IAFC, NFFF, NEMSMA, NAEMSO, VCOS, FDSOA. We have a proud tradition and history of being a leader in providing our emergency services clients with quality training programs and other risk management tools. VFIS provides client access to;

- In person training programs
- Online training programs
- Downloadable training booklets & safety forms
- Safety posters
- A brief overview of the training material we offer can be found in our training resource catalog. ETC-Resource-Catalog-VFIS.pdf

Distance Learning

VFIS University offers quality online education and training courses for emergency responders, many of which are recognized as meeting industry continuing education requirements, and you'll receive a certificate upon completion of each course.

All courses are available online 24/7 so you can work to better prepare for every call, help reduce your risk for injury and loss and increase your skillsets to better support your team and community – all from the convince of your home or work computer.

RISK MANAGEMENT SERVICES

VFIS is more than just a company that you can use to transfer risk. As a valuable service to your organization, VFIS provides Risk Control, Education and Training Services. Our Risk Control team is staffed by active emergency service personnel with more than 200 years of combined emergency service experience.

Employment Practices

It's important to keep up with the latest on employment law liability issues. Through our VFIS HR Help portal, we work to keep our clients up to date and provide timely resources that educate and inspire good employment practices. Through **risktools.vfis.com** we provide:

- Web-based EPL training that tracks employees' progress and completion
- Tools to evaluate your current HR policies
- Articles highlighting relevant workplace issues
- Checklists to discover areas of exposure
- Lawsuit and court decision summaries
- Free model HR policies and forms for download

Communiqués/Safety Bulletins/Checklists

VFIS has over 100 technical reference bulletins covering fire and EMS operations, vehicle operations, employment practices and ESO administration.

On-site Risk Assessments

VFIS can provide on-site risk control assessments in evaluating the effectiveness of existing procedures for controlling potential loss exposures. These assessments, where requested, will be provided by a Certified Safety Professional with experience in fire and emergency medical services.

Self-Assessment Tools

VFIS provides a web-based self-assessment guide (Mutual Aid by VFIS) which highlights known loss producing exposures and directs users to resources available to assist their organization in addressing them.

Newsletters

VFIS provides quarterly newsletters covering emerging topics of concern to emergency service leaders and personnel.

YOUR INSURANCE PROPOSAL

This proposal is prepared from information supplied to VFIS on the application submitted by your insurance representative.

The lines of business shown in this proposal are offered as a complete portfolio. Purchase of individual lines of business requires underwriting approval. This proposal may or may not contain all terms requested on the application. Proposed coverages are provided by the VFIS insurance policy forms and are subject to the terms, exclusions, conditions and limitations of those policy forms. Actual policies should be reviewed for specific details. Your insurance representative can provide specimen policies upon request.

Your exposure to loss changes over time. Keep your insurance representative informed of any changes, so your coverage can be updated. We strongly recommend frequent reviews of your operations and VFIS coverage with your insurance representative.

The proposed Property and Casualty coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. (A.M. Best #19445). National Union Fire Insurance Company of Pittsburgh, Pa. is rated A (Excellent) in Financial Size Category XV by A.M. Best Company. For certain lines of insurance, the proposed Property and Casualty coverage may be offered by a surplus lines insurer, such as AIG Specialty Insurance Company, if coverage by NUFIC is unavailable.

VFIS Claims Management provides the claims management services for VFIS Program insureds exclusively.

The VFIS Program is administered by Volunteer Firemen's Insurance Services, Inc. CA Insurance Producer License #0B39073. Volunteer Firemen's Insurance Services, Inc., an American International Group, Inc. (AIG) company, is a premier manager and specialist of specialty commercial insurance markets in the U.S. This proposal provides a brief description of proposed insurance coverages for your consideration. It is not a contract of insurance. Refer to the actual insurance policy for a description of coverage, exclusions and conditions. Specimen policies are available for your review. All products and services are written or provided by subsidiaries or affiliates of AIG. Products or services may not be available in all countries, and coverage is subject to actual policy language. Certain property-casualty coverages may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds and insureds are therefore not protected by such funds.

PROPOSAL

GENERAL INFORMATION

This Proposal reflects the renewal of policies listed below:

Expiring Policy Number	Renewal Date
VFG5-TR-0001185-01	07/01/2026
VFNU-CM-0034136-01	07/01/2026

First Named Insured: SOUTH LAKE COUNTY FIRE PROTECTION DISTRICT

Mailing Address: PO BOX 1360
MIDDLETOWN, CA 95461

Other Named Insured(s):
- SOUTHLAKE COUNTY FIREFIGHTERS ASSOCIATION
- SOUTHLAKE COUNTY FIRE SIRENS

PROPERTY

Insurer: AIG Specialty Insurance Company

This coverage, provided by a non-admitted insurer in this state, is not protected by the state guaranty association.

Schedule of Locations

Premises	Item	Address	Occupancy
1	1	21095 HWY 175 MIDDLETOWN, CA 95461	FIRE STATION
1	2	21095 HWY 175 MIDDLETOWN, CA 95461	STORAGE
2	1	16547 HWY 175 COBB, CA 95426	FIRE STATION
2	2	16547 HWY 175 COBB, CA 95426	CREWS QUARTERS
3	1	19287 HARTMAN RD MIDDLETOWN, CA 95461	FIRE STATION
4	1	10331 LOCH LOMOND RD LOCH LOMOND, CA 95461	FIRE STATION
5	1	21121 HWY 175 MIDDLETOWN, CA 95461	STORAGE
5	2	21121 HWY 175 MIDDLETOWN, CA 95461	STORAGE
5	3	21121 HWY 175 MIDDLETOWN, CA 95461	STORAGE
5	4	21121 HWY 175 MIDDLETOWN, CA 95461	TRAINING STRUCTURE
6	1	20771 BIG CANYON RD MIDDLETOWN, CA 95461	HELOPOD PUMP POD
7	1	15217 SUMMIT BLVD COBB, CA 95426	HELOPOD PUMP POD

Schedule of Limits & Deductibles

Property Deductible: $5,000

Blanket Contents Limit: $793,622 * below indicates Contents included in Blanket Limit

Premises/ Item	Building Limit	Building Valuation	Contents Limit	Contents Valuation	Earthquake Deductible	Flood Deductible	Wind Hail Deductible
1 / 1	$6,237,138	GRC	$492,945 *	RC	5%	5%	N/A
1 / 2	Not Covered	N/A	$30,789 *	RC	5%	5%	N/A
2 / 1	$1,241,742	GRC	$73,939 *	RC	5%	5%	N/A
2 / 2	$445,528	GRC	$17,316 *	RC	5%	5%	N/A
3 / 1	$843,356	GRC	$61,619 *	RC	5%	5%	N/A
4 / 1	$964,424	GRC	$24,645 *	RC	5%	5%	N/A
5 / 1	$307,863	RC	Not Covered	N/A	5%	5%	N/A
5 / 2	$153,930	RC	$61,580 *	RC	5%	5%	N/A

Premises/ Item	Building Limit	Building Valuation	Contents Limit	Contents Valuation	Earthquake Deductible	Flood Deductible	Wind Hail Deductible
5 / 3	$237,644	RC	$30,789 *	RC	5%	5%	N/A
5 / 4	$827,829	GRC	Not Covered	N/A	5%	5%	N/A
6 / 1	$45,724	RC	Not Covered	N/A	5%	5%	N/A
7 / 1	$45,724	RC	Not Covered	N/A	5%	5%	N/A

Valuation Basis

VFIS insures property on a **guaranteed replacement cost (GRC), replacement cost (RC), actual cash value (ACV)** or **functional replacement cost (FRC)** basis. The Schedule of Limits shows how your property was quoted.

Descriptions

Guaranteed replacement cost pays to replace your property, without deduction for depreciation, even if the replacement cost is greater than the limit on the policy. Here's an example:

	With GRC	Without GRC
Policy limit:	$100,000	$100,000
Actual cost to replace:	$125,000	$125,000
Policy pays:	$125,000	$100,000
You would have to pay:	$0	$25,000

Replacement cost pays to replace your property, without deduction for depreciation, but is subject to the limit on the policy.

Actual cash value pays the cost to replace your property, subject to depreciation and subject to the limit on the policy.

Functional replacement cost pays to replace your property with similar property intended to perform the same function, when replacement with identical property is impossible or unnecessary; it's subject to the limit you select.

PROPERTY – COVERAGE HIGHLIGHTS

The following apply unless noted otherwise in this proposal:

Loss of Income

Protects your organization's loss of income if your operations are interrupted because of a covered loss to your buildings or contents.

Includes increased time due to enforcement of an ordinance or law.

No dollar limit; covers the actual loss of income you sustain during the period of restoration for up to 24 months.

> **Example:** Because of serious wind damage to the roof of the fire station, a volunteer fire company is unable to hold the twice-weekly bingo games they count on to fund their operations. This coverage would pay for the lost income until the roof is repaired and the bingo games can resume.

Extra Expense

Protects your organization from extra expense you incur if your operations are interrupted because of a covered loss to your buildings or contents, provided the extra expense is necessary to minimize your down-time and continue operations.

Includes increased time due to enforcement of an ordinance or law.

No dollar limit; covers the extra expense (over and above your normal operating expense) incurred during the period of restoration for up to 24 months.

> **Example:** An ambulance squad suffers a total loss to their main garaging location due to a fire. In order to continue responding to calls, they must lease space from the local municipality for the time it takes to rebuild their garage. This coverage would pay for the extra costs (rent, phone installation, furniture leasing and so forth) needed to do so.

Utility Service Interruption

Loss of Income and extra expense is extended to cover an interruption in utility services to your premises, if utility interruption occurs as a result of a covered cause of loss.

Subject to a 72 hour waiting period.

Ordinance Coverage

Applies to buildings insured on a guaranteed replacement cost basis or on a replacement cost basis.

Will pay for the loss of value of the undamaged portion of a building that must be torn down, following a covered loss, because of applicable local, state or federal building codes. If the building is written on a replacement cost basis, the amount paid for such loss is included in your building limit and does not increase it.

Will pay for the cost to demolish the undamaged portion of the building, clear the site, and repair or rebuild according to code. These costs are covered up to 100% of the amount paid for the initial direct physical loss or damage to the building.

> **Examples** of costs covered by this extension include updated electrical systems to comply with local building codes, or improved rest room facilities that are accessible to disabled people.

PROPERTY – COVERAGE HIGHLIGHTS – continued

Earthquake	Applies to the full amount of coverage you carry on buildings and contents (no sub-limit, unless otherwise indicated in this proposal). Includes volcanic action. A special 5% deductible applies to the value of the building and personal property for each item.
Flood	Applies to the full amount of coverage you carry on buildings and contents (no sub-limit, unless otherwise indicated in this proposal). A special $1,000 deductible applies per premises, unless otherwise indicated in this proposal.
Equipment Breakdown	Covers the mechanical breakdown of equipment or the explosion of pressure vessels at your premises. Covered equipment includes such things as refrigeration equipment, air conditioners, cascade units and boilers. Covers the mechanical breakdown of certain types of portable equipment (mobile cascade units, mobile generators, portable pumping units, jaws-of-life) away from your premises. Covers loss of income or extra expense your organization may suffer if your utilities are interrupted as a result of an accident to covered equipment owned by your landlord or utility company. No dollar limit.
Other Perils (not covered by many property policies)	Damage caused by the back-up of sewers and drains. Damage caused by artificially generated electrical currents. Damage caused by changes in temperature or humidity.
Arson Reward	Limit of $25,000. For the reimbursement of your payment of rewards which provide information related to arson fire. No deductible.
Crisis Incident Response Coverage	We will pay up to $25,000 for any one crisis incident that results in crisis management expenses (to restore your public image) or post-crisis counseling services.
Debris Removal	Covered without limit if the expense is incurred as a result of a covered cause of loss.
Contents Off-Premises	Pays the greater of $100,000 or your highest contents limit at any location. Does not apply to portable equipment.
Newly Acquired Property	Automatically covers newly acquired buildings, buildings under construction, and contents at newly acquired locations. The automatic feature lasts for 90 days or the end of the policy period, whichever is later. Limits are $2,500,000 for buildings and $500,000 for contents.

PROPERTY – COVERAGE HIGHLIGHTS – continued

Fine Arts	Limit of $50,000 when there is a certified appraisal; otherwise the limit is $25,000 subject to $1,500 limit per item.
Money & Securities	Covers theft, disappearance or destruction on-premises or off-premises. Automatic $50,000 limit; higher limits are available.
Trees, Shrubs, Plants & Lawns	Covered against loss by fire, lightning, explosion, civil commotion, aircraft, vehicles and vandalism. No dollar limit.
Glass Deductible Waiver	Property deductible is waived when loss only involves building glass.
Personal Effects	Applies on-premises only. Primary coverage (not excess over a homeowners policy, for example). For members, full replacement cost with no dollar limit. For non-members, a limit of $1,500 per person applies. No deductible.
Member's Property (other than personal effects)	Limit of $5,000 (for items such as computers, all-terrain vehicles, snowmobiles, golf carts, personal watercraft, tools and firearms). Primary Coverage and not excess over a homeowners policy. No deductible.
Member's Real Property Deductible Reimbursement	We will provide up to $1,000 deductible reimbursement for damage to members residence when responding to an emergency on your behalf. No deductible.
Pollution Clean-Up	Applies on-premises only. Limit of $150,000 for remediation expense you incur resulting from fire, lightning, windstorm, hail, explosion, civil commotion, vehicles, aircraft, smoke, vandalism, sprinkler leakage, sinkhole collapse, volcanic action, falling objects, the weight of ice / snow / sleet, or water damage. Limit of $25,000 for all other covered causes of loss.
Sirens & Antennas	Sirens, antennas, towers and similar structures and their associated equipment are automatically covered away from your scheduled premises, if you have building coverage with VFIS. No sub-limit applies.
Permanently Installed Property Off-Premises	Limit of $125,000. Applies to outdoor property permanently installed away from your premises. Includes traffic control devices, statues, signs, monuments and fire hydrants.

PROPERTY – COVERAGE HIGHLIGHTS – continued

Commandeered Property of Others	Replacement cost coverage for any commandeered property other than autos. Includes the owner's loss of use. No dollar limit. No deductible if commandeered property belongs to volunteer, employee, director, officer or trustee.
Computer Software	Automatic coverage for the cost of restoring or replacing your organization's data and the media on which it is stored. Covered causes of loss include computer virus and the breakdown of computer hardware. Applies on-premises or off-premises. Automatic limit of $250,000, higher limits are available.
Unintentional Errors and Omissions	Limit of $500,000. Covers for unintentionally omitting real property at the time of application or unintentionally failing to report all real property prior to the beginning of the policy period.
Vehicle Parts	Limit of $25,000. Automatically covers vehicle stock owned by you and stored inside a building or at your location.
Valuable Papers & Records	Pays the costs you incur to restore or replace any such documents following a covered loss. No dollar limit. Applies on-premises or off-premises.
Accounts Receivable	Pays the costs you incur in restoring your accounts receivable records following a covered loss. Also pays amounts you can't collect if your accounts receivable records can't be restored. No dollar limit. Applies on-premises or off-premises.
Lock and Key Replacement	Limit of $25,000 to reimburse you for lock and key replacement after theft at your location. No deductible.

Recharge Costs	Will pay the cost to recharge fire extinguishing equipment at your premises regardless of whether the discharge was accidental or was the result of a covered cause of loss. No dollar limit. No deductible.
Limited Coverage for Fungus, Wet Rot, Dry Rot or Bacteria	A standard exclusion applies to loss or damage caused by fungus, wet rot, dry rot or bacteria. However, the exclusion doesn't apply if the fungus, wet rot, dry rot or bacteria results from fire or lightning. An extension has been added to provide a $25,000 sub-limit if the fungus, wet rot, dry rot or bacteria arises from flood or from a specified cause of loss, as defined in the policy. This sub-limit is the most that will be paid in any policy term regardless of the number of occurrences.
Deductible Waiver	If a Property claim occurs in conjunction with a claim under a VFIS Auto Physical Damage or Portable Equipment coverage, the various deductibles will not be stacked. Only one deductible, the largest, will apply.
Coinsurance	Does not apply to your buildings if they're insured on a guaranteed replacement cost basis. Does not apply to your contents if they're insured on a replacement cost basis or on a guaranteed replacement cost basis.
Mechanics Tools	Members tools are included as personal property on a replacement cost basis.

CRIME

Insurer: AIG Specialty Insurance Company

This coverage, provided by a non-admitted insurer in this state, is not protected by the state guaranty association.

VFIS offers a broad range of fidelity coverages which are customized to meet the needs of emergency service organizations including the following.

- **Employee Dishonesty** provides reimbursement for the loss of your organization's money or other property resulting from dishonest acts of your volunteers or employees.
- **Computer and Funds Transfer Fraud** will pay for loss the insured sustains arising directly out of the loss of or damage to money, securities, and property other than money and securities. This loss must result directly from the use of any computer to fraudulently cause transfer of that property from inside the premises or banking premises to a person outside those premises, or to a place outside those premises.
- **Fraudulent Impersonation** will pay for loss the insured sustains arising directly from having, in good faith, transferred money, securities or other properties in reliance upon a transfer instruction purportedly issued by an employee, customer or vendor, but which proves to have been fraudulently issued by an imposter.
- **Identity Fraud Expense** is the compensation of expense sustained that was incurred by the insured or any employee as a result directly from identity fraud.

Your selections are indicated below.

Covered Entity

- SOUTH LAKE COUNTY FIRE PROTECTION DISTRICT

Public Employee Dishonesty – Blanket Per Employee Includes Treasurers and Tax Collectors	**Limit**	**Deductible**	**Faithful Performance**
	$250,000	None	Yes

Public Employee Dishonesty – Blanket Per Loss Includes Treasurers and Tax Collectors	**Limit**	**Deductible**	**Faithful Performance**
	$250,000	None	Yes

Computer and Funds Transfer Fraud	**Limit**	**Deductible**
	$10,000	None

Fraudulent Impersonation	**Limit**	**Deductible**
	$10,000	None

Identity Fraud Expense	**Limit**	**Deductible**
	$10,000	None

PORTABLE EQUIPMENT

Insurer: AIG Specialty Insurance Company

This coverage, provided by a non-admitted insurer in this state, is not protected by the state guaranty association.

Blanket Portable Equipment Coverage

Covered For	Limit	Deductible
All causes of physical loss unless excluded	Guaranteed Replacement Cost	$1,000

If Portable Equipment coverage is provided on a blanket basis, coverage is provided for all portable firefighting, ambulance and rescue related equipment owned or furnished for your regular use. Note that boats over 100 horsepower are not covered under blanket; they must be scheduled.

Scheduled Portable Equipment Coverage

Deductible: $1,000

Description of Equipment	Serial Number	Limit
2022 ATV BOMBARDIER CAN-AM	3JBUCAX2XNK000094	$34,728
2022 CATERPILLAR 309	GG901304	$181,268
1979 SNOWCAT BOMBARDIER	511780042	$27,062

Scheduled Portable Equipment coverage is provided for equipment specifically listed in the schedule above. Coverage can be scheduled for portable firefighting, ambulance and rescue related equipment and for watercraft over 100 horsepower owned by you or furnished to you for your regular use. Coverage is provided on a *replacement cost* basis up to the limit shown in the schedule.

PORTABLE EQUIPMENT – COVERAGE HIGHLIGHTS

The following apply unless noted otherwise in this proposal:

Personal Effects	Applies on and off premises while on authorized duty. Primary coverage (not excess over a homeowners policy, for example). Full replacement cost with no dollar limit. No deductible.
Non-owned Portable Equipment	Coverage for portable equipment of others temporarily in your possession. Automatic $50,000 limit.
Unmanned Aircraft (Drones)	Pays to repair or replace your lost or damaged unmanned aircraft. Coverage does not apply when the unmanned aircraft is: 1. rented, leased or loaned to others without an operator who is your employee or volunteer 2. used in any professional or organized racing, demolition or stunting activity. This includes practicing for such activity. $500 deductible applies. Pays up to $35,000 in any one occurrence.
Deductible Waiver	If a Portable Equipment claim occurs in conjunction with a claim under a VFIS Auto Physical Damage or Property coverage, the various deductibles will not be stacked. Only one deductible, the largest, will apply. The deductible will be waived after three consecutive years with no portable equipment losses.
Coverage to Replace Obsolete Chargers	We will pay for new compatible mobile or stationary chargers when associated covered portable equipment is damaged and replaced.
Theft of Portable Equipment by Member	At your request we will pay up to $5,000 for portable equipment taken by a volunteer or employee no longer affiliated with your organization provided the equipment is reported as stolen. The most we will pay in one year is $10,000.
Trailers Used to Transport Covered PE	Physical damage coverage is provided automatically if the primary use of the trailer is to provide mobility to other covered portable equipment. **Example:** A portable generator is installed on a small trailer that can be pulled to an emergency scene by a number of vehicles; both the generator and its trailer would be covered under Blanket Portable Equipment.
Blanket Coverage	Applies to: 1. All boats up to 100 horsepower, and 2. All jet skis and waverunners regardless of horsepower.
Scheduled Coverage	Required for boats in excess of 100 horsepower.
Reporting	No need to determine equipment values if you select blanket coverage. VFIS will rate the coverage based on the number and type of vehicles you use.

	If you have properly reported all such vehicles, your portable equipment is covered up to its full replacement cost.
Temporary Storage for Portable Equipment	Provides coverage for your incurred costs to obtain temporary storage for portable equipment due to a covered loss or as a result of a motor vehicle accident. Coverage is provided for costs incurred up to 60 days, but not more than $5,000.
Accident-Impaired Patient Transport Equipment Reimbursement	We will reimburse up to $10,000 each policy period for amounts paid to replace patient transport equipment that had its warranty voided following a motor vehicle accident, even though it did not sustain observable physical damage.

AUTO

Insurer: National Union Fire Insurance Company of Pittsburgh, Pa.

Coverage	Symbols	Limits
Bodily Injury / Property Damage Combined Single Limit	1	$1,000,000
"No Fault" or Statutory Personal Injury Protection		Not Included
Medical Payments	7	$5,000
Uninsured Motorists	2	$1,000,000
Underinsured Motorists Insurance	2	$1,000,000
Hired & Borrowed Vehicles		Included
Commandeered Vehicles		Included
Volunteers/Employees as Insureds Under Non-Owned Autos		Included (Primary)
Temporary Substitute Vehicles		Included
Fellow Member Liability		Included
Incidental Garage Liability		Included
Physical Damage Comprehensive	7,8	see Schedule of Vehicles
Physical Damage Collision	7,8	see Schedule of Vehicles

Schedule of Vehicles

Vehicle No.	Year	Make & Model	VIN	PE	ACV	Agreed Value	Comp. Ded.	Coll. Ded.
1	1985	VANPE PUMPER TANKER	1XP9LN9X6FP187335	PT		$200,000	$5,000	$5,000
2	1991	INTERNATIONAL PUMPER	1HTSENHN8MH359288	PR		$200,000	$5,000	$5,000
3	1990	INTERNATIONAL PUMPER	1HTSENHN6MH359287	PR		$200,000	$5,000	$5,000
4	1991	NAVISTAR PUMPER	1HTSENHNXMH359289	PR		$200,000	$5,000	$5,000
5	2005	CHEVY FIRST RESPONDER	1GCHK34255E266165	FR		$40,000	$5,000	$5,000
6	2005	CHEVY FIRST RESPONDER	1GCHK34265E266420	FR		$40,000	$5,000	$5,000
7	2007	KENWORTH PUMPER TANKER	2NKMHZ8X07M151352	PT		$185,280	$5,000	$5,000
8	2005	CARGOMATE TRAILER	5NHUCM0135T404888	OTH		$4,200	$5,000	$5,000
9	2008	CHEVY FIRST RESPONDER	1GCHK23688F226966	FR		$43,000	$5,000	$5,000
10	2008	NAVISTAR PUMPER	1HTWEAZR88J673808	PR		$300,000	$5,000	$5,000
11	2009	LOADRAIL DUMP TRLR	4ZEDT081291061021	OTH		$4,300	$5,000	$500
12	2008	HME PUMPER	44KFT42818WZ21352	PR		$340,000	$5,000	$5,000
13	2009	GMC RESCUE LT	1GDG5C3919F407665	RTL		$220,862	$5,000	$5,000
14	2011	FORD AMB ALS	1FD4F4HT9BEB59509	ALS		$174,400	$5,000	$5,000
15	2001	INTERNATIONAL SERVICE	1HTSCABM51H346217	OTH	X	N/A	$5,000	$5,000
16	2016	GMC FIRST RESPONDER	1GT12RE87GF228487	FR		$52,000	$5,000	$5,000
17	2018	FORD AMB ALS	1FDUF5HT4JDA01833	ALS		$219,309	$5,000	$5,000

Vehicle No.	Year	Make & Model	VIN	PE	ACV	Agreed Value	Comp. Ded.	Coll. Ded.
18	1999	NAVISTAR PUMPER	1HTSDADN7XH599311	PR		$530,000	$5,000	$5,000
19	2020	FORD AMB ALS	1FDUF5HT6LDA04350	ALS		$235,950	$5,000	$5,000
20	2021	FORD F550 BRUSH VEH	1FD0W5HT0MED49870	BV		$140,000	$5,000	$5,000
21	1997	PIERCE PUMPER	4P1CT02S6VA000273	PR		$15,000	$5,000	$5,000
22	1959	CHEVY ANTIQUE	4B59L116681	OTH		N/A	N/A	N/A
23	2010	SNOWCAT TRAILER	CA1139745	OTH		$8,000	$5,000	$5,000
24	2022	FORD AMB ALS	1FDUF5HT0NDA20479	ALS		$380,000	$5,000	$5,000
25	2024	GMC FIRST RESPONDER	1GT49SEY6RF301688	FR		$140,000	$5,000	$5,000
26	2024	GMC FIRST RESPONDER	1GT49SEY5RF358240	FR		$140,000	$5,000	$5,000
27	2013	PETERBILT FIRST RESPONDER	1XPWD49X6DD189031	FR		$123,338	$5,000	$5,000
28	1984	MURRAY TRAILER	1M9B41208RA056689	OTH		$54,822	$5,000	$5,000
29	2026	TESLA SERVICE	7SAYGDEEXTF574155	OTH		$56,489	$5,000	$5,000
30	2025	KENWORTH TANKER	2NK5LJ9X4SM157232	T		$563,016	$5,000	$5,000
31	2022	KARAVAN ATV TRAILER	5KTUS1719NF514671	OTH		$3,380	$5,000	$5,000

Schedule of Vehicles – Insured's Identifiers

Only vehicles with an insured's identifier are shown below.

Vehicle No.	Year	Make & Model	VIN	Insured's Identifier (How YOU refer to this vehicle)
1	1985	VANPE PUMPER TANKER	1XP9LN9X6FP187335	WT6011
2	1991	INTERNATIONAL PUMPER	1HTSENHN8MH359288	E6221
3	1990	INTERNATIONAL PUMPER	1HTSENHN6MH359287	E6421
4	1991	NAVISTAR PUMPER	1HTSENHNXMH359289	E6321
5	2005	CHEVY FIRST RESPONDER	1GCHK34255E266165	U6421
6	2005	CHEVY FIRST RESPONDER	1GCHK34265E266420	U6022
7	2007	KENWORTH PUMPER TANKER	2NKMHZ8X07M151352	WT6211
8	2005	CARGOMATE TRAILER	5NHUCM0135T404888	EMS TRL
9	2008	CHEVY FIRST RESPONDER	1GCHK23688F226966	U6021
10	2008	NAVISTAR PUMPER	1HTWEAZR88J673808	E6031
12	2008	HME PUMPER	44KFT42818WZ21352	OES359
13	2009	GMC RESCUE LT	1GDG5C3919F407665	R6031
14	2011	FORD AMB ALS	1FD4F4HT9BEB59509	M6012
15	2001	INTERNATIONAL SERVICE	1HTSCABM51H346217	U6011
16	2016	GMC FIRST RESPONDER	1GT12RE87GF228487	U6221
17	2018	FORD AMB ALS	1FDUF5HT4JDA01833	M6011
18	1999	NAVISTAR PUMPER	1HTSDADN7XH599311	E6231
19	2020	FORD AMB ALS	1FDUF5HT6LDA04350	M6311
20	2021	FORD F550 BRUSH VEH	1FD0W5HT0MED49870	E6061
21	1997	PIERCE PUMPER	4P1CT02S6VA000273	E6011
24	2022	FORD AMB ALS	1FDUF5HT0NDA20479	M6211
25	2024	GMC FIRST RESPONDER	1GT49SEY6RF301688	U6321
26	2024	GMC FIRST RESPONDER	1GT49SEY5RF358240	B602
27	2013	PETERBILT FIRST RESPONDER	1XPWD49X6DD189031	T6011

AUTO LIABILITY – COVERAGE HIGHLIGHTS

The following apply unless noted otherwise in this proposal:

Non-Owned Automobile

Covers your liability for vehicles hired, borrowed, or otherwise used on your behalf on an *excess basis*.

Covers your liability for commandeered vehicles used on your behalf on a *primary basis*.

Volunteers/Employees as Insureds Under Non-Owned Automobiles

Volunteers/employees are covered while operating their own personal vehicle on behalf of the emergency service organization.

Coverage is on a *primary basis*.

Example: A firefighter responds in his personal vehicle on his department's behalf. Upon rounding a curve, he sees a disabled vehicle partially blocking the road. He swerves and accidentally strikes the motorist who was trying to flag down the firefighter. Non-owned vehicle liability would be provided to the firefighter on a primary basis up to the policy limit; not excess over the firefighter's personal auto policy.

Additional Insured-Automatic

Any person or organization for which you have agreed in writing in a contract to be added as an additional insured.

Expected or Intended Injury

Included for Bodily Injury or Property Damage when resulting from actions taken to protect persons or property.

Temporary Substitute Vehicle

Coverage is provided when a replacement vehicle is loaned to you while a covered vehicle is temporarily out of service.

Coverage is on a *primary basis*.

Example: A department is temporarily loaned an ambulance while their covered ambulance is being serviced. The loaner is involved in an intersection accident injuring civilians. Liability coverage would be provided to the department on a primary basis up to the policy limit.

Owner of Commandeered Auto as an Insured

The owner of a commandeered auto in your temporary care, custody or control that is being used as part of an emergency operation is an insured.

Coverage is on a *primary basis*.

Uninsured Motorist/ Underinsured Motorist

Covers your organization for bodily injury and/or property damage sustained by an eligible party caused by a negligent uninsured/underinsured motorist or hit-and-run motorist, based on your state laws.

Fellow Member Liability

Covers your volunteers and employees should they accidentally injure a co-volunteer or co-employee arising out of the use of a covered vehicle.

Note that the protection applies to the *individual* against whom the claim is made, whether or not a claim is made against you (the insured organization).

Example: A fire truck is responding to an emergency call with lights and sirens activated. The vehicle operator fails to see a civilian vehicle resulting in a collision, injuring several passenger firefighters. Fellow member auto liability coverage would be provided to the fire truck driver up to the limit of the policy for claims arising from the injured passenger firefighters.

Incidental Garage Liability

Provides liability arising from autos used in connection with an insured's garage operations.

Coverage is primary.

Provides coverage for your organization if you service or store vehicles owned by others.

AUTO PHYSICAL DAMAGE – COVERAGE HIGHLIGHTS

Agreed Value

Physical damage coverage on emergency vehicles is provided on an *Agreed Value* basis. In the event of a loss, you will receive the **lesser of**:

1. The **cost to repair** the covered vehicle; or
2. The **cost to replace** the part with a part of like kind and quality, *without deduction for depreciation;* or
3. The **cost to replace the entire vehicle with a comparable new vehicle,** manufactured to current specifications set by the NFPA, the U. S. Department of Transportation, or similar organization; or
4. The **agreed value** shown in the policy.

Note: If the estimated repair costs for a damaged vehicle covered on an *Agreed Value* basis exceed 75% of the *Agreed Value*, and you choose not to accept payment under paragraph 1. or 2. (above), VFIS will pay the lesser of paragraph 3. or 4. (above). Under this arrangement, VFIS has the rights to all recovery and salvage.

Furthermore, for repairs or replaced parts under paragraph 1. or 2. (above), VFIS will pay up to an additional 25% of the amount of the loss to cover the costs you incur in bringing the repaired or replaced parts into compliance with the latest safety standards. If recertification is required, we will also pay those costs.

Example: A fire department has a 1976 Mack pumper with an Agreed Value of $50,000. While responding during an ice storm they lose control and slide into a tree. Damages are appraised at $40,000. The replacement cost of the truck at the time of the loss is $100,000. Since the Agreed Value selected by the insured is $50,000 and 75% of the Agreed Value is $37,500, the insured has the option to either repair the vehicle, taking the $40,000 settlement, or be reimbursed the Agreed Value of $50,000 with VFIS having the rights to the salvage.

We use this method for emergency vehicles and, at the insured's option, for private passenger vehicles less than five years old.

Actual Cash Value

Settles the claim based on the current market value of the damaged vehicle or part (old for old).

We use this method for most private passenger vehicles, service vehicles, some trailers and other non-emergency vehicles.

Stated Amount

Settles the claim by paying the lesser of:

1. The current market value of the damaged vehicle or part (old for old).

or

2. The amount stated in the policy.

We do not offer stated amount coverage because it is less advantageous to your organization than other methods.

Deductible Waiver

If an Automobile Physical Damage claim occurs in conjunction with a claim under a VFIS Portable Equipment or Property coverage, the various deductibles will not be stacked.

Only one deductible, the largest, will apply.

Additionally, regardless of the number of covered autos suffering a physical damage loss while engaged in a single firefighting, ambulance and/or rescue emergency, only one deductible, the largest, shall apply to the entire event.

> **Example:** A fire department's rescue truck is responding with lights and siren when it is struck by another vehicle in an intersection and flipped over on its side. The rescue truck sustains $20,000 of damages and the equipment inside the vehicle is broken and strewn across the roadway. The Waiver of Deductible clauses in the Automobile Physical Damage coverage and the Portable Equipment coverage provide that only one deductible, the largest, would be applied to the loss settlement.

Collision

Damages from overturn or collision with another object.

Comprehensive

Damages from causes other than collision or overturn.

Freezing

Coverage for permanently attached special equipment for loss caused by freezing, unless caused by failure to maintain the equipment.

Includes, but is not limited to, pumps, gauges and tanks.

No freezing coverage for loss to vehicle engines.

Volunteers' or Employees' Personal Automobiles

Covers damage to a member's personally owned vehicle:

1. while enroute to, during, or returning from an emergency or other activity on behalf of your organization, and
2. resulting from a covered cause of loss.

Reimburses the members deductible up to $1,000 if insurance is carried or actual cash value if no insurance is carried. Member is required to maintain minimum state liability coverage.

Airbag Coverage

Covers loss caused by accidental discharge of an airbag.

Hired, Borrowed or Commandeered Vehicles

Coverage for hired, borrowed or commandeered vehicles on an actual cash value basis.

Comprehensive deductible - $50.

Collision deductible - $100.

Coverage is primary.

Temporary Substitute Vehicles

Coverage for fire trucks and ambulances with loss to be settled based on the valuation method of the owner's policy, up to $1,000,000. Subject to the insured's deductible.

Customized Vehicle Extension

Applies to vehicles, such as chief's cars, insured on an actual cash value basis.

Cost to replace custom features such as gold leaf lettering, light bars, sirens and radios on a *replacement cost basis*.

Extended to equipment owned by the organization that's permanently installed in non-owned autos.

AUTO PHYSICAL DAMAGE – COVERAGE HIGHLIGHTS – continued

Towing and Labor	Coverage is provided for vehicles carrying comprehensive coverage. Labor must be performed at the disablement location. No mileage limit. Includes the cost to tow the disabled auto to multiple facilities as necessary, prior to delivery to the final repair facility. $2,500 limit applies.
Recertification	Included in claims settlement for covered losses. No limit applies.
Removal of Apparatus from Environmentally Sensitive Areas	Following a covered loss, the cost of uprighting, retrieving or towing the vehicle is part of the claim adjustment expense. No sub-limit applies.
Rental Reimbursement coverage for Fire Trucks	If no spare or reserve units are available, we provide automatic coverage for rental expenses for firefighting and rescue vehicles. Limit of $250 any one day for up to 40 days.
Rental Reimbursement for member's personally owned vehicles	Coverage provided when loss occurs while enroute, during, returning from an emergency or while at the direction and knowledge of an officer of the insured. Limit of $30 per day for up to 30 days.
Full Glass Coverage	No glass deductible for vehicles with comprehensive coverage.
Garagekeepers Insurance	$50,000 coverage for vehicles while left with an insured's garage operation. Comprehensive deductible - $250. Collision deductible - $500. Coverage is primary. Provides coverage for your organization if you service or store vehicles owned by others.

GENERAL LIABILITY / PROFESSIONAL HEALTH CARE LIABILITY

Insurer: AIG Specialty Insurance Company

This coverage, provided by a non-admitted insurer in this state, is not protected by the state guaranty association.

This coverage contains the following four sections:

- **Coverage A. Bodily Injury and Property Damage Liability** protects you when claims are made against you because of injury to others or damage to their property, unless caused by an auto.
- **Coverage B. Personal and Advertising Injury Liability** protects you when claims are made against you because of offenses such as false arrest, wrongful eviction or slander.
- **Coverage C. Professional Health Care Liability** protects you when claims are made against you as a result of your handling of patients, or providing, or failing to provide, medical services.
- **Coverage D. Medical Expense** protects you when claims are made against you as a result of injuries suffered by the public (not your volunteers or employees) because of your premises or operations. These expenses are payable even if the injury occurred through no fault of your own.

Coverages	**Limits**
Coverages A. and C. Each Occurrence or Medical Incident	$1,000,000
Coverage B. Personal and Advertising Injury (each offense)	$1,000,000
Coverage A. Fire Damage Legal Liability (any one fire)	$1,000,000
Coverage D. Medical Expense (any one person)	$5,000
Coverage Aggregates	
General Aggregate (the total payable in any policy term)	$3,000,000
Products / Completed Operations Aggregate (the total payable in any policy term)	$3,000,000

Optional Coverages *(apply only if checked)*

☐ Employer's (Stop Gap) Liability

- Provides General Liability and Auto Liability coverage to you (the insured organization) if a volunteer or employee alleges they were injured on the job and are entitled to sue the organization and seek damages beyond the benefits available under the applicable Workers' Compensation statute.
- Needed when the insured's Workers' Compensation policy provided for your volunteers and/or employees does not contain Part Two – Employer's Liability.

☐ Owned Watercraft Liability (boats exceeding 100 horsepower)

GENERAL LIABILITY – COVERAGE HIGHLIGHTS

The following apply unless noted otherwise in this proposal:

Volunteers and Employees as Insureds

Covers all volunteers (whether or not they are members of your organization) and employees are covered while acting on behalf of your organization.

Other insureds include your officers, directors, commissioners or trustees.

Also included are the owners of any property you commandeer.

VFIS coverage is primary for all of the above insureds, not excess of any personal insurance that may apply.

Your medical director (if any) is an insured for actions taken on your behalf, with these stipulations:

1. Coverage doesn't apply to liability arising from any physician's providing or failing to provide on-line medical direction or medical command via a telecommunications device, and
2. Hands-on treatment of a patient by a physician is excess of any medical malpractice insurance carried by the physician.

Blanket Additional Insureds

Automatically covers any person or organization required by contract to be an additional insured, but only for their liability arising out of your premises or operations.

The contract must be in effect before the injury or damage occurs.

Fellow Member Liability

Covers your volunteers and employees should they accidentally injure a co-volunteer or co-employee while working on your behalf.

Note that the protection applies to the individual against whom the claim is made, whether or not a claim is made against you (the insured organization).

"Good Samaritan" Liability

Covers your volunteer members and employees for liability arising from actions on their own to render services at the scene of an emergency requiring immediate action.

Applies to professional health care or any other services.

To qualify as a "Good Samaritan," the individual must act independently of your organization or any other organization.

Unlimited Defense Costs

The cost to defend you against covered claims is the responsibility of the company and will not erode your liability limits.

Intentional Acts

Provides liability protection if, in an attempt to save lives or protect property, your volunteers or employees intentionally cause bodily injury or property damage.

Example (bodily injury): A distraught relative of a heart attack victim must be restrained in order for you to administer care to the patient, and in the process the relative is injured.

Example (property damage): In order to gain access to a small fire in one apartment unit, a firefighter breaks down a door to a different unit that is not in imminent danger.

Pollution Liability

Covers you for bodily injury or property damage arising out of a pollution incident resulting from any of the following:

1. emergency operations away from your premises,
2. training activities, or
3. water runoff from the cleaning of equipment.

Covers you for bodily injury or property damage arising out of an asbestos incident resulting from either of the following:

1. emergency operations away from your premises, or
2. training activities away from your premises.

Covers you for Pollution Liability for your Above Ground Storage tanks. Coverage applies on a named peril basis. You must notify us of the incident as soon as practicable and not more than 14 days after the incident ends.

Liquor Liability

Covers you for bodily injury or property damage arising out of the serving or selling of alcoholic beverages.

If alcoholic beverages are sold, VFIS requires that you obtain the proper license or permit, comply with our liquor loss control recommendation, and pay the applicable premium charge.

Contractual Liability

Covers you for the liability you agreed to assume of another party, either orally or in writing.

The claim must be otherwise covered (not excluded).

Example: Farmer Brown agrees to allow a fire department to use his pasture to hold a flea market, as long as any injuries to the public are agreed to be the responsibility of the fire department and not of Farmer Brown.

Watercraft Liability

Automatic coverage for injury or damage arising from your use of the following:

1. non-owned boats,
2. owned boats that are not powered by motors,
3. owned boats that are powered by motors of not more than 100 horsepower, and
4. jet skis and waverunners regardless of horsepower.

Unmanned Aircraft (Drones)

Covers you for unmanned aircraft owned, operated, rented or loaned to you.

Unmanned aircraft means an aircraft weighing 15 pounds or less that is not designed, manufactured or modified after manufacture to be controlled directly by a person from within or on the aircraft.

Unmanned aircraft includes equipment used with the unmanned aircraft, provided such equipment is attached to or essential for its operation.

Fire Damage Legal Liability

Covers you for liability for fire damage to buildings your organization may rent or otherwise occupy with the permission of the owner.

A similar provision covers your liability for other than fire damage to buildings or contents rented or loaned to you for not more than 30 consecutive days.

Damage to Property of Persons Receiving Services

Covers you for liability for a personal property loss suffered by a member of the public receiving services from you, provided the loss is caused by theft, physical damage or disappearance.

Subject to a $100 deductible each occurrence.

Example: A patient transported by ambulance to the hospital notices shortly after arrival that his wallet and Rolex watch are missing; he files a claim against the ambulance squad alleging theft of the property.

Expanded Aggregate Limit

The General Aggregate Limit shown in the schedule applies separately to:

1. each named insured (unless you have selected a $10,000,000 aggregate limit), and
2. each location you own or rent.

MANAGEMENT LIABILITY

Insurer: AIG Specialty Insurance Company

This coverage, provided by a non-admitted insurer in this state, is not protected by the state guaranty association.

	Limits
Each Offense or Wrongful Act	$1,000,000
Aggregate (the total payable in any policy term)	$3,000,000
Defense Expense for Injunctive Relief	$100,000

☒ **"Claims made" basis**

- This means that coverage is provided only for claims that are reported during the policy period, regardless of when the incident giving rise to a claim occurred. VFIS covers claims arising from incidents that occurred prior to the initial policy period as long as you had no reason to suspect that a claim might be presented as a result of the incident.
- If you are aware of any such incidents, be sure to report them to your agent immediately.

A signed and dated application is required before coverage can be bound.

☐ **"Occurrence" basis**

- This means that coverage is provided only for claims arising out of incidents that occur during the policy period, regardless of when the claim is eventually reported.
- You should not purchase occurrence coverage unless:
  - You are currently insured on an occurrence basis, or
  - You are currently insured on a claims made basis and you have decided to purchase a supplemental extended reporting period from your current carrier.

Cyber Liability

- **Security and Privacy Liability** protects you when claims are made against you during the policy period for monetary damages arising out of a security failure or privacy event.
- **Event Management Coverage** pays for event management losses you incur as a result of a privacy event or extortion threat first discovered during the policy period. This first party coverage is intended to provide professional expertise in the identification and mitigation of a privacy breach such as legal, technical, and public relations advice, investigation expenses, and notification costs.
- **Cyber Extortion Coverage** pays for expenses you incur as a result of a cyber extortion threat first occurring during the policy period.
- **All claims must be reported pursuant to the terms of the policy.**

Security and Privacy Liability

Per Claim Sublimit:	$1,000,000
Aggregate Sublimit:	$3,000,000
Retention:	$0
Retroactive Date:	Full Prior Acts
Continuity Date:	None

Event Management

Aggregate Sublimit:	$50,000
Retention:	$0

Cyber Extortion

Aggregate Sublimit:	$20,000

Retention:	$0

MANAGEMENT LIABILITY – COVERAGE HIGHLIGHTS

Management Liability coverage protects you against claims for monetary damages arising out of:

Employment-related practices, such as wrongful termination, failure to promote or sexual harassment.

Example: *A paid firefighter is terminated in July of 1999, and she is unable to find other similar employment until January of 2001. At a trial held later that year, she is successful in proving that she was wrongfully terminated and is awarded lost wages for the eighteen months she was unemployed. The organization's liability for these wages would be covered; liability for back wages, overtime or similar damages required by law or regulation are the obligation of the organization and would not be covered. This coverage would provide you with the cost of your legal defense, and pay an award up to the limit of liability.*

Errors in the **administration of employee benefit plans,** such as Accident and Sickness coverage, Group Life or Workers' Compensation.

Example: *A paramedic covered under an Accident & Sickness policy gives instructions to the squad's insurance administrator to name his daughter as his beneficiary. Following his death from an on-the-job traffic accident, his daughter learns that she is not entitled to any benefits under the policy because the change of beneficiary card was misplaced and never processed. She brings suit to recover the money she would have received had the change of beneficiary been handled properly. This coverage would provide you with the cost of your legal defense, and pay an award up to the limit of liability.*

Other **wrongful acts** not specifically excluded.

Example: *A taxpayer group brings suit against their fire district and its commissioners, alleging the improper spending of public funds. They argue that the commissioners have wasted their tax money by purchasing a state-of-the-art aerial device for $750,000 even though there are no structures in the district more than two stories tall. This coverage would provide you and your commissioners with the cost of your legal defense, and pay an award up to the limit of liability.*

Example: *Bids are solicited from outside contractors to build a new ambulance garage. The lowest bid is not accepted, even though it was made by a fully qualified contractor of good reputation. The contractor sues the ambulance district, arguing that his bid was rejected for no good reason and alleging favoritism in the awarding of the contracts. This coverage would provide you with the cost of your legal defense, and pay an award up to the limit of liability.*

MANAGEMENT LIABILITY – COVERAGE HIGHLIGHTS

The following apply unless noted otherwise in this proposal:

Defense Expense for Injunctive Relief

A plaintiff may sue your organization not for money but to require action of some type. They're seeking injunctive relief; they want your organization to do something or to stop doing something.

This automatic coverage will reimburse your organization up to $100,000 for reasonable legal fees incurred in your defense.

Example: A person who was denied volunteer membership by you brings legal action to be admitted as a member.

Example: A resident seeks an injunction to stop the fire department's installation of a siren directly behind her house.

Outside Directorship Liability

Automatically covers your volunteers or employees who choose to serve on the board of directors of an outside organization as long as that organization:

1. is not-for-profit, and
2. is related to the emergency services.

Coverage is excess of any insurance.

Volunteers and Employees as Insureds	Covers all volunteers (whether or not they are members of your organization) and employees while acting on behalf of your organization. Other insureds include your officers, directors, commissioners or trustees. Also included is your medical director (if any). VFIS coverage is primary for all of the above insureds, not excess of any personal insurance that may apply.
Estates, Heirs, and Legal Representatives	Included as insureds.
Spousal Liability	Included, but only for acts within the course and scope of your operations.
Unlimited Defense Costs	The cost to defend you against covered claims is the responsibility of the company and will not erode your liability limits.
Fair Labor Standards Act Suit Defense Coverage	Limit of $100,000 each claim incurred provided for the defense of any claim for violation of the Fair Labor Standards Act. This coverage is provided on a reimbursement basis.
Blanket Additional Insureds	Automatically covers any person or organization that may be liable for your employment practices, your administration of employee benefit plans or other wrongful acts, but only to the extent of that liability.
Unintentional Release of HIPAA Information	Limit of $100,000 provided for the payment of fines and penalties assessed upon the insured for HIPAA violations.
Expanded Aggregate Limit	The Aggregate Limit shown in the schedule applies separately to each named insured (unless you have selected a $10,000,000 aggregate limit).

MANAGEMENT LIABILITY – COVERAGE HIGHLIGHTS

– Cyber Liability

The following apply unless noted otherwise in this proposal:

Security and Privacy Liability

Pays for loss that an insured is legally obligated to pay resulting from a claim alleging a security failure or privacy event first occurring on or after the retroactive date and prior to the end of the policy period.

Loss means damages, judgments, settlements, pre-judgment and post-judgment interest and defense expense, including without limitation:

1. Punitive, exemplary and multiple damages where insurable by the applicable law which most favors coverage for such punitive, exemplary and multiple damages;
2. Civil fines or penalties imposed by a governmental agency and arising from a "regulatory action", where insurable by the applicable law which most favors coverage for such civil fines or penalties; and
3. Any monetary amounts an insured is required by law or has agreed by settlement to deposit into a consumer redress fund.

Security Failure

1. Transmission of malware from an insured computer system to a third party;
2. The unauthorized access or unauthorized use of an insured computer system; or
3. The inability of an authorized user to access your web site or your computer system because of a denial of service attack;

A denial of service attack means an intentional attack directly on an insured computer system that prevents or slows down access to your web site or computer network. However, a denial of service attack which affects the internet at large and is not directed at an insured computer system is not a security failure.

Privacy Event

1. Any loss, theft or unauthorized disclosure of confidential information including, without limitation, any such event that results from social engineering (including phishing), or could result in identity theft or other wrongful emulation of the identity of an individual or corporation;
2. Any failure to disclose an event referenced in 1. above in violation of any data privacy law;
3. Any unintentional failure of an insured to comply with those parts of an insured entity's privacy policy that prohibit or restrict the disclosure or sale of confidential information by an insured, or require an insured to allow an individual to access or correct confidential information about such individual; or
4. Any violation of a federal, state, foreign or local privacy law alleged in connection with an event described in 1., 2., or 3. above.

Event Management Coverage

Pays event management loss incurred as a result of a privacy event or extortion threat.

Event Management Loss

1. Legal advice on minimizing harm, regarding the course of action that is legally required to respond, retention of vendors, on the appropriate content, scope and distribution of any notices and disclosure, regarding any responses to inquires from government agencies, regulators, law enforcement or other interested parties;
2. For technical advice relating to the most effective and efficient response to the privacy event or extortion threat, including the recommendation of vendors;
3. To conduct an investigation (including a forensic investigation) to determine the existence, validity, cause and scope of the privacy event or extortion threat, identify any affected parties and contain and resolve the privacy event or extortion threat;
4. For public relations and/or crisis management advice in order to minimize harm to the reputation and maintain and restore public confidence, including costs to implement any public relations campaign;
5. To advise the proper response to an extortion threat and assist in negotiating a resolution;
6. Notification to affected parties including printing, advertising, and mailing of materials;
7. Call center services for credit monitoring as well as identity theft education and assistance for affected individuals.
8. Any other services approved by us to mitigate the effects of a privacy event or extortion threat or avoid loss.

Event management loss does not include compensation, fees, benefits, overhead or internal charges of any insured. Expenses and costs to perform the services or tasks described above shall only be covered as event management loss to the extent such services or tasks are performed by a firm specifically appointed by us to perform such services or tasks.

Cyber Extortion Coverage

Pays for loss incurred as a result of an extortion threat:

Loss means:

1. the reasonable amount of money paid by or on behalf of an insured to a person or entity believed to be responsible for an extortion threat that could result in harm or further harm to any insured, but only if such payment is made with our prior written consent; and
2. the reasonable and necessary expenses incurred to obtain cryptocurrency to be surrendered as ransom (including service and credit charges paid to obtain cryptocurrency).

Extortion Threat

A cyber extortion threat is a demand for money, digital assets (including cryptocurrency), securities, tangible and intangible property, or the performance or cessation of a service or other activity by an insured, in order to:

1. Launch a denial of service attack;
2. Avoid an attack on, the corruption of, damage to or destruction of an insured computer system;
3. End a threat or connected series of threats to disclose information concerning a vulnerability in an insured computer system; or
4. End a threat or connected series of threats to unlawfully access, use, disclose, damage or destroy confidential information for which an insured is legally responsible.

EXCESS LIABILITY

Insurer: AIG Specialty Insurance Company

This coverage, provided by a non-admitted insurer in this state, is not protected by the state guaranty association.

Excess Liability coverage protects you with the following:

1. It provides excess coverage over your primary liability insurance stated on a schedule of underlying insurance.
2. It will automatically take the place of primary liability policies whose aggregate limits have been exhausted.

	Limits
Each Occurrence	$4,000,000
Annual Aggregate	$8,000,000
Self-Insured Retention	None
Abuse or Molestation Each Occurrence	$4,000,000
Abuse or Molestation Aggregate	$4,000,000
Cyber Liability Each Occurrence	$1,000,000
Cyber Liability Aggregate	$2,000,000

Excess over the following underlying coverages:

- ☒ Auto
- ☒ General Liability and Professional Liability
- ☒ Management Liability

Liquor Liability	Follows form with underlying coverages.
Pollution Liability	Follows form with underlying coverages.
Management Liability	Follows form with underlying coverages.
Employer's Liability	Follows form with underlying coverages.
Unlimited Defense Costs	The cost to defend you against covered claims is the responsibility of the company and will not erode your liability limits.
Expanded Aggregate Limit	The aggregate limit shown in the schedule applies separately to each location.
Unmanned Aircraft (Drones)	Coverage is included for unmanned aircraft that is owned, operated, rented or loaned to you. $1,000,000 each occurrence/aggregate sublimit applies.

PROPOSAL NOTES

Auto

Note: The Medical Payments limit of $5,000 applies to the following vehicle(s):

Vehicle Number(s)

All Covered Autos

General

Note: We will process the issuance of this renewal in 10 days unless we hear otherwise from your office. If you have any questions, please do not hesitate to contact me. We appreciate your business and look forward to renewing this account for you.

PREMIUM SUMMARY

SOUTH LAKE COUNTY FIRE PROTECTION DISTRICT (CA) C27812

	Premium
Property	$79,885
Crime	$590
Portable Equipment	$5,322
Auto	$20,141
General Liability	$4,815
Management Liability	$7,868
Excess Liability	$7,071
Total Estimated Annual Premium *(excludes state-imposed taxes, surcharges and fees)*	**$125,692**
Surplus Lines Policy Fee	$1,300.00
Surplus Lines Policy Fee Premium Tax	$39.00
Surplus Lines Premium Tax	$3,166.53
Stamping Fee	$189.99
Stamping Fee Applied to Policy Fee	$2.34
Total of all Taxes, Surcharges and Fees	**$4,697.86**

PLUS MORE VALUE!

Risk Management ..... Included

- Employment practices
- Manage your risk – **resources**, check lists
- Risk Management Consultants
- On-site assessments/self-assessments

Education, Training & Consulting ..... Included

- Classroom seminars, training, resources – **vfis.com**
- Distance learning – **VFIS University**
- Consulting Available

Volunteer Firemen's Insurance Services, Inc.®

OTHER VFIS PRODUCTS AVAILABLE

Accident & Sickness Coverage - provides "on duty" coverage for members, auxiliary members, junior members, members in training, officers, deputized by-standers, trustees and board members, and volunteers asked by the organization to help with non-emergency events. Coverage listed below is provided when a member performs any normal duty of the department, whether it is an emergency or not. Insurance coverage underwritten by National Union Fire Insurance Company of Pittsburgh, PA.

- Death Benefit
- Lump Sum Living Benefit
- Disability Income Benefit
- Medical Benefit

Critical Illness Insurance Program - a lump sum cash benefit is available to emergency service personnel, when diagnosed with a heart attack, stroke or life threatening cancer. Underwritten by ACE American Insurance Company, Philadelphia, PA. Coverage includes:

- 24-hour, On and Off Duty Coverage
- Lump Sum Living Benefit (for qualifying illnesses)

Group Term Life Insurance - available for all members which includes active, retired, volunteers, career or auxiliary members. Underwritten by AIG, American General. Coverage includes:

- 24-hour, On and Off Duty Coverage
- Accidental Death and Dismemberment
- Guaranteed Issue Life Insurance for Any Age

Length of Service Award Program (LOSAP) - an incentive program to effectively retain existing volunteers, increase their level of participation and recruit new members. Life insurance underwritten by AIG Life Insurance Company and American Life Assurance Company of New York (Maine and New York). Group annuity contracts underwritten by Hartford Life Insurance Company. Coverage provided:

- 24-hour, On and Off Duty Death Benefit
- Monthly Income During Retirement Years
- Disability Benefit

VFIS ORDER FORM

SOUTH LAKE COUNTY FIRE PROTECTION DISTRICT (CA) C27812

Coverage	Effective/ Expiration Dates	Accept *Initial to accept coverage*	Decline *Initial to decline coverage*	Premium Quoted
Property				
Crime				
Portable Equipment				
Auto				
General Liability				
Management Liability				
Excess Liability				
Total				

Payment Plans

Please indicate your choice of premium payment options. There are no installment fees. Payment plans do not include any applicable taxes, fees, and surcharges. They will be included with your initial invoice. Payment plans options do not apply to future endorsements. You will receive an invoice based on the payment plan selected. ***Please Note – Any breakdown of premium values listed on this Order Form should not be used for billing purposes. On Installment plans, payment amounts will vary due to rounding on installment schedules. Please wait for the invoice to bill the insured. Remittance payment must match the invoice.***

- ☒ Annual — Default unless otherwise eligible and selected below
- ☐ Two-Pay — $2,500 account minimum
- ☐ Four-Pay — $3,500 account minimum
- ☐ Ten-Pay — $10,000 account minimum

_____ _____

Signature of Insurance Representative — Date

Agency Name/Address _____

_____

_____

Producer/Service Rep. _____

Before you return this form, you must:

1. Provide the INSURED'S Federal ID#: _____
2. Identify all mortgagees, loss payees and (for Auto only) additional insureds/lessors (provide address).
3. Choose $1,000,000 underlying limits when there is Excess Liability.

This is not a binder, nor should it be used as one. This form is solely for the purpose of ordering property and casualty insurance coverages for which VFIS has provided a valid quote.

_____ _____

Signature of Insured — Date

Comments/Notes: .....

.....

.....

Internal Use Only:	C27812	CA	Qt Eff Dt: 07/01/2026		Doc ID: 78f72a6ae39e407ca1dedeb57fa85064		
	Property:	10814810000000	Crime: 10814810000000		PE: 10814810000000	Auto:	20814810000000
	GL:	10814810000000	ML: 10814810000000		Excess: 10814810000000		

CLAIMS-MADE MANAGEMENT LIABILITY SUPPLEMENTAL APPLICATION

This application is only required when Claims Made Management Liability coverage is new.

1. Legal name of applicant: SOUTH LAKE COUNTY FIRE PROTECTION DISTRICT
2. Address: PO BOX 1360, MIDDLETOWN, CA 95461
3. Desired effective date of coverage: _____
4. Limits of liability requested (cannot be greater than the General Liability limit):
   - ☐ $300,000 each offense or wrongful act / $1,000,000 aggregate
   - ☐ $500,000 / $1,000,000
   - ☐ $1,000,000 / $2,000,000
   - ☒ $1,000,000 / $3,000,000
   - ☐ $1,000,000 / $10,000,000 (aggregate limit does not apply to each named insured with this option)
5. Does the applicant have knowledge of any incidents which would cause a reasonable person to believe that a claim or suit might result? ☐ Yes ☐ No
   If yes, please give complete details, including date: _____
   _____
6. Name of person designated to receive any and all notices from the company or agent concerning this insurance:
   _____

COVERAGE CANNOT BECOME EFFECTIVE PRIOR TO THE DATE THIS SIGNED APPLICATION IS APPROVED BY THE COMPANY.

THE APPLICANT ACCEPTS NOTICE THAT ANY POLICY WHICH MAY BE ISSUED AND ANY RENEWALS THEREOF WILL APPLY ON A "CLAIMS MADE" BASIS.

The applicant agrees that in the event they become aware of any fact which would serve to alter any answer previously given to one or more of the foregoing questions, they will so advise the agent. The applicant further agrees that based on such revised information, the agent may revise or withdraw any quotation previously given.

The undersigned, being authorized by and acting on behalf of the applicant, declares that to the best of his / her knowledge and after having made proper inquiry, the responses to the foregoing are true and that no facts have been suppressed or any material facts misstated. The applicant further agrees that this application shall be the basis of any policy issued. The application is valid for 90 days from the date it is signed.

Agent's Signature: _____ Applicant's Signature: _____

Address: _____ Title: _____

City / State / Zip: _____ Date: _____

IMPORTANT NOTICE:

1. The insurance policy that you have purchased is being issued by an insurer that is not licensed by the State of California. These companies are called "nonadmitted" or "surplus line" insurers.

2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.

3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.

4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or "surplus line" broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website www.insurance.ca.gov. Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC's internet website at www.naic.org. The NAIC—the National Association of Insurance Commissioners—is the regulatory support organization created and governed by the chief insurance regulators in the United States.

5. Foreign insurers should be licensed by a state in the United States and you may contact that state's department of insurance to obtain more information about that insurer. You can find a link to each state from this NAIC internet website: https://naic.org/state_web_map.htm.

6. For non-United States (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on

the NAIC's International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or "surplus line" broker to obtain more information about that insurer.

7. California maintains a "List of Approved Surplus Line Insurers (LASLI)." Ask your agent or broker if the insurer is on that list, or view that list at the internet website of the California Department of Insurance: www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm.

8. If you, as the applicant, required that the insurance policy you have purchased be effective immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker's fee charged for this insurance will be returned to you.

SL-2 Instructions

SL-2 Form (slacal.com)

To complete the mandatory SL-2, use the above link to launch CA's Surplus Lines website. The information required to complete the SL-2 can be input onto the form fields via the SLA website. It takes you directly to the page to fill out the necessary information and then generate the form to a PDF which can then be submitted to your Underwriter at the time of binding. This will alleviate any unintentional modifications and will ensure acceptance by the state.

South Lake County Fire Protection District
in cooperation with
California Department of Forestry and Fire Protection

P.O. Box 1360 Middletown, CA 95461 - (707) 987-3089

Date: July 16, 2026

To: South Lake County FPD Board of Directors

From: Gloria Fong – Staff Services Analyst

Re: SLCFPD Station 60 Equipment Shed

This request is for the change order from an equipment shed with 30 feet opening to 40 feet opening and an increase from the $65,000 not to exceed amount to $88,500.

During the process, it was determined that the 40 feet opening will better fit the vehicles and equipment. This change order resulted in an increase to the equipment shed and to the concrete costs.

For reference, attached is staff report provided at the February meeting with the changed amounts.

South Lake County Fire Protection District
in cooperation with
California Department of Forestry and Fire Protection

P.O. Box 1360 Middletown, CA 95461 - (707) 987-3089

STAFF REPORT

To: South Lake County FPD Board of Directors

From: Paul Duncan - Chief / Equipment and Facilities Committee

Re: SLCFPD Station 60 Equipment Shed

SUMMARY

Chief Paul Duncan and Staff Services Analyst Gloria Fong solicited bids for the construction of an equipment shed for Station 60.

EXECUTIVE SUMMARY

The summary provides the justification for constructing an equipment shed at Station 60.

BACKGROUND

Over many years, the Fire District has obtained vehicles and equipment through various means, mostly grants, which have funded several purchases:

Snowcat and Trailer

Peterbilt Tractor

Caterpillar 309 Excavator with masticator

These purchases have been very productive for the Fire District, with these pieces of equipment seeing significant usage and utility.

The issue is that none of the pieces of equipment has a location for storage under cover. The sun and elements are causing significant damage to the equipment, especially the snowcat, which has rubber tracks and upholstery.

When the ‘new’ snowcat was initially purchased with grant funds, it was anticipated that the vehicle would be placed where the ‘old’ snowcat was parked, at Station 64. However, the ‘new’ snowcat is wider and does not fit through any of the fire stations' doors and has been sitting outside since.

For the Excavator and Peterbilt Tractor, outside storage was not included in the grants that were used to purchase them.

ANALYSIS

Solicited bids for the shed:

1. Pacific Metal Buildings $30,014
2. California All Steel Carports ~~$25,783~~ $38,386
3. Delta Carports $26,006

Bids for the concrete floor and wall anchors:

1. Tony Carillo Concrete ~~$31,200~~ $38,400
2. Delta Carports $35,575

Combined the quote for Delta Carports

1. Delta Carports $64,581

FISCAL IMPACTS

This would be a one-time purchase for the shed and foundation.

RECOMMENDATION

Based on the quotes, the recommendation is to purchase the shed from California All Steel Carports and the concrete foundation from Tony Carillo Concrete for a combined estimate of ~~$56,983~~ $76,786. It is recommended that a percentage of about 15% be added for permit fees, cost increases, or other unforeseen issues, for a total of ~~$65,000~~ $88,500.

Costs	Pacific Metal Buildings	California All Steel Carports	Delta Carports*
Equipment Shed 30'W x 40'L x 15'H	23,650.00	19,692.50	16,772.00
Sales Tax 7.25%	1,714.63	1,427.71	1,215.97
Plans / Engineering (Permit Requirement)	2,350.00	2,363.00	2,060.00
Delivery / Install	included	included	3,658.39
Labor / Equipment			2,300.00
Add'l Costs:			
Equipment (i.e.forklift)**	2,300.00	2,300.00	
*Building Permit Fees****			
*Concrete vs Compact Gravel***			
Estimated Subtotal	30,014.63	25,783.21	26,006.36

**Additional costs not available at this time, and the equipment is an estimate based upon Delta's.

*Delta provides optional permitting service for additional $500

***Building permit fees are 5% of total valuation & DPW collects 1/2% of total valuation

Costs	California All Steel Carports 30' opening	California All Steel Carports 40' opening
Equipment Shed	20,700.00	24,280.00
Sales Tax 7.25%	1,500.75	1,760.30
Plans / Engineering (Permit Requirement)	2,422.08	5,152.68
Nonrefundable deposit/engineer plans		4,492.08
Delivery / Install	included	included
Add'l Costs:		
Equipment (i.e.forklift)**	2,700.00	2,700.00
Building Permit Fees**	3,070.00	3,828.00
Concrete	31,200.00	38,400.00
Estimated Subtotal	61,592.83	80,613.06

**Estimate. Note: Building permit fees are 5% of total valuation & DPW fees do not apply because access is off Highway 175.

BEYOND LUCID

From the Desk of
Jonathon S. Feit, MBA, MA
Co-Founder & Chief Executive

22 June 2026

Ms. Gloria Fong
South Lake Co. FPD
21095 State Hwy 175
Middletown, CA 95461

Re: SOLE-SOURCE LETTER (IF NEEDED). INTEROP TO CALIF. DATA EXCHANGE FRAMEWORK.

Dear Gloria:

I hope you're having an excellent day! For your consideration, in addition to the attached quote for connecting your department to the California Data Exchange Framework (DXF) in accordance with SB660 (now California Health and Safety Code Sections 130290)—which requires healthcare entities and governmental organizations participating in the provision of healthcare services to exchange health information securely, electronically, and in real time to support treatment, care coordination, public health, and emergency response—we thought it might be helpful to provide this Sole Source Justification letter in case your leadership requires it to proceed. For your consideration:

1. Beyond Lucid Technologies is the only known vendor that has connected EMS/Fire to the DXF
Beyond Lucid Technologies (BLT) is the only vendor that has, to date, operationally implemented real-time exchange of EMS data with California's Qualified Health Information Organizations (QHIO's) using discrete, standards-based clinical data exchange in accordance with the requirements of the law. Our team possesses decades' worth of proven expertise specifically involving California Fire and ambulance workflows, prehospital documentation, revenue cycle, and data exchange requirements.

2. Standards-based data conversion to ensure compliance with 21st Century Cures Act & SB660
With support of the California Health Care Foundation (CHCF), BLT developed the only real-time conversion engine that translates EMS clinical data, which conforms to the National EMS Information System (NEMSIS) and its in-state variant (CEMSIS), into HL7-compliant healthcare messages as needed to exchange data with hospitals and health information organizations. This capability was designed to bridge the longstanding multi-directional interoperability gap among prehospital Fire & EMS agencies and the data systems used across the care continuum. This functionality is required to satisfy the DXF goals of real-time data exchange and longitudinal care (including social health data). The use of standards-based exchange avoids potential risk of Information Blocking under federal law.

3. Existing California Interoperability Relationships and Operational Experience
Since 2014, BLT has demonstrated operational experience sharing the aforementioned data across California's healthcare ecosystem. We have recognized knowledge of the state's health information exchange environment, governance considerations, and interoperability requirements. Replicating these relationships, interfaces, and workflows through another vendor would require substantial development effort, implementation time, cost, and operational risk—potentially delaying the agency's ability to meet the DxF interoperability goals in time for the statutory **JULY 1, 2026** deadline.

Sincerely,

Jonathon S. Feit, MBA, MA
Co-Founder & Chief Executive

Christian C. Witt, MBA
Co-Founder / President & CTO

MEDIVIEW BEACON Prehospital Health Information Exchange - Interoperability from 3rd Party Data System

Paul Duncan
paul.duncan@fire.ca.gov

Reference: 20260622-231728226
Quote created: June 22, 2026
Quote expires: September 20, 2026
Quote created by: Jonathon Feit

jonathon.feit@beyondlucid.com

Comments from Jonathon Feit

Agency's current ePCR vendor is ImageTrend. BLT will coordinate with ePCR vendor to activate the data pipe, and we will include agency leadership on communications with their vendor. Agency will be routed to the Manifest Medex QHIO (Qualified Health Information Organization) for DXF compliance in accordance with SB660.

To access data from the QHIO, agency must execute a separate appropriate connection addendum (either Covered Entity or Business Associate) which will be provided under separate cover following initial connection. Ongoing cost is $2 per PCR "through the pipe," billable monthly. Setup fees are one-time, and will include (as appropriate) administrative setup for personnel access and/or data analytics.

We look forward to partnering with you!

Products & Services

Item & Description	Quantity	Unit Price	Total
MEDIVEW BEACON Prehospital HIE California DXF Cost per PCR ingested from third-party ePCR. BLT will coordinate with ePCR vendor to activate data transfer. Any fees assessed by ePCR vendor will flow through at 100% (no markup).	1	$2.00 / month	$2.00 / month
Small Fire/EMS Agency Setup & Training Standard agency set up for up to 5000 runs per year	1	$1,000.00	$1,000.00

Monthly subtotal	$2.00
One-time subtotal	$1,000.00
Total	**$1,002.00**

STANDARD T&Cs: MEDIVIEW BEACON Prehospital H.I.E.

Definitions. Capitalized terms used herein utilize the following definitions:

- **LINK TO CAPITALIZED TERMS**

1.1 License Grant. BLT grants to Licensee a non-exclusive, non-transferable (except as permitted by this Agreement) revocable license to use Licensed Software, and to distribute Copies of the Client Application among its End-Users, as detailed on the cover page of this Agreement and/or in its associated program / contracting documents. For avoidance of doubt or confusion, if this agreement and any program documents conflict, this agreement shall abide.

1.2 BLT's Representations. BLT warrants the Licensed Software is operable as to the Version of the software purchased by Licensee, and as to that Version only. BLT expressly disclaims any liability for the stability of third-party components or hardware associated with the use of Licensed Software, unless such hardware or third-party components have been purchased through BLT (and include their own warranty provisions and service level agreements). BLT will provide the Licensed Software; compatible hardware, if purchased from BLT; a quick start manual (in print or digital form); troubleshooting tips; and basic technical support. BLT may make available advanced, after-hours support with purchase of an advanced support package.

> **1.2.1 Basic Technical Support:** BLT officially provides phone-based technical support, Monday to Friday, 8:00am to 6:00pm Pacific Standard Time. Subject to change without notice.

1.3 Reverse Engineering. Licensee agrees not to, or to allow any third party to, disassemble, decompile, derivate, or otherwise reverse engineer the Licensed Software or any of its components. If BLT becomes aware of any such activity, BLT reserves the right to immediate deactivate the Application.

1.4 Ownership. Licensee acknowledges and agrees that the Licensed Software, its components, and its associated documentation, are licensed, not sold. BLT reserves all rights not expressly granted to Licensee in this Agreement. Licensee agrees that BLT and/or the various suppliers with which BLT contracts, are respectively the sole and exclusive owners of all rights, title and interest, including all Intellectual Property Rights, in and to the Licensed Software and its components as applicable, including any sub-components, corrections, updates, derivative works and associated documentation thereof, and that Licensee will not contest such ownership. Except for the rights expressly enumerated herein, Licensee is not granted any rights in any Intellectual Property Rights by BLT or any of the suppliers with which it contracts. Licensee acknowledges that certain portions of the Application may originate as open source software, and that to these portions of the Application BLT makes no claim of ownership.

1.5 Licensee acknowledges that BLT is not responsible, makes no claim for, and does not warranty any component utilized in the operation of the Application that is not part of the Application. LICENSEE AGREES THAT REMEDY SHALL BE SOUGHT EXCLUSIVELY FROM THE MANUFACTURER OF ANY NON-APPLICATION COMPONENT (i.e., not produced by BLT). This provision shall extend to, but not be limited to, computer hardware, network connectivity cards, power adapters, printers, wires, display monitors, batteries, disc drives or memory, embedded or preinstalled software, drivers, interoperability bridges, browsers, network uptime, or any other part, service, or program not specifically identified as part of the Application, and installed by BLT (whether such installation is completed in-person by BLT or by the Agency or End-User after

downloading Application from the Internet).

1.6 For the purposes of this Agreement, "Intellectual Property Rights" means all patent rights, copyright rights, mask work rights, moral rights, rights of publicity, trademark, trade dress and service mark rights, goodwill, trade secret rights and other intellectual property rights as may now exist or hereafter come into existence, and all applications therefore and registrations, renewals and extensions thereof, under the laws of any state, country, territory or other jurisdiction.

1.7 Proprietary Notices. Licensee shall not reverse engineer, make unauthorized copies of the Licensed Software, or in any way attempt to infringe upon proprietary notices or ownership indicators such as the MEDIVIEW™ splash and start-up screens, "About" information that identifies the name and version of the Licensed Software, and/or any contracted components that comprise the Application.

1.8 Trade Secrets. Licensee acknowledges and agrees that the proprietary information and know-how, techniques, algorithms, and processes contained in the Licensed Software, or any modification or extraction thereof, constitute trade secrets of Beyond Lucid Technologies, Inc., and/or its suppliers and shall only be used by Licensee in accordance with this Agreement. Therefore Licensee shall, by all necessary means, protect such trade secrets, including without limitation, securing, and/or maintaining employee confidentiality agreements, security access to the Licensed Software, password protection, numbered copies, and all other legal and equitable means. Licensee shall not disseminate any portion or modified portion of the Licensed Software, Application, or any of its components, or any computer software or hardware embodying or based upon the foregoing, to any third party, except as expressly provided for in this Agreement and/or by expressed written consent of an Officer of BLT. Licensee shall not publish any portion of the Licensed Software in a public forum.

1.9 Unauthorized Use, Distribution or Copying. Licensee acknowledges and agrees that it is prohibited from using, copying, distributing, duplicating, or otherwise reproducing all or any part or translated part of the Licensed Software, the Application, or its components, and that any such action is a material breach of this Agreement that subjects the license to termination and the Licensee to legal and equitable remedies, including immediate deactivation of the Application and sequestration of all data that BLT reasonably believes may have been compromised, except as provided by law. In no case shall Licensee modify or create any derivative application that relies upon use of any component of the Application or the Licensed Software taken as a whole, or distribute any portion of same to any End-User outside the Agency, EXCEPT when derivative applications are developed with BLT's consent and agreement to support.

1.10 Changes to the Licensed Software. All right title and interest in the Licensed Software, including but not limited to, any designs, modifications, or other changes made by Licensee, shall remain the property of Beyond Lucid Technologies, Inc. or its suppliers. Any trademarks, copyrights or other intellectual property rights associated therewith are and shall remain the property of Beyond Lucid Technologies, Inc. and/or the respective owners of such Intellectual Properties.

1.11 Delivery. BLT shall make available to Licensee (or Agency, if different from Licensee and requested by the Licensee in writing) logins for the Licensed Software within fourteen (14) calendar or ten (10) business days of the effective date indicated on cover page, unless otherwise mutually agreed as part of a project plan.

1.12 Updates; Major New Application Releases. BLT may, from time to time, make updates to the

Application or its components (including, but not limited to, usability functions, and other components of the Application) available to Agencies and End-Users during the duration of this Agreement. "Updates," as defined in this section, may not include major new functionalities that are occasionally released, are marketed as products and services entirely separate from the product suite of which the Application is a part, and are significant enough to warrant a separate product code and/or price. Such "new major application releases" are distinct from no-additional-cost "updates," a distinction that shall be bestowed by the BLT in its sole discretion. New major product releases may not be provided to all subscribers at zero cost, depending on the technical specifications of the new product and the market circumstances surrounding their release. Licensees may be offered the opportunity to purchase additional or separate licenses to new major application releases.

1.13 Specifications; Disclaimer Against Third-Party Data. BLT reserves the right to modify the content specifications for the Licensed Software at any time, including, without limitation, adding, deleting and re- defining functions; provided, however, that BLT will provide Licensee with at least three (3) months prior notice of any modification to the specification which deletes or significantly redefines a function. Licensee acknowledges that Map is subject to change by its supplier, and that such changes may be outside of BLT's control. BLT makes no claim with respect to the accuracy of any data provided to it by a third-party supplier, and, except where prohibited by law, Licensee specifically indemnifies BLT, its affiliates, and suppliers against any and all claims arising from any inaccuracy in, or change to, data that is supplied to and/or incorporated into application or the Licensed Software taken as a whole.

1.14 In the event that an update to the Application impinges upon the Licensee's ability to access the Licensed Software (for example, an unforeseen compatibility problem arises), BLT shall utilize commercially reasonable efforts to restore the Licensed Software to the last fully operational state it was in prior to the problem. In order to either remedy or forestall a problem of the sort describe in this section, BLT may replace the Application or any component thereof with a substantially equivalent Application without the prior consent of Licensee, subject to the notification requirement defined herein.

2.1 Software License Usage Fee. In consideration for the license granted under this Agreement, upon execution of this Agreement Licensee shall pay BLT a license fee in the amount detailed on the cover page of this Agreement. Such fees shall be payable at the end of thirty (30) calendar days of the Effective Date.

2.1.1 License is cancellable with thirty (30) calendar days' written notice to BLT, as provided in the relevant sections of this Agreement. Annual software license fees for the current contract year are due in full on activation and each anniversary thereafter, and are not refundable. Fees for custom work, integration costs to connect with external systems, and third-party "pass-through" costs imposed (e.g., by a health information exchange) for any agency-specific purpose are not refundable. Renewal fees are payable within thirty (30) calendar days of the anniversary of the Effective Date, unless otherwise agreed in writing.

2.1.2 All cancellations of service during its effective period are effective as of the subsequent anniversary of the Agreement's execution, and are subject to a cancellation fee equal to the price of four (4) months of service at the then-current rate or the highest rate-for-service provided for in this Agreement, whichever is higher. This fee compensates for the retention of, and access to, stored data following termination, in accordance with applicable laws.

2.1.3. Cancellations must be received in writing from the Point of Contact or another authorized officer of the Agency. Documentation may be required to verify authorization to contractually bind or cancel contracts entered into by the Agency. All cancellations must be in writing with thirty (30) days written notice to BLT by certified mail or other form of post that contains a tracking number. No other form of cancellation notice is allowed and billing will continue until such cancellation is received from End-User.

2.2 Support and Maintenance; Fees. Fees, support, and maintenance for the Licensed Software, including Updates, are described on page one (1) and will be due on each anniversary of this Agreement in advance of the year, within thirty (30) calendar days after the date of invoice. During BLT's normal business hours, 8:00am to 6:00pm PST (subject to change without notice), BLT shall use commercially reasonable efforts to provide e-mail and telephonic assistance and technical support with respect to the use of the Licensed Software, the Application, and its components. In addition, Agencies and End-Users may purchase a legal right (as applicable) to technical support with respect to hardware and software, for an additional fee. Such fees are established on a case-by-case basis unless otherwise stated, and may be provided by BLT, a contractor or a supplier, based on the nature of the issue.

2.3 Taxes. Licensee is solely responsible for payment of any and all use taxes arising from license or usage fees, third-party fees (including, but not limited, to fees pertaining to network connectivity), hardware or network access plans, duties, other governmental charges, and any related penalties and interests, arising from this Agreement. Except where prohibited by law, Licensee will indemnify and hold BLT and all its suppliers harmless against any and all violations of this section.

2.4 Manner of Payment. All payments made by Licensee to BLT hereunder shall be made by means of official check, credit card, or wire transfer of funds in United States currency, and/or to a bank account as BLT may from time-to-time direct. Provision of services or devices under this Agreement, including but not limited to the shipment of hardware and/or the activation of Licensed Software (both Cloud and Client Applications) is subject to verification of payments received. Credit card payments are subject to processing fees.

2.5 Late Payments. To the extent allowed by law and except where prohibited, accounts receivable by BLT that are over thirty (30) days past due are subject to late payments and/or interest charges at an APR equal to the lesser of 18% or the maximum rate permitted by law from the original due date until paid in full. BLT shall be entitled to recover any out-of-pocket expenses incurred in collecting payments due, including, without limitation, bank charges for returned checks and attorney's fees. Delinquency following notice of nonpayment (including a final bill) may result in service suspension. BLT bears no liability if services have been suspended for nonpayment. Except as required by law, no data exports are permitted while accounts are suspended.

2.6 Audit. BLT shall have the right, at its own expense and with reasonable notice, during business hours, and not more often than two (2) times per year (unless under legal order by a governmental or judicial entity), to inspect and audit the usage records and other relevant information of Licensee Agency and End-Users, to verify compliance with this Agreement, including but not limited to, the number of Licensed Software installations in use by the Agency, and compliance with privacy laws and regulations. If requested by BLT, Licensee agrees to furnish relevant records and information in advance of the audit so as to facilitate the audit. Both BLT and the Agency shall maintain the confidentiality of such audit to the extent required under Section 8 (Confidentiality). If such audit determines that the Agency or End-User is in violation of this agreement with respect to any other curable provision of this Agreement, BLT shall provide written

instructions to Agency detailing how such breach much be corrected. If any material breach of this agreement is not cured, to the satisfaction of BLT, within thirty (30) calendar days of the date that notification was provided, BLT has the right to immediately terminate this Agreement and deactivate the Application.

3.1 In General. Before delivering or providing access to the Licensed Software or any of its components to an Agency or End-User, BLT or distributors of its Licensed Software shall require each Agency or End-User to accept this legally binding end-user license agreements with respect to several components of the Application, as provided in Exhibits to this Agreement. BLT's suppliers may reserve the right to review and verify that the End-User Agreement complies with the obligations under this Section, and the right to amend and/or replace End-User Agreement and the form and manner of presentation thereof after providing 90 days advance written notice to BLT, which will provide like notice to the Agency or End-User. Suppliers may require Agency or End-Users to accept such amended and/or replaced agreements. In addition to the foregoing, BLT or distributors of its Licensed Software shall provide each Agency or End-User with any and all legally required and otherwise necessary and appropriate training, instruction, warnings, disclaimers, and safety information to use Licensed Software.

3.2 Termination of End-User Licenses. Licensee is responsible for End User's compliance with this Agreement in its entirety. A breach by End User shall be considered a breach by Licensee.

3.3 Error Reporting. Licensee agrees to promptly report to BLT any errors, disruptions, inaccuracies, missing information, misappropriation, unauthorized use, security breach, public disclosure, and any other problems concerning the Licensed Software or any component of the Application upon Licensee's discovery thereof, and shall cooperate with BLT efforts to prevent the same. Upon receipt of Notice under this section, BLT shall make commercially reasonable efforts to provide a solution through the use of a patch, fix or other means. BLT is entitled to use such information without charge, attribution, or limitation. Without limiting the foregoing, BLT and its suppliers shall have the right to use such information in, or to improve, the Licensed Software, the Application, and its several components. The Agency or End-User shall not retain, acquire or assert any right, title or interest in or to the Licensed Software, the Application, or any component thereof, or the Intellectual Property Rights thereto, based on the transfer or use of such information (or derivatives thereof) in the Licensed Software, Application, or any component thereof. Licensee grants BLT permission to use, without notice, royalty, exclusivity, or license, all suggestions and recommendations presented to it with respect to the Licensed Software, including in the creation of new features and functionalities that may appear in future versions of the Application. Neither Licensee Agency nor End-Users shall bear any claim to Intellectual Properties generated through ideas presented to BLT as described herein.

4.1 Display of Marks. Licensee shall conspicuously display BLT's trademarks and logos ("Marks"), as well as any Marks that are included as part of the Licensed Software, in the instructions (printed and electronic), and in all packaging and other written materials, which accompany or relate to the Licensed Software, the Application, or its components. Licensee will only use Marks provided to it by BLT.

4.2 Approval of Collateral. Prior to publishing or distributing any advertising or marketing materials ("Collateral") and/or any press releases or other public announcements relating to BLT or the Licensed Software, Agency or End-User shall submit a sample of the final version of any such Collateral and Announcements to BLT for approval. Agency or End-User shall not publish or distribute such Collateral or Announcements without specific written approval by an authorized BLT representative.

4.3 Use of Licensee Marks. With prior approval from Licensee, BLT may display the Agency or End-User's

trade name, trademark(s), logo(s), and BLT and product descriptions and similar information and designations (collectively "Licensee Marks") relating to the Licensed Software, in advertisements, brochures, exhibits and other marketing and promotional material of BLT (collectively "Licensor Collateral"). For the duration of this Agreement, Agency or End-User grants BLT a non-exclusive, non- transferable (except as permitted under this Agreement), non-sublicensable right to use the Agency or End- User's Marks as permitted in the preceding sentence. Nothing stated herein shall constitute a grant or other transfer to BLT of any right, title or interest in Licensee Marks.

5.1 Initial Agreement Period and Renewal. This Agreement will begin on the Effective Date and continue in effect for an initial period as referenced on the cover page. Thereafter, Agency will have the right to renew for successive one (1) year periods, unless either party elects not to renew by providing a written notice of non-renewal at least sixty (60) days prior to the end of then-current service period, provided that BLT will have the right to amend pricing for any renewal agreement period if BLT provides prior written notice of the price amendments at least sixty (60) days prior to the end of then-current period.

5.2 Termination for Breach. If either party materially breaches this Agreement, and fails to cure such a breach within thirty (30) days after receiving written notification of such breach from the non-breaching party, the non-breaching party may immediately terminate this Agreement as well as access to the Application. This provision shall not restrict the non-breaching party's right and/or ability to pursue remedies, in law and in equity, to protect its interests.

5.3 Termination for reverse engineering, copying, distribution, or any other breach of intellectual property rights or violation of trade secrets: If Licensee breaches this Agreement through any of the above means, or related means, this Agreement shall be deemed immediately breached. No notice shall be required. Licensee shall have no opportunity to cure, and BLT may take immediate injunctive action, as well as seek additional remedies.

5.4 Termination for lack of payment: Licensee shall have thirty (30) calendar days to cure breach for lack of payment, after initial Late Payment Notice has been sent.

5.5 Termination for inability to repair Application: If BLT is unable to repair problems in the Application, BLT shall refund the pro rata portion of usage paid for but unused to date. Licensee shall have no other remedy.

5.6 Termination for Bankruptcy. Either party may immediately terminate this Agreement if any of the following events occurs with respect to other party: (i) insolvency of the other party; (ii) voluntary bankruptcy or application for bankruptcy by the other party; (iii) involuntary bankruptcy or application for bankruptcy, by the other party, which is not discharged within sixty (60) days; (iv) appointment of receiver for all or a portion of the other party's assets; or (v) any assignment by the other party for the benefit of creditors.

5.7 Termination Caused by Third-Party. BLT may terminate this Agreement or access to certain components of the Application if BLT's right to distribute third-party data is restricted in any way. BLT will endeavor to provide Agency or End-User with as much notice as reasonably possible, if it is reasonably possible to do so, in accordance with this Agreement.

5.6 Effect of Termination. All licenses granted by BLT to Licensee shall terminate upon any termination or expiration of this Agreement, and, except as expressly permitted herein, Licensee and/or End-User (if different from Licensee) and/or any distributors, if applicable, shall immediately cease all use of the Licensed

Software and use or distribution of the Application Program, and related documentation, and shall return to BLT or destroy (and provide written certification of such destruction) the Licensed Software, and any and all copies thereof within ten (10) business days following any such termination or expiration. A duly authorized officer of Licensee shall certify in writing to BLT that all such materials have been returned or destroyed within the applicable ten (10) day period. If this Agreement is terminated prior to the end of the Initial Period or any applicable Renewal Period for any reason other than material breach of this Agreement by BLT, Licensee shall pay to BLT a cancellation fee as detailed herein.

5.6.1 Section 3.3 and Sections 6-13 of this Agreement shall continue to bind the parties;

5.6.2 Licensee agrees to cease use of the Application;

5.6.3 BLT may, but is not obligated to, remove the software from Licensee's system and possession;

5.6.4 BLT is not liable to Licensee or any third party for termination of access to the Application;

5.6.5 BLT retains all rights to the wireless data line (if purchased through BLT) and;

5.6.6 Within not longer than sixty (60) days from the date of termination, and following receipt of payment for all outstanding invoices, BLT shall, upon specific request from Licensee, make available to Licensee a backup copy of all data and records collected through use of the Application, using the methods described herein and in accordance with all applicable laws and regulations.

6. NOT A MEDICAL DEVICE. NO PORTION OF THE LICENSED SOFTWARE, THE APPLICATION, OR ITS COMPONENTS ARE INTENDED TO DIAGNOSE, TREAT, CURE, OR PREVENT ANY DISEASE OR MEDICAL CONDITION. THE LICENSED SOFTWARE AND THE APPLICATION ARE NOT MEDICAL DEVICES. EXCEPT WHERE PROHIBITED BY LAW, agency or end-user hereby irrevocably indemnifies Beyond Lucid Technologies, Inc., its agents, affiliates, employees, officers, investors, and suppliers against any and all claims that may arise from use of the licensed software in a manner that violates this section. BLT uses industry-standard or higher levels of security software to safeguard all collected personally identifiable data, and believes that it is in compliance with current HIPAA- HITECH technical requirements. A list of technical features pertaining to HIPAA-HITECH compliance is attached as Exhibit A. If, at any point, a government agency or other third-party (including a supplier to BLT) restricts BLT's ability to operate freely within the marketplace or maintain its obligations under this agreement, this agreement shall be subject to immediate termination and due notice shall be provided to Agency and End-Users, in accordance with this Agreement.

7.1 DATA OWNERSHIP; RIGHTS AND RESPONSIBILITIES. Data collected using the Licensed Software are the property of Licensee Agency or the patient that submitted them, and shall be made available to Licensee Agency in XML and/or SQL format via secure download or transfer to fixed digital media (e.g., DVD, hard disc, flash drive, or similar fixed media), upon request by the Licensee Agency, at a frequency set forth in accordance with the service package or subscription licensed to Licensee Agency by virtue of this Agreement. Details associated with service plans, including data download frequency, periodic backups procedures, and local data mirroring will be provided upon request.

7.2 Unless otherwise authorized by law, provision of data to the Application shall be on an "opt-in" basis, and Licensee agrees to obtain all necessary authorizations for collection, storage, and sharing (if applicable) of personal health information, in accordance with applicable laws (including, but not limited to, HIPAA-

HITECH, 42 CFR Part 2, and FERPA). Data collected using the licensed software and identifiable as belonging to a specific Licensee Agency, End-User, or transported individual, shall not be shared with other Licensee Agencies, with the exception of “covered entities” as authorized by the patient, Licensee Agency, and/or within the context of a Health Information Exchange, Accountable Care or Community Paramedicine organization, or other explicated data-sharing model, or as required by law or judicial action. DUE TO ITS STATED STRUCTURE AND INTENT, UNLESS INDICATED BELOW, USE OF THE LICENSED SOFTWARE SHALL BE DEEMED AS AUTHORIZING THE ELECTRONIC SHARING OF PATIENT CARE RECORDS BETWEEN LICENSEE AGENCY AND AFFILIATED CARE FACILITIES WITH WHICH LICENSEE AGENCY CURRENTLY EXCHANGES PATIENT CARE RECORDS, IN ACCORDANCE WITH HIPAA-HITECH AND OTHER APPLICABLE LAWS. Access to data collected by Licensee Agency may be requested by email, certified or registered post mail. An automatic download, backup, mirror, or transfer of collected data by other means may also be set to automatically occur at a frequency determined by a service package or subscription, and delineated in an attached Exhibit.

7.3 Notwithstanding the provisions of this section regarding ownership of data collected using the Licensed Software, BLT shall maintain a duplicate set of all records for a period of at least five (5) years, or as required by law or regulation for compliance and audit purposes. Licensee Agency acknowledges that duplicate records are not a substitute for diligent record maintenance by Licensee Agency, in accordance with applicable laws and regulations. Duplicate records shall be secured in accordance with the Health Insurance Portability and Accountability Act (HIPAA) the Health Information Technology for Economic and Clinical Health (HITECH) Act, and other application regulations. Any perceived violation of either of these Acts shall be brought to the attention of BLT's Chief Executive Officer using the “NOTICES” contact below.

7.4 As allowed by law, and with all necessary precautions taken to ensure patient privacy and redact personally identifiable information, BLT and its assigns shall have the right to query and/or investigate collected data, subject to state and local laws, without seeking specific-use authorization, for analytic, investigational, and/or quality assurance / improvement purposes.

8. CONFIDENTIALITY. The duration of any Non-Disclosure Agreement (NDA) associated with this Agreement shall be extended to coincide with the duration of this Agreement, and Confidential Information (as defined in the NDA) of the parties exchanged pursuant to this Agreement shall be governed by the NDA. Without regard to the existence of an extant NDA, this Agreement shall be considered Confidential Information of both parties, provided that either party may disclose the specifics of this Agreement (i) as required by law or regulations; (ii) to such party’s attorneys, accountants, and other professional advisors under a duty of confidentiality; and (iii) to a third party under a duty of confidentiality in connection with proposed or actual financing or sale of all or part of such party’s business which relates to this Agreement, whether structured as a merger, sale of stock, sale of assets, or otherwise.

BLT acknowledges that as a result of their work with Licensee, BLT may have access to certain confidential and proprietary information. This information shall be held in confidence. They will not disclose any information relating to confidential and proprietary information including, but not limited to information received by conversations, trade secrets, medical records (to include all patient information), and memorandum, except as is necessary in order to carry out duties of Agreement. Customer shall have the right to disclose pricing and other terms of this Agreement to Customer’s attorneys, accountants, advisors, entities in which Licensee maintains an ownership position in or a contractual relationship with, and other third parties retained by Licensee (collectively "Consultants") provided such Consultants keep the information provided to them confidential. Both Parties will implement administrative, technical and physical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the other Party’s

Systems as appropriate as users of those Systems and as a part of the Agreement.

9. DISCLAIMER. THE LICENSED SOFTWARE, APPLICATION, AND ALL COMPONENTS THEREOF, AND ANY RELATED DOCUMENTATION AND SERVICES, ARE PROVIDED "AS IS" AND "WITH ALL FAULTS BASIS." BEYOND LUCID TECHNOLGIES, INC., AND ITS SUPPLIERS MAKE NO REPRESENTATIONS OR WARRANTIES EXCEPT AS EXPRESSLY SET FORTH IN THIS AGREEMENT. WITHOUT LIMITING THE FOREGOING, BEYOND LUCID TECHNOLOGIES, INC. EXPRESSLY DISCLAIMS ANY IMPLIED WARRANTIES OF ANY KIND, INCLUDING WITHOUT LIMITATION, ANY WARRANTY OF TITLE, QUALITY, PERFORMANCE, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, ACCURACY, OR NONINFRINGEMENT. EXCEPT AS SPECIFICALLY SET FORTH IN THIS AGREEMENT, BEYOND LUCID TECHNOLOGIES, INC. DOES NOT WARRANT, GUARANTEE, OR MAKE ANY REPRESENTATIONS REGARDING THE USE, OR THE RESULTS OF THE USE, OF THE LICENSED SOFTWARE, NOR OF THE APPLICATION OR ITS COMPONENTS, NOR THEIR RELATED DOCUMENTATION, NOR OF ANY OTHER MATERIALS OR SERVICES WITH RESPECT TO CORRECTNESS, ACCURACY, RELIABILITY, OR OTHERWISE. NO ORAL OR WRITTEN ADVICE OR INFORMATION PROVIDED BY BEYOND LUCID TECHNOLOGIES OR ITS SUPPLIERS, OR ANY OF THEIR AGENTS, EMPLOYEES, OR THIRD PARTY PROVIDERS SHALL CREATE A WARRANTY, AND LICENSEE IS NOT ENTITLED TO RELY ON ANY SUCH ADVICE OR INFORMATION. THIS DISCLAIMER OF WARRANTIES IS AN ESSENTIAL CONDITION OF THIS AGREEMENT.

10. NETWORK CONNECTIVITY SERVICE LEVEL. Some elements of the Licensed Application may benefit from or require an Internet connection to function fully. Licensee hereby stipulates that BLT does not provide Internet connectivity, and bears no responsibility whatsoever for the performance or non- performance of any voice or data network, or the performance of its software on any particular data network. Licensee acknowledges that no hedge against network disruption can be guaranteed to work 100% of the time. BLT may partner, package, co-sell, or otherwise engage in collaborative business activities with select Internet, network, or cellular data providers whose services are made available to BLT's Agency and End- User customers as a convenience only. The Agency or End-User may engage a third-party network provider, at its own risk and expense. BLT does not operate, manage, or in any way, expressed or implied, influence the operation of network networks, grids, satellites, routers, or any other wired or wireless connection to a telecommunications network. Use of or access to the network through a wired or wireless network connection is provided through a third-party provider, which may require acceptance of separate agreement. BLT is not responsible for enabling or guaranteeing any "uptime" or service level associated with the network, nor is BLT responsible for network outages, roaming charges, travel by the Agency or End-User beyond the reliable range of the network, or any other action or event which may lead to network disruption.

10.1 Customer expressly acknowledges that all matters pertaining to network connectivity are outside the control of Beyond Lucid Technologies, Inc., and that BLT shall at no time, and under no circumstances, be liable for any costs or damages arising from licensee's inability to access the network.

11.1 Except as to Confidentiality, and as otherwise provided in Section 10 ("Network Connectivity Service Level"), Section 11 ("Limitation of Liability") and Section 12 ("Indemnification") and to the maximum extent permitted by law, the liability of both parties and their suppliers shall be limited to direct damages only, thus excluding liability for any other damages, such as indirect, special, incidental, consequential or punitive damages (including but not limited to lost profits, lost data, lost revenue, lost savings, lost business and loss of goodwill), regardless of whether the party was advised of the possibility of such damages.

11.2 Cap on Direct Damages. Notwithstanding the foregoing, in no event shall the aggregate liability of BLT or suppliers to Licensee or End-User with respect to any matters whatsoever, arising under or in connection with this Agreement, whether under contract or tort, exceed the amount of fees paid to BLT or its suppliers

(as applicable) during the twelve (12) months period preceding the claim giving rise to such liability. BLT is not responsible for and will have no liability for hardware, software, or other items or any services provided by any persons other than BLT. INSTALLATION OR USE OF THE LICENSED SOFTWARE, THE APPLICATION, OR ITS COMPONENTS ON COMPUTER HARDWARE OF ANY KIND THAT HAS BEEN PURCHASED BY THE AGENCY OR END-USER FROM A SOURCE OTHER THAN BLT OR ITS SUPPLIERS ("UNSUPPORTED HARDWARE") IS AT AGENCY'S AND END-USER'S OWN RISK. BLT SHALL BEAR NO RESPONSIBILITY FOR, AND DISCLAIMS ANY AND ALL WARRANTIES REGARDING, THE OPERATIONAL INTEGRITY OR RELIABILITY OF LICENSED SOFTWARE WHEN INSTALLED ON UNSUPPORTED HARDWARE. AGENCY OR END-USER STIPULATES AS TO THIS SECTION, AND EXCEPT WHERE PROHIOBITED BY LAW, INDEMNIFIES BLT AND ITS SUPPLIERS AGAINST ALL CLAIMS AND WARRANTIES EXPRESSED OR IMPLIED WHEN LICENSED SOFTWARE IS OPERATED OR INSTALLED ON UNSUPPORTED HARDWARE.

12.1 General Indemnification. Except where prohibited by law and, to the extent that BLT is obligated to indemnify Agency or End-User, as provided by this Agreement, Licensee shall indemnify and hold harmless BLT and its suppliers, and each of their officers, directors, employees, agents and affiliates ("BLT Indemnitees") from and against any and all damages, losses, and liabilities of B:T Indemnitees and all costs and expenses, including attorneys' fees (collectively, "Costs"), incurred by B:T Indemnitees in defending against or settling any claim by a third party, including but not limited to any claim based on personal injury, property damage, or product liability, which arises from any cause or event which is attributable to:

12.1.1 Any use, possession, or distribution of the Licensed Software, Application, or any of its components by Agency, End-User or their affiliates, corporate parents, any "covered entity" (including, but not limited to, hospitals, physicians, private individuals, senior care centers, urgent care centers, critical access hospitals, VA facilities, or any other treatment facility), or any other third party that uses Licensed Software, the Application, its components, and/or any information derived therefrom as a result of the licenses granted to Agency or End-User hereunder;

12.1.2 Licensee's failure to perform or comply with any items within Agreement; or

12.1.3 End-User's failure to comply with the End-User Agreement.

12.2 Intellectual Property Indemnification. BLT shall, at its sole option, defend or settle at its expense and indemnify the Agency or End-User and its officers, directors, employees, and agents ("Agency or End- User Indemnitees") from damages from any claim or suit against an Agency or End-User Indemnitee arising out of or in connection with an assertion that the Licensed Software infringes any intellectual property rights of third parties, provided that (i) BLT is promptly notified in writing of such claim or suit, (ii) BLT shall have the sole control of the defense and/or settlement thereof, and (iii) Agency or End-User Indemnitee furnishes to BLT, on request, all relevant information available to Licensee Indemnitee and reasonable cooperation for such defense. The foregoing shall be the sole obligation of BLT and the exclusive remedy of Agency or End-User Indemnitee with respect to any alleged infringement by the Licensed Software of any third party's Intellectual Property Rights. Agency or End-User Indemnitee shall not admit or settle any such claim or suit without the prior written consent of BLT. BLT shall have no obligation under this section if and to the extent that any such claim or suit arises from: (1) any application developed by or for Agency or End-

User using the Licensed Software, (2) compliance by BLT with Agency or End-User specifications, (3) modification of the Licensed Software other than by BLT, (4) the combination of the Licensed Software with any other products or services, (5) Agency or End-User continuing any manufacturing, use, distribution, or licensing after being notified of any allegedly infringing activity and after being informed of or provided with modifications that would have avoided the alleged infringement, or (6) Agency or End-User's use of the

Licensed Software that is not strictly in accordance with the license granted under this Agreement. If the Licensed Software becomes, or in BLT's opinion is likely to become, the subject of an infringement claim, BLT may, at its option and expense, either (a) procure for Agency or End-User the right to continue using such Licensed Software; or (b) replace or modify such Licensed Software so that it becomes non- infringing without materially affecting functionality, or if the alternatives specified in (a) or (b) above are not available to BLT on a commercially reasonable basis, then BLT will have the right to terminate this Agreement. In such case the Licensee will be entitled to a prorated refund.

13.1 Successors and Assigns. The rights and obligations of each party under this Agreement may not be transferred or assigned directly or indirectly without the prior written consent of the other party, which consent will not be unreasonably withheld or delayed, except that either party may assign this Agreement to a parent, subsidiary, or any entity that acquires substantially all of its stock, assets or business of the assigning party related to this Agreement. Except as otherwise expressly provided herein, the provisions hereof shall inure to the benefit of, and be binding upon, the successors, permitted assigns, heirs, executors and administrators of the parties hereto. Any attempted assignment in violation of the foregoing will be null and void.

13.2 Third Party Beneficiaries. BLT's suppliers are third party beneficiaries of this Agreement and may enforce this Agreement directly against the Agencies or End-Users.

13.3 Independent Contractors. The relationship of BLT and Agency or End-User established by this Agreement is that of independent contractors, and nothing contained in this Agreement will be construed to (a) give either party the power to direct and control the day-to-day activities of the other, (b) constitute the parties as partners, joint ventures, co-owners or otherwise as participants in a joint or common undertaking, or (c) allow either party to create or assume any obligation on behalf of the other party for any purpose whatsoever.

13.4 Export Control. Agency or End-User shall not export from anywhere any part of the Licensed Software or any direct product thereof except in compliance with all licenses and approvals required under, applicable export laws, rules and regulations.

13.5 Force Majeure. Neither party shall be liable to the other for a failure to perform any of its obligations under this Agreement, except for payment obligations under this Agreement, during any period in which such performance is delayed due to circumstances beyond its reasonable control, including but not limited to Network Outages, Map Data error, earthquake, general strike, flood and other natural or man-made disasters, provided such party makes reasonable efforts to notify the other of the delay.

13.6 Entire Agreement and Construction. This Agreement, together with its Exhibits and any Non-Disclosure Agreements referenced above, constitutes the entire agreement between the parties regarding the subject matter hereof and supersedes any and all prior negotiations, promises, commitments, undertakings, and agreements of the parties relating thereto. To the extent any provision of this Agreement conflicts with any other pre-existing agreement between the parties, this Agreement will control. Without limiting the foregoing, the parties agree that the agreement of any purchase order or similar instrument that Agency or End-User may send to BLT in connection with this Agreement and/or the subject matter hereof shall not be binding on BLT, except as to quantity and delivery destination; BLT hereby rejects all such agreement, whether sent to or received by BLT prior to or after the date of this Agreement, unless otherwise authorized in writing by BLT's Chief Executive Officer in his or her sole authority. The headings and numbers used in this Agreement are only used for convenience of reference and are not to be considered in

construing this Agreement. This Agreement may be executed in counterparts, each of which shall be an original, but all of which together shall constitute one instrument. This Agreement may be modified or amended only by a written instrument duly executed by the parties hereto. If any provision of this Agreement is held to be invalid, illegal, or unenforceable, the remaining provisions hereof shall be unaffected thereby and remain valid and enforceable as if such provision had not been set forth herein. The parties agree to modify any invalid provision to the minimum extent necessary to make such provision valid, keeping the same intent.

13.7 Waiver of Breach. No waiver of any kind under this Agreement will be deemed effective unless set forth in writing and signed by the party charged with such waiver, and no waiver of any right arising from any breach or failure to perform will be deemed to be a waiver or authorization of any other breach or failure to perform or of any other right arising under this Agreement.

13.8 Limitation on Action for Breach. Except with respect to any breach of Licensee's payment obligations hereunder or any unauthorized use of BLT's, or any of BLT's suppliers', Intellectual Property Rights, any and all claims arising from or in connection with any breach of this Agreement must be brought within one (1) years, or such period as required by mandatory applicable law, from the date of such breach.

13.9 Governing Law. This Agreement is construed and governed by the substantive laws of the State of California, without giving effect to conflict of laws provisions. The United Nations Convention of Contracts for the International Sale of Goods shall not apply to this Agreement. Any legal action or other legal proceeding relating to this Agreement must be brought or otherwise commenced in a state or federal court located in Contra Costa County, California. Each party expressly and irrevocably consents and submits to the jurisdiction of each such state and federal courts in connection with any such legal proceeding. The parties may agree to a binding arbitration by a neutral arbitrator, in which case the parties agree to utilize to utilize, and be bound by, the rules set forth by the American Arbitration Association.

13.10. Notices: Notices under this Agreement, shall be sent to the Agency / End User and to Beyond Lucid Technologies, Inc., using the contact information shown on the covers sheet of this quote and agreement. Such notices shall be effective (1) if sent by overnight courier, two business days after mailing, and (2) if sent otherwise (including electronically), upon delivery as evidenced solely by proof of receipt in the form of a response. The parties shall notify one another of a change of address or email.

13.11 Survival. Each provision of this Agreement that is intended by its nature to survive expiration or termination of this Agreement shall so survive.

14. Suspension and Debarment. BLT certifies by its representative's signature to this contract that BLT has not been suspended, debarred, proposed for debarment, or declared ineligible for the award of contracts by any state or federal agency. BLT agrees to and shall inform Licensee immediately if at any point it is suspended, debarred, proposed for debarment, or declared ineligible for the award of contracts by any state or federal agency. If at any point BLT is or is proposed to be suspended or debarred this Agreement will terminate.

15. Authorized Signatures. The signers certify that they are authorized to execute the Agreement.

IN WITNESS WHEREOF, the parties have caused their authorized representatives to execute this Agreement as of the Effective Date indicated the cover page.

Signature

Before you sign this quote, an email must be sent to you to verify your identity. Find your profile below to request a verification email.

Paul Duncan
paul.duncan@fire.ca.gov
[sig|req|signer1]

Jonathon Feit
jonathon.feit@beyondlucid.com
[sig|req|signer2]

Questions? Contact me

Jonathon Feit
jonathon.feit@beyondlucid.com

Beyond Lucid Technologies, Inc.
27 Woodranch Circle
Danville, CA 94506
USA

HIPAA Terms Acceptance

Paul Duncan
paul.duncan@fire.ca.gov

Reference: 20260622-232129875
Quote created: June 22, 2026
Quote expires: September 20, 2026
Quote created by: Jonathon Feit

jonathon.feit@beyondlucid.com

Comments from Jonathon Feit

Agency's current ePCR vendor is ImageTrend. BLT will coordinate with ePCR vendor to activate the data pipe, and we will include agency leadership on communications with their vendor. Agency will be routed to the Manifest Medex QHIO (Qualified Health Information Organization) for DXF compliance in accordance with SB660.

To access data from the QHIO, agency must execute a separate appropriate connection addendum (either Covered Entity or Business Associate) which will be provided under separate cover following initial connection. Ongoing cost is $2 per PCR "through the pipe," billable monthly. Setup fees are one-time, and will include (as appropriate) administrative setup for personnel access and/or data analytics.

We look forward to partnering with you!

Products & Services

Item & Description	Quantity	Unit Price	Total
HIPAA Terms Acceptance Acceptance of HIPAA Terms for all contracts	1	$0.00	$0.00

One-time subtotal	$0.00
Total	**$0.00**

HIPAA-HITECH COMPLIANCE ADVISORY

Beyond Lucid Technologies, Inc. (BLT) does not anticipate disclosing any individually identifiable information in the normal course of providing services in accordance with this Agreement. However, should Protected Health Information (PHI) be made available to, or obtained by, BLT through the use of the Licensed Application, BLT does hereby assure its customers that it will:

- Comply with the rules and regulations concerning the privacy and security of PHI under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). BLT is not itself a “covered entity” with respect to HIPAA, but the company’s clients are in general.

- Use reasonable and commercially available efforts to seek the execution of a Business Associate Addendum (BAA) between BLT and its customers in the event that confidential information may be disclosed through the normal course of business. This addendum, which shall be incorporated into this Agreement, may be disclosed by BLT for inspection upon request from an legal or regulatory agency; as part of a lawful and authorized audit of BLT’s service records and practices; by judicial order; or as otherwise required in order to maintain compliance with all applicable local, state, and federal laws and regulations.

- Not use or disclose any PHI except in the course of meeting our contractual obligations or as required by law.

- Ensure that agents or subcontractors working on behalf of BLT agree to the same restrictions as BLT with respect to the protection and non-disclosure of PHI.

- Protect against non-permitted uses or disclosure of PHI using no less than a reasonable amount of care.

- Report any non-compliance of which we become aware.

- At the request and direction of the customer and if feasible, make such PHI as was generated by the patient or end-user in the field on behalf of the patient—or to which the patient has explicitly authorized access (for example., by providing authorization to share PHI across a health information exchange or similar interoperability system while enrolling in a post-discharge follow-up program), or to which access is authorized under applicable laws and regulations—available to said customer in a secure manner so as to avoid accidental disclosure, in accordance with HIPAA. This provision shall exclude PHI that was developed by multiple care providers under a BAA.

- Upon reasonable notice and during normal business hours, allow the Secretary of the United States Department of Health and Human Services the right to audit our records and practices related to the use and disclosure of PHI to ensure compliance.

- Upon termination, or upon request in accordance with this Agreement, BLT shall destroy, or if feasible, shall return all PHI received or created as a result of this Agreement and retain no copies except as required by regulation. Data that has been duly de-identified in accordance with HIPAA and HITECH, as

set forth below, is exempt from this provision.

- Have named a HIPAA Security Official who creates, maintains, and trains regarding our HIPAA policies and procedures. These duties will initially be performed by Beyond Lucid Technologies's Head of Business Development Compliance and In-House Counsel; or by the company's Chief Executive Officer or his designee.

- Have established that all employees with access to PHI receive training on our policies and procedures according to HIPAA mandates.

BLT will implement the following measures to protect against unintentional or unlawful disclosure of or access to PHI have been adopted and implemented by BLT:

- De-identification of the following data as required by HIPAA and HITECH. The following list of data that are required under these Acts to be protected is cited from an reliable authority on duties to protect PHI:
    - all geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census: the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and [t]he initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.

    - all elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;

    - voice and fax telephone numbers;

    - electronic mail addresses;

    - medical record numbers, health plan beneficiary numbers, or other health plan account numbers;

    - certificate/license numbers;

    - vehicle identifiers and serial numbers, including license plate numbers;

    - device identifiers and serial numbers;

    - Internet Protocol (IP) address numbers and Universal Resource Locators (URLs);

    - biometric identifiers, including finger and voice prints;

    - full face photographic images and any comparable images; and any other unique identifying number, characteristic, or code.

- Under HIPAA's "safe harbor" standard, information is considered de-identified if all of the above have been removed, and there is no reasonable basis to believe that the remaining information could be used to identify a person.

- The covered entity may assign a code or other means of record identification to allow de-identified information to be re-identified, if the code is not derived from, or related to, the removed identifiers. (Only the covered entity will have the relinking information.

- A person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable, [a]pplying such principles and methods, determines that the risk is very small that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information; and [that person] documents the methods and results of the analysis that justify such determination.

    - Alternatively, under the "statistical" standard, a covered entity may determine that health information is not individually identifiable (and thus protected) health information if:

    - As an alternative to using fully de-identified information, HIPAA makes provisions for a limited data set from which direct identifiers (like name and address) have been removed, but not indirect ones (such as age). Limited data sets require a data use agreement with the party to which/whom it is provided.

- Separate passwords required for hardware boot (customers using hard disk encryption), Windows system login, and MEDIVIEW™ application login, with report access permissions restricted to levels level pre-identified and modifiable by the system administrator.

- PHI is automatically removed from any hardware on which BLT is running locally after a pre-defined amount of time, as set by the agency administrator. However, this can only be performed when the MEDIVIEW™ application is running and logged-in, a protocol designed to protect against unauthorized hacking, exposure, and/or erasure of PHI.

- All Personally Identifiable information in the MEDIVIEW ™ database is encrypted with multiple levels and styles of encryption, and restricted by BLT-internal password access.

Transmission: PHI and other stored data is encrypted before transmission from a remote client to the cloud, from the cloud to receiving organizations and between applications. An encrypted buffer has been adopted as well.

Cloud: The cloud-based server for the MEDIVIEW™ application platform runs on an encrypted database. Information may also be stored on a “cloud” server operated by a commercial entity (including, but not limited to, Amazon, Microsoft, Dell, and other providers). Each provider utilizes its own encryption and protection protocols that BLT cannot control and which it may be unable to modify, and for which it therefore accepts no claim of responsibility or liability. BLT will make reasonable efforts to redact and/or deidentify all PHI in accordance with HIPAA, HITECH, and this Agreement, to the extent permitted by the server provider. Permission to access information on the cloud server shall require a username and password, the use of administrative programs and services that are controlled by BLT, and can be rescinded by BLT at any time in its sole discretion.

Access: Logging onto the BLT and/or MEDIVIEW™ servers using a licensed username and password combination provides access to a server. Data access permissions are specific to each user access level, user type, and/or physical location. For example: hospitals and receiving agencies can see only reports pertaining to agencies that transport to them; transport agencies can see only reports belonging to employees of said agency; regional chiefs (where applicable) shall have broader oversight permissions.

Portal: A web-based portal shall require login with username and password. Encryption has been implemented between this portal and the storage server. Data access is limited to authorized agencies, as well as to said agency's own generated reports and records.

Identified threats to security of PHI:

- Hackers: The willful access of PHI by unauthorized users has been restricted by the use of various encryption protocols, and the use of multiple or frequently changed passwords.

- Negligent disclosure or malicious users: Careless or deliberate disclosure is always a risk to PHI, whether such PHI is stored electronically or on paper. BLT has no control over negligent practices, and provides cautionary warnings to users through the text of this Agreement as well as its software manuals and other user-facing collateral.

- Theft, possession of computer hardware or database passwords by unauthorized users: When encrypted hard drives are purchased by the client agency, accessing the MEDIVIEW™ application will require the input of a password to boot the hardware on which the program resides. Another password is required to log to the Windows operating system, and a third password is required to access the MEDIVIEW™ application. A thief or malicious user could theoretically access PHI if he or she possessed all three authorized passwords. PHI is regularly removed from local databases (except in the case of buffers, as described herein), and decryption of data records requires a key. Local records may be accessible if
  they have not yet been closed (submitted) or if the record access period set by the agency has not lapsed. Users are cautioned to restrict access to passwords.

- "Sticky Notes" : Agency administrators or authorized users may record their passwords in a physical form rather than committing them to memory. BLT can have no control over this action other than to require multiple points at which passwords must be entered (or similar software-based security practices), the regular removal of PHI from buffers, and various encryption protocols as have been described herein.

- Acts of God: PHI is never stored locally on the agency's hardware for longer than the Agency's policy for records allows, except in the case of a natural disaster or other Act of God, in which case data may be stored (if allowed by the client agency) until a network connection can be reached and data can be offloaded securely. Destruction of the hardware on which the application resides could damage the most recent PHI records that have not been submitted. Access may also be terminated due to expiration of the agency's license. Network outages could impact the storage of data on the cloud server, Such acts cannot be reasonably prevented, but they would result in PHI being destroyed, not accessed by unauthorized persons.

- Unauthorized access to server memory: PHI shall be stored in accordance with agency policies. Data breaches are theoretically possible despite encryption and de-identification.

Mitigation attempts:

- New entities and users must be authenticated. A Licensed Agency is required to appoint an administrator, whose responsibility it is to authorize new users of the system. BLT issues a license to use software, but beyond restricting what that license can access, BLT can exercise no reasonable control over the actions of the Licensed Agency, beyond revoking the license.

- Internet crash or hardware crash: Users will lose information that has not been saved, but the system is designed to auto-save regularly, and transmit new information when it finds an Internet connection, thereby mitigating lost information.

- Access to passwords. Before submission, a record can be accessed by the provider/personnel at any time. The exposure time of that record is dictated by the Licensed Agency's policy of requiring the closure of records after treatment. After the expiration of that time, MEDIVIEW™ removes all collected record data from the hardware.

Signature

Before you sign this quote, an email must be sent to you to verify your identity. Find your profile below to request a verification email.

Paul Duncan
paul.duncan@fire.ca.gov

[sig|req|signer1]

Questions? Contact me

Jonathon Feit
jonathon.feit@beyondlucid.com

Beyond Lucid Technologies, Inc.
27 Woodranch Circle
Danville, CA 94506
USA

ePHI Data Export

Between ImageTrend, Inc. (“ImageTrend”), a Minnesota Corporation located at 20855 Kensington Blvd., and (“the Data Owner”) residing at for transmitting ePHI data to Transferee, _____ residing at _____.

Whereas; ImageTrend is a provider of data management services and a current Business Associate to the Data Owner and;

Whereas; the Data Owner wishes ImageTrend to share certain ePHI data from the Data Owner’s System, in ImageTrend’s capacity as a Business Associate, with Transferee in an extracted raw format.

1. **Data Export Purpose**
   The purpose of this Data Export is to provide Data Owner’s data to Transferee to enable Transferee to provide billing services using the ePCR data, per the terms of Transferee and Data Owner’s separate services agreement.
2. **Data Export Set Up**
   ImageTrend shall transmit to Transferee the selected PDF, NEMSIS, or other ImageTrend System supported export, as set-up and configured by Data Owner. It shall be Data Owner’s responsibility to ensure the correct export file type (and data fields) is selected during the initial configuration with ImageTrend and Transferee.
3. **Authorization**
   Data Owner hereby authorizes ImageTrend to transmit and disclose the Identified Data, and to disclose and transmit other data reasonably necessary to achieve the data export’s purpose outlined in Section 1 above. This Agreement modifies any prior agreements of the parties only to the extent necessary to effect this agreement, and does not otherwise change the terms of any prior agreements between the parties. ImageTrend will only interact with the Authorized individuals as listed below, or as otherwise instructed in writing by Data Owner.
4. **Right to Revoke or Terminate**
   Data Owner may terminate or revoke the right to transmit or disclose data granted to ImageTrend by this Agreement at any time by providing reasonable written notice to ImageTrend and providing a commercially reasonable period of time in which to effect the termination.

Authorized Individuals:

Name:		*Name:*	Jonathon Feit (or admin. designee)
Email:		*Email:*	Jonathon.Feit@beyondlucid.com
Role:		*Role:*	Chief Executive Officer
Organization:		*Organization:*	Beyond Lucid Technologies, Inc.
Name:		*Name:*	Christian Witt (or technical designee)
Email:		*Email:*	Christian.Witt@beyondlucid.com
Role:		*Role:*	President/Chief Technology Officer
Organization:		*Organization:*	Beyond Lucid Technologies, Inc.

The Data Owner has read, understands, and has authority to agree to the terms of this Agreement:
"DATA OWNER"
By:_____
Name:_____
Title:_____
Dated: _____

Manifest MEDEX

Manifest MedEx (MX) Ambulatory Contracting Package
CHECKLIST

The documents below must be filled out **electronically** and may be **signed ONLY by those who have signing authority under the Practices' Tax Identification Number.** Please complete each item below:

1. SYSTEM ACCESS LICENSE AGREEMENT

(Allows the Participant access to the MX Health Information Exchange Platform)

☐ **Page 1**

- Enter the Legal Entity Name of the organization signing the Agreement at the top of the page, next to ("Participant").

☐ **Page 4**

- Have the authorized signatory for Participant provide their signature, name, title, date, and email address where indicated.
- Add the requested information for the "Notices to Participant" section (the contact name, physical, and email address that will receive notifications on behalf of the Participant).
- Initial the 2 Boxes at the bottom of the page.

2. MX AMBULATORY DATA CONTRIBUTION INTAKE FORM

(Provides the necessary information for MX to onboard the Participant to the Platform)

☐ **Page 5** Fill out the fields with the requested information.

Submit signed contract to:
ambcontracts@manifestmedex.org

SYSTEM ACCESS LICENSE AGREEMENT

THIS SYSTEM ACCESS LICENSE AGREEMENT ("**Agreement**") is entered into as of the date of Participant's signature (the "**Effective Date**"), by and between Manifest MedEx, a California non-profit public benefit corporation ("**MX**"), and _____ ("**PARTICIPANT**"). MX and Participant are referred to in this Agreement and related documents individually as a "**Party**" or collectively as the "**Parties**".

RECITALS

MX is organized to facilitate health information aggregation and sharing in a manner that complies with **Law**.

MX operates a health information exchange (the **"HIE"**) that will enable its participants to electronically provide and receive health information regarding their **Patients**.

Participant is a physician practice/medical group that meets the definition of a **Covered Entity** under **HIPAA** and will both provide data to and receive data from the HIE. Participant will list any related medical groups or affiliates who will also participate in the HIE in Schedule A to this Agreement. If Participant physician practice is a member of an Accountable Care Organization ("**ACO**"), Management Services Organization ("**MSO")** or Independent Physician Association ("**IPA")** that is an MX Participant, then Participant expressly grants MX permission to receive Protected Health Information ("**PHI**") from and to send PHI to the ACO, MSO or IPA on behalf of the Participant/Covered Entity. Participant further agrees to notify MX in writing within thirty (30) days, if the Participant/Covered Entity terminates its relationship with the ACO, MSO or IPA.

NOW, THEREFORE, in consideration of the premises and the mutual covenants of this Agreement, the Parties hereto agree as follows:

1. SYSTEM ACCESS LICENSE

A. Participant will participate in the HIE, in accordance with the requirements set forth in this Agreement.

B. MX grants to Participant for the **Term** of this Agreement, and Participant accepts, a non-exclusive, personal, nontransferable, limited right to access and use the **System** under the terms and conditions set forth in the Agreement including the **MX Policies** (LINK) and **Definitions** (LINK). Defined terms used herein are in bold text upon first mention.

C. Participant shall restrict access to and use of the System to Participant and its **Authorized Users**. Participant shall implement security measures with respect to the System and safeguard **Patient Data** as required by the Agreement. Participant shall notify MX promptly of any unauthorized access or use of the System of which Participant becomes aware.

D. Participant shall, to the reasonable satisfaction of MX, educate and train its Authorized Users regarding the requirements of the Agreement, including the MX Policies and privacy and security protocols.

2. TERM AND TERMINATION

A. Term and Termination. This Agreement shall be effective on the Effective Date and shall remain in effect until terminated as described herein. Participant and MX may terminate the Agreement at any time, with or without cause, and without penalty, upon thirty (30) days' prior written notice to the other Party. MX may terminate this Agreement if MX determines that Participant's actions or continued participation in the MX platform would, or is likely to, endanger the privacy or security of Patient Data or places the Participant out of compliance with the MX Policies.

B. Effect of Termination on Patient Data. Upon any termination of the Agreement, Participant shall have no continued right to receive or duty to provide Patient Data, or to receive the **Services**. Upon any termination, the Parties will comply with the provisions of the **Business Associate Agreement** as it pertains to PHI. If Participant has provided Patient Data to MX, the Parties acknowledge and agree that such Patient Data has been merged with MX's and/or Participant's data and, accordingly, it is infeasible to destroy, delete or return that Patient Data. MX shall protect such Patient Data as it protects all other Patient Data in its possession. To the extent that either Party possesses Patient Data from the other Party, each Party shall protect that Patient Data as it protects all other Patient Data in its possession, but is not required to destroy, delete or return that Patient Data upon termination.

3. FEES

A. Subscription Fees. Participant as a physician practice/medical group shall not pay **Subscription Fees** to MX. MX reserves the right to implement Subscription Fees for physician practice/medical groups upon sixty (60) days' prior written notice to Participant.

B. Implementation Offset. Participant acknowledges that MX incurs costs in the amount of $35,000 as part of the onboarding and implementation process for new customers. In an effort to offset those costs, Participant agrees:

1. To permit MX to apply on Participant's behalf for any available state, federal, or private funding for the cost of implementation of the Services. To the extent required to successfully complete the application, Participant shall cooperate with MX and respond promptly to requests for information from MX. Additionally, MX may provide any information required by the granting entity about this Agreement or the relationship between Participant and MX as part of such application.
2. At MX's request and with MX's assistance, to use Participant's best efforts to complete and directly submit any application for funding that cannot be submitted by MX on Participant's behalf.
3. To the extent that any grant funds are awarded and disbursed directly to Participant for HIE onboarding and implementation costs, Participant shall pay to MX the lesser of (i) $35,000 or (ii) the total funds received by Participant within thirty (30) days of receipt.

4. PRIVACY AND SECURITY

A. Business Associate Agreement ("BAA"). By executing the Agreement, MX and Participant confirm the terms of the BAA (LINK) and agree to comply with the BAA. The provisions of this clause and the BAA shall survive termination of this Agreement.

B. Notification of Breach of Privacy or Security. Each Party shall notify the other of any suspected or actual **Breach of Privacy or Security**.

5. SYSTEM, SERVICES, AND DATA CONTRIBUTION

A. System and Services. MX will provide to Participant the following services ("**Services**"):

- Web-based query portal that enables Participant to look up and access an individual Patient's health information.
- A notification service that alerts Participant when a Patient of Participant is: (i) seen in the emergency department of Participant or an **NP Participant**; or (ii) admitted to or discharged from the hospital of Participant or an NP Participant. Notifications will be based on the Patient panel submitted by Participant.
- Reporting and analytic Services that support Participant in analyzing the healthcare needs of Participant's Patients.
- MX reserves the right to make changes to the Services upon sixty (60) days' written notice to Participant.
- MX shall develop and maintain MX Policies (LINK). MX shall use commercially reasonable efforts to retain and maintain its HITRUST CSF certification in accordance with HITRUST standards.

B. Data Contribution. Physician practice/medical group Participants will provide the following Patient Data to MX:

a. **Patient panel** within thirty (30) days of the Effective Date of this Agreement, and regularly thereafter.

b. Admit, discharge and transfer data ("**ADT Messages"**) within six (6) months of the Effective Date, and regularly thereafter, if available from the electronic health record system.

c. Lab data (ORU messages or its equivalent) from national reference labs and transcribed radiology reports by signing an authorization form allowing labs and other entities to send the Participant's data to MX, as of the Effective Date, and regularly thereafter. Lab and radiology Authorization forms are attached and incorporated by reference herein.

d. CCDAs (care summaries) within sixty (60) days of the Effective Date, and regularly thereafter.

e. As other Patient Data become relevant to the HIE, the Parties shall work together to develop a timeline for Participant to contribute such Patient Data to MX. If the Parties do not agree on a timeline within three (3) months after MX sends the notice requesting additional Patient Data to Participant, or MX does not receive such Patient Data pursuant to the Parties' timeline, either Party may terminate this Agreement by providing thirty (30) days' written notice to the other Party.

C. MX Use of Data. Subject to the limitations on use of **Healthcare Data** set forth in the MX Policies, Participant grants to MX a fully-paid, non-exclusive, non-transferable, royalty-free right and license: (i) to license and/or otherwise permit **Persons** to access through the System and/or to receive from the System all **Healthcare Data** provided by Participant; (ii) to use Healthcare Data provided by Participant to perform any activities MX is allowed to perform under the Agreement (including the MX Policies); and (iii) to use Healthcare Data provided by Participant to carry out MX's duties under the Agreement, including System administration, testing and audits, provision of Services, problem identification and resolution and management of the System. MX's rights under this Article shall continue for as long as MX holds or controls Participant's Healthcare Data.

D. Participant Access to System. MX grants to Participant, and Participant accepts, a non-exclusive, personal, nontransferable, limited right to access and use the System under the terms and conditions set forth in this Agreement. Participant's right is conditioned on Participant fully complying with this Agreement and its referenced terms. As a condition, and prior to access to the MX platform, Participant must designate a **Training/Administrator Point of Contact**.

REPRESENTATIONS AND WARRANTIES

E. Exclusion from Government Programs. Each Party represents and warrants that it and its **Personnel** have not: (a) been listed by any federal or state agency as excluded, debarred, suspended or otherwise ineligible to participate in federal and/or state programs; or (b) been convicted of any crime relating to any federal and/or state reimbursement program.

F. Limited Warranties. Except as otherwise specified in the Agreement: (a) Participant's access to the System, use of the Services, and receipt of Patient Data from MX are provided "as is" and "as available"; and (b) MX does not make any representation or warranty of any kind regarding: (i) the availability through the System of Patient Data related to or originating from any particular **Data Contributor** or NP Participant; or (ii) the System or Services, expressed or implied, including the implied warranties of merchantability, fitness for a particular purpose, and non- infringement, except those specifically stated in the Agreement.

G. Data Quality. Participant shall use reasonable and appropriate efforts to ensure that all Healthcare Data provided by Participant and/or Personnel to MX is accurate with respect to each Patient. Each Party shall use reasonable and appropriate efforts to assure that its Personnel do not alter or corrupt the Patient Data received by or transmitted from that Party. Participant and its Authorized Users shall use reasonable professional judgment in its use of the Healthcare Data and its application of the Healthcare Data to make clinical decisions.

H. Notice of Data Inaccuracy. Each Party shall promptly notify the other Party in writing of any known inaccuracy in the Patient Data provided to the other Party through the System.

6. MUTUAL INDEMNIFICATION AND INSURANCE

A. Indemnification. Each Party (the "**Indemnifying Party**") shall indemnify, defend and hold harmless the other Party and its Personnel (the "**Indemnified Party**") from and against any and all third-party **Claims** (and all **Damages** arising from or relating to those Claims) arising from: (a) the acts or omissions of the Indemnifying Party related to the Agreement, including the Indemnifying Party's failure to comply with any obligation or satisfy any representation or warranty under the Agreement; and/or (b) a **Breach of Privacy or Security** arising out of the Indemnifying Party's acts or omissions.

B. Insurance. During the Term, Participant and any **Business Associate** of Participant that accesses the System shall each obtain and maintain the following insurance coverage or self-insure in the following amounts:

- Commercial general liability insurance in the amount commonly carried by a Person of the same commercial size and in the same line of business as Participant, but in any event at least one million dollars ($1,000,000) per occurrence and two million dollars ($2,000,000) in the annual aggregate; and
- Comprehensive professional liability or errors and omissions (E&O) insurance of the type and in the amount commonly carried by a Person of the same commercial size and in the same line of business as Participant, but in any event at least one million dollars ($1,000,000) per occurrence and three million dollars ($3,000,000) in the annual aggregate.

7. PARTICIPANT LIABILITY

The Participant is solely responsible for any and all acts or omissions taken or made in reliance on the System, Healthcare Data and/or other information received from MX, including inaccurate or incomplete information.

8. NOTICES

A. Any notice required to be given pursuant to this Agreement shall be in writing and mailed by certified or registered mail, return receipt requested, or delivered by a national overnight express service.

B. Either Party may change the address to which notice or payment is to be sent by providing written notice to the other Party, pursuant to the provisions of this paragraph.

9. JURISDICTION AND DISPUTES

This Agreement shall be governed by the laws of California. All **Disputes** hereunder shall be resolved in the applicable state or federal courts of California. The Parties consent to the jurisdiction of such courts, agree to accept service of process by mail, and waive any jurisdictional or venue defenses otherwise available.

10. SEVERABILITY, ASSIGNABLITY, AND INTEGRATION

A. Severability. If any provision hereof is held invalid or unenforceable by a court of competent jurisdiction, such invalidity shall not affect the validity or operation of any other provision and such invalid provision shall be deemed to be severed from the Agreement.

B. Assignability. The license granted hereunder is personal to Participant and may not be assigned by any act of Participant or by operation of law unless in connection with a transfer of substantially all the assets of Participant or with the written consent of MX.

C. Integration. This Agreement constitutes the entire understanding of the Parties, and revokes and supersedes all prior agreements

between the Parties and is intended as a final expression of their arrangement. It shall not be modified or amended except in writing signed by the Parties hereto and specifically referring to this Agreement. This Agreement shall take precedence over any other documents that may be in conflict therewith.

THE TERMS AND CONDITIONS CONTAINED IN THIS AGREEMENT INCLUDING ANY EXHIBITS, ATTACHMENTS, OR SCHEDULES HERETO ARE PART OF THIS AGREEMENT AND INCORPORATED HEREIN BY REFERENCE. BY SIGNING THIS AGREEMENT, PARTICIPANT ACKNOWLEDGES HAVING READ AND UNDERSTOOD THIS AGREEMENT, INCLUDING ALL TERMS AND CONDITIONS. PARTICIPANT AND MX ACKNOWLEDGE AND AGREE TO BE BOUND BY THE TERMS HEREOF AS OF THE EFFECTIVE DATE.

MANIFEST MEDEX

By: *Erica Galvez*

Name: Erica Galves

Title: Chief Executive Officer

PARTICIPANT

By: Signature here

Name: _____

Title: _____

Date: _____

Email: _____

EIN: _____

NOTICE TO MANIFEST MEDEX

Attn: Chief Executive Officer

Address: 3993 Jurupa Avenue

Riverside, CA 92506

Email: legal@manifestmedex.org

NOTICE TO PARTICIPANT

Attn (Name): _____

Address: _____

_____

Email: _____

For DXF, CC: Jonathon.Feit@beyondlucid.com

MX DATA & UTILIZATION ATTESTATION: PLEASE INITIAL IN EXCHANGE FOR MX SERVICES AT NO COST	
Participant has or will take steps to ensure their Patients' CCDA data is available through their vendor's hub or Carequality to meet data contribution requirements in this Agreement. If the Participant is not on a MX Hub or Carequality, MX will provide additional solutions to retrieve the CCDA data which the Participant will take steps to accept. Additionally, Participant will take steps to get onboarded to and use the MX notification service.	Initial here

PARTICIPANT AGREES TO PARTICIPATE IN A KICK-OFF MEETING WITH MX **WITHIN TEN (10) BUSINESS DAYS OF THE EFFECTIVE DATE OF THIS AGREEMENT.**	Initial here

Manifest MEDEX

Participant Name	
Legal Name of Medical Group or Practice: (This should be the same Name listed on the System Access License Agreement/Participation Agreement)	
Address of Organization:	
Person who filled out this form:	Name: Jonathon S. Feit, MBA, MA
	Email: jonathon.feit@beyondlucid.com

GENERAL PARTICIPANT CONTACT INFORMATION:

PLEASE ENSURE AT LEAST 1 PERSON IS ASSIGNED TO EACH OF THE CONTACT TYPES *(IT CAN BE THE SAME PERSON FOR ALL 3 TYPES)*

Contact 1	
Name: Jonathon Feit (Beyond Lucid Technologies, Inc.)	☐ **Training Contact** Will coordinate training on the MX System with MX.
Title: Co-Founder & Chief Executive	☑ **Admin/IT Contact** Will coordinate with MX on IT/data matters.
Email: jonathon.feit@beyondlucid.com	☐ **Clinical/Operational Sponsor** Can provide information about the practice's clinical priorities and workflows.
Phone: (650) 648-3727	

Contact 2	
Name: Art Groux (Beyond Lucid Technologies, Inc.)	☐ **Training Contact**
Title: Chief Partner-Client Officer	☑ **Admin/IT Contact**
Email: Art.Groux@beyondlucid.com	☐ **Clinical/Operational Sponsor**
Phone: (860) 306-4674	

Contact 3	
Name:	☐ **Training Contact**
Title:	☐ **Admin/IT Contact**
Email:	☐ **Clinical/Operational Sponsor**
Phone:	

Contact 4	
Name:	☐ **Training Contact**
Title:	☐ **Admin/IT Contact**
Email:	☐ **Clinical/Operational Sponsor**
Phone:	

California Data Exchange Framework Senate Bill 660 Implementation

Background

Assembly Bill 133 (Committee on Budget, Chapter 143, Statutes of 2021), put California on the path to building a statewide Health and Human Services Data Exchange Framework: building on years of health electronic records adoption and the efforts of local communities by creating the first state mandate to integrate health and social services information exchange to better serve all Californians. Today, over 4,400 organizations across California are participating in the Data Exchange Framework, sharing health and social services information securely and in real-time with other participating organizations across the state.

Senate Bill (SB) 660, signed into law by Governor Gavin Newsom in October 2025, recognizes the progress that has been made and expands the Data Exchange Framework Program by establishing new provisions for transparency, accountability, and enforcement of the Data Sharing Agreement, while also strengthening the program's stakeholder governance.

The CalHHS Center for Data Insights and Innovation started development and implementation of the Data Exchange Framework in 2021. Beginning August 1, 2025, operation of the Data Exchange Framework was administratively transitioned to HCAI; Senate Bill 660 effectuates this transition in statute.

Program Expansion

SB 660, effective 2026, expands the Data Exchange Framework in several ways, including:

- Making HCAI the administrator of the Data Exchange Framework program;
- Providing more precise definitions for "physician organizations and medical groups" and requiring Emergency Medical Services to execute the Data Sharing Agreement and begin exchanging information;
- Codifying the process to designate qualified health information organizations into

state law[1];

- Making execution of the Data Sharing Agreement required as a condition of contracting for health care services with the Department of Health Care Services, the Public Employees' Retirement System, and the California Health Benefit Exchange (Covered California);

- Requiring HCAI to publish a list of entities that may be out of compliance with the requirements of the Data Sharing Agreement and to update the list on a regular basis; HCAI may refer non-compliant entities to the relevant state licensing agency

- Pending input from the stakeholder advisory committee, and upon appropriation from the Legislature, allowing HCAI to develop further enforcement actions; and

- Expanding and strengthening Data Exchange Framework stakeholder governance by adding members to the advisory committee and adding obligations under the advisory committee's purview.

Stakeholder Advisory Committee

SB 660 revises the operation of the Data Exchange Framework stakeholder advisory committee by making the HCAI director responsible for appointing members and by specifying the stakeholder groups that should be represented on the committee, among other changes.

Given this revision to the operation of the committee, HCAI intends to reconstitute the stakeholder advisory committee and to appoint the new members.

In addition to advising on data sharing policies and procedures and issues of health and social services information technology and data, SB 660 establishes two new specific obligations for the advisory committee:

1. Develop recommendations by January 1, 2027 for statutory changes, training and technical assistance, and best practices to require Data Exchange Framework participants to collect individual-level demographic and health-related social needs data about Californians served [HSC 130290(c)(6)]

[1] In October of 2023, the Data Exchange Framework designated nine organizations as Qualified Health Information Organizations (QHIOs), launching the QHIO program to support an accessible path to data exchange for many data exchange participants by endorsing intermediaries that can help with meeting the data exchange requirements. With Senate Bill 660's addition of this program into state law, HCAI would intend to evaluate the effectiveness of the program and elicit feedback from the stakeholder advisory committee.

2. Collaborate with HCAI in submitting a report to the Legislature by July 1, 2027 that includes: [HSC 130290(k)(4)]

    a. A list of all entities deemed to be required signatories to the Data Exchange Framework data sharing agreement;

    b. The status of each entity's execution of the data sharing agreement;

    c. The compliance pathway or pathways utilized to meet its contractual requirements under the data sharing agreement, and, if the signatory has a contract in place;

    d. An evaluation as to the need for an independent governing board for the Data Exchange Framework;

    e. An evaluation of the need for technical assistance and other grant programs to support signatories' legal requirements under the data sharing requirement;

    f. An evaluation of other categories of entities for participation in the Data Exchange Framework;

    g. An evaluation of the need for a framework for enforcement and investigation and resolution of disputes between Data Exchange Framework participants regarding the data sharing agreement and its policies and procedures; and

    h. An assessment of consumer experiences with health and social services information exchange.

Upcoming Activities

HCAI will use a phased approach to allow sufficient time for stakeholder engagement. This approach is based on HCAI's successful implementation of other public programs. Time periods and activities will be updated and revised as necessary as program implementation is underway.

Time Period	Project Period Program Activities
January 1, 2026	• Senate Bill 660 takes effect. • New entities are required to execute the Data Sharing Agreement, including certain medical groups, independent practice associations, clinics, and surgical centers. [HSC 130290(f)][2]
January to March 2026	• Appoint the stakeholder advisory committee members.
April to June 2026	• Begin conducting regular meetings with the stakeholder advisory committee; the meetings will focus on the development of recommendations for demographic and health-related social needs data collection and for the report to the Legislature.
July 1, 2026	• New entities are required to execute the Data Sharing Agreement, including medical foundations and emergency medical services entities. [HSC 130290(f)] • Execution of the Data Sharing Agreement is required as a condition of contracting for health care services with the Department of Health Care Services, the Public Employees' Retirement System, and the California Health Benefit Exchange. • Establish a process to designate qualified health information organizations by evaluating the existing program, in collaboration with the stakeholder advisory committee.

[2] Existing law requires certain small provider groups and facilities to begin exchanging data by January 31, 2026 [HSC 130290(b)]

-- Fact Sheet updated October 27, 2025

July to December 2026	• Continue conducting regular meetings with the stakeholder advisory committee.
January 1, 2027	• Publish names of entities that may be out of compliance with the requirements of the Data Sharing Agreement; the list will be updated on a regular basis. • The stakeholder advisory committee releases recommendations for collecting demographic and health-related social needs data.
January to June, 2027	• Develop the report to the Legislature, based on input from the stakeholder advisory committee.
July 1, 2027	• Release the report to the Legislature. • Pending input from the stakeholder advisory committee, and upon appropriation from the Legislature, begin to develop any indicated enforcement actions.
January 31, 2029	• State hospitals are required to begin exchanging data. [HSC 130290(b)]
Ongoing	• Administer the Data Exchange Framework. • Regularly convene the stakeholder advisory committee to consider policies and procedures and other areas to advise HCAI on the ongoing administration of the Data Exchange Framework.

For more information, please contact HCAI Public Affairs at HCAIPress@hcai.ca.gov.

-- Fact Sheet updated October 27, 2025

EMS|MC

Compliance Advisory Brief

California Data Exchange Framework (DxF) and SB 660

Mandatory compliance deadline: July 1, 2026

Overview and EMS Impact
California Senate Bill 660 (SB 660) expanded the state's Health and Human Services Data Exchange Framework (DxF) to include the emergency medical services landscape.

As a result, Local EMS Agencies (LEMSAs), fire agencies providing Advanced Life Support (ALS), and private or public ambulance organizations operating under a LEMSA contract are legally required to participate.

Key Strategic Drivers

Why Compliance Matters

- **Legal mandate:** Signing the Data Sharing Agreement (DSA) is a statutory obligation. Failure to comply may result in state public disclosure and standard regulatory penalties.
- **Contractual condition:** Beginning July 1, 2026, compliance is a prerequisite to execute, amend, or maintain healthcare service delivery contracts with California state entities, including Medi-Cal.

Revenue Cycle and Clinical Advantages

- **Reduced "face sheet" chasing:** The DxF provides a legal framework for EMS|MC billing teams to query participating hospitals in real time for missing patient demographics, insurance details, and coverage eligibility data.
- **Improved continuity of care:** Secure data exchange bridges pre-hospital information with receiving clinical facilities, supporting quality assurance workflows and more precise medical necessity documentation.

The Compliance Ecosystem: Who Does What?

Partner	Primary Accountability	Action / Technical Strategy
The EMS Provider (Your Agency)	Legal accountability and compliance sign-off	Must execute the master Data Sharing Agreement (DSA). Technology partners cannot sign on behalf of your legal entity.
Your ePCR Vendor (ESO, ImageTrend, ZOLL)	Clinical intermediary and technical pipeline	Maintains and deploys the technical connections needed to push and pull patient care records in real time, connecting your ePCR system to California's Qualified Health Information Organizations (QHIOs).
EMS|MC (RCM Partner)	Payment data integration and reimbursement optimization	Aligns back-end billing workflows to securely accept incoming patient data from the DxF, accelerate claim cycles, and reduce gaps in hospital-provided coverage details.

EMS|MC

Required Immediate Action

Execute Your Data Sharing Agreement
To maintain compliance and protect state reimbursements, your organization's authorized officer must sign the single, master DxF Data Sharing Agreement before the July 1, 2026, deadline.

CalHHS DxF Signing Portal:
https://dxf.chhs.ca.gov/

This compliance advisory is provided by EMS|MC to support our California provider network. For billing integration questions, please contact your EMS|MC Client Success Executive.

2540 Empire Drive, Suite 100
Winston-Salem, NC 27103
info@emsmc.com
emsmc.com

SB-660 California Health and Human Services Data Exchange Framework. (2025-2026)

Date Published: 10/06/2025 02:00 PM

Senate Bill No. 660

CHAPTER 325

An act to amend Section 130290 of, and to add Section 130291 to, the Health and Safety Code, relating to the California Health and Human Services Data Exchange Framework.

[Approved by Governor October 03, 2025. Filed with Secretary of State October 03, 2025.]

LEGISLATIVE COUNSEL'S DIGEST

SB 660, Menjivar. California Health and Human Services Data Exchange Framework.

Existing law establishes the Department of Health Care Access and Information to oversee and administer various health programs related to health care infrastructure, such as health policy and planning, health professions development, and facilities design review and construction, among others. Existing law requires the California Health and Human Services Agency to establish the California Health and Human Services Data Exchange Framework to require the exchange of health information among health care entities and government agencies in the state, among other things. Existing law requires the agency to convene a stakeholder advisory group to advise on the development, implementation, and administration of the California Health and Human Services Data Exchange Framework.

This bill would require the Department of Health Care Access and Information, on or before January 1, 2026, to take over the establishment, implementation, and all of the functions related to the California Health and Human Services Data Exchange Framework, including the data sharing agreement and policies and procedures, from the agency. The bill would expand the entities that are specifically required to execute a data sharing agreement with the California Health and Human Services Data Exchange Framework. The bill would require the department, no later than July 1, 2026, to establish a process to designate qualified health information organizations as data sharing intermediaries that have demonstrated their ability to meet requirements of the California Health and Human Services Data Exchange Framework. The bill would require the department, by July 1, 2027, and in collaboration with the stakeholder advisory group, to develop and submit a report to the Legislature on the California Health and Human Services Data Exchange Framework, including compliance with data sharing agreements.

The bill would expand the membership of the stakeholder advisory group, as specified.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 130290 of the Health and Safety Code is amended to read:

130290. (a) On or before July 1, 2022, and subject to an appropriation in the annual Budget Act, the California Health and Human Services Agency, along with its departments and offices and in consultation with stakeholders and local partners, shall establish the California Health and Human Services Data Exchange Framework that shall include a single data sharing agreement and common set of policies and procedures that will leverage and advance national standards for information exchange and data content, and that will govern and require the exchange of health information among health care entities and government agencies in California. On or before January 1, 2026, the Department of Health Care Access and Information shall take over the establishment, implementation, and all of the functions related to the California Health and Human Services Data Exchange Framework, including the data sharing agreement and policies and procedures, from the California Health and Human Services Agency.

(1) The California Health and Human Services Data Exchange Framework is not intended to be an information technology system or single repository of data, rather it is technology agnostic and is a collection of organizations that are required to share health information using a common set of policies and procedures in order to improve the health outcomes of the individuals they serve.

(2) The California Health and Human Services Data Exchange Framework will be designed to enable and require real-time access to, or exchange of, health information among participants through any health information exchange network, health information organization, or technology that adheres to specified standards and policies.

(3) The California Health and Human Services Data Exchange Framework shall align with state and federal data requirements, including the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code), Sections 827, 10850, and 14100.2 of the Welfare and Institutions Code, and other applicable state and federal privacy laws related to the sharing of data among and between providers, payers, and the government, while also streamlining and reducing reporting burden.

(4) For the purposes of this section, "health information" means:

(A) For hospitals, skilled nursing facilities, clinical laboratories, and physician organizations and medical groups, all electronic health information as defined under federal regulation in Section 171.102 of Title 45 of the Code of Federal Regulations and held by the entity. The information pursuant to this subparagraph shall be at a minimum the information included in Section 171.102 of Title 45 of the Code of Federal Regulations as of April 15, 2025. In accordance with the California Health and Human Services Data Exchange Framework data sharing agreement and policies and procedures, a signatory to the data sharing agreement is not required to share information that is not maintained by the entity.

(B) For health insurers and health care service plans, at a minimum, the data required to be shared under the federal Centers for Medicare and Medicaid Services Interoperability and Patient Access regulations for public programs as contained in United States Department of Health and Human Services final rule CMS-9115-F, 85 FR 25510 as of April 15, 2025.

(b) (1) On or before January 31, 2024, and except as provided in paragraphs (2) to (4), inclusive, the entities listed in subdivision (f) shall exchange health information or provide access to health information to and from every other entity in subdivision (f) in real time as specified by the department pursuant to the California Health and Human Services Data Exchange Framework data sharing agreement for treatment, payment, or health care operations, except that the health care organizations in subparagraph (C) of paragraph (2) of subdivision (f) and paragraph (7) of subdivision (f) shall exchange or provide access to health information by July 1, 2026.

(2) The requirement in paragraph (1) shall not apply to physician practices of fewer than 25 physicians, rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with fewer than 100 acute care beds, and any nonprofit clinic with fewer than 10 health care providers until January 31, 2026.

(3) The requirement in paragraph (1) shall not apply to facilities described in subdivision (a) of Section 1180.2 until January 31, 2029.

(4) The requirement in paragraph (1) shall not apply to the exchange of health information related to abortion, abortion-related services, gender-affirming care, immigration or citizenship status, or place of birth.

(c) The California Health and Human Services Agency shall convene a stakeholder advisory group no later than September 1, 2021, to advise on the development, implementation, and administration of the California Health and Human Services Data Exchange Framework. On or before January 1, 2026, the department shall take over the responsibilities of the stakeholder advisory group.

(1) The members of the stakeholder advisory group shall be appointed by the director and shall not have a financial interest, individually or through a family member, related to issues the stakeholder advisory group will advise on. The stakeholder advisory group may consider and vote on recommendations for updates to the data sharing agreement and its policies and procedures that the department may, but is not obligated to, enact.

(2) The director shall appoint to the stakeholder advisory group representatives from health care stakeholders and experts with representation of the following groups:

(A) State departments and other state entities, including signatories of the California Data Exchange Framework data sharing agreement that shall serve as ex officio nonvoting members.

(B) Health care service plans and health insurers.

(C) Physicians, including those with small practices.

(D) Hospitals, including public, private, rural, and critical access hospitals.

(E) Clinics, long-term care facilities, behavioral health facilities, or substance use disorder facilities.

(F) Consumers.

(G) Organized labor.

(H) Privacy and security professionals.

(I) Health information technology professionals.

(J) Community health information organizations.

(K) County health, social services, and public health.

(L) Community-based organizations providing social services.

(M) Skilled nursing facilities.

(N) Physician organizations and medical groups.

(O) Management services organizations.

(3) The stakeholder advisory group shall not exceed 17 voting members and shall maintain a balance of perspectives with not more than 50 percent of voting members who are signatories of the data sharing agreement.

(4) The director shall select a chair from amongst the members.

(5) The stakeholder advisory group shall provide information and advice to the department on health and social services information technology issues, including all of the following:

(A) Identify which data beyond health information as defined in paragraph (4) of subdivision (a), at minimum, should be shared for specified purposes between the entities outlined in this subdivision and subdivision (f).

(B) Identify gaps, and propose solutions to gaps, in the life cycle of health information, including gaps in any of the following:

(i) Health information creation, including the use of national standards in clinical documentation, health plan records, and social services data.

(ii) Translation, mapping, controlled vocabularies, coding, and data classification.

(iii) Storage, maintenance, and management of health information.

(iv) Linking, sharing, exchanging, and providing access to health information.

(C) Identify ways to incorporate data related to social determinants of health, such as housing and food insecurity, into shared health information.

(D) Identify ways to incorporate data related to underserved or underrepresented populations, including, but not limited to, data regarding sexual orientation and gender identity, language, race, and ethnicity.

(E) Identify ways to incorporate relevant data on behavioral health, developmental disabilities, and substance use disorder conditions.

(F) Address the privacy, security, and equity risks of expanding care coordination, health information exchange, access, and telehealth in a dynamic technological, and entrepreneurial environment, where data and network security are under constant threat of attack.

(G) Develop policies and procedures consistent with national standards and federally adopted standards in the exchange of health and social services information, including matters of meaningful and informed consent, privacy, confidentiality, identity management, liability and security, and ensure that health and social services information sharing broadly implements national frameworks and agreements.

(H) Develop definitions of complete clinical, administrative, and claims data consistent with federal policies and national standards.

(I) Identify how all payers will be required to provide enrollees with electronic access to their health information, consistent with rules applicable to federal payer programs.

(J) Assess governance structures to help guide policy decisions and general oversight.

(K) Identify federal, state, private, and philanthropic sources of funding that can support health and social services information exchange.

(6) On or before January 1, 2027, the stakeholder advisory group shall develop recommendations in consultation with signatories, consumer advocates, and racial equity experts for statutory changes, training and technical assistance, and best practices to require the entities listed in subdivision (f) to collect individual-level demographic and health-related social needs data about Californians served.

(7) The stakeholder advisory group shall hold public meetings with stakeholders, solicit input, and set its own meeting agendas. Meetings of the stakeholder advisory group are subject to the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code).

(8) The members of the stakeholder advisory group shall serve without compensation, but shall be reimbursed for any actual and necessary expenses incurred in connection with their duties as members of the group.

(d) No later than April 1, 2022, the California Health and Human Services Agency shall submit an update, including written recommendations, to the Legislature based on input from the stakeholder advisory group on the issues identified in paragraph (5) of subdivision (c).

(e) On or before January 31, 2023, the California Health and Human Services Agency shall work with the California State Association of Counties to encourage the inclusion of county health, public health, and social services, to the extent possible, as part of the California Health and Human Services Data Exchange Framework in order to assist both public and private entities to connect through uniform standards and policies. It is the intent of the Legislature that all state and local public health agencies will exchange electronic health information in real time with participating health care entities to protect and improve the health and well-being of Californians.

(f) On or before January 31, 2023, and in alignment with existing federal standards and policies, the following health care organizations shall execute the California Health and Human Services Data Exchange Framework data sharing agreement pursuant to subdivision (a), except that the health care organizations in subparagraph (C) of paragraph (2) and paragraph (7) shall execute the data sharing agreement by July 1, 2026:

(1) General acute care hospitals, as defined by Section 1250.

(2) Physician organizations and medical groups, which include any of the following:

(A) A medical group practice, a professional medical corporation, a medical partnership, or any lawfully organized group of physicians and surgeons that provides, delivers, furnishes, or otherwise arranges for

health care services.

(B) An independent practice association, to the extent that it maintains electronic health information on behalf of their participating physicians.

(C) A medical foundation exempt from licensure pursuant to subdivision (l) of Section 1206.

(D) A community clinic licensed under subdivision (a) of Section 1204, an intermittent clinic exempt from licensure under subdivision (h) of Section 1206, or a rural health clinic, as defined in paragraph (1) of subdivision (l) of Section 1396d of Title 42 of the United States Code.

(E) A specialty clinic, as described in paragraphs (1) to (3), inclusive, of subdivision (b) of Section 1204.

(F) An ambulatory surgical center or accredited outpatient setting.

(3) Skilled nursing facilities, as defined by Section 1250, that currently maintain electronic health records.

(4) Health care service plans and disability insurers that provide hospital, medical, or surgical coverage that are regulated by the Department of Managed Health Care or the Department of Insurance. This section shall also apply to a Medi-Cal managed care plan under a comprehensive risk contract with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code that is not regulated by the Department of Managed Health Care or the Department of Insurance.

(5) Clinical laboratories, as that term is used in Section 1265 of the Business and Professions Code, and that are regulated by the State Department of Public Health.

(6) Acute psychiatric hospitals, as defined by Section 1250.

(7) Emergency medical services, as defined by Section 1797.72.

(g) Commencing July 1, 2026, unless already required by an existing contract requirement, including any existing contract requirement that extends to subcontractors and delegates, compliance with subdivision (f) shall be required as a condition of continuing, amending, or entering into a new or existing contract for the coverage of or provision of health care services with the Department of Health Care Services, the Public Employees' Retirement System, and the California Health Benefit Exchange. This subdivision shall not be construed to prevent any future contract requirement that extends this provision to subcontractors and delegates.

(h) The department shall work with experienced nonprofit organizations and entities represented in the stakeholder advisory group in subdivision (c) to provide technical assistance to the entities outlined in subdivisions (e) and (f).

(i) On or before July 31, 2022, the California Health and Human Services Agency shall develop in consultation with the stakeholder advisory group in subdivision (c) a strategy for unique, secure digital identities capable of supporting master person indices to be implemented by both private and public organizations in California.

(j) For purposes of implementing this section, including, but not limited to, hiring staff and consultants, facilitating and conducting meetings, conducting research and analysis, and developing the required reports, the department may enter into exclusive or nonexclusive contracts on a bid or negotiated basis. Contracts entered into or amended pursuant to this section shall be exempt from Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, Section 19130 of the Government Code, and Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, and shall be exempt from the review or approval of any division of the Department of General Services. A person hired or otherwise retained pursuant to this subdivision shall not be permitted to have any financial interest in the California Health and Human Services Data Exchange Framework or shall be, or shall not be affiliated with, any health care organization required to participate in the California Health and Human Services Data Exchange Framework pursuant to subdivisions (b) and (f). The term "person," as used in this subdivision, means any individual, partnership, joint venture, association, corporation, or any other organization or any combination thereof.

(k) (1) The department shall administer, manage, oversee, and enforce the California Health and Human Services Data Exchange Framework and its data sharing agreement, including its related policies and procedures, governance, and all other materials or initiatives related to the California Health and Human Services Data Exchange Framework. The department shall propose and publish updates to the framework and new policies and procedures of the framework that are necessary to advance the goals of this section. There

shall be at least a forty-five-calendar-day public review period to review updates to the framework and new policies and procedures. The department shall publish approved updates in a publicly accessible format 180 calendar days before the effective date of the amendment, except when a shorter time period is necessary to comply with applicable law.

(2) Commencing January 1, 2027, the department shall publish and keep current on its internet website the names of any known entities the department deems not to be in compliance with the requirement to execute the California Health and Human Services Data Exchange Framework data sharing agreement pursuant to subdivision (f). Entities may submit to the department a statement of extenuating circumstances which may impact an entity's ability to come into compliance. The department shall publish these statements on its internet website. The department may submit information regarding compliance with the requirement in subdivision (f) to relevant state licensing entities.

(3) Upon appropriation and after submission of the report described in paragraph (4), the department may develop enforcement actions subject to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(4) In collaboration with the stakeholder advisory group, the department shall develop and submit a report to the Legislature by July 1, 2027, in compliance with Section 9795 of the Government Code that includes all of the following:

(A) A list of all entities in paragraphs (1), (3), and (4) of subdivision (f) deemed to be required signatories to the California Health and Human Services Data Exchange Framework data sharing agreement per subdivision (f).

(B) The status of each entity's execution of the data sharing agreement.

(C) The compliance pathway or pathways utilized to meet its contractual requirements under the data sharing agreement, and, where applicable, if the signatory has a contract in place pursuant to subdivision (g).

(D) An evaluation as to the need for an independent governing board for the California Health and Human Services Data Exchange Framework.

(E) An evaluation of the need for technical assistance and other grant programs to support signatories' legal requirements under the data sharing requirement.

(F) An evaluation of other categories of entities for participation in the California Health and Human Services Data Exchange Framework.

(G) An evaluation of the need for a framework for enforcement and investigation and resolution of disputes between California Health and Human Services Data Exchange Framework participants regarding the data sharing agreement and its policies and procedures.

(H) An assessment of consumer experiences with health and social services information exchange.

(l) Except where otherwise indicated in this section, all actions to implement the California Health and Human Services Data Exchange Framework, including the adoption or development of any data sharing agreement, requirements, policies and procedures, guidelines, subgrantee contract provisions, or reporting requirements, shall be exempt from the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). The department shall release program notices that detail the requirements of the California Health and Human Services Data Exchange Framework.

(m) For purposes of this section, both of the following definitions shall apply:

(1) "Department" means the Department of Health Care Access and Information.

(2) "Director" means the Director of the Department of Health Care Access and Information.

SEC. 2. Section 130291 is added to the Health and Safety Code, immediately following 130290, to read:

130291. (a) No later than July 1, 2026, the department shall establish a process to designate qualified health information organizations as data-sharing intermediaries that have demonstrated their ability to meet requirements of the California Health and Human Services Data Exchange Framework. Health and social service

organizations may comply with the data exchange framework by participating in and sharing information with a qualified health information organization.

(b) For purposes of this section, "qualified health information organization" means an entity that has applied for, and satisfied, the process and criteria described in subdivision (a).

Outlook

CY 2025 VRRP IGT Agreement for Signature due 8/31/26 - South Lake County Fire Protection District

From Gale, Scott
Date Fri 7/17/2026 9:58 AM

1 attachment (69 KB)
IGT-25-0107 South Lake County Fire PD.docx;

Good morning South Lake County Fire Protection District,

Welfare and Institutions Code sections 14164 and 14301.4 authorize the Department of Health Care Services (DHCS) to implement a Voluntary Rate Range Program relating to the Medi-Cal managed care capitation rate ranges. The funding amounts under the Voluntary Rate Range Program are the nonfederal share of the difference between the Medi-Cal managed care plan (MCP) contracted capitation rates and the top of the MCPs' actuarially sound rate range, as determined by DHCS. The intergovernmental transfer (IGT) of funds by the governmental funding entities (counties, cities, special purpose districts, state university teaching hospitals, or any other political subdivision of the state) to DHCS for this program shall be used to fund the nonfederal share of Medi-Cal managed care actuarially sound capitation rates described in section 14301.4(b)(4) of the Welfare and Institutions Code. These funds shall be paid, together with the related federal financial participation, by DHCS to MCPs as part of capitation rates for the rating period of Calendar Year (CY) 2025.

DHCS received your letter(s) of interest for the Rating Period CY 2025 (January 1, 2025 – December 31, 2025) Voluntary Rate Range Program. Please review the attached "Intergovernmental Agreement Regarding Transfer of Public Funds," which includes contribution amounts by rate category, total IGT amounts, any amounts exempt from the 20% assessment fee pursuant to Welfare and Institutions Code sections 14301.4(d) and 14301.5(b)(4), and the listed contacts for your funding entity; update the contact information now if needed. Each governmental funding entity choosing to participate must complete the Final Agreement, ensuring Section 5 (Notices) is fully reviewed and updated, and that the Signature Section includes both the governmental funding entity's name and the Funding Entity Signer's name and title. All other sections have been completed by DHCS.

DHCS will accept and would ***prefer*** DocuSign digital signature(s) on the final agreements. Please obtain the necessary signature(s) and submit via e-mail to Vivian Beeck, and cc Scott Gale.

If you need assistance initiating the DocuSign - digitally signed document, **the process takes us about 10 minutes to create and send to you. We will need their Name, Title, and Email address.** Please contact either of us: Scott Gale or Vivian Beeck; and one of us will assist you.

Please refrain from including/ requesting any DHCS signature while obtaining your organization's signatures. We will obtain our authorized DHCS signature separately and send you the contract executed afterwards with all final signatures.

If your organization requires the use of a "wet signature," please obtain the **necessary original signature(s) on the agreement**, and email the signed agreements to **Vivian Beeck**, and **Scott Gale** for execution on or before Monday, **August 31, 2026**.

Please do not submit any agreements/contracts between the MCPs and providers related to the Rating Period CY 2025 Voluntary Rate Range Program.

Invoicing for CY 2025 IGT amounts will occur in October 2026, with an IGT collection deadline of November 20, 2026.

If you have any questions, please feel free to contact us by e-mail at Vivian Beeck, and Scott Gale.

Thank you,

Scott Gale | Analyst II
Capitated Rates Development Division, Financial Management Section C
California Department of Health Care Services

DHCS

INTERGOVERNMENTAL AGREEMENT REGARDING TRANSFER OF PUBLIC FUNDS

This Agreement is entered into between the CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES ("DHCS") and SOUTH LAKE COUNTY FIRE PROTECTION DISTRICT ("GOVERNMENTAL FUNDING ENTITY") with respect to the matters set forth below.

The parties agree as follows:

AGREEMENT

1. Transfer of Public Funds

1.1 The GOVERNMENTAL FUNDING ENTITY agrees to make a transfer of funds to DHCS pursuant to sections 14164 and 14301.4 of the Welfare and Institutions Code. The amount transferred shall be based on the sum of the applicable rate category per member per month ("PMPM") contribution increments multiplied by member months, as reflected in Exhibit 1. The GOVERNMENTAL FUNDING ENTITY agrees to initially transfer amounts that are calculated using the Estimated Member Months in Exhibit 1, which will be reconciled to actual enrollment for the service period of January 1, 2025 through December 31, 2025 in accordance with Sub-Section 1.3 of this Agreement. The funds transferred shall be used as described in Sub-Section 2.2 of this Agreement. The funds shall be transferred in accordance with the terms and conditions, including schedule and amount, established by DHCS.

1.2 The GOVERNMENTAL FUNDING ENTITY shall certify that the funds transferred qualify for Federal Financial Participation pursuant to 42 C.F.R. part 433, subpart B, and are not derived from impermissible sources such as recycled Medicaid payments, Federal

money excluded from use as State match, impermissible taxes, and non-bona fide provider-related donations. Impermissible sources do not include patient care or other revenue received from programs such as Medicare or Medicaid to the extent that the program revenue is not obligated to the State as the source of funding.

1.3 DHCS shall reconcile the "Estimated Member Months," in Exhibit 1, to actual enrollment in HEALTH PLAN(S) for the service period of January 1, 2025 through December 31, 2025 using actual enrollment figures taken from DHCS records. Enrollment reconciliation will occur on an ongoing basis as updated enrollment figures become available. Actual enrollment figures will be considered final two years after December 31, 2025. If reconciliation results in an increase to the total amount necessary to fund the nonfederal share of the payments described in Sub-Section 2.2, the GOVERNMENTAL FUNDING ENTITY agrees to transfer any additional funds necessary to cover the difference. If reconciliation results in a decrease to the total amount necessary to fund the nonfederal share of the payments described in Sub-Section 2.2, DHCS agrees to return the unexpended funds to the GOVERNMENTAL FUNDING ENTITY. If DHCS and the GOVERNMENTAL FUNDING ENTITY mutually agree, amounts due to or owed by the GOVERNMENTAL FUNDING ENTITY may be offset against future transfers.

2. Acceptance and Use of Transferred Funds

2.1 DHCS shall exercise its authority under section 14164 of the Welfare and Institutions Code to accept funds transferred by the GOVERNMENTAL FUNDING ENTITY pursuant to this Agreement as Intergovernmental Transfer (IGTs), to use for the purpose set forth in Sub-Section 2.2.

2.2 The funds transferred by the GOVERNMENTAL FUNDING ENTITY pursuant to Section 1 and Exhibit 1 of this Agreement shall be used to fund the non-federal share of Medi-Cal Managed Care actuarially sound capitation rates described in section 14301.4(b)(4) of the Welfare and Institutions Code as reflected in the contribution PMPM and rate categories reflected in Exhibit 1. The funds transferred shall be paid, together with the related Federal Financial Participation, by DHCS to HEALTH PLAN(S) as part of HEALTH PLAN(S)' capitation rates for the service period of January 1, 2025 through December 31, 2025, in accordance with section 14301.4 of the Welfare and Institutions Code.

2.3 DHCS shall seek Federal Financial Participation for the capitation rates specified in Sub-Section 2.2 to the full extent permitted by federal law.

2.4 The parties acknowledge that DHCS will obtain any necessary approvals from the Centers for Medicare and Medicaid Services.

2.5 DHCS shall not direct HEALTH PLAN(S)' expenditure of the payments received pursuant to Sub-Section 2.2.

3. Assessment Fee

3.1 DHCS shall exercise its authority under section 14301.4 of the Welfare and Institutions Code to assess a 20 percent fee related to the amounts transferred pursuant to Section 1 of this Agreement, except as provided in Sub-Section 3.2. GOVERNMENTAL FUNDING ENTITY agrees to pay the full amount of that assessment in addition to the funds transferred pursuant to Section 1 of this Agreement.

3.2 The 20-percent assessment fee shall not be applied to any portion of funds transferred pursuant to Section 1 that are exempt in accordance with sections 14301.4(d) or 14301.5(b)(4) of the Welfare and Institutions Code. DHCS shall have sole discretion to

determine the amount of the funds transferred pursuant to Section 1 that will not be subject to a 20 percent fee. DHCS has determined that $0.00 of the transfer amounts will not be assessed a 20 percent fee, subject to Sub-Section 3.3.

3.3 The 20-percent assessment fee pursuant to this Agreement is non-refundable and shall be wired to DHCS simultaneously with the transfer amounts made under Section 1 of this Agreement. If at the time of the reconciliation performed pursuant to Sub-Section 1.3 of this Agreement, there is a change in the amount transferred that is subject to the 20-percent assessment in accordance with Sub-Section 3.1, then a proportional adjustment to the assessment fee will be made.

4. Amendments

4.1 No amendment or modification to this Agreement shall be binding on either party unless made in writing and executed by both parties.

4.2 The parties shall negotiate in good faith to amend this Agreement as necessary and appropriate to implement the requirements set forth in Section 2 of this Agreement.

5. Notices. Any and all notices required, permitted, or desired to be given hereunder by one party to the other shall either be sent via secure email or submitted in writing to the other party personally or by United States First Class, Certified or Registered mail with postage prepaid, addressed to the other party at the address as set forth below:

To the GOVERNMENTAL FUNDING ENTITY:

Gloria Fong, Finance Analyst
21095 State Hwy. 175 / PO Box 1360
Middletown, CA 95461
(707) 987-3089
Gloria.Fong@fire.ca.gov

With copies to:

Paul Duncan, Assistant Fire Chief
21095 State Hwy. 175 / PO Box 1360
Middletown, CA 95461
(707) 987-3089
Paul.Duncan@fire.ca.gov

Matt Ryan, Fire Chief
21095 State Hwy. 175 / PO Box 1360
Middletown, CA 95461
(707) 967-1400
Matt.Ryan@fire.ca.gov

To DHCS:

Vivian Beeck
California Department of Health Care Services
Capitated Rates Development Division
1501 Capitol Ave., MS 4413
Sacramento, CA 95814
Vivian.Beeck@dhcs.ca.gov

6. Other Provisions

6.1 This Agreement contains the entire Agreement between the parties with respect to the Medi-Cal payments described in Sub-Section 2.2 of this Agreement that are funded by the GOVERNMENTAL FUNDING ENTITY, and supersedes any previous or contemporaneous oral or written proposals, statements, discussions, negotiations or other agreements between the GOVERNMENTAL FUNDING ENTITY and DHCS relating to the subject matter of this Agreement. This Agreement is not, however, intended to be the sole agreement between the parties on matters relating to the funding and administration of the Medi-

Cal program. This Agreement shall not modify the terms of any other agreement, existing or entered into in the future, between the parties.

6.2 The non-enforcement or other waiver of any provision of this Agreement shall not be construed as a continuing waiver or as a waiver of any other provision of this Agreement.

6.3 Sections 2 and 3 of this Agreement shall survive the expiration or termination of this Agreement.

6.4 Nothing in this Agreement is intended to confer any rights or remedies on any third party, including, without limitation, any provider(s) or groups of providers, or any right to medical services for any individual(s) or groups of individuals. Accordingly, there shall be no third party beneficiary of this Agreement.

6.5 Time is of the essence in this Agreement.

6.6 Each party hereby represents that the person(s) executing this Agreement on its behalf is duly authorized to do so. Any required signature(s) on any documents must be in compliance with California Government Code section 16.5 and any other applicable state or federal regulations.

7. State Authority. Except as expressly provided herein, nothing in this Agreement shall be construed to limit, restrict, or modify the DHCS' powers, authorities, and duties under Federal and State law and regulations.

8. Approval. This Agreement is of no force and effect until signed by the parties.

9. Term. This Agreement shall be effective as of January 1, 2025 and shall expire as of June 30, 2028 unless terminated earlier by DHCS through written notification or by mutual agreement of the parties.

SIGNATURES

IN WITNESS WHEREOF, the parties hereto have executed this Agreement, on the date of the last signature below.

SOUTH LAKE COUNTY FIRE PROTECTION DISTRICT:

By: _____ Date: _____

(Funding Entity Signer)

THE STATE OF CALIFORNIA, DEPARTMENT OF HEALTH CARE SERVICES:

By: _____ Date: _____

Sean Barber, Division Chief, Capitated Rates Development Division

Exhibit 1

Health Plan	Funding Entity	Rating Region	Service Period	Participation %
Partnership Health Plan of California	South Lake County Fire Protection District	Rural North	1/2025 - 12/2025	0.72%
Category of Aid	**SIS/UIS**	**Contribution PMPM**	**Estimated Member Months***	**Estimated Contribution (Non-Federal Share)**
Child	SIS	$ 0.04	908,239	$ 36,330
Child	UIS	$ 0.01	27,688	$ 277
Adult	SIS	$ 0.10	374,529	$ 37,453
Adult	UIS	$ 0.04	57,913	$ 2,317
Adult Expansion	SIS	$ 0.02	843,629	$ 16,873
Adult Expansion	UIS	$ 0.01	57,613	$ 576
SPD	SIS	$ 0.30	159,149	$ 47,745
SPD	UIS	$ 0.10	5,865	$ 587
SPD Dual	SIS	$ 0.10	432,923	$ 43,292
SPD Dual	UIS	$ 0.03	1,952	$ 59
LTC	SIS	$ 0.30	361	$ 108
LTC	UIS	$ 0.10	53	$ 5
LTC Dual	SIS	$ 0.11	12,558	$ 1,381
LTC Dual	UIS	$ 0.03	27	$ 1
WCM	SIS	$ 0.36	31,220	$ 11,239
WCM	UIS	$ 0.12	388	$ 47
Est. FE Total			2,914,107	$ 198,288

* Note that Estimated Member Months are subject to variation, and the actual total Contribution (Non-Federal Share) may differ from the amount listed here.

* FMAP is a weighted blend of multiple FMAPs.

South Lake County Fire Protection District
in cooperation with
California Department of Forestry and Fire Protection

P.O. Box 1360 Middletown, CA 95461 - (707) 987-3089

BOARD OF DIRECTORS REGULAR MEETING MINUTES
Tuesday, June 16, 2026, at 7:00 p.m.
Located at the Middletown Fire Station Board Room,
21095 Highway 175, Middletown, CA 95461

This regular meeting is for the purpose of discussing the following items:

1. *President Cline called meeting to order at 7:14 p.m.*
2. *President Cline led the pledge of allegiance.*
3. *Present: Director Rob Bostock, Vice President Jim Comisky and President Stephanie Cline. Absent: Directors Madelyn Martinelli and Matthew Stephenson. Also present: Battalion Chief Joshua Lau, Battalion Chief Peter Avansino, Board Clerk Gloria Fong and Office Technician Karin Collett*.
4. ***BOSTOCK/COMISKY MOTION** to approve agenda. AYES: Bostock, Cline, Comisky. NOES: None. ABSENT: Martinelli, Stephenson. **MOTIONED CARRIED.***
5. Citizens' Input: Any person may speak for three (3) minutes about any subject of concern provided it is within the jurisdiction of the Board of Directors and is not already on today's agenda. The total period is not to exceed fifteen (15) minutes, unless extended at the discretion of the Board: *None.*
6. Communications:

   6.a. Fire Sirens: *Nothing to report.*

   6.b. Fire Safe Council: *Their minutes included in agenda packet.*

   6.c. Volunteer Association: *Association President Todd Fenk reminds and invites all of their dinner on June 27th and reports the paid call group along with newly graduated recruits were involved in some station coverage and small events, a new person will be joining our paid call group, newly graduated recruits will be attending emergency vehicle operator course on July 18th, and Paid Call Engineer Robert Lanning graduated and is now hired on as full time with Cal Fire.*

   6.d. Chief's Report: *In addition to the attached report, Battalion Chief Lau reports the Seppi mulcher will be here Thursday at 9 a.m. for training; paid call firefighters responded to fire incidents, the Clara and Leslie, and assisted with Trail incident in Clearlake for two days; rope equipment helped in a medical rescue out at punchbowl; and paid call firefighters staffed up for task force for three days and the water tender 6011 under assistance by hire.*

   6.e. Finance Report: *County's new financial software program go-live date has been pushed out from July 1st to October.*

   6.f. Directors' activities report

   Bostock: *Nothing to report.*

Comisky: *His proposal to do a session on firefighter behavior health was accepted by Cal Chiefs and consultant firm AP Triton is holding webinar next Thursday about CMS proposed rule change for ground emergency medical transport program next Thursday.*

Cline: *She reports the revenue committee met.*

7. Regular Items:

7.a. Consider and adopt Resolution No. 2025-26-22, A Resolution Establishing the 2026-2027 Appropriation Limits. Placed on the agenda by Staff Services Analyst (SSA) Gloria Fong.

COMISKY/BOSTOCK MOTION *to approve 7a. AYES: Bostock, Cline, Comisky. NOES: None. ABSENT: Martinelli, Stephenson.* ***MOTIONED CARRIED.***

7.b. Consider and approve the surplus of an engine, and authorize Chief to choose engine based on age, mileage and or overall condition of the engine. Placed on the agenda by Chief Paul Duncan.

Staff reached out to District's mechanic to go over engines to see which would be best to surplus.

BOSTOCK/COMISKY MOTION *to approve 7b as written. AYES: Bostock, Cline, Comisky. NOES: None. ABSENT: Martinelli, Stephenson.* ***MOTIONED CARRIED.***

7.c. Consider and approve participation (Collection 3 of 4, $37,879.65 for Calendar Year 2026) in State Department of Health Care Services Public Provider Intergovernmental Transfer Program for Ground Emergency Medical Transportation Services (PP-GEMT IGT) and authorize Chief to execute Certification Form. Placed on the agenda by SSA Gloria Fong.

No resolution is attached because this occurs next fiscal year.

COMISKY/BOSTOCK MOTION *to approve 7c. AYES: Bostock, Cline, Comisky. NOES: None. ABSENT: Martinelli, Stephenson.* ***MOTIONED CARRIED.***

7.d. Consider and adopt Resolution No 2025-26-23, A Resolution Requesting the Board of Supervisors and the Registrar of Voters consent to and order the consolidation with such other elections as may be held on Tuesday, November 3, 2026, anywhere within the territory of the district for two (2) full four-year terms of offices of Director that will expire December 2026. Placed on the agenda by SSA Gloria Fong.

COMISKY/BOSTOCK MOTION *to approve 7d as written. AYES: Bostock, Cline, Comisky. NOES: None. ABSENT: Martinelli, Stephenson.* ***MOTIONED CARRIED.***

7.e. Consider and approve payment of Member's Expense Claim received 30 days after being incurred. Placed on the agenda at the request of the Member.

BOSTOCK/COMISKY MOTION *to approve 7e as written. AYES: Bostock, Cline, Comisky. NOES: None. ABSENT: Martinelli, Stephenson.* ***MOTIONED CARRIED.***

8. Consent Calendar Items: (Approval of consent calendar items are expected to be routine and non-controversial. They will be acted upon by the Board at one time without discussion. Any Board member may request that an item be removed from the consent calendar for discussion later.)

   8.a. May 19, 2026 – Meeting Minutes

   8.b. Warrants – June

   8.c. Budget Transfers

   Changes to the warrant list are: 1) Voiding check 12097 and replaced with 12110 for same amount; 2) Voiding check 12104 and will be replaced with another later this month; 3) Additions of check 12106 to AT&T for $414.15, check 12107 to Chico Power Equipment for $2,320.48 for an in kind purchase in exchange for signs, check 12108 to Mallory for $175.95; 4) US Bank's check is changed $39,534.07 for additional charges of $556.76 to Lake Appliance, $265 for Space Exploration, $106.18 for Tesla, $65.94 for Cabo Restaurant, $219.06 for Safeway and $42.00 for Starbucks

   Additional budget transfers will be needed with additional batch of checks later this month before fiscal year end and reported at next meeting.

   BOSTOCK/COMISKY MOTION** to approve consent calendar with additions. AYES: Bostock, Cline, Comisky. NOES: None. ABSENT: Martinelli, Stephenson. **MOTIONED CARRIED.

9. ***COMISKY/BOSTOCK MOTION** to adjourn meeting at 7:34 p.m. All members in attendance are in favor of adjournment.*

Respectfully submitted by,
Karin Collett, Office Technician

READ AND APPROVED by,
Stephanie Cline,
President, Board of Directors

South Lake County
Fire Protection District
Cost Accounting Management System
Invoice Audit Trail

Detail Report by Vendor, Invoice
Run Date: 07/16/2026 07:26:25pm By: GF

Selection Criteria:
Include Inv Batch No: SLCF 07/24/2026

Report Template:
AP Invoice Report
C:\Apps\Lsladmin\Wincams\Lslfiles\Report\Criteria\AP Invoice Report.rst

Check No	Vendor Name	Invoice	Inv Date	Invoice Description	Budget Exp Acct	Inv Total	Req No / Descr 2
12123	SOUTH LAKE COUNTY FIRE PROTECTION D	PPEFY2627 8999	07/01/2026	RE ESTABLISH PYRL 26-27	357-9557-795-09-00-00	80,000.00	
12124	SOUTH LAKE COUNTY FIRE PROTECTION D	CY26PPGEMTIGT3	07/01/2026	CY2026 PPGEMTIGT 3 OF 4 CONTRIB	357-9557-795-28-48-GE	37,879.65	
					07/01/2026 SUBTOTAL	117,879.65	
12125	ACTION SANITARY	543604	07/01/2026	PORTABLE TOLIET, SINK TRAILER	357-9557-795-14-00-60	193.05	
12125	ACTION SANITARY	543849	07/02/2026	PORTABLE TOILET SERVICE	357-9557-795-14-00-60	80.00	
12147	WILLIAM L ADAMS PC	909	07/01/2026	LEGAL EXPENSE ME 06/30/26	357-9557-795-23-80-SP	105.00	
12126	ARCHILOGIX	ALX93343	07/02/2026	ARCHITECTURAL SVCS 07/02/26	357-9557-795-63-13-63	35,716.48	FEMA DRY FLOODPROOFING
12126	ARCHILOGIX	ALX93344	07/06/2026	ARCHITECTURAL SVCS 07/06/26	357-9557-795-63-13-63	5,400.00	FEMA DRY FLOODPROOFING
12127	AT AND T	25539028	07/13/2026	STA 64 TELEPHONE CHGS	357-9557-795-30-00-T4	32.14	
12127	AT AND T	25539028	07/13/2026	STA 62 TELEPHONE CHGS	357-9557-795-30-00-T2	66.77	
12127	AT AND T	25539028	07/13/2026	STA 63 TELEPHONE CHGS	357-9557-795-30-00-T3	66.77	
12127	AT AND T	25539028	07/13/2026	STA 60 TELEPHONE CHGS	357-9557-795-30-00-T0	217.12	
12127	AT AND T	25539028	07/13/2026	FS TELEPHONE CHGS	357-9557-795-30-00-TF	30.60	
12129	CALLAYOMI CO WATER DISTRICT	80 063026	06/30/2026	WATER USAGE	357-9557-795-30-00-W0	1,268.57	
12129	CALLAYOMI CO WATER DISTRICT	81 063026	06/30/2026	WATER USAGE	357-9557-795-30-00-WF	45.94	
12130	CASCADE SOFTWARE SYSTEMS	INV19507	06/01/2026	ACCTG SFTWR MAINT YB 07/01/26	357-9557-795-28-30-60	2,198.35	
12130	CASCADE SOFTWARE SYSTEMS	INV21343	07/01/2026	ACCTG SFTWR CLOUD HOST MB 07/01/26	357-9557-795-28-30-60	190.00	
12131	COBB AREA WATER DISTRICT	185 062426	06/24/2026	WATER USAGE	357-9557-795-30-00-W2	200.66	
12134	FRMS	FRMS00909	07/01/2026	WORKERS COMPENSATION 2026-2027	357-9557-795-04-00-SW	55,683.00	
12128	BARBARA HORST	HORSTJUL2026	07/08/2026	OPEB REIMBURSEMENT	357-9557-795-03-30-R	917.22	
12135	IAR LLC	INV20328	06/01/2026	DISPATCH SOFTWARE SUBSCR YB 7/6/26	357-9557-795-28-30-60	1,220.20	
12137	JERI-CO GARAGE DOORS & OPERATORS	21549	07/13/2026	APP BAY DOOR REPAIR STA 63	357-9557-795-18-00-63	350.00	
12138	KILEY & ASSOCIATES LLC	SL260701	07/01/2026	ADVISORY SERVICE JUNE	357-9557-795-23-80-SP	3,000.00	
12139	LAKE COUNTY SPECIAL DISTRICTS	2200820 081526	06/15/2026	SEWER USAGE	357-9557-795-30-00-S0	67.41	
12139	LAKE COUNTY SPECIAL DISTRICTS	2202596 081526	06/15/2026	SEWER USAGE	357-9557-795-30-00-SF	67.41	
12140	LEETE GENERATORS	67289	07/16/2026	GENERATOR INSPECTION SEMI-ANNUAL	357-9557-795-17-00-60	730.62	
12141	LIFE ASSIST INC	95461FPD 063026	06/30/2026	EMS SUPPLIES 07261342-1	357-9557-795-19-40-MS	598.50	
12141	LIFE ASSIST INC	95461FPD 063026	06/30/2026	EMS SUPPLIES 56264754-2	357-9557-795-19-40-MS	199.32	
12133	FAR WEST LEAVITT INSURANCE	345 070126	07/06/2026	RENEWAL POLICY PKG YB 07/01/26	357-9557-795-15-10-60	57,861.00	
12133	FAR WEST LEAVITT INSURANCE	345 070126AUTO	07/06/2026	RENEWAL POLICY AUTO YB 07/01/26	357-9557-795-15-10-60	11,654.50	
12133	FAR WEST LEAVITT INSURANCE	345 E6221 E6321	07/16/2026	AUTO ADDN E6221 E6321 EFF 06/18/26	357-9557-795-15-10-62	151.80	
12133	FAR WEST LEAVITT INSURANCE	345 FORKLIFT	07/16/2026	PORT EQT ADDN FORKLIFT EFF 06/18/26	357-9557-795-15-10-60	23.10	
12133	FAR WEST LEAVITT INSURANCE	345 SEPPI	07/16/2026	PROPERTY ADDN SEPPI EFF 06/18/26	357-9557-795-15-10-60	305.40	
12132	DENNIS DAVID MAHONEY	179	06/26/2026	LANDSCAPE SERVICE	357-9557-795-18-00-60	390.00	

Check No	Vendor Name	Invoice	Inv Date	Invoice Description	Budget Exp Acct	Inv Total	Req No / Descr 2
12142	NHA ADVISORS LLC	2089	07/10/2026	FINANCIAL CONSULTING SVC THRU 06/30	357-9557-795-23-80-SP	1,695.00	
12143	PG AND E	699137074150621	06/22/2026	STA 62 (1784.5432KWH)	357-9557-795-30-00-E2	719.10	
12143	PG AND E	699137074150621	06/22/2026	FS (847.9635KWH)	357-9557-795-30-00-EF	359.50	
12143	PG AND E	699137074150621	06/22/2026	STA 64 (400.0610KWH)	357-9557-795-30-00-E4	183.95	
12143	PG AND E	699137074150621	06/22/2026	STA 60 (5716.3600KWH)	357-9557-795-30-00-E0	2,238.45	
12143	PG AND E	699137074150621	06/22/2026	STA 63 (2529.9285KWH)	357-9557-795-30-00-E3	1,016.80	
12143	PG AND E	699137074150621	06/22/2026	STA 60 LOAN PROGRAM CHARGE	357-9557-795-30-00-E0	339.44	
12136	JANELL RIVERA	9	07/06/2026	EMS CONSULTANT JUN 2026	357-9557-795-23-80-AB	1,425.00	
12144	SELMAN AND COMPANY	LB00004096	07/01/2026	GROUP LIFE FOR PCFS	357-9557-795-03-30-G	124.80	
12145	STATE OF CA GOV OFFICE OF EMRGCY SV	P252611X93010	06/10/2026	RADIO REPAIR STA 62	357-9557-795-18-00-62	1,688.00	
12146	US BANK	150514	05/06/2026	BOARD SECTY CONF NOV 3-5,2026	357-9557-795-28-30-T	2,300.00	
12147	U.S.BANK			VARIOUS (SEE ATTACHED)		19,241.24	
					07/24/2026 SUBTOTAL	210,362.21	
					JULY TOTAL	328,241.86	

Check No	Merchant Vendor Name	Invoice	Inv Date	Invoice Description	Budget Exp Acct	Inv Total	Req No / Descr 2
12148	AMAZON	0681013	07/14/2026	COFFEE TEA REPLENISHMENT	357-9557-795-13-00-60	181.01	
12148	JAMF SOFTWARE LLC	101396970	07/09/2026	DEVICE MGMT SOFTWARE ME 08/09/26	357-9557-795-28-30-60	88.00	
12148	NIPPON SANSO MATHESON INC	12299 063026	06/30/2026	MEDICAL OXYGEN	357-9557-795-19-40-O	862.19	
12148	ARMED FORCE PEST CONTROL	131962	06/10/2026	PEST CONTROL GENERAL & RODENT	357-9557-795-18-00-63	90.00	
12148	ARMED FORCE PEST CONTROL	132084	06/12/2026	PEST CONTROL GENERAL & RODENT	357-9557-795-18-00-62	80.00	
12148	ARMED FORCE PEST CONTROL	132270	07/06/2026	PEST CONTROL GENERAL	357-9557-795-18-00-60	125.00	
12148	ARMED FORCE PEST CONTROL	132356	05/06/2026	PEST CONTROL TREE SPRAY	357-9557-795-18-00-63	467.50	
12148	ARMED FORCE PEST CONTROL	133271	07/06/2026	PEST CONTROL RODENT	357-9557-795-18-00-60	90.00	
12148	ICE WATER CO	146642	06/18/2026	HYDRATION FOR STATIONS	357-9557-795-13-00-60	103.00	
12148	LAKE COUNTY WASTE SOLUTIONS	177884722U033	07/01/2026	REFUSE/RECYCLE COLLECTION	357-9557-795-30-00-G2	141.36	
12148	LAKE COUNTY WASTE SOLUTIONS	177884732U033	07/01/2026	REFUSE/RECYCLE COLLECTION	357-9557-795-30-00-G0	205.56	
12148	LAKE COUNTY WASTE SOLUTIONS	177884763U033	07/01/2026	REFUSE/RECYCLE COLLECTION	357-9557-795-30-00-G3	82.22	
12148	AW EQUIPMENT REPAIR INC	1903	07/06/2026	VEHICLE 90 DAY SERVICE E6221	357-9557-795-17-00-62	225.00	
12148	AW EQUIPMENT REPAIR INC	1904	07/06/2026	VEHICLE 90 DAY & REPAIR WT6211	357-9557-795-17-00-62	525.00	
12148	AW EQUIPMENT REPAIR INC	1905	07/14/2026	VEHICLE REPAIR E6231	357-9557-795-17-00-62	324.82	
12148	US POSTAL SERVICE	246	07/07/2026	MAILING SUPPLIES	357-9557-795-22-71-60	312.00	
12148	AMAZON	2689833	07/14/2026	HOT CHOCOLATE REPLENISHMENT	357-9557-795-13-00-60	54.98	
12148	FDAC	300001698	07/01/2026	MEMBERSHIP YB 07/01/26	357-9557-795-20-00-F	260.00	
12148	MEDIACOM	30098349 073126	06/21/2026	INTERNET SVC	357-9557-795-12-00-64	99.99	
12148	MEDIACOM	30128147 071626	06/07/2026	INTERNET SVC	357-9557-795-12-00-63	116.08	
12148	MEDIACOM	30165883 072626	06/17/2026	INTERNET SVC	357-9557-795-12-00-62	116.08	
12148	MEDIACOM	30173705 072626	06/17/2026	INTERNET SVC	357-9557-795-12-00-60	129.99	
12148	CIVICPLUS LLC	377778	07/01/2026	WEBSITE HOSTING MB 07/01/26	357-9557-795-28-30-60	524.30	
12148	CIVICPLUS LLC	377882	07/01/2026	DOCACCESS MB 07/01/26	357-9557-795-28-30-60	400.00	
12148	TRACTOR SUPPLY CO	453387	07/12/2026	MAINTAIN REMOVE DEBRIS EX6021	357-9557-795-28-30-60	1,953.07	
12148	QUILL LLC	49574280	07/13/2026	COPYING, PRINTING SUPPLIES	357-9557-795-22-70-60	259.06	
12148	HIDDEN VALLEY LAKE CSD	50050000 063026	06/30/2026	WATER/SEWER	357-9557-795-30-00-W3	220.08	
12148	FERRELLGAS	5010303138	06/25/2026	PROPANE FILL	357-9557-795-30-00-P2	344.93	
12148	VERIZON WIRELESS	6147141780	06/26/2026	CELLULAR SVC ME 07/26/26	357-9557-795-12-00-62	1,142.21	
12148	TESLA INC	7322044	07/11/2026	FULL SELF DRIVING ME 08/10/26	357-9557-795-28-30-60	106.18	
12148	HEDGE APPLIANCE HEDGE REFRIGERATION	7423	03/24/2026	ICE MACHINE SERVICE STA 63	357-9557-795-17-00-63	150.00	
12148	MIDDLETOWN MAIL AND MORE	75414	07/24/2026	MAILING SERVICE	357-9557-795-22-71-60	27.28	
12148	HEDGE APPLIANCE HEDGE REFRIGERATION	7595	07/08/2026	ICE MACHINE SERVICE STA 60	357-9557-795-17-00-60	350.00	
12148	STERICYCLE INC	8014639521	06/19/2026	MEDICAL WASTE MB 06/30/26	357-9557-795-19-40-MW	109.38	
12148	ZOLL MEDICAL CORPORATION	91006629	06/14/2026	HEART MONITOR, AUTOPULSE, AED	357-9557-795-28-48-60	5,076.87	
12148	RAINBOW AMERICA'S COUNTRY STORE	H0001617	07/12/2026	SAFETY EQT POLE SAW CHAINSAW	357-9557-795-28-30-60	3,616.11	FUELS TEAM
12148	SPACE EXPLORATION TECHNOLOGIES CORP	ME 081826	07/18/2026	MOBILE INTERNET ME 08/18/26	357-9557-795-12-00-60	265.00	
12148	ZOOM VIDEO COMMUNICATIONS INC	INV361661105	07/11/2026	BOARD MTG REMOTE ACS ME 08/10/26	357-9557-795-23-80-SP	16.99	
					SUBTOTAL	19,241.24	

South Lake County
Fire Protection District
Cost Accounting Management System
Budget Expenditure Ledger Report

		Orig Budget	Adj Budget	Expenditures	Unencumbered Balance	% Committed	Pending Exp
795	(Budget Exp Acct) Accts Payable						
01-11	Salaries & Wages-Permanent	0.00	0.00	0.00	0.00	N/A	0.00
01-12	Salaries & Wages-Temporary	0.00	0.00	0.00	0.00	N/A	0.00
01-13	Salaries & Wages-Overtime	0.00	0.00	0.00	0.00	N/A	0.00
02-21	FICA/Medicare-Emplyr Share	0.00	0.00	0.00	0.00	N/A	0.00
03-30	Insurance	0.00	0.00	0.00	0.00	N/A	1,042.02
03-31	Unemployment Insurance	0.00	0.00	0.00	0.00	N/A	0.00
04-00	Workers Compensation	0.00	0.00	0.00	0.00	N/A	55,683.00
09-00	Payroll Clearing	0.00	0.00	0.00	0.00	N/A	80,000.00
11-00	Clothing & Personal Supplies	0.00	0.00	0.00	0.00	N/A	934.95
12-00	Communications	0.00	0.00	0.00	0.00	N/A	1,869.35
13-00	Food	0.00	0.00	0.00	0.00	N/A	338.99
14-00	Household Expense	0.00	0.00	0.00	0.00	N/A	273.05
15-10	Insurance-Other	0.00	0.00	0.00	0.00	N/A	69,995.80
17-00	Maintenance-Equipment	0.00	0.00	0.00	0.00	N/A	2,305.44
18-00	Maint-Bldgs & Imprvmts	0.00	0.00	0.00	0.00	N/A	3,280.50
19-40	Medical Expense	0.00	0.00	0.00	0.00	N/A	1,769.39
20-00	Memberships	0.00	0.00	0.00	0.00	N/A	260.00
22-70	Office Supplies	0.00	0.00	0.00	0.00	N/A	259.06
22-71	Postage	0.00	0.00	0.00	0.00	N/A	339.28
23-80	Professional, Specialized Svc	0.00	0.00	0.00	0.00	N/A	6,241.99
24-00	Publications & Legal Ntcs	0.00	0.00	0.00	0.00	N/A	0.00
27-00	Small Tools & Instruments	0.00	0.00	0.00	0.00	N/A	0.00
28-30	Special Dept Supp & Svcs	0.00	0.00	0.00	0.00	N/A	11,661.26
28-48	Special Dept Ambulance Exp	0.00	0.00	0.00	0.00	N/A	42,956.52
29-50	Transportation & Travel	0.00	0.00	0.00	0.00	N/A	0.00
30-00	Utilities	0.00	0.00	0.00	0.00	N/A	7,914.78
38-00	Inventory Items	0.00	0.00	0.00	0.00	N/A	0.00
48-00	Taxes & Assessments	0.00	0.00	0.00	0.00	N/A	0.00
61-60	Bldgs & Imprv	0.00	0.00	0.00	0.00	N/A	0.00
62-72	Autos & Light Trucks	0.00	0.00	0.00	0.00	N/A	0.00
62-74	Cap FA-Eqt Other	0.00	0.00	0.00	0.00	N/A	0.00
62-79	Pr Yr	0.00	0.00	0.00	0.00	N/A	0.00
63-13	Construction in Progress	0.00	0.00	0.00	0.00	N/A	41,116.48
90-91	Contingencies	0.00	0.00	0.00	0.00	N/A	0.00
**** 795 Subtotal***		***0.00***	***0.00***	***0.00***	***0.00***	***N/A***	***328,241.86***
***** Grand Total***		***0.00***	***0.00***	***0.00***	***0.00***	***N/A***	***328,241.86***

*** END OF REPORT ***

South Lake County
Fire Protection District
Cost Accounting Management System
Invoice Audit Trail

Detail Report by Vendor, Invoice
Run Date: 07/17/2026 11:03:29am By: GF

Selection Criteria:
Include Inv Batch No: SLCF 06/30/2026

Report Template:
AP Invoice Report
C:\Apps\Lsladmin\Wincams\Lslfiles\Report\Criteria\AP Invoice Report.rst

Check No	Vendor Name	Invoice	Inv Date	Invoice Description	Budget Exp Acct	Inv Total	Req No / Descr 2
12111	BYRON E MADOLE	INV0009	06/18/2026	STATION DUTY MAINTENANCE	357-9557-795-17-00-60	1,145.95	
12111	BYRON E MADOLE	INV0010	06/18/2026	FUEL REDUCTION	357-9557-795-28-30-60	4,343.95	24-DG11052012-186
12112	COUNTY OF LAKE SOLID WASTE	257 063026	06/30/2026	GARBAGE DISPOSAL	357-9557-795-30-00-GF	39.28	
12113	DEPARTMENT OF FORESTRY AND FIRE PRO	177894	06/17/2026	Q3 (SCH A) FY 2025-26	357-9557-795-23-80-CF	918,651.81	
12114	LIFE ASSIST INC	95461FPD 063026	06/30/2026	EMS SUPPLIES 55266466-1	357-9557-795-19-40-MS	4,433.44	
12114	LIFE ASSIST INC	95461FPD 063026	06/30/2026	EMS SUPPLIES 55266466-2	357-9557-795-19-40-MS	33.72	
12114	LIFE ASSIST INC	95461FPD 063026	06/30/2026	EMS SUPPLIES 56264754.1	357-9557-795-19-40-MS	871.12	
12115	MIDDLETOWN MAIL AND MORE	74635	06/19/2026	PUBLIC EDUCATION MAILER	357-9557-795-28-30-PE	5,797.75	
12116	PAUL DIZON-ARAGON	DIZONARAGON61926	06/19/2026	REIMB DR OP 1A CLASS FEE	357-9557-795-28-30-T	300.00	
12117	REESE AND ASSOCIATES INC	3460.1.13	06/24/2026	GEOTECHNICAL ENGINEERING	357-9557-795-63-13-63	955.00	
12118	THE NAPA COMMUNITIES FIREWISE FOUND	NCFF2520	10/20/2025	FIRE SUPPRESSION REPAIR SUPPORT	357-9557-795-28-30-60	63,017.24	
12119	U.S.BANK			VARIOUS (SEE ATTACHED)		5,416.37	
12120	US BANK VOYAGER	8690837252626	06/24/2026	VEHICLE FUEL	357-9557-795-29-50-00	141.93	
12121	WITTMAN ENTERPRISES	202605C1858	06/22/2026	AMBULANCE BILLING MAY 2026	357-9557-795-23-80-AB	5,709.84	
12122	DEPARTMENT OF FORESTRY AND FIRE PRO	Q4 FY2025-26 EST	06/30/2026	Q4 (SCH A) FY 2025-26 ESTIMATE	357-9557-795-23-80-CF	832,191.72	
					TOTAL	1,843,049.12	

Check No	Merchant Vendor Name	Invoice	Inv Date	Invoice Description	Budget Exp Acct	Inv Total	Req No / Descr 2
12119	AW EQUIPMENT REPAIR INC	1871	06/01/2026	VEHICLE REPAIR U6022	357-9557-795-17-00-60	187.63	
12119	AW EQUIPMENT REPAIR INC	1877	06/05/2026	VEHICLE REPAIR U6021	357-9557-795-17-00-60	337.50	
12119	AW EQUIPMENT REPAIR INC	1889	06/16/2026	VEHICLE REPAIR R6031	357-9557-795-17-00-60	375.00	
12119	AW EQUIPMENT REPAIR INC	1890	06/11/2026	VEHICLE REPAIR E6231	357-9557-795-17-00-62	1,482.12	
12119	HARDESTERS	503785	06/30/2026	GENERATOR ADAPTER (TRLR MOUNTED)	357-9557-795-18-00-60	48.25	
12119	HARDESTERS	499647	06/30/2026	E6061 WT6211 MEALS (18@12.23EA)	357-9557-795-13-00-60	220.09	
12119	HARDESTERS	502711	06/30/2026	E6061 WT6211 MEALS (14@8.03EA)	357-9557-795-13-00-60	112.43	
12119	HARDESTERS	502521	06/30/2026	OES359 COOLANT	357-9557-795-17-00-60	42.88	
12119	PROFESSIONAL SALES AND SERVICE	36258	06/22/2026	AC REPAIR M6311	357-9557-795-28-48-63	1,325.92	
12119	FASTRAK VIOLATION PROCESSING DEPT	I712649331402	06/16/2026	TOLL BAY, BENICIA BRIDGE U6321	357-9557-795-29-50-00	8.50	
12119	LN CURTIS AND SONS	INV1080542	06/17/2026	SCBA FILL UNIT REPAIR	357-9557-795-17-00-60	1,276.05	
					SUBTOTAL	5,416.37	

South Lake County
Fire Protection District
Cost Accounting Management System
Budget Expenditure Ledger Report

		Orig Budget	Adj Budget	Expenditures	Unencumbered Balance	% Committed
795	(Budget Exp Acct) Accts Payable					
01-11	Salaries & Wages-Permanent	6,300.00	6,300.00	6,200.00	100.00	98.41
01-12	Salaries & Wages-Temporary	150,000.00	288,632.00	288,160.93	471.07	99.84
01-13	Salaries & Wages-Overtime	36,000.00	96,000.00	95,655.84	344.16	99.64
02-21	FICA/Medicare-Emplyr Share	14,800.00	30,300.00	30,295.28	4.72	99.98
03-30	Insurance	35,595.00	31,595.00	21,667.40	9,927.60	68.58
03-31	Unemployment Insurance	3,900.00	3,900.00	2,454.95	1,445.05	62.95
04-00	Workers Compensation	57,656.00	55,856.00	53,295.00	2,561.00	95.41
09-00	Payroll Clearing	0.00	0.00	0.00	0.00	N/A
11-00	Clothing & Personal Supplies	30,035.00	100,835.00	89,670.35	11,164.65	88.93
12-00	Communications	30,000.00	30,000.00	29,945.06	54.94	99.82
13-00	Food	5,335.00	10,335.00	9,922.47	412.53	96.01
14-00	Household Expense	15,750.00	23,750.00	20,843.43	2,906.57	87.76
15-10	Insurance-Other	120,000.00	120,000.00	115,092.66	4,907.34	95.91
17-00	Maintenance-Equipment	111,585.00	213,085.00	213,007.19	77.81	99.96
18-00	Maint-Bldgs & Imprvmts	129,136.00	129,136.00	99,305.87	29,830.13	76.90
19-40	Medical Expense	70,500.00	94,900.00	94,846.56	53.44	99.94
20-00	Memberships	1,983.00	6,983.00	5,965.00	1,018.00	85.42
22-70	Office Supplies	5,000.00	10,000.00	6,863.18	3,136.82	68.63
22-71	Postage	2,800.00	2,800.00	1,608.86	1,191.14	57.46
23-80	Professional, Specialized Svc	5,151,923.00	4,856,452.00	3,582,163.80	1,274,288.20	73.76
24-00	Publications & Legal Ntcs	1,155.00	1,155.00	328.76	826.24	28.46
27-00	Small Tools & Instruments	3,675.00	3,675.00	1,614.58	2,060.42	43.93
28-30	Special Dept Supp & Svcs	314,929.00	314,929.00	278,754.41	36,174.59	88.51
28-48	Special Dept Ambulance Exp	152,797.00	486,671.00	447,838.38	38,832.62	92.02
29-50	Transportation & Travel	20,500.00	20,500.00	12,193.71	8,306.29	59.48
30-00	Utilities	106,661.00	106,661.00	94,528.17	12,132.83	88.62
38-00	Inventory Items	28,575.00	28,575.00	22,725.83	5,849.17	79.53
48-00	Taxes & Assessments	210.00	210.00	132.69	77.31	63.19
61-60	Bldgs & Imprv	0.00	65,000.00	15,920.76	49,079.24	24.49
62-72	Autos & Light Trucks	0.00	60,000.00	56,972.31	3,027.69	94.95
62-74	Cap FA-Eqt Other	0.00	2,217,020.00	2,208,608.86	8,411.14	99.62
62-79	Pr Yr	0.00	0.00	0.00	0.00	N/A
63-13	Construction in Progress	0.00	160,000.00	108,453.24	51,546.76	67.78
90-91	Contingencies	1,115,536.00	830,536.00	0.00	830,536.00	0.00
***** 795 Subtotal**		***7,722,336.00***	***10,405,791.00***	***8,015,035.53***	***2,390,755.47***	***77.02***
***** Grand Total**		***7,722,336.00***	***10,405,791.00***	***8,015,035.53***	***2,390,755.47***	***77.02***

*** END OF REPORT ***

South Lake County
Fire Protection District
Cost Accounting Management System
Budget Revenue Ledger Report

		Orig Budget	Adj Budget	YTD Revenues	Unrealized Bal	% Realized
411	Property Taxes	1,803,000.00	1,803,000.00	1,884,543.86	-81,543.86	104.52
422	Permits	0.00	0.00	0.00	0.00	N/A
441	Revenue from Use of Money	160,000.00	160,000.00	218,667.73	-58,667.73	136.67
453	State Aid	49,450.00	1,100,485.00	1,410,132.82	-309,647.82	128.14
455	Other Federal	0.00	998,571.00	998,571.42	-0.42	100.00
456	Other Government Agencies	0.00	0.00	84,091.00	-84,091.00	N/A
465	Public Protection	694,000.00	1,210,982.00	1,450,535.56	-239,553.56	119.78
466	Other Current Services	2,132,150.00	2,132,150.00	2,177,147.51	-44,997.51	102.11
491	Other	0.00	37,300.00	73,605.54	-36,305.54	197.33
492	Other Revenue	0.00	0.00	74,100.74	-74,100.74	N/A
502	Operating Transfers	0.00	350,000.00	350,000.00	0.00	100.00
***** Grand Total**		***4,838,600.00***	***7,792,488.00***	***8,721,396.18***	***-928,908.18***	***111.92***

Note: Revenue not final. Waiting for:
Property Tax -5% Teeter
State Aid -HOPTR 50%
Revenue from Use of Money -2nd & 3rd Quarter

*** END OF REPORT ***

South Lake County
Fire Protection District
Cost Accounting Management System
Budget Revenue Ledger Report

		Orig Budget	Adj Budget	YTD Revenues	Unrealized Bal	% Realized
441	Revenue from Use of Money	0.00	0.00	6,229.26	-6,229.26	N/A
461	Charges for Services	0.00	0.00	93,431.87	-93,431.87	N/A
502	Operating Transfers	0.00	-350,000.00	-350,000.00	0.00	N/A
**** Grand Total***		***0.00***	***-350,000.00***	***-250,338.87***	***-99,661.13***	***N/A***

Note: Revenue not final. Waiting for:
Revenue from Use of Money - 2nd & 3rd Quarter

*** END OF REPORT ***

South Lake County
Fire Protection District
Cost Accounting Management System
G/L Balance Sheet

Account	General Ledger Acct	Balance
357 FUND: So Lk Co Fire Prot Dist		
Current Asset accts		
Cash	357-9557-100-00-00-00	10,723,037.37
**** Current Asset accts Subtotal***		
Equity accts		
Fund Balance	357-9557-390-00-00-00	3,319,664.37
General	357-9557-391-01-00-00	154,702.00
Unreserved-Designated	357-9557-392-00-00-00	3,484,536.00
Equipment Reserve	357-9557-392-04-00-00	1,409,451.00
Medical Insurance Reserve	357-9557-392-12-00-00	224,888.00
Medical Svcs & Eqpt Reserve	357-9557-392-25-00-00	2,129,796.00
**** Equity accts Subtotal***		
***** 357 Subtotal***		
366 FUND: So Lk Co Fire Mitigation		
Current Asset accts		
Cash	366-0000-100-00-00-00	26,927.42
**** Current Asset accts Subtotal***		
Equity accts		
Fund Balance	366-0000-390-00-00-00	26,927.42
**** Equity accts Subtotal***		
***** 366 Subtotal***		
****** Grand Total***		

*** END OF REPORT ***

COUNTY OF LAKE
OFFICE OF THE AUDITOR-CONTROLLER

COUNTY OF LAKE

BUDGET TRANSFER

Fiscal Year: 2025-26

Budget Title: South Lake County Fire Protection District .	***Budget Transfer #B*** _____ (Auditor's Office Completes this section)

TRANSFER FROM:

From: Fund 357 (000) Dept 9557 (0000)

Account (000.00-00)	Account Title	Amount
795.04-00	Workers Compensation	$1500 -
		$
		$
		$
		$
		$
		$

TRANSFER TO:

To: Fund 357 (000) Dept 9557 (0000)

Account (000.00-00)	Account Title	Amount
795.01-12	Salaries & Wages -Temp	$ 1500
		$
		$
		$
		$
		$
		$

Department's justification & explanation of why transfer is necessary:

To cover unanticipated expenses

Authorized Department Signature: _____ Date: _____

☐ APPROVED ☐ DENIED

_____
CHAIRPERSON, DISTRICT DATE

Auditor-Controller Use Only

Date _____ JE# _____ By: _____

COUNTY OF LAKE
OFFICE OF THE AUDITOR-CONTROLLER

COUNTY OF LAKE

BUDGET TRANSFER

Fiscal Year: 2025-26

Budget Title: South Lake County Fire Protection District .	***Budget Transfer #B*** _____ (Auditor's Office Completes this section)

TRANSFER FROM:

From: Fund 357 (000) Dept 9557 (0000)

Account (000.00-00)	Account Title	Amount
795.23-80	Prof, Specialized Svc	$17000 .
795.23-80	Prof, Specialized Svc	$1700
795.23-80	Prof, Specialized Svc	$3900
795.23-80	Prof, Specialized Svc	$5300
		$
		$
		$

TRANSFER TO:

To: Fund 357 (000) Dept 9557 (0000)

Account (000.00-00)	Account Title	Amount
795.01-12	Salaries & Wages-Temp	$ 17000
795.02-21	FICA/Medicare-Emplyr Shr	$ 1700
795.17-00	Maintenance-Equipment	$ 3900
795.19-40	Medical Expense	$ 5300
		$
		$
		$

Department's justification & explanation of why transfer is necessary:

To cover unanticipated expenses

Authorized Department Signature: _____ Date: _____

☐ APPROVED ☐ DENIED

_____
CHAIRPERSON, DISTRICT DATE

Auditor-Controller Use Only

Date _____ JE# _____ By: _____