



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY July 1, 2018 – June 30, 2019

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: Crisis Center of Tampa Bay d.b.a TransCare Medical Transp.		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: One Crisis Center Plaza		PHONE: 813-964-1594 ext. 4923
ADDRESS 2:		FAX: 813-968-6079
CITY, STATE, ZIP CODE: Tampa, FL 33613		
OFFICER/DIRECTOR NAME & TITLE: Clara Reynolds - CEO	PHONE NUMBER & E-MAIL:	
VICE OFFICER/DIRECTOR NAME & TITLE: Joseph Zillmer, Director of Operations	PHONE NUMBER & E-MAIL: 813-964-1594 ext. 3029	
BUSINESS HOURS POINT-OF-CONTACT: Communication Center / Dispatch	PHONE NUMBER & E-MAIL: 813-964-1594 ext. 1031	
AFTER HOURS POINT-OF-CONTACT: Communication Center / Dispatch	PHONE NUMBER & E-MAIL: 813-964-1594 ext. 1031	
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: 5/2/18
STATE OF FLORIDA COUNTY OF <u>Hillsborough</u>		
Subscribed and sworn to (or affirmed) before me this <u>May 2nd</u> by <u>Joseph Zillmer</u> , who is/are personally known to me or has/have produced <u>Texas DL 17120947</u> as identification. <u>exp 8/13/2022</u>		
 (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: TransCare Medical Transportation

Date: 03/15/2018

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



WHEELCHAIR VEHICLE ROSTER **Pinellas County Rules and Regulations, as Amended**

Name of Service: Crisis Center of Tampa Bay d.b.a TransCare Medical Transportation Page: of

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. 202	X11496	1FTNS2EW9CDB20126													
2. 201	X11476	1FTNS2EW7CDB20125													
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



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

Name of Service: Crisis Center of Tampa Bay d.b.a TransCare Medical Transportation Page: of

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.	BENNETT, ALONZO	B530-00-51-177-0	05/17/2020	05/17/1951	
2.	PEREZ, EDDIE	P620-200-91-387-0	10/27/2021	10/27/1991	
3.	LUCAS LUCCHINI	L250-529-93-126-0	04/06/2026	04/06/1993	
4.	SHERMAN, OSCAR	S655-658-69-349-0	09/29/2024	09/29/1969	
5.	SMITH, MORGAN	S530-550-89-841-0	09/21/2020	09/21/1989	
6.	JONSHUA CACERES	C262-439-89-424-0	11/24/2020	11/24/1989	
7.	TRISEL, HIRYL ARIN	T624-781-78-585-0	03/05/2022	03/05/1978	
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/26/2018

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 M. E. Wilson Company, LLC 300 W. Platt St. Ste 200 Tampa, FL 33606	1-813-229-8021	CONTACT NAME: Kelly B. Sutton, CIC PHONE (A/C, No, Ext): 813-349-2233 E-MAIL ADDRESS: ksutton@mewilson.com FAX (A/C, No): 813-229-2795														
INSURED The Crisis Center of Tampa Bay, Inc. dba TransCare Medical Transportation One Crisis Center Plaza Tampa, FL 33613		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: ARCH SPECIALTY INS CO</td><td>21199</td></tr><tr><td>INSURER B: CHARTER OAK FIRE INS CO</td><td>25615</td></tr><tr><td>INSURER C: BRIDGEFIELD EMPLOYERS INS CO</td><td>10701</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ARCH SPECIALTY INS CO	21199	INSURER B: CHARTER OAK FIRE INS CO	25615	INSURER C: BRIDGEFIELD EMPLOYERS INS CO	10701	INSURER D:		INSURER E:		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:** 52690420**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 SUBR INSD 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		FLP000173213	10/01/17	10/01/18	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 3,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 3,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	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	\$ 3,000,000		\$
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B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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		BA-8252A186	10/01/17	10/01/18	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		FLP000173213	10/01/17	10/01/18	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 1,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	AGGREGATE	\$ 1,000,000		\$								
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	\$																			
C	<input checked="" 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 Y/N <input checked="" type="checkbox"/> N/A		0830-42062	05/31/17	05/31/18	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<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						
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A	<input checked="" type="checkbox"/> Professional Liability Claims Made		FLP000173213	10/01/17	10/01/18	<table border="1"><tr><td>Each Claim:</td><td>1,000,000</td></tr><tr><td>General Aggregate:</td><td>3,000,000</td></tr><tr><td>Med Only Deduct:</td><td>10,000</td></tr></table>	Each Claim:	1,000,000	General Aggregate:	3,000,000	Med Only Deduct:	10,000								
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

By definition, the following therapists are included under the above referenced professional liability coverage:
Angela Claudio Torres, Kimberly Pacheco, Clara Reynolds, Serra Palantekin, Jackie Jackson-Dean, Meredith Grau, and Lizette Ovalle

30 Day notice of Cancellation applies except for 10 days notice for non-payment of premium per Florida Statute

CERTIFICATE HOLDER**CANCELLATION**

The Crisis Center of Tampa Bay, Inc.

One Crisis Center Plaza

Tampa, FL 33613

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

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ACORD 25 (2016/03)

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