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

By __________________________

Date: 6/30/16

Name: Vincent W. Wheeler
It's: President

THE TOWN OF CANTON

By __________________________

Date: 5/31/16

Name: Robert H. Skinner
It's: Chief Administrative Officer
Exhibit B

Rate Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Contracted Hourly Rate</th>
<th>Non-Contracted Hourly Rate</th>
<th>Holiday / Overtime Hourly Rate</th>
<th>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)</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1 2016 to June 30 2017</td>
<td>$31.00</td>
<td>$31.00</td>
<td>$46.50</td>
<td>$62.00</td>
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</table>
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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: (860) 618-1104
FAX: (860) 499-5352
EMAIL: sbraga@tripointins.com

INSURER(S) AFFORDING COVERAGE:
21C Arts Center Court
Avon CT 06001

INSURER 1: Old Republic Ins Co
NAIC #: 24147

INSURED
Vintech Management Services, LLC.
16 Bird Street
Torrington CT 06790

INSURER 2:
INSURER 3:
INSURER 4:
INSURER 5:

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, TERMIN 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.

<table>
<thead>
<tr>
<th>INSURER</th>
<th>TYPE OF INSURANCE</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>21C Arts Center Court</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>EACH OCCURRENCE</td>
</tr>
<tr>
<td>21C Arts Center Court</td>
<td>AUTO LIABILITY</td>
<td>COMBINED SINGLE LIMIT</td>
</tr>
<tr>
<td>21C Arts Center Court</td>
<td>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</td>
<td>EACH OCCURRENCE</td>
</tr>
</tbody>
</table>

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/C2HANG

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