



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: NEW RENEWAL

SERVICE TYPE: Wheelchair Transport ALS Interfacility ALS Non-Transport Stretcher Transport ALS Helicopter ALS Transport

TYPE OF ENTITY: Sole Proprietor Partnership Non-Profit Corporation Corporation

ORGANIZATION NAME: Med-Trans Florida	HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to _____ <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 2535 Rescue Way	PHONE: 770-377-9048 727-316-0056
ADDRESS 2:	FAX:

CITY, STATE, ZIP CODE:
Brooksville, FL 34604

OFFICER/DIRECTOR NAME & TITLE: Rob Hamilton, President
PHONE NUMBER & E-MAIL: 940-591-5810 Robert.Hamilton@gmr.net

VICE OFFICER/DIRECTOR NAME & TITLE: Kim Montgomery, COO
PHONE NUMBER & E-MAIL: 940-591-5810 Kimberly.montgomery@gmr.net

BUSINESS HOURS POINT-OF-CONTACT: Gary Boullion
PHONE NUMBER & E-MAIL: 770-377-9048

AFTER HOURS POINT-OF-CONTACT: Gary Boullion
PHONE NUMBER & E-MAIL: 770-377-9048

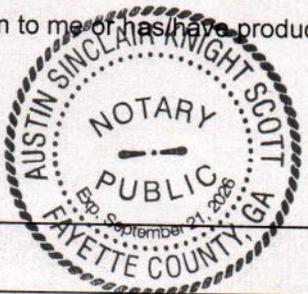
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements.

I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: [Signature] DATE: 10-22-22

STATE OF FLORIDA
COUNTY OF Fayette, GA

Subscribed and sworn to (or affirmed) before me this 22nd, 10, 22 by GARY BOULLION, who is/are personally known to me or has/have produced driver's license as identification.



(SEAL)

(Name of Notary typed, printed or Form stamped)



**WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM**

Pinellas County Rules and Regulations, as Amended

Name of Service: Med-Trans Florida Air Ambulance

Date: 10/21/2022

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>GRB</u>
	*Initial here if standard business practice is to receive requests via fax and/or e-mail and written records are maintained of such contacts in accordance with written records criteria.	<u>GRB</u>
8.1	Written record contains:	
	• Date Call Received	<u>GRB</u>
	• Time Call Received	<u>GRB</u>
	• Pick-up & Destination Address	<u>GRB</u>
	• Arrival Time at Destination	<u>GRB</u>
	• Client's Name	<u>GRB</u>
	• Person Ordering Transport	<u>GRB</u>
	• Telephone Number of Caller (*if applicable)	<u>GRB</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>GRB</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>GRB</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>GRB</u>



HELICOPTER AIRCRAFT ROSTER
WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Med-Trans Florida

Page: 01 of 01

Provide Unit, Tag and VIN numbers for all vehicles. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included. Contact EMS & Fire Administration for a Vehicle Inspection appointment.

Unit Number	Florida Vehicle Tag Number	Vehicle Identification Number (VIN)	Client compartment observation mirror	Passenger floor properly maintained	Fire extinguisher 2A:10B:C	Operable interior lights	Free of dent/rust that interferes with safe operation	Equipment in patient compartment safely secured	Doors, latches, and handles working properly	Patient lift platform working properly	Positive means of securing/locking wheelchair/stretcher	Properly designed passenger safety belts and/or straps	Radio/tablet/cell phone for communication with base station	Exterior lights – high, low, turns, brake, tails, backup	Interior clean, sanitary and in good working order
1.															
2.	MT1	S/N 53259		x	x	x	x	x	x	x	x	x	x	x	x
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

Med-Trans Florida

FORM D INFORMATION

RN

Heather Cady – RN39989

Kirsten Brinkley- RN9419669

Emily Dobson- RN9445600

Scott Nitollo- RN0001271534

Kerri Whitlock- RN9450012

Paramedic

Taylor Gibson- PMD538571

Theodore Garlock-PMD536142

Kenneth Arnold- PMD532461

Caleb Hudak- PMD530171

Pilots

Dave Thompson – Aviation Base Lead

Todd Boehm

Keith Swinney

Kyle Nugent

#7. Retail Rate Schedule

Base rate: \$40,145

Loaded mile rate: \$408



CERTIFICATE OF AIRCRAFT INSURANCE

DATE(MM/DD/YYYY)
10/24/2022

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 have ADDITIONAL INSURED provisions or 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 Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105	
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 570000073826	
INSURED Global Medical Response, Inc.* *see Addendum for complete Named Insured 6363 S. Fiddlers Green Circle Suite 1400 Greenwood Village CO 80111 USA	INSURER(S) AFFORDING COVERAGE	% NAIC #
	INSURER A: Starr Indemnity & Liability Company	26 38318
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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. **Limits shown are as requested**

POLICY INFORMATION		CERTIFICATE NUMBER: 570096190791				REVISION NUMBER:									
POLICY TYPE				LINE OF BUSINESS SUBCODE											
<input type="checkbox"/>	INDUSTRIAL AID	<input type="checkbox"/>	PLEASURE & BUS	<input type="checkbox"/>	COMMERCIAL	<input checked="" type="checkbox"/>	AIRPLANE	<input checked="" type="checkbox"/>	HELICOPTER	<input type="checkbox"/>	MIXED FLEET	<input type="checkbox"/>	EXCESS	<input type="checkbox"/>	QUOTA SHARE
<input type="checkbox"/>	NON-OWNED	<input checked="" type="checkbox"/>	As Endorsed Hereon		<input type="checkbox"/>	LIABILITY ONLY	<input checked="" type="checkbox"/>	HULL & LIABILITY	<input type="checkbox"/>	HULL ONLY	<input type="checkbox"/>				

AIRCRAFT INFORMATION		ACCORD 333, Aircraft Schedule Attached			
YEAR	MAKE	MODEL	SERIAL NUMBER	REGISTRATION NUMBER	
TERRITORY :					

AIRCRAFT COVERAGES		INSURER LETTER A	POLICY NUMBER SASICOM6000562213	EFFECTIVE DATE 09/01/2022	EXPIRATION DATE 09/01/2023	ADDITIONAL INSURED ? (Y/N) N	SUBROGATION WAIVED? (Y/N) N
COVERAGE	OPTIONS			LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL							
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> CSL			\$50,000,000	EA OCC EA PASS		EA PER AGGR
MEDICAL PAYMENTS	<input checked="" type="checkbox"/>	INCLUDING CREW EXCLUDING CREW		\$25,000	EA PER		
COVERAGE	OPTIONS			LIMIT	APPLIES TO	LIMIT	APPLIES TO
CODE	DESCRIPTION						

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 With respects To: All Scheduled Aircraft.

CERTIFICATE HOLDER	CANCELLATION
PINELLAS COUNTY EMS & FIRE ADMINISTRATION 12490 ULMERTON RD - SUITE 134 LARGO FL 33744 USA	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 <i>Aon Risk Services Central, Inc.</i>

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Holder Identifier :

Certificate No : 570096190791





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.*	
POLICY NUMBER See Certificate Number: 570096190791			
CARRIER See Certificate Number: 570096190791	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 21 FORM TITLE: Certificate of Aircraft Insurance**

Insurer

- (1) Starr Indemnity and Liability Ins Co Through Starr Aviation Agency, Inc (Lead 26%)
- (2) Air Centurion Insurance Services, LLC on Behalf of Falls Lake National Insurance Company (22.5%)
- (3) Allianz Global Risks US Insurance Company Through Allianz Global Corporate and Specialty (19.5%)
- (4) National Union Fire Insurance Co. of Pittsburgh, PA Through AIG Aerospace Insurance Services (10%)
- (5) Great American Insurance Company (5%)
- (6) Endurance American Insurance Company (W. Brown and Associates) (4.5%)
- (7) Lloyd's of London Aon UK (12.5%)



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.*	
POLICY NUMBER See Certificate Number: 570096190791		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570096190791	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 21 **FORM TITLE:** Certificate of Aircraft Insurance

Other Coverages/Conditions/Remarks

Geographical Area or Limit of Policy Coverage: worldwide
 Aircraft Registration Number(s): All scheduled aircraft owned or operated by the Insured.

ANY INSURANCE EVIDENCED HEREIN THAT IS EXTENDED BEYOND COVERAGE PROVIDED TO THE NAMED INSURED SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION TO WHOM SUCH EXTENDED COVERAGE APPLIES SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISES FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF THE AIRCRAFT, AIRCRAFT PARTS, OR ANY OTHER PRODUCT BY THAT PERSON OR ORGANIZATION.

THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE ACTUAL COVERAGES PROVIDED BY THE POLICY(IES) SPECIFIED ABOVE.



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.*	
POLICY NUMBER See Certificate Number: 570096190791		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570096190791	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 21 **FORM TITLE:** Certificate of Aircraft Insurance

Named Insured

GLOBAL MEDICAL RESPONSE, INC. (FKA AIR MEDICAL GROUP HOLDINGS, INC.), AIR MEDICAL GROUP HOLDINGS, LLC AND AS MORE FULLY ENDORSED, INCLUDING MED-TRANS CORPORATION