



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: <i>KERT LLC</i>		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR <i>5</i> A.M. to <i>10</i> <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: <i>1120 E. Kennedy Blvd</i>		PHONE: <i>732 546 6819</i>
ADDRESS 2: <i>Apt 1428</i>		FAX:
CITY, STATE, ZIP CODE: <i>Tampa FL 33602</i>		
OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:	
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:	
BUSINESS HOURS POINT-OF-CONTACT: <i>Kenneth Snyder</i>	PHONE NUMBER & E-MAIL: <i>732 546 6819</i>	
AFTER HOURS POINT-OF-CONTACT: <i>Kenneth Snyder</i>	PHONE NUMBER & E-MAIL: <i>732 546 6819</i>	

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.

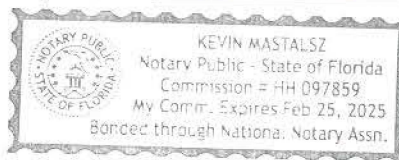
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: <i>[Signature]</i>	DATE: <i>5/9/24</i>
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STATE OF FLORIDA
COUNTY OF *Hillsborough*

Subscribed and sworn to (or affirmed) before me this *05/09/2024* by *Kenneth Snyder*, who is/are personally known to me or has/have produced *Driver License* 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: HEART LLC

Date: 5/9/24

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



WHEELCHAIR VEHICLE ROSTER
 Pinellas County Rules and Regulations, as Amended

Name of Service: HEAT LLC 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/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. 1	IHX 590	3C6TRVP60HE518560													
2. 2	IHX 589	3C6TRVP64HE503554													
3. 3	IHX 591	3C6TRVP67HE503554													
4. 4	IHX 071	3C6TRVP63HE503549													
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: _____ Page: _____ of _____

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.															
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: HEAT LLC 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.	Joslyn Constant	C523420561060	3/26/27	3/26/56	
2.	Mariz Muniram	M565624612990	8/19/31	8/19/61	
3.	Anicris Guvava	G160000849120	11/12/30	11/12/84	
4.					
5.					
6.					
7.					
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9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
08/01/2023

PRODUCER AND THE NAMED INSURED
Prime Property & Casualty Insurance Inc.

8722 S. Harrison St.
Sandy, UT 84070
1) 304-5500

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
Kert LLC

1120 E Kennedy Blvd, Unit 1428
Tampa , FL 33602

INSURER A: Prime Property & Casualty Insurance Inc.
INSURER B:
INSURER C:
INSURER D:
INSURER E:

"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"

COVERAGES

The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input type="checkbox"/> Commercial Liability Claims Made Exclude Products Exclude Completed Operations				
<input checked="" type="checkbox"/> Commercial Auto Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Drive Away <input type="checkbox"/> Specifically Described Autos	PC23080013	8/1/2023	8/1/2024	\$300,000 CSL \$10,000 U.M. Per Person \$20,000 U.M. Per Accident \$10,000 P.I.P Per Person
<input type="checkbox"/> Commercial Garage Liability G.K.L.L. O.T.R.P.D. D.O.C. Cargo On Hook Contractual Liability Indemnification Wrongful Repossession Claims Made Exclude Products Exclude Completed Operations				
<input type="checkbox"/> Excess Liability <input type="checkbox"/> Claims Made				

LIMITATION OF COVERAGE FOR ADDITIONAL INSURED
Liability Coverage is only provided to the Additional Insured with respect to Accidents otherwise covered under the Policy/Coverage Contract where the Insured is found directly liable and not where the Additional Insured is found independently negligent of the Insured.

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Coverage is limited to only insured activities or operations on the Participant Member Declaration Certificate or as may be separately endorsed.

CERTIFICATE HOLDER
 ADDITIONAL INSURED
 LOSS PAYEE

Pinellas County, A Political Subdivision of the State of Florida

0 South Fort Harrison Avenue
Clearwater , FL 33756

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Neddy Hill

ADDITIONAL INSURED ENDORSEMENT

ACA-01-02

This Endorsement changes the terms and conditions of the Policy issued. Please read it carefully!

Subject to all other terms and conditions of the Policy and all applicable Limits of Liability, the following changes to the Policy are made.

A. The following is added to **SECTION III - WHO IS AN INSURED** of the Policy:

C. For purposes of **SECTION I - LIABILITY COVERAGE** only, an "Insured" is also the person or organization identified below and scheduled in this Endorsement as an Additional Insured.

Policy Number: PC23080013

Insured: Kert LLC

Effective Date of the Endorsement: 08/01/2023

Additional Insured: Pinellas County, A Political Subdivision of the State of Florida

400 South Fort Harrison Avenue

Clearwater, FL 33756

B. Coverage provided to the above-identified Additional Insured is subject to the following:

The insurance afforded to the Additional Insured scheduled in this Endorsement is limited to liability arising from the Named Insured's business operations and only covers the Additional Insured for allegations of liability based upon alleged, actionable conduct of the Named Insured and only to the extent the Named Insured would have been liable and coverage would have been afforded to the Named Insured under the terms and conditions of the Policy had such Claim been made against the Named Insured.

The Named Insured is obligated to provide the Additional Insured with a copy of the Policy, the Endorsements and all related documents providing coverage. The Additional Insured is subject to the terms, provisions, conditions, exclusions, definitions, limitations, representations, and Endorsements of the Policy issued to the Named Insured and all related documents providing, limiting, excluding, modifying, or otherwise impacting coverage to the Named Insured. Failure of the Named Insured to adhere to any such provisions will defeat coverage under the Policy for all Additional Insureds.

Coverage is to be construed and enforced in accordance with the laws of the state where the Policy was issued. The Named Insured has consented to the jurisdiction of the courts of the state where the Policy is issued and has agreed that those courts shall be the exclusive forum to hear and decide disputes consisting of or relating to coverage issues.

FLORIDA SCHEDULED AUTOS ENDORSEMENT

ACA-FL-04

This Endorsement changes the terms and conditions of the Policy issued. Please read it carefully!

Subject to all other terms and conditions of the Policy and all applicable Limits of Liability, the following changes to the Policy are made.

- A.** If the term "Scheduled Autos" appears in the Declarations as the category of vehicles covered by the Policy, coverage is limited to only those Autos expressly identified below. The premium associated with each Scheduled Auto must be paid for coverage to be provided.
- B.** In addition to the conditions set forth in **SECTION VII - CONDITIONS** of the Policy, the following conditions apply to coverage of a Scheduled Auto:
1. Scheduled Autos are required to pass an annual safety inspection in order to qualify for coverage. The safety inspection must be documented and made available to the Insurer upon request.
 2. Any non-owned trailer scheduled on this Endorsement must be attached to a Scheduled Auto for coverage to apply.
 3. The Named Insured represents and acknowledges that all Autos being operated under the Named Insured's authority and/or DOT number have been disclosed to the Insurer and are identified below.

Scheduled Autos

Unit No.	Year	Make	Model	Vehicle Identification Number (VIN)	Cargo/On-Hook	Liability	Value	Coverage Effective Date
1	2017	Dodge	Paratransit	3C6TRVPG0HE518560	None	<input checked="" type="checkbox"/>	\$0.00	08/01/2023
2	2017	Dodge	Paratransit	3C6TRVPG4HE503558	None	<input checked="" type="checkbox"/>	\$0.00	08/01/2023
3	2017	Dodge	Paratransit	3C6TRVPG7HE503554	None	<input checked="" type="checkbox"/>	\$0.00	08/01/2023
4	2017	Dodge	Paratransit	3C6TRVPG3HE503549	None	<input checked="" type="checkbox"/>	\$0.00	08/01/2023
5	2011	Ford	Paratransit	1FDWE3FL0BDA02692	None	<input checked="" type="checkbox"/>	\$0.00	08/01/2023
7	2012	Ford	Paratransit	1FDWE3FL1CDA32561	None	<input checked="" type="checkbox"/>	\$0.00	08/01/2023
8	2017	Ford	Paratransit	1FBZX2CMXHKA47506	None	<input checked="" type="checkbox"/>	\$0.00	08/01/2023
9	2017	Dodge	Paratransit	3C6TRVPG1HE503548	None	<input checked="" type="checkbox"/>	\$0.00	08/01/2023
10	2015	Ford	Paratransit	1FDDE4FS3FDA12281	None	<input checked="" type="checkbox"/>	\$0.00	08/01/2023
11	2015	Ford	Paratransit	1FDDE4FS5FDA12296	None	<input checked="" type="checkbox"/>	\$0.00	08/01/2023