



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: BeSafe Transportation, LLC	HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 6 A.M. to 5 P.M. <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/>
ADDRESS 1: 2605 Wembleycross Way	PHONE: (407) 275-5344
ADDRESS 2:	FAX: (407) 275-5611

CITY, STATE, ZIP CODE:  
ORLANDO, FLA. 32828

OFFICER/DIRECTOR NAME & TITLE: CECILE NABONG, PRES. PHONE NUMBER & E-MAIL: (407) 810-8701 cecilenabong@msn.com

VICE OFFICER/DIRECTOR NAME & TITLE: JUAN NABONG, V. PRES. PHONE NUMBER & E-MAIL: (407) 810-1585 montyenabonga@yahoo.com

BUSINESS HOURS POINT-OF-CONTACT: ROSSANO NABONG PHONE NUMBER & E-MAIL: (407) 275-5344

AFTER HOURS POINT-OF-CONTACT: JUAN NABONG PHONE NUMBER & E-MAIL: (407) 380-3059

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.

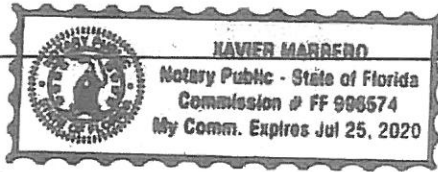
SIGNATURE OF APPLICANT: Cecile Nabong DATE: 5/18/18

STATE OF FLORIDA COUNTY OF Orange

Subscribed and sworn to (or affirmed) before me this 5/18/18 by Cecile Nabong who is/are personally known to me or has/have produced FL Driver License as identification.

(SEAL)

Form A. Rev. 02/06/2017



(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: BESAFE TRANSPORTATION, LLC.

Date: 5/18/18

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>CW</u>
	<i>CW</i> *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>CW</u>
8.1	Written record contains: <ul style="list-style-type: none"> <li>• Date Call Received</li> <li>• Time Call Received</li> <li>• Pick-up &amp; Destination Address</li> <li>• Arrival Time at Destination</li> <li>• Client's Name</li> <li>• Person Ordering Transport</li> <li>• Telephone Number of Caller (*if applicable)</li> </ul>	<u>CW</u> <u>CW</u> <u>CW</u> <u>CW</u> <u>CW</u> <u>CW</u> <u>CW</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>CW</u> * PLS. SEE BELOW *
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>CW</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>CW</u>

Form B Rev. 02/06/2017

*Trips are placed in the BeSafe Transportation portal electronically  
Trips are pre-scheduled days ahead.  
Calls are received for patients ETA on pick-up.*



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

Name of Service: BESAFE TRANSPORTATION, 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.	CASTRO, CHRISTOPHER	CA36-118-68-284-0	8-4-2019	8-4-1968	
2.	THOMAS-COBB, ANDRE	7521-006-97-096-0	3/16/2021	3/16/1997	
3.	SEMIOEY, AUGUSTINE	S530-007-85-402-0	11/2/2025	11/2/1985	
4.	A'ALVAREZ, JULIO	0416-420-57-368-0	10/8/2025	10/8/1957	
5.	VERIN, EDWIN	V650-214-64-300-0	8/20/2018	8/20/1968	
6.	MURRAY, DENZEL	M600-177-92-127-0	4/7/1992	4/7/2023	
7.	TRIAS, PETER	7620-672-92-469-0	12/9/1982	12-29-2025	
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					



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

Name of Service: BESAFE TRANSPORTATION, 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	409NRP	2C4R06B636R143 829													
2	736 GNB	2C4R06B617R 533 718													
3	737A PB	2C4R06B62 7R537-059													
4	87A224	2C4R06B646R152474													
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

EMS INSPECTOR: \_\_\_\_\_ Date: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
6/7/2018

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 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 <b>QUICK FLORIDA QUOTES, INC</b> 15190 SW 136th Street Ste 10 Miami, FL 33196	CONTACT NAME: <b>Imoh Oton</b>
	PHONE (A/C No. Ext): <b>(305) 222-7070</b> FAX (A/C No.):
	E-MAIL ADDRESS: <b>imoh@quickflquotes.com</b>
	INSURER(S) AFFORDING COVERAGE
INSURED <b>Be Safe Transportation, LLC</b> 2605 Wembley Cross Way Orlando, FL 32828 407-380-3059	INSURER A: <b>Prime Property &amp; Casualty Ins Inc</b>
	INSURER B: <b>Prime Insurance Company</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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY 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	x		SC 1803138	3/19/2018	3/19/2019	EACH OCCURRENCE \$ <b>500,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS	x	x	PC 1803135	3/19/2018	3/19/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTIONS						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		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	PIP	X		PC 1803135	03/19/18	03/19/19	\$10,000
A	COMP/COLLISION			PC 1803135	03/19/18	03/19/19	Per Schedule

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

Non Emergency Transport Operation  
2008 FORD 1FMNE11L28DA71948 2011 FORD 1FTNE1EW8BDA32135 2013 FORD 1FTNE1EW5DDA39241  
2015 DODGE 2C4RDGBG2FR537059 2010 FORD 1FMNE1BW5ADA57024 2016 DODGE 2C4RDGBG4GR152474  
2015 DODGE 2C4RDGBG7FR533718 2013 FORD 1FTNE1EW1DDA39219 2016 DODGE 2C4RDGBG3GR143829

CERTIFICATE HOLDER <b>PINELLAS COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA</b> 400 S FORT HARRISON AVE CLEARWATER, FL 33756	CANCELLATION 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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