






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: Rob Hamilton, President	PHONE NUMBER & E-MAIL: 940-591-5810	
VICE OFFICER/DIRECTOR NAME & TITLE: Kim Montgomery, COO	PHONE NUMBER & E-MAIL: 940-591-5810	
BUSINESS HOURS POINT-OF-CONTACT: Julie Bacon	PHONE NUMBER & E-MAIL: 407-432-5498	
AFTER HOURS POINT-OF-CONTACT: Julie Bacon	PHONE NUMBER & E-MAIL: 407-432-5498	
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: 10-27-2022
STATE OF FLORIDA Georgia COUNTY OF Taylor		
Subscribed and sworn to (or affirmed) before me this 10/27/2022 by GARY BOULLION , who is/are personally known to me or has/have produced Driver's License as identification.		
(SEAL)  		
Form A. Rev. 02/06/2017		



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: 10/27/2022

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>GB</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>GB</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>GB</u> <u>GB</u> <u>GB</u> <u>GB</u> <u>GB</u> <u>GB</u> <u>GB</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>GB</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>GB</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>GB</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	N166M	S/N 1167		X	X	X	X	X	X	X	X	X	X	X	X
2	N166MT														
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															

PERSONNEL RECORDS

NAME LAST, FIRST	PROFESSIONAL LICENSE NUMBER	LICENSE ISSUE DATE	LICENSE EXPIRATION	CPR/ALCS EXP
RUTTY, KRISTEN	RN9424794	01/21/2016	04/30/2023	2023
JONES, NATHAN	RN9486637	06/11/2018	04/30/2024	2023
BRYAN, KELLY	RN9259068	10/14/2011	4/30/2023	2023
MCMANUS, JUSTIN	RN231016	11/30/2020	04/30/2023	2023
MEEKE, CORI	RN9510502	05/08/2019	4/30/2023	2023
FINCH, FAITH	RT9523	08/07/2008	05/31/2023	2023
MCAULIFFE, JEREMY	RT7236	04/22/2003	05/31/2023	2023
LEFKOWITZ- WEBB, SARA	ARNPN9200051	03/06/2008	07/31/2024	2023
PEARCE, CARRON	RN9301513	12/15/2009	04/30/2023	2023
SPENGLER, KRISTOPHER	RT10095	06/24/2009	05/31/2023	2023
RHYMES, WHITNEY	TT12959	05/01/2006	05/31/2023	2023
LUNDEEN, CHRISTOPHER	RT16684	03/09/2018	05/31/2023	2023
MILLER, WALTER	RT7184	03/05/2003	05/31/2023	2023
SAYERS ONEIL GARDNER CHERYL	RN2061792	09/18/1989	04/30/2024	2023
OCHIPA, PATRICA	RN1850662	08/31/1987	04/30/2024	2023
ARMSTRONG, MICHELE	RN9168224	06/12/2000	04/30/2024	2023
HULL, GLENN	RT7540	02/24/2004	05/31/2023	2023
MONAHAN, MEGAN	RT9306	04/08/2008	05/31/2023	2023
BACON, JULIE PROGRAM MANAGER	RN1797622	03/23/1987	04/30/2024	2023

Med-Trans Pilot Roster Info

John Turner	Base Aviation Manager
John Delk	Line Pilot
Rodney Hastings	Line Pilot
Rob Pritchard	Line Pilot

#7

Med-Trans Rates

Base rate: \$40,145

Loaded mile rate \$408



CERTIFICATE OF AIRCRAFT INSURANCE

DATE(MM/DD/YYYY)
10/24/2022

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 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 15th Floor Philadelphia PA 19103 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext.): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
INSURED Global Medical Response, Inc.* *see Addendum for complete Named Insured 6363 S. Fiddlers Green Circle Suite 1400 Greenwood Village CO 80111 USA	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #: 570000073826	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Starr Indemnity & Liability Company	% 26
	INSURER B:	NAIC # 38318
	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

Holder Identifier :

POLICY INFORMATION		CERTIFICATE NUMBER: 570096190791		REVISION NUMBER:	
POLICY TYPE		LINE OF BUSINESS SUBCODE			
<input type="checkbox"/> INDUSTRIAL/AID	<input type="checkbox"/> PLEASURE & BUS	<input type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> AIRPLANE	<input checked="" type="checkbox"/> HELICOPTER	<input type="checkbox"/> MIXED FLEET
<input type="checkbox"/> NON-OWNED	<input checked="" type="checkbox"/> As Endorsed Hereon	<input type="checkbox"/> LIABILITY ONLY	<input checked="" type="checkbox"/> HULL & LIABILITY	<input type="checkbox"/> HULL ONLY	<input type="checkbox"/> EXCESS
		<input type="checkbox"/> QUOTA SHARE			

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

AIRCRAFT COVERAGES					
INSURER LETTER A	POLICY NUMBER SASICOM6000562213	EFFECTIVE DATE 09/01/2022	EXPIRATION DATE 09/01/2023	ADDITIONAL INSURED ? (Y/N) N	SUBROGATION WAIVED? (Y/N) N
COVERAGE	OPTIONS	LIMIT	APPLIES TO	LIMIT	APPLIES TO
AIRCRAFT HULL					
AIRCRAFT LIABILITY	<input checked="" type="checkbox"/> CSL	\$50,000,000	EA OCC EA PASS		EA PER AGGR
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> INCLUDING CREW <input type="checkbox"/> 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)
With Respects To: All Scheduled Aircraft.

CERTIFICATE HOLDER	CANCELLATION
PINELLAS COUNTY EMS & FIRE ADMINISTRATION 12490 ULMERTON RD - SUITE 124 LARGO 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>

Certificate No : 570096190791



**ADDITIONAL REMARKS SCHEDULE**

Page _ of _

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Global Medical Response, Inc.*
POLICY NUMBER See Certificate Number: 570096190791		
CARRIER See Certificate Number: 570096190791	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 Ins Co Through Starr Aviation Agency, Inc (Lead 26%)
- (2) Air Centurion Insurance Services, LLC on Behalf of Falls Lake National Insurance Company (22.5%)
- (3) Allianz Global Risks US Insurance Company Through Allianz Global Corporate and Specialty (19.5%)
- (4) National Union Fire Insurance Co. of Pittsburgh, PA Through AIG Aerospace Insurance Services (10%)
- (5) Great American Insurance Company (5%)
- (6) Endurance American Insurance Company (W. Brown and Associates) (4.5%)
- (7) Lloyd's of London Aon UK (12.5%)



AGENCY CUSTOMER ID: 570000073826

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

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Other Coverages/Conditions/Remarks

Geographical Area or Limit of Policy Coverage: worldwide
Aircraft Registration Number(s): All scheduled aircraft owned or operated by the Insured.

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

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ADDITIONAL REMARKS

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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