



**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: <b>Med-Trans Florida</b>		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR _____ A.M. to _____ <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: <b>2535 Rescue Way</b>		PHONE: <b>727-316-0056</b>
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: <b>Brooksville, FL 34604</b>		
OFFICER/DIRECTOR NAME & TITLE: <b>Kim Montgomery, President</b>	PHONE NUMBER & E-MAIL: <b>940-591-5810 Kimberly.Montgomery@gmr.net</b>	
VICE OFFICER/DIRECTOR NAME & TITLE: <b>David Bowman, Vice President Business Op</b>	PHONE NUMBER & E-MAIL: <b>940-591-5810 David.Bowman@gmr.net</b>	
BUSINESS HOURS POINT-OF-CONTACT: <b>Gary Boullion</b>	PHONE NUMBER & E-MAIL: <b>770-377-9048 Gary.Boullion@gmr.net</b>	
AFTER HOURS POINT-OF-CONTACT: <b>Gary Boullion</b>	PHONE NUMBER & E-MAIL: <b>770-377-9048 Gary.Boullion@gmr.net</b>	
<b>REQUIRED ATTACHMENTS:</b> 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: <b>11-1-2023</b>
STATE OF <del>FLORIDA</del> <b>Georgia</b> COUNTY OF <del>Pinellas</del> <b>Fayette</b>		
Subscribed and sworn to (or affirmed) before me this <b>1st</b> by <b>November</b> , who is/are personally known to me or has/have produced <b>GA Drivers License</b> as identification.		
(SEAL)		(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 Florida Air Ambulance

Date: 10/26/2023

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:	
	• Date Call Received	<u>GRB</u>
	• Time Call Received	<u>GRB</u>
	• Pick-up & Destination Address	<u>GRB</u>
	• Arrival Time at Destination	<u>GRB</u>
	• Client's Name	<u>GRB</u>
	• Person Ordering Transport	<u>GRB</u>
	• 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 Florida

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. MT1	N911W	S/N 53259	X	X	X	X	X	X	X	X	X	X	X	X	X
2.	1998														
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

# Med-Trans Florida

## FORM D INFORMATION – updated 10/2023

RN

Heather Cady – RN39989

Nick Fatolitis – RN 9544692

Emily Dobson- RN9445600

Scott Nitollo- RN0001271534

James Johnson RN9336847

Paramedic

Theodore Garlock-PMD536142

Kenneth Arnold- PMD532461

Caleb Hudak- PMD530171

Pilots

Dave Thompson – Aviation Base Lead

Todd Boehm

Keith Swinney

Kyle Nugent

## #7. Retail Rate Schedule

Base rate: \$40,145

Loaded mile rate: \$408



# CERTIFICATE OF AIRCRAFT INSURANCE

DATE(MM/DD/YYYY)  
10/28/2023

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).

<b>PRODUCER</b> Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C. No. Ext):</b> (866) 283-7122	<b>FAX (A/C. No.):</b> (800) 363-0105	
<b>E-MAIL ADDRESS:</b>			
<b>PRODUCER CUSTOMER ID #:</b> 570000073826			
<b>INSURER(S) AFFORDING COVERAGE</b>			
<b>INSURED</b> Global Medical Response, Inc.* *see Addendum for complete Named Insured 6501 S. Fiddlers Green Circle Suite 100 Greenwood Village CO 80111 USA	<b>INSURER A:</b> Starr Indemnity & Liability Company	26	38318
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

Holder Identifier :

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 as requested

<b>POLICY INFORMATION</b>		<b>CERTIFICATE NUMBER:</b> 570102471869		<b>REVISION NUMBER:</b>			
<b>POLICY TYPE</b>				<b>LINE OF BUSINESS SUBCODE</b>			
<input type="checkbox"/> INDUSTRIAL AID	<input type="checkbox"/> PLEASURE & BUS	<input type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> AIRPLANE	<input checked="" type="checkbox"/> HELICOPTER	<input type="checkbox"/> MIXED FLEET	<input type="checkbox"/> EXCESS	<input type="checkbox"/> QUOTA SHARE
<input type="checkbox"/> NON-OWNED	<input checked="" type="checkbox"/> As Endorsed Hereon		<input type="checkbox"/> LIABILITY ONLY	<input checked="" type="checkbox"/> HULL & LIABILITY	<input type="checkbox"/> HULL ONLY		

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

<b>INSURER LETTER</b>		<b>POLICY NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>	<b>ADDITIONAL INSURED ? (Y/N)</b>	<b>SUBROGATION WAIVED? (Y/N)</b>
A		SASICOM6000562314	09/01/2023	09/01/2024	N	N
<b>COVERAGE</b>	<b>OPTIONS</b>		<b>LIMIT</b>	<b>APPLIES TO</b>	<b>LIMIT</b>	<b>APPLIES TO</b>
AIRCRAFT HULL						
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> CSL		\$50,000,000	EA OCC EA PASS		EA PER AGGR
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> EXCLUDING CREW		\$25,000	EA PER		
<b>COVERAGE</b>	<b>DESCRIPTION</b>	<b>OPTIONS</b>	<b>LIMIT</b>	<b>APPLIES TO</b>	<b>LIMIT</b>	<b>APPLIES TO</b>

Certificate No : 570102471869

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

<b>CERTIFICATE HOLDER</b>		<b>CANCELLATION</b>	
Pinellas County EMS & Fire Administration 12490 Ulmerton Rd. - Suite 134 Largo 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 	

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AGENCY CUSTOMER ID: 570000073826

LOC #:

# ADDITIONAL REMARKS SCHEDULE

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AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.*	
POLICY NUMBER See Certificate Numbe 570102471869			
CARRIER See Certificate Numbe 570102471869	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 Ins Co Through Starr Aviation Agency, Inc Policy No. SASICOM6000562314 (Lead 26%)  
(2) Air Centurion Insurance Services, LLC on Behalf of SiriusPoint America Insurance Company Policy No. ACQGSP0044003 (22.5%)  
(3) Allianz Global Risks US Insurance Company Through Allianz Global Corporate and Specialty Policy No. A4GA000618123AM (19.5%)  
(4) National Union Fire Insurance Co. of Pittsburgh, PA Through AIG Aerospace Insurance Services Policy No. FQ 01346850804 (10%)  
(5) Great American Insurance Company Policy No. QSE42695704 (5%)  
(6) Endurance American Insurance Company (W. Brown and Associates) Policy No. NQC6056043 (4.5%)  
(7) Lloyd's of London Aon UK Policy No. AVCHE2302096 (12.5%)



AGENCY CUSTOMER ID: 570000073826

LOC #:

# ADDITIONAL REMARKS SCHEDULE

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AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.*	
POLICY NUMBER See Certificate Numbe 570102471869			
CARRIER See Certificate Numbe 570102471869	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

#### 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 570102471869			
CARRIER See Certificate Numbe 570102471869	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

**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