



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 organization details (BayCare Health System), contact information, officer details (Sarah Naumowich, Charles Ennis, Christopher Sorrell), required attachments, and notary public information (Despina Willis).



GROUND VEHICLE ROSTER

Name of Service: BayCare Health System - St. Joseph's Children's Hospital Date: 10/10/2022 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
3.				
4.				
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11.				
12.				
13.				



HELICOPTER/AIRCRAFT ROSTER

Name of Service: BayCare Health System - St. Joseph's Children's Hospital Date: 10/10/2022 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 BayFlite's Aircraft			St. Joseph's Hospital (BayFlite 3)
2.				
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12.				
13.				

HC/EMPC FORM 102

NAME OF SERVICE:

St. Joseph's Hospital Neonatal/Pediatric Transport

DATE: 10/14/2022

PERSONELL

PLEASE LIST ALL PERSONNEL (INCLUDING PART-TIME AND VOLUNTEERS)

PLACE AN X AND CERTIFICATION DATE IN EACH APPROPRIATE BOX OR BOXES (ATTACH AN ADDITIONAL PAGE IF NECESSARY)

LAST NAME	FIRST NAME AND MIDDLE INITIAL	DEFENSIVE DRIVING	ADVANCED RED CROSS	BLS TRAINING	STATE LICENSE EXPIRE	LICENSE #	POSITION PRESENTLY HELD WITH SERVICE	TRAINING RECEIVED DURING PAST YEAR
Buckley	Jennifer		ACLS 7/24, PALS 3/24, NRP 9/24	6/24	RN 4-23	9268083	Registered Nurse	
Naile	Brittney		ACLS 7/24, PALS 6/24, NRP 10/24	6/24	RN 4-23	9584504	Registered Nurse	
Neveu	Jonathan		ACLS 7/24, PALS 05/16, NRP 04/16	6/24	RN 7-24	9321356	Registered Nurse	
Piazza	Evonne		ACLS 7/24, PALS 8/24	6/24	RN 4-23	9461469	Registered Nurse	
Sorrell	Christopher		ACLS 7/24, PALS , NRP 3/24	6/24	RN 4-23	9339943	Registered Nurse	
Watson-Thompson	Taylor		ACLS 4/23, PALS 4/23, NRP 3/23	6/24	RN 7-24	9441828	Registered Nurse	
Yarbrough	Hope		ACLS 7/24, PALS 3/24, NRP 5/23	6/24	RN 7-24	9258711	Registered Nurse	
Zeiba	Tawny	Evoc	ACLS 7/24, PALS 9/24, NRP 2/23	6/24	RN 7-24	9287221	Registered Nurse	
Bailey	Christina		ACLS 7/24, PALS 8/24, NRP 3/24	6/24	RRT 5-23	11947	Respiratory Therapist	
Ceo	Melody		ACLS 4/23, NRP 10/22	6/24	RRT 5-23	13700	Respiratory Therapist	
DiSanto	Tiffany		ALCS 7/24, PALS 8/24, NRP 8/24	6/24	RRT 5-23	14561	Respiratory Therapist	
Nunamaker	Countney		ACLS 7/24, PALS 1/24, NRP 6/23	6/24	RRT 5-23	15807	Respiratory Therapist	
Rincon	Kathleen		ACLS 7/24, PALS 2/23, NRP 9/24	6/24	RRT 5-23	10829	Respiratory Therapist	

HC/EMPC FORM 101

NAME OF SERVICE:

St. Joseph's Hospital Neonatal/Pediatric Transport Team

DATE: 10/14/2022

PERSONEL

PLEASE LIST ALL PERSONNEL (INCLUDING PART-TIME AND VOLUNTEERS)

PLACE AN X AND CERTIFICATION DATE IN EACH APPROPRIATE BOX OR BOXES (ATTACH AN ADDITIONAL PAGE IF NECESSARY)

LAST NAME	FIRST NAME AND MIDDLE INITIAL	DEFENSIVE DRIVING	ADVANCED RED CROSS	BASIC EMT TRAINING	STATE PARAMEDIC	PARAMEDIC CERTIFICATION HILLSBOROUGH CO. MED. DIR.	EXPIRATION DATE OF CERTIFICATE	POSITION PRESENTLY HELD WITH SERVICE	TRAINING RECEIVED DURING PAST YEAR
Boyd	Meghann	EVOC	ACLS 7/24, PALS 1/24, NRP 11/23	5/15	PMD 515830	All EMT &	12/22	Paramedic	All Team
Brittain	Justin	EVOC	ACLS 7/24, PALS 1/24, NRP 11/23	10/11	PMD 529803	Paramedic Cert	12/22	Paramedic	Members
Davis	Chad	EVOC	ACLS 7/24, PALS 1/24	2/98	PMD 506488	on file in Dept	12/22	Paramedic	receive Hosp
Houghton	Matthew	EVOC	ACLS 7/24, PALS 2/23, NRP 2/23	1/11	PMD 524034		12/22	Paramedic	required Risk
Marschall	Keith	EVOC	ACLS 7/24, PALS 1/24, NRP 9/24	7/13	PMD 527162		12/22	Paramedic	Management
Smith	Ryan	EVOC	ACLS 7/24, PALS 1/24, NRP 10/22	5/09	PMD 522933		12/22	Paramedic	and team
Sox	Matt	EVOC	ACLS 7/24, PALS 7/24, NRP 6/24	2/09	PMD 6309		12/22	Paramedic	

#884 SJCH - Amb

Danielle Melsie

FLORIDA AUTOMOBILE LIABILITY
IDENTIFICATION CARD

BayCare Health System

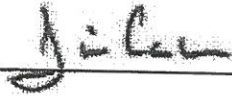
Certificate #: 4647 Effective Date: 01/01/2022

Name Insured: St. Joseph's Hospital, Inc.
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.**

#812 SJCH-AMB DANIELA NORSKI

**FLORIDA AUTOMOBILE LIABILITY
IDENTIFICATION CARD**

BayCare Health System

Certificate #: 4647 Effective Date: 01/01/2022

**Name Insured: St. Joseph's Hospital, Inc.
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)

12/21/2021

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
	PHONE (A/C, No, Ext): 727-519-1325 FAX (A/C, No): 727-519-1276
	E-MAIL ADDRESS: Annette.Decato@baycare.org
	INSURER(S) AFFORDING COVERAGE
	INSURER A : BCHS Insurance, Ltd.
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

INSURED
St. Joseph's Hospital, Inc.
BayCare Health System, Inc.
2985 Drew Street
Clearwater FL 33759

BAYCHEA-01

COVERAGES CERTIFICATE NUMBER: 780329363 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:			HPL2022BCHS-1	1/1/2022	1/1/2023	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"/> AUTOS ONLY			BCHSAL3865-2022	1/1/2022	1/1/2023	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 \$
A	Professional Liability (Claims-Made Form)			HPL2022BCHS-1	1/1/2022	1/1/2023	Each Loss \$1,000,000 Aggregate \$3,000,000

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.
30 Days Notice of Cancellation as respects general liability and professional liability will be provided to Hillsborough County Board of County Commissioners and Hillsborough County Emergency Medical Planning where required by written agreement.

CERTIFICATE HOLDER**CANCELLATION**

Hillsborough County BOCC c/o Dept. Of Aging Services 601 E. Kennedy Blvd. 17th Floor Tampa FL 33602	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>Annette Decato</i> as insurance manager and authorized representative

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