



**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY July 1, 2019– June 30, 2020**

APPLICATION TYPE: NEW RENEWAL

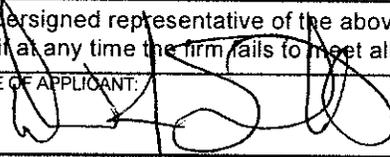
SERVICE TYPE: Wheelchair Transport ALS Interfacility ALS Non-Transport
 Stretcher Transport ALS Helicopter ALS Transport

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

ORGANIZATION NAME: Wheelchair/Stretcher Limo, Inc.		HOURS OF OPERATION: <input type="checkbox"/> 24-HOUR 6 A.M. to 6 <input type="checkbox"/> A.M. / <input checked="" type="checkbox"/> P.M.
ADDRESS 1: 6030 Massachusetts Ave		PHONE: 727 845-4454
ADDRESS 2:		FAX: 727 841-7225
CITY, STATE, ZIP CODE: New Port Richey		
OFFICER/DIRECTOR NAME & TITLE: David Smith Vice President	PHONE NUMBER & E-MAIL: 727 845-4454 davidsmith@wheelchairstretcherlimo.com	
VICE OFFICER/DIRECTOR NAME & TITLE: JoLynn Spivey President	PHONE NUMBER & E-MAIL: 727 845-4454	
BUSINESS HOURS POINT-OF-CONTACT: 7:30 am - 5:00 pm	PHONE NUMBER & E-MAIL: 727 845-4454	
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.

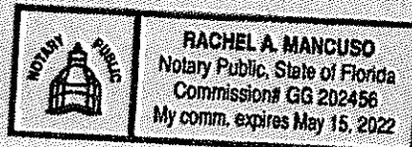
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT:  DATE: ~~February 27, 2019~~ **March 25, 2019**

STATE OF FLORIDA
COUNTY OF Pasco

Subscribed and sworn to (or affirmed) before me this March 25, 2019 by David J. Smith, who is/are personally known to me or has/have produced FL DLIC 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: Wheelchair/Stretcher Limo, Inc.

Date: February 27, 2019

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>DS</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>DS</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>DS</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>DS</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>DS</u>



WHEELCHAIR VEHICLE ROSTER

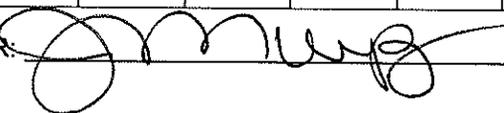
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair/Stretcher Limo

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. 36	ALSS33	1FTNE1EW3BDA04310	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. 38	925WII	1FTNE1EW7CDB18263	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. 39	CRMR36	1FTNE1EW5EDA22280	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. 43	DWAD62	1FTNE1EW1EDA97512	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5. 44	EFWQ87	1FMZK1CM3FKA55489	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6. 46	EPAA47	1FMZICM5FKB23291	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7. 47	926WII	FTYE1CM6GKA69041	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8.															
9.															
10.															
11.															
12.															

EMS INSPECTOR:  Date: 5.22.19



STRETCHER VAN ROSTER
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair/Stretcher Limo

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/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. 40	CYXM05	1FTNS1EW4EDA59409	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. 42	DWAD60	1FTNS1EW0EDA90947	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. 48	EFWQ89	1FTYE2CM3HKA19494	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4.															
5.															
6.															
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9.															
10.															
11.															
12.															

EMS INSPECTOR:

Date: 5.20.19



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

Name of Service: Wheelchair/Stretcher Limo 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.	Hill, Linda	H400-537-58-7710	07-31-2021	07-31-1958	571025
2.	Rodriguez, Edgardo Eddie	R362-203-88-386-0	10-26-2024	10-26-1988	571759
3.	Ruisi, Alfred	R200-006-72-103-0	03-23-2024	03-23-1972	
4.	Spencer, Paul	S152-699-47-184-0	06-24-2019	06-24-1947	571517
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/28/19

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).

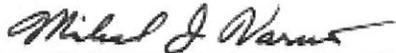
PRODUCER VARNO INSURANCE AGENCY 1507 S ALEXANDER ST PLANT CITY, FL 33563	CONTACT NAME: PHONE (A/C, No, Ext): 813-763-0298 FAX (A/C, No): 813-315-6343 E-MAIL ADDRESS: mvarno@varnoinsuranceagency.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED WHEELCHAIR STRETCHER LIMO INC 6030 MASSACHUSETTS AVE New Port Richey FL 34653	INSURER A : NATIONAL INTERSTATE INSURANCE CO	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			EGL0000619-07	1/28/2019	1/28/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	<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 <input type="checkbox"/> AUTOS ONLY			EAL0000619-07	1/28/2019	1/28/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						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)

CERTIFICATE HOLDER PINELLAS COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA 400 S. FORT HARRISON AVE CLEARWATER FL 33756	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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