



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: Wheelchair Transport Service
HOURS OF OPERATION: 24-HOUR
ADDRESS 1: 14561 58th Street N
PHONE: 7275862811
ADDRESS 2:
FAX: 7272181045
CITY, STATE, ZIP CODE: Clearwater, FL 33760
OFFICER/DIRECTOR NAME & TITLE: John Williams President
PHONE NUMBER & E-MAIL: 7275862811 John@wheelchairtransport.com
VICE OFFICER/DIRECTOR NAME & TITLE: George Williams Vice President
PHONE NUMBER & E-MAIL: 7275862811 bud@wheelchairtransport.com
BUSINESS HOURS POINT-OF-CONTACT: Shannon Villar
PHONE NUMBER & E-MAIL: 7272181012 shannon@wheelchairtransport.com
AFTER HOURS POINT-OF-CONTACT:

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: George B. Williams
DATE: 3/25/21

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 25th by March 2021, who is/are personally known to me or has/have produced as identification.



(SEAL)

(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: Wheelchair Transport Service

Date: March 25, 2021

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



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

Page: 1 of 5

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. 303	DHIY74	2C4RDGCG9ER244658													
2. 330	ETMT44	2C4RDGCG8FR541292													
3. 334	ECT82	2C4RDGCG8FR535959													
4. 337	46DYS	1FMZK1CM6GKA33021													
5. 338	47DYS	1FMZK1CMXGKA33023													
6. 339	48DYS	1FMZK1CM5GKA33026													
7. 343	Y8DFZ	2C4RDGCG5FR536308													
8. 345	ETMT44	2C4RDGCG0FR541545													
9. 347	EEWR2	1FTYE2CM3GKA50842													
10. 348	ETMT54	1FTYE2CM0GKA50846													
11. 351	HGNI6C	1FTYR1CM9GKA65120													
12. 352	GVHJ06	1FTYR2CM5GKB06977													



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

Page: 2 of 5

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/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. 353	GVHJQ	1FTYR2CM7GKB06978													
2. 354	LMWJ	2C4RDGCG7GR180770													
3. 355	ENPF1	2C4RDGCG7GR180794													
4. 356	Y87DF	2C4RDGCG0GR179699													
5. 357	334MY	1FTYR2CM7HKA02086													
6. 358	330MY	1FTYR2CM9HKA02087													
7. 359	EEWR	1FTYR2CM9HKB27327													
8. 360	GEDT	1FTYE2CM0HKB27331													
9. 361	514MY	1FTYE2CM0HKB27328													
10. 363	331MY	5TDZZ3DC2HS856296													
11. 364	EEWR	5TDZZ3DC4HS876842													
12. 365	DWSD	5TDZZ8DC0HS876827													



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

Page: 3 of 5

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. 366	Y86DE ₊	5TDZZ3DCXHS877252													
2. 367	HZED ₉	2C4RDGCG7GR179957													
3. 368	ETMT4 ₊	2C4RDGCG8ER213269													
4. 369	NAEJ5 ₊	2C4RDGCG2ER322598													
5. 370	JUWU5 ₊	2C4RDGCG8GR179109 ₊													
6. 372	NAEJ4 ₊	2C4RDGCG5ER182272 ₊													
7. 375	ETMT4 ₊	2C4RDGCGXER245303													
8. 376	329MY ₊	2C4RDGCG2ER392232 ₊													
9. 377	326MY ₊	1FTYR1CM1HKA01879													
10. 378	332MY ₊	5TDZZ3DC8HS877668													
11. 379	HZED ₉	1FTTYE2CM6JKB21958 ₊													
12. 380	HZED ₉	1FTYE2CM1HKA42417													



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

Page: 4 of 5

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/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. 381	GREN ₊	1FTYE2CMXGKB25925 ₊													
2. 382	IJCD57 ₊	1FTYE2CM2GKB25921													
3. 383	ETMT56 ₊	1FTYE2CM1GKB25926													
4. 384	325MY ₊	1FTYE2CM9GKA50845 ₊													
5. 385	EEWR2 ₊	1FTYE2CM4GKB25922 ₊													
6. 386	EEWR ₊	1FMZK1CM4GKA09218 ₊													
7. 387	KYBU ₊	1FTYE2CM3GKB25930													
8. 388	Y83DE ₊	1FTYE2CM6GKB25923 ₊													
9. 389	327MY ₊	1FTYE2CM7GKB25929													
10. 390	Y81DE ₊	1FMZK1CM6GKA04957 ₊													
11. 391	328MY ₊	1FTYE2CM5GKB25928 ₊													
12. 392	EEWR4 ₊	1FTYE2CM3GKB25927													



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

Page: 5 of 5

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/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. 393	EEWR2	1FTYE2CM8GKB25924													
2. 394	EEWR2	2C7WDGBG4KR683804													
3. 395	336MY6	2C7WDGBG8KR754549													
4. 396	NRYV0	2C7WDGBG8KR649509													
5. 397	PASI2	2C7WDGBG8KR752171													
6. 398	PASI2	5TDKZ3DC2JS940450													
7. 399	PASI2	5TDKZ3DC9JS906862													
8. 101	PASI36	5TDKZ3DC7JS905855													
9. 102	PASI36	5TDKZ3DC1JS904507													
10. 103	PASI2	5TDKZ3DC1JS951360													
11.															
12.															



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

Name of Service: Wheelchair Transport Service

Page: 1 of 4

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.	OLIVER ROBERTS	R163-650-59-301-0	8/21	8/21/1959	740705
2.	ANDRES LOPEZ	L120-000-63-095-0	3/25	3/15/1963	571630
3.	GABREIL ARANGO	A652-281-49-207-1	6/27	6/2/1949	571400
4.	MADLYN MALDONADO	M435-547-63-754-0	7/22	7/14/1963	571646
5.	MOISES CONCHAMBAY	C525-54158-295-0	8/24	8/15/1958	571665
6.	CLIVE DOWDELL	D340-101-53-306-0	8/26	8/26/1953	570928
7.	FLETCHER FLORISSANT	F462-250-74-175-0	5/21	5/15/1974	571687
8.	QUYEN NGO	N200-718-57-097-0	3/24	3/17/1957	571721
9.	DIMAS ENCISO	E522-165-49-272-0	10/26	10/12/1949	571755
10.	CASEY MERRELL	M640-104-70-425-0	11/22	11/25/1970	571852
11.	JAMES ARNOLD	A654-443-52-243-0	7/28	7/3/1952	571984
12.	ELEAN DENSMORE	D525-211-64-837-0	9/28	9/17/1964	571100
13.	KARA PALMATEER	P453-513-85-923-0	11/21	11/23/1985	571083
14.	BENNETH KEH	K000-071-60-461-0	12/25	12/21/1960	571221
15.	CURTIS FISHER	F260-116-57-063-0	2/29	2/23/1957	571954
16.	WILLIAM SCHAFFER	S160-925-60-263-0	7/23	7/23/1960	571699



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

Name of Service: Wheelchair Transport Service

Page: 2 of 4

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.	GERALD MORABITO	M613-293-77-142-0	4/26	872029	↔ 4/12/77
2.	RALYNN METZ	M320-727-66-967-0	12/24	572044	↔ 12/27/66
3.	KEITH PERRY	p600-505-56-122-0	4/23	572056	↔ 4/2/56
4.	BRITNEY BENJAMIN	B525-074-87-701-0	6/26	572090	↔ 6/1/89
5.	RAYMOND JENKINS	J525-728-62-283-0	8/27	572098	↔ 8/3/62
6.	DOUGLAS SHINN	S500-162-81-046-0	2/24	572110	↔ 2/6/81
7.	MARCEL SANCHEZ	S522-558-74-230-0	6/23	571568	↔ 6/30/74
8.	MATTHEW GRIFFIN	G615-559-96-340-0	9/28	572187	↔ 9/20/96
9.	RYAN GULLIVER	g416-730-84-287-0	8/28	572196	↔ 8/7/84
10.	JOSE PEREZ	P626-433-85-252-0	7/25	512242	↔ 7/12/85
11.	MARCUS GILLROY	G460-550-59-100-1	3/25	572202	↔ 3/20/59
12.	JEROME MOTEN	M350-420-75-041-0	2/26	570651	↔ 2/1/75
13.	SHARRAN COOPER	C160-781-73-011-4	7/22	571138	↔ 7/10/73
14.	JORGE MEJIA	M200-432-62-425-0	11/25	570671	↔ 11/25/62
15.	DOUGLAS TRYGSTAD	T623-163-61-288-0	8/22	740721	↔ 8/8/61
16.	ALBERT NIBLACK	N142-020-44-455-0	12/25	740738	↔ 12/15/44



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

Name of Service: Wheelchair Transport Service

Page: 3 of 4

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.	JAMES GIFFORD	G163-444-59-144-0	4/28	4/24/1959	741000
2.	THOMAS PESTA	P230-866-57-466-0	12/28	12/26/1957	741045
3.	HECTOR RIVERA	R166-321-76-249-0	7/26	7/9/1976	571361
4.	MANNY SORIANO	S650-546-71-020-0	1/29	1/20/1971	571367
5.	NARINE MUNIRAM	M565-624-61-299-0	8/23	8/19/1961	571404
6.	JOSHUA CORDERO	C636-426-94-019-0	1/28	1/19/1994	571421
7.	STEPHEN JORDAN	J635-796-87-265-0	7/26	7/25/1987	571426
8.	CHRISTIAN WILKERSON	W426-110-90-247-0	7/28	7/7/1990	571557
9.	ERENSTO RODRIGUEZ	R362-202-67-063-0	2/28	2/23/1967	571617
10.	DOUGLAS RIVERA CRUZ	R162-162-68-367-0	10/27	10/7/1968	571616
11.	NELSON LOPEZ	L121-633-61-205-0	6/28	6/5/1961	571629
12.	YOSEN SOSA	S222-973-73-405-0	11/24	11/5/1973	571736
13.	ALEJANDRO MORALES	M642-006-87-322-0	9/26	9/2/1987	571740
14.	CARMELO POLITO	P430-107-62-416-0	11/23	11/16/1962	571791
15.	GREGORY ELFRINK	E416-296-63-407-0	11/21	11/7/1963	572000
16.	EUGENE CARROLL	C640-204-70-268-0	7/21	7/28/1970	572018



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

Name of Service: Wheelchair Transport Service

Page: 4 of 4

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.	KATHY RAMADAN	R535-500-65-924-0	8/28	11/24/1965	572033
2.	MARCOS ESTUPINAN	E231-550-66-304-0	8/24	8/24/1966	572078
3.	VLADYSLAV SEDYSLEV	S321-860-66-371-0	10/27	10/11/1966	572379
4.	NEBOJSHA OVNARSKI	O156-620-89-428-0	11/22	11/28/1989	572379
5.	BENTSION ZILBERSHTEYN	Z416-060-53-456-0	12/25	12/16/1953	572158
6.	JOHN RODGERS	r326-463-59-268-0	7/27	7/28/1959	572163
7.	GABRIELLE COLLINS	c452-293-93-952-0	12/28	12/12/1993	572163
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					



WHEETRA-01

EREITLER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/5/2021

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 Research Underwriters 4240 Greensburg Pike Pittsburgh, PA 15221	CONTACT NAME: PHONE (A/C, No, Ext): (412) 351-5800	FAX (A/C, No): (412) 351-5818	
	E-MAIL ADDRESS:		
INSURED Wheelchair Transport Service, Inc. 14561 58th Street North Clearwater, FL 33760	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : National Interstate		32620
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PZG0000007-01	8/16/2020	8/16/2021	EACH OCCURRENCE	\$ 500,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 500,000
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$ 500,000
							ABUSE AND ASSAU	\$ 50,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PZA0000007-01	8/16/2020	8/16/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER

CANCELLATION

Pinellas County
400 S. 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