



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

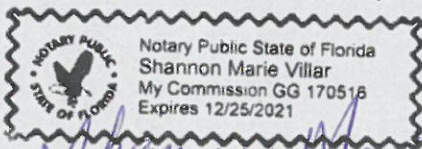
ORGANIZATION NAME: Wheelchair Transport Service
HOURS OF OPERATION: 24-HOUR
ADDRESS 1: 14561 58th Street N
PHONE: 727-586-2811
CITY, STATE, ZIP CODE: Clearwater, FL 33760
OFFICER/DIRECTOR NAME & TITLE: John Williams President
VICE OFFICER/DIRECTOR NAME & TITLE: George Williams Vice President
BUSINESS HOURS POINT-OF-CONTACT: Shannon Villar
AFTER HOURS POINT-OF-CONTACT: Nicole Bryant

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: George B. Williams
DATE: 2/13/20

STATE OF FLORIDA
COUNTY OF Pinellas
Subscribed and sworn to (or affirmed) before me this 13th February by George B. Williams, who is/are personally known to me or has/have produced as identification.



(SEAL)

Shannon Marie Villar

(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: Wheelchair Transport Service

Date: 2/13/20

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>GW</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>GW</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>GW</u> <u>GW</u> <u>GW</u> <u>GW</u> <u>GW</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>GW</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>GW</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>GW</u>



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service 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. 291	Y84DF7	2C4RDGCG7DR523749													
2. 293	Y85DF7	2C4RDGCG7ER273687													
3. 294	DHIY62	2C4RDGCGOER205487													
4. 295	DHIY63	2C4RDGCG3ER213552													
5. 296	DHIY64	2C4RDGCGXER121578													
6. 297	DHIY65	2C4RDGCG3ER245076													
7. 298	DHIY66	2C4RDGCG3ER128744													
8. 299	DHIY67	2C4RDGCG3ER213535													
9. 300	DHJJ15	2C4RDGCG5ER267595													
10. 302	DHIY69	2C4RDGCG8ER323030													
11. 303	DHIY71	2C4RDGCG9ER244658													
12. 304	DHIY72	2C4RDGCG4ER205878													



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

Page: 2 of 7

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. 305	DHIY73	2C4RDGCG8ER214017													
2. 306	DHIY74	2C4RDGCGXER122665													
3. 307	DHIY60	1FTNE1EW3EDA86432													
4. 308	DHIY61	1FTNE1EW7EDA86434													
5. 320	ENPF16	2C4RDGCG8ER273522													
6. 322	ENPF1	2C4RDGCG0ER213220													
7. 323	EEWR2	1FMZK1CMXFKB01383													
8. 324	JUWU7	1FMZK1CM4FKB06594													
9. 325	EEWR2	1FMZK1CM8FKB01382													
10. 326	EEWR2	1FMZK1CM3FKB06604													
11. 327	XO87H	1FMZK1CM5FKB26241													
12. 328	984XN	2C4RDGCG8FR527425													



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service Page: 3 of 7

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. 329	XO83H	2C4RDGCG0FR548429													
2. 330	XO84H	2C4RDGCG8FR541292													
3. 333	V412L	2C4RDGCG2FR548559													
4. 334	EGCT8	2C4RDGCG8FR535959													
5. 336	Y45DY	1FMZK1CM4GKA33020													
6. 337	Y46DY	1FMZK1CM6GKA33021													
7. 338	Y47DY	1FMZK1CMXGKA33023													
8. 339	Y48DY	1FMZK1CM5GKA33026													
9. 340	Y49DY	1FMZK1CM7GKA33027													
10. 342	C0621	2C4RDGCG3FR556279													
11. 343	Y88DF	2C4RDGCG5FR536308													
12. 344	Y89DF	2C4RDGCG7FR536410													



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service Page: 4 of 7

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. 345	ETMT44	2C4RDGCG0FR541545													
2. 346	ETMT46	2C4RDGCG1FR536385													
3. 351	HGNI66	1FTYR1CM9GKA65120													
4. 354	LMWJ88	2C4RDGCG7GR180770													
5. 355	ENPF14	2C4RDGCGXGR180794													
6. 356	Y87DF7	2C4RDGCGOGR179699													
7. 359	EEWR22	1FTYE2CM9HKB27327													
8. 360	GEDT32	1FTYE2CM0HKB27331													
9. 362	DRFK55	5TDZZ3DC0HS877292													
10. 363	331MY6	5TDZZ3DC2HS856296													
11. 364	EEWR14	5TDZZ3DC4HS876842													
12. 365	DWSD88	5TDZZ3DC8HS876827													



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

Page: 5 of 7

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. 366	Y86DF	5TDZZ3DX0HS877252													
2. 367	DIBM08	2C4RDGCG7GR179957													
3. 368	650XNF	2C4RDGCG8ER213269													
4. 369	EBKQ2	2C4RDGCG2ER322598													
5. 370	DBYI45	2C4RDGCG8GR179109													
6. 372	EBKQ2	2C4RDGCG5ER182272													
7. 374	1FTNE	1FTNE1EW2BDA42871													
8. 375	V24JNJ	2C4RDGCGXER245303													
9. 376	GHBNO	2C4RDGCG2ER392232													
10. 377	EFWZ	1FTYR1CM1HKA01879													
11. 378	JACA7	5TDZZ3DC8HS877668													
12. 381	GRENE	1FTYE2CMXGKB25925													

EMS INSPECTOR: _____ Date: _____



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

Page: 7 of 7

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. 382	IJCD57	1FTYE2CM2GKB25921													
2. 383	ETMT5	1FTYE2CM1GKB25926													
3. 384	325MY	1FTYE2CM9GKA50845													
4. 385	EEWR2	1FTYE2CM4GKB25922													
5. 386	EEWR2	1FMZK1CM4GKA09218													
6. 387	KYBU0	1FTYE2CM3GKB25930													
7. 388	Y83DF	1FTYE2CM6GKB25923													
8. 389	327MY	1FTYE2CM7GKB25929													
9. 390	Y81DF	1FMZK1CM6GKA04957													
10. 391	328MY	1FTYE2CM5GKB25928													
11. 392	EEWR1	1FTYE2CM3GKB25927													
12. 393	EEWR2	1FTYE2CM8GKB25924													

EMS INSPECTOR: _____ Date: _____



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair Transport Service

Page: 46 of 7

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. 347	EEWR2	1FTYE2CM3GKA50842													
2. 348	ETMT5	1FTYE2CM0GKA50846													
3. 352	GVHJ0	1FTYR2CM7GKB06977													
4. 353	GVHJ0	1FTYR2CM7GKB06978													
5. 357	334MY	1FTYR2CM7HKA02086													
6. 358	330MY	1FTYR2CM9HKA02087													
7. 361	514MY	1FTYE2CM0HKB27328													
8. 379	HZED0	1FTTYE2CM6JKB21958													
9. 380	HZED0	1FTYE2CM1HKA42417													
10.															
11.															
12.															

EMS INSPECTOR: _____ Date: _____



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

Name of Service: Wheelchair Transport Service

Page: 1 of 5

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.	OLIVER ROBERTS	R163-650-59-301-0	8/21/2021	8/21/1959	740705
2.	ALFRED SCHAAFF	S100-001-47-427-0	11/27/2026	11/27/1949	571228
3.	ANDRES LOPEZ	L120-000-63-095-0	3/15/2025	3/15/1963	571630
4.	GABRIEL ARANGO	A652-281-49-207-1	6/2/2027	6/2/1949	571400
5.	MADELYNN MALDONADO	M435-547-63-754-0	7/14/2022	7/14/1963	571646
6.	EVENS CASTOR	C236-213-76-058-0	2/218/202	2/18/1976	571591
7.	MOISES CONCHAMBAY	C525-54158-295-0	8/15/2024	8/15/1958	571665
8.	CLIVE DOWDELL	D340-101-53-306-0	8/26/2026	8/26/1953	570928
9.	FLETCHER FLORISSANT	F462-250-74-175-0	5/15/2021	5/15/1974	571687
10.	QUYEN NGO	N200-718-57-097-0	317/20/24	3/17/1957	571721
11.	ROMMELL AROSTEGUI	A654-443-52-243-0	10/29/2026	10/29/1965	571755
12.	DIMAS ENCISO	E522-165-49-272-0	10/12/2026	10/12/1949	571852
13.	CASEY MERRELL	M640-104-70-425-0	11/25/2022	11/25/1970	571640
14.	JAMES ARNOLD	A654-443-52-243-0	7/3/2020	7/3/1952	571100
15.	STEOHEN MORRISON	M625-795-59-102-0	322/20/25	3/22/1959	571954
16.	ELEAN DENSMORE	D525-211-64-837-0	9/17/2020	9/17/1964	571083



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

Name of Service: Wheelchair Transport Service

Page: 2 of 5

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.	KENNETH FRYE	F600-510-50-414-0	11/14/2023	11/14/1950	571954
2.	KARA PALMATEER	P453-513-85-923-0	11/23/2021	11/23/1985	571083
3.	BENNETH KEH	K000-071-60-461-0	12/21/2025	12/21/1960	571221
4.	CURTIS FISHER	F260-116-57-063-0	2/23/2021	2/23/1957	571954
5.	WILLIAM SCHAFFER	S160-925-60-263-0	7/23/2023	7/23/1960	571699
6.	GERALD MORABITO	M613-293-77-142-0	4/21/2026	4/12/1977	872029
7.	WILLIAM DELVECCHIO	D412-921-50-294-0	8/14/2022	8/14/1950	572034
8.	RALYNN METZ	M320-727-66-967-0	12/27/2024	12/27/1966	572044
9.	HECTOR FERRER	F661-324-75-413-0	11/13/2020	11/13/1975	571627
10.	KEITH PERRY	P600-505-56-122-0	4/2/2023	4/2/1956	572056
11.	JOHN GIBBONS	G152-479-64*092-0	3/12/2027	3/12/1964	572089
12.	BRITNEY BENJAMIN	B525-074-87-701-0	6/1/2026	6/1/1987	572098
13.	RAYMOND JENKINS	J525-728-62-283-0	8/3/2027	8/3/1962	572099
14.	DAVID QUALLS	Q420-177-54-205-0	6/5/2020	6/5/1954	571568
15.	DOUGLAS SHIN	S500-162-81-046-0	2/6/2024	2/6/1981	572123
16.	MARCEL SANCHEZ	S522-558-74-230-0	6/30/2023	6/30/1974	572187



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

Name of Service: Wheelchair Transport Service

Page: 3 of 5

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.	MICHAEL PARDUN	P635-541-55-260-0	7/20/2027	7/20/1955	572123
2.	MATTHEW GRIFFIN	G615-559-96-340-0	9/20/2020	9/20/1996	572187
3.	KARYN KOENIG	k520-513-83-930-0	11/30/2022	11/30/1983	571289
4.	DAVID GRAHAM	g650-160-51-110-0	3/30/2021	3/30/1951	572191
5.	RYAN GULLIVER	g416-730-84-287-0	8/7/2020	8/7/1984	572190
6.	YVONNE NEWSON	n250-968-61-742-0	7/2/2023	7/2/1961	740109
7.	PHILLIP ANGLADA	A524-676-40-350-0	9/30/2020	9/30/1940	570651
8.	JEROME MOTEN	M350-420-75-041-0	2/1/2026	2/1/1975	571138
9.	SHARRAN COOPER	C160-781-73-011-4	7/10/2022	7/10/1973	570671
10.	JORGE MEJIA	M200-432-62-425-0	11/25/2025	11/25/1962	740721
11.	DOUGLAS TRYGSTAD	T623-163-61-288-0	8/8/2022	8/8/1961	740738
12.	ALBERT NIBLACK	N142-020-44-455-0	12/15/2025	12/15/1944	740932
13.	EDWARD CROSON	C625-230-67-146-0	4/26/2020	4/26/1967	741000
14.	JAMES GIFFORD	G163-444-59-144-0	4/24/2020	4/24/1959	741045
15.	THOMAS PESTA	P230-866-57-466-0	12/26/2020	12/26/1957	571361
16.	HECTOR RIVERA	R166-321-76-249-0	7/9/2026	7/9/1976	571367



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

Name of Service: Wheelchair Transport Service

Page: 4 of 5

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.	MANNY SORIANO	S650-546-71-020-0	1/20/2021	1/20/1971	571367
2.	NARINE MUNIRAM	M565-624-61-299-0	8/19/2023	8/19/1961	571404
3.	ARNOLD BERNARDINO	B656-017-62-285-0	8/5/2027	8/5/1962	571405
4.	JOSHUA CORDERO	C636-426-94-019-0	1/19/2028	1/19/1994	571421
5.	STEPHEN JORDAN	J635-796-87-265-0	7/25/2026	7/25/1987	571503
6.	EDWARD CHABALA	C140-221-86-053-0	2/13/2021	2/13/1986	571557
7.	CHRISTIAN WILKERSON	W426-110-90-247-0	7/7/2020	7/7/1990	571617
8.	ERNESTO RODRIGUEZ	R162-162-68-367-0	2/23/2028	2/23/1967	571617
9.	DOUGLAS RIVERA CRUZ	R162-162-68-367-0	10/7/2027	10/7/1968	571616
10.	CHA-EVE MAISONNEUVE	M251-116-69-268-0	7/28/2022	7/28/1969	571678
11.	NELSON LOPEZ	L121-633-61-205-0	6/5/2020	6/5/1961	571629
12.	YOSEN SOSA	S222-973-73-405-0	11/5/2024	11/5/1973	571736
13.	ALEJANDRO MORALES	M642-006-87-322-0	9/2/2026	9/2/1987	571740
14.	CARMELLO POLITIO	P430-107-62-416-0	11/16/2023	11/16/1962	571791
15.	WEIUS WALLER	W460-881-80-426-0	11/26/2020	11/26/1980	571810
16.	GREGORY ELFRINK	E416-296-63-407-0	11/7/2021	11/7/1963	572000



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

Name of Service: WHEELCHAIR TRANSPORT SERVICE

Page: 5 of 5

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. EUGENE CARROLL	C640-204-70-268-0	7/28/0221	7/28/1970	572018
2. KATHY RAMADAN	R535-500-65-924-0	11/24/2027	11/24/1965	572033
3. EDWIN HOLT	H430-208-64-282-0	8/2/2028	8/2/1961	572036
4. JEFFREY RIKER	R260-423-61-389-0	10/29/2026	10/29/1961	572057
5. ROBIN EDWARDS	E363-724-83-412-0	11/12/2027	11/12/1983	572061
6. ERIC COSTIN	C235-211-73-003-0	1/3/2022	1/3/1973	572073
7. MARCOS ESTUPINAN	E231-550-66-304-0	8/24/2024	8/24/1966	572078
8. ANDREAS WEHERLI	W640-000-69-448-0	12/8/2022	12/8/1969	572084
9. FRANZISKA HEASLER WEHRLI	H246-241-66-797-0	8/1/2023	8/1/1966	572085
10. TAVIS CAMPBELL	C514-801-92-138-0	4/18/2027	4/18/1992	572111
11. FRANCIS KREBS	K612-241-57-092-0	3/12/2021	3/12/1957	572134
12. NEBOJSHA OVNARSKI	O156-620-89-428-0	11/28/2022	11/28/1989	572379
13. BENTSION ZILBERSHTEYN	Z416-060-53-456-0	12/16/2025	12/16/1953	572158
14. JOHN RODGERS	r326-463-59-268-0	7/28/2027	7/28/1959	572163
15. GABRIELLE COLLINS	c452-293-93-952-0	12/12/2020	12/12/1993	572165
16.				



WHEETRA-01

EREITLER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/19/2020

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 Research Underwriters 4240 Greensburg Pike Pittsburgh, PA 15221	CONTACT NAME: PHONE (A/C, No, Ext): (412) 351-5800		FAX (A/C, No): (412) 351-5818	
	E-MAIL ADDRESS:			
INSURED Wheelchair Transport Service, Inc. 14561 58th Street North Clearwater, FL 33760	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A : National Interstate		32620	
	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 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PZG000000700	8/16/2019	8/16/2020	EACH OCCURRENCE	\$ 500,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 500,000
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$ 500,000
							ABUSE AND ASSAU	\$ 50,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PZA000000700	8/16/2019	8/16/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						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)

CERTIFICATE HOLDER

CANCELLATION

Office of the Medical Director
12490 Ulmerton Road, Suite 134
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