

JUN 06 2016

Amendment to Emergency Medical Services Personnel Agreement

THIS Amendment (hereinafter referred to as "Amendment") made as of this 1st day of June 2016, amends an Agreement dated July 1, 2016 (hereinafter referred to as "Agreement") by and between VINTECH MANAGEMENT SERVICES, LLC, a Connecticut limited liability company, whose address is 16 Bird Street, Torrington Connecticut 06790 (Vintech), and THE TOWN OF CANTON, a Connecticut corporation, whose mailing address is P.O. Box 168, 4 Market Street, Collinsville, CT 06022 (the Town).

The purpose of this amendment is to provide paid Paramedic personnel to the Town purchased from Vintech in addition to the existing services as specified in the Agreement. All provisions within the existing Agreement will remain in force. This Amendment shall commence on July 1, 2016 and shall terminate on June 30, 2017. Notwithstanding the foregoing, either party may cancel this Agreement at any time with or without cause by giving the other party at least sixty (60) days written notice as specified in Section 5 of the Agreement.

This Amendment provides the following additions to Section 6 of the Agreement:

- a) The Town will pay Vintech an hourly rate of \$31.00/hr for a scheduled basis. If a Vintech employee "holds over" or extends his or her hours beyond his or her Paramedic Contracted Services, The Town agrees to pay Vintech an hourly rate of \$31.00/hr. (See Exhibit "B").
- b) If Contracted Services or Non-Contracted Services are for hours worked on holidays, the Town will pay Vintech an hourly rate of \$46.50/hr. Holidays include Easter Sunday, Memorial Day, Independence Day, Labor Day, and Thanksgiving Day. Premium holidays, Christmas Eve and New Year's Eve beginning at 18:00 hours until 00:00 hours, Christmas Day, and New Year's Day will be billed at a rate of \$62.00/hr ("Holidays") as shown in Exhibit "B".

IN WITNESS WHEREOF, the parties hereto have executed these presents on the day and year written below.

Vintech Management Services, LLC

THE TOWN OF CANTON

By 

By 

Date: 6/30/16

Date: 5-31-16

Name: Vincent W. Wheeler

Name: Robert H. Skinner

It's: President

It's: Chief Administrative Officer

Exhibit B

Rate Schedule

Date	Contracted Hourly Rate	Non- Contracted Hourly Rate	Holiday / Overtime Hourly Rate	Premium Holiday Hourly Rate (Christmas Eve and New Years Eve beginning at 18:00 hours until 00:00 hours, Christmas Day, and New Years Day)
July 1 2016 to June 30 2017 Paramedic	\$31.00	\$31.00	\$46.50	\$62.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/20/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

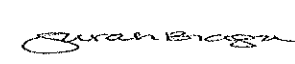
PRODUCER TriPoint 21C Arts Center Court Avon CT 06001		CONTACT NAME: Sarah Braga PHONE (A/C, No, Ext): (860) 618-1104 E-MAIL ADDRESS: sbraga@tripointins.com FAX (A/C, No): (860) 499-5352															
INSURED Vintech Management Services, LLC. 16 Bird Street Torrington CT 06790		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Old Republic Ins Co</td> <td>24147</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Old Republic Ins Co	24147	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** 2016-17 Master **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL(SUBR) INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$																
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$																
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	MWC 30762 300	6/1/2016	6/1/2017	<table border="1"> <thead> <tr> <th>X</th> <th>PER STATUTE</th> <th>OTH-ER</th> <th>LIMIT</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>E.I. EACH ACCIDENT \$ 1,000,000</td> </tr> <tr> <td></td> <td></td> <td></td> <td>E.I. DISEASE - EA EMPLOYEE \$ 1,000,000</td> </tr> <tr> <td></td> <td></td> <td></td> <td>E.I. DISEASE - POLICY LIMIT \$ 1,000,000</td> </tr> </tbody> </table>	X	PER STATUTE	OTH-ER	LIMIT				E.I. EACH ACCIDENT \$ 1,000,000				E.I. DISEASE - EA EMPLOYEE \$ 1,000,000				E.I. DISEASE - POLICY LIMIT \$ 1,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance.

CERTIFICATE HOLDER Town of Canton Fire/Ambulance Department P.O. Box 168 4 Market Street Collinsville, CT 06022	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Sarah Braga/CZHANG 
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