Pinellas County EMS & FIRE ADMINISTRATION

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: Care Ride LLC	HOURS OF OPERATION: ☐24-HOUR 4:00 A.M. to 12:00 ☑A.M. / ☐P.M.
ADDRESS 1: 4625 East Bay Drive Suite 105	PHONE: 727 866 1193
ADDRESS 2:	FAX: 727 866 0148
CITY, STATE, ZIP CODE: Clearwater, FL 33764	

OFFICER/DIRECTOR NAME & TITLE: Douglas Johnson, Administrator	PHONE NUMBER & E-MAIL: 727 851 9622 douglas.johnson@baycare.org
VICE OFFICER/DIRECTOR NAME & TITLE: James Green, administrator	PHONE NUMBER & E-MAIL: 727 851 9623 james.green@baycare.org
BUSINESS HOURS POINT-OF-CONTACT: Douglas Johnson	PHONE NUMBER & E-MAIL: 727 423 3906 douglas.johnson@baycare.org
AFTER HOURS POINT-OF-CONTACT: James Green	PHONE NUMBER & E-MAIL: 727 797 1547 james.green@baycare.org

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: 03/02/2018

STATE OF FLORIDA
COUNTY OF PINELLAS

Subscribed and sworn to (or affirmed) before me this 6TH of March 2018 by DOUGLAS JOHNSON, who is/are personally known to me or has/have produced PERSONALLY KNOWN as identification.

WILLIAM BUNTON
Commission # FF 931528
Expires December 3, 2019
Bonded Thru Troy Fain Insurance 800-385-7019

(SEAL) William Bunton

WILLIAM BUNTON (Name of Notary typed, printed or Form stamped)

Form A. Rev. 02/06/2017

Pinellas County EMS & FIRE ADMINISTRATION

WHEELCHAIR/STRETCHER SERVICE
RECORD KEEPING VERIFICATION FORM

Pinellas County Rules and Regulations, as Amended

Name of Service: Care Ride LLC

Date: 03/02/2018

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

HOME

Name of Provider: **Care Ride**

Fleet: 77
WCT certified: 77
Stretcher certified: 0

	Unit #	FL Tag #	VIN #	WCT	Date Inspected
X	49	261VAU	1FTNS24W08DB57512	X	4/7/2017
X	50	281VAY	1FTNHS2R4W18DB46387	X	4/7/2017
X	51	539VQT	1FTNE14W78DB29241	X	4/7/2017
X	52	298VAU	1FTNS24W08DB46395	X	4/7/2017
X	53	273VAU	1FTNS24W78DB5707	X	4/7/2017
X	54	267VAU	1FTNS24W58DB46392	X	4/7/2017
X	55	271VAU	1FTNS24W18DB52299	X	4/7/2017
X	56	262VAU	1FTNS24W58DB57506	X	4/7/2017
X	57	541VQT	1FTNE14288DB26302	X	4/7/2017
X	58	542VQT	1FTNE14W38DB53858	X	4/7/2017
X	59	411VAU	1FTNS24W48DB46397	X	4/7/2017
X	60	540VQT	1FTNE14W18DB53857	X	4/7/2017
X	61	278VAU	1FTNE14W38DB43069	X	4/7/2017
X	62	406VAQ	1FTNS24W98DB57511	X	4/7/2017
X	63	408VAQ	1FTNS24W78DB57510	X	4/7/2017
X	64	279VAU	1FTNS24WX8D4B6386	X	4/7/2017
X	65	272VAU	1FTNS24W28DB52294	X	4/7/2017
X	66	296VAU	1FTNE14W78DB57041	X	4/7/2017
X	67	410VAQ	1FTNS24W38B57505	X	4/7/2017
X	68	282VAU	1FTNE14W38DB57036	X	4/7/2017
X	70	283VAU	1FTNS24W58DB46389	X	4/7/2017
X	71	264VAU	1FTNS28W46DB46396	X	4/7/2017
X	72	280VAU	1FTNE14W18DB43068	X	4/7/2017
X	73	295VAU	IFTNS24WX8DB57503	X	4/7/2017
X	74	277VAU	IFTNS24W38DB52305	X	4/7/2017
X	75	284VAU	1FTNE14W18DB57035	X	4/7/2017
X	76	286VAU	1FTNE14W98DB43075	X	4/7/2017
X	77	409VAQ	1FTNS24W68DB57501	X	4/7/2017
X	78	407VAQ	1FTNS24W18DB57499	X	4/7/2017
X	79	274VAU	1FTNE14W18B43071	X	4/7/2017
X	87	369TDF	1FTNS2EW4AD68983	X	4/7/2017
X	88	263MSJ	1FTNS2E26ADA68984	X	4/7/2017
X	90	264MSJ	1FTNS1EWXADA99469	X	4/7/2017
X	91	587LWX	1FTNS1EW2ADA99379	X	4/7/2017
X	112	763XDU	1FTNE1EW1CDA12973	X	4/7/2017
X	113	EGCX36	1FTNE1EW4CDA11462	X	4/7/2017
X	114	AZFC27	1FTNE1EW6CDA12967	X	4/7/2017
X	115	760XDU	1FTNE1EW7CDA112976	X	4/7/2017
X	116	AZFC26	1FTNE1EW0CDA11457	X	4/7/2017
X	117	AZFG80	1FTNE1EW9CDA11425	X	4/7/2017
X	118	AZFG81	1FTNE1EWCDA11426	X	4/7/2017

X	119	AZFG79	1FTNE1EW2CDA11427	X	4/7/2017
X	120	AZFG82	1FTNE1EW8CDA12940	X	4/7/2017
X	121	AZFG83	1FTNE1EW1CDA12939	X	4/7/2017
X	125	771XDU	1FTNE1EW0DDA19897	X	4/7/2017
X	126	Y29JNP	1FTNE1EW2DDA19898	X	4/7/2017
X	127	598LWX	1FTNE1EW2DDA15026	X	4/7/2017
X	128	189MYR	1FTNE1EW0DDA19902	X	4/7/2017
X	129	772XDU	1FTNE1EW9DDA19896	X	4/7/2017
X	130	765XDU	1FTNE1EW8DDA35123	X	4/7/2017
X	131	DSSR72	1FTNE1EW3DDB32193	X	4/7/2017
X	132	764XDU	1FTNE1EW1EDA08554	X	4/7/2017
X	133	773XDU	1FTNE1EW3EDA85555	X	4/7/2017
X	134	767XDU	1FTNE1EWXEDA08553	X	4/7/2017
X	140	770XDU	1FTNE1EW1EDA97526	X	4/7/2017
X	141	769XDU	1FTNE1EWXEDA97525	X	4/7/2017
X	142	GJAH51	1FTNE1EW7EDA97529	X	4/7/2017
X	143	768XDD	1FTNE1EW3EDA97930	X	4/7/2017
X	144	DMRD95	1FTNE1EW5EDA97531	X	4/7/2017
X	150	DUEI27	1FMZK1CM2FKB13771	X	4/7/2017
X	151	414VAQ	1FMZK1CM0FKB13770	X	4/7/2017
X	152	661LWY	1FMZK1CM7FKB13765	X	4/7/2017
X	153	DUEI28	1FMZK1CM3FKB13777	X	4/7/2017
X	154	635WQB	1FMZK1CM9FKB13766	X	4/7/2017
X	160	121RYZ	1FTYE2CM2GKA21462	X	4/7/2017
X	161	122RYZ	1FTYE2CM4GKA21463	X	4/7/2017
X	170	HBVU29	1FTYE2CM9HKA15577	X	4/7/2017
X	171	HBVU30	1FTYE2CM2HKA15579	X	4/7/2017
X	172	HBVU31	1FTYE2CM9HKA15580	X	4/7/2017
X	173	HBVU32	1FTYE2CM0HKA15581	X	4/7/2017
X	174	HBVU33	1FTYE2CM7HKA15576	X	4/7/2017
X	175	HBVU34	1FTYE2CMOHKA15578	X	4/7/2017
X	176	HBVU35	1FTYE2CM8HKA15537	X	4/7/2017
X	177	HBVU36	1FTYE2CMXHKA15538	X	4/7/2017
X	178	HBVU37	1FTYE2CM4HKA15535	X	4/7/2017
X	179	HBVU38	1FTYE2CM6HKA15536	X	4/7/2017

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/21/17

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	CONTACT NAME:	Karen L. Clark	
Coverage is independently procured by the named insured	PHONE (A/C, No, Ext):	727-754-9239	FAX (A/C, No): 727-519-1276
	E-MAIL ADDRESS:	Karen.clark@baycare.org	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	BCHS Insurance, Ltd.	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

Care Ride, LLC
BayCare Health System, Inc.
2985 Drew Street
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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS-COMP/OP AGG	$
	☐ OTHER:						FIRE DAMAGE (Any one fire)	$
A	AUTOMOBILE LIABILITY			BCHSAL3865-2018	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	☒ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐	N/A					E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
	PROFESSIONAL LIABILITY (CLAIMS MADE FORM)						EACH LOSS	$
							AGGREGATE	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: Pinellas County MPO

Contact Address:
BCHS Insurance, LTD
94 Solaris Avenue, 2nd Floor, Camana Bay, Grand Cayman, KY1-1102, Cayman Islands
Tel: 1 345 945 1266

CERTIFICATE HOLDER

Pinellas County MPO
600 Cleveland Street, Suite 750
Clearwater, FL, 33755

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.

Ace Insurance Managers (Cayman) Ltd.
as insurance manager and authorized representative