


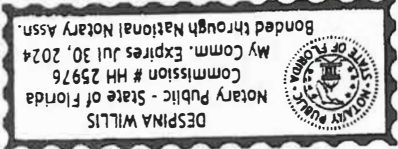


APPLICATION FOR  
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

APPLICATION TYPE: ☐ NEW ☒ RENEWAL

SERVICE TYPE: ☒ ALS Ambulance Service for Inter-Hospital Transport of Critical Care Pediatric Patients  
☒ ALS Ambulance Service for Inter-Hospital Transport of Neonatal Intensive Care Patients  
☒ Helicopter Ambulance Service

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

NAME OF THE ORGANIZATION & SERVICE: BayCare Health System - St. Joseph's Children's Hospital Neonatal/Pediatric Transport Team	
ADDRESS 1: 3030 W. Dr. Martin Luther King Jr Blvd	PHONE: 813-356-7188
ADDRESS 2:	FAX: 813-872-3955
CITY, STATE, ZIP CODE: Tampa, FL 33607	
OFFICER/DIRECTOR NAME & TITLE: Sarah Naumowich, President	PHONE NUMBER & E-MAIL: 813-872-2950, Sarah.Naumowich@baycare.org
VICE OFFICER/DIRECTOR NAME & TITLE: Charles Ennis, Director of Patient Care	PHONE NUMBER & E-MAIL: 813-356-7307, Charles.Ennis@baycare.org
BUSINESS HOURS POINT-OF-CONTACT: Danielle Nelski, Manager	PHONE NUMBER & E-MAIL: 813-356-7188, Danielle.Nelski@baycare.org
AFTER HOURS POINT-OF-CONTACT: Danielle Nelski, Manager	PHONE NUMBER & E-MAIL: 813-356-7188, Danielle.Nelski@baycare.org
<b>REQUIRED ATTACHMENTS:</b> Helicopter/Aircraft/Vehicle Roster, Personnel Roster, Insurance Verification, and a copy of Certificate of Incorporation and/or Fictitious Name (d/b/a).	
I, the undersigned representative of the above named firm, do hereby acknowledge that this certificate may be suspended or revoked if at any time it fails to meet all the requirements of the Pinellas County Code, Chapter 54 and the Rules and Regulations of the Pinellas County Emergency Medical Service System.	
SIGNATURE OF APPLICANT: 	DATE: 9/29/2020
STATE OF FLORIDA, COUNTY OF <u>Hillsborough</u> Subscribed and sworn to (or affirmed) before me this <u>9/29/2020</u> by <u>Danielle Nelski</u> , who is/are personally known to me or has/have produced <u>Florida driver license</u> as identification.	
<div style="display: flex; justify-content: space-between;"><div>(SEAL) </div><div>(Name of Notary typed, printed or Form stamped)</div></div>	



## GROUND VEHICLE ROSTER

Name of Service: BayCare Health System - St. Joseph's Children's Hospital Date: 09/23/2020 Page: 1 of 1

Provide unit number/vehicle model/year, Florida tag and VIN numbers, radio ID, and base location 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.

Unit Number/Model/Year	FL Tag Number	Vehicle Identification Number (VIN)	Radio ID	Base Location
1. Type 3 Chevy 4500 2014	U2855B	1GB6G5CL7E1141775		St. Joseph's Women's Hospital
2. Type 1 Freightliner 2018	MIN08V	1FVACWFC2JHJP2439		St. Joseph's Women's Hospital
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4.				
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12.				
13.				



## HELICOPTER/AIRCRAFT ROSTER

Name of Service: BayCare Health System - St. Joseph's Children's Hospital Date: 09/23/2020 Page: 1 of 1

Provide helicopter/aircraft type, model/year, identifying FAA license #/permit information, radio ID, and base location. 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.

Helicopter/Aircraft Type	Model/Year	FAA License #	Radio ID	Base Location
1. EC135	Utilize Air Life's Aircraft			St. Joseph's Hospital
2.				
3.				
4.				
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11.				
12.				
13.				



## PERSONNEL ROSTER

Name of Service: BayCare Health System - St. Joseph's Children's Hospital Date: 09/23/2020 Page: 1 of 2

List personnel, position, licensure/certification, and expiration date. 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	Position	License/Certification	Expiration Date
1. Nelski, Danielle	Manager	RN9282475 / BLS / ACLS / PALS / CNPT	7/31/22
2. Zieba, Tawny	RN	RN9287221 / BLS / ACLS / PALS / CNPT	7/31/22
3. Yarbrough, Hope	RN	RN9258711 / BLS / ACLS / PALS / CNPT	7/31/22
4. Buckley, Jennifer	RN	RN9268083 / BLS / ACLS / PALS / CNPT	4/30/21
5. Arnold, Melissa	RN	RN9466293 / BLS / ACLS / PALS / RNC-N	4/30/21
6. Neveu, Jonathan	RN	RN9321356 / BLS / ACLS / PALS	7/31/22
7.			
8. Disanto, Tiffany	RT	RT14561 / BLS / ACLS / PALS	5/31/21
9. Stewart, Sharon "Shari"	RT	RT3632 / BLS / ACLS / PALS / CNPT	5/31/21
10. Bailey, Christina	RT	RT11947 / BLS / ACLS / PALS	5/31/21
11. Oliveras, Marisol	RT	RT13470 / BLS / ACLS / PALS	5/31/21
12. Rincon, Kathleen "Katie"	RT	RT10829 / BLS / ACLS / PALS	5/31/21
13. Nunemaker, Courtney	RT	RT7719 / BLS / ACLS / PALS	5/31/21
14. Boyd, Meghann	Paramedic	PM515830 / BLS / ACLS / PALS	12/1/20
15. Brittain, Justin	Paramedic	PM529803 / BLS / ACLS / PALS	12/1/20
16. Davis, Chad	Paramedic	PM506488 / BLS / ACLS / PALS	12/1/20



## PERSONNEL ROSTER

Name of Service: BayCare Health System - St. Joseph's Children's Hospital Date: 09/23/2020 Page: 2 of 2

List personnel, position, licensure/certification, and expiration date. 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	Position	License/Certification	Expiration Date
1. Koonce, Andrew "Andy"	Paramedic	PM526706 / BLS / ACLS / PALS	12/1/20
2. Cerron, Kenney	Paramedic	PM515590 / BLS / ACLS / PALS / PHTLS	12/1/20
3. Iorio, Joshua "Josh"	Paramedic	PM515840 / BLS / ACLS / PALS / PHTLS	12/1/20
4. O'Neill, Michael "Mike"	Paramedic	PM525415 / BLS / ACLS / PALS / PHTLS	12/1/20
5. Marschall, Keith	Paramedic	PM527162 / BLS / ACLS / PALS	12/1/20
6. Rodeo, Christopher "Chris"	Paramedic	PM512574 / BLS / ACLS / PALS	12/1/20
7. Smith, Ryan	Paramedic	PM522933 / BLS / ACLS / PALS / PHTLS	12/1/20
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			



Terry L. Rhodes  
Executive Director

2900 Apalachee Parkway  
Tallahassee, Florida 32399-0500  
[www.flhsmv.gov](http://www.flhsmv.gov)

Florida Department of Highway Safety and Motor Vehicles  
Division of Motorist Services  
Bureau of Motorist Compliance

## Certificate of Self-Insurance

THIS IS TO CERTIFY:  
BayCare Health System, Inc. and Affiliates

has furnished satisfactory evidence, pursuant to Chapter 324.171, Florida Statutes, of possessing a net unencumbered capital for a commercial motor vehicle and will respond to the requirements of the Florida Financial Responsibility Law. This certificate provides combined limits of liability insurance of 100/300/50 for vehicles with a gross weight as specified in Chapter 627.7415, and personal injury protection coverage, Chapter 627.733(3)(b), Florida Statutes, covering 50 motor vehicles.

This certificate is valid from 1/1/2020 through 12/31/2020 and may, upon notice, be cancelled by the Department.

Certificate Number

8134

William "Ray" Graves, Chief Bureau of Motorist Compliance  
Department of Highway Safety and Motor Vehicles

HSMV 74072S (1/2011)



Florida Department of Highway Safety and Motor Vehicles  
Division of Motorist Services  
Bureau of Motorist Compliance

## Certificate of Self-Insurance

THIS IS TO CERTIFY:

BayCare Health System, Inc. and Affiliates

has furnished satisfactory evidence, pursuant to Chapter 324.171, Florida Statutes, of possessing a net unencumbered capital of at least forty thousand dollars and will respond to the requirements of the Florida Financial Responsibility Law. This certificate provides limits of liability insurance, \$10,000/\$20,000/\$10,000, Chapter 324.021(7) and personal injury protection coverage, Chapter 627.733(3)(b), Florida Statutes, covering 395 motor vehicles of this corporation and its subsidiaries as listed on the back of this page.

This certificate is valid from 1/1/2020 through 12/31/2020 and may, upon notice, be cancelled by the Department.

Certificate Number

4647



William "Ray" Graves, Chief Bureau of Motorist Compliance  
Department of Highway Safety and Motor Vehicles

HSMV 74754 (9/2014)

**FLORIDA AUTOMOBILE LIABILITY**  
**IDENTIFICATION CARD**

**BayCare Health System**

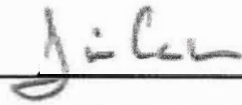
**Certificate #: 4647      Effective Date: 01/01/2020**

**Name Insured: St. Joseph's Children's Hospital**  
**2985 Drew Street**  
**Clearwater, FL 33759**

**Make: Freightliner**

**Year: 2018**

**VIN #: 1FVACWFC2JHJP2439**



**Signature of Certificate Holder**

**NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE**

**THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON  
DEMAND**

**IN CASE OF ACCIDENT:** Report all Accidents to  
BayCare Risk and Insurance Services as soon as  
possible. Obtain the following information:

1. Name and address and phone number of each driver,  
passenger and witness.
2. Name of Insurance Company and policy number for  
each vehicle involved.

**MISREPRESENTATION OF INSURANCE IS  
A FIRST DEGREE MISDEMEANOR.**



**FLORIDA AUTOMOBILE LIABILITY**  
**IDENTIFICATION CARD**

**BayCare Health System**

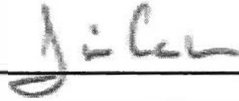
**Certificate #: 4647      Effective Date: 01/01/2020**

**Name Insured: St. Joseph's Children's Hospital**  
**2985 Drew Street**  
**Clearwater, FL 33759**

**Make: Chevy**

**Year: 2017**

**VIN #: 1HA6GUCG8HN004992**



**Signature of Certificate Holder**

**NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE**

**THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON  
DEMAND**

**IN CASE OF ACCIDENT:** Report all Accidents to  
BayCare Risk and Insurance Services as soon as  
possible. Obtain the following information:

1. Name and address and phone number of each driver,  
passenger and witness.
2. Name of Insurance Company and policy number for  
each vehicle involved.

**MISREPRESENTATION OF INSURANCE IS  
A FIRST DEGREE MISDEMEANOR.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2019

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  
Coverage is independently  
procured by the named insured

CONTACT  
NAME: Annette Decato  
PHONE (A/C, No, Ext): 727-519-1325 FAX (A/C, No): 727-519-1276  
E-MAIL  
ADDRESS: Annette.Decato@baycare.org

INSURED  
St. Joseph's Hospital, Inc.  
Baycare Health System, Inc.  
2985 Drew Street  
Clearwater FL 33759

BAYCHEA-01

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: BCHS Insurance, Ltd.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 196922609

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"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		HPL2020BCHS-1	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ FireDmg-Any one Fire \$ 100,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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		BCHSAL3865-2020	1/1/2020	1/1/2021	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 DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability (Claims-Made Form)		HPL2020BCHS-1	1/1/2020	1/1/2021	Each Loss Aggregate 1,000,000 3,000,000

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

Contact Address:  
BCHS Insurance, LTD - Tel: 1 345 945 1266  
18 Forum Lane, 2nd Floor, Camana Bay, Grand Cayman, KY1-1102, Cayman Islands  
Above auto limits sit excess of the following self-insured retention: \$100,000/\$300,000 third-party bodily injury; \$50,000 third-party property damage; \$10,000 personal bodily injury.  
RE: Hillsborough County Emergency Medical Planning Council & Board of County Commissioners, are named as additional insureds with respect to COPCN, St. Joseph's Hospital - St. Joseph's Children's Hospital, 3001 W. Dr. MLK Jr. Boulevard, Tampa, FL., 33607

## CERTIFICATE HOLDER

Hillsborough County BOCC  
c/o Dept. Of Aging Services  
601 E. Kennedy Blvd. 17th Floor  
Tampa FL 33602

## 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

*Annette Decato*  
as insurance manager and authorized representative

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