



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 (BayCare Health System - St. Joseph's Children's Hospital), Address (3030 W. Dr. Martin Luther King Jr Blvd), Phone (813-356-7188), City (Tampa, FL 33607), Officer/Director Name (Sarah Naumowich, President), and Signature (Danielle C. Nelski) dated 10/5/2021. Includes a notary seal for Joy Katherine Blomquist-Oliver.



GROUND VEHICLE ROSTER

Name of Service: BayCare Health System - St. Joseph's Children's Hospital Date: 10/04/2021 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 2017	U2855B	1HA6GUCG8HN004992		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: 10/04/2021 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 Air Life'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: 10/04/2021 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	7/31/22
² Zieba, Tawny	RN	RN9287221 / BLS / ACLS / PALS / CNPT	7/31/22
³ Yarbrough, Hope	RN	RN9258711 / BLS / ACLS / PALS / CNPT	7/31/22
⁴ Buckley, Jennifer	RN	RN9268083 / BLS / ACLS / PALS / CNPT	4/30/23
⁵ Brewer, Karyn	RN	RN9223403 / BLS / ACLS / PALS / RNC-N	7/31/22
⁶ Neveu, Jonathan	RN	RN9321356 / BLS / ACLS / PALS	7/31/22
⁷ Praznik, Amy	RN	RN9458802 / BLS / ACLS / PALS / RNC-N	7/31/22
⁸ Disanto, Tiffany	RT	RT14561 / BLS / ACLS / PALS	5/31/23
⁹ Martinez, Laci	RT	RT15807 / BLS / ACLS / PALS	5/31/23
¹⁰ Bailey, Christina	RT	RT11947 / BLS / ACLS / PALS	5/31/23
¹¹ Oliveras, Marisol	RT	RT13470 / BLS / ACLS / PALS	5/31/23
¹² Rincon, Kathleen "Katie"	RT	RT10829 / BLS / ACLS / PALS	5/31/23
¹³ Faccibene, Julian	Paramedic	PM537182 / BLS / ACLS / PALS/ CCP-C	5/31/22
¹⁴ Boyd, Meghann	Paramedic	PM515830 / BLS / ACLS / PALS	12/1/22
¹⁵ Brittain, Justin	Paramedic	PM529803 / BLS / ACLS / PALS	12/1/22
¹⁶ Davis, Chad	Paramedic	PM506488 / BLS / ACLS / PALS	12/1/22



PERSONNEL ROSTER

Name of Service: BayCare Health System - St. Joseph's Children's Hospital Date: 10/04/2021 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. Cerron, Kenney	Paramedic	PM515590 / BLS / ACLS / PALS / PHTLS	12/1/22
2. Marschall, Keith	Paramedic	PM527162 / BLS / ACLS / PALS	12/1/22
3. Smith, Ryan	Paramedic	PM522933 / BLS / ACLS / PALS	12/1/22
4. Houghton, Matthew "Matt"	Paramedic	PM524034 / BLS / ACLS / PALS	12/1/22
5. Sox, Matthew "Matt"	Paramedic	PM519304 / BLS / ACLS / PALS / F-PC / A	12/1/22
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FLORIDA HIGHWAY SAFETY AND MOTOR VEHICLES

Terry L. Rhodes
Executive Director

2900 Apalachee Parkway
Tallahassee, Florida 32399-0500
www.flhsmv.gov

Florida Department of Highway Safety and Motor Vehicles
Division of Motorist Services
Bureau of Motorist Compliance

Certificate of Self-Insurance

THIS IS TO CERTIFY:

BayCare Health System, Inc. and Affiliates

has furnished satisfactory evidence, pursuant to Chapter 324.171, Florida Statutes, of possessing a net unencumbered capital of at least forty thousand dollars and will respond to the requirements of the Florida Financial Responsibility Law. This certificate provides limits of liability insurance, \$10,000/\$20,000/\$10,000, Chapter 324.021(7) and personal injury protection coverage, Chapter 627.733(3)(b), Florida Statutes, covering 432 motor vehicles of this corporation and its subsidiaries as listed on the back of this page.

This certificate is valid from 1/1/2020 through 12/31/2021 and may, upon notice, be cancelled by the Department.

Certificate Number

4647

William "Ray" Graves, Chief Bureau of Motorist Compliance
Department of Highway Safety and Motor Vehicles

HSMV 74754 (9/2014)



FLORIDA HIGHWAY SAFETY AND MOTOR VEHICLES

Terry L. Rhodes
Executive Director

2900 Apalachee Parkway
Tallahassee, Florida 32399-0500
www.flhsmv.gov

Florida Department of Highway Safety and Motor Vehicles
Division of Motorist Services
Bureau of Motorist Compliance

Certificate of Self-Insurance

THIS IS TO CERTIFY:
BayCare Health System, Inc. and Affiliates

has furnished satisfactory evidence, pursuant to Chapter 324.171, Florida Statutes, of possessing a net unencumbered capital for a commercial motor vehicle and will respond to the requirements of the Florida Financial Responsibility Law. This certificate provides combined limits of liability insurance of 100/300/50 for vehicles with a gross weight as specified in Chapter 627.7415, and personal injury protection coverage, Chapter 627.733(3)(b), Florida Statutes, covering 5 motor vehicles.

This certificate is valid from 1/1/2020 through 12/31/2021 and may, upon notice, be cancelled by the Department.

Certificate Number

8134

William "Ray" Graves, Chief Bureau of Motorist Compliance
Department of Highway Safety and Motor Vehicles

HSMV 74072S (1/2011)

FLORIDA AUTOMOBILE LIABILITY
IDENTIFICATION CARD

BayCare Health System

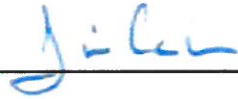
Certificate #: 4647 Effective Date: 01/01/2021

Name Insured: St. Joseph's Children's Hospital
2985 Drew Street
Clearwater, FL 33759

Make: Chevy

Year: 2017

VIN #: 1HA6GUCG8HN004992



Signature of Certificate Holder

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON
DEMAND**

IN CASE OF ACCIDENT: Report all Accidents to BayCare Risk and Insurance Services as soon as possible. Obtain the following information:

1. Name and address and phone number of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

**MISREPRESENTATION OF INSURANCE IS
A FIRST DEGREE MISDEMEANOR.**

FLORIDA AUTOMOBILE LIABILITY
IDENTIFICATION CARD

BayCare Health System

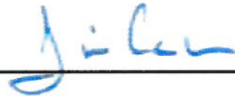
Certificate #: 4647 Effective Date: 01/01/2021

Name Insured: St. Joseph's Children's Hospital
2985 Drew Street
Clearwater, FL 33759

Make: Freightliner

Year: 2018

VIN #: 1FVACWFC2JHJP2439



Signature of Certificate Holder

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON
DEMAND**

IN CASE OF ACCIDENT: Report all Accidents to BayCare Risk and Insurance Services as soon as possible. Obtain the following information:

1. Name and address and phone number of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

**MISREPRESENTATION OF INSURANCE IS
A FIRST DEGREE MISDEMEANOR.**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/16/2021

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

COVERAGES CERTIFICATE NUMBER: 466394936 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 checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	HPL2021BCHS-1	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ FireDmg-Any one Fire \$ 100,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:	Y	Y	BCHSAL3865-2021	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Contact Address:
 BCHS Insurance, LTD - Tel: 1 345 945 1266
 18 Forum Lane, 2nd Floor, Camana Bay, Grand Cayman, KY1-1102, Cayman Islands
 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

CERTIFICATE HOLDER Hillsborough County BOCC Attn: Risk Management 601 E. Kennedy Blvd., 17th FL Tampa FL 33602	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 <i>(Signature)</i> as insurance manager and authorized representative

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