

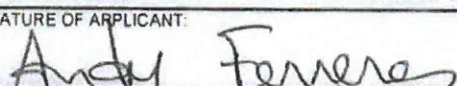

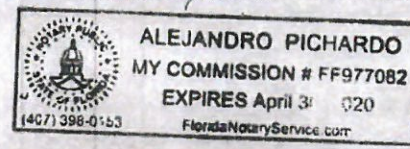


APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

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: ACCESS A RIDE CORP		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: 1133 W STATE ROAD 436		PHONE: 904-552-1003
ADDRESS 2:		FAX: 407-205-0070
CITY, STATE, ZIP CODE: ALTAMONTE SPRINGS FL 32714		
OFFICER/DIRECTOR NAME & TITLE ANDY FERRERAS PRESIDENT	PHONE NUMBER & E-MAIL: 646-302-9479 INFO@ACCESSARIDEFL.COM	
VICE OFFICER/DIRECTOR NAME & TITLE: NELSON VICIOSO VICE-PRESIDENT	PHONE NUMBER & E-MAIL: 386-681-8086 INFO@ACCESSARIDEFL.COM	
BUSINESS HOURS POINT-OF-CONTACT: FRANKLYN LORA	PHONE NUMBER & E-MAIL: 904-552-1003 INFO@ACCESSARIDEFL.COM	
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: 04/10/2020
STATE OF FLORIDA COUNTY OF <u>Orange</u>		
Subscribed and sworn to (or affirmed) before me this <u>10th of April 2020</u> by <u>Andy Ferreras</u> , who is/are personally known to me or has/have produced <u>FL DL F66C-000-75-00550</u> 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: ACCESS A RIDE CORP

Date: 04/10/2020

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



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

Name of Service: ACCESS A RIDE CORP

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. 1	LIMR60	2C4RDGBG1KR638524													
2. 2	LIMR59	2C4RDGBG4KR623192													
3. 3	JMPC9+	2C4RDGBG6HR855382													
4. 4	LIMR58	2C4RDGBG7KR638513													
5. 5	JMPC9+	2C4RDGBGXHR862142													
6. 6	HUPW6+	2C4RDGBGXKR699757													
7. 7	Z65ES+	2C4RDGBG0KR623206													
8.															
9.															
10.															
11.															
12.															



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

Name of Service: ACCESS A RIDE CORP 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.	NELSELENNY VICIOSO	V221-621-89-177-0	05-17-2025	05-17-1989	
2.	ANTHONY PILIER	P464-016-92-427-0	11-27-2025	11-27-1992	
3.	GREYSHKA LEE AYALA ZAMBRANA	A425-292-91-915-0	11/15/2028	11/15/1991	
4.	JUDGE LUTHER DUVALL DASHER	D260-432-76-3070	08/27/2026	08/27/1976	
5.	MAIMETH ARIANI GONZALEZ NAVARRO	G524-541-90-603-1	07/02/2020	03/23/1990	
6.	MICHAEL VERNON SALCIDO	S423-558-57-020-0	01/20/2027	01/20/1957	
7.	MYRIAH JEAN DAILEY	D400-550-77-720-0	06/20/2026	06/20/1977	
8.	TARA MICHELLE STUTO	S330-813-80-503-0	01/03/2026	01/03/1980	
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/14/2019 3:44 PM

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 Central Transportation Insurance Inc 6900 S. Orange Blossom Trail, Ste 308 Orlando, FL 32809	CONTACT NAME: Hull & Company, Inc. PHONE (A/C. No. Ext): 7275614855 FAX (A/C. No): E-MAIL ADDRESS:
INSURED ACCESS A RIDE CORP 13036 WATERFORD WOOD CIR # 105 SAINT AUGUSTINE, FL 32086	INSURER(S) AFFORDING COVERAGE INSURER A: NATIONAL INDEMNITY COMPANY OF THE INSURER B: SOUTH INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 42137

COVERAGES

CERTIFICATE NUMBER:

417,279

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
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <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 - COM/OP AGG \$ \$
A	AUTOMOBILE AUTHORITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y		74APS086314	04/20/2019 12:01 AM	04/20/2020 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per Person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A PIP Limit - \$10,000 Covered
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LAB <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? Y/N <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder is named as Additional Insured on this policy

Vehicle Schedule: see attached

CERTIFICATE HOLDER

LOGISTICARE SOLUTIONS LLC
5875 NW 163 ST SUITE 203
MIAMI LAKES, FL 33014

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

Tom y