



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: Lifefleet Southeast Inc. d/b/a American Medical Response
HOURS OF OPERATION: [x] 24-HOUR
ADDRESS 1: 4531 Oak Fair Blvd. PHONE: 813-885-3955
ADDRESS 2: FAX: 813-441-8169

CITY, STATE, ZIP CODE: Tampa, FL 33610

OFFICER/DIRECTOR NAME & TITLE: Edward Badamo, Regional Director
PHONE NUMBER & E-MAIL: 203-464-8778 Edward.Badamo@gmr.net

VICE OFFICER/DIRECTOR NAME & TITLE: Jessica Strout, Operations Manager
PHONE NUMBER & E-MAIL: 813-392-9700 Jessica.Strout@amr.net

BUSINESS HOURS POINT-OF-CONTACT: Steve Cerovich, Business Development MGF
PHONE NUMBER & E-MAIL: 813-781-1307 steve_cerovich@amr-ems.com

AFTER HOURS POINT-OF-CONTACT: Jessica Strout, Operations Manager
PHONE NUMBER & E-MAIL: 813-392-9700 Jessica.Strout@amr.net

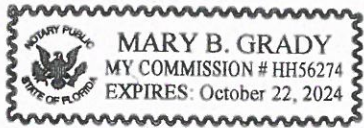
REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications 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: [Handwritten Signature] DATE: 3/26/2021

STATE OF FLORIDA
COUNTY OF Hillsborough

Subscribed and sworn to (or affirmed) before me this March 26 by Jessica Strout, who is/are personally known to me or has/have produced 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: Lifefleet Southeast Inc. d/b/a American Medica

Date: March 24, 2021

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>JS</u>
	*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: Lifefleet Southeast Inc. d/b/a American Medical Response 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. 931	CDJE55	1FTNS2EW5CDA16703													
2. 932	CDJE54	1FTNS2EWXCDA16700													
3. 939	DAJW3	1FTNE1EW9CDA26538													
4. 940	DAJW3	1FTNE1EW0CDA26542													
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



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

Name of Service: Lifefleet Southeast Inc. d/b/a American Medical Response 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. Salalila, Angelo	S444-016-70-423-0	11/23/2025	11/23/1970	66432
3. Prall, Robert	P640-765-68-349-0	09/29/2028	09/29/1968	61165
4.				
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15.				
16.				



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
04/01/2021

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).

PRODUCER Aon Risk Services Central, Inc. Philadelphia PA office One Liberty Place 1650 Market Street Suite 1000 Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122		FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:		
INSURED LifeFleet SouthEast, Inc. dba American Medical Response 4531 Oak Fair Blvd Tampa FL 36610 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ACE American Insurance Company		22667
	INSURER B: Indemnity Insurance Co of North America		43575
	INSURER C: ACE Fire Underwriters Insurance Co.		20702
	INSURER D: Lloyd's Syndicate No. 2623		AA1128623
	INSURER E: Great American Insurance Company of NY		22136
INSURER F:			

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570086780117 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	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:			XSLG7248194A SIR applies per policy terms & conditions	03/31/2021	03/31/2022	EACH OCCURRENCE	\$2,750,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	\$2,750,000
							GENERAL AGGREGATE	\$5,000,000
							PRODUCTS - COMP/OP AGG	\$2,750,000
							SIR/Deductible	\$250,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISAH25545138	03/31/2021	03/31/2022	COMBINED SINGLE LIMIT (Ea accident)	\$10,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
E	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION			EXC3415145	03/31/2021	03/31/2022	EACH OCCURRENCE	\$10,000,000
							AGGREGATE	\$10,000,000
B A C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLRC67819299 WLRC67819251 SCFC67819330	03/31/2021 03/31/2021 03/31/2021	03/31/2022 03/31/2022 03/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
D	E&O-PL-XS			WLB173210601 Professional Liability SIR applies per policy terms & conditions	03/31/2021	03/31/2022	Per Claim SIR	\$10,000,000 \$3,000,000

Certificate No : 570086780117

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Pinellas County a Political subdivision of the State of Florida is included as Additional Insured in accordance with the policy provisions of the General Liability, Automobile Liability, Umbrella Liability policies.

CERTIFICATE HOLDER Pinellas County a Political subdivision of the State of Florida 400 South Fort Harrison Avenue Clearwater FL 33756 USA	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 <i>Aon Risk Services Central, Inc.</i>
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ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED LifeFleet SouthEast, Inc.	
POLICY NUMBER See Certificate Number: 570086780117			
CARRIER See Certificate Number: 570086780117	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	WORKERS COMPENSATION						
A		N/A		WCUC67819378 OH-SIR SIR applies per policy terms & conditions	03/31/2021	03/31/2022	