

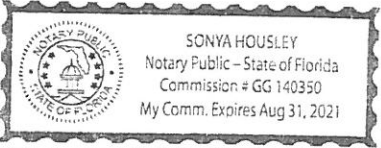


APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY July 1, 2018 – June 30, 2019

APPLICATION TYPE: ☐ NEW ☒ RENEWAL

SERVICE TYPE: ☒ Wheelchair Transport ☐ ALS Interfacility ☐ ALS Non-Transport
☒ Stretcher Transport **NEW** ☐ ALS Helicopter ☐ ALS Transport

TYPE OF ENTITY: ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit Corporation ☒ Corporation

ORGANIZATION NAME EKALLEVIG TRANSPORT, LLC		HOURS OF OPERATION <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1 20 Lakeview Ct		PHONE 321-514-0075
ADDRESS 2 P		FAX 763-367-3365
CITY, STATE, ZIP CODE Palm Harbor, FL 34683		
OFFICER/DIRECTOR NAME & TITLE Ken Kallevig	PHONE NUMBER & E-MAIL 321-514-0075	
VICE OFFICER/DIRECTOR NAME & TITLE J	PHONE NUMBER & E-MAIL —	
BUSINESS HOURS POINT-OF-CONTACT: —	PHONE NUMBER & E-MAIL —	
AFTER HOURS POINT-OF-CONTACT: —	PHONE NUMBER & E-MAIL —	
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 Ken Kallevig		DATE 3/21/2018
STATE OF FLORIDA COUNTY OF Pinellas March		
Subscribed and sworn to (or affirmed) before me this 21st , 2018 by Kenneth Kallevig , who is/are personally known to me or has/have produced Fl Drivers license as identification.		
(SEAL)		Sonya Housley 3/21/2018
Form A Rev 02/06/2017 (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: Caliber Patient Transport

Date: 3/21/2018

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



WHEELCHAIR VEHICLE ROSTER Pinellas County Rules and Regulations, as Amended

Name of Service: Caliber Patient 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	GTG-B49	2C4RDG-BG-06R266861													
2	GTG-B51	2C4RDG-BG-06R195208													
3	GTG-B50	2C4RDG-BG-76R134566													
4	HCSR10	2C4RDG-BG-66R134607													
5															
6															
7															
8															
9															
10															
11															
12															



STRETCHER VAN ROSTER Pinellas County Rules and Regulations, as Amended

Name of Service: Caliber Patient Transport Page: 1 of 1
 Such vehicles may not be equipped, marked or operated as an Ambulance

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	GTG849	2C4RDGBG-0GR266861													
2	GTG850	2C4RDGBG-0GR195208													
3	GTG850	2C4RDGBG-7GR134566													
4	HCSR10	2C4RDGBG-6GR134607													
5															
6															
7															
8															
9															
10															
11															
12															



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

Name of Service: Caliber Patient Transport

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	Kenneth S Kallevig	K412-505-69-422-0	11/22/2019	11/22/1969	
2	Allison S Kallevig	K-412-005-74-631-0	04/11/2020	04/11/1974	
3	John Meister	M236-473-52-180-0	05/20/2020	05/20/1952	
4	Michelle Martin	M635-553-68-827-0	09/07/2019	09/07/1968	
5	Jason Hochstedler	H233-424-82-024-0	01/24/2022	01/24/1982	
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					



CERTIFICATE OF LIABILITY INSURANCE

MEDEPAT-01

ESTATHIS

DATE (MM/DD/YYYY)

5/23/2017

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 The Presidio Group, Inc. 6967 South River Gate Drive, #200 Salt Lake City, UT 84047	CONTACT NAME: Deila R. Zeeh, CPCU, CIC PHONE (A/C, No, Ext): (801) 290-3181 E-MAIL ADDRESS: dzeeh@presidio-group.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Old Republic Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 24147
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INSURED EKallevig Transport LLC; DBA Caliber Patient Transportation Co of Tampa 20 Lakeview Court Palm Harbor, FL 34683	CERTIFICATE NUMBER: MWTB310551	REVISION NUMBER:
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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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 X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS	X	MWTB310551	06/01/2017	06/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE 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)
Verification of coverage subject to the terms and conditions of the policy.

Re: EKallevig Transport LLC; DBA Caliber Patient Transportation Co of Tampa
iLingo2.com is Additional Insured with respect to Auto Liability.

CERTIFICATE HOLDER iLingo2.com P.O. Box 2197 Vista, CA 92085	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. AUTHORIZED REPRESENTATIVE
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PRODUCER The Presidio Group, Inc. 6967 South River Gate Drive, #200 Salt Lake City, UT 84047	CONTACT NAME: Deila R. Zeeh, CPCU, CIC PHONE (A/C, No, Ext): (801) 290-3181 E-MAIL ADDRESS: dzeeh@presidio-group.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Old Republic Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED EKallevig Transport LLC; DBA Caliber Patient Transportation Co of Tampa 20 Lakeview Court Palm Harbor, FL 34683	NAIC # 24147

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS		MWTB310551	06/01/2017	06/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE 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 \$
A	Business Auto		MWTB310551	06/01/2017	06/01/2018	Comp/Coll each 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Verification of coverage subject to the terms and conditions of the policy.

RE: EKallevig Transport, LLC d/b/a Caliber Patient Care
Chrysler Capital is Loss Payee as respects the following vehicles
2016 Dodge Grand Caravan 2C4RDGBG0GR266861
2016 Dodge Grand Caravan 2C4RDGBG0GR195208
2016 Dodge Grand Caravan 2C4RDGBG7GR134566
2016 Dodge Grand Caravan 2C4RDGBG6GR134607

CERTIFICATE HOLDER**CANCELLATION**

Chrysler Capital
P O Box 3610
Carmel, IN 46082

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

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INSURED EKallevig Transport LLC; DBA Caliber Patient Transportation Co of Tampa 20 Lakeview Court Palm Harbor, FL 34683	NAIC # 24147

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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RE: EKallevig Transport LLC; DBA Caliber Patient Transportation Co of Tampa

CERTIFICATE HOLDER**CANCELLATION**

Access2Care 6200 South Syracuse Way #200 Greenwood Village, CO 80111	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
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