



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: AMERICHAIR TRANSPORT SERVICE INC.		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 5 A.M. to 6 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.	
ADDRESS 1: 3145 GRAND AVE, # 108		PHONE: 727-201-0075	
ADDRESS 2:		FAX: 727-209-3397	
CITY, STATE, ZIP CODE: PINELLAS PARK, FL 33782			
OFFICER/DIRECTOR NAME & TITLE: CHRISTOPHER CLARK / PRESIDENT		PHONE NUMBER & E-MAIL: 518-588-4349 christopherclark@americairtransport.com	
VICE OFFICER/DIRECTOR NAME & TITLE:		PHONE NUMBER & E-MAIL:	
BUSINESS HOURS POINT-OF-CONTACT: HANNAH WHITE / MANAGER		PHONE NUMBER & E-MAIL: 727-410-8057 hannahclark@americairtransport.com	
AFTER HOURS POINT-OF-CONTACT: " "		PHONE NUMBER & E-MAIL: " "	
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: MARCH 28, 2020	
STATE OF FLORIDA COUNTY OF <u>Pinellas</u>			
Subscribed and sworn to (or affirmed) before me this <u>31st day of March 20²⁰</u> by <u>Christopher Clark</u> , who is/are personally known to me or has/have produced <u>Florida Drivers License</u> 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: AMERICHAIR TRANSPORT SERVICE INC.

Date: MARCH 28, 2020

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>CC</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>CC</u>
8.1	Written record contains:	
	• Date Call Received	<u>CC</u>
	• Time Call Received	<u>CC</u>
	• Pick-up & Destination Address	<u>CC</u>
	• Arrival Time at Destination	<u>CC</u>
	• Client's Name	<u>CC</u>
	• Person Ordering Transport	<u>CC</u>
	• Telephone Number of Caller (*if applicable)	<u>CC</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>CC</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>CC</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>CC</u>



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: AMERICHAIR TRANSPORT SERVICE INC.

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/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. 001	888 9VQ	2C4RDGCGFR591380													
2. 002	889 0UQ	2C4RDGCG6FR591835													
3. 003	888 8UQ	2C4RDGCG2FR745053													
4. 004	JMP H09	1FTNE14W48DA05508													
5. 005	IF8 7JQ	2C4RC1BG5CR188426													
6.															
7.															
8.															
9.															
10.															
11.															
12.															



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

Name of Service: AMERICHAIR TRANSPORT SERVICE INC. 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.	KARL CAIN	C500-506-60-016-0	1-16-2025	1-16-1960	
2.	CHRISTOPHER CLARK	C462-103-75-300-0	8-20-2026	8-20-1975	
3.	DERRICK LOBARRIS	C162-164-78-374-0	10-14-2027	10-14-1978	
4.	LATONYA LOBARRIS	C162-523-71-840-0	9-20-2022	9-20-1971	
5.	LUIS VALVERDE-COTO	V416-521-85-449-1	12-09-2027	12-09-1985	
6.	SALLY GRAY	G600-793-82-907-0	11-07-2020	11-07-1982	
7.	COLIN KARASENKO	K225-113-86-106-0	3-26-2028	3-26-1986	
8.	MINDY SMITH	S530-553-70-525-0	1-25-2027	1-25-1970	
9.	BRENDAN SMITH	S530-073-64-304-0	8-24-2021	8-24-1964	
10.	FELICIA STACEY	S320-240-63-549-0	2-09-2024	2-09-1963	
11.	GARY WALKER	W426-292-59-389-0	10-29-2021	10-29-1959	
12.					
13.					
14.					
15.					
16.					



AMERTRA-05

BCOSBY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/14/2019

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).

<p>PRODUCER Sovereign Risk Solutions, LLC 1640 Powers Ferry Road SE, Bldg 28 Marietta, GA 30067</p>	<p>CONTACT NAME: PHONE (A/C, No, Ext): (678) 996-3400 FAX (A/C, No): (678) 996-3401 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE</p>														
<p>INSURED Americhair Transport Service, Inc. 701 28th Ave S Saint Petersburg, FL 33705</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Underwriters at Lloyds, London</td> <td style="text-align: center;">NA</td> </tr> <tr> <td>INSURER B : Prime Insurance Company</td> <td style="text-align: center;">12558</td> </tr> <tr> <td>INSURER C : Illinois National Insurance Co</td> <td style="text-align: center;">23817</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 : Underwriters at Lloyds, London	NA	INSURER B : Prime Insurance Company	12558	INSURER C : Illinois National Insurance Co	23817	INSURER D :		INSURER E :		INSURER F :	
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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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		BINDER28129191	6/13/2019	6/13/2020	EACH OCCURRENCE	\$ 300,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 300,000
							GENERAL AGGREGATE	\$ 600,000
							PRODUCTS - COMP/OP AGG	\$ 600,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X		BINDER8462872	6/13/2019	6/13/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	\$
							OTH-ER	\$
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
A	General Liability C Prof Liability			BINDER28129191	6/13/2019	6/13/2020	Aggregate	1,000,000
				MLP G28129191 003	6/13/2018	6/13/2019	Aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Pinellas County - A political subdivision of the state of Florida has been listed as an additional insured on the Commercial and General Liability policy.

<p>CERTIFICATE HOLDER</p> <p>Pinellas County 400 S Fort Harrison Ave Clearwater, FL 33756</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE </p>
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