



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

APPLICATION TYPE: [] NEW [X] RENEWAL

SERVICE TYPE: [X] ALS Ambulance Service for Inter-Hospital Transport of Critical Care Pediatric Patients [X] ALS Ambulance Service for Inter-Hospital Transport of Neonatal Intensive Care Patients [X] Helicopter Ambulance Service

TYPE OF ENTITY: [] Corporation [X] Non-Profit Corporation [] Partnership [] Sole Proprietor

NAME OF THE ORGANIZATION & SERVICE: BayCare Health System - St. Joseph's Children's Hospital Neonatal/Pediatric Transport Team
ADDRESS 1: 3030 W. Dr. Martin Luther King Jr Blvd PHONE: 813-356-7188
ADDRESS 2: CITY, STATE, ZIP CODE: Tampa, FL 33607
OFFICER/DIRECTOR NAME & TITLE: Sarah Naumowich, President PHONE NUMBER & E-MAIL: 813-872-2950, Sarah.Naumowich@baycare.org
VICE OFFICER/DIRECTOR NAME & TITLE: Janessa Canals-Alonso, Director of Patient Care PHONE NUMBER & E-MAIL: 813-356-7307, Janessa.Canals-Alonso@baycare.org
BUSINESS HOURS POINT-OF-CONTACT: Danielle Nelski, Manager PHONE NUMBER & E-MAIL: 813-356-7188, Danielle.Nelski@baycare.org
AFTER HOURS POINT-OF-CONTACT: Danielle Nelski, Manager PHONE NUMBER & E-MAIL: 813-356-7188, Danielle.Nelski@baycare.org
REQUIRED ATTACHMENTS: Helicopter/Aircraft/Vehicle Roster, Personnel Roster, Insurance Verification, and a copy of Certificate of Incorporation and/or Fictitious Name (d/b/a).
I, the undersigned representative of the above named firm, do hereby acknowledge that this certificate may be suspended or revoked if at any time it fails to meet all the requirements of the Pinellas County Code, Chapter 54 and the Rules and Regulations of the Pinellas County Emergency Medical Service System.
SIGNATURE OF APPLICANT: Danielle C. Nelski DATE: 11/8/19
STATE OF FLORIDA, COUNTY OF Hillsborough
Subscribed and sworn to (or affirmed) before me this 11/8/19 by Danielle Nelski, who is/are personally known to me or has/have produced FLDLN420163796100 as identification.
Ana Campos NOTARY PUBLIC STATE OF FLORIDA Comm# GG237616 Expires 7/11/2022
Ana M. Campos (Name of Notary typed, printed or Form stamped)
Form A. Rev. 06/30/2017



GROUND VEHICLE ROSTER

Name of Service: BayCare Health System - St. Joseph's Children's Hospital Date: 11/01/2019 Page: 1 of 1

Provide unit number/vehicle model/year, Florida tag and VIN numbers, radio ID, and base location 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.

Unit Number/Model/Year	FL Tag Number	Vehicle Identification Number (VIN)	Radio ID	Base Location
1. Type 3 Chevy 4500 2014	U2855B	1GB6G5CL7E1141775		St. Joseph's Women's Hospital
2. Type 1 Freightliner 2018	MIN08V	1FVACWFC2JHJP2439		St. Joseph's Women's Hospital
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HELICOPTER/AIRCRAFT ROSTER

Name of Service: BayCare Health System - St. Joseph's Children's Hospital Date: 11/01/2019 Page: 1 of 1

Provide helicopter/aircraft type, model/year, identifying FAA license #/permit information, radio ID, and base location. 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.

Helicopter/Aircraft Type	Model/Year	FAA License #	Radio ID	Base Location
1. EC135	Utilize Bayflite's Aircraft			St. Joseph's Hospital
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PERSONNEL ROSTER

Name of Service: BayCare Health System - St. Joseph's Children's Hospital Date: 11/01/2019 Page: 1 of 2

List personnel, position, licensure/certification, and expiration date. 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	Position	License/Certification	Expiration Date
1. Nelski, Danielle	Manager	RN9282475 / BLS / ACLS / PALS / CNPT	7/31/20
2. Zieba, Tawny	RN	RN9287221 / BLS / ACLS / PALS / CNPT	7/31/20
3. Yarbrough, Hope	RN	RN9258711 / BLS / ACLS / PALS / CNPT	7/31/20
4. Buckley, Jennifer	RN	RN9268083 / BLS / ACLS / PALS / CNPT	4/30/21
5. Arnold, Melissa	RN	RN9466293 / BLS / ACLS / PALS / RNC-N	4/30/21
6. Powers, Paul	RN	RN9291675 / BLS / ACLS / PALS / CNPT	4/30/21
7. Smith, Amanda	RN	RN9398587 / BLS / ACLS / PALS	7/31/20
8. Disanto, Tiffany	RT	RT14561 / BLS / ACLS / PALS	5/31/21
9. Stewart, Sharon "Shari"	RT	RT3632 / BLS / ACLS / PALS / CNPT	5/31/21
10. Bailey, Christina	RT	RT11947 / BLS / ACLS / PALS	5/31/21
11. Oliveras, Marisol	RT	RT13470 / BLS / ACLS / PALS	5/31/21
12. Rincon, Kathleen "Katie"	RT	RT10829 / BLS / ACLS / PALS	5/31/21
13. Nunemaker, Courtney	RT	RT7719 / BLS / ACLS / PALS	5/31/21
14. Boyd, Meghann	Paramedic	PM515830 / BLS / ACLS / PALS	12/1/20
15. Brittain, Justin	Paramedic	PM529803 / BLS / ACLS / PALS	12/1/20
16. Davis, Chad	Paramedic	PM506488 / BLS / ACLS / PALS	12/1/20



PERSONNEL ROSTER

Name of Service: BayCare Health System - St. Joseph's Children's Hospital Date: 11/01/2019 Page: 2 of 2

List personnel, position, licensure/certification, and expiration date. 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	Position	License/Certification	Expiration Date
1. Koonce, Andrew "Andy"	Paramedic	PM526706 / BLS / ACLS / PALS	12/1/20
2. Cerron, Kenney	Paramedic	PM515590 / BLS / ACLS / PALS / PHTLS	12/1/20
3. Iorio, Joshua "Josh"	Paramedic	PM515840 / BLS / ACLS / PALS / PHTLS	12/1/20
4. O'Neill, Michael "Mike"	Paramedic	PM525415 / BLS / ACLS / PALS / PHTLS	12/1/20
5. Marschall, Keith	Paramedic	PM527162 / BLS / ACLS / PALS	12/1/20
6. Rodeo, Christopher "Chris"	Paramedic	PM512574 / BLS / ACLS / PALS	12/1/20
7. Smith, Ryan	Paramedic	PM522933 / BLS / ACLS / PALS / PHTLS	12/1/20
8. Neveu, Jonathan "Jojo"	RN	RN93291356 / BLS / ACLS / PALS	7/31/20
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/18

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 Coverage is independently procured by the named insured	CONTACT NAME: Annette Decato	
	PHONE (A/C, No, Ext): 727-519-1325	FAX (A/C, No): 727-519-1276
	E-MAIL ADDRESS: Annette.DeCato@baycare.org	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: BCHS Insurance, Ltd.	
INSURED St. Joseph's Hospital, Inc. BayCare Health System, Inc. 2985 Drew Street Clearwater, FL 33759	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 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
A	GENERAL LIABILITY			HPL2019BCHS-1	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS-COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						FIRE DAMAGE (Any one fire) \$ 100,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	AUTOMOBILE LIABILITY			BCHSAL3865-2019	1/1/2019	1/1/2020	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>		N/A				E.L. EACH ACCIDENT \$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
	PROFESSIONAL LIABILITY (CLAIMS MADE FORM)						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Above auto limits sit excess of the following self-insured retention: \$100,000/\$300,000 third-party bodily injury; \$50,000 third-party property damage; \$10,000 personal bodily injury.

RE: Hillsborough County Emergency Medical Planning Council & Board of County Commissioners, are named as additional insureds with respect to COPCN, St. Joseph's Hospital - St. Joseph's Children's Hospital, 3001 W. Dr. MLK Jr. Boulevard, Tampa, FL., 33607

Contact Address:
BCHS Insurance, LTD
94 Solaris Avenue, 2nd Floor, Camana Bay, Grand Cayman, KY1-1102, Cayman Islands
Tel: 1 345 945 1266

CERTIFICATE HOLDER

CANCELLATION

Pinellas County EMS Authority 12490 Ulmerton Rd Largo, FL	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<i>Sen Insurance Managers (Cayman) Ltd.</i> as insurance manager and authorized representative

ENDORSEMENT #18

This Endorsement Changes the Policy. Please read it carefully.

This endorsement forms a part of BCHS Insurance, LTD. Policy Number HPL2018BCHS-1 to which it is attached. All policy provisions and conditions not amended herein remain unchanged.

FIRST NAMED INSURED

BayCare Health System, Inc.

EFFECTIVE DATE OF ENDORSEMENT

January 1, 2018

**ADDITIONAL INSURED ENDORSEMENT
BLANKET ADDITIONAL INSURED**

The policy is amended as follows:

The HEALTHCARE GENERAL LIABILITY COVERAGE PART is amended by adding the following:

II. WHO IS AN INSURED

The **Insureds** noted below, but only with respect to liability for **bodily injury, property damage, personal injury and/or advertising injury** caused in whole, or in part, by an **Insured's** acts or omissions.

Any person(s) or organization(s) who requires to be added as an Additional **Insured** to the General Liability Coverage Part of this policy, as long as the request is made through a written contract.

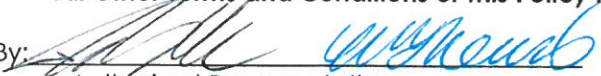
Any coverage provided by this endorsement to an additional insured shall be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis, unless the written contract with additional insured specifically requires that this insurance be primary and non-contributory with any other insurance carried by the additional insured. In such case, this insurance shall be primary and noncontributory with any other insurance carried by the additional insured.

This policy shall not apply to any **claim** or **suit** that occurred prior to the execution of the written agreement between the Additional **Insured** and the **First Named Insured** (or subsidiary thereof).

The limits of liability provided by this endorsement shall not exceed the limits reflected on the Declaration page or the limit required in the contract, whichever is less.

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All Other Terms and Conditions of This Policy Remain Unchanged.

Signed By:  08/21/2018
Authorized Representative (Date)

First Named Insured: BayCare Health System, Inc.
Policy Number: HPL2018BCHS-1
Endorsement Number: 17
Endorsement Issue Date: January 1, 2018
Insurance Company: BCHS Insurance, LTD.