



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: Care Ride LLC
ADDRESS 1: 4625 East Bay Dr.
ADDRESS 2: Suite 105
CITY, STATE, ZIP CODE: Clearwater, FL 33764
HOURS OF OPERATION: 4:00 A.M. to 11:59 P.M.
PHONE: (727)866-1193
FAX: (727)866-0148

Table with 2 columns: OFFICER/DIRECTOR NAME & TITLE, PHONE NUMBER & E-MAIL. Rows include John Petitgirard, James Green, and John Petitgirard.

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: [Signature] DATE: 3/20/2020

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 20th March 2020 by John Petitgirard, who is/are personally known to me or has/have produced [Signature] as identification.

(SEAL) [Signature]
CINDY M. KASS-JOHNSON
Notary Public - State of Florida
Commission # GG 912393
My Comm. Expires Dec 22, 2023
(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: Care Ride LLC

Date: 3/20/2020

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



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: CARE RIDE

Page: 1 of 6

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, fumes, brake, tails, backup	Interior clean, sanitary and in good working order
¹ 58	299VAU	1FTNS24WX8DB46386													
² 59	411VAQ	1FTNS24W48DB46399													
³ 60	540VQT	1FTNE14W18DB53857													
⁴ 62	406VAQ	1FTNS24W98DB57511													
⁵ 63	408VAQ	1FTNS24W78DB57510													
⁶ 64	542VQT	1FTNE14W38DB53858													
⁷ 65	272VAU	1FTNS24W28DB52294													
⁸ 66	296VAU	1FTNE14W78DB57041													
⁹ 67	410VAQ	1FTNS24W38DB57505													
¹⁰ 68	282VAU	1FTNE14W38DB57036													
¹¹ 69	261VAU	1FTNS24W08DB57512													
¹² 70	283VAU	1FTNS24W58DB46389													



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: CARE RIDE Page: 2 of 6

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 71	264VAU	1FTNS24W28DB46396													
² 72	280VAU	1FTNE14W18DB43068													
³ 73	276VAU	1FTNS24WX8DB57503													
⁴ 74	275VAU	1FTNS24W38DB52305													
⁵ 75	284VAU	1FTNE14W18DB57035													
⁶ 76	286VAU	1FTNE14W98DB43075													
⁷ 77	40VAQ	1FTNS24W68DB57501													
⁸ 78	40TVAQ	1FTNS24W18DB57499													
⁹ 79	274VAU	1FTNE14W18DB43071													
¹⁰ 80	281VAU	1FTNS24W18DB46387													
¹¹ 81	539AQT	1FTNE14W78DB29241	scrapped												
¹² 83	412VAU	1FTNE14W770B29241													



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: CARE RIDE Page: 3 of 6

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. 84	287NAU	1FTNS24W58DB46392													
2. 85	271NAU	1FTNS24W18DB52299													
3. 86	262NAU	1FTNS24W58DB57506													
4. 88	8055RW	1FTNS2EWAADA68984													
5. 90	8054RW	1FTNS1EWXADA99469													
6. 91	597LWX	1FTNS1EW2ADA99479													
7. 112	763XDU	1FTNE1EW1CDA12973													
8. 113	0421CQ	1FTNE1EW4CDA11462													
9. 114	AZG227	1FTNE1EW6CDA12967													
10. 115	760XDU	1FTNE1EW7CDA12976													
11. 116	AZFG26	1FTNE1EW0CDA11457													
12. 117	AZFG80	1FTNE1EW9CDA11425													



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: CARE RIDE Page: 4 of 6

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, fails, backup	Interior clean, sanitary and in good working order
¹ 118	AZF681	1FTNE1EWDCDA11426													
² 119	AZFG79	1FTNE1EW2CDA11427													
³ 120	AZFG82	1FTNEEWBCDA12940													
⁴ 121	AZFG83	1FTNE1EW1CDA12939													
⁵ 125	771XDU	1FTNE1EWODDA19897													
⁶ 126	F728FG	1FTNE1EW2DDA19898													
⁷ 127	59BLWX	1FTNE1EW2DDA15026													
⁸ 128	CB6PNK	1FTNE1EWODDA19902													
⁹ 129	792XDU	1FTNE1EW9DDA19896													
¹⁰ 130	765XDU	1FTNE1EW8DDB35123													
¹¹ 131	P87DIY	1FTNE1EW3DDB32193													
¹² 132	764XDU	1FTNE1EW1EDA08554													

EMS INSPECTOR: _____ Date: _____



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: CARE RIDE Page: 5 of 6

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
¹ 133	773XDU	1FTNE1EW3EDA08555													
² 134	767XDU	1FTNE1EWXEDA08553													
³ 140	770XDU	1FTNE1EW1EDA97526													
⁴ 141	769XDU	1FTNE1EWXEDA97525													
⁵ 142	W933PI	1FTNE1EW7EDA97529													
⁶ 143	768XDU	1FTNE1EW3EDA97530													
⁷ 150	DUE127	1FMZK1CM2FKB13771													
⁸ 151	414VAQ	1FMZK1CM0FKB13770													
⁹ 152	661WY	1FMZK1CM7FKB13765													
¹⁰ 153	DUE128	1FMZK1CM3FKB13777													
¹¹ 154	635WAB	1FMZK1CM9FKB13766													
¹² 160	121RYZ	1FTYE2CM2GKA21462													

EMS INSPECTOR: _____ Date: _____



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: CARE RIDE Page: 6 of 6

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
¹ 161	122RYZ	1FTYE2CM4GKA21463													
² 170	HBVU29	1FTYE2CM9HKA15577													
³ 171	HBVU30	1FTYE2CM2HKA15579													
⁴ 172	HBVU31	1FTYE2CM9HKA15580													
⁵ 173	HBVU32	1FTYE2CMDHKA15581													
⁶ 174	HBVU33	1FTYE2CM7HKA15576													
⁷ 175	HBVU34	1FTYE2CMDHKA15578													
⁸ 176	HBVU35	1FTYE2CMBHKA15537													
⁹ 177	HBVU36	1FTYE2CMXHKA15538													
¹⁰ 178	HBVU37	1FTYE2CM4HKA15535													
¹¹ 179	HBVU38	1FTYE2CM6HKA15536													
¹²															

CARE RIDE, LLC		
Feb	29	2020
VEH #	TAG #	VIN #
58	279 VAU	1FTNS24WX8DB46386
59	411 VAQ	1FTNS24W48DB46397
60	540 VQT	1FTNE14W18DB53857
62	406 VAQ	1FTNS24W98DB57511
63	408 VAQ	1FTNS24W78DB57510
64	542 VQT	1FTNE14W38DB53858
65	272 VAU	1FTNS24W28DB52294
66	296 VAU	1FTNE14W78DB57041
67	410 VAQ	1FTNS24W38DB57505
68	282 VAU	1FTNE14W38DB57036
69	261 VAU	1FTNS24W08DB57512
70	283 VAU	1FTNS24W58DB46389
71	264 VAU	1FTNS24W28DB46396
72	280 VAU	1FTNE14W18DB43068
73	276 VAU	1FTNS24WX8DB57503
74	275 VAU	1FTNS24W38DB52305
75	284 VAU	1FTNE14W18DB57035
76	286 VAU	1FTNE14W98DB43075
77	409 VAQ	1FTNS24W68DB57501
78	407 VAQ	1FTNS24W18DB57499
79	274VAU	1FTNE14W18DB43071
80	281 VAU	1FTNS24W18DB46387
81		<i>Scrapped</i>
83	412VAU	1FTNE14W77DB29241
84	287 VAU	1FTNS24W58DB46392
85	271 VAU	1FTNS24W18DB52299
86	262 VAU	1FTNS24W58DB57506
88	B055RW	1FTNS2EW4ADA68984
90	B054RW	1FTNS1EWXADA99469
91	597LWX	1FTNS1EW2ADA99479
112	763XDU	1FTNE1EW1CDA12973
113	D421CQ	1FTNE1EW4CDA11462
114	AZGC27	1FTNE1EW6CDA12967
115	760XDU	1FTNE1EW7CDA12976

CARE RIDE, LLC		
Feb	29	2020
VEH #	TAG #	VIN #
116	AZFG26	1FTNE1EW0CDA11457
117	AZFG80	1FTNE1EW9CDA11425
118	AZFG81	1FTNE1EW0CDA11426
119	AZFG79	1FTNE1EW2CDA11427
120	AZFG82	1FTNEEW8CDA12940
121	AZFG83	1FTNE1EW1CDA12939
125	771XDU	1FTNE1EW0DDA19897
126	F728FG	1FTNE1EW2DDA19898
127	598LWX	1FTNE1EW2DDA15026
128	C869NK	1FTNE1EW0DDA19902
129	772XDU	1FTNE1EW9DDA19896
130	765XDU	1FTNE1EW8DDB35123
131	P870IY	1FTNE1EW3DDB32193
132	764XDU	1FTNE1EW1EDA08554
133	773XDU	1FTNE1EW3EDA08555
134	767XDU	1FTNE1EWXEDA08553
140	770XDU	1FTNE1EW1EDA97526
141	769XDU	1FTNE1EWXEDA97525
142	W733PI	1FTNE1EW7EDA97529
143	768XDU	1FTNE1EW3EDA97530
150	DUE127	1FMZK1CM2FKB13771
151	414VAQ	1FMZK1CM0FKB13770
152	661LWY	1FMZK1CM7FKB13765
153	DUE128	1FMZK1CM3FKB13777
154	635WQB	1FMZK1CM9FKB13766
160	121RYZ	1FTYE2CM2GKA21462
161	122RYZ	1FTYE2CM4GKA21463
170	HBVU29	1FTYE2CM9HKA15577
171	HBVU30	1FTYE2CM2HKA15579
172	HBVU31	1FTYE2CM9HKA15580
173	HBVU32	1FTYE2CM0HKA15581
174	HBVU33	1FTYE2CM7HKA15576
175	HBVU34	1FTYE2CM0HKA15578
176	HBVU35	1FTYE2CM8HKA15537

CARE RIDE, LLC		
Feb	29	2020
VEH #	TAG #	VIN #
177	HBVU36	1FTYE2CMXHKA15538
178	HBVU37	1FTYE2CM4HKA15535
179	HBVU38	1FTYECM6HKA15536

Care Ride, LLC
 DART Qualified Drivers Report @ 03/20/2020

<u>Name</u>	<u>EMS ID #</u>	<u>Date of Birth</u>	<u>FL Drivers license #</u>	<u>DL EXP DATE</u>
Aguilar, Santiago	571585	5/26/1992	A246-786-92-186-0	5/26/2028
Almaraz, Donna	572124	6/15/1966	A456-175-66-715-0	6/15/2027
Andriksakis, Constantir	571586	8/4/1960	A536-105-60-284-0	8/4/2025
Balog, Robert	572197	5/6/1951	B420-772-51-166-0	5/6/2026
Balram, Deonarine	571726	11/11/1957	B465-160-57-411-0	11/11/2025
Bauwens, Jeffrey	570916	6/26/1955	B520-424-55-226-0	6/26/2027
Boyle, Bruce	570314	10/11/1980	B400-061-80-371-0	10/11/2026
Braden, William	570245	4/17/1958	B635-924-58-137-0	4/17/2026
Briceno, Carlos	570311	4/14/1968	B625-116-68-134-0	4/14/2021
Brown, David	571500	3/2/1956	B650-170-56-082-0	3/2/2026
Bryant, Dante	572127	8/6/1977	B653-172-77-286-0	8/6/2021
Buchner, Howard	570221	8/3/1943	B256-332-43-283-0	8/3/2026
Bunton, William	570206	5/28/1947	B535-932-47-188-0	5/28/2021
Byrd, Ortavious	570295	7/27/1978	B630-644-78-267-0	7/27/2025
Callahan, Lawrence	572186	9/1/1955	C450-525-55-321-0	9/1/2028
Chatman, John	570158	7/21/1964	C355-466-64-261-0	7/21/2026
Cheifetz, Richard	570296	8/16/1960	C132-757-60-296-0	8/16/2021
Coffman, Jeffrey	571826	6/10/1970	C155-437-70-210-0	6/10/2026
Corcoran, Michael	572128	4/25/1951	C626-544-51-145-0	4/25/2025
Coston, Christine	572011	11/22/1973	C235-112-73-922-0	11/22/2020
Cummings, Jeffrey	571521	1/6/1968	C552-437-68-006-0	1/6/2026

Care Ride, LLC
 DART Qualified Drivers Report @ 03/20/2020

<u>Name</u>	<u>EMS ID #</u>	<u>Date of Birth</u>	<u>FL Drivers license #</u>	<u>DL EXP DATE</u>
Daigle, Elizabeth	570260	10/2/1951	D240-230-51-862-1	10/2/2021
Dennis, Rick	571835	11/29/1961	D520-737-61-429-0	11/29/2025
Derkaoui, Abdessama	572021	10/6/1975	D620-000-75-366-0	10/6/2020
Dilworth, Clifton	572174	1/12/1954	D463-100-54-012-0	1/12/2028
Donatelli, Patrick	571788	8/17/1955	D534-661-55-297-0	8/17/2025
Donkor, Emmanuel	572203	4/26/1967	D526-200-67-146-0	4/26/2028
Edwards, Craig	271237	1/4/1968	E363-112-68-004-0	1/4/2022
Ellson, Richard	572185	1/17/1947	E426-754-47-017-0	1/17/2028
Engstrom, Lloyd	572181	7/17/1948	E523-538-48-257-0	7/17/2026
Ennis, Thomas	572096	10/20/1967	E520-820-67-380-0	10/20/2021
Eusepi, Franco	571551	1/20/1959	E210-240-59-020-0	1/20/2023
Gekoski, Patric	570871	10/31/1980	G220-676-80-391-0	10/31/2026
George, James	570968	9/29/1952	G620-441-52-349-0	9/29/2020
Gizzarelli, Nicholas	571819	8/5/1950	G264-620-50-285-0	8/5/2020
Godshall, A Royce	572024	2/21/1966	G324-016-66-061-0	2/21/2022
Goodreds, Gregory	572168	11/9/1957	G363-281-57-409-0	11/9/2026
Gulley, Michael	571314	3/3/1961	G400-552-61-083-0	3/3/2021
Hadley, Glenn	571364	12/15/1966	H340-297-66-455-0	12/15/2022
Haggadone, David Jon	571339	11/9/1951	H235-170-51-409-1	11/9/2020
Harkin, Bridget	572159	9/10/1965	H625-078-65-830-0	9/10/2027
Hassen, Bruce	571363	5/6/1962	H250-065-62-166-0	5/6/2026
Hayes, Donald	570980	6/29/1954	H200-193-54-229-0	6/29/2026

Care Ride, LLC
 DART Qualified Drivers Report @ 03/20/2020

<u>Name</u>	<u>EMS ID #</u>	<u>Date of Birth</u>	<u>FL Drivers license #</u>	<u>DL EXP DATE</u>
Hayes, Willie Jr	572167	10/1/1952	H200-890-52-361-0	10/1/2027
Henderson, Tamara	571319	7/8/1960	H536-812-60-748-0	7/8/2021
Hofer, Joseph	570308	8/4/1968	H160-498-68-284-0	8/4/2025
Huber, Jeffrey	572060	7/11/1973	H160-430-73-251-6	7/11/2027
Hull, Justin	571601	10/7/1987	H400-432-87-367-0	10/7/2023
Hurm, Blair	570639	3/5/1959	H650-071-59-085-0	3/5/2025
Irvine, Brian	572155	7/30/1943	I615-073-43-270-0	7/30/2022
Jansen, Curtis	570612	2/7/1953	J525-113-53-047-0	2/7/2028
Jordan, Angelique	571781	12/22/1967	J635-013-67-962-1	12/22/2026
Jordan, Michael	571297	1/1/1956	J635-544-56-001-0	1/1/2028
Josefson, Robert	571970	7/22/1943	J212-765-43-262-0	7/22/2022
Kapocsi, John	571657	9/16/1956	K120-473-56-336-0	9/16/2025
Kessinger, David	572012	11/17/1950	K252-172-50-417-0	11/17/2026
Klein, Donna	570316	5/23/1956	K450-173-56-683-0	5/23/2021
Kolupa, Mark	571263	4/20/1971	K410-541-71-140-0	4/20/2021
Krause, Steven	571662	10/1/1963	K620-792-63-361-0	10/1/2024
Kumbera, Kelly	571643	9/17/1956	K516-505-56-337-0	9/17/2022
Lackey, John	572161	3/10/1962	L200-475-62-090-0	3/10/2027
Laurore, Rodrigue	572179	4/2/1979	L660-720-79-122-0	4/2/2021
LePoudre, David	572162	5/13/1986	L136-170-86-173-0	5/13/2025
Leyton, Juan	571973	6/9/1967	L-350-423-67-209-0	6/9/2024
Lukas, Linas	572022	9/5/1957	L220-535-57-325-0	9/5/2022

Care Ride, LLC
 DART Qualified Drivers Report @ 03/20/2020

<u>Name</u>	<u>EMS ID #</u>	<u>Date of Birth</u>	<u>FL Drivers license #</u>	<u>DL EXP DATE</u>
MacLean, Kevin	570315	12/11/1952	M245-513-52-451-0	12/11/2024
Mahoney, Timothy	570120	7/15/1960	M500-813-60-255-0	7/15/2020
Mann, Steve	570196	12/20/1958	M500-796-58-460-0	12/20/2021
Martinez, Alphonso	571967	4/21/1957	M635-000-57-141-0	4/21/2023
Masic, Jasmin	570883	10/28/1964	M220-420-64-388-0	10/28/2026
Maxwell, Thomas	571809	7/25/1959	M240-839-59-265-0	7/25/2025
McCay, Michael	572030	9/5/1958	M200-550-58-325-0	9/5/2023
McKnight, Robert	572097	3/4/1974	M252-767-74-084-0	3/4/2025
Medowski, Jaroslaw	571824	12/3/1961	M320-438-61-443-0	12/3/2025
Mitchell, David	571606	7/1/1965	M324-176-65-241-0	7/1/2025
Mitric, Ljubisa	570229	9/13/1962	M362-520-62-333-0	9/13/2020
Mohammadrezaei, Abolhassan	572200	5/22/1952	M536-000-52-182-0	5/22/2020
Molendyk, John	570253	8/15/1968	M453-468-68-295-0	8/15/2025
Moore, Frederick	572025	8/31/1970	M600-256-70-311-0	8/31/2027
Moran, William	571550	4/17/1955	M650-938-55-137-0	4/17/2027
Morgan, Charles	571841	7/26/1954	M625-159-54-266-0	7/26/2020
Mullins, Susan	571452	12/5/1964	M452-798-64-945-0	12/5/2021
Murray, Cheryl	570065	8/5/1967	M600-101-67-785-0	8/5/2027
Musa, Bassam	570305	7/16/1965	M200-060-65-256-0	7/16/2027
Nelson, Leocardy	570597	11/13/1963	N425-520-63-413-0	11/13/2024
Niziolek, Daniel	572049	6/15/1965	N242-164-65-215-0	6/15/2026
O'Meara, Michael	572173	4/18/1953	O560-555-53-138-0	4/18/2025

Care Ride, LLC
 DART Qualified Drivers Report @ 03/20/2020

<u>Name</u>	<u>EMS ID #</u>	<u>Date of Birth</u>	<u>FL Drivers license #</u>	<u>DL EXP DATE</u>
Pabst, Kelvin	570215	8/28/1965	P123-512-65-308-0	8/28/2025
Pena, Esther	571669	5/20/1971	P563-205-71-680-0	5/20/2021
Pierce, Robert	570152	4/7/1950	P620-767-50-127-0	4/7/2025
Poling, Theresa	572120	6/11/1962	P452-808-62-711-0	6/11/2021
Proferes, George	571375	6/1/1957	P616-312-57-201-0	6/1/2026
Proscio, Patricia	572028	1/14/1955	P620-680-55-514-0	1/14/2023
Rajic, Zoran	570317	4/6/1968	R220-980-68-126-0	4/6/2027
Reardon, Michael	571793	2/14/1973	R635-556-73-054-0	2/14/2027
Riebel, Ronald	571716	3/23/1959	R140-730-59-103-0	3/23/2023
Rodriguez, Orlando	571686	3/16/1953	R362-640-53-096-0	3/16/2027
Rosario, Victor	571834	3/8/1977	R260-879-77-088-0	3/8/2027
Ruiz, Richard	571157	11/8/1958	R200-740-58-408-0	11/8/2020
Sanford, Michael	572083	11/26/1953	S516-553-53-426-0	11/26/2026
Schawang, Anthony	572026	1/1/1971	S520-012-71-001-0	1/1/2026
Schmelzer, Matthew	571298	8/12/1950	S542-555-50-292-0	8/12/2021
Schramm, Joseph	572154	6/23/1968	S650-488-68-223-0	6/23/2022
Schwartz, Steven	570268	10/25/1967	S620-998-67-385-0	10/25/2020
Solomon, Daniel	570244	1/24/1971	S455-178-71-024-0	1/24/2027
Sookram, Burt	572198	1/2/1953	S265-076-53-002-0	1/2/2021
Spath, Jacqueline	572160	11/23/1960	S130-432-60-923-0	11/23/2026
Stacey, Jahliek	571308	2/8/1989	S320-436-89-048-0	2/8/2022
Stanley, James	570307	5/28/1957	S354-445-57-188-0	5/28/2022

Care Ride, LLC
 DART Qualified Drivers Report @ 03/20/2020

<u>Name</u>	<u>EMS ID #</u>	<u>Date of Birth</u>	<u>FL Drivers license #</u>	<u>DL EXP DATE</u>
Stormer, Susan	571805	6/24/1957	S365-793-57-724-0	9/24/2025
Sulaj, Lorenc	572176	11/28/1976	S420-520-76-428-0	11/28/2020
Sutherland, Dave	572104	3/30/1965	S364-170-65-110-0	3/30/2021
Talbert, Carl W.	570256	9/24/1956	T416-139-56-344-0	9/24/2027
Thompson, Bruce	570211	9/14/1975	T512-061-75-334-0	9/14/2021
Tibbetts, Thomas	571233	10/5/1956	T132-824-56-365-0	10/5/2024
Tillman, Andrew	572204	4/10/1960	T455-014-60-130-0	4/10/2020
Tortorelli, Stephen	571846	9/14/1956	T636-781-56-334-0	9/14/2021
Trentman, Deborah	572013	10/27/1958	T653-172-58-887-0	10/27/2026
Van Swol, Mark	570233	11/22/1956	V524-556-56-422-0	11/22/2025
Vera, Kevin	570959	3/7/1957	V600-515-57-087-0	3/7/2025
Viers, Charles	572115	10/18/1949	V620-152-49-378-0	10/18/2025
Villafana, James	571156	3/24/1947	V415-440-47-104-0	3/24/2026
Wagner, Diane	572103	5/29/1964	W256-172-64-689-0	5/29/2025
Warren, Daniel	571232	2/14/1981	W650-172-81-054-0	2/14/2023
Watson, James	572172	7/25/1945	W325-436-45-265-0	7/25/2026
Weiss, Crystal	571675	10/23/1979	W200-110-79-883-0	10/23/2024
Whaley, Foy	570274	6/12/1964	W400-244-64-212-0	6/12/2025
Wilder, David	570155	5/4/1956	W436-165-56-164-0	5/4/2022
Williams, Deborah	570252	8/14/1965	W452-161-65-794-0	8/14/2020
Williams, Leo	570273	12/26/1972	W452-520-72-466-0	12/26/2020
Wooster, Bruce	571986	3/5/1966	W236-072-66-085-0	3/5/2026

Care Ride, LLC
DART Qualified Drivers Report @ 03/20/2020

<u>Name</u>	<u>EMS ID #</u>	<u>Date of Birth</u>	<u>FL Drivers license #</u>	<u>DL EXP DATE</u>
Worrall, Charles	572121	9/11/1962	W640-155-62-331-0	9/11/2021
Yousey, Jake	571190	9/6/1979	Y200-421-79-326-0	9/6/2020
Zambory, John	570262	9/19/1956	Z516-474-56-339-0	9/19/2027



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/12/2020

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 Coverage is independently procured by the named insured	CONTACT NAME: Annette Decato	
	PHONE (A/C, No, Ext): 727-519-1325	FAX (A/C, No): 727-519-1276
E-MAIL ADDRESS: Annette.Decato@baycare.org		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : BCHS Insurance, Ltd.		
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED BAYCHEA-01
 Care Ride, LLC
 Baycare Health System, Inc.
 2985 Drew Street
 Clearwater FL 33759

COVERAGES **CERTIFICATE NUMBER:** 535074150 **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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ \$
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			BCHSAL3865-2020	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				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)

Contact Address:
 BCHS Insurance, LTD - Tel: 1 345 945 1266
 18 Forum Lane, 2nd Floor, Camana Bay, Grand Cayman, KY1-1102, Cayman Islands

CERTIFICATE HOLDER**CANCELLATION**

Pinellas County EMS & Fire Administration
 Office of the Medical Director
 12490 Ulmerton Road
 Largo FL 33774

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

Annette Decato
 as insurance manager and authorized representative

© 1988-2015 ACORD CORPORATION. All rights reserved.