


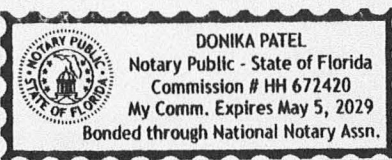


# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

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:<br>Med-Trans Corporation DBA LifeLine All Children's   |   | HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR<br>A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M. |
| ADDRESS 1:<br>501 6th Avenue South  |   | PHONE:<br>407-432-5498   |
| ADDRESS 2:<br>Dept. 7340  |   | FAX:   |
| CITY, STATE, ZIP CODE:<br>St. Petersburg, FL 33701  |   |  |
| OFFICER/DIRECTOR NAME & TITLE:<br>Kim Montgomery, President   | PHONE NUMBER & E-MAIL:<br>940-591-5810 Kimberly.Montgomery@gmr.net                  |  |
| VICE OFFICER/DIRECTOR NAME & TITLE:<br>David Bowman, Vice President Business Op   | PHONE NUMBER & E-MAIL:<br>940-591-5810 David.Bowman@gmr.net                         |  |
| BUSINESS HOURS POINT-OF-CONTACT:<br>Julie Bacon   | PHONE NUMBER & E-MAIL:<br>407-432-5498 julie.bacon@jhmi.edu                         |  |
| AFTER HOURS POINT-OF-CONTACT:<br>Julie Bacon  | PHONE NUMBER & E-MAIL:<br>407-432-5498 julie.bacon@jhmi.edu                         |  |
| <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:<br>  | DATE:<br>9-27-25  |  |
| STATE OF FLORIDA<br>COUNTY OF <u>Volusia</u>  |   |  |
| Subscribed and sworn to (or affirmed) before me this <u>09/27/2025</u> by <u>Bowman Mary Ricker</u> who is/are personally known to me or has/have produced <u>Florida License</u> as identification.  |   |  |
| (SEAL)  |  | <u>Bowman</u><br>(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: Med-Trans Corp. DBA LifeLine All Children's

Date: 09/23/2025

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



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

Name of Service: Med-Trans Corp DBA LifeLine All Childrens 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/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. LL1      | N166M                      | S/N 1167                            |                                       |                                     |                            |                          |   |   |  |  |   |  |   |  |  |
| 2.          | 1838                       |                                     |                                       |                                     |                            |                          |   |   |  |  |   |  |   |  |  |
| 3.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |   |  |   |  |  |
| 4.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |   |  |   |  |  |
| 5.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |   |  |   |  |  |
| 6.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |   |  |   |  |  |
| 7.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |   |  |   |  |  |
| 8.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |   |  |   |  |  |
| 9.          |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |   |  |   |  |  |
| 10.         |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |   |  |   |  |  |
| 11.         |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |   |  |   |  |  |
| 12.         |                            |                                     |                                       |                                     |                            |                          |   |   |  |  |   |  |   |  |  |

## Life Line Pilot Roster Info

Updated 09/26/25

Robert Prichard  
Michah Acree  
Rodney Hastings  
Richard Ruff

Base Aviation Manager  
Line Pilot  
Line Pilot  
Line Pilot

#7

Med-Trans Rates

Base rate: \$45,950

Loaded mile rate \$458

# PERSONNEL RECORDS

| NAME<br>LAST, FIRST                  | PROFESSIONAL<br>LICENSE<br>NUMBER | LICENSE<br>ISSUE DATE | LICENSE<br>EXPIRATION | CPR/ACLS<br>EXPIRATION |
|--------------------------------------|-----------------------------------|-----------------------|-----------------------|------------------------|
| WEBB, SARA                           | RN9200051                         | 03/28/2003            | 07/31/2026            | 2026/2026              |
| PEARCE,<br>CARRON                    | RN9301513                         | 12/15/2009            | 04/30/2027            | 2026/2026              |
| BRYAN, KELLY                         | RN9332683                         | 10/14/2011            | 04/30/2027            | 2026/2026              |
| JONES,<br>NATHAN                     | RN9486637                         | 06/11/2018            | 04/30/2026            | 2026/2026              |
| WALL, JESSICA                        | RN9424484                         | 01/19/2016            | 04/30/2027            | 2026/2026              |
| RYMES,<br>WHITNEY                    | TT12959                           | 05/01/2006            | 05/31/2027            | 2026/2026              |
| FORDYCE,<br>BRENDON                  | RT22515                           | 02/17/2022            | 05/31/2027            | 2026/2026              |
| MCAULIFFE,<br>JEREMY                 | RT7236                            | 04/22/2003            | 05/31/2027            | 2026/2026              |
| MEEKE, CORI                          | RN9510502                         | 05/08/2019            | 04/30/2027            | 2026/2026              |
| SPENGLER,<br>KRISTOPHER              | RT10095                           | 06/24/2009            | 05/31/2027            | 2026/2026              |
| OCHIPA,<br>PATRICIA                  | RN1850662                         | 08/31/1987            | 04/30/2026            | 2026/2026              |
| POWERS, PAUL                         | RN9291675                         | 05/14/2009            | 04/30/2027            | 2026/2026              |
| WATSON-<br>THOMPSON,<br>TAYLOR       | RN9441828                         | 08/19/2016            | 07/31/2026            | 2026/2026              |
| PAGE,<br>BRITTANY                    | RN9460587                         | 05/31/2017            | 04/30/2027            | 2026/2026              |
| HULL, GLENN                          | RT7540                            | 02/24/2004            | 05/31/2027            | 2026/2026              |
| NUZZO, JULIA                         | RT16310                           | 08/09/2017            | 05/31/2027            | 2026/2026              |
| DISANTO,<br>TIFFANY                  | RT14561                           | 08/14/2015            | 05/31/2027            | 2026/2026              |
| BACON, JULIE<br>(PROGRAM<br>MANAGER) | RN1797622                         | 03/23/1987            | 04/30/2026            | 2026/2026              |



# CERTIFICATE OF AIRCRAFT INSURANCE

DATE(MM/DD/YYYY)  
08/14/2025

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  
100 North 18th Street  
16th Floor  
Philadelphia PA 19103 USA

CONTACT  
NAME:  
PHONE  
(A/C. No. Ext): (866) 283-7122 FAX  
(A/C. No.): (800) 363-0105  
E-MAIL  
ADDRESS:  
PRODUCER  
CUSTOMER ID #: 570000073826

INSURED  
Global Medical Response, Inc.  
see Addendum for complete Named Insured  
4400 State Highway 121, Suite 700  
Lewisville TX 75056 USA

| INSURER(S) AFFORDING COVERAGE                  | %     | NAIC # |
|--|-------|--------|
| INSURER A: Starr Indemnity & Liability Company | 26.50 | 38318  |
| INSURER B:                                     |       |        |
| INSURER C:                                     |       |        |
| INSURER D:                                     |       |        |
| INSURER E:                                     |       |        |
| INSURER F:                                     |       |        |

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

## POLICY INFORMATION

CERTIFICATE NUMBER: 570114925958

REVISION NUMBER:

| POLICY TYPE |                |   |                    |  | LINE OF BUSINESS SUBCODE |   |                |   |                  |  |             |  |        |  |             |
|-------------|----------------|---|--------------------|--|--------------------------|---|----------------|---|------------------|--|-------------|--|--------|--|-------------|
|             | INDUSTRIAL AID |   | PLEASURE & BUS     |  | COMMERCIAL               | X | AIRPLANE       | X | HELICOPTER       |  | MIXED FLEET |  | EXCESS |  | QUOTA SHARE |
|             | NON-OWNED      | X | As Endorsed Hereon |  |                          |   | LIABILITY ONLY | X | HULL & LIABILITY |  | HULL ONLY   |  |        |  |             |

## AIRCRAFT INFORMATION

ACCORD 333, Aircraft Schedule Attached

| YEAR       | MAKE | MODEL | SERIAL NUMBER | REGISTRATION NUMBER |
|------------|------|-------|---------------|---------------------|
|            |      |       |               |                     |
| TERRITORY: |      |       |               |                     |

## AIRCRAFT COVERAGES

|                     |                                    |                              |                                  |                                 |                                |       |                |
|---------------------|------------------------------------|------------------------------|----------------------------------|---------------------------------|--------------------------------|-------|----------------|
| INSURER LETTER<br>A | POLICY NUMBER<br>SASICOM6000562516 | EFFECTIVE DATE<br>09/01/2025 | EXPIRATION DATE<br>09/01/2026    | ADDITIONAL INSURED ? (Y/N)<br>N | SUBROGATION WAIVED? (Y/N)<br>N |       |                |
| COVERAGE            |                                    | OPTIONS                      |                                  | LIMIT                           | APPLIES TO                     | LIMIT | APPLIES TO     |
| AIRCRAFT HULL       |                                    |                              |                                  |                                 |                                |       |                |
| AIRCRAFT LIABILITY  |                                    |                              | X CSL                            | \$50,000,000                    | EA OCC<br>EA PASS              |       | EA PER<br>AGGR |
| MEDICAL PAYMENTS    |                                    | X                            | INCLUDING CREW<br>EXCLUDING CREW | \$25,000                        | EA PER                         |       |                |
| COVERAGE            |                                    | OPTIONS                      |                                  | LIMIT                           | APPLIES TO                     | LIMIT | APPLIES TO     |
| CODE                | DESCRIPTION                        | OPTIONS                      |                                  | LIMIT                           | APPLIES TO                     | LIMIT | APPLIES TO     |
|                     |                                    |                              |                                  |                                 |                                |       |                |
|                     |                                    |                              |                                  |                                 |                                |       |                |
|                     |                                    |                              |                                  |                                 |                                |       |                |
|                     |                                    |                              |                                  |                                 |                                |       |                |

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

RE: All Scheduled Aircraft.

## CERTIFICATE HOLDER

## CANCELLATION

Pinellas County, A Political  
Subdivision of the State of Florida  
400 S. Fort Harrison Ave.  
Clearwater FL 33744 USA

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

*Aon Risk Services Central, Inc.*

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Holder Identifier :

Certificate No : 570114925958





# ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

|   |           |  |  |
|---|-----------|--|--|
| AGENCY<br>Aon Risk Services Central, Inc.             |           | NAMED INSURED<br>Global Medical Response, Inc. |  |
| POLICY NUMBER<br>See Certificate Number: 570114925958 |           |  |  |
| CARRIER<br>See Certificate Number: 570114925958       | NAIC CODE | EFFECTIVE DATE:                                |  |

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** ACORD 21 **FORM TITLE:** Certificate of Aircraft Insurance

### Insurer

- (1) Starr Indemnity and Liability Insurance Co Through Starr Aviation Agency, Inc Policy No. SASICOM6000562516 (Lead 26.5%)
- (2) Air Centurion Insurance Services, Inc. on Behalf of SiriusPoint America Insurance Company Policy No. ACQGSP0007910 (22.5%)
- (3) Allianz Global Risks US Insurance Company Through Allianz Global Corporate and Specialty Policy No. A4GA000618125AM (10.0%)
- (4) National Union Fire Insurance Co. of Pittsburgh, PA Through AIG Aerospace Insurance Services Policy No. FQ01346850806 (10.0%)
- (5) AXA XL Policy No. UA00021284AV25A (2.5%)
- (6) Great American Insurance Company Policy No. QSE42695706 (5.0%)
- (7) Endurance American Insurance Company (W. Brown and Associates) Policy No. NQC6068133 (4.5%)
- (8) Lloyd's of London Aon UK Policy No. AVCHE2502096 (11.5%)
- (9) ACE American Insurance Company and National Liability & Fire Insurance Company Through USAIG Policy No. SIHL2-3557 (7.5%)

**ADDITIONAL REMARKS SCHEDULE**

Page \_ of \_

|   |           |  |  |
|---|-----------|--|--|
| AGENCY<br>Aon Risk Services Central, Inc.             |           | NAMED INSURED<br>Global Medical Response, Inc. |  |
| POLICY NUMBER<br>See Certificate Number: 570114925958 |           |  |  |
| CARRIER<br>See Certificate Number: 570114925958       | NAIC CODE | EFFECTIVE DATE:                                |  |

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** ACORD 21 **FORM TITLE:** Certificate of Aircraft Insurance

## Other Coverages/Conditions/Remarks

Territory: Worldwide excluding Russia, Ukraine, Belarus and Sudan  
Aircraft Registration Number(s): All scheduled aircraft owned or operated by the Insured.  
Hull War & Extended Perils: Subject to policy annual aggregate limit of \$200,000,000.

ANY INSURANCE EVIDENCED HEREIN THAT IS EXTENDED BEYOND COVERAGE PROVIDED TO THE NAMED INSURED SHALL NOT APPLY TO, AND NO PERSON OR ORGANIZATION TO WHOM SUCH EXTENDED COVERAGE APPLIES SHALL BE INSURED FOR BODILY INJURY OR PROPERTY DAMAGE WHICH ARISES FROM THE DESIGN, MANUFACTURE, MODIFICATION, REPAIR, SALE, OR SERVICING OF THE AIRCRAFT, AIRCRAFT PARTS, OR ANY OTHER PRODUCT BY THAT PERSON OR ORGANIZATION.

THIS CERTIFICATE DOES NOT CHANGE IN ANY WAY THE ACTUAL COVERAGES PROVIDED BY THE POLICY(IES) SPECIFIED ABOVE.





AGENCY CUSTOMER ID: 570000073826

LOC #:

**ADDITIONAL REMARKS SCHEDULE**

Page \_ of \_

|   |           |  |  |
|---|-----------|--|--|
| AGENCY<br>Aon Risk Services Central, Inc.             |           | NAMED INSURED<br>Global Medical Response, Inc. |  |
| POLICY NUMBER<br>See Certificate Number: 570114925958 |           |  |  |
| CARRIER<br>See Certificate Number: 570114925958       | NAIC CODE | EFFECTIVE DATE:                                |  |

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** ACORD 21 **FORM TITLE:** Certificate of Aircraft Insurance

Named Insured

GLOBAL MEDICAL RESPONSE, INC. (FKA AIR MEDICAL GROUP HOLDINGS, INC.), AIR MEDICAL GROUP HOLDINGS, LLC AND AS MORE FULLY ENDORSED, INCLUDING MED-TRANS CORPORATION, Med-Trans Corporation DBA Med-Star Air Care, Med-Trans Corporation dba Hospital Wing and Med-Trans Corporation dba St. Joseph Air Med 12

NOTICE: LEAD POLICY NO.  
SASICOM60005625-16 RENEWED BY  
ENDORSEMENT FOR THE TERM 9/1/2025-  
9/1/2026. ALL PREVIOUSLY ISSUED  
ENDORSEMENTS FROM THE PRIOR 3  
YEARS ARE STILL ACTIVE AND VALID AND  
CAN BE APPLIED TO THIS RENEWAL  
CERTIFICATE UNLESS OTHERWISE  
SPECIFIED.

