



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: Secure Transportation Company of FL, LLC		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 8 A.M. to 5 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: 12800 Center Court Drive S #120		PHONE: 800-856-9994
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: Cerritos Ca 90703		
OFFICER/DIRECTOR NAME & TITLE: Steve Dobbs	PHONE NUMBER & E-MAIL: permits@securetransportation.com	
VICE OFFICER/DIRECTOR NAME & TITLE: NA	PHONE NUMBER & E-MAIL:	
BUSINESS HOURS POINT-OF-CONTACT: Hector Jimenez	PHONE NUMBER & E-MAIL: hjimenez@securetransportation.com	
AFTER HOURS POINT-OF-CONTACT: Hector Jimenez	PHONE NUMBER & E-MAIL: hjimenez@securetransportation.com	
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: 5/17/2024
STATE OF FLORIDA COUNTY OF <u>Pinellas</u>		
Subscribed and sworn to (or affirmed) before me this <u>May 17th, 2024</u> by <u>Hector Jimenez</u> , who is/are personally known to me or has/have produced <u>driver's license, Florida</u> , as identification.		
(SEAL) <u>Lynn M. Abbott</u>		
(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: Secure Transportation Company of FL, LLC

Date: 4/25/24

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>H.J.</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>H.J.</u>
8.1	Written record contains: <ul style="list-style-type: none"> • Date Call Received • Time Call Received • Pick-up & Destination Address • Arrival Time at Destination • Client's Name • Person Ordering Transport • Telephone Number of Caller (*if applicable) 	<u>H.J.</u> <u>H.J.</u> <u>H.J.</u> <u>H.J.</u> <u>H.J.</u> <u>H.J.</u> <u>H.J.</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>H.J.</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>H.J.</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>H.J.</u>



WHEELCHAIR VEHICLE ROSTER

Pinellas County Rules and Regulations, as Amended

Name of Service: _____ Page: _____ of _____

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.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

See vehicle list attached

Secure Transportation
Florida Vehicle Roster

Unit Number	Florida Vehicle Tag Number	Vehicle Identification Number (VIN)
V-457	98DWBT	1FTYE1C84MKB02651
V-456	97DWBT	1FTYE1C85MKA91594
V-455	95DYUL	1FTYE1C82MKA95425
V-458	99DWBT	1FTYE1C84MKA95426
V-512	77DYUN	1FTYE1C81PKA97008
V-511	27DYUN	1FTYE1C83PKB22622
V-370	89AEFE	1FTYE1CM2GKA08236
V-368	88AEFE	1FTYE1CM8GKA08239
V-369	90AEFE	1FTYE1CM9GKA08251
V-431	PWXM36	1FDEE3FSXHDC17959
V-322	Y984CX	1FDFE4FS2EDA23884
V-497	BZ68FX	1FTYE1C81NKA58268
V-498	BZ67FX	1FTYE1C86NKA58427
V-479	BN58EA	1FTYE1C85NKA69032
V-434	Y982CX	1FDEE3FS5HDC75798
V-435	Y983CX	1FDFE4FS6HDC75853
V-436	Y644ES	1FDFE4FSXHDC75855

All Units are Wheelchair vehicles. Secure does not perform Stretcher services in our fleet.



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

Name of Service: SECURE TRANSPORTATION

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. WHITE, NANCY	W300-632-63-541-0	2/1/2029	2/1/1963	
2. BYRD, ORTAVIOUS	B630-644-78-267-0	7/27/2025	7/27/1978	
3. FENNER, PAUL	F560-690-83-301-0	8/21/2030	8/21/1983	
4. JAMES, JOHN MILTON	J520-473-60-084-0	3/4/2031	3/4/1960	
5. JIMENEZ, HECTOR MIGUEL	J552-333-79-029-0	1/29/2032	1/29/1979	
6. JONES, DONALD	J520-185-51-346-0	9/26/2029	9/6/1951	
7. LEWIS, CARROLL LEE Jr.	L200-112-68-310-0	8/30/2029	8/30/1968	
8. PARANZINO, JEFFREY	P652-421-66-454-0	12/14/2030	12/14/1966	
9. PEREZ, JOSEPHINE	P620-420-76-866-0	10/6/2029	10/6/1976	
10. PETERSON, NINA	P362-622-57-751-0	7/11/2030	7/11/1957	
11. PORTER, PENELOPE	P636-672-48-801-0	8/21/2026	8/21/1948	
12. QUINONEZ, ANDRE	Q552-000-73-467-0	12/27/2026	12/27/1973	
13. RIZZO, FRANK JOSEPH	R200-270-55-378-0	10/18/2024	10/18/1955	
14. ROXBURY, RONDA	R216-723-75-810-1	8/30/2031	8/30/1975	
15. SEGREE, DWAYNE	S260-161-75-452-0	12/12/2027	12/12/1975	
16. SONO, ALBION	S500-000-86-328-0	9/8/2029	9/8/1986	



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

Name of Service: SECURE TRANSPORTATION Page: 2 of 2

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. STERNS, ALESIA	S365-012-63-762-0	7/22/2024	7/22/1963	
2. SZOKE, ISTVAN (Steve)	S200=400=68-136-0	4/16/2025	4/16/1968	
3. VAUGHAN, BRADLEY	V250-061-70-225-0	6/25/2031	6/25/1970	
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/2/2024

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 The Dougherty Company P.O. Box 7277 Long Beach CA 90807	CONTACT NAME: Noele Cass	
	PHONE (A/C, No, Ext): 562-424-1621	FAX (A/C, No): 562-490-0432
E-MAIL ADDRESS: noele@doughertyins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : National Union Fire Ins. Co. of Pittsburg		19445
INSURER B : Underwriters at Lloyds of London		15642
INSURER C : Swiss Re Corporate Solutions		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 281688463 **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
B	<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"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	W2ACB6240501	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	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		Y	CA6586206	4/1/2024	4/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		ELX630008402	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 3,000,000. AGGREGATE \$ 3,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	WC11967595 (AOS - NOT AZ)	4/1/2024	4/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Auto Physical Damage			CA6586206	4/1/2024	4/1/2025	Comp Ded 250 Collision Ded 500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is named additional insured as respect General and Auto Liability per attached policy forms. Waiver of subrogation applies per attached policy forms. Primary non-contributory wording applies per attached policy forms.

CERTIFICATE HOLDER**CANCELLATION**

Pinellas County, A Political Subdivision of the State of Florida
 400 South Fort Harrison Avenue
 Clearwater FL 33756

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

J. Castro

© 1988-2015 ACORD CORPORATION. All rights reserved.