



**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY July 1, 2019– June 30, 2020**

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:
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VICE OFFICER/DIRECTOR NAME & TITLE: Scott Bendert Vice President of TransCare	PHONE NUMBER & E-MAIL: 813-964-1594 ext. 4906
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BUSINESS HOURS POINT-OF-CONTACT: Communication Center/Dispatch	PHONE NUMBER & E-MAIL: 813-964-1594 ext. 1031
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AFTER HOURS POINT-OF-CONTACT: Communication Center/Dispatch	PHONE NUMBER & E-MAIL: 813-964-1594 ext. 1031
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**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: <i>Scott Bendert</i>	DATE: 3-29-2019
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STATE OF FLORIDA  
COUNTY OF Hillsborough

Subscribed and sworn to (or affirmed) before me this 4/2/2019 by Scott Bendert, who is/are personally known to me or has/have produced \_\_\_\_\_ as identification.

(SEAL) *J. Burgher*  
  
 Jennifer Burgher  
 Commission # GG180825  
 Expires: January 30, 2022  
 Bonded thru Aaron Notary  
 (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: 3-28-19

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



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

Name of Service: Trans-Care Medical Transportation 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/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. 201	X1147	1FTNS2EW7CDB20125	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. 202	X1149	1FTNS2EW9CDB20126	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.															
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9.															
10.															
11.															
12.															

EMS INSPECTOR: *[Signature]*

Date: 5.20.19



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

Name of Service: Trans-Care 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.

1. Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
2. PEREZ, EDDIE	P620-200-91-387-0	10/27/2021	10/27/1991	
3. GANT, KEARRA	G530-519-93-846-0	9/26/2026	9/26/1993	
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16.				



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/29/2019

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).

<b>PRODUCER</b> M. E. Wilson Company, LLC 300 W. Platt St. Ste 200 Tampa, FL 33606	1-813-229-8021 <b>CONTACT NAME:</b> Kelly B. Sutton, CIC <b>PHONE (A/C No. Ext):</b> 813-349-2233 <b>FAX (A/C No.):</b> 813-229-2795 <b>E-MAIL ADDRESS:</b> ksutton@mewilson.com
<b>INSURED</b> Crisis Center of Tampa Bay, Inc. One Crisis Center Plaza Tampa, FL 33613	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> ARCH SPECIALTY INS CO      NAIC # 21199 <b>INSURER B:</b> CHARTER OAK FIRE INS CO      25615 <b>INSURER C:</b> BRIDGEFIELD EMPLOYERS INS CO      10701 <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** 55827613      **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 (INSR) 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:		FLP000173214	10/01/18	10/01/19	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 \$
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	10/01/18	10/01/19	COMBINED SINGLE LIMIT (Ea accident)      \$ 1,000,000 BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
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		FLP000173214	10/01/18	10/01/19	EACH OCCURRENCE      \$ 1,000,000 AGGREGATE      \$ 1,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	0830-42062	05/31/18	05/31/19	<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
A	<b>Professional Liability</b> Claims Made Retro Date:		FLP000173214	10/01/18	10/01/19	Each Claim:      1,000,000 General Aggregate:      3,000,000 Med Only Deduct:      10,000

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

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

### CERTIFICATE HOLDER

### CANCELLATION

Pinellas County, A Political Subdivision of the State of Florida  
 400 S Fort Harrison Ave  
 Clearwater, FL 33756

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

USA

ACORD 25 (2016/03)  
 kbank#  
 55827613

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