



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 (Secure Transportation Company of Florida, LLC), Hours of Operation (0800 A.M. to 1700 P.M.), Address (6774 102nd N), City (Pinellas Park, FL 33782), Officer/Director Name & Title (Todd Cooper, President), Vice Officer/Director Name & Title (Anne Marin, Vice President), Business Hours Point-of-Contact (Jeffry Moore), After Hours Point-of-Contact (Jeffry Moore), Signature of Applicant, Date (3-4-22), State of Florida, County of, and Notary Seal area.

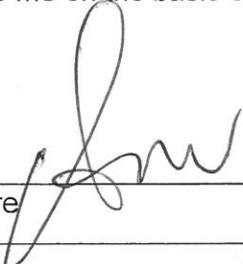
JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

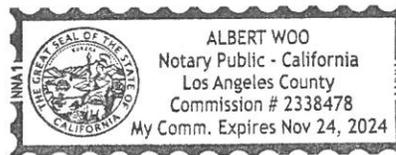
State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 4th day of MARCH, 2022,
by ANNE MARIN

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature 

(Seal)



OPTIONAL INFORMATION

INSTRUCTIONS

DESCRIPTION OF THE ATTACHED DOCUMENT

Title or description of attached document:

APP FOR CERT. OF
PUBLIC CONVENIENCE
AND NECESSITY

Number of Pages 1 Document Date 03/24/2022

Additional information

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.



**WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM**

Pinellas County Rules and Regulations, as Amended

Name of Service: Secure Transportation Co of Florida

Date: 3-4-2022

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



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

Name of Service: Secure Transportation Co of Florida 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.	Penelope Porter	P636672488010	8/21/26	8/21/1948	
2.	Mario Anjos	A522550570110	1/11/29	1/11/1957	
3.	Godofredo Lebron	L165280570290	1/29/24	1/29/1957	
4.	Ortavious Byrd	B630644782670	7/27/25	7/27/1978	
5.	Lorenc Suljac	S420520764280	11/28/28	11/28/1976	
6.	Andre Quinones	Q552000734670A	12/27/26	12/27/1973	
7.	Jose torres Ramirez	T626433640160	1/16/29	1/16/1964	
8.	Kerry Weimar	W560510620410	2/1/28	2/1/1962	
9.	Ivan Odak	O320400820160	1/16/28	1/16/1982	
10.	Elizabeth Daigle	D240230518621	10/2/29	10/2/1951	
11.	Albion Sono	S500000863280	9/8/29	9/8/1986	
12.	Vasily Uschak	U220860534430	12/3/23	12/3/1953	
13.	Jeffry Moore	M600432601040	3/24/25	3/24/1960	
14.					
15.					
16.					



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: SECURE TRANSPORTATION CO. of FLORIDA

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.

178 -
 170 -
 179 -
 169 -
 176 -
 IN SHOP
 167 -
 166 -
 168 -
 177 -

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/stretcher	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. V-322	Y984CX	1FDFE4FS2EDA23884	X	X	X	X	X	X	X	X	X	X	X	X	X
2. V-368	88AEFE	1FTYE1CM8GKA08239	X	X	X	X	X	X	X	X	X	X	X	X	X
3. V-369	90AEFE	1FTYE1CM9GKA08251	X	X	X	X	X	X	X	X	X	X	X	X	X
4. V-370	89AEFE	1FTYE1CM2GKA08236	X	X	X	X	X	X	X	X	X	X	X	X	X
5. V-431	PWXM36	1FDEE3FSXHDC17959	X	X	X	X	X	X	X	X	X	X	X	X	X
6. V-434	Y982CX	1FDEE3FS5HDC75798													
7. V-435	Y983CX	1FDFE4FS6HDC75853	X	X	X	X	X	X	X	X	X	X	X	X	X
8. V-436	Y644ES	1FDFE4FSXHDC75855	X	X	X	X	X	X	X	X	X	X	X	X	X
9. V-456	29BMAAD	1FTYE1C85MKA91594	X	X	X	X	X	X	X	X	X	X	X	X	X
10. V-455	30BMAAD	1FTYE1C82MKA95425	X	X	X	X	X	X	X	X	X	X	X	X	X
11.															
12.															

EMS INSPECTOR: John Murphy

Date: 4/1/2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/26/2022

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 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 The Dougherty Company, Inc. P.O. Box 7277 Long Beach CA 90807	CONTACT NAME: Noele Cass PHONE (A/C. No. Ext): 562-424-1621 E-MAIL ADDRESS: noele@doughertyins.com		FAX (A/C. No): 562-490-0432
	INSURER(S) AFFORDING COVERAGE		
INSURED Secure Transportation of Florida, LLC 6937 LTC Parkway Port St. Lucie FL 34986	SECUR-2	INSURER A : National Union Fire Ins. Co.	
		INSURER B : North American Capacity Ins Co	
		INSURER C : Underwriters at Lloyd's London	
		INSURER D :	
		INSURER E :	
		INSURER F :	
		NAIC # 19445 15792	

COVERAGES

CERTIFICATE NUMBER: 375207282

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
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	W2ACB6220301	4/1/2022	4/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		Y	CA4489658	4/1/2022	4/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		Y	ELX630008400	4/1/2022	4/1/2023	EACH OCCURRENCE \$ 3,000,000. AGGREGATE \$ 3,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC15893680 (NM ID IN FL)	4/1/2022	4/1/2023	<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
A	Auto Physical Damage			CA4489658	4/1/2022	4/1/2023	Comp Ded 250 Collision Ded 500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is named additional insured as respect General and Auto Liability per attached policy forms. Waiver of subrogation applies per attached policy forms. Primary non-contributory wording applies per attached policy forms.

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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ENDORSEMENT #

This endorsement, effective 12:01 A.M 04/01/2022 forms a part of

Policy No. CA 448-96-58 issued to SECURE TRANSPORTATION COMPANY, INC.

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LIMITED ADVICE OF CANCELLATION PROVIDED VIA E-MAIL
TO ENTITIES OTHER THAN THE FIRST NAMED INSURED**

This policy is amended as follows:

In the event that the Insurer cancels this policy for any reason other than non-payment of premium, and

1. the cancellation effective date is prior to this policy's expiration date;
2. the First Named Insured is under an existing contractual obligation to notify a certificate holder when this policy is canceled (hereinafter, the "Certificate Holder(s) ") and has provided to the Insurer, either directly or through its broker of record, the email address of a contact at each such entity; and
3. the Insurer received this information after the First Named Insured receives notice of cancellation of this policy and prior to this policy's cancellation effective date, via an electronic spreadsheet that is acceptable to the Insurer,

the Insurer will provide advice of cancellation (the "Advice") via e-mail to each such Certificate Holders within 10 days after the First Named Insured provides such information to the Insurer; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the First Named Insured provides such information to the Insurer.

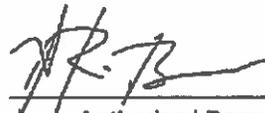
Proof of the Insurer emailing the Advice, using the information provided by the First Named Insured, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement:

1. First Named Insured means the Named Insured shown on the Declarations Page of this policy.
2. Insurer means the insurance company shown in the header on the Declarations page of this policy.

All other terms, conditions and exclusions shall remain the same.



Authorized Representative

ENDORSEMENT

This endorsement, effective 12:01A.M. **04/01/2022** forms a part of

policy No. **CA 448-96-58** issued to **SECURE TRANSPORTATION COMPANY, INC.**

by **NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INSURANCE PRIMARY AS TO CERTAIN ADDITIONAL INSURED

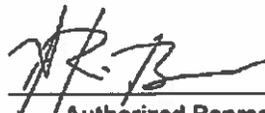
This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Section IV - Business Auto Conditions, B., General Conditions, 5., Other Insurance, c., is amended by the addition of the following sentence:

The insurance afforded under this policy to an additional insured will apply as primary insurance for such additional insured where so required under an agreement executed prior to the date of accident. We will not ask any insurer that has issued other insurance to such additional insured to contribute to the settlement of loss arising out of such accident .

All other terms and conditions remain unchanged.



Authorized Representative or
Countersignature (In States Where
Applicable)

ENDORSEMENT

This endorsement, effective 12:01 A.M. **04/01/2022** forms a part of

policy No. CA 448-96-58 issued to SECURE TRANSPORT AT I ON COMPANY, I NC.

by **NATIONAL UNION FIRE INSURANCE COMPANY** OF PITTSBURGH, PA

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following :

BUSINESS AUTO COVERAGE FORM

Section IV - Business Auto Conditions, A. - Loss Conditions, 5. - Transfer of Rights of Recovery Against Others to Us, is amended to add:

However, we will waive any right of recover we have against any person or organization with whom you have entered into a contract or agreement because of payments we make under this Coverage Form arising out of an "accident" or "loss" if:

- (1) The "accident" or "loss" is due to operations undertaken in accordance with the contract existing between you and such person or organization; and
- (2) The contract or agreement was entered into prior to any "accident" or "loss" .

No waiver of the right of recovery will directly or indirectly apply to your employees or employees of the person or organization, and we reserve our rights or lien to be reimbursed from any recovery funds obtained by any injured employee.



AUTHORIZED REPRESENTATIVE

ENDORSEMENT

This endorsement, effective 12:01 A.M. **04/01/2022** forms a part of

Policy No. CA 448-96-58 issued to SECURE TRANSPORT AT I ON COMPANY, I NC.

by **NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

ADDITIONAL INSURED:

Any person or organization for whom you are contractually bound to provide Additional Insured status but only to the extent of such person's or organization's liability arising out of the use of a covered "auto".

1. **SECTION II - COVERED AUTOS LIABILITY COVERAGE, A. Coverage, 1. - Who Is Insured, is amended to add:**
 - d. Any person or organization, shown in the schedule above, to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of use of a covered "auto". However, the insurance provided will not exceed the lesser of:
 - (1)) The coverage and /or limits of this policy, or
 - (2) The coverage and /or limits required by said contract or agreement.



AUTHORIZED REPRESENTATIVE

Effective date of this Endorsement: 04/01/2022

**This Endorsement is attached to and forms a part of Policy Number: W2ACB6220301
Syndicate 2623/623 at Lloyd's. Referred to in this endorsement as either the "Insurer" or the
"Underwriters"**

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY

This endorsement modifies insurance provided under the following:

**Miscellaneous Medical Professional Liability, General Liability, Advertising Liability,
Products/Completed Operations Liability and Employee Benefits Liability Insurance –
Combination Claims Made and Reported/Occurrence Basis**

In consideration of the premium charged for the Policy, it is hereby understood and agreed that solely in relation to coverage provided under Clause I. **INSURING AGREEMENTS**, A. 2. General Liability, Clause **II. PERSONS INSURED** is amended to include any entity for which the Insured has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the Named Insured and that is also named in a Claim if all of the following conditions are met:

1. The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
2. This insurance applies to such liability assumed by the Insured;
3. The obligation to defend the Additional Insured has also been assumed by the Insured in the same contract or agreement;
4. The allegations in the Claim and the information known about the incident are such that no conflict appears to exist between the interests of the Insured and the interests of the Additional Insured;
5. The Additional Insured and the Insured ask Underwriters to conduct and control the defense of that Additional Insured against such Claim and agree that Underwriters can assign the same counsel to defend the Insured and the Additional Insured;
6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the Claim;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such Claim. All other terms and conditions of this Policy remain unchanged.

All other terms and conditions of this Policy remain unchanged.



Authorized Representative

BLANKET WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy)

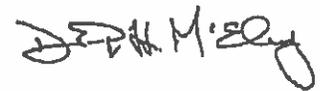
This endorsement, effective 12:01 AM **04/01/2022** forms a part of Policy No. **WC 015-89-3679**

Issued to **SECURE TRANSPORTATION COMPANY, INC.**

By **NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**

We have a right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against any person or organization with whom you have a written contract that requires you to obtain this agreement from us, as regards any work you perform for such person or organization.

The additional premium for this endorsement shall be 2.00 % of the total estimated workers compensation premium for this policy.



WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT—CALIFORNIA

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy).

This endorsement, effective 12:01 AM **04/01/2022** forms a part of Policy No. WC 0158-93-679

Issued to Secure Transportation, Inc.

By National Union Fire Insurance Company of Pittsburgh, PA

Premium: INCL

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us).

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 2.00% of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

Ontario International Airport Authority, its officers, directors, agents, employees, affiliates, partners, volunteers, representatives, and Commission

WC 04 03 06 (Ed. 04/84)

Authorized Representative