



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: <u>Pinellas Transportation, LLC.</u>	HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR <u>7</u> A.M. to <u>7</u> <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: <u>2928 Chancery Lane</u>	PHONE: <u>727-462-0300</u>
ADDRESS 2:	FAX:

CITY, STATE, ZIP CODE:  
Clearwater, FL 33759

OFFICER/DIRECTOR NAME & TITLE: <u>Mary Youssef</u>	PHONE NUMBER & E-MAIL: <u>727-462-0300</u> <u>pinellastransportation@gmail.com</u>
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VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:
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BUSINESS HOURS POINT-OF-CONTACT: <u>9-7</u>	PHONE NUMBER & E-MAIL:
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AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:
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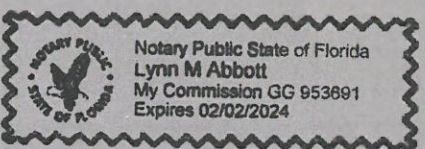
**REQUIRED ATTACHMENTS:** Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications 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: <u>3/25-2020</u>
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STATE OF FLORIDA  
COUNTY OF Pinellas

Subscribed and sworn to (or affirmed) before me this 4/10/2020 by Mary Aaly Youssef, who is/are personally known to me or has/have produced Florida Drivers License as identification.



(SEAL)

Lynn M. Abbott  
(Name of Notary typed, printed or Form stamped)



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

Name of Service: Pinellas Transportation, LLC 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	991 38X	1FBNE31417D B34735													
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: Pinellas Transportation, LLC 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 #
Rozzaro, Louis	R260-521-57- 287-0	08/07/2026	08/07/1957	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/29/2020

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>		<b>CONTACT NAME:</b> Brooks Bullington Bullington Ins Gp	
Bullington Insurance Group LLC		<b>PHONE (A/C, No, Ext):</b> 8132486800	<b>FAX (A/C, No):</b>
1448 W Busch Blvd		<b>E-MAIL ADDRESS:</b> info@bigins.net	
Tampa		<b>INSURER(S) AFFORDING COVERAGE</b>	
FL 33612		<b>INSURER A:</b> NATIONAL IND CO OF THE SOUTH	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b>		<b>NAIC #</b>	
Pinellas Transportation, LLC		42137	
2928 CHANCERY LN			
CLEARWATER			
FL 33759			

**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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	\$
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COM/OP AGG	\$
	OTHER:							\$
A	AUTOMOBILE LIABILITY			BG-200202	03/30/2020	03/30/2021	COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$ 100,000
	OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$ 300,000
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ 50,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$						PER STATUTE	OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$

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

2007 FORD ECONOLINE E350 1FBNE31L17DB34735

**CERTIFICATE HOLDER**

Pinellas County, A Political Subdivision of the State of Florida

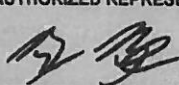
400 S. Fort Harrison Ave.

Clearwater FL 33756

**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



**Detail by Entity Name**

Florida Limited Liability Company  
PINELLAS TRANSPORTATION, LLC

**Filing Information**

**Document Number** L16000201848  
**FEI/EIN Number** N/A  
**Date Filed** 11/02/2016  
**Effective Date** 11/02/2016  
**State** FL  
**Status** ACTIVE

**Principal Address**

2928 Chancery Lane  
CLEARWATER, FL 33759

Changed: 04/27/2017

**Mailing Address**

2928 Chancery Lane  
CLEARWATER, FL 33759

Changed: 04/27/2017

**Registered Agent Name & Address**

YOUSSEF, MARY  
2928 CHANCERY LANE  
CLEARWATER, FL 33759

**Authorized Person(s) Detail****Name & Address**

Title AMBR

YOUSSEF, MARY  
2928 CHANCERY LANE  
CLEARWATER, FL 33759 UN

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2017	04/27/2017
2018	04/24/2018
2019	04/29/2019

**Document Images**

<a href="#">04/29/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/24/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/27/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/02/2016 -- Florida Limited Liability</a>	<a href="#">View image in PDF format</a>