



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: MedFleet LLC
HOURS OF OPERATION: [X] 24-HOUR
ADDRESS 1: 12200 U.S. 19 N
PHONE: 727-849-6849
ADDRESS 2:
FAX: 727-372-2009

CITY, STATE, ZIP CODE: Hudson, FL 34667

OFFICER/DIRECTOR NAME & TITLE: Jeff Taylor COO
PHONE NUMBER & E-MAIL: 925-789-0401 jtaylor@medfleet.com

VICE OFFICER/DIRECTOR NAME & TITLE: Brian Haff Operations Manger
PHONE NUMBER & E-MAIL: 352-251-6953 bhaff@medfleet.com

BUSINESS HOURS POINT-OF-CONTACT: Jeff Taylor
PHONE NUMBER & E-MAIL: 925-789-0401 jtaylor@medfleet.com

AFTER HOURS POINT-OF-CONTACT: Jeff Taylor
PHONE NUMBER & E-MAIL: 925-789-0401 jtaylor@medfleet.com

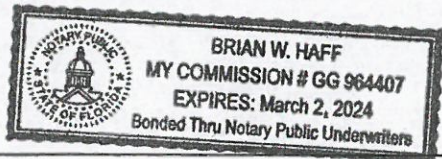
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications 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: [Handwritten Signature]
DATE: 03/17/2022

STATE OF FLORIDA
COUNTY OF Pasco

Subscribed and sworn to (or affirmed) before me this 3/17/2022 by Jeffrey S. Taylor, who is/are personally known to me or has/have produced as identification.



(SEAL)

(Name of Notary typed, printed or Form stamped)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/29/2021

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).


<b>PRODUCER</b> Edgewood Partners Insurance Center P. O. Box 1689  Pearl River NY 10965		<b>CONTACT NAME:</b> Jennifer Gardner <b>PHONE (A/C, No, Ext):</b> (201) 661-2000 <b>E-MAIL ADDRESS:</b> jennifer.gardner@epicbrokers.com <b>FAX (A/C, No):</b> (201) 661-2499	
<b>INSURED</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	
Paramedics Logistics Operating Company, LLC  115 Jordan Plaza Blvd., Ste 200 Tyler TX 75704		<b>INSURER A :</b> Lexington Insurance Company <b>INSURER B :</b> Arch Insurance Company <b>INSURER C :</b> Arch Indemnity Insurance Company <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	<b>NAIC #</b> 19437 11150 30830

**COVERAGES**                      **CERTIFICATE NUMBER:** 21-22 Master                      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		6798524	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ n/a PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		11CAB1020502	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> OCCUR <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED      RETENTION \$	Y		6798525	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B/C	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 <input checked="" type="checkbox"/>	N/A		11WC11020302/ 14WC11020402	07/01/2021	07/01/2022	<input checked="" type="checkbox"/> PER STATUTE      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	<b>PROFESSIONAL LIABILITY</b>			6798524	07/01/2021	07/01/2022	EACH OCCURRENCE 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)**  
 Pinellas County Emergency Medical Service Authority is listed as an Additional Insured (Except for Workers' Comp/EL and Professional Liability) where and to the extent required by written contract.  
  
 See Attached

<b>CERTIFICATE HOLDER</b>  Pinellas County Emergency Medical Service Authority 12490 Ulmerton Rd  Largo FL 33774	<b>CANCELLATION</b>  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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## COMMENTS/REMARKS

Crime Limit: \$1,000,000 effective 3/29/21-3/29/22, The Hanover Insurance Company, Policy #BDY-D522425-03

Cyber Liability Limit \$1,000,000 3/29/21-3/29/22, Underwrites at Lloyds', London (Lloyds Syndicate 2623/623), Policy #W223C8210401

Claims Made coverage applicable to Professional Liability and Umbrella Policies.  
Retroactive Date 3/29/2018.

Professional Liability/General Liability/Umbrella Liability

- Additional Insured as required by written contract
- Waiver of Subrogation as required by written contract
- Primary and Non-Contributory as required by written contract
- Notice of Cancellation (specified days) as required by written contract

Automobile Liability

- Additional Insured as required by written contract
- Waiver of Subrogation as required by written contract
- Primary and Non-Contributory as required by written contract
- Notice of Cancellation (specified days) as required by written contract

Workers' Compensation

- Alternate Employer Endorsement
- Notice of Cancellation as required by written contract
- Waiver of Subrogation as required by written contract

## COMMENTS/REMARKS

Claims Made coverage applicable to Professional Liability and Umbrella Policies.  
Named Insureds:

- Paramedics Logistics Operating Company, LLC
- Paramedics Logistics South Dakota, LLC
- Paramedics Logistics Florida, LLC
- Paramedics Logistics Indiana, LLC
- Paramedics Logistics Texas, LLC
- The EMS Training School, LLC
- PatientCare Logistics Solutions Mississippi, LLC
- MedFleet LLC

Professional Liability/General Liability/Umbrella Liability

- Additional Insured as required by written contract
- Waiver of Subrogation as required by written contract
- Primary&Non-Contributory GL as required by written contract
- Notice of Cancellation (specified days) as required by written contract

Automobile Liability

- Additional Insured as required by written contract
- Waiver of Subrogation as required by written contract
- Primary and Non-Contributory as required by written contract
- Notice of Cancellation (specified days) as required by written contract

Workers' Compensation

- Alternate Employer Endorsement
- Notice of Cancellation as required by written contract
- Waiver of Subrogation as required by written contract
- Policy #14WCI1020402: Indiana, Texas
- Policy #11WCI1020302: All other states



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

**Pinellas County Rules and Regulations, as Amended**

Name of Service: MedFleet LLC

Date: 03/16/2022

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



**STRETCHER VAN ROSTER**  
**Pinellas County Rules and Regulations, as Amended**

Name of Service: Medfleet LLC

Page: 1 of 1

**\*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	MIR55F	1FMZK1CM9GKB18807	X	X	X	X	X	X	X	X	X	X	X	X	X
2. 406	MIR54F	1FMZK1CM2GKB18812	X	X	X	X	X	X	X	X	X	X	X	X	X
3. 407	MIR56F	1FTYR2CM3GKB06976	X	X	X	X	X	X	X	X	X	X	X	X	X
4. 408	MIR1F	1FTYR2CM0HKA02088	X	X	X	X	X	X	X	X	X	X	X	X	X
5. 409	MIR58F	1FTYR2CM2HKA02089	X	X	X	X	X	X	X	X	X	X	X	X	X
6. 415	MIR60F	1FTYE2CM2JKB21956	X	X	X	X	X	X	X	X	X	X	X	X	X
7. 416	MIR61	1FTYE2CM4JKB21957	X	X	X	X	X	X	X	X	X	X	X	X	X
8. 421	NQIK74	1FTYR1CM2KKB60952	X	X	X	X	X	X	X	X	X	X	X	X	X
9. 422	NQIK72	1FTYR1CM4KKB60953	X	X	X	X	X	X	X	X	X	X	X	X	X
10.															
11.															
12.															

EMS INSPECTOR: John Murphy Date: 4/1/2022



**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. Abdulwahab, Nadeem	A134636003620	10/2/2026	10/2/2000	572288
2. Bennett, John	B530478884580	12/18/2026	12/18/1988	572281
3. Borth, Garrett	B630297902930	8/13/2029	8/13/1990	571467
4. Brown, Danyelle	B650172016010	3/21/2025	3/21/2001	572270
5. Bruning, Rhys	B655721020220	1/22/2026	1/22/2002	572328
6. Desronvil, Nahceem	D265629020240	01/24/2027	01/24/2002	572353
7. Carrion, Luis	C650521021230	4/3/2027	4/3/2002	572333
8. Cirillo, Anthony	C640018021500	4/30/2026	033158	572290
9. Torres, Natasha	T620633925590	2/19/2027	2/19/1992	572352
10. Easter, Ethan	E246207991360	4/16/2024	4/16/1999	572269
11. Griffith, Hayden	G613328000640	2/24/2024	2/24/2000	572341
12. Hall, Makala	H400541009590	12/19/2024	12/19/2000	572342
13. Holliman, Jack	H455436968460	9/26/2030	9/26/1996	572349
14. Holloman, George	H455308961670	5/7/2029	5/7/1996	572264
15. Johnson, Joseph	J525485930970	3/17/2029	3/17/1993	572152
16. Johnson, Mikey	J525551004210	11/21/2027	11/21/2000	572275



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

Name of Service: MedFleet LLC

Page: 2 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.

1. Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
2. Lombardi, Anthony	L516010910850	3/5/2028	3/5/1991	572291
3. MacNeill, Hunter	M254331011340	4/14/2025	4/14/2001	572300
4. Martin, Miranda	M635558035550	2/15/2028	2/15/2003	572346
5. McCoy, Maria	M200552959450	12/5/2029	12/5/1995	572153
6. Morrison, Autumn	M625013947510	7/11/2027	7/11/1994	572166
7. Nigh, Richard	N200745854580	12/18/2025	12/18/1985	572228
8. Overturf, Ethan	O163216981790	5/19/2022	5/19/1998	572336
9. Pungler, Brianna	P526065948290	9/9/2024	9/9/1994	572108
10. Kessner James	K256459933710	10/11/2025	10/11/1993	572354
11. Orihuela Anthony	O640010983340	9/14/2022	9/14/1998	572351
12. Ringwald, Sara	R524785856470	4/27/2027	4/27/1985	572157
13. Rivera, Keoma	S532500870990	3/19/2027	3/19/1987	572265
14. Roman, Joey	R550432984190	11/19/2028	11/19/1998	572308
15. Runge, Christina	R520111918840	10/24/2022	10/24/1991	572335
16. Sandora-Dickenson, Julius	S536436921001	3/20/2030	3/20/1992	571554
17. Solomon, Brycen	S455070023220	9/2/2026	9/2/2002	572348





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

Name of Service: MedFleet LLC Page: 3 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.

1. Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
2. Whitehead, Jeannette	W330436898410	9/21/2022	9/21/1989	572126
3. Swartout, Shae	S633794018480	9/28/2026	9/28/2001	572334
4. Truce, Melissa	T620553946780	5/18/2027	5/18/1994	572243
5. Vickers, Noah	V262627813500	9/30/2026	9/30/1981	571850
6. Walsh, Mackenzie	W420550028660	10/6/2026	10/06/2002	572347
7. Wilson, Jason	W425424732020	06/02/2025	06/02/1973	571725
8.				
9.				
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