



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

July 1, 2017 – June 30, 2018

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: Checker Cab Transportation Inc. dba Checker Cab dba Ridewyse
HOURS OF OPERATION: 24-HOUR
ADDRESS 1: 4413 N. Hesperides St.
ADDRESS 2:
CITY, STATE, ZIP CODE: Tampa, FL 33614
OFFICER/DIRECTOR NAME & TITLE: Louis A. Minardi, President
PHONE NUMBER & E-MAIL: 813 917 7946, louiseyellowcabof.tampa.com
VICE OFFICER/DIRECTOR NAME & TITLE: Glenn Minardi
PHONE NUMBER & E-MAIL: 813 917 7992, Glenn@yellowcabof.tampa.com
BUSINESS HOURS POINT-OF-CONTACT: David Beam
PHONE NUMBER & E-MAIL: 813 532-5248, davidbeam@yellowcabof.tampa.com
AFTER HOURS POINT-OF-CONTACT: All of the above
PHONE NUMBER & E-MAIL:

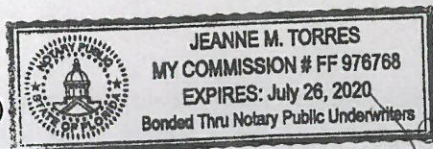
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications 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: 7/11/18

STATE OF FLORIDA
COUNTY OF Hillsborough

Subscribed and sworn to (or affirmed) before me this 11 by Louis A. Minardi, who is/are personally known to me or has/have produced as identification.



(SEAL)

Jeanne M Torres
(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: Checker Cab Transportation Inc dba Ridewyse

Date: 7/11/18

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>[Signature]</u>
8.1	Written record contains: <ul style="list-style-type: none"> <li>• Date Call Received</li> <li>• Time Call Received</li> <li>• Pick-up &amp; Destination Address</li> <li>• Arrival Time at Destination</li> <li>• Client's Name</li> <li>• Person Ordering Transport</li> <li>• Telephone Number of Caller (*if applicable)</li> </ul>	<u>[Signature]</u> <u>[Signature]</u> <u>[Signature]</u> <u>[Signature]</u> <u>[Signature]</u> <u>[Signature]</u> <u>[Signature]</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>[Signature]</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>[Signature]</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>[Signature]</u>







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

Name of Service: Checker Cab Transportation Inc dba RideWysc 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.

Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1. <u>Dermaine Williams</u>	<u>W452-430-91-214-0</u>	<u>6/14/2024</u>	<u>6/14/1991</u>	
2. <u>David Paul Wright</u>	<u>W623-175-66-138-0</u>	<u>4/28/2019</u>	<u>4/18/1966</u>	
3. <u>Rocia L. Forbes</u>	<u>FL12-732-71-771-5</u>	<u>7/31/2018</u>	<u>7/31/1971</u>	
4. <u>Kayvette Burien</u>	<u>B650-512-64-873-0</u>	<u>10/13/2019</u>	<u>10/13/1964</u>	
5. <u>Brendan Love</u>	<u>L100-077-84-107-0</u>	<u>3/27/2022</u>	<u>3/27/1984</u>	
6. <u>Diana Suarez</u>	<u>SL20-160-69-719-0</u>	<u>6/19/2025</u>	<u>6/19/1969</u>	
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/12/2018

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).

<b>PRODUCER</b> Professional Insurance Center, Inc. 2003 West Kennedy Blvd Tampa, Florida 33606	Phone: (813)251-4900 Fax: (813)253-2676	<b>CONTACT NAME:</b> Professional Insurance Center Inc <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Checker Cab Transportation, Inc. DBA: Checker Cab Red Top Cab Co. dba: Red Top; Cigar City Cab Company dba: Ridewyse 4413 N. Hesperides Tampa, FL 33614	<b>INSURER A:</b> Amalgamated Casualty Insurance Company      NAIC # 13293	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		✓ N	CAP-18-0102883-03	4/24/2018	4/24/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 125,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 50,000 \$
	<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) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE    OTH-ER 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) Continued on Attached Supplement.

CERTIFICATE HOLDER IS AN ADDITIONAL INSURED

2014 - DODGE - GRAND CARAVAN SE - 2C4RDGBGKER101834  
 2014 - DODGE - GRAND CARAVAN SE - 2C4RDGBG0ER175165  
 2009 - LINCOLN - TOWN CAR SIGNATURE LTD - 2LNHM82V49X607317  
 2016 - DODGE - CARAVAN - 2C4RDGCGXGR373477  
 2016 - DODGE - CARAVAN - 2C4RDGCGGGR396352  
 2016 - DODGE - CARAVAN - 2C4RDGCG2GR387843

<b>CERTIFICATE HOLDER</b> Holder's Nature of Interest : Additional Insured  Pinellas County, a Political Subdivision of the State of Florida  400 S FORT HARRISON AVE CLEARWATER, FL 33756	<b>CANCELLATION</b> 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 
--	--