



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

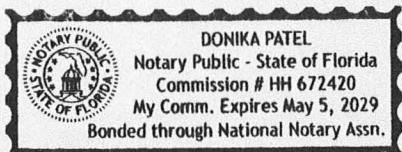
ORGANIZATION NAME: Med-Trans Corporation DBA LifeLine All Children's	HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 501 6th Avenue South	PHONE: 407-432-5498
ADDRESS 2: Dept. 7340	FAX:
CITY, STATE, ZIP CODE: St. Petersburg, FL 33701	
OFFICER/DIRECTOR NAME & TITLE: Kim Montgomery, President	PHONE NUMBER & E-MAIL: 940-591-5810 Kimberly.Montgomery@gmr.net
VICE OFFICER/DIRECTOR NAME & TITLE: David Bowman, Vice President Business Op:	PHONE NUMBER & E-MAIL: 940-591-5810 David.Bowman@gmr.net
BUSINESS HOURS POINT-OF-CONTACT: Julie Bacon	PHONE NUMBER & E-MAIL: 407-432-5498 julie.bacon@jhmi.edu
AFTER HOURS POINT-OF-CONTACT: Julie Bacon	PHONE NUMBER & E-MAIL: 407-432-5498 julie.bacon@jhmi.edu
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: 	DATE: 9-27-25

STATE OF FLORIDA

COUNTY OF Volusia

Subscribed and sworn to (or affirmed) before me this 09/27/2025 by Bowllion Mary Rickerd who is/are personally known to me or has/have produced Florida License as identification.

(SEAL)



Donika

(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.* *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">• 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>GRB</u> <u>GRB</u> <u>GRB</u> <u>GRB</u> <u>GRB</u> <u>GRB</u> <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.															

Robert Prichard	Base Aviation Manager
Michah Acree	Line Pilot
Rodney Hastings	Line Pilot
Richard Ruff	Line Pilot

#7

Med-Trans Rates

Base rate: \$45,950

Loaded mile rate \$458

PERSONNEL RECORDS

NAME LAST, FIRST	PROFESSIONAL LICENSE NUMBER	LICENSE ISSUE DATE	LICENSE EXPIRATION	CPR/ACLS EXPIRATION
WEBB, SARA	RN9200051	03/28/2003	07/31/2026	2026/2026
PEARCE, CARRON	RN9301513	12/15/2009	04/30/2027	2026/2026
BRYAN, KELLY	RN9332683	10/14/2011	04/30/2027	2026/2026
JONES, NATHAN	RN9486637	06/11/2018	04/30/2026	2026/2026
WALL, JESSICA	RN9424484	01/19/2016	04/30/2027	2026/2026
RYMES, WHITNEY	TT12959	05/01/2006	05/31/2027	2026/2026
FORDYCE, BRENDON	RT22515	02/17/2022	05/31/2027	2026/2026
MCAULIFFE, JEREMY	RT7236	04/22/2003	05/31/2027	2026/2026
MEEKE, CORI	RN9510502	05/08/2019	04/30/2027	2026/2026
SPENGLER, KRISTOPHER	RT10095	06/24/2009	05/31/2027	2026/2026
OCHIPA, PATRICIA	RN1850662	08/31/1987	04/30/2026	2026/2026
POWERS, PAUL	RN9291675	05/14/2009	04/30/2027	2026/2026
WATSON- THOMPSON, TAYLOR	RN9441828	08/19/2016	07/31/2026	2026/2026
PAGE, 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, TIFFANY	RT14561	08/14/2015	05/31/2027	2026/2026
BACON, JULIE (PROGRAM 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 CONFERNS 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		
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 NON-OWNED	X	PLEASURE & BUS	COMMERCIAL	X LIABILITY ONLY	AIRPLANE X HULL & LIABILITY	HELICOPTER	MIXED FLEET X HULL ONLY	EXCESS	QUOTA SHARE

AIRCRAFT INFORMATION		ACCORD 333, Aircraft Schedule Attached			
YEAR	MAKE	MODEL	SERIAL NUMBER	REGISTRATION NUMBER	
TERRITORY :					

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

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	
		<i>Aon Risk Services Central, Inc.</i>	

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ADDITIONAL REMARKS SCHEDULE

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AGENCY Aon Risk Services Central, Inc.	NAMED INSURED Global Medical Response, Inc.	
POLICY NUMBER See Certificate Number: 570114925958		
CARRIER 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%)



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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.



ADDITIONAL REMARKS SCHEDULE

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POLICY NUMBER See Certificate Number: 570114925958			
CARRIER See Certificate Number: 570114925958	NAIC CODE	EFFECTIVE DATE:	

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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.

