



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 / Stretcher Limo		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 6:00 A.M. to 6:00 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: 6030 Massachusetts Ave		PHONE: 727 845-4454
ADDRESS 2:		FAX: 727 264-7942
CITY, STATE, ZIP CODE: New Port Richey FL 34653		
OFFICER/DIRECTOR NAME & TITLE: Stevens Ronda President	PHONE NUMBER & E-MAIL: 727 415-8210 stevensronda@gmail.com	
VICE OFFICER/DIRECTOR NAME & TITLE: Stevens Jason Manager	PHONE NUMBER & E-MAIL: 727 967-8286 stretcherlimo.inc@gmail.com	
BUSINESS HOURS POINT-OF-CONTACT: Stevens Jason	PHONE NUMBER & E-MAIL: 727 845-4454 stretcherlimo.inc@gmail.com	
AFTER HOURS POINT-OF-CONTACT: Stevens Jason	PHONE NUMBER & E-MAIL: 727-967-8286 jstevens@verizon.net	
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: 4/1/2021
STATE OF FLORIDA COUNTY OF <u>Pasco</u>		
Subscribed and sworn to (or affirmed) before me this <u>4-1-21</u> by <u>Ronda Stevens</u> , who is/are personally known to me or has/have produced <u>Driver License</u> as identification.		
(SEAL)		
(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 / Stretcher Limo

Date: March 23, 2021

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



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair/Stretcher Limo 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. 40	ALSS33	1FTNS1EW4EDA59409													
2. 43	CRMR36	1ETNE1EW1EDA97512													
3. 44	EFWQ87	1FMKICM3FKA55489													
4. 46	EPAA47	1FMZK1CM5FKB23291													
5. 47	LNZG22	1FTYE1CM6GKA69041													
6. 48	EFWQ89	1FTYE2CM3HKA19494													
7. 49	DGVB16	1FTYE2CMXJKB43168													
8. 50	LNCG21	1FTYE2CM7JKB43175													
9.															
10.															
11.															
12.															



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair / Stretcher Limo Page: 1 of 1

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/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. 40	CYXM05	1FTNS1EW4EDA59409													
2. 48	EFWQ89	1FTYE2CM3HKA19494													
3. 49	DGBV16	1FTYE2CMXJKB43168													
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



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

Name of Service: Wheelchair / Stretcher Limo Page: 1 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. Pate Jozip	P300-421-72-467-0	12/27/2026	12/27/1972	
2. Ruisi Alfred	R200-006-72-103-0	03/23/2027	03/23/1972	
3. Fernandez Celso	F655-100-52-422-0	11/22/2028	11/22/1962	
4. Ford Raymond	F630-728-67-019-0	01/19/2027	01-19/1967	
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15.				
16.				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/29/2021

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 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 Members Insurance Center LLC 6810 E Hillsborough Ave Tampa FL 33610	CONTACT NAME: Tatyana Midili PHONE (A/C, No, Ext): 813 621 3433 ext 86956 E-MAIL ADDRESS: tatyana.midili@floridamic.org	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Gator Freight Services LLC dba Wheelchair Stretcher Limo 8046 Cameron Cay Ct New Port Richey, FL 34653	INSURER A: Kinsale Insurance Company	NAIC # 38920
	INSURER B: Kinsale Insurance Company	NAIC # 38920
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			01001168890	06/04/2020	06/04/2021	EACH OCCURRENCE	\$ 250,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 250,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 750,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS		<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
								\$
B	UMBRELLA LIAB			0100116890-0	06/04/2020	06/04/2021	EACH OCCURRENCE	\$ 750,000
	<input checked="" type="checkbox"/> EXCESS LIAB		<input checked="" type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$ 750,000
	DED		RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> N / <input type="checkbox"/> A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

Non emergency transportation

CERTIFICATE HOLDER

CANCELLATION

Pinellas County,
A Political Subdivision of the State of Florida
400 South Fort Harrison Avenue
Clearwater FL 33756

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

Tatyana Midili