



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: CHRIS GRANT TRANSPORTATION LLC
HOURS OF OPERATION: 4 A.M. to 10 P.M.
ADDRESS 1: 1072 SAWGRASS DR.
PHONE: 727-238-7544
ADDRESS 2: N/A
FAX: N/A

CITY, STATE, ZIP CODE: TARPON SPRINGS, FLORIDA, 34689

OFFICER/DIRECTOR NAME & TITLE: COLTON HENROID - OWNER
PHONE NUMBER & E-MAIL: 727-560-7679 admin@chrisgranttransportation.com

VICE OFFICER/DIRECTOR NAME & TITLE: ALEX FONTAINE - OWNER
PHONE NUMBER & E-MAIL: 727-421-7596 admin@chrisgranttransportation.com

BUSINESS HOURS POINT-OF-CONTACT: ALEX FONTAINE - OWNER
PHONE NUMBER & E-MAIL: 727-238-7544 admin@chrisgranttransportation.com

AFTER HOURS POINT-OF-CONTACT: ALEX FONTAINE - OWNER
PHONE NUMBER & E-MAIL: 727-238-7544 admin@chrisgranttransportation.com

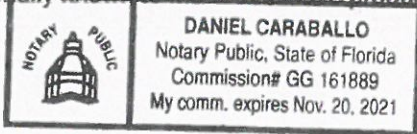
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications 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: [Signature] DATE: 04 MAY 2021

STATE OF FLORIDA
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this by who is/are personally known to me or has/have produced Driver's License as identification.



[Signature]

(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: Chris Grant Transportation LLC

Date: 04 MAY 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>CGA</u>
8.1	Written record contains: <ul style="list-style-type: none"> <li>• Date Call Received</li> <li>• Time Call Received</li> <li>• Pick-up &amp; Destination Address</li> <li>• Arrival Time at Destination</li> <li>• Client's Name</li> <li>• Person Ordering Transport</li> <li>• Telephone Number of Caller (*if applicable)</li> </ul>	<u>CGA</u> <u>CGA</u> <u>CGA</u> <u>CGA</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>CGA</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>CGA</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>CGA</u>





**WHEELCHAIR VEHICLE ROSTER**  
**Pinellas County Rules and Regulations, as Amended**

Name of Service: Chris Grant Transportation LLC

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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. 001	qpxz06	2C4RDGCGXGR328524	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.															
3.															
4.															
5.															
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8.															
9.															
10.															
11.															
12.															

EMS INSPECTOR: JMupp

Date: 5.5.21



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

Name of Service: Chris Grant Transportation LLC 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 #
1.	HENROID, COLTON	H563107934080	11/08/2025	11/08/1993	
2.	FONTAINE, ALEX	F535003923610	10/01/2022	10/01/1992	
3.					
4.					
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16.					



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/04/2021

**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).**

<b>PRODUCER</b> Axle Trucking Insurance 1500 NW 89th Ct Suite 206 Miami FL 33172		<b>CONTACT NAME:</b> Ralph Lindor <b>PHONE (A/C, No, Ext):</b> (845) 600-1505 <b>E-MAIL ADDRESS:</b> ralph@axleinsurance.com <b>FAX (A/C, No):</b> 305-266-4071	
<b>INSURED</b> Chris Grant Transportation LLC 1072 Sawgrass Drive Tarpon Springs FL 34689		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Western World Insurance Company NAIC # 13196 <b>INSURER B:</b> Granada Insurance Company 16870 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**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 SUBR/INSD   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 <input type="checkbox"/> OTHER:		NPP8791804	04/14/2021	04/14/2022	EACH OCCURRENCE \$ \$1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$100000 MED EXP (Any one person) \$ \$5000 PERSONAL & ADV INJURY \$ \$1000000 GENERAL AGGREGATE \$ \$2000000 PRODUCTS - COMP/OP AGG \$ Included DED \$ \$250 BI/PD
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		0110FL00047172	4/14/2021	4/14/2022	COMBINED SINGLE LIMIT (Ea accident) \$ \$300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ \$10,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTH-ER \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			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)**

A: Each Professional Incident Limit (if applicable) \$1,000,000  
 B: UM \$10,000 per person/ \$20,000 per accident; Physical Damage Deductible \$500  
 Commercial Package  
 Vehicle: 2016, Insured Amount: 41000, Chrysler Van, VIN: 2C4RDGCGXGR328524

<b>CERTIFICATE HOLDER</b> Pinellas County A political Sub Division of the State of Florida 400 South Ft. Harrison Ave. Clearwater, FL 33756	<b>CANCELLATION</b> 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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