



# 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: Lifefleet Southeast Inc. d/b/a American Medical Response		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to _____ <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: 4531 Oak Fair Blvd.		PHONE: 813-885-3955
ADDRESS 2:		FAX: 813-441-8169
CITY, STATE, ZIP CODE: Tampa, FL 33610		
OFFICER/DIRECTOR NAME & TITLE: Terence Ramotar, Regional Director	PHONE NUMBER & E-MAIL: 786-574-1202 Terence.Ramotar@amr.net	
VICE OFFICER/DIRECTOR NAME & TITLE: Jessica Strout, Operations Manager	PHONE NUMBER & E-MAIL: 813-392-9700 Jessica.Strout@amr.net	
BUSINESS HOURS POINT-OF-CONTACT: Steve Cerovich, Business Development Mgr	PHONE NUMBER & E-MAIL: 813-781-1307 steve_cerovich@amr-ems.com	
AFTER HOURS POINT-OF-CONTACT: Jessica Strout, Operations Manager	PHONE NUMBER & E-MAIL: 813-392-9700 Jessica.Strout@amr.net	
<b>REQUIRED ATTACHMENTS:</b> 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: 4-10-2018
STATE OF FLORIDA COUNTY OF <u>Hillsborough</u> Subscribed and sworn to (or affirmed) before me this <u>4/10/2018</u> by <u>Terence Ramotar</u> , who is/are personally known to me or has/have produced _____ 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: Lifefleet Southeast Inc. d/b/a American Medical

Date: March 6, 2018

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



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

Name of Service: Lifefleet Southeast Inc d/b/a American Medical Response 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. 931	CDJE56	1FTNS2EW5CDA16703													
2. 932	CDJE54	1FTNS2EWXCDA16700													
3. 939	DAJW3	1FTNE1EW9CDA26538													
4. 940	DAJW3	1FTNE1EW0CDA26542													
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															





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

Name of Service: Lifefleet Southeast Inc d/b/a American Medical Response 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. Blaney, Timothy	B450-803-63-168-0	05/08/2025	05/08/1963	524868
2. Caravona, Matthew	C615-547-83-329-0	09/09/2022	09/09/1983	528853
3. Prall, Robert	P640-765-68-349-0	09/29/2020	09/29/1968	61165
4. Salalila, Angelo	S444-016-70-423-0	11/23/2025	11/23/1970	66432
5.				
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15.				
16.				



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/26/2018

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).

<b>PRODUCER</b> Woodruff-Sawyer & Co. 717 - 17th Street, Suite 1540 Denver CO 80202		<b>CONTACT NAME:</b> <b>PHONE (A/C, No., Ext):</b> 800-675-4467 <b>FAX (A/C, No.):</b> 415-989-9923 <b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> American Medical Response, Inc. 4914 West Knox Street Tampa, FL 33634 GLOBMED-02		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A : ACE American Insurance Company		22667
		INSURER B : Lexington Insurance Company		19437
		INSURER C : Lloyds of London - Beazley		
		INSURER D : Indemnity Insurance Company of North America		43575
		INSURER E : ACE Fire Underwriters Insurance Company		20702
		INSURER F :		

**COVERAGES****CERTIFICATE NUMBER:** 438352465**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	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR 250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	XSLG71095708	3/14/2018	3/31/2019	EACH OCCURRENCE \$ 2,750,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,750,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,750,000 \$
A A A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ISAH25150028 ISAH25150041 ISAH2515003A	3/14/2018 3/14/2018 3/14/2018	3/31/2019 3/31/2019 3/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			6798230 80% W1B173180301 20%	3/14/2018 3/14/2018	3/31/2019 3/31/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A A D E	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	WCUC64624982 WLCRC64624957 WLCRC64624969 SCFC64624970	3/14/2018 3/14/2018 3/14/2018 3/14/2018	3/14/2019 3/14/2019 3/14/2019 3/14/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B C	Medical Professional Liability Claims Made			6798230 80% W1B173180301 20%	3/14/2018 3/14/2018	3/31/2019 3/31/2019	EA OCC/GEN AGG 10,000,000 SIR 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
\*\$1,000,000 SIR APPLIES TO EXCESS WC POLICY NO. WCUC64624982

**CERTIFICATE HOLDER****CANCELLATION**

PINELLAS COUNTY EMS AUTHORITY  
ATTN: MICHELLE SWANN  
12490 ULMERTON ROAD  
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

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/9/2018

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).

<b>PRODUCER</b> Woodruff-Sawyer & Co. 717 17th Street, Suite 1540 Denver CO 80202	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): 800-675-4467 E-MAIL: envisioncertrequest@wsandco.com ADDRESS: envisioncertrequest@wsandco.com	<b>FAX</b> (A/C, No):
<b>INSURED</b> American Medical Response, Inc. 4914 West Knox Street Tampa, FL 33634	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
ENVIHEA-01	INSURER A: Lexington Insurance Company	19437
	INSURER B: Continental Casualty Company	20443
	INSURER C: ACE American Insurance Company	22667
	INSURER D: ACE Fire Underwriters Insurance Company	20702
	INSURER E: Indemnity Insurance Company of North America	43575
	INSURER F: Lloyds of London - Beazley	

**COVERAGES**

CERTIFICATE NUMBER: 835847268

REVISION NUMBER:

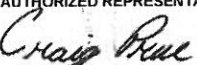
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR 250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HAZ40320740894	3/31/2017	3/31/2018	EACH OCCURRENCE \$ 2,750,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,750,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,750,000 \$
C C C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ISAH0905473A ISAH09054741 ISAH09054753	3/31/2017 3/31/2017 3/31/2017	3/31/2018 3/31/2018 3/31/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A F	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			6796605 80% W1B173170201 20%	3/31/2017 3/31/2017	3/31/2018 3/31/2018	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C C E D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCUC49112877 WLRC49112841 WLRC49112853 SCFC49112865	3/31/2017 3/31/2017 3/31/2017 3/31/2017	3/31/2018 3/31/2018 3/31/2018 3/31/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A F	Medical Professional Liability (Claims Made)			6796605 80% W1B173170201 20%	3/31/2017 3/31/2017	3/31/2018 3/31/2018	EA OCC/GEN AGG 10,000,000 SIR 3,000,000

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

\*\$1,000,000 SIR APPLIES TO EXCESS WC POLICY NO. WCU C49112877  
HILLSBOROUGH COUNTY EMERGENCY MEDICAL PLANNING COUNCIL & BOARD OF COUNTY COMMISSIONERS ARE INCLUDED AS ADDITIONAL INSURED AS RESPECTS TO AMR LOCATED AT 4914 W. KNOX STREET, TAMPA, FL. 33634; AS REQUIRED BY WRITTEN CONTRACT, BUT LIMITED TO THE OPERATIONS OF THE INSURED UNDER SAID CONTRACT AND ALWAYS SUBJECT TO THE POLICY, TERMS, CONDITIONS AND EXCLUSIONS. 30 DAY NOTICE OF CANCELLATION IS PROVIDED PER POLICY LANGUAGE.

**CERTIFICATE HOLDER****CANCELLATION**

Hillsborough County Emergency Medical Planning Council & BOCC c/o Aging Services Div - Mary Ellen Guzkiewicz 4531 Oak Fair Blvd Tampa FL 33610	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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