



**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY July 1, 2019– June 30, 2020**

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: KERT LLC		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 4 A.M. to 8 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: 10117 Palermo Circle		PHONE: 732 546 6819
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: Tampa FL 33619		
OFFICER/DIRECTOR NAME & TITLE: Kenneth Snyder	PHONE NUMBER & E-MAIL: 732-546-6819	
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:	
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:	
AFTER HOURS POINT-OF-CONTACT: Kenneth Snyder	PHONE NUMBER & E-MAIL: 732-546-6819	
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: 8/14/19
STATE OF FLORIDA COUNTY OF <u>Pinellas</u>		
Subscribed and sworn to (or affirmed) before me this <u>08/14th/19</u> by <u>Kenneth Snyder</u> , who is/are personally known to me or has/have produced <u>FLDL</u> as identification.		
(SEAL)	Robert Reese Notary Public State of Florida My Commission Expires 03/11/2022 (Name of Notary typed, printed or Form Stamped) Commission No. GG 194338	



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

Pinellas County Rules and Regulations, as Amended

Name of Service: KERT LLC

Date: 8.14.19

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>KS</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>KS</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>KS</u> <u>KS</u> <u>KS</u> <u>KS</u> <u>KS</u> <u>KS</u> <u>KS</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>KS</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>KS</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>KS</u>



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: KERT LLC Page: 1 of 1

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. 101	IHX591	3C6TRVPG7HE503554	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. 102	IHX590	3C6TRVPG0HE518560	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. 103	IAX589	3C6TRVPG4HE503558	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



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

Name of Service: KERT LLC Page: 1 of 1

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.	Kenneth Snyder	5536518763230	09-03-2023	09-03-1976	
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
08/01/2019

PRODUCER AND THE NAMED INSURED
Prime Property & Casualty Insurance Inc.

8722 S. Harrison St.
Tampa, UT 84070
(801) 304-5500

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
Kert LLC

20322 Chestnut Grove Dr
Tampa, FL 33647

INSURER A: Prime Property & Casualty Insurance Inc.
INSURER B:
INSURER C:
INSURER D:
INSURER E:

"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"

COVERAGES

The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input type="checkbox"/> Commercial Liability Claims Made Exclude Products Exclude Completed Operations				
<input checked="" type="checkbox"/> Commercial Auto Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Drive Away	PC19072412	8/1/2019	8/1/2020	\$300,000 CSL \$10,000 U.M. Per Person \$20,000 U.M. Per Accident \$10,000 P.I.P Per Person
<input type="checkbox"/> Commercial Garage Liability G.K.L.L. O.T.R.P.D. D.O.C. Cargo On Hook Employee Dishonesty Wrongful Repossession Claims Made Exclude Products Exclude Completed Operations				
<input type="checkbox"/> Excess Liability <input type="checkbox"/> Claims Made				

OTHER

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Coverage is limited to only insured activities or operations on the Participant Member Declaration Certificate or as may be separately endorsed.

<input checked="" type="checkbox"/> CERTIFICATE HOLDER Pinellas County EMS and Fire Administration 2490 Ulmerton Road Largo Largo, FL 33774	<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.	
AUTHORIZED REPRESENTATIVE 	