



## APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND

NECESSITY July 1, 2018 – June 30, 2019

APPLICATION TYPE: ☐ NEW ☒ RENEWALSERVICE TYPE: ☒ Wheelchair Transport ☐ ALS Interfacility ☐ ALS Non-Transport  
☒ Stretcher Transport ☐ ALS Helicopter ☐ ALS TransportTYPE OF ENTITY: ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit Corporation ☒ Corporation

ORGANIZATION NAME: <u>Liberty Wheelchair Transport LLC</u>		HOURS OF OPERATION: <input checked="" type="checkbox"/> 24-HOUR A.M. to <input type="checkbox"/> A.M. / <input type="checkbox"/> P.M.
ADDRESS 1: <u>2876 51st Ave S</u>		PHONE: <u>727-800-3354</u>
ADDRESS 2:		FAX:
CITY, STATE, ZIP CODE: <u>Saint Petersburg, FL 33712</u>		
OFFICER/DIRECTOR NAME & TITLE: <u>Brant Johnson Owner</u>	PHONE NUMBER & E-MAIL: <u>727-800-3354 brant@libertywheelchairtransport.com</u>	
VICE OFFICER/DIRECTOR NAME & TITLE:	PHONE NUMBER & E-MAIL:	
BUSINESS HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:	
AFTER HOURS POINT-OF-CONTACT:	PHONE NUMBER & E-MAIL:	
<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: <u>Brant Johnson</u>	DATE: <u>5/16/18</u>	
STATE OF FLORIDA COUNTY OF <u>Pinellas</u>		
Subscribed and sworn to (or affirmed) before me this <u>16</u> by <u>May 2018</u> , who is/are personally known to me or has/have produced <u>Drivers License</u> as identification.		
(SEAL) <u>[Signature]</u>	 (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: Liberty WVC Transport

Date: 5/30/18

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*  *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>BET</u>
8.1	Written record contains: <ul style="list-style-type: none"><li>• Date Call Received</li><li>• Time Call Received</li><li>• Pick-up &amp; Destination Address</li><li>• Arrival Time at Destination</li><li>• Client's Name</li><li>• Person Ordering Transport</li><li>• Telephone Number of Caller (*if applicable)</li></ul>	<u>BET</u> <u>BET</u> <u>BET</u> <u>BET</u> <u>BET</u> <u>BET</u> <u>BET</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>BET</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>BET</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>BET</u>



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

Name of Service: Liberty Wheelchair Transport Page: \_\_\_\_ of \_\_\_\_

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	Brat John	J525-665-81-364-0	10/4/22	10/4/81	
2	Juan Leonard	L563-431-58-005-0	1/05/25	1/05/58	
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					



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

Name of Service: Liberty Wheelchair Transport Page:        of       

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	CDP 029	1FTNSZ4266AB07645													
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															



# **STRETCHER VAN ROSTER** **Pinellas County Rules and Regulations, as Amended**

Name of Service: Liberty Wheelchair Transport Page:        of         
**\*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	CDD 029	1FTN524266HB07645													
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/25/2018

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> Bankers Insurance, LLC 4253 Lankford Hwy. Exmore VA 23350	<b>CONTACT NAME:</b> Jennifer D. Parry Harding, CISR <b>PHONE (A/C, No. Ext):</b> 757-442-6187 <b>E-MAIL ADDRESS:</b> jharding@bankersinsurance.net <b>FAX (A/C, No):</b> 757-442-4149
<b>INSURED</b> Liberty Wheelchair Transport, LLC 2876 51st Avenue S Saint Petersburg FL 33712	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Scottsdale Insurance Company <b>INSURER B:</b> Oak River Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 41297 34630

**COVERAGES****CERTIFICATE NUMBER:** 1003463811**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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	CPS2691629	6/1/2018	6/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	04APM013246-01	6/1/2018	6/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)2006 Ford Econoline E250  
VIN: 1FTNS24L66HB07645**CERTIFICATE HOLDER****CANCELLATION**PSTA  
3201 Scherer Drive  
St. Petersburg FL 33716

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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**GENERAL CHANGE ENDORSEMENT****THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement changes the policy on the inception date of the policy or on the date shown below.  
It is agreed that the policy is changed as follows:

In consideration of an additional premium shown below, the following coverages have been MODIFIED on the policy hereby modifying the  
Declarations page - M 5605 (02/2011).

Coverage	Old Limit	New Limit	Coverage	Old Limit	New Limit
Liability	300,000	500,000			
UM	300,000	500,000			

Veh #	Year	Make	Model	VIN	Use	Old Annual Premium				
						Liab	UM	UIM	Med Pay	PIP
1	2006	FORD	ECONOLINE	1FTNS24L66HB07645	C	7,909	1,200		170	1528

New Annual Premium						Pro-rated Premium					Subtotal by Vehicle
Veh #	Liab	UM	UIM	PIP	Med Pay	Liab	UM	UIM	PIP	Med Pay	
1	9,267	1,594		1528	170	1,332	387				1,719
<b>Subtotal</b>						1,332	387				

Additional Premium \$ 1,719Pro-Rate Factor: **0.981**

Return Premium \$ \_\_\_\_\_

All other terms, conditions and agreements remain unchanged.

Company Name <b>Oak River Insurance Company</b>	Policy Number <b>04APM01324601</b>
	Endorsement Effective <b>06/08/2017 12:01 AM</b>
Named Insured <b>LIBERTY WHEELCHAIR TRANSPORT LLC</b>	Countersigned at by _____

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)