



**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY July 1, 2019– June 30, 2020**

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: <i>DESAFE TRANSPORTATION, LLC</i>	HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR <i>5</i> A.M. to <i>5</i> <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: <i>2605 Wembleycross way</i>	PHONE: <i>(407) 380-3059</i>
ADDRESS 2:	FAX: <i>(407) 275-5611</i>

CITY, STATE, ZIP CODE:
ORLANDO, FLORIDA 32828

OFFICER/DIRECTOR NAME & TITLE: <i>CECILE NABONG, PRES.</i>	PHONE NUMBER & E-MAIL: <i>(407) 380-3059 cecilenabong@msh.com</i>
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VICE OFFICER/DIRECTOR NAME & TITLE: <i>JUAN NABONG, V.PRES</i>	PHONE NUMBER & E-MAIL: <i>(407) 380-3059 montyernabong@yahoo.com</i>
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BUSINESS HOURS POINT-OF-CONTACT: <i>JUAN NABONG</i>	PHONE NUMBER & E-MAIL: <i>same as above</i>
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AFTER HOURS POINT-OF-CONTACT: <i>JUAN NABONG</i>	PHONE NUMBER & E-MAIL: <i>same as above</i>
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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.

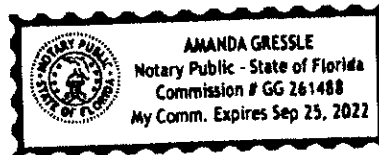
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: <i>Cecile Nabong</i>	DATE: <i>4/3/19</i>
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STATE OF FLORIDA
COUNTY OF Orange

Subscribed and sworn to (or affirmed) before me this 4/3/19 by Cecile Nabong, who is/are personally known to me or has/have produced FL DL as identification.

(SEAL) *Amanda Gressle*



(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: BESAFE TRANSPORTATION, LLC

Date: 3/29/19

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



WHEELCHAIR VEHICLE ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: BESAFE TRANSPORTATION, LLC 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 interfere 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	409MRP	2C4RD61B636R143829	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	7360PB	2C4RD61B67FR53371X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	BTQ224	2C4RD61B646R152474	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

EMS INSPECTOR: [Signature] Date: 5.22.19
 gm 5/22/19



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: BESAFE TRANSPORTATION, LLC 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/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	409NRP	2C4RDG6G36R143829	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	7366PB	2C4RDG6G7FR533718	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	BTQ324	2C4RDG6G7GR152474	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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5															
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9															
10															
11															
12															

EMS INSPECTOR: *[Signature]* Date: 5.22.19



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

Name of Service: BESAFE 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.

1.	Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
2.	CASTRO, CHRISTOPHER	C236-118-68-284-0	8-4-19	8/4/68	
3.	TRIAS, PETER	T620-672-82-469-0	12-29-85	12-29-82	
4.	ALLEN, EMILÉ	A450-216-75-138-0	4-18-24	4-18-75	
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14.					
15.					
16.					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/8/2019

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 QUICK FLORIDA QUOTES, INC 15190 SW 136th Street Ste 10 Miami, FL 33196		CONTACT NAME: Imoh Oton PHONE (A/C No. Ex): (305) 222-7070 FAX (A/C No.): E-MAIL ADDRESS: imoh@quickflquotes.com	
INSURED Be Safe Transportation, LLC 2605 Wembley Cross Way Orlando, FL 32828 407-380-3059		INSURER(S) AFFORDING COVERAGE INSURER A: Prime Property & Casualty INSURER B: Prime Property & Casualty 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.

INSH LTR	TYPE OF INSURANCE	KDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
							PER OCCURRENCE	AGGREGATE
B	<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:			PC1803135	3/8/2019	3/8/2020	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000	
A	AUTOMOBILE 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"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			PC19030585-0	3/8/2019	3/8/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	PIP			PC 1803135	3/8/19	3/8/20	\$10,000	
A	COMP/COLLISION			PC 1803135	3/8/19	3/8/20	Per Schedule	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Non Emergency Transport Operation
 2013 FORD 1FTNE1EW5DDA39241 2010 FORD 1FMNE1BW5ADA57024 2013 FORD 1FTNE1EW1DDA39219
 2011 FORD 1FMNE1BW1BDA36107 2015 FORD 1FBZX2CM9FKA00447 2011 FORD 1FTNE1EW8BDA32135
 2016 DODGE 2C4RDGBG3GR143829 2015 FORD 1FBAX2CMLFKA27624 2018 FORD 1FBZX2YM0JKA21365
 2019 FORD 1FBAX2CM3KKA14139

CERTIFICATE HOLDER Pinellas County, A Political Subdivision of the State of Florida 400 S Fort Harrison Ave Clearwater, FL 33756	CANCELLATION 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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