



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

Form with fields for Organization Name (Med-Trans Corporation DBA LifeLine All Children's), Hours of Operation (24-Hour), Address 1 (501 6th Avenue South), Phone (407-432-5498), Address 2 (Dept. 7340), City, State, Zip Code (St. Petersburg, FL 33701), Officer/Director Name & Title (Kim Montgomery, President), Vice Officer/Director Name & Title (David Bowman, Vice President Business Ops), Business Hours Point-of-Contact (Julie Bacon), and After Hours Point-of-Contact (Julie Bacon).

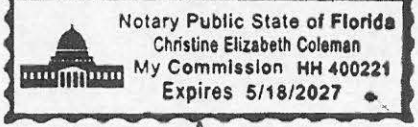
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications 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: 10-30-24

STATE OF FLORIDA
COUNTY OF Volusia

Subscribed and sworn to (or affirmed) before me this 30 by Oct. 2024, who is/are personally known to me or has/have produced Driver License as identification.



(SEAL) Christine Coleman

(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: Med-Trans Corp. DBA LifeLine All Children's

Date: 10/29/2024

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



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Med-Trans Corp DBA LifeLine All Childrens 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. MT1	N166M-1838	S/N 1167													
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

PERSONNEL RECORDS

NAME LAST, FIRST	PROFESSIONAL LICENSE NUMBER	LICENSE ISSUE DATE	LICENSE EXPIRATION	CPR/ALCS EXP
HYDOK, KRISTEN	RN9424794	01/21/2016	04/30/2025	2025/2025
JONES, NATHAN	RN9486637	06/11/2018	04/30/2026	2025/2025
WALL, JESSICA	RN9424484	01/19/2016	04/30/2025	2025/2025
BRYAN, KELLY	RN9259068	02/26/2026	7/31/2026	2025/2025
MEEKE, CORI	RN9510502	05/08/2019	4/30/2025	2025/2025
POWERS, PAUL	RN9291675	05/14/2009	04/30/2025	2025/2025
MCAULIFFE, JEREMY	RT7236	04/22/2003	05/31/2025	2025/2025
LEFKOWITZ- WEBB, SARA	ARNPN9200051	03/06/2008	07/31/2026	2025/2025
PEARCE, CARRON	RN9301513	12/15/2009	04/30/2025	2025/2025
SPENGLER, KRISTOPHER	RT10095	06/24/2009	05/31/2025	2025/2025
RYMES, WHITNEY	TT12959	05/01/2006	05/31/2025	2025/2025
LUNDEEN, CHRISTOPHER	RT16684	03/09/2018	05/31/2025	2025/2025
MILLER, WALTER	RT7184	03/05/2003	05/31/2025	2025/2025
SAYERS ONEIL GARDNER CHERYL	RN2061792	09/18/1989	04/30/2026	2025/2025
OCHIPA, PATRICA	RN1850662	08/31/1987	04/30/2026	2025/2025
ARMSTRONG, MICHELE	RN9168224	06/12/2000	04/30/2026	2025-/2025
HULL, GLENN	RT7540	02/24/2004	05/31/2025	2025/2025
MONAHAN, MEGAN	RT9306	04/08/2008	05/31/2025	2025/2025
FORDYCE, BRENDEN	RT22515	02/17/2022	05/31/2025	2025/2025
BACON, JULIE PROGRAM MANAGER	RN1797622	03/23/1987	04/30/2026	20252025

#4

Med-Trans Pilot Roster Info

Updated 10/2024

Robert Pritchard

Line Pilot

Micah Acree

Line Pilot

John Turner

Base Aviation Manager

Ryan Gromley

Line Pilot

#7

Med-Trans Rates

Base rate: \$42,000

Loaded mile rate \$428



CERTIFICATE OF AIRCRAFT INSURANCE

DATE(MM/DD/YYYY)
10/13/2024

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 Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 16th Floor Philadelphia PA 19103 USA	CONTACT NAME:			
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:			
	PRODUCER CUSTOMER ID #: 570000073826			
INSURED Global Medical Response, Inc. *see Addendum for complete Named Insured 6501 S. Fiddlers Green Circle Suite 100 Greenwood village CO 80111 USA	INSURER(S) AFFORDING COVERAGE		%	NAIC #
	INSURER A: Starr Indemnity & Liability Company		26.50	38318
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			
	INSURER F:			

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

Limits shown are as requested

POLICY INFORMATION		CERTIFICATE NUMBER: 570108936684		REVISION NUMBER:	
POLICY TYPE			LINE OF BUSINESS SUBCODE		
INDUSTRIAL AID	PLEASURE & BUS	COMMERCIAL	X	AIRPLANE	X
NON-OWNED	As Endorsed Hereon			LIABILITY ONLY	X
				HELICOPTER	
				MIXED FLEET	
				EXCESS	
				QUOTA SHARE	
				HULL & LIABILITY	
				HULL ONLY	

AIRCRAFT INFORMATION		ACCORD 333, Aircraft Schedule Attached			
YEAR	MAKE	MODEL	SERIAL NUMBER	REGISTRATION NUMBER	
TERRITORY :					

AIRCRAFT COVERAGES					
INSURER LETTER	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	ADDITIONAL INSURED ? (Y/N)	SUBROGATION WAIVED ? (Y/N)
A	SASICOM6000562415	09/01/2024	09/01/2025	N	N
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT
AIRCRAFT HULL					
AIRCRAFT LIABILITY	X CSL		\$50,000,000	EA OCC EA PASS	EA PER AGGR
MEDICAL PAYMENTS	X	INCLUDING CREW EXCLUDING CREW	\$25,000	EA PER	
COVERAGE	OPTIONS		LIMIT	APPLIES TO	LIMIT
CODE	DESCRIPTION				

DESCRIPTION OF OPERATIONS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: All Scheduled Aircraft.

CERTIFICATE HOLDER	CANCELLATION
Pinellas County, A Political Subdivision of the State of Florida 400 S. Fort Harrison Ave. Clearwater FL 33744 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 <i>Aon Risk Services Central, Inc.</i>

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Holder Identifier :

570108936684

Certificate No :





ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.	
POLICY NUMBER See Certificate Numbe 570108936684			
CARRIER See Certificate Numbe 570108936684	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 21 **FORM TITLE:** Certificate of Aircraft Insurance

Insurer

(1) Starr Indemnity and Liability Insurance Co Through Starr Aviation Agency, Inc Policy No. SASICOM6000562415 (Lead 26.5%)
(2) Air Centurion Insurance Services, LLC on Behalf of SiriusPoint America Insurance Company Policy No. ACQGSP0007909 (22.5%)
(3) Allianz Global Risks US Insurance Company Through Allianz Global Corporate and Specialty Policy No. A4GA000618124AM (14%)
(4) National Union Fire Insurance Co. of Pittsburgh, PA Through AIG Aerospace Insurance Services Policy No. FQ01346850805 (10%)
(5) Great American Insurance Company Policy No. QSE42695705 (5%)
(6) Endurance American Insurance Company (W. Brown and Associates) Policy No. NQC6062156 (4.5%)
(7) Lloyd's of London Aon UK Policy No. AVCHE2402096 (12.5%)
(8) ACE American Insurance Company and National Liability & Fire Insurance Company Through USAIG (5%) Policy No. SIHL23394

**ADDITIONAL REMARKS SCHEDULE**

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.	
POLICY NUMBER See Certificate Numbe 570108936684		EFFECTIVE DATE:	
CARRIER See Certificate Numbe 570108936684	NAIC CODE		

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** ACORD 21 **FORM TITLE:** Certificate of Aircraft Insurance**Other Coverages/Conditions/Remarks**

Territory: worldwide excluding Russia, Ukraine, Belarus and Sudan
Aircraft Registration Number(s): All scheduled aircraft owned or operated by the Insured.
Hull War & Extended Perils: Subject to policy annual aggregate limit of \$200,000,000.

ANY INSURANCE EVIDENCED HEREIN THAT IS EXTENDED BEYOND COVERAGE PROVIDED TO THE NAMED INSURED SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION TO WHOM SUCH EXTENDED COVERAGE APPLIES SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISES FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF THE AIRCRAFT, AIRCRAFT PARTS, OR ANY OTHER PRODUCT BY THAT PERSON OR ORGANIZATION.

THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE ACTUAL COVERAGES PROVIDED BY THE POLICY(IES) SPECIFIED ABOVE.



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.	
POLICY NUMBER See Certificate Numbe 570108936684		EFFECTIVE DATE:	
CARRIER See Certificate Numbe 570108936684	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 21 **FORM TITLE:** Certificate of Aircraft Insurance

Named Insured

GLOBAL MEDICAL RESPONSE, INC. (FKA AIR MEDICAL GROUP HOLDINGS, INC.), AIR MEDICAL GROUP HOLDINGS, LLC AND AS MORE FULLY ENDORSED, INCLUDING MED-TRANS CORPORATION, Med-Trans Corporation DBA Med-Star Air Care, Med-Trans Corporation dba Hospital Wing and Med-Trans Corporation dba St. Joseph Air Med 12