



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND

NECESSITY July 1, 2018 – June 30, 2019

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 KERT LLC	HOURS OF OPERATION <input type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1 10117 Palermo Circle	PHONE 732 546 6819
ADDRESS 2 Unit #304	FAX
CITY, STATE, ZIP CODE Tampa FL 33619	

OFFICER/DIRECTOR NAME & TITLE Kenneth Snyder owner	PHONE NUMBER & E-MAIL 732 546 6819 kerrllc@gmail.com
VICE OFFICER/DIRECTOR NAME & TITLE	PHONE NUMBER & E-MAIL
BUSINESS HOURS POINT-OF-CONTACT Kenneth Snyder	PHONE NUMBER & E-MAIL 732 546 6819 kerrllc@gmail.com
AFTER HOURS POINT-OF-CONTACT Kenneth Snyder	PHONE NUMBER & E-MAIL 732 546 6819 kerrllc@gmail.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 9/10/18
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STATE OF FLORIDA
COUNTY OF **Hillsborough**

Subscribed and sworn to (or affirmed) before me this **9/10/18** by **Kenneth Snyder**, who is/are personally known to me or has/have produced **FDL 5536-518-716-323-0** as identification **EXP. 09/03/2023**

(SEAL)

Shannon G. Moore
State of Florida
My Commission Expires 08/30/2021
Commission No. GG 140027
(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: KERT LLC

Date: 8/30/18

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>KS</u> <u>N/A</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>KS</u> <u>KS</u> <u>KS</u> <u>KS</u> <u>KS</u> <u>KS</u> <u>KS</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>KS</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>KS</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>KS</u>

Form B Rev. 02/06/2017

Access2care handles all incoming and outgoing calls on a recorded line

Logisticare handles all incoming and outgoing calls on a recorded line



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: KERT L.L.C Page: _____ of _____

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 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
1	IHX591	3C6TRV9G7HE503554												
2	IHX589	3C6TRVPG4HE503558												
3	IHX590	3C6TRVPGDHES18560												
4														
5														
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9														
10														
11														
12														



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

Name of Service: KERT LLC 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 Completed Roster may be attached, as long as all required information is included

1 Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigne EMS ID
2 Snyder Kenneth	S536518763230	09/03/2023	09/03/1976	
3				
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PRODUCER AND THE NAMED INSURED
 Prime Property & Casualty Insurance Inc
 8722 S. Harrison St.
 Tampa, UT 84070
 (1) 304-5500

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
 Kent LLC
 20322 Chestnut Grove Dr
 Tampa, FL 33647

INSURER A
 INSURER B
 INSURER C
 INSURER D
 INSURER E
 Prime Property & Casualty Insurance Inc.

"LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"

COVERAGES

The policies of insurance listed below have been issued to the insured named above for the policy 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. Aggregate limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
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<input type="checkbox"/> Commercial Liability Claims Made Exclude Products Exclude Completed Operations				
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<input checked="" type="checkbox"/> Commercial Auto Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Drive Away	PC18081114	8/1/2018	8/1/2019	\$300,000 CSL \$10,000 U.M. Per Person \$20,000 U.M. Per Accident \$10,000 P.I.P. Per Person
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<input type="checkbox"/> Commercial Garage Liability G.K.L.L. O.T.R.P.D. D.O.C. Cargo On Hook Employee Dishonesty Wrongful Repossession Claims Made Exclude Products Exclude Completed Operations				
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<input type="checkbox"/> Excess Liability <input type="checkbox"/> Claims Made				
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OTHER

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER **ADDITIONAL INSURED** **LOSS PAYEE**

Pinellas County EMS and Fire Administration
 12490 Ulmerton Road Largo
 Largo, FL 33774

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 90 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
