



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 (AMERICHAIR TRANSPORT SERVICE INC.), Address (3145 GRAND AVE), City (PINELLAS PARK, FLORIDA), Officer (CHRISTOPHER CLARK), and Notary Public (ALEXANDRA HERNANDEZ).



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/17/2021

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> Brown & Brown of Florida, Inc. 100 Rialto Place, Suite 900 Melbourne FL 32901		<b>CONTACT NAME:</b> Allison Showers <b>PHONE (A/C, No, Ext):</b> (321) 757-8686 <b>E-MAIL ADDRESS:</b> ashowers@bbccfl.com <b>FAX (A/C, No):</b> (321) 757-8687	
<b>INSURED</b> Americhair Transport Service, Inc. 3145 Grand Ave Apt.108 Pinellas Park FL 33782		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Lloyd's INSURER B: Prime Property & Casualty Insurance Inc INSURER C: INSURER D: INSURER E: INSURER F:	
		<b>NAIC #</b> 14371	

**COVERAGES**                      **CERTIFICATE NUMBER:** 21-22 LIAB                      **REVISION NUMBER:**

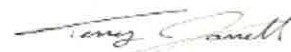
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR 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 <input type="checkbox"/> OTHER:		Y	HAH21-0982	06/14/2021	06/14/2022	EACH OCCURRENCE	\$ 300,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ Included
							GENERAL AGGREGATE	\$ 600,000
							PRODUCTS - COM/OP AGG	\$ Included
							Sexual Misconduct-Agg	\$ 600,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PC21061418-0	06/13/2021	06/13/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 300,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							PIP Basic	\$ 10,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<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/A			PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

Pinellas County is listed as Additional Insured under the General Liability policy

**CERTIFICATE HOLDER****CANCELLATION**

Pinellas County 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 
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**WHEELCHAIR/STRETCHER SERVICE  
RECORD KEEPING VERIFICATION FORM**

Pinellas County Rules and Regulations, as Amended

Name of Service: AMERICHAIR TRANSPORT SERVICE

Date: MARCH 6, 2022

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



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

Name of Service: AMERICHAIR TRANSPORT SERVICE INC. Page:        of       

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. 004	JMP H09	1FTNE14W48DA05508	X	X	X	X	X	X	X	X	X	X	X	X	X
2. 006	Y44 0NM	1FBAX2CMSKKA47501	X	X	X	X	X	X	X	X	X	X	X	X	X
3. 003	QEP 548	2CARDGCG7KR632192	X	X	X	X	X	X	X	X	X	X	X	X	X
4. 005	QEP 5A9	2CARDGCG9KR557611	X	X	X	X	X	X	X	X	X	X	X	X	X
5. 001	QTK 946	2CARDGBG6KR792145	X	X	X	X	X	X	X	X	X	X	X	X	X
6. 002	QTK P45	2CARDGBG2KR798489	X	X	X	X	X	X	X	X	X	X	X	X	X
7.															
8.															
9.															
10.															
11.															
12.															



**STRETCHER VAN ROSTER**  
**Pinellas County Rules and Regulations, as Amended**

Name of Service: AMERICHAIR TRANSPORT SERVICE INC. Page: \_\_\_\_\_ of \_\_\_\_\_

**\*Such vehicles may not be equipped, marked or operated as an Ambulance\***

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. 006	44 ONM	1FBAX2CMSKKA47501	X	X	X	X	X	X	X	X	X	X	X	X	X
2.															
3.															
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10.															
11.															
12.															

EMS INSPECTOR: John Murphy Date: 4/1/2022





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

Name of Service: AMERICHAIR TRANSPORT SERVICE INC. 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 #
1.	CHRISTOPHER CLARK	CA62-103-75-300-0	8-20-2026	8-20-1975	
2.	KARL CAIN	CS00-506-60-016-0	1-16-2025	1-16-1960	
3.	MINDY SMITH	SS30-553-70-525-0	1-25-2027	1-25-1970	
4.	BRENDAN SMITH	SS30-073-64-304-0	8-24-2024	8-24-1964	
5.	GARY WALKER	W426-292-59-389-0	10-29-2029	10-29-1959	
6.	ANTHONY STENART	S363-018-69-052-0	2-12-2025	2-12-1969	
7.	EBONY HOLIDAY	H430-217-99-556-0	2-16-2025	2-16-1999	
8.	MICHAEL TARVER	T616-559-60-345-0	9-25-2027	9-25-1960	
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					