




APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND

NECESSITY July 1, 2018 – June 30, 2019

APPLICATION TYPE: ☒ NEW ☐ RENEWALSERVICE TYPE: ☒ Wheelchair Transport ☐ ALS Interfacility ☐ ALS Non-Transport
☐ Stretcher Transport ☐ ALS Helicopter ☐ ALS TransportTYPE OF ENTITY: ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit Corporation ☒ Corporation

ORGANIZATION NAME: <i>DSH Services Inc. d/b/a Home Helpers</i>		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR <i>9:00</i> A.M. to <i>5:00</i> <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: <i>210 S. Pinellas Ave</i>		PHONE: <i>(727) 942-2539</i>
ADDRESS 2: <i>Suite 220</i>		FAX: <i>(727) 942-2540</i>
CITY, STATE, ZIP CODE: <i>Tarpon Springs FL 34689</i>		
OFFICER/DIRECTOR NAME & TITLE: <i>Debbie Humphrey</i>	PHONE NUMBER & E-MAIL: <i>(727) 942-2539 58269 @ homehelpers</i>	
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL: <i>homecare.com</i>	
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:	
AFTER HOURS POINT-OF-CONTACT: <i>Debbie Humphrey</i>	PHONE NUMBER & E-MAIL: <i>58269 @ homehelpers homecare.com</i> <i>(727) 580-7149</i>	
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>Debbie Humphrey</i>		DATE: <i>4-13-18</i>
STATE OF FLORIDA COUNTY OF <i>Pinellas</i>		
Subscribed and sworn to (or affirmed) before me this <i>13th</i> day of <i>April</i> 20 <i>18</i> by <i>Debbie Humphrey</i> , who is/are personally known to me or has/have produced <i>FL DL</i> as identification.		
<div><div>Notary Public Melissa Birss State of Florida My Commission Expires 08/23/2019 Commission No. FF 911727</div></div> <div><i>[Signature]</i> (Name of Notary typed, printed or Form stamped)</div>		



WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service: Home Helpers

Date: 4-15-18

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.* *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>dh</u>
8.1	Written record contains: <ul style="list-style-type: none">• Date Call Received• Time Call Received• Pick-up & Destination Address• Arrival Time at Destination• Client's Name• Person Ordering Transport• Telephone Number of Caller (*if applicable)	<u>dh</u> <u>dh</u> <u>dh</u> <u>dh</u> <u>dh</u> <u>dh</u> <u>dh</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>dh</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>dh</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>dh</u>



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: DSH Services Inc. d/b/a Home Helpers 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		2C4RD6BL74R84													
2		5783													
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															

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

Service: Home Helpers Page: 1 of 1

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 may be attached, as long as all required information is included.

[illegible]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/15/2018

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 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 Kneflin-Dillhoff-Hils & Kruse Agency, Inc. (Kneflin) 120 East Fourth St., Ste. 1000 Cincinnati, OH 45202 Scott M. Jones	Phone: 513-621-2020 Fax: 513-621-2133	CONTACT NAME: Scott Jones PHONE (A/C, No, Ext): 513-621-2020 E-MAIL: sjones@kdhkinsurance.com ADDRESS: 513-621-2133	FAX (A/C, No): 513-621-2133
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED DSH Services, Inc. dba Home Helpers & Direct Link 210 S. Pinellas Ave. Ste 220 Tarpon Springs, FL 34689	INSURER A: Houston International Insuranc		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

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	GENERAL LIABILITY	X	ALH000191-02	06/13/2017	06/13/2018	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000	
	Retro 1/1/08					PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 3,000,000	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 1,000,000	
A	AUTOMOBILE LIABILITY		ALH000191-02	06/13/2017	06/13/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$	
A	UMBRELLA LIAB	X	XS00000356-03	06/13/2017	06/13/2018	EACH OCCURRENCE \$ 1,000,000	
	EXCESS LIAB					AGGREGATE \$ 1,000,000	
	DED					RETENTION \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			WC STATU-TORY LIMITS	OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E L. EACH ACCIDENT \$	
A	Crime		ALH000191-02	06/13/2017	06/13/2018	Limit	25,000
A	Professional Liab		ALH000191-02	06/13/2017	06/13/2018	Limits	\$1mil/\$3mil

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

Certificate holder is named additional insured - Grantor of Franchise.

CERTIFICATE HOLDER

CANCELLATION

HHFRANC

H.H. Franchising Systems, Inc.
10700 Montgomery Road
Suite 300
Cincinnati, OH 45242

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/21/2018

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 OneSource Insurance, LLC 1514 S. Alexander Street, Suite 205 Plant City FL 33563		CONTACT NAME: Ashley Zinke PHONE (A/C, No, Ext): (813) 759-1044 E-MAIL ADDRESS: Ashley.Zinke@osiflora.com FAX (A/C, No): (877) 349-1821	
INSURED DSH Services Inc 210 S Pinellas Ave 220 Tarpon Springs FL 34689		INSURER(S) AFFORDING COVERAGE INSURER A: NATIONAL INDEMNITY COMPANY OF THE SOUTH INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 42137	

COVERAGES**CERTIFICATE NUMBER:****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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <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		74APS078813	03/20/2018	03/20/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

REFERENCING VEHICLE: 2017 DODGE GRAND CARAVAN VIN: 2C4RDGBG7HR845783

COMP/COLL DEDUCTIBLE: \$1,000/\$1,000

CERTIFICATE HOLDER**CANCELLATION**

INFORMATIONAL PURPOSES ONLY

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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