



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY July 1, 2018 – June 30, 2019

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: A Trinity Wheelchair Transportation	HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 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:
CITY, STATE, ZIP CODE: New Port Richey, Florida, 34653	
OFFICER/DIRECTOR NAME & TITLE: Gerald Gluck (Jerry), President	PHONE NUMBER & E-MAIL: 727-389-1438--HomeBiz4U03@aol.com
VICE OFFICER/DIRECTOR NAME & TITLE: Kathleen Gluck	PHONE NUMBER & E-MAIL: 727-967-7455--HomeBiz4U03@aol.com
BUSINESS HOURS POINT-OF-CONTACT: Jerry Gluck	PHONE NUMBER & E-MAIL: 727-389-1438--HomeBiz4U03@aol.com
AFTER HOURS POINT-OF-CONTACT: Jerry Gluck	PHONE NUMBER & E-MAIL: 727-389-1438--HomeBiz4U03@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.

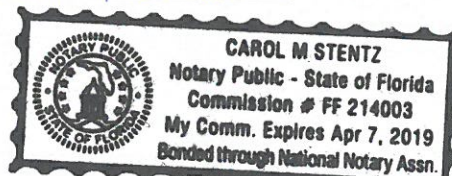
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: 	DATE: 4/3/2018
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STATE OF FLORIDA
COUNTY OF Passo

Subscribed and sworn to (or affirmed) before me this April 3, 2018 by Gerald Gluck, who is/are personally known to me or has/have produced Florida Driver License as identification.

(SEAL)



(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: 03/20/2018

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*	<u>GG</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> </u>
8.1	Written record contains:	
	• Date Call Received	<u> </u>
	• Time Call Received	<u>GG</u>
	• Pick-up & Destination Address	<u>GG</u>
	• Arrival Time at Destination	<u>GG</u>
	• Client's Name	<u>GG</u>
	• Person Ordering Transport	<u>GG</u>
	• Telephone Number of Caller (*if applicable)	<u>GG</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>GG</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>GG</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>GG</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	BVHQ 93	2D4GP44L054195958													
2. 116	GLTP 44	2D46P44L96R630266													
3. 117	GDWR 26	1D4GP24R77B256507													
4.															
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.				
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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: 04047187-0

Underwritten by:
Progressive Express Ins Company
August 3, 2017
Policy Period: Aug 1, 2017 - Aug 1, 2018
Page 1 of 3

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 Declarations Page

Your coverage began the later of August 1, 2017 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on August 1, 2018 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 (06/10). The contract is modified by forms 2852FL (10/04), 1652FL (08/12), 4757FL (01/13), Z311 (11/07), Z313 (05/07), 4852FL (10/04), 4881FL (01/13) and Z228 (01/11).

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$6,948
Bodily Injury and Property Damage Liability	\$500,000 combined single limit		
Uninsured Motorist Non-Stacked	\$50,000 combined single limit		885
Basic Personal Injury Protection			681
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Medical Payments	\$5,000 each person		155
Comprehensive			699
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			585
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			201
See Auto Coverage Schedule			
Roadside Assistance			125
See Auto Coverage Schedule			
Total 12 month policy premium			\$10,279

Rated driver

1. GERALD GLUCK
2. JOHN MCVEY
3. STEVEN SAARI
4. THOMAS LOCKWICH

Auto coverage schedule

1. **2005 Dodge Grand Caravan** Stated Amount: *\$17,500 (including Permanently Attached Equip)
 VIN: 2D4GP44L05R195958 Garaging Zip Code: 34653 Radius: 100

Liability Premium	Liability	UM/UIM BI	PIP	Med Pay	
	\$2,244	\$295	\$227	\$50	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$212	\$500	\$171	
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium	Auto Total
	\$50 per day Max \$1500	\$67	Selected	\$44	\$3,310

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

Liability Premium	Liability	UM/UIM BI	PIP	Med Pay	
	\$2,316	\$295	\$227	\$52	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$233	\$500	\$195	
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium	Auto Total
	\$50 per day Max \$1500	\$67	Selected	\$43	\$3,428

3. **2007 Dodge Grand Caravan** Stated Amount: *\$23,690 (including Permanently Attached Equip)
 VIN: 1D4GP24R77B256507 Garaging Zip Code: 34653 Radius: 100

Liability Premium	Liability	UM/UIM BI	PIP	Med Pay	
	\$2,388	\$295	\$227	\$53	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$500	\$254	\$500	\$219	
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium	Auto Total
	\$50 per day Max \$1500	\$67	Selected	\$38	\$3,541

*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.

PGULG01Y 000311 017 C 015 005 < 0950 * 1781 FL (11/12)



COMMON POLICY DECLARATIONS

Renewal of
CPS2575624

SCOTTSDALE INSURANCE COMPANY®

Policy Number
CPS2999040

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

SURPLUS LINES AGENT: Dawn M. Belin
LIC #: A290250
A290258 1551 Sawgrass Corp. Parkway Ste#220
Sunrise, FL 33323PROD. AGT. GEORGE SALTSMANStreet 18936 N. DALE MARRY HWYCity LUITZ, FL 33548This insurance is issued pursuant to the Florida
Surplus Lines Laws, Persons insured by Surplus
Lines Carriers do not have the protection of the
Florida Insurance Guaranty Act to the extent of
any right of recovery for the obligation of an
insolvent unlicensed insurer.Quarter 4TH 2017Premium 975.00 Tax 50.50Agents Countersignature Dawn M. Belin**ITEM 1. Named Insured and Mailing Address**TRINITY MOBILITY, INC
8343 ROYAL HART DRIVE
NEW PORT RICHEY, FL 34653**Agent Name and Address**ALL RISKS OF THE SOUTHEAST
12750 CITRUS PARK LANE
SUITE 110
TAMPA, FL 33625Agent No.: 09044Program No.: MH**ITEM 2. Policy Period**From: 10/21/2017To: 10/21/2018Term: 365 DAYS**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)Commercial General Liability Coverage Part
Commercial Property Coverage Part
Commercial Crime And Fidelity Coverage Part
Commercial Inland Marine Coverage Part
Commercial Auto Coverage Part
Professional Liability Coverage Part**Premium Summary**\$ 975
\$ NOT COVERED
\$ NOT COVERED
\$ NOT COVERED
\$ NOT COVERED
\$ NOT COVERED
\$
\$POLICY FEE 35.00
INSPECTION N/A
STATE TAX 50.50
FL SUR N/A
TOTALS 1,061.51CITIZENS ASSESSMENT FEE: N/ATotal Policy Premium: \$ 975.00TAX: \$
\$
\$
\$
\$
\$
\$100% MINIMUM & DEPOSIT
25% MINIMUM EARNEDFSLSO SERVICE FEE 1.01Policy Total: \$ 975.00

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

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

UW-AS

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

OPS-D-1 (8-10)

INSURED

INSURED
opsd1g.rap



SCOTTSDALE INSURANCE COMPANY®

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS**Policy No. CPS2999040 Effective Date 10/21/2017
12:01 A.M., Standard TimeNamed Insured TRINITY MOBILITY, INC Agent No. 09044**Item 1. Limits of Insurance**

Coverage	Limit of Liability
Aggregate Limits of Liability	Products/Completed Operations Aggregate \$ <u>2,000,000</u> General Aggregate (other than Products/Completed Operations) \$ <u>2,000,000</u>
Coverage A - Bodily Injury and Property Damage Liability	any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability \$ <u>1,000,000</u> any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability \$ <u>100,000</u>
Damage to Premises Rented to You Limit	
Coverage B - Personal and Advertising Injury Liability	any one person or organization subject to the General Aggregate Limits of Liability \$ <u>1,000,000</u>
Coverage C - Medical Payments	any one person subject to the Coverage A occurrence and the General Aggregate Limits \$ <u>5,000</u>

Item 2. Description of Business

Form of Business:

- ☐ Individual
 ☐ Partnership
 ☐ Joint Venture
 ☐ Trust
 ☐ Limited Liability Company
☒ Organization including a corporation (other than Partnership, Joint Venture or Limited Liability Company)

Location of All Premises You Own, Rent or Occupy:

See Schedule of Locations

Item 3. Forms and Endorsements

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

See Schedule of Forms and Endorsements**Item 4. Premiums**

Coverage Part Premium:	\$ 975
Other Premium:	\$
Total Premium:	\$ 975

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.