



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: Med-Trans Corporation DBA AirStar 1	HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 3405 Flightline Drive	PHONE: 727-403-5792
ADDRESS 2:	FAX:

CITY, STATE, ZIP CODE:
Lakeland FL 33811

OFFICER/DIRECTOR NAME & TITLE: Kim Montgomery, President	PHONE NUMBER & E-MAIL: 940-591-5810 kimberly.montgomery@gmr.net
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VICE OFFICER/DIRECTOR NAME & TITLE: David Bowman, Vice President	PHONE NUMBER & E-MAIL: 940-591-5810 david.bowman@gmr.net
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BUSINESS HOURS POINT-OF-CONTACT: John Schreadley	PHONE NUMBER & E-MAIL: 727-403-5792 john.schreadley@adventhealth.com
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AFTER HOURS POINT-OF-CONTACT: John Schreadley	PHONE NUMBER & E-MAIL: 727-403-5792 john.schreadley@adventhealth.com
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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: 	DATE: 2-13-2024
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STATE OF ~~FLORIDA~~ Georgia
 COUNTY OF Fayette

Subscribed and sworn to (or affirmed) before me this 13th day of Feb by ~~Kim Montgomery~~ Kim Boulden, who is/are personally known to me or has/have produced GA DL as identification.

(SEAL) Maxwell B Gholston
 (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: Med-Trans Corp. DBA AirStar 1

Date: 02-13-24

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



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Med-Trans Corp. DBA AirStar 1 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. AS1	N865M	S/N:2212													
2.	FL: TBC														
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

#4

Med-Trans Pilot Roster Info

Updated 02/2024

Paul Di Maggio

Base Aviation Manager

Niclas Herle

Line Pilot

Brian Swinney

Line Pilot

Ryan Gromley

Line Pilot

#7

Med-Trans Rates

Base rate: \$40,145

Loaded mile rate \$408

PERSONNEL RECORDS

<i>Name</i>	<i>License#</i>	<i>Issued</i>	<i>Expiration</i>	<i>CPR/ACLS Expiration</i>
Adams, Mark	PMD507417	9/10/2022	12/1/2024	5/31/2025
Baxley, William	RN9528632	1/20/2023	4/30/2025	9/30/2025
Dunn, Jessica	RN9505602	7/22/2022	7/31/2024	7/31/2025
Maguire, John	PMD532098	8/24/2022	12/1/2024	8/31/2025
Sander, Brendon	RN9505603	7/22/2022	7/31/2024	7/31/2024
Springer, Chris	PMD532057	9/16/2022	12/1/2024	3/31/2025
Virgilio III, Victor	PMD524121	11/10/2022	12/1/2024	11/30/2025
Johnson, William	RN9354356	1/4/2013	7/31/2024	8/31/2025



CERTIFICATE OF AIRCRAFT INSURANCE

DATE(MM/DD/YYYY)
08/28/2023

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 Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	CONTACT NAME: _____	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
E-MAIL ADDRESS: _____		
PRODUCER CUSTOMER ID #: 570000073826		
INSURER(S) AFFORDING COVERAGE		%
INSURER A: Starr Indemnity & Liability Company		26
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

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. **Limits shown are as requested**

POLICY INFORMATION				CERTIFICATE NUMBER: 570101275260				REVISION NUMBER:						
POLICY TYPE				LINE OF BUSINESS SUBCODE										
<input type="checkbox"/> INDUSTRIAL AID	<input type="checkbox"/> PLEASURE & BUS	<input type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> AIRPLANE	<input checked="" type="checkbox"/> HELICOPTER	<input type="checkbox"/> MIXED FLEET	<input type="checkbox"/> EXCESS	<input type="checkbox"/> QUOTA SHARE	<input type="checkbox"/> NON-OWNED	<input checked="" type="checkbox"/> AS Endorsed Hereon	<input type="checkbox"/> LIABILITY ONLY	<input checked="" type="checkbox"/> HULL & LIABILITY	<input type="checkbox"/> HULL ONLY		

AIRCRAFT INFORMATION		ACCORD 333, Aircraft Schedule Attached									
YEAR	MAKE	MODEL			SERIAL NUMBER			REGISTRATION NUMBER			
TERRITORY:											

AIRCRAFT COVERAGES												
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED ? (Y/N)	SUBROGATION WAIVED? (Y/N)							
A	SASICOM6000562314	09/01/2023	09/01/2024	N	N							
COVERAGE	OPTIONS			LIMIT	APPLIES TO	LIMIT	APPLIES TO					
AIRCRAFT HULL												
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> CSL			\$50,000,000	EA OCC EA PASS		EA PER AGGR					
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW			\$25,000	EA PER							
CODE	DESCRIPTION	OPTIONS			LIMIT	APPLIES TO	LIMIT	APPLIES TO				

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 With Respects To: All Scheduled Aircraft.

CERTIFICATE HOLDER		CANCELLATION	
PINELLAS COUNTY EMS & FIRE ADMINISTRATION 12490 ULMERTON RD - SUITE 134 LARGO FL 33744 USA		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 <i>Aon Risk Services Central, Inc.</i>	

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Holder Identifier :

Certificate No : 570101275260





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.*	
POLICY NUMBER See Certificate Number: 570101275260			
CARRIER See Certificate Number: 570101275260	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 21 FORM TITLE: Certificate of Aircraft Insurance**

Insurer

- (1) Starr Indemnity and Liability Ins Co Through Starr Aviation Agency, Inc Policy No. SASICOM6000562314 (Lead 26%)
- (2) Air Centurion Insurance Services, LLC on Behalf of SiriusPoint America Insurance Company Policy No. ACQGSP0044003 (22.5%)
- (3) Allianz Global Risks US Insurance Company Through Allianz Global Corporate and Specialty Policy No. A4GA000618123AM (19.5%)
- (4) National Union Fire Insurance Co. of Pittsburgh, PA Through AIG Aerospace Insurance Services Policy No. FQ 01346850804 (10%)
- (5) Great American Insurance Company Policy No. QSE42695704 (5%)
- (6) Endurance American Insurance Company (W. Brown and Associates) Policy No. NQC6056043 (4.5%)
- (7) Lloyd's of London Aon UK Policy No. AVCHE2302096 (12.5%)



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.*	
POLICY NUMBER See Certificate Number: 570101275260			
CARRIER See Certificate Number: 570101275260	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 21 FORM TITLE: Certificate of Aircraft Insurance**

Other Coverages/Conditions/Remarks

Territory: worldwide excluding Russia, Ukraine, Belarus and Sudan
 Aircraft Registration Number(s): All scheduled aircraft owned or operated by the Insured.
 Hull War & Extended Perils: Subject to policy annual aggregate limit of \$200,000,000.

ANY INSURANCE EVIDENCED HEREIN THAT IS EXTENDED BEYOND COVERAGE PROVIDED TO THE NAMED INSURED SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION TO WHOM SUCH EXTENDED COVERAGE APPLIES SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISES FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF THE AIRCRAFT, AIRCRAFT PARTS, OR ANY OTHER PRODUCT BY THAT PERSON OR ORGANIZATION.

THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE ACTUAL COVERAGES PROVIDED BY THE POLICY(IES) SPECIFIED ABOVE.



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.*	
POLICY NUMBER See Certificate Number: 570101275260			
CARRIER See Certificate Number: 570101275260	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 21 **FORM TITLE:** Certificate of Aircraft Insurance

Named Insured

GLOBAL MEDICAL RESPONSE, INC. (FKA AIR MEDICAL GROUP HOLDINGS, INC.), AIR MEDICAL GROUP HOLDINGS, LLC AND AS MORE FULLY ENDORSED, INCLUDING MED-TRANS CORPORATION, Med-Trans Corporation DBA Med-Star Air Care, Med-Trans Corporation dba Hospital Wing and Med-Trans Corporation dba St. Joseph Air Med 12

NOTICE: LEAD POLICY NO.
SASICOM60005623-14 RENEWED BY
ENDORSEMENT FOR THE TERM 9/1/2023-
9/1/2024. ALL PREVIOUSLY ISSUED
ENDORSEMENTS FROM THE PRIOR YEAR
ARE STILL ACTIVE AND VALID AND CAN BE
APPLIED TO THIS RENEWAL CERTIFICATE
UNLESS OTHERWISE SPECIFIED.



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