



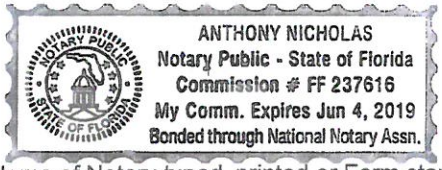
# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND

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: <u>Care Cabee Transportation</u>		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR <u>5:00 A.M. to 8:00 P.M.</u> <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: <u>4903 Harbor Woods Dr.</u>		PHONE: <u>(727) 202-1420</u>
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: <u>Palm Harbor, FL 34683</u>		
OFFICER/DIRECTOR NAME & TITLE: <u>Candice Tamas - CEO</u>	PHONE NUMBER & E-MAIL: <u>727-202-1420 / info@carecabee.com</u>	
VICE OFFICER/DIRECTOR NAME & TITLE: <u>Trifu Tamas - President</u>	PHONE NUMBER & E-MAIL: <u>727-202-1420 / carecabee1@gmail.com</u>	
BUSINESS HOURS POINT-OF-CONTACT: <u>Trifu Tamas</u>	PHONE NUMBER & E-MAIL: <u>727-202-1420 / info@carecabee.com</u>	
AFTER HOURS POINT-OF-CONTACT: <u>Candice Tamas</u>	PHONE NUMBER & E-MAIL: <u>727-202-1420 / carecabee1@gmail.com</u>	
<b>REQUIRED ATTACHMENTS:</b> 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: <u>Candice Tamas</u>		DATE: <u>04/17/2018</u>
STATE OF FLORIDA COUNTY OF <u>Pinellas</u>		
Subscribed and sworn to (or affirmed) before me this <u>4<sup>th</sup></u> day of <u>April</u> , <u>2018</u> , by <u>Candice and Trifu Tamas</u> , who is/are personally known to me or has/have produced <u>Drivers Licenses</u> as identification.		
(SEAL) <u>Anthony Nicholas</u>		 (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: Care Cabee Transportation

Date: 04/17/2018

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

> N/A

N/A



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

Name of Service: CareCabee Transportation 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/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. 1	CABEE	104GP24R558252078													
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															

Van  
Inspected  
by: Keith  
on 3/2/18  
(Can you send us  
a copy?) Thanks!





# **STRETCHER VAN ROSTER** **Pinellas County Rules and Regulations, as Amended**

Name of Service: CareCabee Transportation 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.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



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

Name of Service: CareCabee Transportation 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. Tamas, Trifu (Ted)	T520-800-69-1440	04/24/2023	04/24/1969	
2. Tamas, Candice	T526-111-79-721-0	06/21/2023	06/21/1979	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
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12.				
13.				
14.				
15.				
16.				



CARETRA-07

LWAGNER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/30/2017

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> Sovereign Risk Solutions, LLC 1640 Powers Ferry Road SE, Bldg 28 Marietta, GA 30067	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (678) 996-3400	<b>FAX (A/C, No):</b> (678) 996-3401
<b>INSURED</b>  CareCabee Transportation, LLC. 4903 Harbor Woods Drive Palm Harbor, FL 34683	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Scottsdale Insurance Co	
	<b>INSURER B:</b> National Indemnity Company	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		
<b>NAIC #</b>		
41297		
20087		

## 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 OTHER:		CPS2766013	10/30/2017	10/30/2018	EACH OCCURRENCE \$ 300,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 300,000
						GENERAL AGGREGATE \$ 600,000
						PRODUCTS - COMP/OP AGG \$ 600,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BINDER103017	10/30/2017	10/30/2018	COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$ 100,000
						BODILY INJURY (Per accident) \$ 300,000
						PROPERTY DAMAGE (Per accident) \$ 100,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE 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 N/A 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 \$

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

Access 2 Care is listed as certificate holder under the auto and general liability where required by written contract and signed by an authorize representative of the named insured.

## CERTIFICATE HOLDER

## CANCELLATION

Access 2 Care  
6200 South Syracuse Way #200  
Greenwood Village, CO 80111

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