



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

July 1, 2017 – June 30, 2018

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: <u>On-Time Transports, LLC</u>	HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR <u>8</u> A.M. to <u>6</u> <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: <u>2558 Wembley Cross Way</u>	PHONE: <u>407-376-3959</u>
ADDRESS 2: <u>Orlando, FL 32828</u>	FAX: <u>407-205-1185</u>
CITY, STATE, ZIP CODE: <u>Orlando, FL 32828</u>	
OFFICER/DIRECTOR NAME & TITLE: <u>Amanda Varmuza</u>	PHONE NUMBER & E-MAIL: <u>407-376-3959</u>
VICE OFFICER/DIRECTOR NAME & TITLE: <u>Eric Varmuza</u>	PHONE NUMBER & E-MAIL: <u>407-403-2392</u>
BUSINESS HOURS POINT-OF-CONTACT: <u>Eric Varmuza</u>	PHONE NUMBER & E-MAIL: <u>407-403-2392</u>
AFTER HOURS POINT-OF-CONTACT: <u>Eric Varmuza</u>	PHONE NUMBER & E-MAIL: <u>info@On-TimeTransports.com</u>

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:

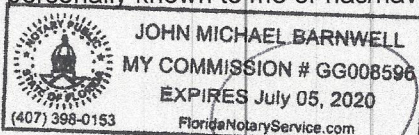
DATE:

STATE OF FLORIDA

COUNTY OF Orange

Subscribed and sworn to (or affirmed) before me this 14/may/2018,
who

is/are personally known to me or has/have produced Florida 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: On-Time Transports, LLC

Date: 5-5-10

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.* <u>use cellphones</u>	<u>[Signature]</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>[Signature]</u>
8.1	Written record contains: <ul style="list-style-type: none">• Date Call Received• Time Call Received• Pick-up & Destination Address• Arrival Time at Destination• Client's Name• Person Ordering Transport• Telephone Number of Caller (*if applicable)	<u>[Signature]</u> <u>[Signature]</u> <u>[Signature]</u> <u>[Signature]</u> <u>[Signature]</u> <u>[Signature]</u> <u>[Signature]</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>[Signature]</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>[Signature]</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>[Signature]</u>



WHEELCHAIR VEHICLE ROSTER **Pinellas County Rules and Regulations, as Amended**

Name of Service: On-Time Transports, LLC Page: 1 of 1

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/stretchers	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. <u>1</u>	<u>1071AC</u>	<u>3C6TRVP6XFE520233</u>													
2. <u>2</u>	<u>1061AC</u>	<u>3C6TRVP6XFE520170</u>													
3. <u>3</u>	<u>1061AC</u>	<u>2C4RDGBG7GRB9900</u>													
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: On-Time Transports LLC Page: 1 of 1
Such vehicles may not be equipped, marked or operated as an Ambulance

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/stretchers	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. 1	407IAC	3C6TRVPGXFES20233													
2. 2	406IAC	3C6TRVPGXFES20178													
3. 3	406IAC	2C4RDGB676R139900													
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



WHEELCHAIR / STRETCHER DRIVER ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: On-Time Transports, LLC Page: 1 of 1

Attach a copy of the Class E Driver's License for each listed Driver. 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.

	Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1.	Ivan, Fred	I150253480190	1-19-21	1-19-48	N/A
2.	Nunez, Osvaldo	NS20645592410	7-1-59	7-1-22	N/A
3.	Mayer, Felicia	M000244687540	7-14- 2020	7-14-68	N/A
4.	Souders, John	S362473482190	6-19-19	6-19-48	N/A
5.	Cuccia, Stephen	C200784930500	2-10-93	2-10-93	N/A
6.	Rondil, Saunyse	R534780957870	8-7-22	8-7-95	N/A
7.	Varmuza, Eric	V652213811270	4-7-21	4-7-81	N/A
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					



ON-TTRA-01

RMCMUTRY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/02/2017

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
Sovereign Risk Solutions, LLC
1640 Powers Ferry Road SE, Bldg 28
Marietta, GA 30067

CONTACT NAME:
PHONE (A/C, No, Ext): (678) 996-3400
FAX (A/C, No): (678) 996-3401
E-MAIL ADDRESS:

INSURED
On-Time Transports, LLC
2558 Wembleycross Way
Orlando, FL 32828

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Illinois Union Insurance Company	27960
INSURER B :	Ace American Insurance	22667
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES**CERTIFICATE NUMBER: 1****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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		MLP G28175437 002	11/01/2017	11/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 SEXUAL AND PHYS \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
B	AUTOMOBILE LIABILITY						
	ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS	X		CAL H08464170	11/01/2017	11/01/2018	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Abuse & Molestation	X		MLP G28175437 002	11/01/2017	11/01/2018	Aggregate 1,000,000

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

LogistiCare Solutions, LLC is listed as additional insured under the auto and general liability policy where required by written contract and signed by an authorized representative of the named insured. Coverage for sexual abuse and molestation is provided under the general liability policy with a limit of \$1,000,000 aggregate.

CERTIFICATE HOLDER

LogistiCare Solutions, LLC
5875 NW 163 Street
Suite 203
Miami Lakes, FL 33014

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