



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

Form with fields for Organization Name (MEDFLEET LLC), Hours of Operation (24-HOUR), Address (5334 SUNSET RD), City (NEW PORT RICHEY), Officer (Mark Postma), and Notary Public (ALEXANDRA DOLCE) information.



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

Pinellas County Rules and Regulations, as Amended

Name of Service: MedFleet LLC

Date: 4/1/2020

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



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: MedFleet LLC

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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. 405	MIR55E	1FMZK1CM9GKB18807													
2. 406	MIR54E	1FMZK1CM2GKB18812													
3. 407	MIR56E	1FTYR2CM3GKB06976													
4. 408	MIR57E	1FTYR2CM0HKA02088													
5. 409	MIR58E	1FTYR2CM2HKA02089													
6. 415	MIR60E	1FTYE2CM2JKB21956													
7. 416	MIR61E	1FTYE2CM4JKB21957													
8.															
9.															
10.															
11.															
12.															

STRETCHER ONLY!



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

Name of Service: MEDFLEET LLC

Page: 1 of 3

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.	KRYVENKO, IGOR,	K615400864650	2024-12-25	1986-12-25	572130
2.	HALLER, MARIAH	H460550969660	2021-12-26	1996-12-26	572208
3.	ALLSOP, ANGEL	A421-012-99-542-0	2023-02-02	1999-02-02	572178
4.	BOUGIE, ROBERT,	B200778960140	2028-01-14	1996-01-14	572068
5.	CUNNINGHAM, CATRINA,	C552101838010	2026-08-21	1983-08-21	571804
6.	FERRIER, DAVID,	F660173781850	2023-05-25	1978-05-25	571782
7.	GILCHREST, TAYLOR	G426813979261	2026-12-12	1997-11-26	572077
8.	GUETTLER, CALEB	G346115010810	2025-03-01	2001-03-01	572149
9.	INMAN, JEANETTE,	I550425899520	12/12/2026	1989-12-12	572095
10.	LUDWIG, JOSEPH,	L320485952970	2021-03-17	1995-08-17	571696
11.	MORRISON, AUTUMN	M625013947510	2027-07-11	1994-07-11	572166
12.	PEREZ, ZAIVETTE,	P620980917490	2025-07-09	1991-07-09	571631
13.	PRATZ, MIKE,	P632543742557	2026-07-15	1974-07-15	571093
14.	SUAREZ AMITA, ANDY,	S625013962440	2024-07-04	1996-07-04	572064
15.	VASQUEZ, RAY,	V220732963620	10/2/2024	1996-10-02	571832
16.	VICKERS, NOAH,	V262627813500	9/30/2020	1981-09-30	571850



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

Name of Service: MEDFLEET LLC

Page: 2 of 3

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Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
^{1.} WHITEHEAD, JEANNETTE,	W330436898410	2022-09-21	1989-09-21	572126
^{2.} HOLT, DONALD,	H430186672210	2020-06-21	1967-06-21	571698
^{3.} BORTH, GARRETT,	b630297902930	2021-08-13	1990-08-13	571467
^{4.} CAROLLO, JOSHUA	C640430014700	2025-12-30	2001-12-30	572193
^{5.} EAGAN, THOMAS	E250839912040	2021-06-04	1991-06-04	572048
^{6.} JOHNSON, DENNIS	J525170974570	2026-12-17	1997-12-17	572194
^{7.} JOHNSON, JOSEPH	J525485930970	2021-03-17	1993-03-17	572152
^{8.} JUPSON, JOHN	J125468903290	2027-09-09	1990-09-09	571752
^{9.} KRAWIEC, JESSE	K620433958710	2021-10-11	1995-10-11	572175
^{10.} MANOSKY, KAYCI	M520516917450	2021-07-05	1991-07-05	572151
^{11.} MCCOY, MARIA	M200552959450	2021-12-05	1995-12-05	572153
^{12.} PUNGER, BRIANNA,	P526065948290	2024-09-09	1994-09-09	572108
^{13.} REED, CHRISTOPHER	R300101840810	2026-03-01	1984-03-01	572171
^{14.} RINGWALD, SARA	R524785856470	2027-04-27	1985-04-27	572157
^{15.} RIVAS MARQUEZ, JOSELYN,	R125420839290	2025-11-29	1983-11-29	572138
^{16.} RODRIGUEZ, ANGEL,	R362000870290	2026-01-29	1987-01-29	572071



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

Name of Service: MEDFLEET LLC Page: 3 of 3

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1. Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1. SANDORA-DICKENSON, JULIUS,	S536436921001	2022-03-20	1992-03-20	571554
2. SMITH, CHRISTOPHER	S530112874690	2026-12-29	1987-12-29	571956
3. SMITH, KYLA,	S530510967520	2020-07-12	1996-07-12	572141
4. SOTO, JOSHUA	S300436964470	2021-12-07	1996-12-07	572192
5. WATTS, JOSHUA,	W320437901910	2021-05-31	1990-05-31	571955
6. WILSON, JASON,	W425424732020	2025-06-02	1973-06-02	571725
7. MARMOL,ERNESTO	M654200673820	2027-10-22	1967-10-22	572207
8. MILLER,CHRISTINA	M460112926050	2027-3-25	1992-3-25	572206
9. FIORE,LOUIS	F600535901010	2028-3-21	1990-3-21	572205
10.				
11.				
12.				
13.				
14.				
15.				
16.				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/8/2020

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 Arthur J. Gallagher Risk Management Services, Inc. 2345 Grand Blvd., Suite 400 Kansas City MO 64108	CONTACT NAME: Kylee Cundiff	
	PHONE (A/C. No. Ext): 816-329-0818	FAX (A/C. No.): 816-218-0818
E-MAIL ADDRESS: Kylee_Cundiff@ajg.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Arch Specialty Insurance Company	License#: BR-724491 PARALOG-01	
INSURER B: Arch Insurance Company	21199	
INSURER C:	11150	
INSURER D:		
INSURER E:		
INSURER F:		
INSURED MedFleet, LLC. 5334 Sunset Road New Port Richey, FL 34652		

COVERAGES **CERTIFICATE NUMBER:** 402440687 **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 <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:			FLP0060694-01	7/1/2019	7/1/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			41CAB1020500	7/1/2019	7/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<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 \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property			ESP7304311-02	3/29/2020	3/29/2021	PerOcc(ambulance eqp) \$100,000

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

CERTIFICATE HOLDER Pinellas County EMS & Fire Administration Michell Swan - Admin Supp 12490 Ulmerton Rd. Largo FL 33774	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
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