



**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: Lifefleet Southeast Inc. d/b/a American Medical Response		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 4531 Oak Fair Blvd		PHONE: 813-885-3955
ADDRESS 2:		FAX: 813-441-8169
CITY, STATE, ZIP CODE: Tampa, FL 33610		
OFFICER/DIRECTOR NAME & TITLE: Terence Ramotar, Regional Director	PHONE NUMBER & E-MAIL: 786-574-1202 Terence.Ramotar@amr.net	
VICE OFFICER/DIRECTOR NAME & TITLE: Jessica Strout, Operations Manager	PHONE NUMBER & E-MAIL: 813-392-9700 Jessica.Strout@amr.net	
BUSINESS HOURS POINT-OF-CONTACT: Steve Cerovich, Business Development Man	PHONE NUMBER & E-MAIL: 813-781-1307 Steve_Cerovich@amr-ems.com	
AFTER HOURS POINT-OF-CONTACT: Jessica Strout, Operations Manager	PHONE NUMBER & E-MAIL: 813-392-9700 Jessica.Strout@amr.net	
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: 4/19/19	
STATE OF FLORIDA COUNTY OF <u>Hillsborough</u> Subscribed and sworn to (or affirmed) before me this <u>19th</u> by <u>Terence Ramotar</u> , who <input checked="" type="checkbox"/> is personally known to me or has/have produced _____ as identification.		
(SEAL)	 (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: Lifefleet Southeast Inc. d/b/a American Medical

Date: April 18, 2019

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



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Lifefleet Southeast Inc. d/b/a American Medical Response 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/focking wheelchair/stretchers	Property 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. 931	CDJE54	1FTNS2EW5CDA16703	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. 932	CDJE54	1FTNS2EWXCDA16700	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. 939	DAJW24	1FTNE1EW9CDA26538	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. 940	DAJW24	1FTNE1EW0CDA26542	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

EMS INSPECTOR: *[Signature]* Date: 5-22-19



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

Name of Service: Lifefleet Southeast Inc d/b/a American Medical Response 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.	Blaney, Timothy	B450-803-63-168-0	05/08/2025	05/08/1963	524868
2.	Prall, Robert	P640-765-68-349-0	09/29/2020	09/29/1968	61165
3.	Salalila, Angelo	S444-016-70-423-0	11/23/2025	11/23/1970	66432
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

State of Florida



Department of State

I certify from the records of this office that AMERICAN MEDICAL RESPONSE is a Fictitious Name registered with the Department of State on October 06, 1997.

The Registration Number of this Fictitious Name is G97276900039.

I further certify that said Fictitious Name Registration is active.

I further certify said Fictitious Name Registration filed a renewal on February 13, 2002 and expires on December 31, 2007.



CR2EO22 (1-89)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Fourteenth day of February, 2002

Katherine Harris
Katherine Harris
Secretary of State

FILE TO RENEW NOW:
FICTITIOUS NAME WILL EXPIRE ON 12/31/02

KATHERINE HARRIS
 SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

APPLICATION FOR RENEWAL OF FICTITIOUS NAME

REGISTRATION # **G97276900039**

1. Name and Mailing Address

0028525 AT "AUTO TO 0 0006 33774-27030
 AMERICAN MEDICAL RESPONSE
 12490 ULMERTON ROAD
 LARGO FL 33774-2709

If above mailing address is incorrect in any way, the through incorrect information and cause correction in Block 2.

2. Mailing Address change if applicable:

2821 S. Parker Road

Suite, Apt. #, etc.

10th Floor

City Aurora State Colorado Zip Code 80014



G97276900039

3. FEI Number 59-1395439	5. County of Principal Place of Business PINELLAS
4. Date Registered 10/06/1997	6. Certificate of Status Desired <input type="checkbox"/> \$10 Additional Fee Required

AN OWNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

7. CURRENT OWNER(S)		8. ADDITIONS/CHANGES TO OWNERS	
DOCUMENT # FEI # NAME STREET ADDRESS CITY-ST-ZIP	408428 59-1395439 LIFEFLEET SOUTHEAST, INC. 12490 ULMERTON ROAD LARGO FL 33774	<input checked="" type="checkbox"/> DELETE	DOCUMENT # FEI # NAME STREET ADDRESS CITY-ST-ZIP
			408428 59-1395439 LifeFleet Southeast, Inc. 2821 S. Parker Road, 10th Fl. Aurora, CO 80014
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOCUMENT # FEI # NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOCUMENT # FEI # NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. I further certify that the names of individuals listed on this form do not qualify for an exemption under section 119.07(9)(f), F.S. (At least one signature required)

Katherine Harris 1/22/02
 Signature of Owner Date

 Signature of Owner Date

Daytime Phone Number: 303-614-8500

Daytime Phone Number: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/2/2019

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 Woodruff-Sawyer & Co. 717 - 17th Street, Suite 1540 Denver CO 80202	CONTACT NAME: PHONE (A/C, No, Ext): 800-675-4467		FAX (A/C, No): 415-989-9923
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : ACE American Insurance Company			22667
INSURER B : Lloyds of London - Beazley			
INSURER C : Indemnity Insurance Company of North America			43575
INSURER D : ACE Fire Underwriters Insurance Company			20702
INSURER E :			
INSURER F :			

INSURED
 LIFE FLEET SOUTHEAST, INC. d/b/a
 AMERICAN MEDICAL RESPONSE
 4531 OAK FAIR BLVD.
 TAMPA FL 36610

GLOBMED-02

COVERAGES

CERTIFICATE NUMBER: 1416447003

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 type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR 250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		XSLG7123745A	3/31/2019	3/31/2020	EACH OCCURRENCE \$ 2,750,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,750,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,750,000 \$
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	Y		ISAH25277090	3/31/2019	3/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		W1B173190401	3/31/2019	3/31/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A C D A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLRC65896187 WLRC65896229 SCFC65896266 WCUC65896308	3/31/2019 3/31/2019 3/31/2019 3/31/2019	3/31/2020 3/31/2020 3/31/2020 3/31/2020	<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
B	<input checked="" type="checkbox"/> Medical Professional Liability Claims Made			WB173190401	3/31/2019	3/31/2020	EA OCC/GEN AGG \$ 10,000,000 SIR 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

*\$1,000,000 SIR APPLIES TO EXCESS WC POLICY NO. WCUC65896308

Certificate holder is named as additional insured on the general, auto and excess liability policies where required by written contract.

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

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