



## APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

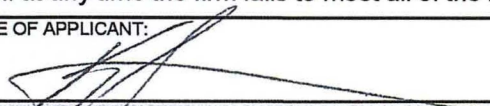
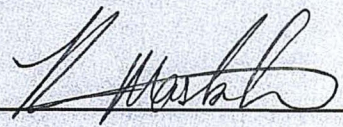
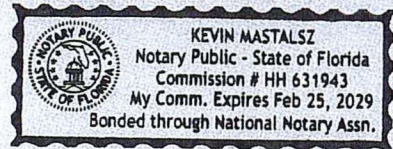
APPLICATION TYPE: ☐ NEW ☒ RENEWAL

SERVICE TYPE:

☒ Wheelchair Transport  
☒ Stretcher Transport☐ ALS Interfacility  
☐ ALS Helicopter☐ ALS Non-Transport  
☐ ALS Transport

TYPE OF ENTITY:

☒ Sole Proprietor ☐ Partnership ☐ Non-Profit Corporation ☐ Corporation

ORGANIZATION NAME: <u>KERT LLC</u>		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: <u>1120 E. Kennedy Blvd</u>		PHONE: <u>732 546 6819</u>
ADDRESS 2: <u>Apt 1428</u>		FAX:
CITY, STATE, ZIP CODE: <u>Tampa Florida 33602</u>		
OFFICER/DIRECTOR NAME & TITLE: <u>Kenneth Snyder</u>	PHONE NUMBER & E-MAIL: <u>732 546 6819 KERT11@gmail.com</u>	
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:	
BUSINESS HOURS POINT-OF-CONTACT: <u>Kenneth Snyder</u>	PHONE NUMBER & E-MAIL: <u>732 546 6819 KERT11@gmail.com</u>	
AFTER HOURS POINT-OF-CONTACT: <u>Kenneth Snyder</u>	PHONE NUMBER & E-MAIL: <u>732 546 6819 Kert11@gmail.com</u>	
<b>REQUIRED ATTACHMENTS:</b> 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: <u>5/29/25</u>
STATE OF FLORIDA COUNTY OF <u>Hillsborough</u>		
Subscribed and sworn to (or affirmed) before me this <u>05/29/2025</u> by <u>Kenneth Snyder</u> , who is/are personally known to me or has/have produced <u>Driver License</u> as identification.		
(SEAL) 		
(Name of Notary typed, printed or Form stamped)		

\*User

Snyder, Ken (552001)

\*Work Phone

732

-

546

-

6819

Ext:

\*Email

Kertllc@gmail.com

## Record Keeping Verification Form (Form B)

Inspection Items

### Section 8.1

Record all telephone lines when used for requests for transport, including cell phones.\*

\*Initials

KS

\*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.

\*Initials

KS

### Section 8.1

Written record contains:

- 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)

\*Initials

KS

### Section 8.1

Audio dispatch records shall be kept for a minimum of six (6) months.

\*Initials

KS

### Section 8.1

Written or electronic dispatch shall be kept for a minimum of three (3) years.

\*Initials

KS

### Section 8.1

Dispatch audio & written/electronic records shall be available for inspection.

\*Initials

KS

## Vehicles (Form C)

Section 1



Vehicle	Unit Number	Vehicle Tag Number	Vehicle Identification Number(VIN)	Active
<input checked="" type="checkbox"/> 1	1	IHXS90	3C6TRVP60HE518560	Yes
<input checked="" type="checkbox"/> 2	2	IHXS89	3C6TRVPG4HE503558	Yes
<input checked="" type="checkbox"/> 3	3	IHXS91	3C6TRVPG7HE503554	Yes
<input checked="" type="checkbox"/> 4	4	IMXN71	3C6TRVPG3HE503549	Yes

Personnel (Form D)

Section 1

meggers	User	Position
<input checked="" type="checkbox"/> 552003	Muniram, Narine Datt (552003)	
<input checked="" type="checkbox"/> 552001	Snyder, Ken (552001)	WCT Admin Support
<input checked="" type="checkbox"/> 552002	Turabova, Dilshoda MARUFOVNA (552002)	

Required Documents

Insurance verification

Provide a copy of the Certificate of Insurance showing limits for the highest level of service provided detailing vehicle liability, property damage coverage, and the expiration date of the policy (See Rules & Regulations 8.2)

Policy Type

Policy

Number

CPS8132378

Issued Date

01/10/2025

Today

Expiration Date

01/10/2026

Today

\*Insurance Verification

Change File

INSURANCE 2 KERT.pdf

Name

Insurance Verification

Document Type

Insurance Verification

Certificate of Incorporation

\*Certificate of Incorporation

Change File

ARTICLES KERT.pdf

Name

Certificate of Incorporation

Document Type

Certificate of Incorporation

Retail Rate Schedule

\*Retail Rate Schedule

[Change File](#) KERT LLC RETAIL RATE SHEET.pdf

Name

Retail Rate Schedule

Document Type

Retail Rate Schedule

Certification of Fictitious Name (d.b.a.)

Please upload a copy of your Certification of Fictitious Name (d.b.a.).

Certification of Fictitious Name

[Upload File](#)

Name

Certification of Fictitious Name

Document Type

Certification of Fictitious Name

## Signature

Signature

\*Today's Date

05/27/2025

[Today](#)

\*Signature

Signed on May 27, 2025 12:37:53 PM by Ken Snyder



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/16/2025

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).

<b>PRODUCER</b> Morrow Insurance Group 18936 NORTH DALE MABRY LUTZ FL 33548	<b>CONTACT NAME:</b> CYNTHIA THOMAS
	<b>PHONE (A/C No. Ext):</b> 813-963-1669 <b>FAX (A/C No.):</b> 813-961-3743
	<b>E-MAIL ADDRESS:</b> cynthia@morrowinsurance.net
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A:</b> SCOTTSDALE INSURANCE CO.
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES** **CERTIFICATE NUMBER:** 1127131306 **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			CPS8132378	1/10/2025	1/10/2026	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b> <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Loading & Unloading Sexual Abuse			CPS8132378	1/10/2025	1/10/2026	AGGREGATE 30,000 AGGREGATE 50,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Pinellas County, A Political Subdivision of the State of Florida  
400 S. Ft Harrison Ave  
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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/29/2025

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**PRODUCER**  
Morrow Insurance Group  
18936 NORTH DALE MABRY  
LUTZ FL 33548

**CONTACT NAME:** CYNTHIA THOMAS  
**PHONE (A/C No, Ext):** 813-963-1669 **FAX (A/C No):** 813-961-3743  
**E-MAIL ADDRESS:** cynthia@morrowinsurance.net

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Mitsui Sumitomo Insurance COA	20362
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

**INSURED**  
KERT, LLC  
Kenneth Snyder  
1120 East Kennedy Blvd.  
Tampa FL 33602

KERTL-1

## COVERAGES

**CERTIFICATE NUMBER:** 416144365

**REVISION NUMBER:**

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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> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BVR8407465	8/1/2024	8/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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AUTHORIZED REPRESENTATIVE

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**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L15000175236  
FILED 8:00 AM  
October 14, 2015  
Sec. Of State  
cmustain**

**Article I**

The name of the Limited Liability Company is:

KERT, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

9864 BOSQUE CIR  
TAMPA, FL. 33619

The mailing address of the Limited Liability Company is:

9864 BOSQUE CIR  
TAMPA, FL. 33619

**Article III**

The name and Florida street address of the registered agent is:

BERT L WILLIAMS  
7135 32ND AVE N  
ST PETERSBURG, FL. 33710

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: BERT L. WILLIAMS

## Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGRM  
BERT L WILLIAMS  
7135 32ND AVE N  
ST PETERSBURG, FL. 33710

Title: MGRM  
KENNETH T SNYDER  
9864 BOSQUE CIR  
TAMPA, FL. 33619

L15000175236  
FILED 8:00 AM  
October 14, 2015  
Sec. Of State  
cmustain

Signature of member or an authorized representative

Electronic Signature: KENNETH T. SNYDER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.



KERT LLC RETAIL RATE SHEET

AMBULATORY	\$65.00
WHEELCHAIR	\$65.00