



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: Medfleet LLC. HOURS OF OPERATION: [X]24-HOUR
ADDRESS 1: 12200 US 19N PHONE: 727-849-6849
ADDRESS 2: FAX: 727-372-2009

CITY, STATE, ZIP CODE: Hudson, Florida 34667

OFFICER/DIRECTOR NAME & TITLE: Jeff Taylor COO PHONE NUMBER & E-MAIL: 925-789-0401 jtaylor@medfleet.com

VICE OFFICER/DIRECTOR NAME & TITLE: Mark Bowne DOO PHONE NUMBER & E-MAIL: 941-417-9224 mbowne@medfleet.com

BUSINESS HOURS POINT-OF-CONTACT: Jeff Taylor COO PHONE NUMBER & E-MAIL: 925-789-0401 jtaylor@medfleet.com

AFTER HOURS POINT-OF-CONTACT: Jeff Taylor COO PHONE NUMBER & E-MAIL: 925-789-0401 jtaylor@medfleet.com

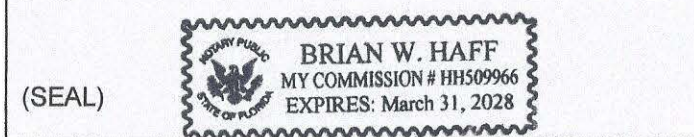
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications 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: [Signature] DATE: 05/02/24

STATE OF FLORIDA COUNTY OF Pasco

Subscribed and sworn to (or affirmed) before me this 5/2/24 by Jeff Taylor, who is/are personally known to me or has/have produced as identification.



[Signature] (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: Medfleet LLC

Date: May 1, 2024

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



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Medfleet 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/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. 405	MIR55F	1FMZK1CM9GKB18807													
2. 406	MIR54F	1FMZK1CM2GKB18812													
3. 408	MIR57F	1FTYR2CM0HKA02088													
4. 409	MIR58F	1FTYR2CM2HKA02089													
5. 416	MIR61F	1FTYE2CM4JKB21957													
6. 421	NQIK71	1FTYR1CM2KKB60952													
7. 422	NQIK72	1FTYR1CM4KKB60953													
8.															
9.															
10.															
11.															
12.															



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

Name of Service: Medfleet 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.

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. Arocho, Daniel	A620176922130	6/13/2026	6/13/1992	572219
3. Grant, Tynecia	G653801028320	9/12/2026	9/12/2002	572414
4. Johnson, Mikey	J525551004210	11/21/2027	11/21/2000	572275
5. Nigh, Richard	N200745854580	12/18/2025	12/18/1985	572228
6. Roman, Joey	R550432984190	4/27/2027	4/27/1985	572157
7. Roman, Lily	R550538029690	11/19/2028	11/19/1998	572038
8. Steele, Alisabeth	S340004027070	6/7/2031	6/7/2002	572421
9. Wilson, Jason	W425424732020	6/2/2025	6/2/1973	571725
10.				
11.				
12.				
13.				
14.				
15.				
16.				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/29/2023

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 Edgewood Partners Ins. Center P.O. Box 1689 Pearl River NY 10965	CONTACT NAME: Jennifer Gardner
	PHONE (A/C. No. Ext): 201-661-2444 FAX (A/C. No): 201-661-2444 E-MAIL ADDRESS: jennifer.gardner@epicbrokers.com
INSURED Paramedics Logistics Operating Company, LLC 12200 US-19 North Hudson FL 34667	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : Lexington 19437
	INSURER B : Arch Insurance Company
	INSURER C : Arch Indemnity Insurance Company 30830
	INSURER D : Certain Underwriters at Lloyd's London
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1808293890 **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 INSD 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:		6798524	7/1/2023	7/1/2024	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						MED EXP (Any one person)	\$ n/a
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 3,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input 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 <input type="checkbox"/> AUTOS ONLY		11CAB1020504	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		6798525	7/1/2023	7/1/2024	EACH OCCURRENCE	\$ 5,000,000
						AGGREGATE	\$ 5,000,000
							\$
B C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N N/A	11WC11020304 14WC11020404	7/1/2023 7/1/2023	7/1/2024 7/1/2024	<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 D D	Professional Liability Cyber Liability Excess Cyber Liability		6798524 W223C8220601 ACX40040721	7/1/2023 3/29/2023 3/29/2023	7/1/2024 3/29/2024 3/29/2024	PL OCC / AGG Cyber Limit Excess Cyber Limit	\$1M / \$3M 3,000,000 2,000,000

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

Claims Made coverage applicable to Professional Liability and Umbrella Policies.
 Named Insureds:

- Paramedics Logistics Operating Company, LLC
 - Paramedics Logistics South Dakota, LLC
 - Paramedics Logistics Florida, LLC
 - Paramedics Logistics Texas, LLC
 - The EMS Training School, LLC
- See Attached...

CERTIFICATE HOLDER **CANCELLATION**

Pinellas County, A Political Subdivision of the State of Florida C/o EBIX BPO 400 South 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 
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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Edgewood Partners Ins. Center		NAMED INSURED Paramedics Logistics Operating Company, LLC 12200 US-19 North Hudson FL 34667	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

• MedFleet LLC

Professional Liability/General Liability/Umbrella Liability

- Additional Insured as required by written contract
- Waiver of Subrogation as required by written contract
- Primary & Non-Contributory GL as required by written contract
- Notice of Cancellation (specified days) as required by written contract
- Umbrella: Follows form over General Liability, Professional Liability, Auto and Employers Liability

Automobile Liability

- Additional Insured as required by written contract
- Waiver of Subrogation as required by written contract
- Primary and Non-Contributory as required by written contract
- Notice of Cancellation (specified days) as required by written contract

Workers' Compensation

- Alternate Employer Endorsement
- Notice of Cancellation as required by written contract
- Waiver of Subrogation as required by written contract
- Policy #14WCH1020404: All Other States
- Policy #11WCH1020304: Florida

REFERENCE #-96-Z338186. Blanket Waiver of Subrogation as required by written contract, agreement, permit, provided the written contract, agreement or permit is executed prior to the "claim" being made or the "suit" being brought. Subject to all policy terms, conditions, exclusions. Additional Insured in favor of Pinellas County (except for Worker's Comp/EL) where and to the extent required by written contract.