

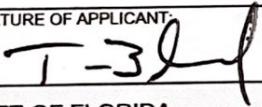
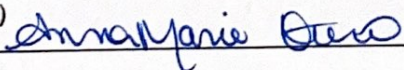



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

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: Rydepoint Medical Transport LLC | | HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 6 A.M. to 10 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M. |
| ADDRESS 1: 11618 Highbury Way | | PHONE: 813-753-8598 |
| ADDRESS 2: | | FAX: |
| CITY, STATE, ZIP CODE: Tampa, FL, 33626 | | |
| OFFICER/DIRECTOR NAME & TITLE: Todd Blackwood | PHONE NUMBER & E-MAIL: 813-753-8598 info@rydepoint.com | |
| VICE OFFICER/DIRECTOR NAME & TITLE: | PHONE NUMBER & E-MAIL: | |
| BUSINESS HOURS POINT-OF-CONTACT: Todd Blackwood | PHONE NUMBER & E-MAIL: 813-753-8598 info@rydepoint.com | |
| AFTER HOURS POINT-OF-CONTACT: Todd Blackwood | PHONE NUMBER & E-MAIL: 813-753-8598 info@rydepoint.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:  | | DATE: 08/10/22 |
| STATE OF FLORIDA COUNTY OF <u>Hillsborough</u> Subscribed and sworn to (or affirmed) before me this <u>10th of August 2022</u> by <u>Todd Blackwood</u> , who is/are <u>personally known to me</u> or has/have produced _____ as identification. | | |
| (SEAL)  | |  (Name of Notary typed, printed or Form stamped) |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/26/2022

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 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 | Cable Underwriters 221 West Oakland Park Boulevard Ft. Lauderdale FL 33311 | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: |
| INSURED | RYDEPOINT MEDICAL TRANSPORT, LLC 11618 Highbury Way Tampa FL 33626 | INSURER(S) AFFORDING COVERAGE INSURER A: CABLE INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-------------|---|---------------------------------|-------------|----------------|----------------------------|----------------------------|---|
| | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: | | | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG |
| A | AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS X SYM 70 SCHEDULED AUTOS NON-OWNED AUTOS | | | CICFL000245-00 | 04/20/2022 | 04/20/2023 | COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| | UMBRELLA LIAB EXCESS LIAB DED RETENTION\$ | | | | | | EACH OCCURRENCE AGGREGATE |
| | 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 <input type="checkbox"/> | N/A | | | | PER STATUTE OTH- ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT |

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

NATURE OF INTEREST: CERTIFICATE HOLDER

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| PINELLAS COUNTY EMS & FIRE ADMINISTRATION 12490 ULMERTON RD STE 134 Largo FL 33774 | 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>Michael Sablin</i> |
|---|--|

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**WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM**

Pinellas County Rules and Regulations, as Amended

Name of Service: _____

Date: _____

| 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. | _____ _____ |
| 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) | _____ _____ _____ _____ _____ _____ _____ |
| 8.1 | Audio dispatch records shall be kept for a minimum of six (6) months. | _____ |
| 8.1 | Written or electronic dispatch shall be kept for a minimum of three (3) years. | _____ |
| 8.1 | Dispatch audio & written/electronic records shall be available for inspection. | _____ |



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

Name of Service: Rydepoint Medical Transport 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. 001 | 63BNPI | 2C4RDGB3GR284979 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
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| 12. | | | | | | | | | | | | | | | |



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

Name of Service: _____ Page: _____ of _____

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 # |
|---|------------------------------------|-----------------|---------------|----------------------|
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