



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: A TRINITY WHEELCHAIR TRANSPORTATION		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 6 A.M. to 7 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: 8343 ROYAL HART DR.		PHONE: 727-389-1438
ADDRESS 2:		FAX: 727-375-8181
CITY, STATE, ZIP CODE: NEW PORT RICHEY, FL. 34653		
OFFICER/DIRECTOR NAME & TITLE: GERALD GLUCK, PRESIDENT	PHONE NUMBER & E-MAIL: 727-389-1438 HOME BIZ4U03@AOL.COM	
VICE OFFICER/DIRECTOR NAME & TITLE: KATHLEEN GLUCK, VICE-PRESIDENT	PHONE NUMBER & E-MAIL: 727-967-7455 HOME BIZ4U03@AOL.COM	
BUSINESS HOURS POINT-OF-CONTACT: JERRY GLUCK	PHONE NUMBER & E-MAIL: 727-389-1438 HOME BIZ4U03@AOL.COM	
AFTER HOURS POINT-OF-CONTACT: JERRY GLUCK	PHONE NUMBER & E-MAIL: 727-389-1438 HOME BIZ4U03@AOL.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.

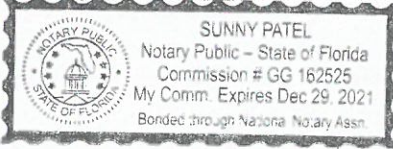
SIGNATURE OF APPLICANT: *[Signature]* DATE: 3/12/2021

STATE OF FLORIDA  
COUNTY OF Pasco

Subscribed and sworn to (or affirmed) before me this March 12, 2021 by Gerald Gluck, who is/are personally known to me or has/have produced FL Drivers License as identification.

By means of physical presence.

(SEAL) *[Signature]*



(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: TRINITY WHEELCHAIR TRANSPORTATION

Date: 3/12/2021

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



**WHEELCHAIR VEHICLE ROSTER**  
**Pinellas County Rules and Regulations, as Amended**

Name of Service: A TRINITY WHEELCHAIR TRANSPORTATION 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. 112	BVHQ03	2D4GP44L05R095958													
2. 116	GLTP14	2D46P44L96R630266													
3. 117	GDWP96	1D46P24R77B256507													
4. 114	KQDN38	1D46P24R54B533263													
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



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

Name of Service: A Trinity Wheelchair Transportation 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. Gluck, Gerald (Jerry)	G420-290-64-188-0	05/28/2022	05/28/1964	571196
2. Saari, Steven	S-600-793-58-042-0	02/07/2025	02/07/1958	571200
3. McVey Jr., John	M210-461-50-121-0	04/01/2026	04/01/1950	
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ARCW INSURANCE  
9067 BELCHER RD  
PINELLAS PARK, FL 33782

**PROGRESSIVE**  
COMMERCIAL

Named insured

TRINITY MOBILITY INC  
A TRINITY WHEELCHAIR TRAN  
8343 ROYAL HART DR  
NEW PORT RICHEY, FL 34653

**Policy number: 04047187-3**

Underwritten by:  
Progressive Express Ins Company  
December 1, 2020  
Policy Period: Aug 1, 2020 - Aug 1, 2021  
Page 1 of 4

**progressiveagent.com**

**Online Service**

Make payments, check billing activity, print policy documents, or check the status of a claim.

**1-727-544-8841**

**ARCW INSURANCE**

Contact your agent for personalized service.

**1-800-444-4487**

For customer service if your agent is unavailable or to report a claim.

# Commercial Auto Insurance Coverage Summary

## This is your Declarations Page

### Your coverage has changed

Your coverage began on August 1, 2020 at 12:01 a.m. This policy expires on August 1, 2021 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852FL (02/19), 1652FL (02/19), 4757FL (02/19), 1198 (01/04), Z311 (02/19), Z313 (02/19), 4852FL (02/19), 4881FL (02/19), Z228 (01/11) and Z435FL (12/06).

The named insured organization type is a corporation.

### Policy changes effective November 30, 2020

Premium change:	\$33.00
Changes:	Coverage has been changed on your policy. The auto coverage schedule has changed. The stated amount for an auto has changed.

The changes shown above will not be effective prior to the time the changes were requested.

**Outline of coverage**

Description	Limits	Deductible	Premium
Liability To Others			\$8,397
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		
Uninsured Motorist Non-Stacked	\$50,000 combined single limit		1,212
Basic Personal Injury Protection			346
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Medical Payments	\$5,000 each person		136
Comprehensive			548
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			293
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			134
See Auto Coverage Schedule			
Roadside Assistance			143
See Auto Coverage Schedule			
<b>Subtotal policy premium</b>			<b>\$11,209</b>
Fees			20
<b>Total 12 month policy premium and fees</b>			<b>\$11,229</b>

**Rated driver**

1. GERALD GLUCK
2. JOHN MCVEY
3. STEVEN SAARI
4. KATHLEEN GLUCK

**Auto coverage schedule**

1. **2005 Dodge Grand Caravan**      Stated Amount: \*\$20,000 (including Permanently Attached Equip)  
 VIN: 2D4GP44L05R195958      Garaging Zip Code: 34653      Radius: 100

Liability Premium	Liability	UM/UIM BI	PIP	Med Pay	
	\$1,966	\$303	\$89	\$34	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$174	\$500	\$71	
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium	Auto Total
	\$50 per day Max \$1500	\$67	Selected	\$48	<b>\$2,752</b>

2. **2006 Dodge Grand Caravan**      Garaging Zip Code: 34653      Radius: 100  
 VIN: 2D4GP44L96R630266

Liability Premium	Liability	UM/UIM BI	PIP	Med Pay	Auto Total
	\$2,038	\$303	\$77	\$31	<b>\$2,449</b>





SCOTTSDALE INSURANCE COMPANY®

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SUPPLEMENTAL DECLARATIONS**

Policy No. CPS7255874 Effective Date 10/21/2020  
 12:01 A.M., Standard Time  
 Named Insured TRINITY MOBILITY, INC Agent No. 09044

Item 1. Limits of Insurance	
Coverage	Limit of Liability
Aggregate Limits of Liability	\$ <u>500,000</u> Products/Completed Operations Aggregate
	\$ <u>500,000</u> General Aggregate (other than Products/Completed Operations)
Coverage A—Bodily Injury and Property Damage Liability	\$ <u>500,000</u> any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability
Damage to Premises Rented to You Limit	\$ <u>100,000</u> any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability
Coverage B—Personal and Advertising Injury Liability	\$ <u>500,000</u> any one person or organization subject to the General Aggregate Limits of Liability
Coverage C—Medical Payments	\$ <u>5,000</u> any one person subject to the Coverage A occurrence and the General Aggregate Limits

**Item 2. Description of Business**

Form of Business:

Individual       Partnership  Joint Venture       Trust       Limited Liability Company

Organization including a corporation (other than Partnership, Joint Venture or Limited Liability Company)

Location of All Premises You Own, Rent or Occupy:  
 SEE SCHEDULE OF LOCATIONS

**Item 3. Forms and Endorsements**

Form(s) and Endorsement(s) made a part of this policy at time of issue:  
**See Schedule of Forms and Endorsements**

**Item 4. Premiums**

Coverage Part Premium:	\$	\$1,112
Other Premium:	\$	
Total Premium:	\$	\$1,112

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.