



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: MEDFLEET LLC	HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR 7 A.M. to 7 <input checked="" type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 5334 SUNSET ROAD	PHONE: 727-849-6849
ADDRESS 2:	FAX: 727-312-2007
CITY, STATE, ZIP CODE: NEW PORT RICHEY, FL 34652	

OFFICER/DIRECTOR NAME & TITLE: Mark Postma, President	PHONE NUMBER & E-MAIL: 727-224-0295 mpostma@pcls-us.com
VICE OFFICER/DIRECTOR NAME & TITLE: Brooke Taylor, Chief Operating Officer	PHONE NUMBER & E-MAIL: 727-849-6849 ext 709 btaylor@medfleet.com
BUSINESS HOURS POINT-OF-CONTACT: Brooke Taylor	PHONE NUMBER & E-MAIL: 727-798-0911
AFTER HOURS POINT-OF-CONTACT: Brooke Taylor	PHONE NUMBER & E-MAIL: 727-798-0911 btaylor@medfleet.com

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: 	DATE: 03/24/2021
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STATE OF FLORIDA
 COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 24th Day by Mark Postma, who is/are personally known to me or has/have produced _____ as identification.

(SEAL)

KATHERINE STERLING
 Notary Public-State of Florida
 Commission # GG 338997
 My Commission Expires
 September 24, 2023
 (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: MedFleet LLC

Date: 03/24/2021

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



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: MedFleet LLC

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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. 405	MIR55F	1FMZK1CM9GKB18807													
2. 406	MIR54F	1FMZK1CM2GKB18812													
3. 407	MIR56F	1FTYR2CM3GKB06976													
4. 408	MIR57F	1FTYR2CM0HKA02088													
5. 409	MIR58F	1FTYR2CM2HKA02089													
6. 415	MIR60F	1FTYE2CM2JKB21956													
7. 416	MIR61F	1FTYE2CM4JKB21957													
8. 421	NQIK71	1FTYR1CM2KKB60952													
9. 422	NQIK72	1FTYR1CM4KKB60953													
10.															
11.															
12.															



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

Name of Service: MEDFLEET, LLC. Page: 1 of 3

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.	HOLT, DONALD	H430186672210	6/21/2028	1967-06-21	571698
2.	AROCHO, DANIEL,	A620-176-92-213-0	6/13/2026	1992-06-13	572219
3.	BUDLOVE, JOSHUA,	B341-437-99-010-0	1/10/2023	1999-01-10	572239
4.	DIEKEN, CAELA	D250105959010	11/1/2028	1995-11-01	572260
5.	EASLER, ETHAN	E246-207-99-136-0	4/16/2024	1999-04-16	572269
6.	ESTRELLA, JORGE	E236-421-99-215-0	6/15/2029	1999-06-15	572240
7.	FINO, TONI	F500-816-61-648-0	4/28/2022	1961-04-28	572237
8.	JOHNSON, JOSEPH,	J525-485-93-097-0	3/17/2029	1993-03-17	572152
9.	JOHNSON, MIKEY	J525-551-00-421-0	11/21/2027	2000-11-21	572275
10.	LINDSAY, TERRANCE	L533813922190	6/19/2022	1992-06-19	572256
11.	MANOSKY, KAYCI,	M520-516-91-745-0	7/5/2021	1991-07-05	572151
12.	MAZIN, TAMAR	M250-813-01-804-0	8/24/2025	2002-08-24	572241
13.	MCCOY, MARIA	M200-552-95-945-0	12/5/2021	1995-12-05	572153
14.	NIGH, RICHARD	N200-745-85-458-0	12/18/2025	1985-12-18	572228
15.	PUNGER, BRIANNA,	P526-065-94-829-0	9/9/2024	1994-09-09	572108
16.	RINGWALD, SARA	R524-785-85-647-0	4/27/2027	1985-04-27	572157



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

Name of Service: Medfleet LLC

Page: 2 of 3

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Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1. KRYVENKO,IGOR	K615400864650	12/25/2024	1986-12-25	572130
2. CLASS,RAFAEL	C420-720-98-216-0	6/16/2026	1998-06-16	572235
3. EAGAN,THOMAS	E250-839-91-204-0	6/4/2021	1991-06-04	572048
4. FERRIER,DAVID	F660173781850	5/25/2023	1978-05-25	571782
5. FLICK, MATAIO	F420-557-00-182-0	5/22/2024	2000-05-22	572247
6. FRENCH, ALEXANDER	F652-014-02-009-0	1/9/2026	2002-01-09	572261
7. HALLER, MARIAH	H460-550-96-966-0	12/26/2021	1996-12-26	572208
8. HOLLOMAN, GEORGE	H455308961670	5/7/2021	1996-01-05	572264
9. LUDWIG, JOSEPH	L320485952970	8/17/2021	1995-08-17	571696
10. MORRISON, AUTUMN	M625-013-94-751-0	7/11/2027	1994-07-11	572166
11. PEREZ, ZAIVETTE	P620980917490	7/9/2025	1991-07-09	571631
12. PRATZ, MIKE	P632543742557	7/15/2026	1974-07-15	571093
13. RUSSELL, JIMMY	R240-456-01-005-0	1/5/2025	1/5/2001	572216
14. SUAREZ AMITA, ANDY	S625-013-96-244-0	7/4/2024	1996-07-04	572064
15. VICKERS, NOAH	V262-627-81-350-0	9/30/2026	1981-09-30	571850
16. WHITEHEAD, JEANNETTE	W330-436-89-841-0	9/21/2022	1989-09-21	572126



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

Name of Service: MEDFLEET, LLC. Page: 3 of 3

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	Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1.	RIVERA, KEOMA	S532-500-87-099-0	3/19/2027	1987-03-19	572265
2.	RODRIGUEZ, OLIVIA	R362-658-97-669-0	5/9/2029	1997-05-09	572259
3.	RYAN, AUSTIN	R500-015-95-309-0	8/29/2022	1995-08-29	572218
4.	SANDORA-DICKENSON, JULIUS	S536-436-92-100-1	3/20/2022	1992-03-20	571554
5.	SMITH, PATRICK,	S530-679-89-466-0	12/26/2025	1989-12-26	572274
6.	TRUCE, MELISSA,	T620-553-94-678-0	5/18/2027	1994-05-18	572243
7.	WILSON, JASON	W425424732020	6/2/2025	1973-06-02	571725
8.	YGLESIA, CHRISTIAN	Y242-113-01-428-0	11/26/2025	2001-11-28	572276
9.	BORTH, GARRETT	B630297902930	8/13/2021	1990-08-13	571467
10.					
11.					
12.					
13.					
14.					
15.					
16.					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/24/2021

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).

PRODUCER Edgewood Partners Insurance Center P. O. Box 1689 Pearl River NY 10965		CONTACT NAME: Jennifer Gardner PHONE (A/C, No, Ext): (201) 661-2000 FAX (A/C, No): (201) 661-2499 E-MAIL ADDRESS: jennifer.gardner@epicbrokers.com																						
INSURED Paramedics Logistics Operating Company LLC (see page 2) Attn: Tony Farmer 115 Jordan Plaza Blvd., Ste 200 Tyler TX 75704		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Arch Specialty Insurance Company</td> <td>21199</td> </tr> <tr> <td>INSURER B:</td> <td>Arch Insurance Company</td> <td>11150</td> </tr> <tr> <td>INSURER C:</td> <td>Arch Indemnity Insurance Company</td> <td>30830</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Arch Specialty Insurance Company	21199	INSURER B:	Arch Insurance Company	11150	INSURER C:	Arch Indemnity Insurance Company	30830	INSURER D:			INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:** 20-21 Master**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 OTHER:			FLP006069402	07/01/2020	07/01/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Phys Dam <input checked="" type="checkbox"/> Ded: \$25K			11CAB1020501	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			FLP006069402	07/01/2020	07/01/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
B/C	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 N	11WCI1020301/ 14WCI1020401	07/01/2020	07/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	PROFESSIONAL LIABILITY			FLP006069402	07/01/2020	07/01/2021	EACH OCCURRENCE	1,000,000
							AGGREGATE	3,000,000

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

See Attached

CERTIFICATE HOLDER**CANCELLATION**
 Pinellas County Emergency Medical Service Authority
 12490 Ulmerton Road

Largo

FL 33774

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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