

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

| APPLICATION TYPE: NEW RENEWAL | | | | | | | | |
|--|-----------------------------------|---|--|--|--|--|--|--|
| SERVICE TYPE: Wheelchair Transport Stretcher Transport | ☐ ALS Interfaci ☐ ALS Helicopt | | | | | | | |
| TYPE OF ENTITY: Sole Proprietor Partnership Non-Profit Corporation Corporation | | | | | | | | |
| ORGANIZATION NAME: | | HOURS OF OPERATION: 24-HOUR | | | | | | |
| ATRIVITY WHEELCHAIR TRANSPORT | ATION | A.M. to 7 DA.M. / XP.M. | | | | | | |
| 8343 ROYAL HART BR. | | 727-389-1438 | | | | | | |
| ADDRESS 2: | | FAX: Home &124003 BAOL. Com | | | | | | |
| CITY, STATE, ZIP CODE: | | | | | | | | |
| NEW PORT MCHEY, FL, 34653 | | | | | | | | |
| OFFICER/DIRECTOR NAME & TITLE: | PHONE NUMBER & E-MA | | | | | | | |
| GENALD GLUCK PRESIDENT VICE OFFICER/DIRECTOR NAME & TITLE: | SUCKE AND SECTION OF A ASSESSED. | 8 Home Biz 4003 & AoL, Com | | | | | | |
| KATH LUEN GLUCK, VICE-PARSIDENT | | 67-1455 HOWEBIZHUO3 DAOL. COM | | | | | | |
| BUSINESS HOURS POINT-OF-CONTACT: | PHONE NUMBER & E-MA | AIL: | | | | | | |
| GAM-7PM JERRY GLUCK | | 727-389-1438 Home B1240 & PAOL, Com | | | | | | |
| AFTER HOURS POINT-OF-CONTACT: | PHONE NUMBER & E-MA | | | | | | | |
| JERRY GLUCK | | & Home Bizywas & Aci. Com | | | | | | |
| REQUIRED ATTACHMENTS: Record Keeping Veri Incorporation, Certification of Fictitious Name (d.b.a) it provided, and retail rate schedule. Also include any ne | f applicable, Insuran | ace Verification for the highest level of service | | | | | | |
| I, the undersigned representative of the above named revoked if at any time the firm fails to meet all of the rec | | | | | | | | |
| SIGNATURE OF APPLICANT: | 4 | DATE: 3/15/2023 | | | | | | |
| STATE OF FLORIDA | | | | | | | | |
| COUNTY OF PASCO | | | | | | | | |
| Subscribed and swom to (or affirmed) before me this month 5, 2023 by Gerald J. Gluck, who | | | | | | | | |
| is/are personally known to me or has/have produced Florida Driver License as identification. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (SEAL) See attachment | | | | | | | | |
| Form A. Rev. 02/06/2017 | (Name o | of Notary typed, printed or Form stamped) | | | | | | |

FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT

FS 117.05(13) — Effective January 1, 2020

| *************************************** | (中国首席的 1995年 |
|--|--|
| State of Florida | |
| County of Pasco | The foregoing instrument was acknowledged before me by means of |
| | Physical Presence, |
| | - OR - |
| | ☐ Online Notarization, |
| | this 15 day of March 2023, by Date Month Year |
| | Gerald J. Gluck Name of Person Acknowledging |
| | Signature of Notary Public — State of Florida |
| VIVIANA CASAREZ Notary Public - State of Florida Commission # HH 350638 My Comm. Expires Apr 14, 2027 | Name of Notary Typed, Printed or Stamped Personally known |
| Bonded through National Notary Assn. | Produced Identification |
| | Type of Identification Produced: Plonida |
| Place Notary Seal Stamp Above | Driver License |
| ОРТ | TONAL |
| | deter alteration of the document or form to an unintended document. |
| Description of Attached Document | |
| Title or Type of Document: | for Certificate of Public Convenience |
| Document Date: 3 5 23 | for Certificate of Public Convenience Number of Pages: 2-pgs |
| Signer(s) Other Than Named Above: | |



WHEELCHAIR/STRETCHER SERVICE RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service: TMUITY WHEELCHAIN TRANSPORTATION

Date: 3/5/2023

| Section | Inspection Items | Initials |
|---------|---|----------|
| 8.1 | Record all telephone lines when used for requests for transport, including cell phones.* | ps |
| | *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. | |
| 8.1 | Written record contains: 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) | |
| 8.1 | Audio dispatch records shall be kept for a minimum of six (6) months. | _\DS |
| 8.1 | Written or electronic dispatch shall be kept for a minimum of three (3) years. | 1500 |
| 8.1 | Dispatch audio & written/electronic records shall be available for inspection. | AN |

Form B Rev. 02/06/2017



WHEELCHAIR VEHICLE ROSTER Pinellas County Rules and Regulations, as Amended

| Name of Service: | A | TRIVITY | WHEELCHIN | TRANSBATATION | Page: | / 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 |
|----------------|-------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------|--------------------------|---|---|--|--|---|--|---|--|--|
| 1/2 | 12 AHÓO3 | 204 GP44L 05 R195 958 | | | | | | | | | | | | | |
| 116 | CTIB14 | 2 D46 P44 L96 R 630266 | | | | | | | | | | | | | |
| 117 | EDWA 34 | 1046P24R77B256507 | | | | | | | | | | | | | |
| 117 | KG DN38 | 10467 24R 54B 533263 | | | | | | | | | | | | | |
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| 12. | | | | | | | | | | | | | | | |
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Form C-1 Rev. 02/06/2017

EMS INSPECTOR

John Murphy

Date: 4/24/2023



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

| Name of Service: | A Trinity Wheelchair Transportation | 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.

| Name (Last, First) Also list "nick-name" if applicable | Class E Driver's License Number | Expiration Date | Date of Birth | Assigned EMS ID # |
|--|------------------------------------|-----------------|---------------|-------------------|
| Gluck, Gerald (Jerry) | G420-290-64-188-0 | 05/28/2022 | 05/28/1964 | 571196 |
| Saari, Steven | S-600-793-58-042-0 | 02/07/2025 | 02/07/1958 | 571200 |
| McVey Jr., John | M210-461-50-121-0 | 04/01/2026 | 04/01/1950 | 571498 |
| 5. | | | | |
| 3. · · · · · · · · · · · · · · · · · · · | | | | |
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Form D Rev. 02/06/2017



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/7/2023

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.

| th | PORTANT: If the certificate holder is an ADL e terms and conditions of the policy, certain ertificate holder in lieu of such endorsement(s | policies may require an endo | | | | | |
|------|--|---------------------------------------|-----------------|-------------------|---|--------------------------|----------|
| PROI | DUCER | | CONTACT Yida | zzRivero | | | |
| ARC | W Insurance | | | 727) 544-8841 | FAX | lo): ^{(727) 54} | 4-8842 |
| 906 | 7 Belcher Road | | E-MAIL yida | @arcwinsuran | ce.com | 01. | |
| | | a a a a a a a a a a a a a a a a a a a | ADDRESS | | RDING COVERAGE | | NAIC # |
| Pin | ellas Park FL 33782 | Í | INSURERA · Pro | | ress Insurance Co | mnanı | 10193 |
| INSU | RED | | INSURER B: | gressive impi | ress insulance co | прапу | 10193 |
| Tri | nity Mobility Inc | | INSURER C: | | | | |
| | 3 Royal Hart Dr | | | | | | F |
| | | | INSURER D : | | | | |
| New | Port Richey FL 34653 | | INSURER E : | | | | |
| | | TE NUMBER: 22/23 MASTE | INSURER F : | | REVISION NUMBER | | |
| | IIS IS TO CERTIFY THAT THE POLICIES OF INSURA | | | HE INSURED NAME | | | D |
| IN | DICATED. NOTWITHSTANDING ANY REQUIREMEN | NT, TERM OR CONDITION OF AN | Y CONTRACT OF | R OTHER DOCUME | NT WITH RESPECT TO W | HICH THIS | |
| | RTIFICATE MAY BE ISSUED OR MAY PERTAIN, TH CLUSIONS AND CONDITIONS OF SUCH POLICIES | | | | IS SUBJECT TO ALL THE | TERMS, | |
| INSR | [ADDL]SU | UBR | I POLICY I | FF POLICY EXP | | | |
| LTR | TYPE OF INSURANCE INSU W | POLICY NUMBER | (MM/DD/Y | (MBA/DDMYYY) | | MITS | |
| | COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED | \$ | |
| | CLAIMS-MADE OCCUR | | | | PREMISES (Ea occurrence) | \$ | |
| | | | | | MED EXP (Any one person) | \$ | |
| | J | | | | PERSONAL & ADV INJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | 1 | | GENERAL AGGREGATE | \$ | |
| | POLICY PRO- LOC | | | | PRODUCTS - COMP/OP AGG | _ | |
| _ | OTHER: | | | | COMBINED SINGLE LIMIT | \$ | |
| | AUTOMOBILE LIABILITY | | | | (Ea accident) | \$ | 500000 |
| A | ANY AUTO ALL OWNED SCHEDULED | | | | BODILY INJURY (Per person | _ | |
| | AUTOS AUTOS X | 04047187 | 8/1/20 | 22 8/1/2023 | BODILY INJURY (Per accide | | |
| | HIRED AUTOS NON-OWNED AUTOS | | | | PROPERTY DAMAGE (Per accident) | S | |
| | | | | | Medical payments | 5 | 5,000 |
| | UMBRELLA LIAB OCCUR | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | 1 | 1 | | AGGREGATE | \$ | |
| | DED RETENTION \$ | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | PER OTH | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? |] | | | E.L. EACH ACCIDENT | s | |
| | (Mandatory In NH) | 1 | | | E.L. DISEASE - EA EMPLOYE | E \$ | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORE | | - | | | | |
| Pin | ellas County is listed as Addition | nal Insured to Automob | ile Liabili | ty policy. | | | |
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| CER | TIFICATE HOLDER | | CANCELLATIO | ON | | C-115 | |
| | | | | | | | |
| | | | | | SCRIBED POLICIES BE C | | DBEFORE |
| | Pinellas County, A Political | Subdivision | | E WITH THE POLICY | F, NOTICE WILL BE DEUV Y PROVISIONS. | SKED IN | |
| | State of Florida 400 South Fort Harrison Ave | | | | | | |
| | Clearwater, FL 33756 | | AUTHORIZED REPR | RESENTATIVE | | | |
| | | | | | | * | |
| | i | | Chuck Wasso | n/NAROBE | 8 12 3 | 22_ | _ |

ARCW INSURANCE 9067 BELCHER RD PINELLAS PARK, FL 33782 PROGRESSIVE"
COMMERCIAL

Named insured

TRINITY MOBILITY INC A TRINITY WHEELCHAIR TRAN 8343 ROYAL HART DR NEW PORT RICHEY, FL 34653

Commercial Auto Insurance Coverage Summary

This is your Declarations Page Your coverage has changed

Policy number: 04047187

Underwritten by:
Progressive Express Ins Company
September 2, 2022
Policy Period: Aug 1, 2022 - Aug 1, 2023
Page 1 of 4

agent.progressive.com Online Service

Make payments, check billing activity, print policy documents, update your policy or check the status of a claim.

1-727-544-8841

ARCW INSURANCE

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.

Your coverage began on August 1, 2022 at 12:01 a.m. This policy expires on August 1, 2023 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852FL (02/19), 1652FL (02/19), 4757FL (02/19), 1198 (07/16), Z311 (02/19), 4852FL (02/19), 4881FL (02/19), Z228 (01/11) and Z313 (04/21).

The named insured organization type is a corporation.

Policy changes effective August 1, 2022

| Changes processed on: | September 1, 2022 4:03 p.m. |
|-----------------------|--|
| Premium change: | -\$133.00 |
| Changes: | A CDL Experience discount has been added to your policy. |

The changes shown above will not be effective prior to the time the changes were requested.



Policy number: 04047187 TRINITY MOBILITY INC Page 3 of 4

2006 DODGE GRAND CARAVAN Stated Amount: * \$20,000 (including Permanently Attached Equip)
 VIN: 2D4GP44L96R630266 Garaging Zip Code: 34653 Radius: 100 miles

Personal use: N Body type: Mini Van

| Liability | Liability Premium | UM Premium | PIP Premium | Med Pay Premium | |
|-----------------------------------|------------------------|---------------------|-------------------------|----------------------|------------|
| Premium Physical Damage Premium | \$3293 | \$553 | \$92 | \$41 | |
| | FT/CAC Deductible | FT/CAC Premium | Collision Deductible | Collision Premium | |
| Premium | \$500 | \$149 | \$500 | \$119 | |
| Other Coverages Premium | Roadside Deductible | Roadside Premium | | | Auto Total |
| | \$0 | \$44 | | ACTIONS ALSO A | \$4,291 |

3. **2007 DODGE GRAND CARAVAN** Stated Amount: * \$21,000 (including Permanently Attached Equip) VIN: **1D4GP24R77B256507** Garaging Zip Code: 34653 Radius: 100 miles Personal use: N Body type: Mini Van

| Liability | Liability Premium | UM Premium | PIP Premium | Med Pay Premium | |
|----------------------------|------------------------|---------------------|--|----------------------|------------|
| Premium | \$3293 | \$553 | \$92 | \$41 | |
| Physical Damage Premium | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | |
| Premium | \$500 | \$182 | \$500 | \$121 | |
| Other Coverages | Roadside Deductible | Roadside Premium | | | Auto Total |
| Premium | \$0 | \$42 | VICTOR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | \$4,324 |

2004 DODGE GRAND CARAVAN Stated Amount: *\$20,000 (including Permanently Attached Equip)
 VIN: 1D4GP24R54B533263 Garaging Zip Code: 34653 Radius: 100 miles
 Personal use: N Body type: Mini Van

| Liability | Liability Premium | UM Premium | PIP Premium | Med Pay Premium | |
|-----------------|------------------------|---------------------|-------------------------|----------------------|------------|
| Premium | \$3423 | \$553 | \$92 | \$41 | |
| Physical Damage | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | |
| Premium | \$500 | \$178 | \$500 | \$176 | |
| Other Coverages | Roadside Deductible | Roadside Premium | GINGISSINANIOLOGGILIS | | Auto Total |
| Premium | \$0 | \$48 | | | \$4,511 |

^{*}A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

