



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: <b>A TRINITY WHEELCHAIR TRANSPORTATION</b>	HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR <b>6</b> A.M. to <b>7</b> <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: <b>8343 ROYAL HART DR.</b>	PHONE: <b>727-389-1438</b>
ADDRESS 2:	FAX: <b>727-375-8181</b>

CITY, STATE, ZIP CODE:  
**NEW PORT RICHEY, FL. 34653**

OFFICER/DIRECTOR NAME & TITLE: <b>GERALD GLUCK, PRESIDENT</b>	PHONE NUMBER & E-MAIL: <b>727-389-1438 HOME6124U03@AOL.COM</b>
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VICE OFFICER/DIRECTOR NAME & TITLE: <b>KATHLEEN GLUCK, VICE-PRESIDENT</b>	PHONE NUMBER & E-MAIL: <b>727-967-7455 HOME6124U03@AOL.COM</b>
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BUSINESS HOURS POINT-OF-CONTACT: <b>JENNY GLUCK</b>	PHONE NUMBER & E-MAIL: <b>727-389-1438 HOME6124U03@AOL.COM</b>
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AFTER HOURS POINT-OF-CONTACT: <b>JENNY GLUCK</b>	PHONE NUMBER & E-MAIL: <b>727-389-1438 HOME6124U03@AOL.COM</b>
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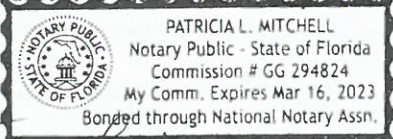
**REQUIRED ATTACHMENTS:** Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications 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: <i>[Signature]</i>	DATE: <b>3/23/2020</b>
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STATE OF FLORIDA  
COUNTY OF Pasco

Subscribed and sworn to (or affirmed) before me this 23 by March, 2020, who is/are personally known to me or has/have produced FL. Dn G 420290641880 as identification.



(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: A TRINITY WHEELCHAIR TRANSPORTATION

Date: 2/26/2020

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>BS</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>BS</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>BS</u> <u>BS</u> <u>BS</u> <u>BS</u> <u>BS</u> <u>BS</u> <u>BS</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>BS</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>BS</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>BS</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	2D4GP44L05R195958													
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	
4.					
5.					
6.					
7.					
8.					
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11.					
12.					
13.					
14.					
15.					
16.					

Named insured

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

**Policy number: 04047187-2**

Underwritten by:  
Progressive Express Ins Company  
June 13, 2019  
Policy Period: Aug 1, 2019 - Aug 1, 2020  
Page 1 of 3

**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 Renewal Declarations Page

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by August 1, 2019.

Your coverage begins on August 1, 2019 at 12:01 a.m. This policy expires on August 1, 2020 at 12:01 a.m.

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 (06/10). The contract is modified by forms 2852FL (10/04), 1652FL (08/12), 4757FL (01/13), 1198 (01/04), Z311 (11/07), Z313 (05/07), 4852FL (10/04), 4881FL (01/13) and Z228 (01/11).

The named insured organization type is a corporation.

### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$7,165
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		
Uninsured Motorist Non-Stacked	\$50,000 combined single limit		1,188
Basic Personal Injury Protection			354
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Medical Payments	\$5,000 each person		105
Comprehensive			736
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			523
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			201
See Auto Coverage Schedule			
Roadside Assistance			135
See Auto Coverage Schedule			
<b>Subtotal policy premium</b>			<b>\$10,407</b>
Fees			20
<b>Total 12 month policy premium and fees</b>			<b>\$10,427</b>
Discount if paid in full			-1400
<b>Total 12 month policy premium if paid in full</b>			<b>\$9,027</b>

### Rated driver

- 1. GERALD GLUCK
- 2. JOHN MCVVEY
- 3. STEVEN SAARI
- 4. ELIZABETH SAARI

**Auto coverage schedule**

1. **2005 Dodge Grand Caravan** Stated Amount: \*\$17,500 (including Permanently Attached Equip)  
 VIN: 2D4GP44L05R195958 Garaging Zip Code: 34653 Radius: 100

<b>Liability Premium</b>	Liability	UM/UIM BI	PIP	Med Pay	
	\$1,684	\$297	\$89	\$34	
<b>Physical Damage Premium</b>	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$164	\$500	\$96	
<b>Other Coverages Premium</b>	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium	Auto Total
	\$50 per day Max \$1500	\$67	Selected	\$46	<b>\$2,477</b>

2. **2006 Dodge Grand Caravan** Stated Amount: \*\$20,000 (including Permanently Attached Equip)  
 VIN: 2D4GP44L96R630266 Garaging Zip Code: 34653 Radius: 100

<b>Liability Premium</b>	Liability	UM/UIM BI	PIP	Med Pay	
	\$1,751	\$297	\$89	\$35	
<b>Physical Damage Premium</b>	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$181	\$500	\$107	
<b>Other Coverages Premium</b>	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium	Auto Total
	\$50 per day Max \$1500	\$67	Selected	\$45	<b>\$2,572</b>

3. **2007 Dodge Grand Caravan** Stated Amount: \*\$23,690 (including Permanently Attached Equip)  
 VIN: 1D4GP24R77B256507 Garaging Zip Code: 34653 Radius: 100

<b>Liability Premium</b>	Liability	UM/UIM BI	PIP	Med Pay	
	\$1,807	\$297	\$89	\$36	
<b>Physical Damage Premium</b>	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$199	\$500	\$123	
<b>Other Coverages Premium</b>	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium	Auto Total
	\$50 per day Max \$1500	\$67	Selected	\$44	<b>\$2,662</b>



4. **2004 Dodge Grand Caravan** Stated Amount: \*\$26,000 (including Permanently Attached Equip)  
 VIN: 1D4GP24R54B533263 Garaging Zip Code: 34653 Radius: 100

Liability Premium	Liability	UM/UIM BI	PIP		
	\$1,923	\$297	\$87		
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$500	\$192	\$500	\$197	<b>\$2,696</b>

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

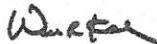
**Premium discounts**

Policy	
04047187-2	Business Experience and CDL Experience
Vehicle	
2005 Dodge Grand Caravan	Anti-Theft Device 2
2006 Dodge Grand Caravan	Anti-Theft Device 2
2007 Dodge Grand Caravan	Anti-Theft Device 2
2004 Dodge Grand Caravan	Anti-Lock Brakes and Air Bag

**Additional Insured information**

1. Additional Insured	MTI AMERICA 1350 S POWERLIN POMPAÑO BEACH, FL 33069
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**Agent signature**



**Company officers**



Secretary

**COMMON POLICY DECLARATIONS**

Renewal of  
CPS3118322

Underwritten by: Scottsdale Insurance Company  
Home Office:  
One Nationwide Plaza ▪ Columbus, Ohio 43215  
Administrative Office:  
8877 North Gainey Center Drive ▪ Scottsdale, Arizona 85258  
1-800-423-7675 ▪ A STOCK COMPANY

**Policy Number**  
**CPS3160701**

SURPLUS LINES AGENT: Dawn M. Belin  
LIC #: A290250  
A290258 1551 Sawgrass Corp. Parkway Ste#220  
Sunrise, FL 33323  
PROD. AGT. GEORGE SALTSMAN

Street 18936 N DALE MABRY HWY  
City LUTZ, FL 33548

This insurance is issued pursuant to the Florida Surplus Lines Laws. Persons insured by Surplus Lines Carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Quarter 4TH 2019

Premium 1,177 Tax 63.85

Agents Countersignature *Dawn M. Belin*

Agent No.: 09044 Program No.: MH

**ITEM 1. Named Insured and Mailing Address**

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

**Agent Name and Address**

ALL RISKS OF THE SOUTHEAST  
12750 CITRUS PARK LANE  
SUITE 110  
TAMPA, FL 33625

**ITEM 2. Policy Period** From: 10/21/2019 To: 10/21/2020 Term: 366 DAYS

12:01 A.M., Standard Time at the mailing address shown in ITEM 1.

Business Description: NON-EMERGENCY MEDICAL TRANSPORT

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

**Coverage Part(s)**

**Premium Summary**

Commercial General Liability Coverage Part	\$ <u>1,177</u>
Commercial Property Coverage Part	\$ <u>NOT COVERED</u>
Commercial Crime And Fidelity Coverage Part	\$ <u>NOT COVERED</u>
Commercial Inland Marine Coverage Part	\$ <u>NOT COVERED</u>
Commercial Auto Coverage Part	\$ <u>NOT COVERED</u>
Professional Liability Coverage Part	\$ <u>NOT COVERED</u>
	\$ _____
	\$ _____

**Total Policy Premium:** \$ 1,177.00

POLICY FEE	<u>100.00</u>
INSPECTION	<u>N/A</u>
STATE TAX	<u>63.85</u>
FL SUR	<u>N/A</u>
TOTALS	<u>1,342.13</u>
100% MINIMUM & DEPOSIT 25% MINIMUM EARNED	
FLSO SERVICE FEE	<u>1.28</u>

**Policy Total:** \$ 1,177.00

Form(s) and Endorsement(s) made a part of this policy at time of issue:

**SEE SCHEDULE OF FORMS AND ENDORSEMENTS**

UW-AS

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORM(S) AND ENDORSEMENT(S), IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.





SCOTTSDALE INSURANCE COMPANY®

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SUPPLEMENTAL DECLARATIONS

Policy No. CPS3160701 Effective Date 10/21/2019  
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	Products/Completed Operations Aggregate \$ <u>500,000</u> General Aggregate (other than Products/Completed Operations) \$ <u>500,000</u>
Coverage A - Bodily Injury and Property Damage Liability	any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability \$ <u>500,000</u>
Damage to Premises Rented to You Limit	any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability \$ <u>100,000</u>
Coverage B - Personal and Advertising Injury Liability	any one person or organization subject to the General Aggregate Limits of Liability \$ <u>500,000</u>
Coverage C - Medical Payments	any one person subject to the Coverage A occurrence and the General Aggregate Limits \$ <u>5,000</u>

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:	\$ <u>1,177</u>
Other Premium:	\$
Total Premium:	\$ <u>1,177</u>

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