



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: KERT LLC HOURS OF OPERATION: 6 A.M. to 7 P.M.

ADDRESS 1: 4925 Willow Ridge Terr PHONE: 732-546-6819

ADDRESS 2: FAX:

CITY, STATE, ZIP CODE: Valrico FL 33596

OFFICER/DIRECTOR NAME & TITLE: Kenneth Snyder owner PHONE NUMBER & E-MAIL: 732-546-6819 KertLLC@gmail.com

VICE OFFICER/DIRECTOR NAME & TITLE: PHONE NUMBER & E-MAIL:

BUSINESS HOURS POINT-OF-CONTACT: 6Am - 7pm PHONE NUMBER & E-MAIL: 732 546 6819 KertLLC@gmail.com

AFTER HOURS POINT-OF-CONTACT: Kenneth Snyder PHONE NUMBER & E-MAIL: 732 546 6819 Kertllc@gmail.com

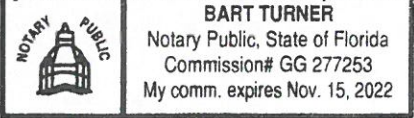
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications 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: 3/31/22

STATE OF FLORIDA COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 31st March 2022 by Kenneth Snyder, who is/are personally known to me or has/have produced FL DL as identification.



Bart Turner

(Name of Notary typed, printed or Form stamped)

# CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
08/02/2021

**PRODUCER AND THE NAMED INSURED**  
Prime Property & Casualty Insurance Inc.  
  
8722 S. Harrison St.  
Sandy, UT 84070  
(801) 304-5500

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.**

### INSURERS AFFORDING COVERAGE

**INSURED**  
Kert LLC  
  
10117 Palermo Circle Apt 304  
Tampa , FL 33619

INSURER A: Prime Property & Casualty Insurance Inc.  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

**"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"**

### COVERAGES

The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input type="checkbox"/> <b>Commercial Liability</b> Claims Made Exclude Products Exclude Completed Operations				
<input checked="" type="checkbox"/> <b>Commercial Auto Liability</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Drive Away <input checked="" type="checkbox"/> Specifically Described Autos	PC21072946	8/1/2021	8/1/2022	\$300,000 Policy Aggregate  \$10,000 U.M. Per Person \$20,000 U.M. Per Accident  \$10,000 P.I.P Per Person
<input type="checkbox"/> <b>Commercial Garage Liability</b> G.K.L.L. O.T.R.P.D. D.O.C. Cargo On Hook Employee Dishonesty Wrongful Repossession Claims Made Exclude Products Exclude Completed Operations				
<input type="checkbox"/> <b>Excess Liability</b> <input type="checkbox"/> Claims Made				

**LIMITATION OF COVERAGE FOR ADDITIONAL INSURED**  
Please see the attached Additional Insured Endorsement.

**DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
Coverage is limited to only insured activities or operations on the Participant Member Declaration Certificate or as may be separately endorsed.

<input checked="" type="checkbox"/> <b>CERTIFICATE HOLDER</b> Pinellas County, A Political Subdivision of the State of Florida  400 South Fort Harrison Avenue Clearwater , FL 33756	<input checked="" type="checkbox"/> <b>ADDITIONAL INSURED</b>   <input type="checkbox"/> <b>LOSS PAYEE</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE 	



## ADDITIONAL INSURED ENDORSEMENT

ACA-99-34

**This Endorsement changes the terms and conditions of the Policy issued. Please read it carefully!**

The following requirements govern coverage under the Policy and must be adhered to for coverage to be provided to the Insured under the Policy. No activities conducted by the Insured are covered under the Policy unless they are conducted in full compliance with all of the requirements specified below and in the Policy. The Insured must advise its employees, agents, contractors, and/or subcontractors of these requirements and ensure that they also abide by them for coverage to be provided. The Insured agrees and understands that any noncompliance with the following specified requirements and/or the terms and conditions set forth in the Policy will result in the denial of coverage under the Policy meaning the Insurer will not be obligated to indemnify or defend you.

Policy Number: PC21072946

Insured: Kert LLC

Effective Date of Endorsement: 7/30/2021

**Additional Insured:** Pinellas County, A Political Subdivision of the State of Florida

400 South Fort Harrison Avenue  
Clearwater, FL 33756

The "Who is an Insured" provision of the Policy shall be amended to include the person or organization scheduled in this Endorsement as an Additional Insured for the limited purpose of liability arising from Your Work, as that term applies to the Insured only, and subject to all other terms and conditions of the Policy and this

The coverage provided by this Endorsement only extends to cover the Additional Insured for allegations of liability based upon alleged, actionable conduct of the Insured and only to the extent the Insured would have been liable and coverage would have been afforded to the Insured under the terms and conditions of this Policy had such Claim been made against the Insured.

The Policy expressly provides that coverage is to be construed and enforced in accordance with the laws of the state where the Policy is issued.

The Additional Insured is subject to all of the terms, provisions, conditions, exclusions, definitions, limitations, representations, and Endorsements of the Policy issued to the Insured and all related documents providing coverage to the Insured. The failure of the Insured to adhere to any such provisions will also defeat coverage under the Policy for all Additional Insureds. .

The Insurance afforded by the Policy to the Additional Insured(s) scheduled in this Endorsement as an Additional Insured, at the location scheduled in this Endorsement, for the limited purpose of liability arising from Your Work, as that term applies to the Insured only, and subject to all other terms and conditions of the Policy and this Endorsement is primary insurance. Any other insurance or self-insurance maintained by the Additional Insured(s) is excess of this insurance and shall not contribute to it.

Endorsement No.: 2



WHEELCHAIR/STRETCHER SERVICE  
RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service: KERT LLC

Date: 3/1/22

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



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

Name of Service: KERT 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	JHX91	3C6TRVPG7HE50358	X	X	X	X	X	X	X	X	X	X	X	X	X
2	JMXN1	3C6TRVPG3HE503549	X	X	X	X	X	X	X	X	X	X	X	X	X
3	JAP34	3C6TRVPG1HE503548	X	X	X	X	X	X	X	X	X	X	X	X	X
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5.															
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10.															
11.															
12.															





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

Name of Service: KERT 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.	<del>David ...</del>	<del>...</del>	<del>...</del>	<del>...</del>	
2.	Elliot Corrajal	C612 205 904440	12-4-24	12-4-90	
3.	James Smuck	5520 457542050	6/5/28	6-5-54	
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5.					
6.					
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