



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 containing fields for Organization Name (Med-Trans Florida), Address (2535 Rescue Way), City (Brooksville, FL 34604), Officer/Director Name (Rob Hamilton, President), and Signature (Karen Thurmond). Includes a notary seal for Daniel Mandracken and a signature line for the notary.



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

Pinellas County Rules and Regulations, as Amended

Name of Service: Med-Trans Florida Air Ambulance

Date: April 25, 2021

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



HELICOPTER AIRCRAFT ROSTER
WHEELCHAIR VEHICLE ROSTER
 Pinellas County Rules and Regulations, as Amended

Name of Service: Med-Trans Florida Page: 01 of 01

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. | | | | | | | | | | | | | | | |
| 2. | MT1 | N911WA | | x | x | x | x | x | x | x | x | x | x | x | x |
| 3. | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | |

Med-Trans Florida Staff Roster:

| | | |
|--------------------|----------|---|
| Heather Cady | RN PM | GF39989 (Maine Compact) PMD538365 |
| Karen Thurmond | RN PM | RN2219892 Multistate Compact PMD12803 |
| James Johnson | RN PM | RN9336847 PMD536542 |
| Christopher Howell | PM | PMD533200 |
| Nicholas Fatolitis | PM RN | PMD530868 RN9544692 |
| Jarrick Stoner | PM | PMD534546 |
| Andrew Harriman | PM RN | PMD523262 RN9479133 |
| Glenn Hull | PM/RT | PMD512792 |
| Kelly Andrews | RN PM | RN9216625 Multistate Compact PMD525663 |
| Kenny Sweitzer | PM | PMD532259 |
| Caleb Hudak | PM | PMD530171 |
| Jodi Pritchard | RN PM | RN9523807 PMD535196 |
| Ken Arnold | PM | PMD432461 |
| Leigh Anne East | PM | PMD415046 |
| Luis Sanchez | Pilot | |
| Todd Boehm | Pilot | |
| Dave Thompson | Pilot | |

Alliant/John F. Throne & Co.

John F. Throne & Co. is a division of Alliant Insurance Services, Inc.

CERTIFICATE OF INSURANCE

CERTIFICATE HOLDER: PINELLAS COUNTY EMS & FIRE ADMINISTRATION
12490 ULMERTON RD - SUITE 134
LARGO, FL 33744

NAMED INSURED: GLOBAL MEDICAL RESPONSE, INC. (FKA AIR MEDICAL GROUP HOLDINGS, INC.), AIR
MEDICAL GROUP HOLDINGS, LLC AND AS MORE FULLY ENDORSED, INCLUDING MED-TRANS
CORPORATION
209 STATE HIGHWAY 121 BYPASS, SUITE 21
LEWISVILLE, TX 75067

POLICY PERIOD: 09/01/2020 to 09/01/2021
INSURANCE COMPANY(IES): STARR INDEMNITY AND LIABILITY COMPANY THROUGH STARR AVIATION AGENCY, INC. (LEAD)
AND FOLLOWING MARKETS AS HELD ON FILE

AIRCRAFT PHYSICAL DAMAGE COVERAGE ALL RISKS, GROUND & IN-FLIGHT

LEAD POLICY NO.: SASICOM60005620-11

| REGISTRATION NUMBER | YEAR | MAKE & MODEL | INSURED VALUE | DEDUCTIBLES: NOT IN-MOTION | IN-MOTION INGESTION MOORED |
|------------------------|------|--------------|------------------|-------------------------------|----------------------------------|
| ALL SCHEDULED AIRCRAFT | | | AS HELD ON FILE | | |

AIRCRAFT LIABILITY COVERAGE WITH RESPECT TO: ALL SCHEDULED AIRCRAFT

LEAD POLICY NO.: SASICOM60005620-11

LIABILITY COVERAGES

LIMITS OF LIABILITY

Bodily Injury Excluding **Passengers**
Property Damage
Passenger Bodily Injury
Single Limit Including **Passengers**,
With **Passenger** Liability Limited To

EACH PERSON
\$
\$ XXXX
\$
\$ XXXX
\$

EACH OCCURRENCE
\$
\$
\$
\$50,000,000
\$ XXXX

OTHER COVERAGES/CONDITIONS/REMARKS:

ANY INSURANCE EVIDENCED HEREIN THAT IS EXTENDED BEYOND COVERAGE PROVIDED TO THE NAMED INSURED SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION TO WHOM SUCH EXTENDED COVERAGE APPLIES SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISES FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF THE AIRCRAFT, AIRCRAFT PARTS, OR ANY OTHER PRODUCT BY THAT PERSON OR ORGANIZATION.

FOR INFORMATIONAL PURPOSES ONLY.

THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE ACTUAL COVERAGES PROVIDED BY THE POLICY(IES) SPECIFIED ABOVE.

CERTIFICATE NO.: 001a *This replaces Certificate No. 1
issued September 21, 2020*

DATE: 09/24/2020

BY: _____



1420 5th Avenue, Suite 1500 • Seattle, WA 98101 • Tel: (206) 622-3636 • Fax: (206) 623-6286

FORM TX COI 03 (REV 07/2017)



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CERTIFICATE OF INSURANCE

CERTIFICATE HOLDER: PINELLAS COUNTY EMS & FIRE ADMINISTRATION
12490 ULMERTON RD - SUITE 134
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AND FOLLOWING MARKETS AS HELD ON FILE

AIRCRAFT LIABILITY COVERAGE

LEAD POLICY NO.: SASICOM60005620-11

WITH RESPECT TO: ALL SCHEDULED AIRCRAFT

LIABILITY COVERAGES**LIMITS OF LIABILITY**

| | EACH PERSON | EACH OCCURRENCE |
|---|-------------|-----------------|
| Bodily Injury Excluding Passengers | \$ | \$ |
| Property Damage | \$ XXXX | \$ |
| Passenger Bodily Injury | \$ | \$ |
| Single Limit <u>Including</u> Passengers , | \$ XXXX | \$50,000,000 |
| With Passenger Liability Limited To | \$ | \$ XXXX |

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CERTIFICATE NO.: 001

DATE: 09/21/2020

BY: _____

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