

7NP A-70

APSC FORM NO. 18
(Carrier for Nonprofits)DOCKET NO. _____
(Commission use only)ALABAMA PUBLIC SERVICE COMMISSION
APPLICATION FOR CERTIFICATE FOR NONPROFITS

090089 RB

This Application should be typed or neatly printed, properly signed and sworn to, and filed with the \$10.00 filing fee with the Alabama Public Service Commission, P. O. Box 304260, Montgomery, Alabama 36130.

I. This is the application of:

The Bibb County Health Care Authority
(Name)a (an) Not-for-profit corporation
(individual, partnership, corporation)Mailing Address: 208 Pierson Avenue City: Centreville State: AL Zip Code: 35042Physical Address: 208 Pierson Avenue City: Centreville State: AL Zip Code: 35042Telephone No. (205) 926-4881
205 926-3281

E-mail address: _____



II. For a (check one):

- ☒ Certificate for Nonprofits A, to operate without restriction as to vehicle size or capacity, or
☐ Certificate for Nonprofits B, to operate only vehicles with a capacity of 14 passengers or less.

III. Applicant states and represents subject to the penalties of law for false swearing, that this application is filed only for the purpose of operating as a carrier for nonprofits, as defined in the rules of the Commission, and that the operations will be in compliance with the rules of the Commission for such operations. Applicant understands that the filing of this Application does not, in itself, constitute authority to conduct operations.

IV. Applicant has filed, or will cause to be filed, a Uniform Motor Carrier Form E, Certificate of Liability insurance, duly completed by applicant's insurance agent or carrier.

V. Attached hereto is: ☒ Cashier's Check/ ☐ Money Order in the amount of \$10.00 in payment of application fee.
(Check appropriate box.) Made payable to Alabama Public Service Commission

OATH

COUNTY OF BibbSTATE OF AlabamaJoseph Marchant being duly sworn, states that he files this application as CEO
(Name of Affiant) (Operator or, other title)

that in such capacity, he is qualified and authorized to file and verify such application; that he has carefully examined all the statements and matters contained in the application; and that all such statements made and matters set forth therein are true and correct to the best of his knowledge, information and belief.

(Signature of Affiant)Subscribed and sworn to before me, a citizen in and for said State and County above named, this 29th day of,
September, 2011My Commission Expires 1/2015
(Notary Public)OK
pu JTG
9/29/11



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/28/2011

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 Bates, Roberts, Fowlkes & Jackson Insurance 1812-6th Avenue, South Post Office Box 101537 Irondale AL 35210	CONTACT NAME: Debra Downey PHONE (A/C, No, Ext): (205) 956-0563 FAX (A/C, No): (205) 956-6905 E-MAIL ADDRESS: debra@batesia.com PRODUCER CUSTOMER ID #: 00006743														
INSURED The Bibb County Health Care Authority 208 Pierson Avenue Centreville AL 35042	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: CINCINNATI INSURANCE CO</td><td>10677</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: CINCINNATI INSURANCE CO	10677	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: Auto only 2011

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			EPP0098620	9/1/2011	9/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist BI single \$ 100,000 Medical payments \$ 5,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The following vehicles are insured under the Business Auto Policy referenced above:

Transerv1 2001 Dodge Van Caravan #2B4GP44351R346605, Transerv2 2000 Chevrolet Cavalier #3G1JC5249YS159279, Transerv3 2005 Dodge Caravan #1D4GP24R75B255970,
Transerv4 2008 Dodge Caravan #1D8HN54P68B167571, CVHS 1 1995 GMC Sierra 1500 #1GTEC14K5SZ523673

CERTIFICATE HOLDER**CANCELLATION**

Alabama Public Service Commission
PO Box 304260
Montgomery, AL 36130

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

Thomas Roberts/DEBRA

RESOLUTION NO. 98-22

BE IT RESOLVED by the Bibb County Commission (herein called "the Commission") of Bibb County, Alabama, as follows:

Section 1. Findings. The Commission has ascertained and hereby finds and determines as follows: that J. W. Oakley, Jr., Hugh Edmonds, and Bobby Leach have filed with the Commission an application in writing for authority to reincorporate, under the provisions of Section 22-21-314 Code of Alabama, a public corporation to be known as "**The Bibb County Health Authority**"; that said application is in words and figures as follows:

**APPLICATION FOR AUTHORITY
TO REINCORPORATE AS A
HEALTH CARE AUTHORITY**

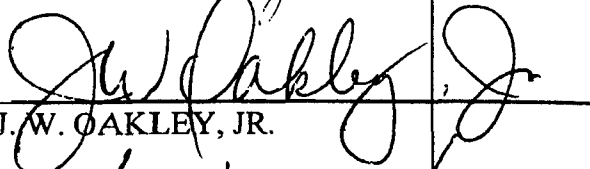
BIBB COUNTY COMMISSION

We, the undersigned natural persons, each of whom is a duly qualified elector of Bibb County, Alabama, and Board member of Bibb County Hospital Board propose to reincorporate as a health care authority pursuant to Section 22-21-310 Code of Alabama, 1975, et seq., and do hereby file with you this Application in writing, do hereby make application for authorization so to reincorporate such health authority, and do hereby request that said application be granted and that a proper resolution be adopted by you declaring it is wise, expedient, and necessary that such a care authority be formed, approving its proposed certificate of reincorporation and authorizing the undersigned applicants to proceed to form such a health care authority under the name of "**THE BIBB COUNTY HEALTH CARE AUTHORITY.**" It is the intent of the above named incorporators, acting under the authority of the Bibb County Hospital Board, to reincorporate said hospital board as a health care authority pursuant to Section 22-21-314, Code of Alabama.

We submit herewith for your consideration, as Exhibit A, a form of the certificate of reincorporation proposed to be used in organizing said corporation. It is contemplated that if this application is granted, there will be attached to said certificate of reincorporation, before it is filed for record, a certificate of the Secretary of State of Alabama that the name proposed for said corporation is not identical to that of any other

corporation organized under the laws of the State of Alabama or so nearly similar thereto as to lead to confusion and uncertainty.

WITNESS our signature this 20th day of August, 1998.


J.W. OAKLEY, JR.


HUGH EMONDS

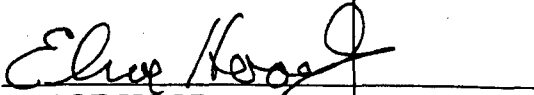

BOBBY LEACH

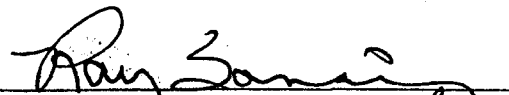
That each of said applicants is a duly qualified elector Bibb County, Alabama as well as officer of the Bibb County Hospital Board; that said application, which the Commission has reviewed, is regular in all respects and complies with all requirements of the laws of Alabama under which said public corporation is proposed to be organized; and that it is wise, expedient and necessary that such public corporation be formed.


Section 2. Authorization for ReIncorporation. The aforesaid application is hereby allowed, and permission is hereby granted to the persons signing said application to proceed to form the proposed public corporation by filing for record a certificate of reincorporation for The Bibb County Health Care Authority in accordance with Section 22-21-314 of the Code of Alabama under which said corporation is proposed to be organized. The form of certificate of reincorporation attached to said application and set forth above is hereby approved by the County Commission.

IN WITNESS WHEREOF, the undersigned Commissioners have hereunto subscribed their signature this 8th day of SEPTEMBER, 1998.


VADUS MOORE


ELROE HOOD


RAY SANSING


JEROME CHISM

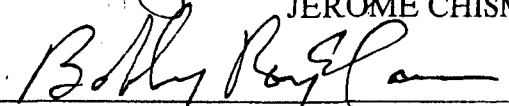

BOBBY ROYELAM

EXHIBIT "A"

**CERTIFICATE OF REINCORPORATION
OF
THE BIBB COUNTY HEALTH CARE AUTHORITY**

TO: THE HONORABLE JUDGE OF PROBATE
OF BIBB COUNTY, ALABAMA

The undersigned, J. W. Oakley, Hugh Edmonds, Bobby Leach, each of whom is over the age of nineteen years, desiring to reorganize a body corporate under the provisions of Section 22-21-314, Code of Alabama, 1975, et seq. and being all of the incorporators of the corporation hereby organized, do make, sign and file this certificate of reincorporation as follows:

(1) The names and residence addresses of the incorporators are as follows:

<u>NAME</u>	<u>RESIDENCE ADDRESS</u>
J. W. Oakley	101 Smitherman Street Centreville, Alabama 35042
Hugh Edmonds	186 Walnut Street Centreville, Alabama 35042
Bobby Leach	128 Cahaba Drive Centreville, Alabama 35042

Each of the aforesaid three applicants is a duly qualified elector of Bibb County, Alabama.

(2) The name of the corporation is and shall be THE BIBB COUNTY HEALTH CARE AUTHORITY.

(3) The duration of the existence of the corporation shall be perpetual, unless it shall be sooner dissolved by proceedings taken pursuant to said Section 22-21-339, Code of Alabama.

(4) The name of the county that authorized the incorporation of the corporation is Bibb County, Alabama (herein called "the County"), and the date on which the governing body adopted a resolution authorizing the reincorporation of the corporation is SEPTEMBER 8, 1998.

(5) The principal office of the corporation shall be located at Bibb Medical Center, 164 Pierson Avenue, Centreville, Alabama 35042.

(6) The corporation is organized pursuant to the provisions of, and for the purposes set forth in, Section 22-21-310 through Section 22-21-359 Code of Alabama, specifically Section 22-21-314, and shall have all powers and authorities specified therein and in any amendment thereof heretofore or hereafter made, and all other powers and authorities heretofore or hereafter conferred upon corporations organized under Section 22-21-314 (and upon corporations generally) by the laws of Alabama not in conflict with Section 22-21-310 through 359, as heretofore or hereafter amended.

(7) Without in any way limiting the generality of the foregoing, it is hereby expressly stated that the corporation shall have the same power of eminent domain as is vested by law in the County, in the same manner and under the same conditions as are provided by law for the exercise of the power of eminent domain by the County, as the case may be, subject, however, to the provisions of Section 22-21-319, Code of Alabama.

(8) The number of directors of the corporation shall be nine. Directors shall be elected by the governing body of the County and by existing members of the board of directors of the corporation. The initial term of office of each director shall begin on _____, or as soon thereafter as the corporation is organized and he is elected, and shall end on February 1, as follows:

<u>Place Number</u>	<u>By Whom Elected</u>	<u>Date of Ending of Initial Term</u>
1	Governing body of the County	February 1, 2000
2	Governing body of the County	February 1, 2000
3	Governing body of the County	February 1, 2002
4	Governing body of the County	February 1, 2002
5	Governing body of the County	February 1, 2004
6	Existing members of the Board of Directors	February 1, 2000
7	Existing members of the Board of Directors	February 1, 2002
8	Existing members of the Board of Directors	February 1, 2004
9	Existing members of the Board of Directors	February 1, 2004

Thereafter, the term of office each director shall be six years from the date of expiration of the immediately preceding term.

The board of directors of the corporation shall, not more than ninety (90) nor less than ten (10) days prior to the expiration of the term of office of each director elected by the governing body of the County [or, in the case of a vacancy resulting from the death or resignation of such director or from a cause other than the expiration of the stated term of office of such director, within thirty (30) days following the occurrence of such vacancy], submit to the governing body of the County, in writing, the names of three or more persons proposed by resolution duly adopted by the board of directors of the corporation and qualified to occupy the place in question. If the governing body rejects each nominee, it shall within thirty (30) days of receipt of such notice, submit to the governing body, in writing, the names of three or more additional persons proposed by resolution duly adopted by the board of directors of the corporation and qualified to occupy the place in question. The governing body shall again consider and vote upon the additional nominees. In the event the governing body rejects each of these additional nominees, it shall have the right to appoint a qualified director without regard to the names submitted by the corporation.

Those nine persons currently serving as directors of the corporation shall continue to serve as directors of the corporation for their respective terms and the respective places until the ending date of their current applicable term. If any of such directors, or any successor thereto, should die, resign, become incapable of acting (or disqualified to act) as a director of the corporation or otherwise vacate his office as such prior to the date of ending of the applicable current term shown above, a successor to serve for the unexpired term shall be elected in accordance with and subject to the preceding provisions of this Paragraph (8).

(9) Upon any dissolution of the corporation, title to all its assets and property shall thereupon vest in Bibb County.

(10) The corporation shall be a public, non-profit corporation, and no part of the net earnings thereof shall inure to any individual or private corporation.

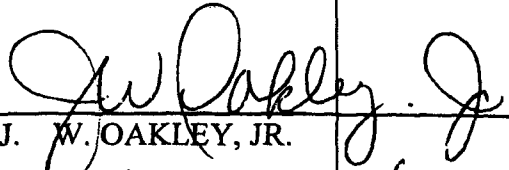
(11) All directors shall promptly disclose any known actual or potential conflict of interest, defined as any action, inaction, or decision by a director in the discharge of his/her duties which would materially affect his/her financial interest or those of his or her family members or any business with which the director is associated. Such disclosure shall be made at least annually as a part of the Financial Disclosure Statement provided herein below. Unless exempt pursuant to Alabama competitive bid laws (if such laws were applicable to the corporation or otherwise permitted by law), no director or member of the household of the director, and no business with which the director is associated, shall enter into any contract to provide goods or services which is to be paid in whole or in part from the corporation's funds unless the contract has been awarded through a process of competitive bidding.

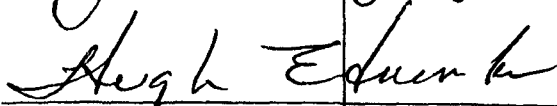
Each director, officer, and employee whose position with the Authority or its entities involves purchasing or procurement shall annually prepare a Financial Disclosure Statement, which shall be filed with the Chief Executive Officer of the corporation on or before May 1 of each year covering the preceding calendar year. Such Statement shall be on a form prepared by the Authority, shall at least request the same information as a Statement of Economic Interest prepared pursuant to Ala. Code §34-24-14(b) as amended by Act 95-194, and shall reflect information and facts in existence at the end of the

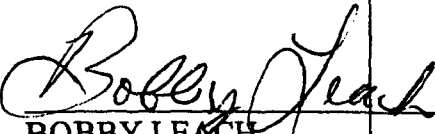
reporting year. Not later than May 1 of each year, the corporation shall submit a copy of each director's last Statement to the governing body.

All Statements shall be available during regular business hours to public inquiry subject to such regulations as the corporation may prescribe including, but not limited to, regulations requiring identification by name, occupation, address, and telephone number of each person examining information on file.

IN WITNESS WHEREOF, the undersigned incorporators have hereunto subscribed their signatures this 20th day of August, 1998.


J. W. OAKLEY, JR.


HUGH EDMONDS


BOBBY LEACH

STATE OF ALABAMA)
)
COUNTY OF BIBB)

I, J. W. OAKLEY JR., a Notary Public in and for said county in said state, hereby certify that J. W. Oakley, Jr., whose name is signed to the foregoing Certificate of Incorporation and who is known to me, acknowledged before me on this day that, being informed of the contents of the said Certificate of Incorporation, he executed the same voluntarily.

GIVEN under my hand and official seal of office, this 20th day of August, 1998.

Glenn Lightsey
NOTARY PUBLIC
My Commission Expires: 7-7-99

(NOTARIAL SEAL)

STATE OF ALABAMA)
)
COUNTY OF BIBB)

I, HUGH EDMONDS, a Notary Public in and for said county in said state, hereby certify that Hugh Edmonds, whose name is signed to the foregoing Certificate of Incorporation and who is known to me, acknowledged before me on this day that, being informed of the contents of the said Certificate of Incorporation, he executed the same voluntarily.

GIVEN under my hand and official seal of office, this 20th day of August, 1998.

Glenn Lightsey
NOTARY PUBLIC
My Commission Expires: 7-7-99

(NOTARIAL SEAL)

STATE OF ALABAMA)
)
COUNTY OF BIBB)

I, BOBBY LEACH, a Notary Public in and for said county in said state, hereby certify that Bobby Leach, whose name is signed to the foregoing Certificate of Incorporation and who is known to me, acknowledged before me on this day that, being informed of the contents of the said Certificate of Incorporation, he executed the same voluntarily.

GIVEN under my hand and official seal of office, this 20th day of August, 1998.

Glenn Lightsey
NOTARY PUBLIC
My Commission Expires: 7-7-99

(NOTARIAL SEAL)

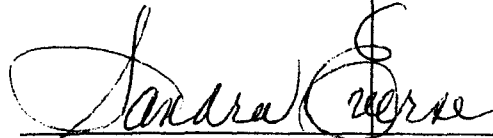
CERTIFICATE

We, the undersigned Chairman and Clerk of the Bibb County, Commission, hereby certify that the foregoing pages 1 to 11, inclusive, constitute a true, correct and complete copy of a Resolution No. 98-22 adopted by the Commission Board of Bibb County, Alabama, on 8th day of SEPTEMBER, 1998, and that said Resolution has not been repealed, revoked, amended or altered and is still in full force and effect.

WITNESS our signatures as said officers, under the seal of said County Commission, this the 8th day of SEPTEMBER, 1998.



Chairman of the
Bibb County Commission



Clerk of the
Bibb County Commission

SEAL

BCHCA Resolution

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that an examination of the domestic corporation records on file in this office discloses that the name The Bibb County Health Care Authority is not identical with the name of any other corporation in this state or so nearly similar thereto as to lead to confusion and uncertainty. I further certify that this certificate is made pursuant to the provisions of Section 22-21-314 Code of Alabama 1975.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

08/19/98

Date

Jim Bennett

Jim Bennett

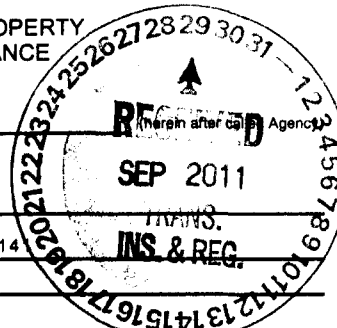
Secretary of State

RB

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE
(Electronic Filing)

Filed with Alabama Public Services Commission
(Name of Agency)

This is to certify that the THE CINCINNATI INSURANCE COMPANY
(Name of Company)
(herein after called Company) of 6200 SOUTH GILMORE ROAD, FAIRFIELD, OH, 45014-514
(Home Address of Company)



has issued to THE BIBB COUNTY HEALTH CARE AUTHORITY of 208 PIERSON AVE, CENTREVILLE, AL 35042-2918
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 09/01/2011 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 6200 South Gilmore Road OH 45014 This 29th day of Sep 20 11
(Address) (Day) (Month) (Year)

Insurance Company File No. EBA 009 86 20
(Policy No)

Tina Laws
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00

KM