



5112 Forest Hills Court
Rockford, Illinois 61111-8304

MEDICAL SERVICES, INC.

Emergency 815/633-6388
Billing 815/877-7277

April 5, 2011

City of Rockford
Central Services Manager
425 East State Street, 4th Floor
Rockford, Illinois 61104

To Whom It May Concern,

Metro Medical Services is proud to be the oldest private ambulance provider in the Rockford and Northern Illinois Region. Metro started in August of 1978 with the mission of improving pre-hospital care to the citizens in the Winnebago County area. Metro was the first private ambulance service to provide Advanced Life Support Services (ALS) outside the city limits of Rockford, including the cities of Winnebago, Rockton, South Beloit, Machesney Park and Loves Park. We are a licensed corporation in the State of Illinois. Our corporate headquarters is located in Loves Park, Illinois. Metro has numerous contractual agreements with local communities and health care organizations. We have exclusive and preferred provider contracts with or without subsidies.

Metro are proud members of both the American Ambulance Association (AAA) and the Illinois State Ambulance Association (ISAA), and is in good standing with both the Rock River Region EMS Program and OSF Pre-hospital Care Program. Our primary EMS System is with the Rock River Region EMS Program at Rockford Memorial Hospital. All of our staff members of Metro are licensed EMT-Basics or EMT-Paramedics, both State of Illinois and National Registry of EMT's. All units currently are staffed with the minimum of one (1) EMT-Paramedic and one (1) EMT-Basic.

All vehicles used by Metro are type III modular ambulances with no more than five (5) years as a primary unit and then two (2) years as a back-up unit. All ambulances and equipment are in excellent condition, ranging from years 2011 to 2006. Metro responded to approximately 130 calls in the City of Rockford in 2010. Vehicles either respond from our main headquarters in Loves Park, located at 5112 Forest Hills Court or 2437 North Central Avenue in Rockford, Illinois. Metro provides both stationary and posting locations on both sides of the Rock River. In 2010, Metro responds to approximately 12,000 emergency and non-emergent ambulance requests

All units carry all the required equipment as outlined in the Illinois Department of Public Health. EMS Division and also required by the Region 1 protocols. Units are capable of transmitting 12 lead EKG's via blue tooth technology to any Rockford hospital or facility capable of receiving fax transmissions.

Metro Medical's policy for replenishment of supplies used at the scene by ALS personal prior to ambulance are exchanged after the patient is loaded and stabilized for transport. If the patient's condition is life-threatening at which time that equipment would be replaced as soon as possible after the call has ended. Metro is one the few services in the Northern Illinois area that provides a bariatric stretcher for larger patients in both emergency and non-emergency responses. Metro has the one of the only Stryker Bariatric Cot capable of 800lbs in the up-right position and 1600lbs in the lower position. And Metro has the only ambulance capable of lifting 1200lbs patients with help of a rear hydraulic lift made by Mac Lift Corp. out of California. There is no need for ramps or winches to assist in the loading of the patient and the system is quick and safe for the patient and crew members.

Metro provides a daily internal quality assurance program and an external quality assurance program for patient care thru the EMS system on a quarterly basis.

Emergency radio communications is currently contracted and handled by Rock Comm located in the emergency room at Rockford Memorial Hospital. All non emergent requests and calls are handled by an internal radio communications center, located in our corporate headquarters, located at 5112 Forest Hills Court. All dispatchers in Rock Com are AMD certified dispatchers with some pre-hospital field care experience.

We at Metro would be very much interested in talking with the City of Rockford officials, on the possibility of providing ambulance services to the citizens of Rockford. Our mission has always been quality patient care with least out-of-pocket expense to the patient. We look forward in working with City Officials of Rockford and the City of Rockford Fire Department in help providing more services, without reduction in staffing to the city with the least amount of increased expenses to the taxpayers. We look forward to meeting with you in the near future about this topic.

Respectfully,

A handwritten signature in black ink, appearing to read "Stuart D. Brown". The signature is fluid and cursive, written over the word "Respectfully,".

Stuart D. Brown

President/CEO

Metro Medical Services Inc.



Best's Rating Center

Regional Centers: [Asia Pacific](#) | [Canada](#) | [Europe, Middle East and Africa](#)

Search Results Page 1 of 1 Results Per Page

2 Rated or non-Rated companies found, results sorted by Company Name
 Criteria Used: Company Name: Company names starting with Zurich American Insurance Company
 To refine your search, please use our [Advanced Search](#) or view our [Online Help](#) for more information.

New Search View results starting with: [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#)

Company Information		Financial Strength Ratings		Issuer Credit Ratings	
AMB#	Company Name	Rating	Outlook / Implication	Long-Term	Outlook / Implication
002563	Zurich American Insurance Company Insurance - Property/ Casualty (Operating Company)	A+	Stable	aa-	Stable
003565	Zurich American Insurance Company of IL Insurance - Property/ Casualty (Operating Company)	A+	Stable	aa-	Stable

Note: Financial Strength Ratings as of 03/29/2011 08:25 AM E.S.T.
 † Financial Strength Ratings (FSR) are sometimes assigned to Property/Casualty - A.M. Best Consolidated Groups. Please note and Company Consolidated Financial Statements are not assigned FSR ratings.
 * Denotes Under Review [Best's Ratings](#)
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Gretchen Eighme
 Underwriting Tech/Rater
 THOMCO
NEW EMAIL ADDRESS: Gretchen.Eighme@thomcoins.com
 Mailing Address: PO Box 440549; Kennesaw, Ga 30160
 Street Address: 3380 Chastain Meadows Parkway; Suite 100; Kennesaw, Ga. 30144
 Direct Toll Free: 866-418-0137
 FAX: 678-290-2200
 Visit us at: www.thomcoins.com



Carrie Eklund
Central Services Manager
Finance Department

**REQUEST FOR INFORMATION
EMS SERVICE
RFI NO: 311-F-023**

3/17/11

Name of Bidding Firm: Metro Medical Services Inc.
Address 5112 Forest Hills Ct City: Loves Park State: IL Zip: 61111
Phone: 815.877.7277 Fax: 815.877.7281
E-Mail: sbrown@metromedservices.com

RFI Opening Time and Date 11:00 a.m., Local Time, Thursday, April 7, 2011

Bids will be accepted until the specified opening time and date. Any bidder attempting to deliver after the opening time and date will be refused.

ABOUT THIS DOCUMENT

This document is a Request for Information. The issuance of this RFI is for informational purposes for staff only, and will not result in the award of a contract. The RFI process will often result in a separate RFP or Bid process, as once the City has sufficient information to develop specifications, the more formal processes are then used to create a contract. Participation in the RFI process is voluntary and does not give vendors an unfair advantage in the resulting procurement process.

PLEASE MARK THE RETURN SEALED ENVELOPE:

- 1. RFI Opening Date and Time
- 2. Title of RFI
- 3. RFI Number

RETURN INFORMATION TO:

City of Rockford
Central Services Manager
425 East State Street, 4th Floor
Rockford, Illinois 61104
Telephone: (815) 987-5560

BIDS SUBMITTED BY FASC SIMILE OR E-MAIL WILL NOT BE ACCEPTED

BID RESULTS:

Bid results may be obtained by telephone at (815) 987-5560, by fax at (800) 380-7174 or at www.rockfordil.gov

**BID REQUIREMENTS FOR
EQUAL EMPLOYMENT OPPORTUNITY**

All bidders seeking to do business with the City of Rockford are **REQUIRED** to submit with any formal, sealed bid all of the following documents and information, attached herewith, completed and signed:

1. Equal Employment Opportunity Affirmative Action Plan Statement of Policy.
2. The Statement of Non-Compliance and Certificate of Non-Segregated Facilities.
3. The Contractor or Vendor Workforce Data Form listing all current employees, by classification, directly employed by the bidder. All categories of information requested must be supplied.
Note: The number of employees must be entered under each category (no check marks)

Below are the Federal definitions of the following racial groups accepted as minorities by the City of Rockford:

Black: A person having origins in any of the Black racial groups of Africa, not of Hispanic origin.

Hispanic: A person of Spanish or Portuguese culture with origins in Mexico, South or Central America, or the Caribbean Islands, regardless of race.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Republic and Samoa.

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America.

4. Your State of Illinois Pre-Qualification Certification Number, issued by the Illinois Department of Human Rights for the Illinois Department of Human Rights Act, must provide expiration date entered in the place provided therefore.
5. Certificate of Non-Barred Bidding
6. All executed Subcontractor/Leased Operator and Supplier forms.

If you have not obtained your State of Illinois Pre-Qualification Number (item #4), by signing these documents you agree to make application for this number within 30 days from the date of bid opening.

ANY BID WHICH FAILS TO INCLUDE THE CITY OF ROCKFORD EEO PAGES 2, 4, 5, 6, AND 7, COMPLETED AND SIGNED WITH YOUR SEALED BID WILL NOT BE READ AND WILL NOT BE CONSIDERED – NO EXCEPTIONS.

Falsification of any required Equal Employment Opportunity or Affirmative Action information on the part of the bidder could result in rejection of the bid submitted or in the case where a contract has already been awarded, in the cancellation of said contract.

Any questions pertaining to E.E.O. requirements should be addressed to Ron Moore, Diversity Procurement Officer, Legal Department, 425 East State Street, Rockford, Illinois 61104, Phone: (815) 987-5622 or ron.moore@rockfordil.gov

EQUAL EMPLOYMENT OPPORTUNITY
AFFIRMATIVE ACTION PLAN
STATEMENT OF POLICY

It is the policy of this company, Metro Medical Services Inc.
to provide equal employment opportunity without regard to race, religion, color, national origin, handicap,
age or sex through a program of positive action affecting all employees. In this program, our company
carries out the requirements of Federal Executive orders 11246 and 11375, Civil Rights Act of 1964,
Equal Employment Act of 1972, and all other applicable laws, and indicates its active support of the
principle of equal opportunity in employment.

At present, 5 % of our work force are minorities and 15 % of our work force
are females, and we will attempt to utilize minorities and females through a positive, continuing program
in all jobs for which we contract in the future. Our company will utilize referrals from the City of
Rockford's Diversity Procurement Officer for use of minorities and females regarding any future job
vacancies.

It is also our intent to make efforts to purchase supplies or equipment from small business concerns
located in the City of Rockford or counties of Winnebago or Boone and owned in substantial part (at
least 51 per cent) by minorities or females.

 Stuart D Brown is the official who will be responsible for implementing
this policy statement.

 Jeffrey S Stringer will be designated as the Equal Opportunity Officer in
our company, responsible for submission of all required equal employment opportunity documents.

In addition, Jeffery S. Stringer is hereby authorized to sign payroll as well as
this company's officers. (NOTE: If only officers will be authorized to sign payrolls, please fill in "No One"
in this space.)

STATEMENT OF NONCOMPLIANCE

If the equal employment opportunity hearing committee determines that a contractor, subcontractor/leased operator of equipment or bidder is not in compliance with this chapter, (also known as Chapter 11, Article III the City of Rockford Equal Opportunity Employment Ordinance), the hearing committee shall issue and serve upon such person a written statement of noncompliance setting forth the manner in which it finds such person has violated this chapter, and imposing and/or requiring appropriate sanctions, including, but not limited to any and/or all of the following:

- a. Denying, suspending or revoking qualifications, or declaring the contractor or subcontractor irresponsible and ineligible for future contracts or subcontracts until such time as the contractor or subcontractor shall demonstrate to the equal employment opportunity hearing committee that it is in compliance;
- b. Withholding or delaying payment on the contractor or;
- c. Suspending, avoiding or canceling contract work.

CERTIFICATION OF NON-SEGREGATED FACILITIES

The bidder certifies that he/she does not maintain or provide for his/her employees any segregated facilities at any of his/her establishments, and that he/she does not permit his/her employees to perform their services at any location, under his/her control, where segregated facilities are maintained. The bidder agrees that a breach of this certification will be a violation of the Equal Opportunity clause in any contract resulting from acceptance of this bid.

The bidder agrees that (except where he/she has obtained identical certification from proposed subcontractors/leased operators of equipment for specific time periods) he/she will obtain identical certification from proposed subcontractors/leased operators of equipment from the provisions of the Equal Opportunity clause, and that he/she will retain such certification in his/her files.

CONTRACTOR OR VENDOR WORKFORCE DATA FORM

BIDDERS NAME: Metro Medical Services Inc.

NUMBER OF ALL EMPLOYEES MUST BE ENTERED FOR EACH CATEGORY ---

(No Check Marks Or Bid Will Not Be Accepted)

ALL JOB CLASSIFICATIONS	MALES					FEMALES				
	W	B	H	A	I	W	B	H	A	I
EMT-PARAMEDIC	15		1			1				
EMT-BASIC	16		1			1				
OFFICE/BILLING						4				

W - WHITE B - BLACK H - HISPANIC A - ASIAN OR PACIFIC ISLANDER I - AMERICAN INDIAN

ILLINOIS DEPARTMENT OF HUMAN RIGHTS CERTIFICATION

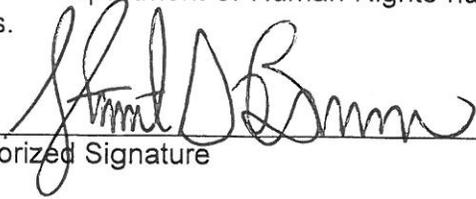
Our Illinois Department of Human Rights Number is: _____

Must Provide Expiration Date: _____

CERTIFICATE OF NON-BARRED BIDDING

The undersigned certifies that it is not barred from bidding on this contract as a result of a conviction for the violation of State laws prohibiting bid rigging or bid rotating. The undersigned also certifies that current or prospective employees, contractors, and subcontractors/leased operators of equipment are not listed as Excluded Individuals/Entities with the US Government, as maintained by the US General Services Administration.

By signing below, the firm agrees that all information provided in the previous pages is accurate, and that if the firm below does not currently have a Department of Human Rights number they will apply for one within thirty days with the State of Illinois.



Authorized Signature

PRESIDENT /CEO

Title

METRO MEDICAL SERVICES INC

Firm

Our firm is a:

Minority Business Enterprise

City-Certified? Yes ___ No X

Women Business Enterprise

City Certified? Yes ___ No X

Neither

YES

(Revised 12/21/09)

Subcontractor/Leased Operator of Equipment Detail Form
City of Rockford

Firms submitting bids must supply information on Subcontractors/Leased Operators of Equipment selected for work on the project specified. It is required that Subcontractors/Leased Operators of Equipment listed below will be utilized for actual construction should the firm be awarded a contract. Any deviations from the list below require notice in writing and approval by the Diversity Procurement Officer, Central Services Manager, or their designee. This form may be duplicated if additional space is necessary, **all pages must be signed, and submitted.**

Subcontractor/Leased Operator Information		Type of Work Supplied	MBE/WBE Business?	Dollar Amount	Subcontract Percent of Bid Total
Please provide business name and address, and a contact person.		Describe the work the subcontractor/leased operator will perform for this contract.			
Name	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	\$ _____	_____ %
Address	_____	_____			
City, State	_____	_____			
Contact	_____	_____			
Name	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	\$ _____	_____ %
Address	_____	_____			
City, State	_____	_____			
Contact	_____	_____			
Name	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	\$ _____	_____ %
Address	_____	_____			
City, State	_____	_____			
Contact	_____	_____			
Name	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	\$ _____	_____ %
Address	_____	_____			
City, State	_____	_____			
Contact	_____	_____			

The bidder intends to Subcontract/Lease Operators of Equipment for _____ % of the total contract with MBE/WBE firms.

Signed _____ Title _____ Date _____

**Supplier Detail Form
City of Rockford**

Firms submitting bids must supply information on suppliers selected for the project-specified. It is required that suppliers listed below will be utilized during construction should the firm be awarded a contract. Any deviations from the list below require notice in writing and approval by the Diversity Procurement Officer, Central Services Manager, or their designee. This form may be duplicated if additional space is necessary, **all pages must be signed, and submitted.**

Supplier Information		Type of Product Supplied	MBE/WBE Business?	Dollar Amount of Supply Contract	Supplier Percent of Bid Total
Please provide business name and address, and a contact person.		Describe the product the supplier will provide for this contract.			
Name	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	\$ _____	_____ %
Address	_____				
City, State	_____				
Contact	_____				
Name	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	\$ _____	_____ %
Address	_____				
City, State	_____				
Contact	_____				
Name	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	\$ _____	_____ %
Address	_____				
City, State	_____				
Contact	_____				
Name	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	\$ _____	_____ %
Address	_____				
City, State	_____				
Contact	_____				
Name	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>	\$ _____	_____ %
Address	_____				
City, State	_____				
Contact	_____				

The bidder intends to procure _____% of the total contract from MBE/WBE firms.

Signed _____

Title _____

Date _____

**REQUEST FOR INFORMATION
EMS SERVICE
311-F-023**

1.0 Scope

- 1.1 The City of Rockford, Illinois is distributing this Request for Information (RFI) to evaluate potential vendors who are interested in providing professional and qualified Ambulance Service to the geographical area of the City of Rockford. Ambulance service shall include the provision of both Basic Life Support (BLS) and Advance Life Support (ALS) Care.
- 1.2 Contractor shall provide, twenty-four (24) hours a day, seven (7) days a week, Paramedic Level Ambulance Services and all labor, training, supplies, licenses, permits, equipment, transportation, pre-hospital emergency care personnel and every other item of expense required to transport patients.

2.0 General Requirements - Please completely respond to the following

2.1 About the Company

- 2.1.1 Company history.
- 2.1.2 Organizational chart and hierarchy identification.
- 2.1.3 Location(s).
- 2.1.4 Provide information about contractual arrangements with other communities.
- 2.1.5 Describe affiliations with local agencies (hospitals, institutions, etc.).
- 2.1.6 Bonding and insurance capacity, including Best's rating of current insurer.
- 2.1.7 Provide information on certifications and accreditations the firm holds.
- 2.1.8 Identify what state or Illinois EMS Region the vendor is with and what EMS System they are currently in. Identify what Region I EMS System they anticipate they will be in.
- 2.1.9 Provide a letter of "Good Standing" from their current EMS System.

2.2 About the Staff

- 2.2.1 Training and certification of staff.
- 2.2.2 Include each individual's years of employment to the vendor and years licensed as an EMT-P.
- 2.2.3 Provide letter of confirmation that all of vendor's EMS providers are in good standing within their EMS System and IDPH.

2.3 About the Equipment

- 2.3.1 Identify Ambulance vehicles currently used in similar markets (e.g., make, model, year, equipment).
- 2.3.2 Condition of current equipment and capital replacement policy.
- 2.3.3 Included in appendix A is statistical information on call volume in the City. Please provide information on the firm's deployment strategy in similar markets.
- 2.3.4 Identify and list all equipment that is maintained and is part of every ambulance's inventory.
- 2.3.5 Confirm that every cardiac monitor that is carried by the vendor is capable of taking and transmitting a 12-lead analysis to every local hospital.
- 2.3.6 Outline the vendor's current policy on providing equipment and medication replacement to fire apparatus companies used on patients being transported by the vendor.

2.4 About the Service

- 2.4.1 Identify experience providing Ambulance services as well as the contractual method employed with each client listed.
- 2.4.2 If available, provide customer survey results for vendor's last three (3) years of service.
- 2.4.3 Vendor must confirm that a Quality Assurance/Quality Improvement program is being utilized, and provide information on program details.
- 2.4.4 Describe service provision approach (e.g., patrol, stationary).
- 2.4.5 Describe contingency plan and any arrangements with public or private providers for emergency services.
- 2.4.6 The City will require two (2) paramedics on the ambulance at all times. Describe current staffing strategy.
- 2.4.7 Describe current billing practice for commercial and no-pay patients (How do you collect and to what extent.)
- 2.4.8 Provide current and accurate cardiac arrest data, providing percentage of patients with return of spontaneous circulation and what parameters are used for "save rate" (i.e. Utstein Criteria).
- 2.4.9 Describe current procedures and equipment for handling bariatric patients.
- 2.4.10 Is standby service for training, police stand-offs, and fire ground included in pricing with current contracts? If not, detail pricing policy for this service.
- 2.4.11 Identify what type of software is used for patient care reporting.

2.5 About Communications

- 2.5.1 Identify software and hardware for dispatch alerting system, radio infrastructure and CAD or Computer aided dispatch.
- 2.5.2 Identify back up plan for radio communication outages and CAD failure.
- 2.5.3 Identify mobile data terminals/computers software and hardware.
- 2.5.4 Outline conflict resolution procedures with current clients.
- 2.5.5 Outline internal investigation procedures.
- 2.5.6 Describe communication approach between your firm and the client in the contractual relationship. What is the typical reporting method and detail provided to the owner? Provide examples.

3.0 General

- 3.1 Contact. The contact for this RFI is Carrie Eklund, Central Services Manager, at 815-987-5565 or carrie.eklund@rockfordil.gov.
- 3.2 Copies. Please return an original and three (3) copies of your firm's full response.



2010 Ambulance Responses (Includes responses from 5 Rockford Ambulances and Private Ambulances)

Hour	Responses
8:00 AM	784
9:00 AM	940
10:00 AM	1,052
11:00 AM	1,092
12:00 PM	1,108
1:00 PM	1,099
2:00 PM	1,111
3:00 PM	1,111
4:00 PM	1,055
5:00 PM	1,067
6:00 PM	952
7:00 PM	1,042
8:00 PM	998
9:00 PM	923
10:00 PM	752
11:00 PM	687
12:00 AM	575
1:00 AM	592
2:00 AM	546
3:00 AM	454
4:00 AM	415
5:00 AM	387
6:00 AM	467
7:00 AM	643
Total	19,852

