

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE:	☐ NEW ☑ RENEWAL					
SERVICE TYPE:	☐ Wheelchair Transport☐ Stretcher Transport	✓ ALS Interfacil✓ ALS Helicopt				
TYPE OF ENTITY:	☐ Sole Proprietor ☐ Partr	nership Non-P	rofit Corporation	orporation		
ORGANIZATION NAME:			HOURS OF OPERATION:	✓ 24-HOUR		
	tem - St. Joseph's Childre	en's Hospital Nec	A.IVI, 10			
ADDRESS 1:			PHONE:			
3030 W. Dr. Martin	Luther King Jr. Blvd		813-356-7188			
ADDRESS 2:			FAX:			
			813-872-3955			
CITY, STATE, ZIP CODE:						
Tampa, FL 33607						
OFFICER/DIRECTOR NAME & T	TITLE:	PHONE NUMBER & E-M/	AIL:			
Sarah Naumowich,	President	813-872-2950,	Sarah.Naumowich@	baycare.org		
VICE OFFICER/DIRECTOR NAM	ME & TITLE:	PHONE NUMBER & E-M/	AIL:			
Charles Ennis, Direc	ctor of Patient Care	813-356-7307,	Charles.Ennis@bayo	care.org		
BUSINESS HOURS POINT-OF-C	CONTACT:	PHONE NUMBER & E-M/	AIL:			
Christopher Sorrell,	Manager	813-356-7188,	Christopher.Sorrell@	baycare.org		
AFTER HOURS POINT-OF-CON	TACT:	PHONE NUMBER & E-M/	AIL:			
Christopher Sorrell,	Manager	813-356-7188,	Christopher.Sorrell@	baycare.org		
Incorporation, Certificat	MENTS: Record Keeping Veri tion of Fictitious Name (d.b.a) it e schedule. Also include any no	f applicable, Insurar	nce Verification for the hi	ghest level of service		
	esentative of the above named ne firm fails to meet all of the rec					
SIGNATURE OF APPLICANT:	JAR SP		DATE:	3		
STATE OF FLORIDA COUNTY OF	starough	11/2/22	01-11	Some 11		
Subscribed and sworn	Subscribed and sworn to (or affirmed) before me this					
is/are personally known to me or has/have produced DTVWS as identification.						
(SEAL)	Tills	My Col	DESPINA WILLIS y Public - State of Florida mmission # HH 25976 mm. Expires Jul 30, 2024 bugh National Notary Assn. of Notary typed, printed of	r Form stamped)		
Form A. Rev. 02/0072047						



WHEELCHAIR/STRETCHER SERVICE RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service:	Baycare Health System - St. Joseph's Children				
_ 11/3/2023					
Date: 11/3/2023					

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	CRS
	*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:	
	Date Call Received	CLES
	Time Call Received	CRS
	 Pick-up & Destination Address 	CRS
	Arrival Time at Destination	CRS
	Client's Name	CRS
	Person Ordering Transport	CRS
	 Telephone Number of Caller (*if applicable) 	CRS
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	CRS
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	CRS
8.1	Dispatch audio & written/electronic records shall be available for inspection.	CRS

Form B Rev. 02/06/2017



GROUND VEHICLE ROSTER

County EMS & FIRE ADMINISTRATION		er/vehicle model/ye	th System - St. Joseph's Children's Hosp ear, Florida tag and VIN numbers, radio II Company Roster may be attached, as Ion	D, and base location f	Page: 1 of 1 for all vehicles. If more lines are needed, mation is included.
Unit Number/M	odel/Year	FL Tag Number	Vehicle Identification Number (VIN)	Radio ID	Base Location
Type 3 Chevy 4500 2017	,	U2855B	1HA6GUCG8HN004992		St. Joseph's Women's Hospital
Type 1 Freightliner 2018		MIN08V	1FVACWFC2JHJP2439		St. Joseph's Women's Hospital
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Form B Rev. 06/30/2017



HELICOPTER/AIRCRAFT ROSTER

COLITY EMS G FIRE ADMINISTRATION	Name of Service:	BayCare Health System -	St. Joseph's Children's Hospi	tal Date:	11/3/2023 Page:of			
ADMINISTRATION	Provide helicopter/aircraft type, model/year, identifying FAA license #/permit information, radio ID, and base location. 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.							
Helicopter/Aircraft	Гуре	Model/Year	FAA License #	Radio ID	Base Location			
EC135	Utilize Air l	Life's Aircraft			St. Joseph's Hospital			
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Form C Rev. 06/30/2017

PERSONNEL ROSTER					
Name (Last First)	License/Certification	Expiration Date			
Sorrell, Christopher	RN 9339943	4/25			
Craven, Jennifer	RN 9362215	4/25			
Neveu, Jonathan	RN 9321356	7/24			
Piazza, Evonne	RN 9268083	4/25			
Praznik, Amy	RN 9458802	7/24			
Wright, Anthony	RN 9413807	4/25			
Yarbrough, Hope	RN 9258711	7/24			
Zieba, Tawny	RN 9287221	7/24			
Ceo, Melody	RT 13700	5/25			
Disanto, Tiffany	RT 14561	5/25			
Hazard, Ashley	RT 23722	5/25			
Hutton, James	RT 23470	5/25			
Lynch, Christina	RT 11947	5/25			
Nunemaker, Courtney	RT 15807	5/25			
Rincon, Katherine	RT 10829	5/25			
Boyd, Meghann	PM 515830	12/24			
Biasotti, Anthony	PM 524361	12/24			
Blackwelder, Joseph	PM 521695	12/24			
Bragg, Joshua	PM 517009	12/24			
Brittain, Justin	PM 529803	12/24			
Smith, Ryan	PM 522933	12/24			
Sox, Matthew	PM 519304	12/24			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2022

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.

REFRESENTATIVE OR FRODUCER, A							
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights	t to the te	erms and conditions of th	ne policy, certain po	olicies may			
PRODUCER	to the cen	inicate noider in ned or se	CONTACT	,-			
Coverage is independently			NAME: Annette De		FAX		
procured by the named insured			IAIC No. Ext); 121-51			727-519-1276	
			ADDRESS: Annette.	Decato@bayo	care.og		
			INS	URER(S) AFFOI	RDING COVERAGE	NAIC#	
			INSURER A : BCHS In	surance, Ltd			
INSURED		BAYCHEA 01	INSURER B :				
St. Joseph's Hospital, Inc. BayCare Health System, Inc.			INSURER C :				
2985 Drew Street			INSURER D:				
Clearwater FL 33759			INSURER E :				
			INSURER F :				
COVERAGES CER	RTIFICATI	E NUMBER: 945599374			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES			VE BEEN ISSUED TO	THE INSURI		HE POLICY PERIOD	
INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAIN,	THE INSURANCE AFFORD	ED BY THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO		
INSR LTR TYPE OF INSURANCE	INSO WYD		POLICY EFF (MW/DD/YYYY)	POLICY EXP	LIMIT	S	
A X COMMERCIAL GENERAL LIABILITY		HPL2023BCHS-1	1/1/2023	1/1/2024	EACH OCCURRENCE	\$ 1,000,000	
X CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
					MED EXP (Any one person)	\$	
	1 1				PERSONAL & ADV INJURY	\$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$3,000,000	
Y POLICY PRO					PRODUCTS - COMP/OP AGG		
Total I Tech I Total						\$ \$ 100,000	
OTHER: A AUTOMOBILE LIABILITY		BCHSAL3865-2023	1/1/2023	1/1/2024	FireDrng-Any one Fire COMBINED SINGLE LIMIT	\$ 2,000,000	
X ANY AUTO		DOI 107L3000-2023	17172023	17172024	(Fa accident) BODILY INJURY (Per person)	\$	
OWNED SCHEDULED							
AUTOS ONLY AUTOS NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE		
AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
						\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS MADE					AGGREGATE	\$	
DED RETENTION\$					PER OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					STATUTE		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
A Professional Liability (Claims-Made Form)		HPL2023BCHS-1	1/1/2023	1/1/2024	Each Loss Aggregate	\$1,000,000 \$3,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Contact Address: BCHS Insurance, LTD - Tel: 1 345 945 120 18 Forum Lane, 2nd Floor, Camana Bay, of Above auto limits sit excess of the followin personal bodily injury. Pinellas County EMS & Fire Administration and Automobile Liability with respect to CC	66 Grand Cay g self-insul	man, KY1-1102, Cayman Is red retention: \$100,000/\$30 Pinellas County Board of Co	slands 00,000 third-party boo	dily injury; \$5	0,000 third-party property	General Liability	
CERTIFICATE HOLDER			CANCELLATION				
Pinellas County, A Politica Florida 400 South Fort Horrison A		sion of the State of		TH THE POLICE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
400 South Fort Harrison Ave Clearwater FL 33756			but haven bangs 1 years 1 th.				

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FLORIDA AUTOMOBILE LIABILITY IDENTIFICATION CARD

BayCare Health System

Certificate #: 4647 Effective Date: 01/01/2023

Name Insured: St. Joseph's Woman's Hospital

2985 Drew Street

Clearwater, FL 33759

Make: Freightliner

Year: 2018

VIN #: 1FVACWFC2JHJP2439

Signature of Certificate Holder

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all Accidents to BayCare Risk and Insurance Services as soon as possible. Obtain the following information:

- 1. Name and address and phone number of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR.

FLORIDA AUTOMOBILE LIABILITY IDENTIFICATION CARD

BayCare Health System

Certificate #: 4647 Effective Date: 01/01/2023

Name Insured: St. Joseph's Woman's Hospital

2985 Drew Street

Clearwater, FL 33759

Make: Chevy Year: 2017

VIN #: 1IIA6GUCG8IIN004992

Signature of Certificate Holder

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all Accidents to BayCare Risk and Insurance Services as soon as possible. Obtain the following information:

- 1. Name and address and phone number of each driver, passenger and witness.
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