



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

Form with fields for Organization Name (BESAFE TRANSPORTATION, LLC), Address (2605 WEMBLEY CROSS WAY), City (ORLANDO, FLORIDA), Officer/Director Name (JUAN NABONG), and Signature (Cecile Nabong). Includes a notary seal for Alaa A. Al Shaikhli.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/30/2022

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 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<br><b>QUICK FLORIDA QUOTES, INC</b><br>15190 SW 136th Street Ste 10<br>Miami, FL 33196                  | CONTACT NAME: <b>Imoh Oton</b>   |
|  | PHONE (A/C, No, Ext): <b>(305)222-7070</b> FAX (A/C, No):<br>E-MAIL ADDRESS: <b>imoh@quickflquotes.com</b> |
| INSURED<br><b>Be Safe Transportation, LLC</b><br>2605 Wembley Cross Way<br><br>Orlando, FL 32828<br>407-380-3059 | INSURER(S) AFFORDING COVERAGE<br><b>Prime Property &amp; Casualty</b>                                      |
|  | INSURER A:   |
|  | INSURER B:   |
|  | INSURER C:   |
|  | INSURER D:   |
|  | INSURER E:   |
|  | INSURER F:   |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

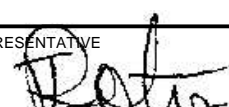
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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   |
|----------|--|-----------|----------|---------------------|-------------------------|-------------------------|--|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |                     |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
| <b>A</b> | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO ALL OWNED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS  |           | <b>x</b> | <b>PC2030702-0</b>  | <b>3/8/2022</b>         | <b>3/8/2023</b>         | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |           |          |                     |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          |                     |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                         |
| <b>A</b> | <b>PIP</b>   |           | <b>x</b> | <b>PC22030702-0</b> | <b>3/8/2022</b>         | <b>3/8/2023</b>         | <b>\$10,000</b>  |
| <b>A</b> | <b>COMP/COLLISION</b>  |           |          | <b>PC22030702-0</b> | <b>3/8/2022</b>         | <b>3/8/2023</b>         | <b>Per Schedule</b>  |

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

**Non Emergency Transport Operation**

2020 FORD 1FTYE1C89LKA32854 2019 FORD 1FBZX2CM5KKA25324 2019 FORD 1FBZX2CM2KKB15207  
 2019 FORD 1FBZX2CM0KKB15206 2018 FORD 1FBZX2YM0JKA21365 2019 FORD 1FBAX2CM3KKA14139  
 2017 FORD 1FBAX2CM5HKB13828 2019 FORD 1FBAX2CG7KKA11691 2016 DODGE 2C4RDGBG3GR143829

|   |   |
|---|---|
| CERTIFICATE HOLDER<br><br><b>PINELLAS COUNTY</b><br><b>310 COURT ST,</b><br><b>CLEARWATER, FL 33756</b> | CANCELLATION<br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|---|





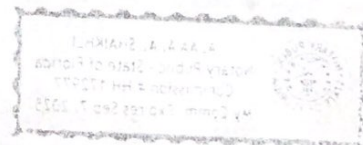
WHEELCHAIR/STRETCHER SERVICE  
RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service: BESAFE TRANSPORTATION, LLC

Date: 3/30/22

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





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

Name of Service: BESAFE TRANSPORTATION, LLC Page: 1 of 3

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. <u>2</u> | <u>14A SPF</u>             | <u>1FTVE1C89LKA 32857</u>           | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                   | <input checked="" type="checkbox"/>             | <input checked="" type="checkbox"/>          | <input checked="" type="checkbox"/>    | <input checked="" type="checkbox"/>                      | <input checked="" type="checkbox"/>                    | <input checked="" type="checkbox"/>                         | <input checked="" type="checkbox"/>                       | <input checked="" type="checkbox"/>                |
| 2.          |                            |                                     |                                       |                                     |                                     |                                     |   |   |  |  |  |  |   |   |  |
| 3.          |                            |                                     |                                       |                                     |                                     |                                     |   |   |  |  |  |  |   |   |  |
| 4.          |                            |                                     |                                       |                                     |                                     |                                     |   |   |  |  |  |  |   |   |  |
| 5.          |                            |                                     |                                       |                                     |                                     |                                     |   |   |  |  |  |  |   |   |  |
| 6.          |                            |                                     |                                       |                                     |                                     |                                     |   |   |  |  |  |  |   |   |  |
| 7.          |                            |                                     |                                       |                                     |                                     |                                     |   |   |  |  |  |  |   |   |  |
| 8.          |                            |                                     |                                       |                                     |                                     |                                     |   |   |  |  |  |  |   |   |  |
| 9.          |                            |                                     |                                       |                                     |                                     |                                     |   |   |  |  |  |  |   |   |  |
| 10.         |                            |                                     |                                       |                                     |                                     |                                     |   |   |  |  |  |  |   |   |  |
| 11.         |                            |                                     |                                       |                                     |                                     |                                     |   |   |  |  |  |  |   |   |  |
| 12.         |                            |                                     |                                       |                                     |                                     |                                     |   |   |  |  |  |  |   |   |  |

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





**STRETCHER VAN ROSTER**

Pinellas County Rules and Regulations, as Amended

Name of Service: BESAFE TRANSPORTATION LLC Page: 2 of 3

**\*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. <u>2</u> | <u>34A SPF</u>             | <u>1F1YE1C89LKA32854</u>            |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 2.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 3.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 4.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 5.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 6.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 7.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 8.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 9.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 10.         |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 11.         |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |
| 12.         |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |  |  |   |  |  |



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

Name of Service: BESAFE TRANSPORTATION, 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.

|     | Name (Last, First)<br>Also list "nick-name" if applicable | Class E<br>Driver's License Number | Expiration Date | Date of Birth | Assigned<br>EMS ID # |
|-----|---|------------------------------------|-----------------|---------------|----------------------|
| 1.  | CASTRO, CHRISTOPHER                                       | C236-118-68-284-D                  | 8/4/2027        | 8/4/1968      |                      |
| 2.  |   |                                    |                 |               |                      |
| 3.  |   |                                    |                 |               |                      |
| 4.  |   |                                    |                 |               |                      |
| 5.  |   |                                    |                 |               |                      |
| 6.  |   |                                    |                 |               |                      |
| 7.  |   |                                    |                 |               |                      |
| 8.  |   |                                    |                 |               |                      |
| 9.  |   |                                    |                 |               |                      |
| 10. |   |                                    |                 |               |                      |
| 11. |   |                                    |                 |               |                      |
| 12. |   |                                    |                 |               |                      |
| 13. |   |                                    |                 |               |                      |
| 14. |   |                                    |                 |               |                      |
| 15. |   |                                    |                 |               |                      |
| 16. |   |                                    |                 |               |                      |