



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: ATRINITY WHEELCHAIR TRANSPORTATION		HOURS OF OPERATION: 6 A.M. to 7 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: 8343 ROYAL HART DR.		PHONE: 727-389-1438
ADDRESS 2:		FAX: HomeB124U03@AOL.com
CITY, STATE, ZIP CODE: NEW PORT RICHEY, FL, 34653		
OFFICER/DIRECTOR NAME & TITLE: GERALD GLUCK, PRESIDENT	PHONE NUMBER & E-MAIL: 727-389-1438 HomeB124U03@AOL.com	
VICE OFFICER/DIRECTOR NAME & TITLE: KATHLEEN GLUCK, VICE-PRESIDENT	PHONE NUMBER & E-MAIL: 727-967-7455 HomeB124U03@AOL.com	
BUSINESS HOURS POINT-OF-CONTACT: 6AM-7PM JERRY GLUCK	PHONE NUMBER & E-MAIL: 727-389-1438 HomeB124U03@AOL.com	
AFTER HOURS POINT-OF-CONTACT: JERRY GLUCK	PHONE NUMBER & E-MAIL: 727-389-1438 HomeB124U03@AOL.com	

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.

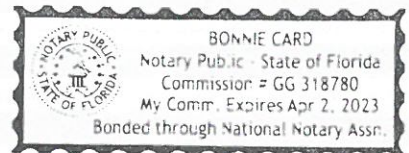
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: *[Signature]* DATE: 3/4/2022

STATE OF FLORIDA  
COUNTY OF Pasco

Subscribed and sworn to (or affirmed) before me this 4th day of March 2022 by Gerald J Gluck, who is/are personally known to me or has/have produced FLDL as identification. by means of physical presence.

(SEAL) *Bonnie Card* *Bonnie Card*  
exp: 4.2.2023



(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: A TRINITY WHEELCHAIR TRANSPORTATION

Date: 3/4/2022

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



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

Name of Service: A TRINITY WHEELCHAIR TRANSPORTATION 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. 112	BVHQ03	2D4GP44L05R195958	X	X	X	X	X	X	X	X	X	X	X	X	X
2. 116	6LTP14	2D46P44L96R630266	X	X	X	X	X	X	X	X	X	X	X	X	X
3. 117	6DWP96	1D46P24R77B256507	X	X	X	X	X	X	X	X	X	X	X	X	X
4. 114	KQDN38	1D46P24R54B533263	X	X	X	X	X	X	X	X	X	X	X	X	X
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															



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

Name of Service: A Trinity Wheelchair Transportation 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 #
1.	Gluck, Gerald (Jerry)	G420-290-64-188-0	05/28/2022	05/28/1964	571196
2.	Saari, Steven	S-600-793-58-042-0	02/07/2025	02/07/1958	571200
3.	McVey Jr., John	M210-461-50-121-0	04/01/2026	04/01/1950	
4.	STEPHENSON, J. D.				
5.					
6.					
7.					
8.					
9.					
10.					
11.					
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13.					
14.					
15.					
16.					

ARCW INSURANCE  
9067 BELCHER RD  
PINELLAS PARK, FL 33782

**PROGRESSIVE**  
COMMERCIAL

Named insured

TRINITY MOBILITY INC  
A TRINITY WHEELCHAIR TRAN  
8343 ROYAL HART DR  
NEW PORT RICHEY, FL 34653

**Policy number: 04047187-4**

Underwritten by:  
Progressive Express Ins Company  
June 12, 2021  
Policy Period: Aug 1, 2021 - Aug 1, 2022  
Page 1 of 4

**[progressiveagent.com](http://progressiveagent.com)**

**Online Service**

Make payments, check billing activity, print policy documents, or check the status of a claim.

**1-727-544-8841**

**ARCW INSURANCE**

Contact your agent for personalized service.

**1-800-444-4487**

For customer service if your agent is unavailable or to report a claim.

## Commercial Auto Insurance Coverage Summary

### This is your Renewal Declarations Page

This Renewal Declarations Page is effective only if the minimum amount due to renew your policy is received or postmarked by August 1, 2021.

Your coverage begins on August 1, 2021 at 12:01 a.m. This policy expires on August 1, 2022 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (02/19). The contract is modified by forms 2852FL (02/19), 1652FL (02/19), 4757FL (02/19), 1198 (01/04), Z311 (02/19), Z313 (02/19), 4852EL (02/19), 4881FL (02/19) and Z228 (01/11).

The named insured organization type is a corporation.

**Outline of coverage**

Description	Limits	Deductible	Premium
Liability To Others			\$9,914
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		
Uninsured Motorist Non-Stacked	\$50,000 combined single limit		1,752
Basic Personal Injury Protection			472
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Medical Payments	\$5,000 each person		173
Comprehensive			374
See Auto Coverage Schedule	Limit of liability less deductible		
Fire And Theft With Combined Additional Coverage			324
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			399
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			64
See Auto Coverage Schedule			
Roadside Assistance			146
See Auto Coverage Schedule			
<b>Subtotal policy premium</b>			<b>\$13,618</b>
Fees			20
<b>Total 12 month policy premium and fees</b>			<b>\$13,638</b>
Discount if paid in full			-1858
<b>Total 12 month policy premium if paid in full</b>			<b>\$11,780</b>

**Rated driver**

1. GERALD GLUCK
2. JOHN MCVEY
3. STEVEN SAARI
4. KATHLEEN GLUCK

**Auto coverage schedule**

1. **2005 Dodge Grand Caravan** Stated Amount: \*\*\$20,000 (including Permanently Attached Equip)
- VIN: 2D4GP44L05R195958 Garaging Zip Code: 34653 Radius: 100

Liability Premium	Liability	UM/UM BI	PIP	Med Pay	
	\$2,356	\$438	\$118	\$43	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$185	\$500	\$81	
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium	Auto Total
	\$50 per day Max \$1500	\$64	Selected	\$48	<b>\$3,333</b>



2. **2006 Dodge Grand Caravan** Stated Amount: \*\$20,000 (including Permanently Attached Equip)  
 VIN: 2D4GP44L96R630266 Garaging Zip Code: 34653 Radius: 100

<b>Liability Premium</b>	Liability	UM/UIM BI	PIP	Med Pay	
	\$2,356	\$438	\$118	\$43	
<b>Physical Damage Premium</b>	FT/CAC Deductible	FT/CAC Premium	Collision Deductible	Collision Premium	
	\$500	\$157	\$500	\$81	
<b>Other Coverages Premium</b>	Roadside Limit	Roadside Premium			Auto Total
	Selected	\$46			<b>\$3,239</b>

3. **2007 Dodge Grand Caravan** Stated Amount: \*\$21,000 (including Permanently Attached Equip)  
 VIN: 1D4GP24R77B256507 Garaging Zip Code: 34653 Radius: 100

<b>Liability Premium</b>	Liability	UM/UIM BI	PIP	Med Pay	
	\$2,419	\$438	\$118	\$44	
<b>Physical Damage Premium</b>	FT/CAC Deductible	FT/CAC Premium	Collision Deductible	Collision Premium	Auto Total
	\$500	\$167	\$500	\$91	<b>\$3,277</b>

4. **2004 Dodge Grand Caravan** Stated Amount: \*\$20,000 (including Permanently Attached Equip)  
 VIN: 1D4GP24R54B533263 Garaging Zip Code: 34653 Radius: 100

<b>Liability Premium</b>	Liability	UM/UIM BI	PIP	Med Pay	
	\$2,783	\$438	\$118	\$43	
<b>Physical Damage Premium</b>	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$189	\$500	\$146	
<b>Other Coverages Premium</b>	Roadside Limit	Roadside Premium			Auto Total
	Selected	\$52			<b>\$3,769</b>

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

**Premium discounts**

Policy	04047187-4	Business Experience and CDL Experience
Vehicle	2005 Dodge Grand Caravan	Air Bag, Anti-Lock Brakes and Anti-Theft Device 2
	2006 Dodge Grand Caravan	Air Bag, Anti-Lock Brakes and Anti-Theft Device 2
	2007 Dodge Grand Caravan	Air Bag, Anti-Lock Brakes and Anti-Theft Device 2
	2004 Dodge Grand Caravan	Air Bag, Anti-Lock Brakes and Anti-Theft Device 2

**COMMON POLICY DECLARATIONS**

CPS7255874  
Renewal of Number

Underwritten by: Scottsdale Insurance Company  
Home Office:  
One Nationwide Plaza • Columbus, Ohio 43215  
Administrative Office:  
8877 North Gainey Center Drive • Scottsdale, Arizona 85258  
1-800-423-7675 • A Stock Company

**Policy Number**  
**CPS7460680**

**ITEM 1. NAMED INSURED AND MAILING ADDRESS**

TRINITY MOBILITY INC  
  
8343 ROYAL HART DR  
NEW PORT RICHEY FL 34653-7004

**AGENT NAME AND ADDRESS**

RT SPECIALTY (ALL RISKS) (TAMPA, FL) 12750  
CITRUS PARK LN STE 110 TAMPA FL 33625-3784

Agent No.: 09044 Program No.: MH

**ITEM 2. POLICY PERIOD**

From: 10/21/2021 To: 10/21/2022 Term: 365

12:01 A.M., Standard Time at the mailing address shown in ITEM 1.

Business Description: NON-EMERGENCY MEDICAL TRANSPORT

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium Summary
Commercial General Liability Coverage Part	\$ <u>1,135</u>
Commercial Property Coverage Part	\$ <u>NOT COVERED</u>
Commercial Crime And Fidelity Coverage Part	\$ <u>NOT COVERED</u>
Commercial Inland Marine Coverage Part	\$ <u>NOT COVERED</u>
Commercial Auto Coverage Part	\$ <u>NOT COVERED</u>
Professional Liability Coverage Part	\$ <u>NOT COVERED</u>
	\$ _____
	\$ _____
<b>Total Policy Premium</b>	\$ <u>1,135.00</u>
TOTAL TAXES AND FEES	\$ <u>345.50</u>
	\$ _____
<b>Policy Total</b>	\$ <u>1,480.50</u>

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

*Dawn M. Belin*

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORM(S) AND ENDORSEMENT(S), IF ANY, COMPLETE THE ABOVE-NUMBERED POLICY.

